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Provisional agenda item 2:

Progress in implementation and coordination of the national response

Update on target setting for Universal Access, the "Three Ones"
and the Global Task Team follow-up

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Introduction

1.   Countries have made considerable progress in setting ambitious targets for universal access. However it is becoming increasingly clear that those ambitions for scaling up are in danger of being missed unless there are fundamental improvements in how resources are coordinated and delivered at country level. Our ability to reach the targets set by countries will depend heavily on how we harmonize and align our resources behind national plans.

2.   This paper introduces the roundtable session on **Progress in implementation and coordination of the national response**. The session responds to a number of decisions from the 18th Programme Coordinating Board (PCB) meeting held in June 2006.[1] The paper starts with an overview of progress in setting national targets for universal access and the lessons learnt from this process.

3.   This paper also provides a brief update on "Three Ones" and Global Task Team implementation. In June 2006, UNAIDS presented to the PCB a substantive analytical report on progress in implementing the "Three Ones" Principles and the Global Task Team Recommendations.[2] The analysis from the June report broadly remains valid and this paper therefore has a particular focus on two areas in direct relation to decisions from the 18th Programme Coordinating Board Meeting. These are on: a) effective country level harmonization and alignment and b) an update on the independent assessment of the Global Task Team (GTT) recommendations. The paper for the agenda item "Multilateral support at country level" will address further aspects of the Global Task Team follow-up.

Progress Towards National Target Setting on Universal Access

4.   Following the commitments made at the 2006 UN High Level Meeting on AIDS and the request made by the PCB during its 18th meeting, UNAIDS has assisted national and regional efforts in national target setting processes on universal access. UNAIDS has also worked to facilitate inclusive country consultations, aimed at defining key actions to overcome identified obstacles to scaling up. To support countries in setting national targets, and to determine joint follow-up actions, UNAIDS with its partners, has developed and disseminated operational guidance on "Setting National Targets for Moving towards Universal Access".[3]

5.   By the end of October 2006, 84 countries have provided target data[4] on the outcome indicators, proposed in the UNAIDS guidance paper for countries. The data show that 44 of these 84 countries have set outcome targets for all three programmatic areas. The data also reveal that 76 of these 84 countries have set treatment targets, a same number of countries have set outcome targets for at least one prevention intervention. About two thirds of the countries that set prevention targets, set targets for mother to child transmission of HIV, condom distribution and appropriate knowledge among young people, while less than half of these countries set targets on behaviour change and HIV testing. A total of 43 countries have set targets for coverage of orphans and vulnerable children. These data illustrate that, whereas there

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[1] From the 18th meeting this mainly refers to PCB decisions 4.3, 7.3, 7.6, 7.8, 8.3, 8.4, 8.7 and 8.12.
[2] Available at: http://data.unaids.org/pub/Report/2006/PCB_18_06_6_en.pdf
[3] Joint United Nations Programme on HIV/AIDS (UNAIDS), Setting National Targets for Moving Towards Universal Access: operational guidance; UNAIDS 2006.
[4] Information can be found on the UNAIDS website at:
http://www.unaids.org/en/Coordination/Initiatives/default.asp

has been good progress on target setting for antiretroviral treatment, many countries lag behind when it comes to HIV prevention.

6.   Concerning civil society involvement in the target setting and follow-up processes, UNAIDS has actively promoted their engagement and most countries have confirmed their participation and valuable contributions. However, more needs to be done: reports reveal that civil society organizations are often not regarded as equal partners and that a wider range of civil society groups need to be involved. In addition, grass root organizations appear to have been mobilized and engaged in the process only to a limited extent.

7.   Target setting is mostly undertaken in the context of national strategic planning. Approximately three quarters of the countries that have set targets have done this in the context of their ongoing strategic planning process or are at the stage of updating their national strategic plans accordingly. At least one quarter of the 84 countries that have set targets, have proceeded with costing their strategic plans.

8.   Though countries committed themselves to set targets by the end of 2006, it is anticipated that a number of countries will continue with their target setting process during the course of 2007. The target setting process has been country-driven to ensure a focus on accountability at the country level. A regional level aggregation of the country-set targets is not foreseen. However, regional inter-governmental bodies may want to use the national targets for peer-review monitoring and policy development.

