



STANDARD MEMORANDUM OF UNDERSTANDING FOR A JOINT GLOBAL PROGRAMME ON CERVICAL CANCER PREVENTION AND CONTROL USING PASS-THROUGH FUND MANAGEMENT¹

6 April 2016

¹ This Standard Memorandum of Understanding has been agreed upon by the members of the United Nations Development Group (UNDG). Any substantial ('substantial' would imply changes that are linked to the legal relationships described in the Memorandum of Understanding, the governance mechanisms, reporting arrangements or equivalent) modification to the Memorandum of Understanding requires the prior written agreement of the Participating UN Organizations and the Administrative Agent of the Joint Programme, and needs to be cleared by the Advisory Group through the UN Development Operations Coordination Office (DOCO).

**Memorandum of Understanding
between
Participating UN Organizations,²
and
The United Nations Population Fund
regarding
the Operational Aspects of a
Joint Global Programme on Cervical Cancer Prevention and Control**

WHEREAS, the Participating United Nations Organizations signing this Memorandum of Understanding (hereinafter referred to collectively as the “Participating UN Organizations”) have developed a Joint Global Programme on Cervical Cancer Prevention and Control (hereinafter referred to as the “Programme”) starting on 1 May 2016 and ending on 30 April 2021³ (hereinafter “End Date”), as may be amended from time to time, as part of their respective development cooperation with relevant governments participating in the Programme (hereinafter referred to as the “Host Governments”, as more fully described in the Joint Programme Document dated [*insert final date of Programme Document*], (hereinafter referred to as the “Joint Programme Document”), a copy of which is attached hereto as ANNEX A, and have agreed to establish a coordination mechanism (hereinafter referred to as the “Steering Committee”) ⁴ to facilitate the effective and efficient collaboration between the Participating UN Organizations and Host Governments for the implementation of the Programme;

WHEREAS, the Participating UN Organizations have agreed that they should adopt a coordinated approach to collaboration with donors who wish to support the implementation of the Programme and have developed a Joint Programme Document to use as the basis for mobilising resources for the Programme, and have further agreed that they should offer donors the opportunity to contribute to the Programme and receive reports on the Programme through a single channel;

WHEREAS, the Participating UN Organizations have further agreed to ask United Nations Population Fund (UNFPA) (which is also a Participating UN Organization in connection with this Programme) to serve as the administrative interface between the donors and the Participating UN Organizations and for these purposes the UNFPA has agreed to do so in accordance with this Memorandum of Understanding;

WHEREAS, the Participating UN Organizations have further agreed to ask the World Health Organization (WHO), which is also a Participating UN Organization in connection with this Programme, to coordinate the programmatic aspects among the

² As indicated in the signature blocks.

³ This is the date that the Programme is expected to come to operational closure as stipulated in the Joint Programme Document and all programmatic activities are expected to be completed.

⁴ The composition and role of the Steering Committee will be determined in line with the applicable UN rules and policies, and guidance for the Programme, namely the UNDG Guidance Note on Joint Programmes.

Participating UN Organizations, and the WHO has agreed to do so in accordance with this Memorandum of Understanding;

WHEREAS, the Participating UN Organizations have further agreed to ask the WHO, to establish a secretariat to facilitate the effective and efficient technical guidance and implementation of the Programme and their joint country projects on a day to day basis;

NOW, THEREFORE, the Participating UN Organizations, the UNFPA and the WHO (hereinafter referred to collectively as the “Participants”) hereby agree as follows:

Section I

Appointment of Administrative and Convening Agent; Status, Duties and Fee

1. The Participating UN Organizations hereby appoint the UNFPA (hereinafter referred to as the “Administrative Agent”) and the WHO (hereinafter referred to as the “Convening Agent”) to serve as their Administrative Agent and Convening Agent respectively in connection with the Programme, in accordance with the terms and conditions set out in this Memorandum of Understanding. The Administrative Agent and Convening Agent accept this appointment on the understanding that the Participating UN Organizations assume full programmatic and financial accountability for the funds disbursed to them by the Administrative Agent. This appointment will continue until it expires, or is terminated, in accordance with Section IX below.
2. The Administrative Agent will be accountable for effective and impartial fiduciary management and financial reporting, and on behalf of the Participating UN Organizations, the Administrative Agent will:
 - (a) Receive contributions from donors that wish to provide financial support to the Programme;
 - (b) Administer such funds received, in accordance with this Memorandum of Understanding and the Administrative Arrangement (as defined below in paragraph 5 of this Section) including the provisions relating to winding up the Programme Account and related matters;
 - (c) Subject to availability of funds, disburse such funds to each of the Participating UN Organizations in accordance with decisions from the Steering Committee, taking into account the budget set out in the Joint Programme Document.
 - (d) Consolidate financial statements and reports, based on submissions provided to the Administrative Agent by each Participating UN Organization, as set forth in the Joint Programme Document; and submit the consolidated financial statements and reports and the consolidated narrative progress reports provided by the Convening Agent to each donor that has contributed to the Programme Account, and to the Steering Committee;

- (e) Provide final reporting, including notification that the Programme has been operationally completed, in accordance with Section IV below;
 - (f) Disburse funds to any Participating UN Organization for any additional costs of the tasks that the Steering Committee may decide to allocate (as referred to in Section I, paragraph 4 below) in accordance with the Joint Programme Document.
3. The Convening Agent will be responsible for consolidating the annual and final narrative progress reports based on submissions provided by each Participating UN Organization, and provide these to the Administrative Agent for further submission to each donor that has contributed to the Programme.
4. The Steering Committee may request any of the Participating UN Organizations, to perform additional tasks in support of the Programme not related to the Administrative Agent functions detailed in Section I, paragraph 2 above and subject to the availability of funds. Costs for such tasks will be agreed in advance and with the approval of the Steering Committee be charged to the Programme as direct costs.
5. The Administrative Agent will enter into a Standard Administrative Arrangement, in the form attached hereto as ANNEX B (hereinafter referred to as an “Administrative Arrangement”), with each donor that wishes to provide financial support to the Programme. The Administrative Agent will ensure the posting of a copy of the template Administrative Arrangement, as well as information on donor contributions, on the website of the Administrative Agent, as well as the website of the UN in the countries where the Programme is operating, as appropriate.
6. None of the Participating UN Organizations will be responsible for the acts or omissions of the Administrative Agent or its personnel, or of persons performing services on its behalf, except in regard to its respective contributory acts or omissions. With respect to contributory acts or omissions of the Participating UN Organizations, the resulting responsibility will be apportioned among them or any one of them to the extent of such contributory acts or omissions, or as may otherwise be agreed. In addition, donors will not be responsible or liable for the activities of the Participants as a result of this Memorandum of Understanding.
7. The Administrative Agent will be entitled to allocate an administrative fee of one percent (1%) of the amount contributed by each donor signing an Administrative Arrangement, to meet the Administrative Agent’s costs of performing the Administrative Agent’s functions described in this Memorandum of Understanding.
8. Where the Administrative Agent is also a Participating UN Organization, a clear delineation, including distinct reporting lines and an accountability framework, will be established and maintained within the organization designated as the Administrative Agent between its functions as an Administrative Agent and its functions as a Participating UN Organization.

9. The Administrative Agent will be entitled to charge to the Programme a direct cost charge in amounts consistent with then-current UNDG guidance to cover the cost of continuing to render Administrative Agent functions if and when the Steering Committee agrees to extend the Programme beyond the End Date with no further contributions to the Programme.

10. The Convening Agent will be entitled to recover its direct costs related to its function as Convening Agent, which costs will be included in the Joint Programme budgetary framework.

Section II **Financial Matters**

The Administrative Agent

1. The Administrative Agent will establish a separate ledger account under its financial regulations and rules for the receipt and administration of the funds received pursuant to the Administrative Arrangement (hereinafter referred to as the “Programme Account”). The Programme Account will be administered by the Administrative Agent in accordance with the regulations, rules, policies and procedures applicable to it, including those relating to interest.

2. The Administrative Agent will not absorb gains or losses on currency exchanges which will increase or decrease the funds available for disbursements to Participating UN Organizations.

3. Subject to the availability of funds, the Administrative Agent will make disbursements from the Programme Account in accordance with decisions from the Steering Committee, in line with the budget set forth in the Joint Programme Document. The disbursements will consist of direct and indirect costs as set out in the budget.

4. The Administrative Agent will normally make each disbursement within five (5) business days after receipt of the relevant Joint Programme Document, in accordance with the decisions received from the Steering Committee in line with the Joint Programme Document, along with a copy of the relevant Joint Programme Document, signed by all the parties concerned. The Administrative Agent will transfer funds to each Participating UN Organization through wire transfer. Each Participating UN Organization will advise the Administrative Agent in writing of the bank account for transfers pursuant to this Memorandum of Understanding. When making a transfer to a Participating UN Organization, the Administrative Agent will notify that Participating UN Organization’s Treasury Operations of the following: (a) the amount transferred, (b) the value date of the transfer; and (c) that the transfer is from the Administrative Agent in respect of the Programme in relevant countries (if applicable) pursuant to this Memorandum of Understanding.

