

Annex 7 Health systems strengthening*UNAIDS has not articulated a clear position on health systems strengthening and the joint programme has had limited global influence*

1.1 Commitments to Universal Access and, prior to this, 3x5, have put pressure on the international community to strengthen health systems in order to meet agreed targets. The Global Fund evaluation report comments that '*Disease specific responses focused on service provision alone will not prove to be sustainable or of sufficient health impact unless the underlying health systems supporting disease control programmes are well functioning*'.

1.2 While the UNAIDS Secretariat and Cosponsors are agreed that strengthening health systems is critical to deliver HIV objectives and that the HIV response can make a significant contribution to strengthening health systems, there is no clearly articulated Joint Programme position or approach. UNAIDS highlighted the fact that health systems strengthening was not part of its original mandate but, nevertheless, this issue was included in the evaluation terms of reference and it is therefore necessary to consider how UNAIDS has responded to this agenda as well as to other changes in the global context during the period covered by the evaluation.

1.3 The UNAIDS Secretariat reports that it has a clear position, set out in statements and speeches by the former and current Executive Director, but external awareness of this is limited, including among Cosponsors. Work has intensified more recently towards elaborating a UNAIDS position on health systems strengthening – although much of this has taken place after the period covered by this evaluation – for example, a meeting held between UNAIDS Secretariat, WHO, World Bank, UNICEF and UNFPA in Washington DC in March 2009 to review the issue of HIV and health systems and the role of UNAIDS and development of a draft discussion paper on AIDS, health and health systems strengthening in April 2009.

1.4 WHO has developed a conceptual framework that identifies the six building blocks of a health system (see Box 1) and aims to promote a common understanding of what a health system is and what constitutes health systems strengthening. Evidence from global informant interviews, review of background documents and country visits shows that, despite the lack of a Joint Programme position, UNAIDS has made considerable efforts to strengthen these areas – examples are provided elsewhere in this annex. A key question, which is difficult to answer, is whether a Joint Programme position would have made any difference or added value to these efforts.

Box 1: Building blocks of a health system

- **Health services** – Good health services are those that deliver effective, safe, good quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources
- **Health workforce** – A well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible
- **Health information system** – A well functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status
- **Essential medical products and technologies** – A well functioning health system ensures equitable access to essential medical products and technologies of assured quality, safety, efficacy and cost effectiveness
- **Health financing system** – A good health financing system raises adequate funds for health in ways that ensure people can use needed services and provides incentives for providers

Box 1: Building blocks of a health system

and users to be efficient

- **Leadership and governance** – Leadership and governance involves ensuring strategic policy frameworks exist and are combined with effective oversight; coalition building; regulation; attention to system design; and accountability

Source: WHO (2007) Everybody's business – strengthening health systems to improve health outcomes. WHO's framework for action

1.5 WHO, in the 2008 World Health Report, also defined a health system as consisting of *'all the organisations, people and actions whose primary intent is to promote, restore or maintain health'*. A health system therefore includes non-state actors such as NGOs, FBOs and the private sector. Global informants highlighted the need for UNAIDS to strengthen engagement with these providers, in particular FBOs, which provide 40-70 percent of health care in sub-Saharan Africa, on HIV and health systems strengthening issues.

1.6 More than 70 per cent of secretariat and cosponsor respondents to the evaluation survey consider UNAIDS to have made a strong or moderate contribution to global dialogue on HIV and health systems, but other respondents rated the contribution less highly – only 18 per cent of bilateral donor respondents agree that UNAIDS has made a strong contribution. Measuring influence is difficult, but interviews with global informants and country visits suggest that lack of a common position and objectives has perhaps limited the scope for UNAIDS to influence major donors such as the Global Fund and PEPFAR, other Global Health Initiatives, and national strategic planning processes.