9.   While recognizing that countries are at different stages of programme development for scaling up, a number of overall challenges to the target setting and follow-up have been identified:

  9.1.   Lack of harmonization among partners - including global funding initiatives - that hampers the setting of, and consensus building on, national targets for scaling up towards universal access;
  9.2.   Lack of baseline data, due to limited monitoring and evaluation capacity and the lack of a common data source at the country level, affecting the quality of the targets set;
  9.3.   The need for broader mobilization and engagement of civil society as equal partners in all aspects of scaling up towards universal access;
  9.4.   Limited discussion among partners on how to achieve the set targets, for example through coordinated support to address the identified obstacles and setting intermediate targets.
  9.5.   Prevention programmes still operate on a relatively small scale, with uneven geographical coverage, and may not address most at risk populations, demonstrating the need for greater involvement of civil society grassroots organizations and people living with HIV.

10. To meet these immediate challenges, UNAIDS is supporting countries to complete their target setting process, including building consensus for joint action in the following areas:

  10.1. Develop and cost robust national action plans, to strengthen harmonization and alignment of partners' efforts, in support of a scaled up national response;
  10.2. Continue support to the development of one national monitoring and evaluation system, in order to allow monitoring of progress towards universal access;
  10.3. Strengthen civil society engagement in the entire scaling up process;
  10.4. Address the obstacles to scaling up towards universal access

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These above actions are in line with the proposed four-year "Strategic framework for UNAIDS support to countries' efforts to move towards universal access".

Making the Money Work for Universal Access: Supporting Implementation and Coordination

Overview on "Three Ones" Implementation

11. In June 2006, UNAIDS reported that most countries now have **national AIDS action frameworks**. It was reported that 60% of the frameworks are costed and budgeted while 52% of these had been translated into an operational plan and/or annual priority action plan.

12. The absence of costing, clear priorities and operational plans of many action frameworks limits the value of the framework in providing the overall strategic and programmatic guidance for the response, reduces its power as the guiding point for interventions by various stakeholders, and often reflects a general need to improve management of the AIDS response. Without these elements, external partners may be inclined to continue with a project-style mode of aid delivery with vague references to the national AIDS action framework. Another gap that was identified was that few countries have conducted a technical needs assessment or developed a technical support plan which could improve the pace and scale of implementation.

13. In the 2005 end-of-year reporting on follow-up to the 2001 Declaration of Commitment on HIV/AIDS, 85% of countries reported having **one national AIDS coordinating authority.** While this is an important achievement, the functionality of this structure, and partner alignment to it, will determine its effectiveness in achieving country-level results. Capacity constraints undermine the functioning of the AIDS authorities and inhibit their effectiveness.

14. Another variable is the role of other AIDS coordinating entities at the country level. According to the UNAIDS survey, 81% of countries have *additional* coordinating mechanisms on AIDS. While providing much needed funding for the AIDS response, parallel mechanisms like the Global Fund Country Coordinating Mechanism (CCM) can lead to a confusion of roles when it comes to policymaking. In some countries the CCM makes '*de-facto*' policy decisions through funding decisions related to investment in some areas and not others. The UNAIDS survey also states that in 32% of the countries surveyed, the national AIDS authority does not play a significant role in the CCM.

15. Half of countries surveyed by UNAIDS reported the existence of a national **monitoring and evaluation** plan, and in half of those, the plan was reported to have been developed in consultation with civil society and people living with HIV. Most countries have a dedicated monitoring and evaluation unit and budget, with funding secured in 78% of the cases. This represents important progress since 2003, when only 24% of countries reported having a monitoring and evaluation budget. About half (49%) of countries indicate there is a moderate to high level of sharing monitoring and evaluation results of UN agencies, bilateral agencies and other institution with the national AIDS authority.

16. Although this represents improvement, much more progress on data sharing is needed to maximize evidence-based decision-making. A strengthening of international technical support for monitoring and evaluation in recent years has supported countries being able to report

improved quality of assessment of AIDS programme performance. In 2006, 51% of countries report modest to considerable progress since 2003 in strengthening monitoring and evaluation of HIV-related programmes. Nevertheless, in 2005, 43% of countries rated national monitoring and evaluation efforts as average or below average.

Update on the Global Task Team Recommendations

17. As mentioned above, the agenda item "Multilateral support at country level" will further address the follow-up to the Global Task Team Recommendations. This paper, therefore, focuses on the progress with specific Global Task Team recommendations under the themes "Alignment and Harmonization" and "Accountability and Oversight". At the same time, this section provides an update on follow-up to three decisions from the PCB in June 2006.

Piloting of the Country Harmonization and Alignment Tool[5] (CHAT)

18. Harmonization and alignment is high on the international development agenda. The Rome Declaration on Harmonization (2003) and the Paris Declaration on Aid Effectiveness (2005) are the clearest expressions of the commitments and consensus by international development partners to lower transaction costs for partner countries and to align with their national objectives, goals and procedures. Global funding to the AIDS response has grown significantly in recent years providing new opportunities to respond to the epidemic. This means that the harmonization and alignment agenda has become ever more important to making the best use of technical and financial resources.

