



**UNAIDS/PCB(20)/CRP4**

**Report Title: AN INDEPENDENT ASSESSMENT OF PROGRESS  
ON THE IMPLEMENTATION OF THE GLOBAL TASK TEAM  
RECOMMENDATIONS IN SUPPORT OF NATIONAL AIDS  
RESPONSES**

**Date: 11 May 2007**

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## ACKNOWLEDGEMENTS

The assessment team would like to thank all those who shared their time and insights to inform this report, in particular representatives of UNAIDS Cosponsor, donor and other agencies who participated in interviews, and national informants who contributed to case studies conducted in Honduras, India, Mozambique, Nigeria, Ukraine and Zambia.

## ACRONYMS

ASAP	AIDS Strategy and Action Plan
CCM	Country Coordinating Mechanism
CCO	Committee of Cosponsoring Organisations
CHAT	Country Harmonisation and Alignment Tool
CSO	Civil Society Organisation
DAC	Development Assistance Committee
DFID	Department for International Development (UK)
EC	European Commission
GFATM	Global Fund to Fight AIDS, TB and Malaria
GIST	Global Joint Problem Solving and Implementation Support Team
GTT	Global Task Team
ILO	International Labour Organization
NAC	National AIDS Committee/Commission
NACA	National Action Committee on AIDS (Nigeria)
NAP	National AIDS Programme
NGO	Non Government Organizations
NSF	National Strategic Framework
PAF	Programme Acceleration Fund
PCB	Programme Coordinating Board
PEPFAR	President's Emergency Plan for AIDS Relief (US)
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
RC	Resident Coordinator
TSF	Technical Support Facility
UBW	Unified Budget and Workplan
UCC	UNAIDS Country Coordinator
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNTG	United Nations Theme Group
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

## **EXECUTIVE SUMMARY**

The pace of change in the international HIV/AIDS arena has been significant and impressive in the last five to seven years with a number of new funding programmes providing opportunities to scale up prevention, treatment and care and impact mitigation at country level. However, the proliferation of donors and funding mechanisms for HIV/AIDS has also increased the need for improvements in global and national coordination and aid effectiveness.

The Paris Declaration on Aid Effectiveness represents international donor commitment to reforming the ways in which they deliver and manage aid. In the context of HIV/AIDS, international recognition for the need to use resources and coordinate partnerships more effectively led to the development of the Three Ones Principles. The commitment to harmonising and aligning responses and systems in HIV/AIDS was significantly moved forward in 2005 through a series of UNAIDS-led meetings which discussed the Three Ones in action. One important outcome was the establishment of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT).

This report assesses progress with implementation of the Global Task Team (GTT) recommendations in two key areas: technical support provision to the national AIDS response as brokered by the UN system; and harmonisation and alignment of international partners. The report findings, conclusions and recommendations are based on an independent assessment, conducted by HLSP during January-May 2007. This summary crystallizes the main findings in each area, with particular emphasis on key issues related to roles, resources and accountability. While considerable efforts have been made to implement the GTT recommendations, it is important to recognise that these recommendations were made relatively recently and that it is too early to expect major impact at country level. It is also important to acknowledge that, with some exceptions, implementation of the recommendations, and reporting on progress with implementation, has been largely taken forward by multilateral institutions.

The objectives of the independent assessment focused on country level progress in implementing GTT recommendations concerning: (a) technical support provision to the national AIDS response as brokered by the UN system and (b) harmonisation and alignment of international partners in order to rationalise and simplify the management of development funding by the national counterparts. The assessment was expected to explore the extent to which implementation of the recommendations fits with country needs and realities, identify examples of good practice and, through analysis of lessons from different countries, consider factors that have supported or hindered progress.

HLSP developed an assessment approach based on the methodology set out in the Terms of Reference. This included an agreed set of assessment questions, documentation review and collection of evidence of country progress and experience in Honduras, India, Mozambique, Nigeria, Ukraine and Zambia (country case study reports are available separately). In addition, HLSP conducted over 30 global and regional level key informants interviews.

The country case studies took place between January and April and involved a review of country documentation and key informant interviews with government partners, key UN agencies involved in the UNAIDS division of labour, Joint UN

Teams on AIDS, United Nations Theme Groups, bilateral partners and NGOs. Where feasible within the assessment timeframe, draft case study reports were shared with country informants and reports were revised to accommodate feedback and comments. The findings and lessons learned from the case studies have informed this synthesis report.

## **FINDINGS**

### **Technical Support**

#### ***UN System Division of Labour***

*Progress* The division of labour for technical support, based on the comparative advantages of UNAIDS<sup>1</sup>, represents a major step forward. At global level, there is broad support for the roles assigned. In all the countries visited for this assessment, UN agencies have adopted and adapted the division of labour to suit local contexts. Additionally, agencies such as UNFPA, UNICEF and the ILO have adjusted their staffing levels in view of their revised responsibilities.

*Challenges* Global informants and donor stakeholders in countries visited for this assessment expressed concern about certain aspects of the division of labour at country level, including:

- The efficiency of adaptation of the division of labour by UN agency country offices;
- The extent to which the division of labour is being applied;
- The extent to which the division of labour is understood by stakeholders outside the UN system;
- The unclear and sometimes lengthy process of accessing technical support under the new division of labour and lack of awareness of the process among national partners;
- Unresolved issues about which is the Lead Organisation in some technical areas, in particular PMTCT, Youth, and HIV prevention;
- The lack of clarity over the roles and responsibilities of Lead Organisations and Main Partners;
- The extent to which the division of labour is bringing about real change and rationalisation in working practices.

#### ***Joint UN Teams and Programmes of Support on AIDS***

*Progress* There has been significant progress in establishing Joint UN Teams on AIDS. Critical success factors include:

- At regional and country level, senior staff with strong interpersonal skills and a clear understanding of how Joint Teams and Joint Programmes should function;
- The commitment, competency and relationship between the Resident Coordinator, UN Theme Group chair and the UNAIDS Country Coordinator
- The involvement of regional support staff who can ‘troubleshoot’ and support joint planning at country level;

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<sup>1</sup> Throughout this report “UNAIDS” refers to the Cosponsors and the Secretariat unless otherwise stated

- Clear and unambiguous support from Heads of Agencies for staff to commit time and resources;
- Attention to designing and putting in place transparent, collaborative and efficient management and accountability processes to achieve results;
- Efficient communication strategies with external stakeholders to explain the division of labour, the Joint UN Team on AIDS and the joint programme of support.

Joint Teams are promoting dialogue and coordination. They are providing a forum for planning and monitoring Joint Programmes of Support on AIDS. And they are beginning to enable the UN to speak and act as “one” on HIV/AIDS issues.

*Challenges* A number of challenges related to Joint Teams remain. These include:

- Additional work loads with significant demands on agencies with a smaller presence in country;
- Differences in commitment to joint working and in skills and capacity between agencies;
- Duplication of roles and representation between the UN Theme Group on AIDS and the Joint Team on AIDS in some countries and a perception that Joint UN Teams on AIDS have added another layer of bureaucracy;
- Lack of clarity about the roles of the Resident Coordinator, the Chair of the UN Theme Group, and the UNAIDS Country Coordinator with regard to the Joint Team. Furthermore, the respective roles of the Joint Team and the UN Theme Group on AIDS are not well understood by stakeholders outside the UN system;
- Differing views and vision concerning what a Joint Team should look like;

*Progress* There has been mixed progress in the development of Joint Programmes of Support on AIDS. This is due in part to timing, including the length of time that a Joint UN Team on AIDS has been established (since joint programme planning follows the establishment of the Joint Team), and UNDAF and country planning cycles, which provide entry points for Joint Programmes of Support. Planning for Universal Access and consultation on wider UN reform efforts is reported by informants to have taken up a significant amount of UN country staff time and this has also limited progress in developing and implementing joint programmes. As with the Joint UN Teams on AIDS, senior staff with effective interpersonal skills, clear vision, understanding of how to develop joint programmes, and ability to support joint programming processes are essential factors in facilitating progress in this area.

*Challenges* Global informant interviews and country case studies highlighted a number of challenges related to Joint Programmes. These include:

- Continued development of joint plans based on individual UN agency imperatives, rather than the development of integrated joint plans that are based on national needs and priorities;
- Lack of clear directives and support from agency headquarters and Heads of Agency in country on how to establish and implement joint programmes;
- Lack of incentives for agency staff to prioritise joint planning and programming;
- Lack of staff and agency capacity, time and experience in developing and implementing joint plans and programmes;
- Competing priorities and multiple UN planning processes at country level;
- Lack of an UNDAF or of inclusion of AIDS in the UNDAF;



- Differences in UN agency planning cycles and financial, administrative and operational procedures;
- Lack of clear understanding by Joint UN Teams on AIDS and the UN Theme Group on AIDS on the implications of wider UN reform for Joint UN Teams on AIDS and joint programmes.

### ***Technical Support Plans and Provision***

*Progress* With some notable exceptions such as Zambia and Honduras, progress in assisting countries to develop budgeted technical support plans as a component of Joint Programmes of Support or as a component of national strategic plans on HIV/AIDS has been limited. This undermines the provision of coordinated technical support by UN agencies and other development partners as there is no technical support plan to “align behind”. This results in UN technical support plans that are supply-driven rather than based on national priorities. Where there is no UN technical support plan, provision of technical support remains fragmented.