1.7 The International Health Partnership (IHP), which was launched in September 2007 and aims to harmonise donor commitments and improve the way that international agencies, donors and developing countries work together to develop and implement national health plans, has also focused attention on health systems strengthening. UNAIDS is a signatory to the IHP global compact and UNAIDS Secretariat and cosponsors participate in IHP processes – the secretariat, WHO, World Bank, UNFPA, UNICEF and UNDP are partners – but not as a joint programme.

1.8 WHO and the World Bank provide joint leadership of the IHP through the inter-agency core team, which coordinates the work of international agencies and supports operations at global, regional and country levels. The UNAIDS Secretariat, WHO and UNICEF are involved in the IHP Working Group on National Plans, Strategies and Budgets, and the secretariat, WHO, World Bank, UNFPA, UNICEF and UNDP are involved in the Working Group on Costing. The secretariat, UNICEF and UNFPA are represented on the IHP Task Force for International Innovative Financing for Health Systems, which is co-chaired by the World Bank and the UK. However, what the IHP means for UNAIDS at country level is unclear. In Ethiopia, which is an IHP compact country, the UNAIDS Secretariat is a signatory to the compact, but the process did not consider HIV issues and UNAIDS appears to have been unable to influence this.

1.9 At the 22nd meeting of the PCB, the former UNAIDS Executive Director stressed UNAIDS' engagement with the IHP, Global Campaign for the Health Millennium Development Goals (MDGs) and other initiatives to bring together those working to strengthen health systems and the response to AIDS. However, global informants highlighted the need for UNAIDS to engage more effectively on aid architecture issues, to avoid parallel processes for Global Fund National Strategic Applications and IHP National Health Plans, and to strengthen links with action to achieve the health MDGs. Country visits indicate that many secretariat and

cosponsor staff are poorly informed about developments in global aid architecture and developments in policy and financing by the Global Fund, PEPFAR and Global Health Initiatives.

The respective roles of the secretariat, WHO and World Bank are unclear

1.10 The respective roles of the UNAIDS Secretariat, WHO and the World Bank with regard to health systems strengthening have not been clearly articulated.

1.11 There is a perception that the UNAIDS Secretariat has been cautious about engaging in the issue, but, in 2008, the secretariat commissioned strategic research and, in 2009, has established an internal working group, to engage on health systems strengthening issues with regions and countries and plans to develop guidance, in collaboration with WHO and the World Bank, on the use of HIV funding for non-HIV health systems strengthening activities and on integrating HIV with TB, maternal and child health and reproductive health programmes.

1.12 The secretariat also plans to recruit staff to increase its capacity to work on HIV and health systems issues and, specifically, to articulate a clear position, ensure cosponsor coherence, harmonise technical support, maintain an overview of evidence and initiatives, ensure synergies in M&E and strengthen coordination at country level. The approach taken will be similar to that for work on TB and with GAVI, areas where there has been good collaboration. For example, the UNAIDS Secretariat and WHO have established a common position for engagement with GAVI and it is clearly agreed that the secretariat focuses on advocacy and WHO on technical issues.

1.13 However, some secretariat staff, cosponsors and member states do not consider that there is, or should be, a role for the secretariat in health systems strengthening and expressed concerns about duplication with the work of WHO and the World Bank. Others highlighted the need for a clear strategy and better coordination and information sharing within and outside the UN system as the number of actors involved increases – for example, the Global Fund has established a health systems strengthening unit and GTZ plans to recruit additional staff to support work on HIV and health systems strengthening linkages – and suggested that UNAIDS should play this role. The World Bank acknowledges that while *‘the Secretariat does not play a leadership role in health systems strengthening, it has played an appropriate and important facilitative role’*. The UNAIDS Leadership Transition Working Group suggests that linking efforts to prevent and treat HIV to efforts to strengthen health systems more broadly, and promoting increased country financial commitment to health, will continue to be an agenda that UNAIDS must tackle.