5. Where the balance in the Programme Account on the date of a scheduled disbursement is insufficient to make that disbursement, the Administrative Agent will

consult with the Steering Committee and make a disbursement, if any, in accordance with the Steering Committee's decisions.

The Participating UN Organizations

6. Each Participating UN Organization will establish a separate ledger account under its financial regulations and rules for the receipt and administration of the funds disbursed to it by the Administrative Agent from the Programme Account. That separate ledger account will be administered by each Participating UN Organization in accordance with its own regulations, rules, policies and procedures, including those relating to interest.

7. Each Participating UN Organization will use the funds disbursed to it by the Administrative Agent from the Programme Account to carry out the activities for which it is responsible as set out in the Joint Programme Document, as well as for its indirect costs. The Participating UN Organizations will commence and continue to conduct operations for the Programme activities only upon receipt of disbursements made by the Administrative Agent in accordance with Section II, paragraph 3 above. The Participating UN Organizations will not make any commitments above the amount disbursed against the Joint Programme Document. If there is a need to exceed the amount disbursed, the Participating UN Organization concerned will submit a supplementary budget request to the Steering Committee showing the further financing that will be necessary. If no such further financing is available, the activities to be carried out under the Joint Programme Document may be reduced or, if necessary, terminated by the Participating UN Organization.

8. The Participating UN Organizations recognize that each of the donors signing an Administrative Arrangement has reserved the right to discontinue future deposits of its contribution if there is: (i) failure to fulfil any obligations under the Administrative Arrangement; (ii) if there are substantial revisions of the Joint Programme Document; or (iii) if there are credible allegations of improper use of the funds in accordance with Section VII of this Memorandum of Understanding (Section VIII of the Administrative Arrangement); provided however that before doing so, the Administrative Agent, the Convening Agent, the Steering Committee and the donor will consult with a view to promptly resolving the matter.

9. Indirect costs of the Participating UN Organizations recovered through programme support costs will be seven percent (7%). All other costs incurred by each Participating UN Organization in carrying out the activities for which it is responsible under the Programme will be recovered as direct costs.

Section III

Activities of the Participating UN Organizations

Implementation of the Programme

1. The implementation of the programmatic activities will be the responsibility of the Participating UN Organizations and will be carried out by each Participating UN Organization in accordance with its own applicable regulations, rules, policies and procedures including those relating to procurement as well as the selection and assessment of implementing partners. Accordingly, personnel will be engaged and administered, equipment, supplies and services purchased, and contracts entered into in accordance with the provisions of such regulations, rules, policies and procedures.
2. Ownership of equipment and supplies procured, and intellectual property rights associated with works produced, using funds transferred to the Participating UN Organisations under this Memorandum of Understanding will be determined in accordance with the regulations, rules, policies and procedures applicable to such Participating UN Organizations, including any agreement with the relevant Host Governments, if applicable.
3. Each Participating UN Organization will establish appropriate programmatic safeguard measures in the design and implementation of its Programme activities, thereby promoting the shared values, norms and standards of the United Nations system. These measures may include, as applicable, the respect of international conventions on the environment, on children's rights, and internationally agreed core labour standards.
4. As an exceptional measure, particularly during the start-up phase of the Programme, subject to conformity with their financial regulations, rules and policies, Participating UN Organizations may elect to start implementation of Programme activities in advance of receipt of initial or subsequent transfers from the Programme Account by using their own resources. Such advance activities will be undertaken in agreement with the Steering Committee on the basis of funds it has allocated or approved for implementation by the particular Participating UN Organization following receipt by the Administrative Agent of signed Administrative Arrangements from donors contributing to the Programme. Participating UN Organizations will be solely responsible for decisions to initiate such advance activities or other activities outside the parameters set forth above.
5. Any modifications to the scope of the Joint Programme Document, including as to its nature, content, sequencing or the duration thereof by the Participating UN Organizations, will be subject to the approval of the Steering Committee. The Participating UN Organization will promptly notify the Administrative Agent through the Steering Committee of any change in the budget as set out in the Joint Programme Document.
6. Where a Participating UN Organization wishes to carry out its Programme activities through or in collaboration with a third party, it will be responsible for discharging all commitments and obligations with such third parties, and no other

Participating UN Organization, nor the Administrative Agent or the Convening Agent, will be responsible for doing so.

7. In carrying out their programmatic activities, none of the Participating UN Organizations will be considered as an agent of any of the others and, thus, the personnel of one will not be considered as staff members, personnel or agents of any of the others. Without restricting the generality of the preceding sentence, none of the Participating UN Organizations will be liable for the acts or omissions of the other Participating UN Organizations or their personnel, or of persons performing services on their behalf.

8. Each Participating UN Organization will ensure the Administrative Agent is advised in writing when all activities for which it is responsible under the Joint Programme Document have been operationally completed. Financial closure must be completed within eighteen (18) months after operational closure or according to the time period specified in the financial regulations and rules of the Participating UN Organization, whichever one comes first.

Special Provisions regarding Financing of Terrorism

9. Consistent with UN Security Council Resolutions relating to terrorism, including UN Security Council Resolution 1373 (2001) and 1267 (1999) and related resolutions, the Participants are firmly committed to the international fight against terrorism, and in particular, against the financing of terrorism. Similarly, all Participants recognize their obligation to comply with any applicable sanctions imposed by the UN Security Council. Each of the Participating UN Organizations will use all reasonable efforts to ensure that the funds transferred to it in accordance with this Memorandum of Understanding are not used to provide support or assistance to individuals or entities associated with terrorism as designated by any UN Security Council sanctions regime. If, during the term of this Memorandum of Understanding, a Participating UN Organization determines that there are credible allegations that funds transferred to it in accordance with this Memorandum of Understanding have been used to provide support or assistance to individuals or entities associated with terrorism as designated by any UN Security Council sanctions regime it will as soon as it becomes aware of it inform the Steering Committee, the Administrative Agent and the donor(s) and, in consultation with the donors as appropriate, determine an appropriate response.

Section IV **Reporting**

Financial Reports

1. Each Participating UN Organization will provide the Administrative Agent with the following financial statements and reports prepared in accordance with the accounting and reporting procedures applicable to the Participating UN Organization concerned, as set forth in the Joint Programme Document. The Participating UN Organizations will endeavour to harmonize their reporting formats to the extent possible.

- (a) Annual financial report as of 31 December with respect to the funds disbursed to it from the Programme Account, to be provided no later than four (4) months (30 April) after the end of the calendar year; and
- (b) Certified final financial statements and final financial reports after the completion of the activities in the Joint Programme Document, including the final year of the activities in the Joint Programme Document, to be provided no later than five (5) months (31 May) after the end of the calendar year in which the financial closure of the activities in the Joint Programme Document occurs, or according to the time period specified in the financial regulations and rules of the Participating UN Organization, whichever is earlier.

Narrative Reports

2. Each Participating UN Organization will provide the Convening Agent with the following narrative reports prepared in accordance with the reporting procedures applicable to the Participating UN Organization concerned, as set forth in the Joint Programme Document. The Participating UN Organizations will endeavour to harmonize their reporting formats to the extent possible.

- (a) Annual narrative progress reports, to be provided no later than three (3) months (31 March) after the end of the calendar year; and
- (b) Final narrative reports, after the completion of the activities in the Joint Programme Document, including the final year of the activities in the Joint Programme Document, to be provided no later than four months (30 April) after the end of the calendar year in which the operational closure of the activities in the Joint Programme Document occurs.

3. The Administrative Agent will ensure the preparation of consolidated narrative progress and financial reports, based on the reports provided in Section IV paragraphs 1 and 2 above, and will provide these consolidated reports to each donor that has contributed to the Programme, as well as the Steering Committee, in accordance with the timetable established in the Administrative Arrangement.

4. The annual and final reports will be results-oriented and evidence based. Annual and final narrative reports will compare actual results with expected results at the output and outcome level, and explain the reasons for over or underachievement. The final narrative report will also contain an analysis of how the outputs and outcomes have contributed to the overall impact of the Programme. The financial reports will provide information on the use of financial resources against the outputs and outcomes in the agreed results framework.

5. The Administrative Agent will also provide the donors, Steering Committee and Participating UN Organizations with the following reports on its activities as Administrative Agent:

- a) Certified annual financial statement (“Source and Use of Funds” as defined by UNDG guidelines) to be provided no later than five months (31 May) after the end of the calendar year; and
 - b) Certified final financial statement (“Source and Use of Funds”) to be provided no later than five months (31 May) after the end of the calendar year in which the financial closing of the Programme occurs.
6. Consolidated reports and related documents will be posted on the websites of the UN in relevant countries and the Administrative Agent.

Section V

Monitoring and Evaluation

Monitoring

1. Monitoring of the Programme will be undertaken in accordance with the Joint Programme Document. The Participants and the donor(s) will hold consultations at least annually, as appropriate, to review the status of the Programme. In addition, the Participants and the donor(s) will discuss any substantive revisions to the Programme, and promptly inform each other about any significant circumstances and major risks, which interfere or threaten to interfere with the successful achievement of the outcomes outlined in the Joint Programme Document, financed in full or in part through contributions from the donor(s).