UNAIDS has recognised that lack of national technical support plans and weak coordination of technical support are significant challenges, and the UNAIDS Secretariat proposes to provide guidance and support to national AIDS authorities to develop technical support plans.

There are mixed views about the quality, relevance and timeliness of technical support provided or brokered by UN agencies. In some countries, such as Zambia and Nigeria, technical support has been viewed very positively, in others, such as Ukraine and Mozambique perhaps less so.

*Challenges* Specific challenges identified by this assessment include:

- Achieving a shift in the role of UN agencies from a primary focus on direct provision of technical support to brokering or facilitating provision of technical support. In India, for example, some agencies continue to focus on direct provision of technical support rather than helping the government and other partners to mobilise expertise in country. With a few exceptions, for example, UNFPA in Slovakia, there is limited evidence of UN agencies brokering the use of civil society organisations as providers, rather than as recipients, of technical support.
- Slow response time to requests for support and separate application processes and reporting formats, which place a heavy administrative burden on organisations seeking support.

### ***Technical Support Mechanisms***

*Progress* Technical support mechanisms such as the Global Joint Problem Solving and Implementation Support Team (GIST), AIDS Strategy Action Programme (ASAP), WHO Knowledge Hubs, and Technical Support Facilities (TSFs) have increased the range of expertise available at country and regional levels. However, in the absence of a system for maintaining an overview of the situation, it is difficult to assess how well known or accessible these technical support mechanisms are or how frequently they are used by national partners.

The GIST has addressed a range of country technical, management and policy bottlenecks and global constraints, including policies, procedures and practices of multilateral institutions. Progress reports indicate that the GIST has improved

information sharing and coordination between the UN, Global Fund and World Bank, and encouraged multilateral institutions to address wider systemic issues at global level.

The ASAP, intended to provide countries with a source of advice and support for strategic and action planning, has developed a self-assessment tool to help countries assess the strengths and weaknesses of their national AIDS strategies and action plans and a repository of resources on strategic planning. The ASAP was established relatively recently and is currently providing assistance to around 25 countries including Honduras. ASAP has communicated its goals and strategies to stakeholders and produces regular progress reports, although documents reviewed for this assessment indicate that communication has focused primarily on the UN family.

UNDP, the UNAIDS Secretariat and the World Bank are jointly assisting countries to better integrate AIDS into Poverty Reduction Strategies (PRS), with positive results in a number of countries. Experience to date indicates that setting realistic budgets and timetables, securing buy-in from key country stakeholders, good relationships between National AIDS Coordinating Authorities and finance and planning ministries, and timing mainstreaming activities to coincide with PRSP planning cycles are critical to successful integration.

*Challenges* This assessment highlighted the following challenges:

- Ensuring effective coordination among the various providers of technical support and clarity about the respective roles and areas of expertise of different technical support mechanisms to minimise duplication.
- Establishing systems for effective management and monitoring of technical support mechanisms.
- Ensuring that national partners and other donors are aware of the existence of these mechanisms, of what technical support they provide, and how to access technical support through them.
- Clarifying and communicating the purpose of the GIST, which is not well understood by informants for this assessment. There are differing perceptions about whether its role is to address implementation problems at country level or systemic issues at global level that impact on country implementation.
- Communicating the role and services of the ASAP to stakeholders outside the UN family. Informants are unclear about how ASAP links to efforts to strengthen AIDS mainstreaming, in particular the Joint UNDP, World Bank, UNAIDS Secretariat Poverty Reduction Strategies Mainstreaming Programme, and to technical support for strategic planning provided by the Technical Support Facilities.

***National ownership and leadership of technical support to the national response***

National ownership and leadership of the national response can be enhanced if countries can identify technical support needs and know where and how to obtain appropriate technical support. Despite the establishment of additional mechanisms to provide technical support to national partners, factors that are currently hindering this process include:

- Limited country capacity to identify and articulate technical support needs and to develop comprehensive technical support plans based on demand, rather than supply.
- Inadequate assistance from multilateral and bilateral agencies to strengthen country capacity to develop comprehensive technical support plans
- Lack of demand or informed demand from government partners for available technical support. This is attributed to low awareness of technical support mechanisms, reluctance to spend funds on technical support which has previously been “free”, and lack of capacity to procure and manage technical support.
- Lack of systems to engage national partners in the process of sourcing technical support and in providing feedback on the quality and relevance of technical support provided by UN agencies and technical support mechanisms.

## **Harmonisation and Alignment**

### ***UNAIDS Secretariat and Cosponsors***

*Progress* The UNAIDS PCB, UNAIDS Secretariat and Cosponsors have taken steps to support implementation of the GTT recommendations on harmonisation and alignment within the UN system. These include endorsement of the recommendations by the Executive Boards of all Cosponsors, provision of guidance on Joint UN Teams and Programmes on AIDS, and development of the 2008-9 UBW. The GTT recommendations have been on the agenda of all PCB meetings since their endorsement in 2005, and the PCB has consistently reinforced these recommendations.

Feedback on the provision of guidance to support the establishment of Joint UN Teams and Programmes on AIDS, specifically the UNDG May 2006 Guidance Paper, is positive, and all Cosponsors have sent the Guidance Paper to their field offices. Some agencies have developed additional guidance for their staff and have taken more active steps to support implementation through training, orientation and awareness-raising for field directors and staff. The East and Southern Africa region appears to have been most active in providing support for implementation of guidance on Joint Teams and Programmes. Additionally, there are plans for UNAIDS (in 2007) to develop practical guidance on how to develop and implement joint plans.

Country case studies conducted for this assessment indicate that there has been progress in adapting GTT recommendations and ensuring that Joint programmes are aligned with national plans and coordinated with other actors, for example in Mozambique, Zambia and India. There is also a trend towards use of pooled funding mechanisms, for example, in North East India.

Strong leadership from headquarters about the importance of joint working plays an important role in driving forward the harmonisation and alignment agenda, and addressing factors, such as organisational culture and individual attitudes, that can be a barrier. Directives from headquarters on joint programming need to be backed up by harmonised systems and operating procedures, and by incentive structures e.g. job descriptions and performance appraisals that hold staff accountable for joint working and reward them accordingly.

Wider UN reform is viewed as an important incentive for agencies to shift towards joint working, with Joint UN Teams on AIDS spearheading practical experience of

working as “one”. More specifically, UBW funds are seen by some agencies as an incentive to reorient country support according to the division of labour.

*Challenges* This assessment identified the following challenges to greater harmonisation and alignment and joint working between UN agencies:

- Limited authority of the PCB and Secretariat to ensure that Cosponsors at country level proactively and effectively participate in Joint UN Teams on AIDS and Joint Programmes of Support;
- Differences in operational systems between agencies, including differences in accounting, contracting and procurement procedures, in overhead charges, in monitoring systems, and in financial and budget cycles. Differences in policies, procedures and systems are a significant barrier to the participation of UN agencies in common funding arrangements. The Harmonised Approach to Cash Transfers (HACT) approach is a step in the right direction but is only being implemented by the ExCom agencies – UNDP, UNFPA, UNICEF and WFP.
- Existing structural incentives encourage UN agencies to work with governments on individual agency mandates instead of working together to implement Joint Programmes of Support. Changes in organisational culture will be required, specifically a shift towards collaborative evidence-based planning and result-based programming.

### ***Global Fund and World Bank***

Progress in taking forward GTT recommendations on Global Fund and World Bank alignment is mixed. The recommendations of a review of their comparative advantages have not been fully accepted or taken forward. However, there has been a shift from project to programme financing by the Global Fund, and there is evidence of progress in harmonisation and alignment of Global Fund and World Bank programme financing. In the countries where the Global Fund participates in pooled funding arrangements, Mozambique (basket funding for HIV/AIDS) and India (World Bank, Global Fund and other donors adopting a budget support approach), there has been a shift towards joint or consolidated reporting and participation in joint review missions. Progress is also reported towards harmonised Global Fund and World Bank programme management structures in country, and towards joint procurement assessments. Efforts have also been made to coordinate planning and implementation of Global Fund, World Bank and US Government procurement in a number of countries, e.g. Mozambique and Vietnam.

Other efforts to improve alignment between multilateral agencies include the development of a Memorandum of Understanding, which pre-dates the GTT, between the Global Fund and UNAIDS (Secretariat and Cosponsors) and, more recently, a meeting between the Global Fund, PEPFAR, WHO and UNAIDS Secretariat on intensifying technical support to assist countries move towards universal access to prevention, treatment, care and support for HIV/AIDS.

### ***Bilateral Partners***

Bilateral donors have a significant influence on progress on harmonisation and alignment at country level, through both their resource allocation decisions and the extent to which they participate in national coordination mechanisms and donor forums.

Although there is evidence of a shift by some donors towards greater harmonisation and alignment in HIV/AIDS, some significant actors do not actively participate in harmonisation and alignment efforts facilitated and supported by the UN and other development partners, and remain outside these processes in some countries, e.g. USAID and the Bill and Melinda Gates Foundation in India. Country authorities report patchy progress towards the “Three Ones” principles; many still deal with multiple donors, projects, processes and procedures and express frustration about the difficulty of getting donors to move from general agreement to harmonisation of specific actions.