1.14 WHO and the World Bank both view health systems strengthening as a corporate priority. WHO HIV Department staff see WHO as the lead agency in the area of health systems strengthening but acknowledge that it needs to do more to articulate a clear global position and to improve understanding of health systems and of what needs to be done to them, as well as to improve coordination between WHO departments responsible for HIV and for health systems. Health systems strengthening is one of five action areas in the World Bank’s global strategy on HIV/AIDS. The Bank’s 2007 Health Sector Strategy Paper identified health systems strengthening as one of the areas most in line with the World Bank’s comparative advantage, while acknowledging that the Bank’s capacity to contribute in this area requires further strengthening. Like WHO, the Bank also has an institutional separation of responsibility for HIV and health systems. UNICEF and UNFPA are also working on health systems strengthening to some extent, for example, UNICEF convened a meeting on HIV and health systems in Africa and UNFPA is expanding its capacity to support linkages between HIV and sexual and reproductive health services.

1.15 Global informants for this evaluation suggested that the ‘division of labour’ between the Secretariat, WHO and the World Bank and between different departments within WHO and the Bank needs to be clarified. The recent Global Fund evaluation also commented that there had been limited progress in defining the role of the Global Fund vis-à-vis UNAIDS, WHO and the World Bank with respect to health systems strengthening financing and technical support, identified the need for a clearer global ‘division of labour’ and suggested that WHO and the World Bank need to define their complementary roles.

Cosponsors have strengthened health systems through their mandates but there is little evidence of the added value of the Joint Programme

1.16 WHO has defined core components of a health sector response to HIV (see Box 2), and there is clear evidence of UNAIDS Secretariat and cosponsor support to strengthen these components, which is discussed in this and other sections of this report, although this is not done in a strategic or systematic way by the joint programme.

Box 2

Prevention and health promotion

- Providing support for the development of broad-based programmes to educate the general population about HIV
- Promoting safer and responsible sexual behaviour and practices including as appropriate delaying the onset of sexual activity, practising abstinence, reducing the number of sexual partners and using condoms
- Targeting interventions where they will yield the most benefits for example, where risk and vulnerability converge through behaviours, locations and group membership
- Promoting harm reduction among IDU such as wide access to sterile injecting equipment, and drug dependence and treatment and outreach services to help reduce frequency of injecting drug use
- Providing widely accessible HIV testing and counselling
- Implementing programmes to prevent mother-to-child transmission

Treatment

- Increasing access to services to diagnose and manage STI
- Strengthening services to diagnose and treat HIV and related opportunistic and concurrent infections such as TB
- Increasing access to ART and other advanced HIV-related treatment
- Providing a continuum of care from home to health facility supported by a system of client referral

Health standards and health systems

- Ensuring the safety of blood and blood products
- Promoting universal precautions to reduce the risk of occupational HIV infection in health facilities, community settings and the home and providing PEP to those accidentally exposed to HIV
- Setting and promoting national standards for the public, private and community-based delivery of HIV prevention, health promotion, treatment and care
- Building capacity and strengthening health systems as appropriate including human resource levels and skills mix

Informed policy and strategy development

- Establishing or strengthening epidemiological and behavioural surveillance for HIV and STI
- Elaborating plans to generate resources and strengthening accountability and monitoring systems for both human and financial resources
- Countering discrimination and stigmatisation of people living with HIV and of vulnerable

groups

- Reviewing policies, laws and regulations to ensure they support HIV and STI programmes
- Mobilising communities, NGOs PLHIV, vulnerable groups and the business sector

1.17 Aside from involvement in the IHP, both WHO and the World Bank have been actively engaged in a range of other work on health systems strengthening. WHO, for example, has developed technical guidance on priority interventions for HIV that include health systems strengthening and on issues such as human resources for health and task shifting. The Global Health Workforce Alliance, established by WHO in 2006 to provide a common platform to address the human resources for health crisis, has a task force that focuses on the human resources for health implications of Universal Access. WHO is also planning a global meeting together with PEPFAR on synergies between Global Health Initiatives and efforts to strengthen human resources for health. The WHO HIV Department focuses on the health sector HIV response, with a current emphasis on the AIDS medicines and diagnostics database (tracking prices and costs), Integrated Management of Adult Illness, human resources for HIV, and finance and costing. WHO and the World Bank are members of the Global AIDS Commodities Supply Chain Working Group, which also includes the USG, Clinton HIV/AIDS Initiative, UNITAID and PATH.