Evaluation

2. Evaluation of the Programme including, as necessary and appropriate, joint evaluation by the Participants, the donors, the host governments and other partners will be undertaken in accordance with the Joint Programme Document.

3. The Steering Committee and/or Participating UN Organizations will recommend a joint evaluation if there is a need for a broad assessment of results at the level of the Programme or at the level of an outcome within the Programme. The joint evaluation report will be posted on the website of the UN in relevant countries and the Administrative Agent.

4. In addition, the Participants recognize that the donors may, separately or jointly with other partners, take the initiative to evaluate or review their cooperation with the Administrative Agent, the Convening Agent and the Participating UN Organizations under this Memorandum of Understanding, with a view to determining whether results are being or have been achieved and whether contributions have been used for their intended purposes. The Administrative Agent and the Participating UN Organizations will be informed about such initiatives, will be consulted on the scope and conduct of such evaluations or reviews and will be invited to join. The Participants will upon request assist in providing relevant information within the limits of their regulations, rules, policies and procedures. All costs will be borne by the respective donor, unless otherwise

agreed. It is understood by the Participants that such evaluation or review will not constitute a financial, compliance or other audit of the Programme including any programmes, projects or activities funded under this Memorandum of Understanding.

Section VI **Audit**

External and Internal Audit

1. The activities of the Administrative Agent and each Participating UN Organization in relation to the Programme will be exclusively audited by their respective internal and external auditors in accordance with their own financial regulations and rules. The corresponding external and internal audit reports will be disclosed publicly unless the relevant policies and procedures of each of the relevant Participants provide otherwise.

Joint Internal Audits

2. The Internal Audit Services of the Participants involved in the Programme may consider conducting joint internal audits thereof in accordance with the Framework for Joint Internal Audits of UN Joint Activities, including its risk-based approach and provisions for disclosure of internal audit reports related to the Programme. In doing so, the Internal Audit Services of the Participants will consult with the Steering Committee.

Cost of Internal Audits

3. The total costs of internal audit activities in relation to the Programme will be borne by the Programme.

Audits of Implementing Partners

4. The part of the contribution transferred by a Participating UN Organization to its implementing partners for activities towards the implementation of the Programme will be audited as provided under that Participating UN Organization's financial regulations and rules, as well as its policies and procedures. The disclosure of the corresponding audit reports will be made according to the policies and procedures of that Participating UN Organization.

Section VII **Fraud, Corruption and Unethical Behaviour**

1. The Participants are firmly committed to take all necessary precautions to avoid and address corrupt, fraudulent, collusive, coercive, unethical, or obstructive practices. The Participants recognize that it is important that all United Nations staff, individual contractors, implementing partners, vendors and any third parties which are involved either in joint activities or in those of the Administrative Agent or Participating UN Organization (such individuals and entities being hereinafter referred to, together, as the

“Individuals/Entities”, and individually as the “Individual/Entity”) must adhere to the highest standard of integrity as defined by each Participant. To this end, each Participant will maintain standards of conduct that govern the performance of the Individuals/Entities, to prohibit practices which are contrary to this highest standard in any activity related to the Programme. If an Individual/Entity is a UN organization, the Participating UN Organization engaging that Individual/Entity will rely upon that Individual’s/Entity’s standard of integrity. The Individuals/Entities must not engage in corrupt, fraudulent, collusive, coercive, unethical, or obstructive practices, as defined below.

2. In this Memorandum of Understanding,
 - (a) “Corrupt practice” means the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence improperly the actions of another individual or entity;
 - (b) “Fraudulent practice” means any act or omission, including misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, an individual or an entity to obtain a financial or other benefit, or to avoid an obligation;
 - (c) “Collusive practice” means an arrangement between two or more individuals and/or entities designed to achieve an improper purpose, including influencing improperly the actions of another individual or entity;
 - (d) “Coercive practice” means impairing or harming, or threatening to impair or harm, directly or indirectly, any individual or entity or the property of the individual or entity to influence improperly the actions of an individual or entity;
 - (e) “Unethical practice” means the conduct of behavior that is contrary to staff or supplier codes of conduct such as those relating to conflict of interest, gifts and hospitality, and post-employment provisions; and
 - (f) “Obstructive practice” means acts or omissions intended to materially impede the exercise of contractual rights of audit, investigation and access to information, including destruction, falsification, alteration or concealment of evidence material to an investigation into allegations of fraud and corruption.

Investigations

3.
 - (a) Investigations of allegations of wrongdoing by Individuals/Entities involved in the Programme which are contracted by a Participant will be carried out by the Investigation Service of the Participant with which the potential subject of investigation is contracted, in accordance with that Participant’s internal policies and procedures.
 - (b)
 - (i) In the event that the Investigation Service of a Participant determines that an allegation in relation to the implementation of activities for which that Participant is accountable is credible enough to warrant an investigation, it will

promptly notify the Steering Committee of the Programme, to the extent that such notification does not jeopardize the conduct of the investigation, including but not limited to the prospects of recovery of funds or the safety or security of persons or assets.

(ii) In the case of such notification, it is the responsibility of the Steering Committee and the Administrative Agent to communicate promptly with the relevant anti-fraud offices (or equivalent) of the donor(s).

(iii) In case of a credible allegation, the relevant Participant(s) will take timely and appropriate action in accordance with its regulations, rules, policies and procedures, which may include withholding further disbursements to the Individual(s)/Entity(ies) allegedly involved in the corrupt, fraudulent, collusive, coercive, unethical or obstructive practices as defined above.

(c)

(i) The Participant's Investigation Service reviewing the credibility of an allegation or conducting the investigation will share information as appropriate with counterpart Investigation Services of the other Participants involved in the Programme to determine the best path towards resolution of the investigation and whether the alleged wrongdoing is limited to such Participant or whether one or more other Participants involved in the Programme may also be affected. If the relevant Investigation Services determine that more than one Participant could be affected by the alleged wrongdoing, they will follow the procedure described below in clause (ii).

(ii) Where a potential subject of an investigation is contracted by more than one Participant, the Investigation Services of the Participants concerned may consider conducting joint or coordinated investigations, determining which investigation framework to use.

(d) Upon completion of the internal reporting on their investigation by the Participant(s) concerned as established in their respective internal policies and procedures, the Participant(s) will provide information on the results of their investigation(s) to the Administrative Agent and the Steering Committee. Following such receipt of information on the results of the investigation(s), it is the responsibility of the Steering Committee and the Administrative Agent to communicate promptly with the relevant anti-fraud offices (or equivalent) of the donor(s).

(e) Each Participant concerned will determine what disciplinary and/or administrative measures, including referral to national authorities, may be taken as a result of the investigation, according to its internal policies and procedures on disciplinary and/or administrative measures, including vendor sanction mechanism, as appropriate. The Participant(s) concerned will share information on measures taken as a result of the investigation(s) with the Administrative Agent and the Steering Committee of the Programme. Following such receipt of information on measures taken as a result of the investigation(s), it is the

responsibility of the Steering Committee and the Administrative Agent to communicate promptly with the relevant anti-fraud offices (or equivalent) of the donor(s).

Recovery of Funds

4. If there is evidence of improper use of funds as determined after an investigation, each Participant concerned will use its best efforts, consistent with its regulations, rules, policies and procedures to recover any funds misused. With respect to any funds recovered, the relevant Participant will consult with the Steering Committee, the Administrative Agent and the donor(s). The donor(s) may request that such funds be returned to them in proportion to their contribution to the Programme, in which case the Participant would credit that portion of the funds so recovered to the Programme Account and the Administrative Agent would return that portion of such funds to the donor(s). For any such funds the donor(s) do not request to be returned to them, such funds will either be credited to the Programme Account or used by the Participant for a purpose mutually agreed upon.

5. The Participants will apply the provisions of Section VII, paragraphs 1 to 4 above in accordance with their respective accountability and oversight framework as well as relevant regulations, rules, policies and procedures.

Section VIII

Communication and Transparency

1. Subject to the regulations, rules, policies and procedures of the Participating UN Organization, each Participating UN Organization will take appropriate measures to publicize the Programme and to give due credit to the other Participating UN Organizations. Information given to the press, to the beneficiaries of the Programme, all related publicity material, official notices, reports and publications, will highlight the results achieved and acknowledge the role of the Host Government, the donors, the Participating UN Organizations, the Administrative Agent, the Convening Agent and any other relevant entities. In particular, the Administrative Agent will include and ensure due recognition of the role of each Participating UN Organization and national partner in all external communications relating to the Programme.

2. The Administrative Agent in consultation with the Participating UN Organizations will ensure that decisions regarding the review and approval of the Programme as well as periodic reports on the progress of implementation of the Programme are posted, where appropriate, for public information on the websites of the UN in relevant countries and the Administrative Agent. Such reports and documents may include Steering Committee approved programmes and programmes awaiting approval, fund level annual financial and progress reports and external evaluations, as appropriate.