Bilateral donors also play an important role in supporting or hindering progress towards UN system harmonisation and alignment. While some donors are making funds available for Joint UN Programmes on AIDS, others - sometimes the same donors - continue to fund individual UN agencies at country level, perpetuating separate working and diminishing efforts to promote harmonisation and alignment among UN agencies, such as Department for International Development’s (DFID) support to UN trust funds in India. This is reflected in concerns raised about the lack of coherence between the global commitments and the country level actions of bilateral donors.

### ***Ownership and Leadership in Harmonisation and Alignment of the National Response***

Effective leadership and ownership of coordination processes by national governments is critical to progress towards harmonisation and alignment among development partners. GTT processes appear to be playing a catalytic role in strengthening government leadership and ownership in countries such as India, Mozambique and Nigeria. Conversely, weak national leadership, e.g. in Ukraine, represents a challenge to harmonisation and alignment.

National governments should also play a key role in holding development partners to account for the quality of their aid, and their adherence to GTT and related commitments. UNAIDS has developed the Country Harmonisation and Alignment Tool (CHAT) to assist national AIDS authorities to assess the participation and degree of engagement of partners in the national response and the degree of harmonisation and alignment among international partners. This tool has been piloted in seven countries and early lessons indicate that the CHAT is a valuable tool that can support Joint Annual Reviews, strengthen engagement of partners and identify stakeholders who are excluded from national coordination, and provide a basis for advocacy with partners about their role in the national response. However, tools such as the CHAT will only be effective if they are fully integrated into Joint Annual Review processes and development partners respond to the findings.

## **KEY ISSUES**

### **Resources, Capacity and Incentives**

There are mixed views on the adequacy of resources to ensure the effective functioning of Joint Teams, Joint Programmes and the implementation of the technical support division of labour:

- The majority of UN agencies and bilateral donors interviewed for this assessment believe that available resources are adequate for the functioning

of Joint Teams and implementation of the division of labour but agencies need to prioritise how these resources are allocated

- Informants indicated, however, that additional resources are necessary to support joint working and to provide an incentive for organisational change;
- While some Cosponsors and bilateral donors are critical of the concept of an 'unfunded mandate' based on a global technical support budget, there is a consensus that available resources for technical support are inadequate. Demand for technical support has increased whilst UN capacity and budgets have been reduced and funds available for technical support are not commensurate with increased funds available for implementation. UNAIDS developed a global Consolidated Technical Support Plan, but donors have provided limited funding for this. However, the majority view is that it is more appropriate to focus efforts on mobilising resources for Technical Support Plans at country level.
- There is also a consensus that additional resources should be conditional on the UN demonstrating good performance and changes in working practices.

A major challenge is to ensure that the UBW is more clearly defined in line with the division of labour. The 2008-2009 UBW is guided by the technical support division of labour, covering core UBW funds, agencies' own resources and supplemental funds mobilised by individual agencies. However, the current UBW planning system that links UN agency involvement in a technical area to financial resources may reinforce the supply-driven nature of UN country Technical Support Plans, reflecting areas of technical support that can be provided by different UN agencies rather than being based on national priorities. It may also, therefore provide limited incentive for UN agencies to broker technical support from other Cosponsors or other technical support mechanisms.

A working group was established in July 2005 to develop proposals for an enhanced PAF mechanism to channel larger amounts of funding for technical support to countries. However, progress has been slow and funds are still largely channelled through agency headquarters. Concerns were raised, globally and at country level, about the delay in agreement on a PAF mechanism to get funds to country level and how these funds should be used.

Informants highlighted the need for future resource allocation to be used more effectively to increase the results-orientation of UN agencies whilst enabling UNAIDS to improve accountability across Cosponsors.

Some UN agencies have taken steps to increase their capacity at country level, to enable them to fulfil their technical support remit under the division of labour. However, there are concerns that not all agencies are allocating adequate resources to country level and that this will result in other agencies having to fill the gaps.

### **Accountability and Measuring Success**

Assessment of progress in implementing the GTT recommendations is limited by a lack of clear systems for management accountability at global and country levels. For example, it is unclear what mechanism is responsible for holding Cosponsors to account globally for their part in implementing the GTT recommendations. Neither the UNAIDS Committee of Cosponsoring Organizations nor the PCB appears to have this mandate. Bilateral donors in particular expressed concerns that the UNAIDS Secretariat does not have the authority to hold Cosponsors to account for effectively participating in the Joint UN Teams on AIDS and Joint Programmes of Support. In

addition, it is unclear how bilateral donors are held to account for their role in implementing GTT commitments.

Some governing boards, e.g. of UNICEF, UNFPA, UNDP and WFP, request their respective agencies to provide regular updates on progress in implementing the division of labour. However, there does not appear to be a mechanism with overall responsibility for regular review of the relevance and effectiveness of the division of labour, either at global or country levels.

Although the RC is in principle responsible for effective joint programming and implementation at country level - steps were taken in 2005 to strengthen the RC system in the area of governance and accountability, including agreement that the RC will lead the UN system and will be responsible for UN system operational activities in country - there are concerns about mutual accountability for Joint Teams and Programmes on AIDS at country level. Informants highlighted resistance by some agencies to reporting to the RC as a key challenge.

UNDG Guidance Paper states that Heads of Agencies will work with the RC and UNAIDS Country Coordinator to determine appropriate performance evaluation mechanisms, incentives and sanctions for Joint Team members. Roles and responsibilities of Joint Team members, Heads of Agencies, UNAIDS Country Coordinators and RCs are expected to be built into individual performance assessments and reviewed annually. The RC is expected to ensure that Heads of Agency are accountable for agency contributions towards Joint Programme deliverables, and to report on performance in the RC annual report. There is, however, some concern about how effectively these accountability processes will work at country level, since not all agencies are consistently implementing basic mechanisms to strengthen incentives for joint working, such as inclusion in staff job descriptions and performance appraisal processes.

The co-existence of parallel accountability mechanisms – for example, individual staff reporting to, and performance appraisals by, their respective agencies; Joint Teams and UN Theme Groups on AIDS reporting to and through the RC to UNDG; UNAIDS Country Coordinators and Regional Support Teams also reporting to the UNAIDS Secretariat and the PCB; ExCom agencies reporting to the Secretary-General; and other agencies with their own systems, e.g. WHO reporting through regional offices and ultimately to the World Health Assembly – make it difficult to determine who has an overview of the performance of the Joint Teams and who is responsible for holding Joint Teams and individual agencies to account.

A wider weakness of existing accountability processes is the emphasis on UN agencies, and Joint Teams, monitoring their own performance at country level. Opportunities for external review of Joint Team and Joint Programme performance by governments or other partners appear to be limited. The perception that accountability processes are too internally focused on the UN system, with little consideration of how Joint Teams or Programmes to support the national response are accountable to partner governments, is shared by many informants, including Cosponsors. Informants also highlighted the need to ensure that accountability processes and systems for technical support mechanisms are in place and that these too provide opportunities for effective engagement by national governments and other recipients of technical support.

## **Measuring Success**

Coordination and joint working have high transaction costs and it is important to ensure that indicators and systems are in place to measure the impact of greater harmonisation and alignment and improved technical support provision on the national response. Little consideration appears to have been given to defining success in implementing the GTT recommendations and how and by what mechanism this will be measured. Joint Programmes and Technical Support Plans are not always results based and this makes M&E more challenging. Indicators to assess progress with Joint Teams and Programming have not been developed or used consistently across countries.

The UN has recognised that this is a weakness and has started to take steps to address the issue of measuring performance, including regional workshops to enhance UN Country Team capacity for measuring the results of collaboration and joint programming, which focus on enabling participants to design effective joint programmes and identify indicators to measure the value added of joint programming.

## **RECOMMENDATIONS**

### **Division of Labour:**

1. Resident Coordinators and UNAIDS Country Coordinators to resolve outstanding issues of the division of labour at country levels (such as which agency should lead on technical areas still considered the domain of one or more agency) and develop and agree a mechanism to periodically review the division of labour so it remains “fit for purpose”. Joint team and joint programme annual reviews could be one mechanism to achieve this. Knowing the status of the division of labour at country level, understanding the outstanding issues and monitoring the resolution of these issues could be undertaken by the Regional Directors

### **Joint Teams and Joint Programmes of Support:**

2. Resident Coordinators and UNAIDS Country Coordinators should strengthen their public relations and communication strategies with external stakeholders and national partners concerning Joint UN Teams and Joint Programmes of Support on AIDS. This could be done through publishing and distributing brochures, holding face to face meetings with key stakeholders, producing regular progress updates and disseminating these to country partners outside the UN system, and using existing national partnership and donor forums. Communication should cover the workings of the Joint UN Teams on AIDS, including clarification of the roles and responsibilities of Joint Teams vis-a-vis the UN Theme Groups on AIDS and information about key contacts.

3. The UNAIDS Secretariat at global level should develop a quality assurance role for monitoring the quality of outputs from the Joint UN Teams on AIDS, in particular Joint Programmes of Support and technical support plans.

### **Technical support mechanisms**

4. The UNAIDS Secretariat should put in place a coherent and harmonised system that national partners and stakeholders can use to access technical support through UN agencies and technical support mechanisms .



5. The GIST should undertake a comprehensive review of its Terms of Reference, making the purpose of the GIST clear whilst at the same time clarifying the role of the Joint UN Teams on AIDS, UN Theme Groups and the UNAIDS Country Coordinators in identifying and solving implementation problems at country levels. This task could be undertaken by GIST itself (the GIST Chair and Secretariat) and should include non GIST organisations.