1.18 The World Bank has addressed health systems strengthening through its Multi-Country AIDS Programme (MAP) and its Strategy for Health, Nutrition and Population (HNP) and related Strategy on Health Systems Strengthening (2007). During Phase 1 (2000-2006), the MAP provided support for strengthening the health sector response and institutional and infrastructure strengthening. The MAP evaluation (World Bank, 2007) showed that support for systems strengthening in all sectors represented 41 percent and support for the health sector represented 17 percent of all MAP funding. However, an Independent Evaluation Group evaluation of World Bank support for HNP (World Bank, 2009) noted that the share of lending with objectives to reform the health system, which are central to the Strategy on Strengthening Health Systems, fell by 50 percent, while there had been an increase in support for health SWAPs and multisectoral projects addressing AIDS. The evaluation recommends that the Bank better define the objectives of efforts to improve the efficiency of health systems and assess decisions to finance communicable diseases programmes and the potential resulting distortions in health systems.

1.19 Country visits (Box 3) found that secretariat and cosponsor staff were not aware of any global guidance on HIV and health systems strengthening and few joint teams have developed a common approach to HIV and health systems strengthening, although the team in Vietnam plans to do this in 2009. Health systems strengthening activities are implemented separately by cosponsors in line with their mandates. In some countries there are areas of overlap, for example, in Iran, the UNAIDS Secretariat, WHO and UNFPA are all active in M&E and surveillance and both UNFPA and WHO have programmes to support STI management.

Box 3

In **Swaziland**, there is no joint team approach to health systems strengthening, although the UNDAF includes health system strengthening relating to HIV. Secretariat, WHO and UNICEF staff are aware of WHO and Global Fund guidelines and recognise that UNAIDS has an important role to play in advocacy and in technical support to address health system weaknesses in documents such as the National Strategic Framework (NSF). WHO has been involved in assessment of human resource needs, setting up a monitoring system for drug resistance and developing guidelines on task shifting, while UNICEF has provided assistance to improve PMTCT and paediatric care.

In **Kazakhstan**, the issue of health system strengthening has not been discussed by the joint

Box 3

team and many UNAIDS respondents appear to view health systems strengthening as simply adding to the existing system, for example by improving counselling and introducing harm reduction services. There are some concerns that this approach may be weakening non-HIV areas of the health system by pulling staff into externally-funded projects, establishing activities that may not be sustainable in the longer term and unnecessary physical infrastructure, for example, construction of a separate HIV clinic for infected children and their mothers in Shymkent. UNICEF has made efforts to integrate HIV-related services into the health system, but WHO has almost no capacity on HIV or health systems, so has been largely '*absent*'.

In **Iran**, UNICEF is supporting the development of adolescent-friendly health services, UNAIDS Secretariat is working with the Centre for Communicable Diseases Control and the Iranian Medical Association on continuing education of doctors, nurses and midwives, UNFPA is establishing a surveillance system for STI through private physicians, UNODC has supported training on VCT provision in prisons, and WHO is supporting surveillance.

The joint team in **Peru** has not discussed health systems strengthening. One head of agency saw the issue as irrelevant '*This is not an African country where the health system is weak. I don't see the HIV response as a means to strengthen the health system. The health system is strong enough and can absorb the HIV response*'. However, a government respondent highlighted lack of action to strengthen health services as a weakness of UNAIDS.

In **Haiti**, the joint team does not have a common understanding of health system strengthening and has not discussed this. Agencies such as WHO support related activities, for example laboratory procurement and training. A key challenge is the lack of a harmonised approach to HIV training of health providers. While a PEPFAR-funded partner has developed an HIV/AIDS-specific curriculum which has been endorsed by the Ministry of Health, WHO is advocating for the Integrated Management of Adult Illness approach, and GHESKIO, which has a network of centres providing HIV care, uses its own curriculum to train public and private providers.