3. The Participants are committed to principles of transparency with regard to the implementation of the Programme, consistent with their respective regulations, rules, policies and procedures. The donors, the Administrative Agent, Participating UN

Organization and the Host Government, if applicable, will endeavor to consult prior to publication or release of information regarded as sensitive.

Section IX
Expiration, Modification, Termination and Unspent Balances

1. This Memorandum of Understanding will expire upon the delivery to the donor(s) of the certified final financial statement pursuant to Section IV, paragraph 5(b).
2. This Memorandum of Understanding may be modified only by written agreement between the Participants.
3. Any of the Participating UN Organizations may withdraw from this Memorandum of Understanding upon giving thirty (30) days' written notice to all other Participants to this Memorandum of Understanding subject to the continuance in force of paragraph 5 below for the purpose therein stated.
4. The Administrative Agent or the Convening Agent's appointment may be terminated by the Administrative Agent or the Convening Agent (on the one hand) or by the mutual agreement of all Participating UN Organizations (on the other hand) on thirty (30) days' written notice to the other Participants, subject to the continuance in force of paragraph 5 below for the purpose therein stated. In the event of such termination, the Participants will agree on measures to bring all activities to an orderly and prompt conclusion so as to minimize costs and expense.
5. Commitments assumed by the withdrawing or terminating Participants under this Memorandum of Understanding will survive the termination of this Memorandum of Understanding or the termination of the Administrative Agent or the Convening Agent or withdrawal of a Participating UN Organization to the extent necessary to permit the orderly conclusion of the activities and the completion of final reports, the withdrawal of personnel, funds and property, the settlement of accounts between the Participants hereto and the settlement of contractual liabilities that are required in respect of any subcontractors, consultants or suppliers.
6. Any balance remaining in the individual Participating UN Organizations' separate ledger accounts after operational completion of the activities for which they are responsible under the Joint Programme Document will be returned to the Programme Account as soon as administratively feasible and before financial closure of those activities in line with Section III, paragraph 7. Any balance remaining in the Programme Account upon completion of the Programme will be used for a purpose mutually agreed upon or returned to the donor(s) in proportion to their contribution to the Programme as decided upon by the donor(s) and the Steering Committee.

Section X

Notices

1. Any action required or permitted to be taken under this Memorandum of Understanding may be taken on behalf of the Administrative Agent by Dr Laura Laski, Chief of SRH Branch, Technical Division, UNFPA, or her designated representative; on behalf of the Convening Agent by Dr Oleg Chestnov, Assistant Director-General for Noncommunicable Diseases and Mental Health, WHO, or his designated representative, and on behalf of a Participating UN Organization by the head of the relevant country office in, or his or her designated representative.
2. Any notice or request required or permitted to be given or made in this Memorandum of Understanding will be in writing. Such notice or request will be deemed to be duly given or made when it will have been delivered by hand, mail or any other agreed means of communication to the Participant to which it is required to be given or made, at such Participant's address specified in ANNEX C to this Memorandum of Understanding or at such other address as the Participant will have specified in writing to the Participant giving such notice or making such request.

Section XI

Entry into Effect

This Memorandum of Understanding will come into effect upon signature thereof by the Participants and will continue in effect until it expires or is terminated.

Section XII

Settlement of Disputes

The Participants will use their best efforts to promptly settle through direct negotiations any dispute, controversy or claim arising out of or in connection with this Memorandum of Understanding or any breach thereof. Any such dispute, controversy or claim which is not settled within sixty (60) days from the date either Participant has notified the other Participant of the nature of the dispute, controversy or claim and of the measures which should be taken to rectify it, will be resolved through consultation between the Executive Heads of each of the Participants.

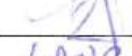
Section XIII

Privileges and Immunities


Nothing in this Memorandum of Understanding will be deemed a waiver, express or implied, of any of the privileges and immunities of the United Nations, the Administrative Agent, or each Participating UN Organization.

IN WITNESS WHEREOF, the undersigned, duly authorized representatives of the respective Participants, have signed this Memorandum of Understanding in English in **seven** copies.


For the Administrative Agent, United Nations Population Fund

Signature: 
Name: LAURA LASEN
Title: Chief, Sexual and Reproductive Health
Place: New York
Date: May 10, 2016

For Convening Agent, World Health Organization

Signature: 
Name: Chestwong
Title: Assistant Director-General
Place: WHO, Geneva HQ
Date: 3 June 2016

For Participating UN Organization, United Nations Children's Fund

Signature: 
Name: Dominique Hyde
Title: Deputy Director, PPD
Place: New York
Date: 2 August 2016

For Participating UN Organization, Joint United Nations Programme on HIV/AIDS

Name: Michel Sidibé
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ANNEX A:

Joint Programme Document

ANNEX B:

Standard Administrative Arrangement between the Donor and the Administrative Agent

ANNEX C:

Notices

ANNEX A: JOINT PROGRAMME DOCUMENT

1. Cover Page

Country: GLOBAL

Programme Title: JOINT GLOBAL PROGRAMME ON CERVICAL CANCER PREVENTION AND CONTROL

Joint Programme Outcome(s): The 5 year Joint Programme will supporting participating countries in having in place a functioning and sustainable high quality national comprehensive cervical cancer control programme (NCCCP) with women accessing services equitably. The Programme will support 8 countries in the first 2 years with roll out to other countries over the subsequent 3 years. Outcomes will be:

- An NCCCP in place with linkage to relevant national plans;
- Increased HPV immunization coverage of adolescent girls including increased access to comprehensive and age appropriate health and sexuality education;
- Increased coverage of screening and treatment for cervical pre-cancer;
- Increased capacity of health systems to diagnose and treat cervical cancer, including provision of palliative care;
- Monitoring and evaluation system developed and being implemented.

Programme Duration: 5 years

Anticipated start/end dates: 1 May 2016 – 30 April ~~Feb~~ 2021

Fund Management Option(s): Pass through

Managing or Administrative Agent: UNFPA

Total estimated budget:⁵ TO BE DETERMINED

Anticipated sources of funded budget: Government, UN Organizations, philanthropic organizations, donors and NGOs.

⁵ Total estimated budget includes both programme costs and indirect support costs

2. Summary

The Joint UN Programme on Cervical Cancer Prevention and Control will support governments in the development and implementation of a functioning and sustainable high quality national comprehensive cervical cancer control programme (NCCCP) with women accessing services equitably. The vision of the Programme is the elimination of cervical cancer as a public health issue across the world and action will support the WHO Voluntary Global Target of a 25% relative reduction in the overall mortality from CVD, cancer, diabetes or chronic respiratory diseases by 2025, and Sustainable Development Goal Target 3.4 of a reduction by one third premature mortality from NCDs by 2030.

The Programme will last 5 years in the first instance. It will provide the necessary technical assistance to each country partnering the Programme in order that the governments and national authorities are able to deliver the following outputs (i) an NCCCP plan/strategy in place with linkage to relevant national plans; (ii) and increased health education and HPV immunization coverage of adolescent girls; (iii) and increased coverage of screening and treatment for cervical pre-cancer; (iv) increased capacity of health systems to diagnose and treat cervical cancer, including provision of palliative care; and (v) development and implementation of an effective monitoring and evaluation system. The UN agencies are not delivering or funding the provision of services. The lead for the planning of the NCCCP and its delivery and financing, under this Programme, is the responsibility of the government of the countries that are partners in the programme.

Over the first two years of the Programme it is expected that activities will be operational in between 6 and 8 countries with roll out to a larger number of countries in the subsequent three years.

Pass-through fund management will be used with UNFPA as the Administrative Agent. WHO will be the Convening Agent. Governance will be through a Steering Committee in which all Parties will be members. A working level Secretariat will be responsible for day-to-day programme management. A annual plan will be developed jointly by the Parties and their partners, as will monitoring and evaluation of the Programme.

The Parties, in collaboration with national governments and agencies, will look to identify partners to support the resourcing of the Programme and the NCCCP. This will include financing, implementing and technical partners. Examples of partners will include agencies at global, regional and local levels, including bilateral and multilateral development agencies, philanthropic organizations, NGOs and, academia.

3. Background and situation analysis

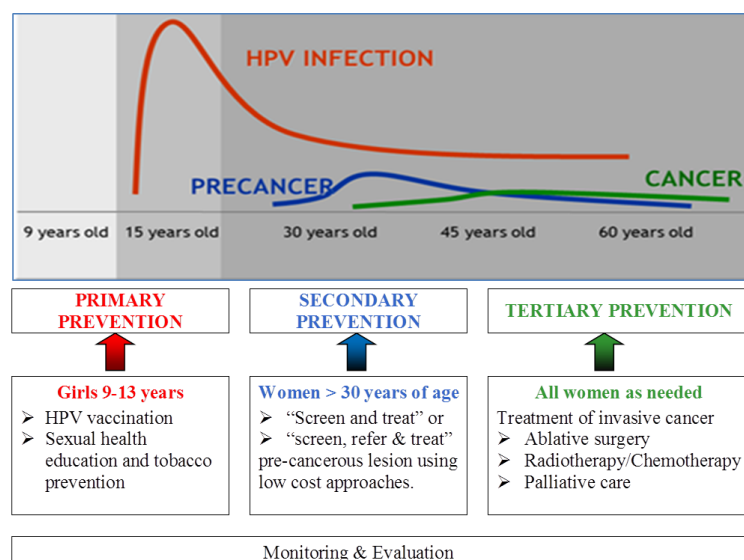
3.1 Cervical cancer

Women's cancers are highly prevalent; over 2 million women are diagnosed with breast and cervical cancer each year. In 2012, the global number of deaths among women due to cervical cancer was estimated by IARC to be 266,000, the vast majority of which occurred in low- and middle-income countries. Most of these deaths could be avoided if existing effective prevention and control interventions targeting women at different ages in their life, from adolescence to the elderly, would be universally accessible. However, many of these interventions are not available in low- and middle-income countries due to weak health systems and the lack of adequate financial and technical resources.