6. UNAIDS at country level should develop, implement and communicate clear mechanisms for reporting feedback (including to and by national partners) on technical support provided by UN agencies and mechanisms such as the GIST and ASAP. This should include systems to ensure that feedback is used to inform and improve the provision of technical support and to make available summary progress reports to national governments and donors.

### **Strengthening accountability mechanisms**

7. UNAIDS Cosponsors and Secretariat should take immediate steps to strengthen the role of UNAIDS Secretariat in holding Cosponsors accountable for effective implementation of Joint UN Teams and Programmes on AIDS and the division of labour. More systematic reporting to the PCB on progress could be one way of taking this forward. Additionally, strengthen the authority of the UNAIDS Country Coordinators to facilitate and coordinate the work of Joint Teams and Programmes on AIDS through recruitment practices, revised job descriptions and accountability mechanisms at country level.

8. UNAIDS Cosponsors and Resident Coordinators need to urgently ensure that participation in Joint UN Teams and Joint Programmes on AIDS is embedded in all relevant job descriptions, competency frameworks and performance appraisal systems for country Heads of Agencies and staff, and that the RC holds Heads of Agencies to account at country level on this issue.

9. The UNAIDS Secretariat should consider a study that examines in more detail UN and donor agency incentives and governance processes that drive or hinder harmonisation and alignment and recommends appropriate changes in incentive and governance systems. The study should review donor and agency funding behaviour as well as institutional and individual level incentives that influence joined up working, such as performance management, professional development and performance related sanctions and rewards.

10. The UNAIDS Secretariat should develop guidelines which ensure greater engagement by external stakeholders in reviewing Joint Team and Joint Programme performance. Involvement of non-UN stakeholders in performance assessment of UN Joint Teams and Programmes could be integrated into Joint Annual Review processes.

### **Resources**

11. The UNAIDS Secretariat needs to re-examine resources required to implement the GTT recommendations globally (such as GIST) and also provide guidance to country teams to develop budgets and resource mobilisation plans for joint programming.

12. The UNAIDS Secretariat and Committee of Cosponsoring Organisations should ensure that future UBWs are fully aligned with the technical support division of labour and resources adequately support the levels and areas where agencies are

responsible as Lead Organisations or Main Partners in the division of labour. Future UBWs should be used as an accountability tool across Cosponsors by linking resources more closely to UNAIDS required results.

13. The UNAIDS Secretariat should take urgent steps to agree an enhanced PAF mechanism or an alternative mechanism to channel funds to country level which can be used for establishing joint teams and implementing joint programmes of support.

### **GTT and UN Reform**

14. UNAIDS Cosponsor agency headquarters should provide clear directives to country offices on the development and implementation of Joint Programmes, and ensure that these directives are implemented by Heads of Agencies at country level. These directives should be backed up with effective support to UN country staff for planning and implementation of joint programmes, and by accelerated efforts to harmonise operating procedures and systems. UNAIDS should develop an action plan and timetable for harmonisation and alignment of operating procedures and systems.

15. To understand the contribution of GTT processes to ongoing UN reform and gain insights into how GTT priorities will “fit” with UN reform processes in the future, the UNAIDS Secretariat could consider undertaking studies that “track” the implementation of GTT recommendations in UN reform pilot countries.

### **Harmonisation and Alignment**

16. Bilateral partners should fulfil their global commitments to the Rome and Paris Declarations and GTT processes, ensuring that global and country level funding and programming is consistent with these global commitments and supports implementation of the GTT recommendations. Of particular relevance is the need to shift away from funding individual UN agencies and individual programmes to funding Joint Programmes of Support that are consistent with national priorities and the UNAIDS division of labour, and to ensure coordination of technical support provision.

17. Bilateral partners should act coherently in their role on PCB and Cosponsor governance boards, ensuring that PCB decisions regarding GTT are discussed and actions are monitored by Cosponsor boards.

18. Bilateral partners are encouraged to work with the UNAIDS Secretariat to devise a process whereby bilateral donors are encouraged to provide brief progress reports on their action and support to GTT recommendations, and broader progress in harmonisation and alignment around HIV/AIDS, ideally using global and country level examples, for the information of board members. These progress reports should be presented during the PCB meetings.

19. Bilateral partners and partner countries together with UNAIDS should use the CHAT as part of the Joint Review process. This will help to improve accountability and transparency of development partners in the national response, and monitoring their commitments to the Paris Declaration.

## 1. INTRODUCTION

### 1.1 Background

The pace of change in the international HIV/AIDS arena has been significant and impressive in the last five to seven years. The commitment by the international community to achieving the Millennium Development Goals, and the United Nations General Assembly Special Session on HIV/AIDS in 2001 provided a new impetus to action on HIV/AIDS. Since then, a number of major funding programmes to tackle the epidemic have been established and are providing opportunities to scale up prevention, treatment and care and impact mitigation at country level. However, the proliferation of donors and funding mechanisms for HIV/AIDS has also increased the need for improvements in global and national coordination and aid effectiveness.

The Paris Declaration on Aid Effectiveness represents international donor commitment to reforming the ways in which they deliver and manage aid. In the context of HIV/AIDS, international recognition for the need to use resources and coordinate partnerships more effectively has led to the development of the Three Ones Principles. The commitment to harmonising and aligning responses and systems in HIV/AIDS was significantly moved forward in 2005 through a series of UNAIDS-led meetings which discussed the "Three Ones in Action". One important outcome was the establishment of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT).

The GTT report in June 2005 made recommendations (see Annex 1) in four areas: empowering national leadership and ownership; harmonisation and alignment; reform for a more effective multilateral response; and accountability and oversight. The recommendations were adopted by the UNAIDS Programme Coordinating Board (PCB), the Executive Boards of all UNAIDS co-sponsors and of the Global Fund, and the UN World Summit in September 2005.

In June 2006, the UNAIDS PCB recommended an independent assessment of implementation of the GTT recommendations at country level, and a GTT Assessment Reference Group was subsequently constituted with representation from Kenya, Netherlands, Sweden, Thailand, US, UK, UNDP and YouAct (PCB NGO from Europe).

### 1.2 Objectives and Methodology

The objectives of the independent assessment are described in detail in the Terms of Reference (see Annex 2). In sum, the objectives focus on country level progress in implementing GTT recommendations concerning: (a) technical support provision to the national AIDS response as brokered by the UN system and (b) harmonisation and alignment of international partners in order to rationalise and simplify the management of development funding by the national counterparts. The assessment was expected to explore the extent to which implementation of the recommendations fits with country needs and realities, identify examples of good practice and, through analysis of lessons from different countries, consider factors that have supported or hindered progress.

HLSP was commissioned to carry out the independent assessment, which was conducted during January-May 2007. HLSP designed an assessment approach

based on the methodology set out in the Terms of Reference. This included the development of an agreed set of assessment questions (see Annex 3), documentation review (see Annex 5) and collection of evidence of country progress and experience in Honduras, India, Mozambique, Nigeria, Ukraine and Zambia (country case study reports are available separately). In addition to the methodology set out in the Terms of Reference, HLSP conducted 30 global and regional informant interviews (see Annex 4).

The country case studies took place between January and April and involved a review of country documentation and key informant interviews with government partners, key UN agencies involved in the UNAIDS technical support division of labour, Joint UN Teams on AIDS, UN Theme Groups, bilateral partners and NGOs. In the majority of cases, the draft case study reports were shared with all the informants interviewed and feedback and comments were accommodated through a revised and finalized version of the report. The findings and lessons learned from the case studies have informed this consolidated report (the findings are highlighted in the report using a different font).

This report summarises the assessment findings, conclusions and recommendations. Sections 2 and 3 describe the main findings, focusing on the specific areas included in the Terms of Reference related to technical support and to harmonisation and alignment. Section 4 highlights key issues. Section 5 provides recommendations for international and national partners to take forward the GTT recommendations and strengthen technical support to the national AIDS response and harmonisation and alignment. While considerable efforts have been made to implement the GTT recommendations, it is important to recognise that the recommendations are relatively recent and that it is too early to expect major impact at country level. It is also important to acknowledge that the actions, and reporting on the actions following the development of the Global Task Team recommendations, have been largely developed and taken forward by multilateral institutions.

## 2. KEY FINDINGS: TECHNICAL SUPPORT

### 2.1 UNAIDS Technical Support Division of Labour

The division of labour (see Annex 6) aims to establish a more coherent approach among UNAIDS Cosponsors and the UNAIDS Secretariat for the provision of technical support. It assigns a Lead Organisation and Main Partners in 17 identified areas of technical support. The Lead Organisation serves as a single entry point for national partners to access technical support, is primarily responsible for brokering the provision of technical support and is primarily accountable for ensuring national partners receive high quality technical support. Main Partners are other agencies providing technical support in the same or closely related area.

There is widespread agreement among Cosponsors and bilateral donors that the technical support division of labour, based on the comparative advantages of the UNAIDS Secretariat and its Cosponsors, represents a major step forward, and there is broad support for the roles assigned at global level. It was also noted that the division of labour has helped to ensure agencies give HIV/AIDS higher priority, e.g. in Zambia, and in some low prevalence countries.