In **Indonesia**, there is no joint programme approach, but efforts have been made by the government, donors and UN agencies to address weaknesses in the health system that limit the effectiveness of the HIV response. In the Global Fund Round 8 proposal, health system strengthening issues were incorporated within blood safety, and the Round 9 proposal will give health system strengthening more prominence.

In **Vietnam**, there is no evidence of coordinated UNAIDS work and cosponsors work on health systems strengthening issues in line with their mandates, for example, UNFPA is strengthening linkages between delivery of HIV and sexual and reproductive health services and WHO provides a range of support to the Ministry of Health.

1.20 Country visits also indicate that engagement at country level with actors such as the Global Fund and USG varies from country to country, but is generally not strategic. In instances where there is a need for effective coordination, UNAIDS has not always been able to fulfil this role, as the example of training for health providers in Haiti (Box 3) illustrates.

1.21 In many of these 12 countries, UNAIDS Secretariat and Cosponsors are represented on the CCM and have good working relations with Global Fund portfolio managers in Geneva. In Ethiopia, USAID funds WHO to act as the CCM secretariat, and in Indonesia, UNAIDS has provided considerable support to strengthen the governance of the CCM. In Iran, in contrast, UNDP's role as the Principal Recipient for all current Global Fund grants has not resulted in improved coordination between UNAIDS and the Global Fund; some UN informants suggested that it has actively hindered Joint Team engagement on Global Fund related issues.

1.22 In some countries, UNAIDS engages with PEPFAR through donor coordination forums, technical working groups or bilateral meetings. In Swaziland, for example, WHO and PEPFAR meet monthly to discuss health system strengthening issues and, in Ethiopia, WHO works with CDC and other PEPFAR implementing agencies on guidelines and standards. However, in Ethiopia, UNAIDS is not party to meetings between the Ministry of Health and PEPFAR (or the Global Fund). In Haiti, UNAIDS influence is limited and it plays no role in coordination between the two main HIV funders, PEPFAR and the Sogebank Foundation.

UNAIDS has helped to ensure cross-linkages between national HIV and health strategies and plans

1.23 UNAIDS' contribution to ensuring health system strengthening is addressed in HIV strategies was rated reasonably highly by secretariat, cosponsor, NGO, FBO and PLHIV respondents to the evaluation survey but less so by other categories of respondents.

1.24 UNAIDS, WHO especially, has provided important policy and technical inputs to ensure cross linkages in many countries. Country visits did, however, identify missed opportunities to ensure that health system issues are addressed adequately in Universal Access plans.

1.25 In most of the 12 countries visited for the evaluation, there are links between HIV and health strategies, and health systems issues are included in national HIV strategies and plans and HIV issues in health sector strategies and plans. The exceptions are Iran and Kazakhstan, where there is no mention of health systems strengthening in national AIDS plans, and Ukraine, where there is no evidence of cross linkages, although, as discussed below, this may reflect the specific epidemic and health system context in these countries. The Pacific Regional Strategy on HIV and AIDS (2004-2008) includes a health sector strengthening component and UNAIDS has worked closely with the Secretariat of the Pacific Community to develop the strategy and secure endorsement from national governments.

1.26 National context, in particular institutional structures, is a critical factor in determining whether or not health systems issues are addressed in HIV strategies and *vice versa*. In countries where the national AIDS authority is under the auspices of the Ministry of Health, health sector issues tend to be well reflected in HIV strategies. In Ethiopia, for example, health systems issues are well addressed in the national HIV strategy, reflecting the strong health sector lead of the HIV response and, in India, health sector responses to HIV are well developed, reflecting the location of NACO as a 'disease control programme' within the Ministry of Health and Family Welfare.