Most cervical cancers can be prevented through primary, secondary and tertiary prevention. Primary prevention is ensured through vaccination against sexually transmitted Human Papilloma Virus (HPV) infection, as well as behavioral changes mediated by health education and information. HPV vaccines, although available are not fully deployed yet at national scale in most countries. Secondary prevention is done through screening and treatment of pre-cancer. Tertiary prevention consists of detecting invasive cancer at early stages when cervical cancer has a high chance to be cured with surgery alone (in very early stage) and/or radiotherapy. At more advanced stages radiotherapy is combined with chemotherapy. Where treatment with curative intent is not possible, palliative care (including pain and symptom relief) should be made available to women with advanced cervical cancer.

Together, primary, secondary and tertiary prevention initiatives are the basis of the comprehensive approach promoted by WHO to prevent and control cervical cancer (Figure. 1). Monitoring and evaluation have to be ensured at all levels of the continuum.

Figure 1. Comprehensive approach: Programmatic interventions over the life course to prevent HPV infection and cervical cancer



3.2 United Nations General Assembly commitments to women's cancer

Preventing cervical cancer through universal access for adolescent girls and women to sexual and reproductive health services is feasible and cost-effective. Cervical cancer prevention contributes to a number of targets under the Sustainable Development Goals (SDGs), in particular Target 3.4 – by 2030, reduce by one third premature mortality from NCDs and target 7, universal access to sexual and reproductive health.

In 2010 the UN Secretary-General's Global Strategy for Women and Children's Health sets out how the international community can work together to save women and children. The strategy highlights the importance of improving sexual and reproductive health, including prevention and control of cervical cancer.

In 2011, the UN General Assembly adopted the Political Declaration of the High-level Meeting on the Prevention and Control of Noncommunicable Diseases which highlights women's cancer and in 2013 the World Health Assembly adopted the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 including 9 Voluntary Global Targets, which includes a reduction in premature mortality from NCDs by 25%.

To respond to these commitments, two platforms have been created to implement and coordinate respective actions: (i) H4+ "Every woman every child", a joint effort by United Nations and related agencies and programmes (UNAIDS, UNFPA, UNICEF, UN Women, WHO, and the World Bank); and (ii) the United Nations Interagency Task Force on the Prevention and Control of NCDs. The Task Force's Terms of Reference, including division of tasks and responsibilities were endorsed by ECOSOC in 2014. The work plan for 2016-2017 includes joint UN programming for responding to cervical cancer. All H4+ partners are part of the UN Interagency Task Force on the Prevention and Control of NCDs.

4. Strategies including lessons learnt and the Proposed Joint Programme

4.1 Key lessons

Key lessons learnt from previous cervical cancer programming at national level are that:

- Successful implementation in country is dependent on the existence of a sound political commitment and leadership at country level. Lack of sufficient political backup and support have been shown to put at risk the technical assistance provided by UN agencies to governments in the development of NCCCPs.
- Lack of skilled and experienced human resources and financial resources may also impede project implementation and affect its sustainability.
- Efficient cooperation between UN, government and other partners is also essential to the success of the project. Organizational challenges between Participant, Partner and Stakeholder organizations at national and/or global level may impact the cohesive implementation of the project.

4.2 The Proposed Joint Programme

4.2.1 Vision, goal and purpose

The vision is the elimination of cervical cancer as a public health concern across the world.

The super goal is a 25% reduction in the overall mortality from cardiovascular disease (CVD), cancer, diabetes or chronic respiratory diseases by 2025 (WHO Voluntary Global Target), and by 2030, a reduction by one third premature mortality from NCDs (SDG Target 3.4).

The goal is a 25% relative reduction in cervical cancer mortality by 2025 in the target countries, together with reduction in incidence of cervical cancer and improvement in survival.

The purpose of the Programme is for each participating country to have in place a functioning and sustainable high quality NCCCP with women accessing services equitably.

4.2.2 Outputs

There are five main outputs in the Programme:

- An NCCCP plan/strategy in place with linkage to relevant national plans;
- Increased HPV immunization coverage of adolescent girls including increased access to comprehensive and age appropriate health and sexuality education;;
- Increased coverage of screening and treatment for cervical pre-cancer;
- Increased capacity of health systems to diagnose and treat cervical cancer, including provision of palliative care;
- Monitoring and evaluation system developed and being implemented.

Gender and equity, advocacy, research and HIV will be treated as guiding principles and cross cutting themes.

The role of the Parties is to provide the necessary technical assistance to each country in the Programme so that each of these countries can deliver the outputs and purpose of the Programme. The Parties are not delivering or funding the provision of services. The sustainable delivery and financing of the NCCCP is, under this Programme, the responsibility of the government.

NCCCPs will build on existing service delivery mechanisms, focusing wherever possible on primary and community care. Siloed programmes and services will be avoided, and the scale up of cervical cancer prevention and its management will be used as an opportunity to strengthen health systems.

4.2.3 Activities

Activities at country level will be implemented in two stages:

- Stage I: Technical support for the development of the NCCCP Plan/Strategy;
- Stage II: Technical support for sustained implementation of the NCCCP Plan/Strategy.

Stage I: Technical support for the development of the National Comprehensive Cervical Cancer Control Plan/Strategy

At the request of a selected first phase country, a multi-disciplinary team formed by the Participating UN Organizations will support the government with the following activities:

a). Perform an initial assessment of existing needs and resources. This activity will involve conducting a systematic initial needs assessment to determine the overarching requirements and scope for the NCCCP. This process will identify opportunities and risks for the project through detailed assessments of service user demographics and requirements; organizational and technical capacities and resources; human resources; policy and regulatory environments; and potential sources of sustainable financing. Key stakeholders will be consulted to evaluate its current level of capacity and existing human, technical, and financial resources. Areas where additional capacity building or resources are required will also be identified. The results of this assessment will be used to formulate the NCCCP and support Step II activities.

b). Facilitate collaborative mechanisms at the national level to address the needs as assessed by a NCCCP based in solidified commitment from partners. This activity will include providing a platform for different stakeholders to develop a unified cross-sector approach, and securing high-level commitment through the creation of a multi-stakeholder national cervical cancer Task Force or through using any other existing collaboration mechanism. This Task Force, formed from representatives from concerned ministries and stakeholders, will facilitate the coordination of the development of a plan, strategy and service, will agree best practices and minimize duplication of efforts and maximize the use of existing resources. The Task Force will identify a NCCCP project team for implementation and this team will report to the Task Force. It is expected that selected Participating UN Organizations and other development partners will be part of the Task Force and Project Team.

c). Assist in Formulating the NCCCP. This activity will support the establishment of the country's activities and deliverables by outlining how the NCCCP will build upon existing resources, organizational processes, and capacities to address the identified needs. This may include establishing timelines and mid-term goals; designating roles and

responsibilities; defining the technical support needed and budget; and/or creating a training plan. The result of this activity is the formulation of a project document.

At the end of Stage I, a multisectoral NCCCP will be in place which is consistent with wider national cancer, health and development plans. In addition, an Operational mechanism for implementing NCCCP will be in place, including the creation of a national cervical cancer Task Force. A signed Country Cooperation Agreement outlining the commitments of all key stakeholders will be in place. This will include a government-led plan for sustainable financing of the NCCCP.

Step II: Technical support for sustained implementation of the National Comprehensive Cervical Cancer Control Plan/Strategy

a) Support delivery of the NCCCP. Participating UN Organizations will work as part of the Task Force, supporting the national project team by providing the necessary technical assistance to deliver the NCCCP in line with the outputs and activities of the logical framework in Appendix 1.

b) Strengthening human resource capacity will be a crucial component of the Programme. The successful and sustainable implementation of the NCCCP will require qualified staff at all levels of service provision, supported by adequate supervision and training opportunities. The country will meet this need by strengthening high-quality, accelerated capacity building initiatives, for technical, clinical and managerial staff.

c) Monitoring and evaluation. This workstream will focus on implementing and supporting the monitoring and evaluation of the cervical cancer programme.

At the end of Stage II, there will be:

- An increase in HPV immunization coverage amongst adolescent girls including an increase in access to comprehensive and age-appropriate health and sexuality education;
- An increase in the coverage of screening and treatment for cervical pre-cancerous lesions;
- An increase in the capacity of the health systems to diagnose and treat invasive cervical cancer, including the provision of palliative care;
- An effective monitoring and evaluation system in place.