The intention is that the division of labour be adapted at country level, based on existing UN capacity and resources. All country case studies conducted for this assessment indicate that UN agencies have adopted and, where necessary, adapted the division of labour. Agencies have, in some cases, reviewed and increased their staffing levels in view of the responsibilities they have been allocated. However, a number of donor informants, and country case study experiences from India and Ukraine, highlighted concerns about the efficiency of the process of country adaptation, the value added of the division of labour, and the extent to which the division of labour is being applied in practice. The division of labour is not always understood by stakeholders outside the UN system and donor informants would like to see concrete evidence that the division of labour is bringing about a change in working practices, including increased rationalisation, e.g. the withdrawal of agencies from specific technical areas.

In September 2005, the UNCT in **Zambia** commenced discussions on domesticating the division of labour, and a draft matrix was produced. The UNTG on AIDS approved the matrix the same month, and the matrix has been disseminated to key stakeholders including the NAC. Non-UN respondents remarked that the division of labour has made it easier for them to identify which UN agency - and which staff member within an agency they should contact, or invite to meetings, on a specific issue. The process of domesticating the division of labour resulted in some UN agencies reviewing their HIV/AIDS staffing. UNFPA, UNICEF and ILO have increased the number of staff working in HIV/AIDS. Several UN respondents indicated that the domestication process had helped to make HIV/AIDS more of a priority within their respective agencies.

UN agencies in **Mozambique** have agreed to the division of labour, and to reflect this in the United Nations Development Assistance Framework (UNDAF). Donor and government respondents welcome the division of labour, noting that this has clarified provision of technical support.

In **Nigeria**, a revised division of labour has been agreed in accordance with the comparative advantage of agencies present in country and following a mapping of technical resources, which identified about 50 relevant posts spread across 11 agencies and UNAIDS Secretariat. UNAIDS Secretariat will lead on co-ordination, strategic information and monitoring and evaluation (M&E), UNICEF on national procurement and logistics, WHO on health sector capacity, UNDP on strengthening the National Action

Committee on AIDS (NACA) financial management system, and World Bank on NACA's human resources system. NACA requests for technical support are now channelled through UNAIDS, which then agrees agency provision according to the division of labour. Ministries and other national partners report that the system has improved over the last 2-3 years. However, traditional relationships between ministries and UN counterparts remain strong and are often preferred by government, so ministries continue to make some technical support requests direct to the UN agency responsible.

There is an agreed division of labour matrix for UN support to the HIV response in **India**. The matrix provides, for each of the three areas of the response ( 1) strategic planning, governance and financial management; 2) scaling up interventions; 3) M&E, strategic information, knowledge sharing and accountability), and each specific topic within these, a designated Lead Organisation and, as appropriate, Main Partners. However, it took 5 months to adapt the division of labour to the Indian context, agencies are still involved in most areas, and opinions vary about the extent to which the division of labour is actually applied or has changed working practices. The UNAIDS Secretariat does not have the authority to impose the division of labour. Donors fear that putting the division of labour into practice could result in higher transaction costs, e.g. more meetings, and greater complexity.

UN agencies in **Ukraine** have modified the division of labour, based on an internal audit of agencies present in country and their technical capacity. For example, at the time the national division of labour was agreed, UNODC had no presence in Ukraine, so WHO took the lead on HIV prevention among injecting drug users (IDU), and UNAIDS Secretariat is leading on strategic planning as this was a skills gap identified in the World Bank. Since the arrival of the HIV/AIDS adviser in UNODC in late 2006, this issue has been under review. At the time of the country case study assessment, the situation had not been resolved and WHO was still leading on the prevention among IDUs. The division of labour has not yet succeeded in tackling duplication of effort and this will need to be addressed by the Joint UN Team on AIDS, once there is an adequate strategic framework for the national response and an agreed Joint UN Programme of Support for that response. In addition, the division of labour is not known at all outside the UN. For example, most external stakeholders identify UNAIDS Secretariat rather than WHO as the lead UN agency on substitution therapy.

Informants also raised questions about the process of accessing technical support under the division of labour, and awareness of national partners of the process. Division of labour guidance indicates that when a Lead Organisation receives a request, it must inform the Chair of the UN Theme Group (UNTG) on AIDS, the UNAIDS Country Coordinator (UCC) and consult with the Main Partners to determine the optimal provider of technical support (including provision by another mechanism such as the Technical Support Facility (TSF) or Knowledge Hub, if the Lead Organisation or Main Partners cannot meet the request), There are some concerns about the practicalities of this process and the implications of the process for meeting requests in a timely manner.

Global and country informants highlighted unresolved issues over which UN agency should be the Lead Organisation at country level in some areas, e.g. prevention of mother to child transmission (PMTCT), HIV prevention, youth, and M&E, resulting in poor coordination and duplication of effort. Review of the relevance and effectiveness of the division of labour would be beneficial. Currently there is no one agency or mechanism responsible for this, although this could be a role for the UNAIDS Secretariat in the future.

## 2.2 Joint UN Teams on AIDS

In December 2005, the UN Secretary-General sent a letter to all UN Resident Coordinators (RC) instructing them to establish Joint UN Teams and Programmes on AIDS. The Joint Team is expected to work under the authority of the RC and the UN

Country Team (UNCT), facilitated by the UNAIDS Country Coordinator (UCC), and builds on the technical support division of labour.

There has been good progress in establishing Joint UN Teams on AIDS. According to UNAIDS Secretariat, Joint Teams were established in 65 countries as of March 2007, and 21 additional countries plan to establish Joint Teams by June 2007. Clarity about the purpose and role of Joint Teams, and the commitment of the RC and Heads of Agency appear to be critical to success.

**India** was one of the first countries to establish a Joint UN Team on AIDS, in January 2006. Chaired by the UCC, the Team comprises technical staff from the 10 UNAIDS co-sponsors operating in India. A common fundraising mechanism for the Team, coordinated by UNAIDS, has also been established.

In **Zambia**, the Joint UN Team on AIDS was established in September 2006. It is facilitated by the UCC, and consists of 13 UN agencies. Team members are formally appointed by Heads of Agency through letters co-signed by the RC. Information about the Joint UN Team on AIDS including contact information of team members have been distributed to the NAC and other stakeholders.

In **Nigeria**, an internal process of consultation and planning resulted, by the end of 2006, in agreement on new roles and terms of reference for the UNTG and the Joint UN Team on AIDS, as well as an institutional framework for accountability and reporting. Joint Team members have been identified and agreed with their Head of Agency. Technical Working Groups (TWGs) have reformed into four groups in line with Universal Access commitments. The proposals were endorsed in early 2007 by the new Joint Team and the UNCT.

The RC, UCC and chair of the Expanded AIDS Theme Group worked with the UNCT to establish a Joint Team on AIDS in **Honduras** in 2006 with a signed formal agreement of UN representatives for participation of staff. The UCC was appointed as chair, and the Joint Team was charged with developing the operational plan for the UNDAF. The division of labour was formalised, including TOR for each member with approval of UN representatives of each agency, a definition of roles and responsibilities of each member, and time-bound indicators of performance.

The process of establishing a Joint UN Team on AIDS in **Mozambique** has been relatively slow. Reasons include the absence of a UCC since September 2006. A retreat for Heads of Agencies in February 2007, convened by the RC and facilitated by the UNAIDS Eastern & Southern Africa Regional Support Team (RST) facilitated a commitment to establish a Joint UN Team on AIDS by April 2007.

Factors that have hindered the establishment of Joint Teams include:

- lack of a UCC in certain contexts;
- ambiguity about the status of the UCC within the Joint Team;
- lack of leadership from key stakeholders compounded by the absence of mechanisms to hold these stakeholders accountable for lack of progress;
- differing opinions on what the Joint Team should look like;
- and resistance among senior staff in some agencies to formation of an official Joint Team because of concerns that this might diminish their stature and preferred ways of working.

These findings are consistent with issues identified by the PCB, which noted that the Secretary-General's letter has, in some cases, been seen as a directive to the RC, resulting in lack of active engagement of some Heads of Agencies in the establishment of Joint UN Teams on AIDS.

Applying guidance on the respective composition, roles and operation of Joint UN Teams on AIDS and UNTGs on AIDS has sometimes proved difficult. In some

countries there is duplication of roles and representation between the two structures, and a perception that Joint UN Teams on AIDS have added another layer of bureaucracy, which will further complicate coordination processes, even though they are intended to replace the former Technical Working Groups (TWGs).

There still appears to be a lack of clarity about the respective roles and responsibilities of the RC, UNTG on AIDS chair, Joint Team on AIDS chair and the UCC, and about the process for selecting the chair of the UNTG on AIDS and the Joint Team. In principle, responsibility for facilitating the Joint Team, i.e. convening meetings, disseminating information, managing day-to-day finances and ensuring the annual workplan is implemented, is assigned to the UCC. The UCC's role in 'facilitating' the Joint Team has, in some countries, been interpreted to mean that the UCC chairs the Team.

In **Ukraine**, after establishing the Joint Team, the UNTG on AIDS revised its TOR, clarifying that it would focus on policy and advocacy and be composed of Heads of Agencies. The TOR state that the chair of the UNTG on AIDS is designated by the RC following a collegial process, but some Heads of Agencies are unaware of this and believe that the chair is elected. The principle of chairing in rotation is widely accepted, but is not specified in the TOR.

In **Mozambique**, UN Heads of Agencies are discussing the possibility of disbanding the UNTG on AIDS once the Joint UN Team on AIDS is established.

There is general agreement that Joint UN Teams on AIDS can have important benefits, but also there is recognition of challenges associated with their establishment and functioning. Table 1 summarises perceived benefits and challenges, based on country case studies, global informant interviews and feedback at a recent meeting of UCCs.