1.27 In Côte D'Ivoire, where the health sector is weak, health systems issues are less well reflected in the national HIV strategy and there is little detail in the health sector plan about how the sector will address HIV. In addition, in countries where there is a strong institutional separation between health and HIV, such as Ukraine and Kazakhstan, there are fewer opportunities for UNAIDS to influence. Coherence between HIV and health systems strengthening activities is also more difficult to achieve when there is a weak relationship between the CCM, health ministry and national AIDS authority.

1.28 Global and country informants highlighted the need for UNAIDS to tailor its approach to health systems strengthening to the epidemic and health system context. This was reinforced by findings in Iran, Ukraine and Kazakhstan, which also highlighted the need for guidance on integrating HIV services into health systems in a way that is relevant for countries with concentrated epidemics and with vertical structures. (Box 4)

Box 4

In Iran, the HIV epidemic is concentrated particularly among IDU, who have relatively little

Box 4

contact with the state health system. Attempts to integrate the response to HIV into the health system, some supported by UN agencies, have had limited success, due in part to concerns about adding to already overloaded primary health care services and whether these services would be welcoming to IDU. As a result, most health services relating to HIV have been introduced alongside the existing health system. This has included the establishment of triangular clinics, to address drug use, HIV and STI in one location, provision of methadone through private doctors, drop in centres and outreach services where government agencies and NGOs provide opioid substitution therapy, needles and syringes and other services, and expansion of harm reduction services into prisons. While many respondents acknowledge the need to integrate aspects of the HIV response into the health system, there is no shared understanding of what this would look like or how this would be done, either within the government or among UN agencies.

In **Ukraine**, global guidance is not felt to be relevant to the former Soviet-style health system, which is highly vertical and specialised. There is a need for a region-specific approach that links the health system with social services and introduces integrated HIV and TB service models into the network of AIDS Centres. According to national partners, WHO understands the health system context in Ukraine well and is often the first to identify and help address potential problems. Partners are less sure to what extent others in UNAIDS understand health system issues in Ukraine and the Ministry of Health commented on the unsuitability of some international experts who have little direct experience of working in similar contexts.

Like Ukraine, **Kazakhstan's** health system is based on the Soviet Semashko model. Under this system, services are financed and provided by government through vertical structures. As a result, issues such as TB, STI, drug use and HIV each have their own vertical structures, which manage both public health and clinical elements. HIV issues are handled by AIDS Centres and other elements of the health system have little, if anything, to do with HIV and AIDS.

There is evidence of increased funding for health systems strengthening by major HIV donors but tracking funding is a challenge

1.29 There is evidence of increasing funding for health systems strengthening by major HIV donors such as the Global Fund and PEPFAR, although the use of project funding modalities rather than support for national strategic plans remains a challenge. The Global Fund, GAVI and World Bank are also establishing a joint funding mechanism for health systems strengthening.

1.30 PEPFAR is investing more systematically in health systems strengthening and, while UNAIDS has a good relationship with PEPFAR, this development does not appear to have been influenced by UNAIDS.

1.31 The Global Fund financed its first grants specifically focused on health systems strengthening in Round 5 for three countries (although only one, Cambodia, received the funds by 2007). Global Fund guidelines changed in 2007 and, since Round 7, the Fund has required countries to include health systems strengthening interventions in proposals. In 2008 an estimated 35 percent of US\$4 billion approved financing was allocated to health systems strengthening interventions. This global policy shift is largely attributed to the influence of bilateral donors, countries and WHO.

1.32 At country level, UNAIDS has provided important technical support for the health systems strengthening component of Global Fund proposals. This was certainly the case in many of the countries visited for this evaluation, where UNAIDS Secretariat and Cosponsor staff report spending a considerable proportion of their time on support for Global Fund proposal development and WHO in particular has made a significant contribution to the health

systems strengthening component of proposals (UNAIDS support for Global Fund processes is discussed in more detail in the section of this report on technical support).

1.33 Tracking the use of HIV funding for health system strengthening is challenging, reflecting the limitations of available data on funding for the health sector. UNAIDS Secretariat has provided support for countries to conduct National AIDS Spending Assessments (NASA), although there is a perception that this is both resource intensive and potentially duplicative with National Health Account (NHA) processes.