4.2.4 Sustainability

A key to the success is ownership by the government in the countries where the Programme is operating. This is critical for long term sustainability of NCCCPs. The Work Plan will include considerations of the development of adequate approaches to ensure long term sustainability, which will be designed at and driven by country level partners, with the support of global level partners. This can include ensuring sustainable government funding or through public-private-partnership. Elements to ensure sustainability will be outlined in all NCCCP documents, and will include the provision of sufficient human, technical, and financial resources to support all aspects of the programme from its determined start date through to its completion.

5. Logical Framework

A detailed logical framework is attached in Appendix 1. The framework is based on WHO's guide to comprehensive cervical cancer control.⁶

6. Participants in the programme and management and coordination arrangements

6.1 Participants in the programme

6.1.1 UN Parties

Seven agencies and the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) are joining forces to implement the Joint Programme under the UN Interagency Task Force on the Prevention and Control of NCDs.⁷ The agencies and HRP are described in terms of their contribution to the prevention and control of cervical cancer in Section 9 below (legal context/basis of relationship).

The Programme will harmonize and align ongoing and planned activities in the area of cervical cancer across the above Parties but also at all levels, with special reference to the work of the Parties at the country level. The Programme will be delivered through integrated action between relevant HQ, regional and country entities of the various Parties, with each level of each Party bringing its own added value to the Programme. The UN Country Team will be the key platform for coordinated action at the country level.

The Programme will align its activities with the work under existing agreements between IAEA and WHO, IAEA and IARC, as well as the UNICEF/WHO/UNFPA partnership with GAVI for supporting the advancement of comprehensive cancer control in low and middle income countries.

The Joint Programme will also look to engage with the UN Office on Drugs and Crime (UNODC) as a provider of guidance in legislation to enable access to opioids for palliative care.

Figure 2 outlines the involvement of the Parties in the Programme.

⁶ WHO. Comprehensive Cervical Cancer Control: A Guide to essential practice. Second edition. 2014.
<http://www.who.int/reproductivehealth/publications/cancers/cervical-cancer-guide/en/>

⁷ <http://www.who.int/ncds/un-task-force/en/>

Figure 2: Collaboration between the Parties in supporting governments in the primary, secondary and tertiary prevention of cervical cancer.

| Primary Prevention | Secondary Prevention | Tertiary Prevention* |
|--|----------------------------------|--|
| IARC, UNAIDS, UNFPA, UNICEF, UNWOMEN, WHO, HRP | IARC, UNAIDS, UNFPA, WHO, HRP | IAEA, WHO |
| | | <small>* The Joint Programme will also look to engage with UNODC as a provider of guidance in legislation to enable access to opioids for palliative care.</small> |

Government and their agencies will be the primary partner in the Programme. The national government will be responsible for the overall coordination and the activities to have in place a sustainable NCCCP. The role of the governments will be to design their plans, provide overall leadership and strategic direction for implementation, resource the scaling up the prevention and control of cervical cancer action throughout the country and sharing lessons learnt with neighboring countries.

In the first phase of the Programme will work with governments in a small number of countries. The countries will be selected based on criteria agreed by consensus by the Steering Committee.

6.1.3 Other partners

The Parties, in collaboration with national governments and agencies, will look to identify partners to support the resourcing of the Programme and the NCCCP. This will include financing, implementing and technical partners. Examples of partners will include agencies at global, regional and local levels, including bilateral and multilateral development agencies, philanthropic organizations, NGOs and, academia.

The Partners will aim to mobilize stakeholders and resources and harmonize and align with other cervical cancer programmes at national, regional and country level. This includes publicizing the Programme and identifying opportunities for collaboration between international organizations and country-level partners. This may involve participating at or organizing international events to widely disseminate acquired experience and attract new partners. Launching international challenges may also be considered to stimulate innovation and make sure that innovations are linked to actual countries' needs.

The Parties will work with national governments and other partners to disseminate lessons learned, through case studies and other technical tools in order to encourage effective rollout of the Programme.

6.2 Management and Coordination arrangements

6.2.1 Administrative Agent

The roles and responsibilities of the Administrative Agent are described in Sections I and II of the MoU.

6.2.2 Convening Agent

The roles and responsibilities of the Administrative Agent are described in Section I of the MoU.

6.2.3 Steering Committee

The governance of the Programme will be overseen by a Steering Committee. The Steering Committee will be formed from representatives from the Administrative Agent, WHO, other Participating UN Organizations and where appropriate other partners. The Steering Committee will define the programmatic vision of the project and provide guidance to ensure that: project implementation reflects the programme as described above, project implementation is monitored to ensure that milestones are met; coordination of the UN agencies is effective; project assessment is scheduled on time; resource are mobilized to develop the programme; there is resolution of any issues that arise during the course of the project; and any other powers and authorities are exercised and discharged. Terms of Reference for the Steering Committee are in Appendix 2.

6.2.4 Secretariat

A Secretariat will be in charge of the overall management of the implementation of the Programme and coordination with the different Participants. All Participating UN Organizations are eligible to be part of the Secretariat. The Secretariat will be responsible for brokering relations with relevant partners, providing administrative and secretariat support and assistance to the Programme Steering Committee and disseminating and sharing lessons learned. A coordinator within the Secretariat, based in WHO NMH will be responsible for managing overall communication within, and on behalf of the Secretariat. The Secretariat will report to the Steering Committee. Terms of Reference for the Secretariat are in Appendix 3.

6.2.5 Technical Advisory Groups

Technical Advisory groups may be established on an ad-hoc basis by the Secretariat on the advice of the Steering Committee to provide advice to the Joint Programme on technical matters relating to content, monitoring and evaluation and design of the Programme. Advisory groups shall be composed of subject matter experts and shall prior to their appointment be subject to conflict of interest assessment by the Convening Agent and the Administrative Agent.

7. Fund Management Arrangements

A pass-through management modality for funding will be used in line with UNDG guidance. This will allow the most effective, efficient and timely implementation, and will reduce transaction costs for national partners, donors and the UN.

The Parties have agreed that UNFPA will be the Administrative Agent and take responsibility for arranging the transfer of funds to implementing partners in line with UNDG guidance.

8. Monitoring and Evaluation

Specific mechanisms and procedures for monitoring, measuring, and evaluating outcomes will be project-specific and developed as part of the project document. At a minimum, each project will be monitored through:

- Data gathering through field visits or other methods to monitor progress and adherence to the project standards;
- Periodic evaluation reports issued through the Secretariat to the Steering Committee;
- A final evaluation and financial report at the end of the project.

9. Legal context/basis of relationship

The agencies and the Special Programme are described below in terms of their contribution to the prevention and control of cervical cancer.

- The WHO as the directing and coordinating authority for health within the United Nations system. With regard to cancer control including cervical cancer and other NCDs, WHO is responsible for providing leadership and guidance on global regional and national strategies, setting norms and standards, articulating evidence-based policy options, providing technical support to countries in national cancer control planning and monitoring and assessing cancer and other NCD trends and their underlying risks. Three WHO clusters are involved in the joint UN programme on cervical cancer: Noncommunicable Diseases and Mental Health, (NMH), Family, Women's and Children's Health (FWC) and Health Systems and Innovation (HIS).
- The UNFPA provides support to countries in developing policies and programmes to ensure universal access to sexual and reproductive health and rights. The Fund provides technical support to roll out comprehensive sexual and reproductive health information and services, comprehensive sexuality education, adolescent health services including HPV vaccines and the screening for and treatment of precancerous lesions of cervix for older women

- The United Nations Children's Fund (UNICEF) provides technical support for comprehensive immunization programmes and promotes healthy lifestyles for adolescents, including linking the HPV vaccinations with a comprehensive set of health services for girls.
- The Joint United Nations Programme on HIV/AIDS (UNAIDS) supports universal access to HIV prevention, treatment and care, and HIV positive women have a greater risk of developing invasive cervical cancer, which is an AIDS-defining illness.
- UN Women focuses on gender equity and the empowerment of women.
- The International Agency for Research on Cancer (IARC), the specialized cancer agency of the WHO produces the evidence for the causes of human cancer, for the mechanisms of carcinogenesis, and for the strategies for cancer prevention and early detection. IARC supports capacity building in cancer registration, as well as operational research in cervical cancer screening and HPV vaccination.
- The International Atomic Energy Agency (IAEA) as the main agency within the UN system responsible for radiation medicine applied research, guidance on radiation medicine strategies, setting radiation-related norms and standards, and providing technical support to countries with respect to radiation medicine. The IAEA supports countries in the development of the required national infrastructure and in the training of human resources necessary for the provision of effective and safe quality radiation medicine services for diagnosis, treatment and palliative care of cancer patients.
- The UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) as the main instrument within the United Nations system for research in human reproduction, bringing together policy-makers, scientists, health care providers, clinicians, consumers and community representatives to identify and address priorities for research to improve sexual and reproductive health, and in the context of the Joint Programme providing research and guidance on sexual and reproductive health and sexually transmitted infections (HPV) linkages in cervical cancer prevention and control, and integration of prevention in SRH programmes e.g. FP, postpartum, post-abortion.