In **Ukraine**, having a Joint Team in some cases has resulted in the UN acting as one, e.g. on the issue of substitution therapy. But, there is less coherence in representing the UN on national coordinating bodies. Previously, UNICEF represented the UN, as the UNTG on AIDS chair. It is difficult for the new chair, the World Bank, to play this role given their stated position on not taking up a voting position on the National Coordination Council. External respondents expressed concern that, in practice, UN representatives tended to speak for their own agency and not for the UN as a whole. Some agency staff also had concerns about the lack of a 'UN voice' in the CCM where the UN agreed to be represented by WHO and UNDP.

**Table 1: Perceived Benefits and Challenges Relating to Joint UN Teams on AIDS**

Potential Benefits	Challenges
<ul style="list-style-type: none"> <li>• Supports functioning of UNAIDS</li> <li>• Technical skills audit can identify previously untapped expertise within UN agencies</li> <li>• Promotes dialogue and improves coordination</li> <li>• Can enable the UN to speak and act as one on HIV/AIDS issues</li> <li>• Can improve status of UCC</li> <li>• Can increase engagement of and with Heads of Agencies</li> <li>• Makes UNTG on AIDS less cumbersome</li> </ul>	<ul style="list-style-type: none"> <li>• Seen as yet another structure – some Teams still functioning as TWGs – places heavy demands on small agencies with limited or no HIV/AIDS-specific staff</li> <li>• Technical skills and capacity vary between agencies</li> <li>• Creates extra work, more meetings</li> <li>• Selection and role of the chair unclear including vis-à-vis UCC</li> <li>• Fear of losing resources – UN agencies with most resources for AIDS sometimes least engaged in harmonisation efforts</li> <li>• Financing – Joint Team cannot be funded using PAF</li> <li>• Some agencies more committed than others – in practice</li> </ul>



<ul style="list-style-type: none"> <li>• Provides mechanism for sharing information</li> <li>• Acts as a forum for planning and reviewing Joint Programme of Support</li> <li>• Provides counterweight to domination by one or two agencies</li> </ul>	<p>decisions still made by agencies rather than by Joint Team</p> <ul style="list-style-type: none"> <li>• Lack of inclusion of Team responsibilities in job descriptions – Team members often primarily committed to agency agendas</li> <li>• Structures and roles not always clear or well communicated to external stakeholders</li> <li>• Difficult to assess outcomes and impact – lack of clear indicators of success</li> </ul>
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### 2.3 Joint UN Programmes of Support on AIDS

The UNDG May 2006 Guidance Paper states that the multi-year Joint UN Programme of Support on AIDS includes a strategic framework, annual workplan, technical support plan, advocacy, communications and resource mobilisation strategies, and that these elements are aligned with the UNDAF and national programming frameworks, and then translated into an annual workplan that replaces the UN Implementation Support Plan.

Overall progress in the development of Joint Programmes of Support on AIDS has been mixed. As of March 2007, 40 countries are reported to have established Joint UN Programmes of Support on AIDS. The PCB reports that ‘there is a need to increase the pace’. Variable progress is explained in part by timing, including the length of time that a Joint UN Team on AIDS has been established – since joint programme planning follows the establishment of the Joint Team – and the UNDAF and country planning cycles, which provide the entry points for Joint Programmes of Support.

Developments since June 2005, in particular planning for Universal Access and consultation on wider UN reform efforts, have also limited progress in implementing the GTT recommendations. The process of setting Universal Access targets is reported to have taken up a significant amount of UN country staff time, shifting priorities and resources away from implementing the GTT recommendations, despite the fact that weak harmonisation and alignment are critical obstacles to scaling up.

Progress in implementing the GTT recommendations in **Ukraine** has been hindered because UNAIDS and other stakeholders were strongly focused on internal UN reform processes and other activities in 2006, including developing a road map and targets for Universal Access and a proposal for Global Fund Round 6. While implementing the GTT recommendations is intended to contribute to the Universal Access process, in practice, these processes are being implemented in parallel.

Country case studies demonstrate progress in developing Joint UN Programmes of Support on AIDS, but also reveal that there is still a strong tendency to develop joint plans based on individual UN agency plans, rather than to develop an integrated joint plan based on national priorities and needs. However, it is important to recognise that agencies have existing programmes and commitments and that it will take time to achieve a shift to joint programming.

In **Zambia**, the Joint Programme of Support on AIDS was endorsed and approved by the UNTG on AIDS in November 2006. The Joint Programme includes strategically prioritised tasks in the National AIDS Strategic Framework that are mostly aligned with the comparative advantages of the UN agencies present in Zambia.

The Joint UN Support Plan for HIV/AIDS in **India** (2007-2011) describes the UN's support to the national response. The Joint Plan builds on and aligns with the India UNDAF (2008-2012) and National AIDS Control Programme Phase 3. The Joint Team has developed an annual workplan for 2007 and a common M&E system for the Joint Plan. However, the Joint Plan has been developed through a process of consolidating activities already planned by the various agencies rather than through a joint planning process.

In **Mozambique**, activities in the current UNDAF do not reflect a Joint Programme on AIDS, rather activities that involve two or more UN agencies, and appear to have been developed without much involvement of or consultation with national partners.

Some progress has been made in joint planning and programming in **Ukraine**. However, planning is largely still done within agencies and strongly based on central agency imperatives. The Joint Team is developing a Joint Programme of Support. Initially, this is likely to be an aggregation of existing agency activities, but it is expected that a more coherent and strategic plan aligned to national priorities will be developed after the evaluation of the national AIDS response in 2007, which will identify issues to which the UN should respond.

In **Nigeria**, work has begun on consolidating agency plans into an annual workplan aligned with the UNDAF and National Strategic Framework (NSF) priorities, and developing a common UN M&E framework. A 2-3 year strategic framework is envisaged under the new UNDAF process and the UN has agreed three areas for joint programmes and provision of technical support. However, UN staff expressed frustration at the slow pace of institutional change and difficulties in articulating a vision for the UN system to 'deliver as one'. There is also some frustration in NACA and among donors at the pace of change. External stakeholders still perceive some UN agency activity in terms of individual programmes and over-involvement in implementation, and some inconsistencies in alignment with national or sector strategy.

The recently completed UNDAF process in **Honduras** has produced a set of jointly developed expected results with approval and resource allocation from all UN agencies. There is reference to the social and economic effects of AIDS on national development for the first time. The introduction of Harmonised Approach to Cash Transfers (HACT) will streamline cash transfers and improve disbursement to partners.

In **Nigeria**, barriers to joint programming include a lack of directives from agency headquarters earlier in 2006 and weak participation by some Heads of Agencies. Guidelines produced since have helped, but awareness of joint programming guidelines is still limited, especially among non-ExCom agencies. While expressing strong commitment to joint work, staff still define the AIDS response primarily in terms of their own agency objectives and collaboration with other agencies, rather than their contribution to overall UNDAF and NSF objectives as part of the UN contribution to the national response. The need to show individual UN agency results rather than results for the UN AIDS response still dominates. Some had concerns about staff 'being drawn away' by the joint programme on AIDS, administrative barriers to pooling funds and lack of joint programme resources.

In **Ukraine**, barriers to a Joint UN Programme of Support on AIDS include: an unofficial 'pecking order' among UN agencies with ExCom<sup>2</sup> agencies at the top; different financial procedures; a culture of not sharing information on projects; limited commitment as reflected in AIDS not being a specified area in the UNDAF; and poor cooperation between agencies with overlapping skills.

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<sup>2</sup> The Executive Committee of UNDG, composed of UNICEF, UNDP, WFP and UNFPA

**Table 2: Factors hindering and facilitating joint UN programming in HIV/AIDS**

Factors Hindering	Factors facilitating
<ul style="list-style-type: none"> <li>• lack of clear directives from agency headquarters and support from Heads of Agency in country;</li> <li>• lack of the right incentives and conducive environment for joint working (i.e. performance management, professional recognition and rewards for successful joint working)</li> <li>• lack of conceptual clarity, e.g. concerning Joint Programmes and technical support plans and concerning the application of PAF to joint programmes;</li> <li>• lack of experience and skills in developing and implementing joint plans and programmes, e.g. technical agencies are not necessarily skilled in coordination and organisational management; and lack of staff capacity or time for joint planning and programming.</li> <li>• different UN agencies are at different stages of organisational change;</li> <li>• multiple UN planning processes at country level;</li> <li>• lack of an UNDAF or of inclusion of AIDS in the UNDAF;</li> <li>• differences between UN agency planning cycles and financial and operational procedures, e.g. cost recovery rates and contracting arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• senior staff with good interpersonal skills and a strong understanding and vision of how Joint Teams and Programmes should function are essential to the success of joint working.</li> <li>• good working relationship between the RC and the UCC;</li> <li>• the commitment and competence of the RC and the UCC to joint working</li> <li>• involvement of senior regional support staff who can 'troubleshoot' and support joint planning at country level;</li> <li>• clear, unambiguous support from Heads of Agencies for staff members to commit time and resources to joint programmes.</li> </ul>

While too early to judge the benefits of Joint Programmes of Support on AIDS, a study synthesising reviews of joint programmes in 14 countries between 1997-2005 found that these had leveraged in-kind resources from governments and were to a large extent 'nationally owned'. It also found that joint programmes can build understanding between ministries and that the involvement of a range of UN agencies can contribute to more comprehensive programming. Joint needs assessment and M&E reduced duplication of activities and strengthened knowledge sharing between UN agencies. Funding for joint UN work – 'One Fund' – is central to UN reform. There is a range of possible mechanisms for fund management (see Box 1). The synthesis found some evidence that pooled and pass-through funding arrangements reduced transaction costs for governments and donors, but noted that UN agencies tend to favour parallel funding and have yet to exploit the potential of joint programmes to leverage additional resources.