1.34 In Vietnam, for example, there is no mechanism to track the use of HIV funding for health systems strengthening and, although planned in 2007, a NASA has yet to be conducted. In Swaziland, there is no system to track HIV funding, but the NSF includes strengthening ‘financial tracking systems by mainstreaming appropriate tracking tools for example the National AIDS Spending Assessment’ although it does not include any reference to tracking use of HIV funding for health systems strengthening. A NASA was conducted for financial years 2005/06 and 2006/07 but allocations to health systems strengthening were not indicated. Likewise, in Peru and Haiti, there is no mechanism to track the use of HIV funding for health systems strengthening and NASA exercises in both countries did not include HIV funding for health systems strengthening. In Ethiopia, the USG has agreed to fund a NHA exercise and there are doubts about whether the planned NASA will go ahead.

1.35 Most Secretariat, Cosponsor and national government respondents to the evaluation survey rated UNAIDS contribution to tracking use of HIV funding for health systems strengthening as moderate, while most others – FBO, PLHIV, private sector and bilateral donor respondents – considered that UNAIDS had played little visible role. However, many informants for this evaluation suggested that tracking use of HIV funding for health systems strengthening is not the key issue, and that efforts would be better spent on ensuring that both health systems and HIV prevention, treatment, care and support are adequately funded.

The evidence base for the impact of HIV funding on health systems is weak

1.36 There has been a longstanding debate about the advantages and disadvantages of ‘vertical’ and ‘horizontal’ approaches to delivery of health services and the effects of disease-specific initiatives on health systems. This has also characterised deliberations about the impact of the significant increase in earmarked funding for HIV, in particular from the Global Fund and PEPFAR, in recent years. Systematic analysis has, however, been limited and, although there is a growing body of research, the evidence base on the extent to which HIV funding has strengthened or undermined health systems remains largely anecdotal and relatively weak (Oomman et al, 2008; WHO, 2008).

1.37 The recent Global Fund evaluation suggests that its funding for HIV appears to have contributed to distortions and hindered as well as helped procurement capacity development. Both Global Fund and PEPFAR funding are reported to have contributed to the establishment of parallel systems, for example for supply management and M&E, and crowding out of government funding allocations in some contexts. However, there are also numerous anecdotal reports of the positive effects on health systems resulting from increased investment in health through AIDS responses, including for example, strengthening health infrastructure and laboratory capacity, drawing attention to shortages of human resources and catalysing efforts to address this, increasing provision of services for previously neglected populations, improving health service delivery systems more generally, increasing the uptake of HIV services as well as of other services such as antenatal and maternal and child health care, and improving public health sector governance and the involvement of civil society.

1.38 Country visits for this evaluation confirm the need for better analysis. For example, in Kazakhstan, it is difficult to find hard evidence of the impact of increased funding for HIV on health systems, although the strengthening of the surveillance system and the development of harm reduction services might be cited as examples. As discussed earlier in this section, the increase in financial resources for HIV in Iran has largely resulted in provision of stand-alone services, but it is not clear if this has had negative effects on the health system. In Peru, there were differing views among government, donor and UN informants about whether HIV funding is strengthening or weakening the health system. The introduction of a system to prevent stock outs of ARVs that is being used for all drugs was cited as an example of where the health system has been strengthened. However, HIV funding from the Global Fund and PEPFAR is considered to have undermined national ownership of the response and the authority of Ministry of Health, to have created parallel systems that amplify the weaknesses of the government health sector, distorting service provision and adversely affecting human resources for health – hospitals are funded to deliver HIV care and treatment but the expansion of HIV services has had a negative impact on general health care delivery, exacerbated by incentives for public sector health providers working in HIV clinics and health workers leaving the public sector to work for NGOs that offer higher salaries.

1.39 Responses to the evaluation survey question about collecting and sharing evidence on HIV and health systems strengthening also confirm the need to strengthen the evidence base. While most Secretariat and Cosponsor respondents rated the contribution of UNAIDS as moderate, most respondents outside the UN rated UNAIDS as having had no visible role.