10. Work Plan

A work plan including a budget for the Parties to deliver the activities outlined in the logical framework will be prepared for each country following an initial in-country assessment by the Partners in full collaboration with the government concerned and other partners. The work plan will be reviewed on an annual basis. Although the work plan will use as its starting point the logical framework, it will be adjusted for the needs of each country.

APPENDIX 1. DRAFT LOGICAL FRAMEWORK FOR EACH COUNTRY IN THE JOINT PROGRAMME

This framework consists of a set of activities to deliver five key objectives for national comprehensive cervical cancer programmes. The logical framework is guided by the WHO publication *Comprehensive Cervical Cancer Control: A Guide to essential practice. Second edition. 2014.*

| | Target | Verifiable Indicator | Measure of Verification | Risks/assumptions |
|------------------------------------|--|---|---|---|
| Super global | A 25% relative reduction in the overall mortality from CVD, cancer, diabetes or chronic respiratory diseases by 2025 (WHO Voluntary Global Target), and by 2030, a reduction by one third premature mortality from NCDs (SDG Target 3.4).. | Cause specific mortality from the 4 NCDs including cervical cancer. | Civil registration system, mortality certification (national cause-specific mortality data) and cancer registries. | Not all countries have complete and reliable cause specific mortality data. Not all countries have a population-based cancer registry. |
| Goal of the Joint Programme | A 25% relative reduction in cervical cancer mortality by 2025 in the target countries, together with reduction in incidence of cervical cancer and improvement in survival. | Cause specific mortality. Cervical Cancer survival. Population-based incidence. | - National cause-specific mortality data. - Dedicated survival studies. - Population-based cancer registries. | Not all countries have complete and reliable cause specific mortality data. Not all countries have a population-based cancer registry. |
| Purpose | Each participating country to have in place a functioning and sustainable high quality national comprehensive cervical cancer control programme with women accessing services equitably. | Indicators for the 5 objectives below. | Joint Programme evaluation. | |

| | Activities | Verifiable Indicator | Measure of Verification | Risks/assumptions |
|---|--|--|--|--|
| OBJECTIVE 1 (NCCCP development) | To develop a national comprehensive cervical cancer control plan/strategy (NCCCP) through multisectoral participation with linkage to relevant national plans. | Number of countries with NCCCP. | Availability of NCCCP. | All programmes can come together and identify common aspect. |
| Activity 1 | Provide technical assistance to support countries to develop a costed implementation plan for NCCCP and the financial strategies for its sustainability based on WHO guidelines and recommendations. | Number of countries with costed and financed implementation plans. | Availability of the costed and financed implementation plan. | Existing national programme and costing tool can be use. Lack of appropriate financial mechanisms within the health systems to ensure the long-term sustainability of the programmes. |
| Activity 2 | Provide technical assistance to support countries to develop an operational mechanism for implementing NCCCP in a stepwise manner. | Number of countries with national operational mechanisms for implementing NCCCP. | Operational mechanisms such as a national task force/steering committee in the country. | Different component of the programme are in different departments without much linkage between them. |
| Activity 3 | Provide technical assistance to support countries to engage and develop partnership with stakeholders including civil society. | Number of sustained partnerships. | Partnerships as evidenced by their existence in countries including area of work, nature of partners, etc. | Civil society may be under-developed. |
| Activity 4 | Provide technical assistance to support countries to set up sustained and targeted advocacy for NCCCP. | Number of sustained advocacy programmes. | Locally relevant advocacy and communication strategies developed and implemented. | Lack of resources to sustain advocacy. |

| | Activities | Verifiable Indicator | Measure of Verification | Risks/assumptions |
|--|--|---|--|--|
| Objective 2 (primary prevention) | To increase HPV immunization coverage of adolescent girls. | Number of girls in target population vaccinated against HPV and coverage (by dose). | EPI survey. Data provided by the-National immunization program (NIP) database. Annual report to JRF on introduction /admin data. | Sustained financing has to be ensured for HPV vaccination. If the programme is school-based, complementary strategies have to be considered as some adolescent girls are not in schools. |
| Activity 1 | Provide technical assistance to support national decision making on inclusion of HPV vaccine in national vaccination schedule (including cost effectiveness analysis); if relevant, apply for GAVI support. | Number of countries which introduced HPV vaccination in national schedule or approved GAVI HPV vaccine demonstration programme. | JRF reporting on HPV vaccine introduction. GAVI Demo application status. | Undue pressure on countries to introduce HPV vaccine could negatively impact sustainability and lead to donor dependency. |
| Activity 2 | Provide technical assistance to support the integrated introduction of HPV vaccine (e.g. develop a communication plan and implement social mobilization, training and orientation, adapt monitoring tools and processes) | HPV vaccine coverage among adolescents girls. Adolescent knowledge on HPV (and other issues). | JRF reporting on HPV vaccine coverage. | |
| Activity 3 | Provide technical assistance to support post Introduction Evaluation (PIE) of HPV vaccine introduction and develop improvement plan. | Post introduction evaluation carried out. | WHO Repository. | |
| Activity 4 | Provide technical assistance to support the development and implementation of sustained health education programmes on risk factors of cervical cancer and benefit of HPV | Level of knowledge in the population. | Surveys. | |

| | Activities | Verifiable Indicator | Measure of Verification | Risks/assumptions |
|--|--|---|--|---|
| Objective 3 (secondary prevention) | To increase coverage of screening and treatment for cervical pre-cancer (approach chosen according to country situations). | Number of women who had at least one screening in their life time. Proportion of screen positive women receiving treatment. | National surveys (NCD STEPS surveys). Data from screening program database/information system (Screening registry). | Capacity of countries to initiate population based screening is very minimal. Countries may implement screening without an embedded information system to facilitate monitoring coverage and evaluating outcomes. Screening program information system (screening registry) may be incomplete. |
| Activity 1 | Provide technical assistance to support the development and implementation of a communication plan and activities to raise awareness about screening and treatment for pre-cancer. | Level of knowledge in the population. | Surveys. | As above. |
| Activity 2 | Provide technical assistance to support the national efforts to ensure sustainable funding to develop and maintain a secondary prevention programme. | Availability of a financing system which covers screening and treatment of pre-cancer. | Formal political engagement and Budget documents. | As above. |
| Activity 3 | Provide technical assistance to countries to increase access and availability of quality services for screening and treatment of pre-cancer (e.g. cryotherapy, thermocoagulation, loop electrosurgical excision procedure), including their integration into existing services, e.g. PHC, HIV and RHR. | Number of health facilities offering screening and treatment of pre cancer. Number health care providers trained in screening and treatment of pre-cancer. | Records from the monitoring mechanism of the screening programme. Records of training programmes. | Depends on trained staff who have sufficient time to do screening and treatment. If cytology is used, then it depends on trained cytotechnologists and other professionals. Countries may implement screening without information systems (screening registry). Screening program information system may be incomplete |
| Activity 4 | Provide technical assistance to support countries strengthen referral and information flow from primary to tertiary care level and back. | Number of women who are referred and who received the treatment. Clear policy for referral. Waiting time between referral and treatment. | Records from the monitoring mechanism of the screening programme. | As above. |
| Activity 5 | Provide technical assistance to support countries develop the capacity of their health system, including health care providers, to ensure effective screening. | Number of health care providers trained and their competencies. Number of health facilities offering screening and treatment of pre-cancer. | Survey | |

| | Activities | Verifiable Indicator | Measure of Verification | Risks/assumptions |
|--|--|--|---|--|
| Objective 4 (tertiary prevention and palliation) | To increase the capacity of health systems to diagnose and treat cervical cancer, including provision of palliative care. | Number of facilities equipped for diagnosis, treatment and palliative care for cervical cancer. | Collected from major hospitals which diagnose and or treat cervical cancer. | Important shortages of pathology, imaging, treatment and palliative care capacities. -Lack of/inadequate medical record systems and services in hospitals |
| Activity 1 | Provide technical assistance to support the national programme build capacity for downstaging/awareness in general population and primary/secondary health staff about symptoms of cervical cancer. | Number of people trained. Number of facilities offering early diagnosis services. | MoH records. | Health facilities will have the required facilities for diagnosis and treatment |
| Activity 2 | Provide technical assistance to support the development a national / provincial system of histopathology services. | Number of histopathology services per 100,000 population in the country. Proportion of cervical cancer diagnosed with histopathology. | National health care statistics. Cancer registry. | -Pathology services depend upon the availability of resources, trained personnel and continued availability of consumables to process, stain and report ob pathology specimens (supply chain issues) |
| Activity 3 | Provide technical assistance to support national treatment protocols and service delivery models. | National treatment protocols endorsed by the MoH. | | Private providers may not follow the national protocols. |
| Activity 4 | Provide technical assistance to support the national programme train primary health care providers and cancer specialists (surgeons, gynaecologists, radiation oncologists, medical physicists, etc.), as well as expertise in concurrent chemotherapy and radiotherapy. | Number of trained professionals in different categories. | MoH records. | -Availability of competent faculty and facilities to adequately train required personnel - Availability of candidates for specialized training. - Brain drain when training is provided abroad. - Recognition of the specialized professions by health authorities. |
| Activity 5 | Provide technical assistance to support the national programme develop and/or strengthen surgical facilities and capacity. | Number of facilities where cold knife conization and radical hysterectomy are provided for the management of early cervical cancer. | Hospital data. | Cancer surgery facilities depend on availability of resources and personnel |