### **Box 1: UN Fund Management Options**

There are three fund management options for joint programmes: 1) parallel; 2) pooled; and 3) pass through. These options can also be combined.

- With parallel fund management each organisation manages its own activities and the related budget whether from regular or other resources. This is likely to be effective when aiming at common results with different partners.
- With pooled fund management, UN organisations pool funds together with one UN organisation, chosen jointly by participating UN agencies, acting as a managing agent. This is likely to be effective when aiming at common results with a common partner.
- Pass-through fund management is where two or more organisations develop a joint programme, identify funding gaps and submit a joint programme document to donors; participating agencies and donors agree to channel funds through one participating UN organisation, the administrative agent, which is selected by all participating UN organisations.

#### 2.4 Technical Support Plans and Provision

The lack of high quality and timely technical assistance to countries to support the scale-up of national AIDS programmes was highlighted in the Final Report of the Five Year Evaluation of UNAIDS conducted in 2002. The GTT report in June 2005 also highlighted the need to significantly scale up technical support provision at country level. A February 2007 workshop (see below) outlined the need to strengthen technical support to enable countries to use increased resources available for AIDS effectively and to address bottlenecks and more deep rooted, systemic obstacles.

While there has been progress in developing Joint Programmes of Support on AIDS, this assessment found limited progress in assisting countries to develop budgeted technical support plans as a component of these Joint Programmes or as a component of national strategic plans on HIV/AIDS. This undermines the provision of technical support by UN agencies and other development partners. As a result, existing UN technical support plans are frequently supply-driven rather than based on national priorities. Where there is no UN technical support plan, provision of technical support often remains fragmented. Zambia and Honduras are notable exceptions to this.

In **Zambia**, the Joint Programme of Support on AIDS includes an annual workplan, key results matrix and a costed Technical Support Plan for 2007. However, it has yet to develop a joint or pooled budget for the workplan. The entire annual workplan is in support of the National AIDS Strategic Framework and consequently national partners are intended as the beneficiaries of all technical support provided through the UN Technical Support Plan. UN respondents report that the process of developing and costing the Technical Support Plan led to a greater degree of analysis and prioritisation of technical support needs than had hitherto been required. While the NAC has developed a technical support plan for its organisational development, a wider technical support plan linked to the National AIDS Strategic Framework has not been developed. While NAC informants support the idea of such a plan in principle, there is a need for further clarification of the concept before they can commit themselves to its development. UN, bilateral and Global Fund respondents also expressed the need for clarification of the purpose, format, and process for the elaboration of a technical support plan linked to the NSF.

The Joint UN Team on AIDS has developed a harmonised and integrated Technical Support Plan to assist the national response in **Honduras**. The Joint Team has shown commitment to implementation of this Plan, and the division of labour, TOR and performance indicators are clear and in place.

An overarching strategy to coordinate demand and supply, and manage provision and quality assurance of technical support by NACA, the UN and other partners is lacking in **Nigeria**. NACA and the UN have made progress on agreeing an institutional support plan on the basis of the division of labour and NACA priorities. UNAIDS facilitated a joint NACA UN retreat in October 2006, involving UNAIDS and a few UN agencies, to develop a strategic response to managing multiple requests by NACA to different agencies, based on an assessment of NACA's capacity building needs and priorities. A plan and budget for 2007 has been agreed, which focuses on M&E, harmonising procurement and logistics, financial management, human resources, health sector response and co-ordination of the national response. However, as financial resources and numbers of technical implementing partners increase, so does the need for broader consultation on the division of labour and provision of support beyond the UN. Donors are considering a basket funding mechanism for technical support and capacity building for NACA, which would represent a major step forward, although progress in agreeing arrangements has been slow.

In **Honduras**, the UN Annual Plan for Technical Assistance has established objectives, responsibilities and annual activities with a budget allocated for each by the 8 UN agencies that participate in the UNDAF.

Technical support in **Ukraine** is characterised by fragmentation and competition. Agencies compete over access to financial resources and opportunities to build reputation. Transaction costs of this approach are high and provision of technical support is supply-driven, rather than based on assessment of need.

There is no UN technical support plan for the NAC or the MOH in **Mozambique**. As a result, technical support provision appears to be driven by agency areas of expertise. While NAC and MOH respondents see the value of a technical support plan, they lack the capacity to produce, prioritise and cost such a plan. There is a perception that UN agencies lack the capacity to support the development of prioritised, costed technical support plans. Requests to UN agencies from government are mainly *ad hoc*, and for short-term assistance, provided by UN staff or consultants. National partners were concerned that much technical support focuses on development of plans and policies rather than on support for implementation of these. The government appears to request support for longer-term placements from bilateral donors.

UNAIDS has recognised that lack of national technical support plans and weak coordination of technical support are critical challenges. The UNAIDS Secretariat proposes to produce guidance and to provide support to national AIDS authorities to develop technical support plans through UNAIDS country offices. At a workshop on Intensification of Technical Support in Countries for Universal Access in February 2007, UNAIDS Secretariat, WHO, Global Fund and PEPFAR explored ways to improve provision and coordination of technical support to national responses, including strengthening the role of the UCC in facilitating technical support. Initiatives to improve technical support arrangements will be piloted in a number of countries. As a first step, UNAIDS has developed TOR for consultancies to conduct national technical support needs assessments, map available technical support resources, identify gaps and capacity building requirements, and develop a prioritised Technical and Implementation Support Plan, where possible as part of Joint Review processes. UNAIDS will report on progress in these countries to the Global Joint Problem Solving and Implementation Support Team (GIST), to facilitate the role of the GIST in addressing systemic technical support issues.

The GIST has also promoted the development of UN technical support plans. A recent GIST mission to Yemen, which reviewed the performance of the National AIDS Programme (NAP), identified specific technical assistance needs and recommended that UN agencies review workplans and budgets submitted by the NAP and develop individual technical assistance plans in support of programme activities. UNDP will consolidate agencies' technical support plans into one workplan and budget.

Division of labour guidance emphasises that the role of UN agencies under the division of labour is to broker or facilitate provision of technical support. However, in practice, some UN agencies continue to focus on direct provision of technical support. For example, the India country case study found that UN agencies still provide direct technical support rather than helping the government and other partners to mobilise expertise in country.

This assessment found limited evidence of UN agencies brokering the use of civil society organisations (CSOs) as providers of technical support. One exception is UNFPA, which has given a block grant to a CSO in Slovakia to provide technical support on sex worker and injecting drug user issues in Eastern Europe. Different Cosponsors appear to have different levels of commitment to involving CSOs as providers, rather than just as recipients, of technical support. There are concerns that this could adversely affect the quality and appropriateness of technical support in areas where CSOs may have greater expertise than UN agencies, e.g. approaches to work with marginalised groups such as sex workers, injecting drug users and men who have sex with men.

There are mixed views about the quality, relevance and timeliness of technical support provided by UN agencies. For example, technical support has been viewed positively in Nigeria and Zambia, some perhaps less so in Mozambique and Ukraine.

In **Nigeria**, NACA and ministry staff consider UN provision of short and long term technical support to be timely and high quality. Technical contributions to the CCM and the Treatment Harmonisation Group have been particularly valued.

In **Zambia**, NAC and line ministry respondents were very satisfied with the quality of the technical support that they receive through UN agencies either directly or through consultancies. NAC representatives were particularly appreciative of long-term placements supported by UNDP to strengthen the decentralised response and mainstreaming as well as the UN-supported M&E advisor who works with the NAC. They also stressed that they were very satisfied with the short-term consultancy support they receive through the UN. CSO representatives were similarly very satisfied with the short-term technical assistance they have received through the UN and appreciated that some UN staff are proactive in approaching them about their technical support needs.

Although the UN has provided technical support in **Ukraine** in a number of areas, e.g. WHO on clinical protocols, there are concerns that UN agencies have focused on implementing projects and have not yet established themselves as providers of high quality technical support.

Factors that cause government entities in **Mozambique** to hesitate to use UN agencies for technical support include: the UN sometimes does not respond quickly enough to requests; each agency has different procedures for accessing technical support; and some technical support is not 'practical' enough. For example, technical support from UNDP for mainstreaming AIDS into government plans took a long time to receive and was highly theoretical. National partners also perceive an over-emphasis on short-term assistance when the priority is longer term support to address weaknesses in capacity.

A consistent theme among global and country informants is the focus of UN agencies and other providers of technical support on short-term technical assistance when, for many national partners, the priority is longer-term capacity building (although few informants elaborated on what long term capacity was required and this is an issue that requires further examination if technical support plans are to be responsive to national needs). A related issue is the need to develop a clear, shared understanding of technical support. Other concerns about the UN as a provider of technical support included: slow response time to requests for support and separate application processes, administrative requirements and reporting formats for technical support requests.

Although informants suggested that at least 25% of an expansion of PAF funds should be used for CSO technical support at country level, this assessment found limited evidence of consideration of civil society needs in technical support plans or of coordinated provision of technical support to CSOs.