1.40 UNAIDS Secretariat, WHO and the World Bank have recognised that more needs to be done to document and analyse experience, taking forward a number of initiatives, although it is unclear how well these initiatives are linked or coordinated. For example, in March 2009, the Secretariat published a report summarising the findings of a survey of UCCs and a sample of national stakeholders and analysis of responses to the 2008 UCC survey, which concluded that the AIDS response has had a significant positive impact on global health governance but has in some instances undermined national government leadership and accountability.

1.41 The World Bank Global HIV/AIDS Programme is working in partnership with WHO, UNAIDS Secretariat, Johns Hopkins University and the Global Fund to build consensus around defining and measuring the impact of heavily financed HIV programmes on health systems, to support more rigorous analysis, in order to provide evidence to inform policy decisions. A WHO expert consultation in 2008, Maximising Positive Synergies between Health Systems and Global Health Initiatives, identified the need for a systematic framework with a focus on creating synergies rather than just mitigating potential adverse effects, based on *'recognition that necessary frameworks, data systems and methods are not yet in place'* and the WHO Maximising Positive Synergies Project presented its findings in mid-2009.

1.42 WHO has also collaborated in an assessment of the interactions between Global Health Initiatives and country health systems, the most detailed and comprehensive compilation of evidence to date, which was published in the *Lancet* in June 2009. The assessment highlighted *'a general absence of systematic, evidence-based or consensus-based policies'* and identified both positive and negative effects. Global Health Initiatives have, for example, contributed to increased access and uptake of targeted health services but there is evidence of positive and negative effects on access and uptake of other services, contributed to an aggregate increase in health financing but is not always sufficiently aligned with national priorities, strengthened the health workforce through training and retention schemes but also increased the burden on the existing workforce and contributed to attrition from the public sector, strengthened health information related to surveillance of the diseases that they target, and improved the availability of commodities but also duplicated country supply chains in some cases.

1.43 The assessment makes a number of recommendations – which could provide an agenda for UNAIDS *vis-à-vis* HIV and health systems strengthening – including the need for consensus about the best way to strengthen health systems and a greater sense of urgency in addressing health system weaknesses, for Global Health Initiatives to introduce targets for monitoring the performance of their investment in health systems, drawing on the framework developed by the IHP, and to strengthen alignment with national priorities, plans and systems, for better data on the resource requirements for health systems strengthening and evidence to inform resource allocation, and for an increase in global and national health financing.

Strengthening systems in other sectors is also critical

1.44 Although the evaluation terms of reference do not specifically refer to UNAIDS' role *vis-à-vis* a multisectoral response, this issue was raised by informants in relation to the increased focus on health systems strengthening and concerns about a shift towards a 'medicalised' response led by the health sector.

1.45 The World Bank notes that it continues to make efforts to mainstream HIV into non-health sectors, for example, HIV projects are managed by teams working on education and social protection and sectors in the Africa Region that have integrated HIV into their response include education, urban and rural development, transport, social protection, water supply and sanitation, environment and public sector governance. UNESCO has also made considerable efforts to support the education sector to address HIV. For example, the IATT on Education, which is convened by UNESCO, has produced a toolkit for mainstreaming HIV and AIDS in the education sector and conducted an Education Sector Global HIV and AIDS Readiness Survey. EDUCAIDS, a UNAIDS initiative to promote and support comprehensive education sector responses to HIV and AIDS, is one of three core UNESCO initiatives to achieve Education for All.

1.46 Some informants suggested that UNAIDS has not made a convincing case for a multisectoral response and that efforts to support mainstreaming, for example, by the World Bank, have not been very effective. These informants highlighted the need for UNAIDS to identify priority non-health sectors that play a critical role in the HIV response, in particular education, social welfare and justice, and to advocate for and support systems strengthening in these sectors rather than mainstreaming in general. Informants also highlighted the need for more rigorous evaluation of the added value of a multisectoral approach.