19. Recognising this, recommendation 4.1 from the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (June 2005) called for UNAIDS to develop a scorecard-style accountability tool. The purpose of the tool is to assist National AIDS Coordinating Authorities, in collaboration with international partner agencies, to assess:

   19.1. the participation and degree of engagement of country-based partners in the national response, and
   19.2. the degree of harmonization and alignment among international partners.

20. This recommendation has materialized in the form of the Country Harmonization and Alignment Tool. It is for use by national AIDS authorities who will be able to:

   20.1. gauge the level of internal and external partner adherence to the "Three Ones" principles and
   20.2. assess international partners' adherence to commitments made at Monterey, Rome and Paris, and through the GTT process.

21. The tool is also intended to be used to support participatory national AIDS reviews. In its function as a "barometer" of the current status of harmonization and alignment at country level it will help identify where real or perceived blockages lie and will serve as an advocacy tool for strengthening accountability, focusing dialogue and driving progress.

22. The Country Harmonisation and Alignment Tool is intended to improve accountability of partners at country level. The essence of accountability is "answerability", which implies

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[5] Update on Decisions 7.3 and 8.12 from the 18th Meeting of the UNAIDS Programme Coordinating Board, June 2006.

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providing information and explanations for action and inaction, and demonstrating how commitments are being realized. The use and value of this tool will be on its ability to transform relationships between those making decisions and those affected by them. This approach draws attention to the potential of better accountability to improve performance. This also highlights the multiplicity of actors upon whom progress depends and the reciprocal commitments that are required. This perspective is often lacking in the current mechanisms for national programme reviews.

23. The tool has been piloted in Botswana, Democratic Republic of Congo, Mozambique, Nigeria, Somalia, Zambia, Brazil, Guyana and Indonesia. It should be noted that Mozambique had previously developed a similar tool for the AIDS response: the Partners Performance Assessment Matrix. This matrix builds directly on the OECD/DAC and Paris Declaration and both of these have served as a model and inspiration in developing the Country Harmonization and Alignment Tool.

24. Early lessons from the CHAT piloting are:

24.1. CHAT appears to provide a good basis from which to strengthen existing or emerging in-country strategic analysis and can be used to effectively support Joint AIDS Programme Reviews.

24.2. CHAT can strengthen engagement of in-country partners and it also helps to identify stakeholders who are excluded from national coordination.

24.3. CHAT can provide a basis for on-going advocacy with partners about their roles in the national HIV responses.

24.4. CHAT can be a tool to mobilize greater political commitment and involvement.

25. In DR Congo the piloting process provided evidence that not all relevant Ministries were involved at the same level and that CHAT represents an opportunity to stimulate greater involvement and to identify the gaps. The stakeholders in DR Congo see the CHAT as a policy development and advocacy tool and not only as a monitoring tool. The Ministry of Health and the UN Theme Group Chair co-chair the CHAT Reference Group. To ensure that the CHAT outcomes trigger national discussion on harmonization and alignment, the stakeholders realized that those who work on policy and institutional development should be managing the implementation of the tool.

26. The comments about the design of the tool were that the tool should be shorter and more quantifiable (as per the OECD/DAC survey tools). There is strong feedback about strengthening CHAT with basic statistical data (who, what, how many?) as background to substantiate the broader more qualitative questions. Country feedback did emphasize, however, the importance of the qualitative or analytical nature of CHAT as providing space for richer detail and insights.

27. During this PCB session an update on the tool and further results will be shared, and there will be a country presentation on their pilot experience, which will generate discussion on the tool itself and its role in improving accountability for harmonisation and alignment at country level.

Independent Assessment of Implementation of the Global Task Team Recommendations[6]

28. In June 2006, the UNAIDS PCB urged all partners to respect fully their commitments to the "Three Ones" and the Global Task Team Recommendations. The PCB further recommended an independent assessment of Global Task Team implementation at country level to be reported on to the Programme Coordinating Board in December 2006.

29. The PCB Bureau established a Reference Group for the Independent Assessment. The Reference Group consists of Sweden (chair), Kenya, Netherlands, Thailand, United Kingdom, United States, UNDP (co-sponsor representative) and the PCB NGO representative for Europe. The Reference Group reviewed and agreed on the Terms of Reference drafted by the UNAIDS Secretariat. The Reference Group has overseen the tendering process for the hiring of a consultancy to carry out the assessment.