| | | | | |
|--------------------|--|---|---|---|
| Activity 6 | Provide technical assistance to support the national programme develop or strengthen radiation treatment facilities. | Number of facilities with brachytherapy and teletherapy. | Hospital data. | RT facilities depend on availability of resources and personnel as well as maintenance/support services. |
| Activity 7 | Provide technical assistance to support the national programme deliver occupational and patient radiation safety in the diagnosis and treatment of cervical cancer. | Number of professionals and practitioners implementing radiation safety considerations per 100,000 population. | Protocols and records. National regulations on radiation protection. | A national radiation protection infrastructure is available to ensure control of sources and protection of patients, staff, public and environment. |
| Activity 8 | Provide technical assistance to support the national programme increase the number of patients receiving full treatment for cervix cancer, including surgery or chemoradiation for advanced cervical cancer. | Number of people completing the prescribed treatment. Number of patients received surgery or chemoradiation/ total number of curative treatments | Treatment records. | - Uneven distribution of facilities (access issues). -Lack of/inadequate health care financing mechanisms (e.g., universal health care; health insurance schemes; cost recovery mechanisms) - High out pocket expenditures. |
| Activity 9 | Provide technical assistance to support the national programme increase the availability, accessibly and quality of palliative care for women with cervical cancer through capacity building. | Number of women with cervical cancer receiving palliative care. | Hospital data. | |
| Activity 10 | Provide technical assistance to support the national programme increase the access to essential opiate analgesia for palliative care for women with cervical cancer | Population-level morphine-equivalent strong analgesic consumption per cancer death | Global NCD indicator (UNODC ⁸ & WHO data, WHO calculation) | Proxy indicator of morphine availability (not specific to cervical cancer, but best available indicator, endorsed by WHO member states & internationally comparable). |

⁸ The Joint Programme will also look to engage with UNODC as a provider of guidance in legislation to enable access to opioids for palliative care.

| | Activities | Verifiable Indicator | Measure of Verification | Risks/ assumptions |
|---|--|---|---|--|
| Objective 5 (monitoring & evaluation) | To develop and implement a monitoring and evaluation system. | M&E plan available for NCCCCP with key indicators. | M&E plan available for NCCCCP with key indicators. | -Lack of/inadequate medical records services/hospital cancer registries/population based cancer registries |
| Activity 1 | Provide technical assistance to support the national programme develop and use a set of indicators for HPV vaccination. | 1. Vaccine coverage. 2. Number of adverse event following immunization. | Data from information systems embedded in Vaccination programme. WHO -UNICEF Joint Reporting Form WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) | |
| Activity 2 | Provide technical assistance to support the national programme develop and implement a set of indicators for screening and treatment. | 1. Screening coverage. 2. Treatment rate of women screened positive. 3. Waiting time between referral and treatment. 4. Quality of treatment. | - Screening registry. - Treatment registers. - Peer-review missions/on-site audits. | |
| Activity 3 | Provide technical assistance to support the national programme develop and implement a set of overall impact indicators. | 1. Incidence of cervical cancer and incidence of pre-cancer in screened women. 2. Stage at time of diagnosis. 3. Survival from cervical cancer. 4. Mortality from cervical cancer. | - Cancer registries - M&E system of the screening programme - Dedicated survival studies. - National cause-specific mortality data. | |
| Activity 4 | Provide technical assistance to support the national programme contribute to development and strengthening a population based cancer registry. | Cancer registry activity or report | IARC records | |

The logical framework above is supported by action under a set of guiding principles and cross cutting themes.

| Guiding principles and cross cutting themes | Activities | Verifiable Indicator | Measure of Verification | Risks/assumptions |
|---|--|--|---|--|
| 1. Gender and equity | Ensure that gender and equity issues are adequately addressed at all levels of cervical cancer control programmes. | Cervical cancer plans/strategy/policies that adequately address gender and equity issues. | Analysis of plans/strategy /policies. | Difficult to sensitize local professionals and decision makers to equity issues |
| 2. Advocacy | High level advocacy to ensure government commitment and engagement of development partners. | Committed decision makers and leaders. Governmental funds and resources prioritized for cervical cancer. Development partners include cervical cancer control in their programmes. | Formal political engagement and Budget documents. | |
| 3. Research | Research to assess screening methods, tools and algorithms. Implementation research. Cost effectiveness studies. New technologies assessments. | Conduction of high quality research projects on various aspect of cervical cancer prevention. | Research grant obtained, Publications. | Financial constraints. Rapidly changing technologies. Lack of competent personnel to conduct high quality research. Ambiguous national regulations concerning specific aspects of research. Difficulties in transfer of biological samples |
| 4. HIV | Ensure that HIV specific issues and special needs of HIV positive women are taken into account. | Cervical cancer plans/strategy/policies that adequately address HIV issues. | Analysis of plans/strategy /policies | HIV issues may not be considered in countries where HIV incidence is relatively low Lack of sensitivity in handling HIV related issues |

APPENDIX 2: STEERING COMMITTEE TERMS OF REFERENCE

The Steering Committee shall be the decision-making authority and highest body for strategic guidance, fiduciary and management oversight and coordination. It will:

- a. Define the overarching goals and vision of the Programme and its projects;
- b. Decide the budget allocations to agencies and countries to be distributed by the Administrative Agent;
- c. Provide guidance to the Secretariat to ensure that Programme implementation reflects the agreed goal and vision;
- d. Ensure that milestones are met;
- e. Review and approve country projects involving stakeholders at country, regional and global level;
- f. Review and approve consolidated narrative reports submitted by the UN Parties;
- g. Approve assessment plans review evaluation findings related to impact and effectiveness of the Programme for appropriate communication and future planning;
- h. Mobilize resources to develop the joint programme.

The Steering Committee's composition shall include one senior programme manager of all signatories of the Memorandum of Understanding, and one senior programme manager from HRP. The participating UN agencies shall chair the Steering Committee on a rotating basis.

The Steering Committee may decide to include other staff from the participating UN agencies in an observer capacity.

The Steering Committee may decide to include other partners in an observer capacity.

The Steering Committee will meet at least semi-annually.

Participating UN agencies shall take turns in preparing minutes for the Steering Committee meetings, which will be approved by the Steering Committee.

APPENDIX 3: SECRETARIAT TERMS OF REFERENCE

The Secretariat is the coordination and implementation mechanism of the Programme. The objective of the Secretariat is to facilitate the effective and efficient technical guidance and implementation of the Programme and their joint country projects.

The Secretariat will host the Programme will assume responsibility of organization of meetings and secretarial support. In between meetings, agreement can be reached by means of video- or telephone conference calls or by exchange of e-mails.

The Secretariat will:

- a. Ensure an effective coordination mechanism between agencies in countries to facilitate activities under the Joint Programme;
- b. Review country annual plans and reports before submitting them to the steering committee;
- c. Mobilize resources to develop the joint programme;
- d. Undertake receipt and disbursement of funding from third parties relating to the Programmes;
- e. Review consolidated financial reports submitted by the Administrative Agent and other parties;
- f. Monitor the programme, identify solutions to any problems which might be raised by the Parties, and lead the annual work plan review;
- g. Review proposals from the Parties for major budget allocation, budget reallocation such as major savings or cost increases, or for the use of funds for significantly different activities;
- ~~h. Review proposals from the Parties for major budget allocation, budget reallocation such as major savings or cost increases, or for the use of funds for significantly different activities.~~

The Secretariat will meet in in-person quarterly, which each Participating UN Agency being physically present for at least two of these meetings each year. These meetings will be augmented through monthly teleconferences.

ANNEX B: SEE SEPARATE FILE “Standard Administrative Arrangement”

ANNEX C: NOTICES

For the Administrative Agent, United Nations Population Fund

Name: _____
Title: _____
Address: _____
Telephone: _____
Facsimile: _____
Electronic mail: _____

For Convening Agent, World Health Organization

Name: _____
Title: _____
Address: _____
Telephone: _____
Facsimile: _____
Electronic mail: _____

For Participating UN Organization, United Nations Children's Fund

Name: _____
Title: _____
Address: _____
Telephone: _____
Facsimile: _____
Electronic mail: _____

For Participating UN Organization, Joint United Nations Programme on HIV/AIDS

Name: _____
Title: _____
Address: _____
Telephone: _____
Facsimile: _____
Electronic mail: _____

For Participating UN Organization, UN Women

Name: _____
Title: _____
Address: _____
Telephone: _____
Facsimile: _____
Electronic mail: _____

For Participating UN Organization, International Agency for Research on Cancer

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

Electronic mail: _____

For Participating UN Organization, the International Atomic Energy Agency

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

Electronic mail: _____