30. The Independent Assessment has been organized around the following themes:

30.1. *Technical support provision to the national AIDS response as brokered by the UN system and international partners*

   1) Technical Support Division of Labour - the country adaptation process and outcome.
   2) Establishment of the joint UN programmes on AIDS and the development of joint teams.
   3) Support to integration of AIDS into development frameworks and instruments at the national level.
   4) The Global Problem Solving and Implementation Support Team (GIST) and development of country processes focused on unblocking problems in implementation of major grants.

30.2. *Harmonization and alignment of international partners in order to rationalise and simplify the management of development funding by the national counterparts, and consider possible gaps between policy and practice*

As stated in recommendation 2.2 in the GTT report, the multilateral institutions and international partners should progressively shift from project to programme financing, and further harmonize and better coordinate programming, financing and reporting. The shift concerns actions to be taken by each institution to enable it to coordinate, harmonize and align more effectively with country programs. This part of the review will document the following processes:

   1) Decisions at headquarters by the different cosponsors and UNAIDS secretariat to support procedures that can be adapted to differing national contexts.

   2) Global Fund and World Bank efforts to improve alignment in countries where they both have a project underway.

   3) Progress towards greater harmonization and alignment demonstrated by international partners, following Paris and Rome OECD/DAC declarations, and GTT recommendation 2.1.

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[6] Update on Decision 8.7 from the 18th Meeting of the UNAIDS Programme Coordinating Board, June 2006

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4) Greater coherence between Headquarter policies and commitments and country level actions, for all partners.

31. An update on the Independent Assessment will be provided to the 19th PCB meeting. Given the timeframe necessary for ensuring a fully independent process as well as a quality product, the GTT Independent Assessment Reference Group has recommended that discussion on the final assessment report be deferred to the 20th PCB in June 2007.

The Way Forward – Requested Direction from the Programme Coordinating Board

32. In consideration of the above it is recommended that the Programme Coordinating Board:

a. note progress on national target setting for Universal Access for HIV prevention, treatment, care and support; recognizes the need for continued follow-up support to countries, in particular the facilitation of coordinated strategies to overcome identified obstacles to scaling up; and requests UNAIDS to report on progress at the June 2007 PCB meeting;

b. support the application of the Civil Society Guidelines to strengthen the meaningful involvement of civil society in national AIDS responses;

c. recognize the importance of the Country Harmonization & Alignment Tool in increasing country level accountability to effective processes and supports its application as part of national AIDS reviews and request UNAIDS to report on progress at the June 2007 PCB meeting;

d. invite donor countries, the Global Fund and the UN system to present to the June 2007 PCB meeting, their action and progress at country level towards implementing harmonization and alignment commitments;

e. note and support progress on the GTT Independent Assessment and request presentation of the final report to the 20th PCB in June 2007.

ANNEX

Format for the PCB Roundtable Session

1. The PCB session under this agenda item will open with a plenary session. After a general introduction, two countries will give presentations. One country will share its experiences related to ensuring a more harmonized AIDS response and the second country will emphasize experience on the target setting process.

2. Following the introductory plenary session, four roundtable groups will run simultaneously. This will allow more in-depth discussion as outlined below on country experiences and the critical challenges they are facing. A closing plenary will follow to discuss feedback from and conclusions of the roundtable groups.

Group 1:   Implementation and accountability for results:
*   *What are the challenges to meaningful involvement of civil society participation in achieving Universal Access? Discussion on Civil Society Three Ones Guidelines.*

*   *How can we use Joint Reviews to strengthen implementation of National strategic plans and improve accountability for results***?**

Group 2:   Coordination, inclusion and strengthening institutional capacities:
*   *What are the institutional challenges around National AIDS Council (NAC) roles and NAC/CCM relationship, and how can they be resolved?*

*   *What are the current challenges to effective Civil Society engagement in developing AIDS policy and strategy?*

*   *What are the obstacles to stronger donor and fund alignment behind national AIDS strategies and plans, and how can we overcome them?*

Group 3:   **Effective country-level harmonization to achieve Universal Access: Improving Monitoring**
*   *What are the challenges for harmonizing multiple M&E systems, including data from Civil Society?*

*   *What have been country experiences with the Country Harmonization & Alignment Tool piloting and suggestions for improvement?*

Group 4:   **National target setting for Universal Access – Lessons Learned**
*   *How is lack of harmonization affecting target setting and follow-up?*

*   *Is civil society genuinely involved in the process of target setting and follow-up?*

*   *Are partners committed to jointly addressing obstacles to scaling up?*