## 2.5 Technical Support Mechanisms

Technical support mechanisms such as the Global Joint Problem Solving and Implementation Support Team (GIST), AIDS Strategy Action Programme (ASAP), WHO Knowledge Hubs and Technical Support Facilities (TSFs) have increased the range of expertise available.

However, despite the efforts of UNAIDS to improve technical support arrangements, global informants expressed concerns about coordination among the various providers of technical support and the increasing complexity of the technical support environment due to the proliferation of recently established technical support mechanisms. There are also concerns about the respective roles and areas of expertise of these different mechanisms and the potential for duplication, as well as about how these mechanisms will be managed and monitored over time.

It is difficult to assess how well known or accessible these mechanisms are or how frequently they are used by national partners, as there appears to be no system for maintaining an overview of the situation. However, country case studies indicate that donors and national partners, including CSOs are not always aware of the existence of these mechanisms or of what technical support they provide, and are unclear about how to access technical support through them.

NAC and MOH informants in **Mozambique** were not aware of the GIST, ASAP, Knowledge Hubs or TSF for Southern Africa. UN agencies, apart from the World Bank, and bilateral donors were unaware of the ASAP.

In **Ukraine**, there is no experience of using global technical support mechanisms, such as GIST or ASAP. There is no UNAIDS TSF in the region. Apart from a UNAIDS staff member who had attended a meeting where the ASAP was presented, no-one was aware of the ASAP, including World Bank staff.

There is limited awareness of the UN Technical Support Plan among government, donors and civil society in **Honduras** and, as yet, there has not been a concerted effort to harmonise systems with bilateral donors. External stakeholders need to be informed about mechanisms to request and access technical support from UN agencies.

### *2.5.1 Global Problem Solving and Implementation Support Team (GIST)*

The GIST was established in July 2005, in response to the GTT recommendation that “The multilateral system establish a joint UN system-Global Fund problem-solving team that supports efforts to address implementation bottlenecks at country level”. Initially comprising the UNAIDS Secretariat, WHO, UNICEF, UNFPA, UNDP, World Bank and Global Fund, the GIST recently added bilateral donor and civil society representatives.

The mission of GIST is to a) improve alignment of financial donors and technical support providers, and b) coordinate technical support to address implementation bottlenecks and “help make the money work” at country level. It is intended to support analysis of immediate technical support needs, mobilise rapid responses, facilitate sharing of information on problems and strengthen accountability of the UN system and other actors at global, regional and country level. The GIST meets monthly to review technical support needs, to decide on provision of coordinated technical support and to evaluate progress. Quarterly meetings focus on systemic global issues that affect implementation at country level.

As of April 2007, GIST had considered 31 countries and had actively intervened, through a mission or a video conference with country level actors, in 19 countries. An additional 7 countries had been the subject of an initial fact finding mission, but have not required direct action from the GIST. During its first year, support was provided in areas of procurement and supply management, grant governance and management capacity, monitoring and evaluation as well as systemic challenges related to policies, procedures and practices of multilateral institutions. Examples include accelerating approval of treatment guidelines in Guinea Bissau which were on hold at WHO AFRO and securing a one-time waiver of the Global Fund requirement to hold an international bidding process for the procurement of drugs in Niger (see also Annex 7). Statistics from the UNAIDS Secretariat indicate that in the countries where the GIST had actively intervened because of significant bottlenecks, approximately \$39 million worth of Global Fund grants have been disbursed. Progress reports indicate that the GIST has improved information sharing and coordination between the UN, Global Fund and World Bank, and encouraged multilateral institutions to address wider systemic issues.

While it is recognised that the GIST plays an important role in the absence of a global mechanism to resolve problems among multilaterals, its purpose is not well understood by all stakeholders. There are differing perceptions about its technical support role, i.e. whether this is to address implementation problems at country level or systemic issues at global level that impact on country implementation. Most global informants feel the GIST should focus on resolving the latter. As one informant put it ‘fix the architecture so it is not necessary to resolve a succession of individual problems’.

The initial intent was to create GIST country equivalents, Country Implementation Support Teams (CISTs). Few countries have established a CIST. Since these would overlap with Joint Teams and involve additional transaction and financial costs, UNAIDS now proposes that GIST roles at country level be undertaken by existing mechanisms, although it is recognised that a way needs to be found to work with the Global Fund at country level to resolve problems. Informants raised concerns about the role of the GIST in resolving problems at country level, especially vis-à-vis the roles of the Joint UN Team on AIDS and the UNTG on AIDS. They also questioned



the sustainability of the GIST, given the intensive inputs required from senior staff of participating agencies.

In **Nigeria**, CIST membership includes UNDP, UNICEF, UNFPA, World Bank, USAID, NACA and MOH. Its main role has been to support CCM reconstitution and Global Fund Round 5 grant agreement in response to concerns about governance, transparency and performance. The GIST provided support, but was not directly involved. There is some confusion about the ongoing role of the CIST, which has not yet been involved in problem solving in other areas, e.g. procurement.

**Ukraine** did not apply for support from GIST despite problems with slow implementation of activities financed by the World Bank. Reasons for this included the perception that the GIST is mostly focused on implementation issues related to the Global Fund and UN, not the World Bank, that an international mechanism would have insufficient contextual knowledge, and that the GIST is the final resort.

Some of these issues, e.g. lack of clarity on its role and relationship with regional and country technical support mechanisms, have already been acknowledged by the GIST. Additional challenges identified by the GIST include the lack of systems to determine which countries require support and lack of demand. National governments and agency field offices do not always alert the GIST to problems. In some cases, this reflects failure to recognise the problem, in others, reluctance to seek assistance. Limited engagement from some GIST partners, including non-participation in meetings, inadequate reporting and lack of follow up action, and limited financing for GIST actions are also challenges. A report to the February 2007 GIST meeting on a recent mission to Angola highlighted some of these issues, noting that the GIST process was not known at country level and that UN agencies were not aware of Global Fund activities.

In **Honduras**, UNAIDS has sought technical support from the GIST for final changes to the Global Fund revised proposal (see Annex 7) and from ASAP for the process of developing the National Strategic Plan to Fight HIV/AIDS (PENSIDA III). There have also been two ASAP missions to Honduras, to begin the design, with national counterparts, of a protocol specifying how data on the epidemiological-social profile of the epidemic will be collected and analysed and to finalise the critical path and timetable for ASAP support. Following workshops in March and April, the national team will finalise PENSIDA III by September 2007. It is too early to assess the effectiveness of ASAP support but CONASIDA, civil society and donor representatives expressed satisfaction with the process introduced by ASAP consultants for development of PENSIDA III.

### *2.5.2 AIDS Strategy and Action Plan Service (ASAP) and Joint UNDP, World Bank, UNAIDS PRS Mainstreaming Programme*

Global informants consider technical support to integrate AIDS into national development frameworks and instruments, and to develop evidence-based, prioritised and costed national AIDS strategies and plans that are linked to national planning and budget cycles, to be a priority. There are mixed views on the effectiveness of technical support to date, and a widespread perception that the focus is on products and written guidance rather than processes and outcomes.

In response to the GTT recommendation that support for countries to develop national AIDS strategies and action plans be strengthened, UNAIDS established the AIDS Strategy and Action Plan Service (ASAP), based at the World Bank. ASAP is intended to provide countries with a source of advice and support for strategic and action planning. Services offered include review of draft strategies and action plans

and assistance to countries to identify technical support for strategic planning, including data analysis, priority setting, and costing strategies and action plans.

ASAP has developed a self-assessment tool to help countries assess the strengths and weaknesses of their national AIDS strategies and action plans and a repository of resources on strategic planning. ASAP also aims to share knowledge and good practice in strategic planning and to promote harmonised donor support for national AIDS strategies and action plans.

The ASAP was established relatively recently, has a small staff and budget, and is currently providing assistance to around 25 countries. These have to date mainly been smaller and low prevalence countries. Countries that most need ASAP support have not yet requested assistance. ASAP documentation reviewed for this assessment suggests that over the last year ASAP has taken steps to improve wider understanding of the services offered, to identify roles for partners and to increase coordination. ASAP has been explained to TSFs, UNAIDS regional managers, Southern Africa UCCs, UNAIDS Secretariat and UNODC staff and UNAIDS Global Coordinators. However, country case studies indicate that the ASAP is not yet widely known by national stakeholders. Some global informants are unclear about how the ASAP links to wider efforts to strengthen AIDS mainstreaming, in particular the Joint UNDP, World Bank, UNAIDS PRS Mainstreaming Programme, and to technical support for strategic planning provided by the TSFs (see below).

The GTT also recommended greater efforts to support integration of AIDS into national development frameworks and instruments, including Poverty Reduction Strategies (PRSs). UNDP, UNAIDS Secretariat and the World Bank are jointly assisting countries to better integrate AIDS into PRSs, through a process that includes preparatory missions, development of issues papers by a core UNDP, UNAIDS and World Bank team that identify the main challenges, regional workshops where country teams identify opportunities for integrating AIDS into the PRS process and plan country follow-up activities (CFA), and support for follow-up activities. CFA are finalised in country by key stakeholders and NACs and submitted to the UNDP Country Office for approval. If approved, UNDP headquarters transfers \$80,000 to the Country Office to support implementation and to mobilise additional funding from other partners if the CFA budget is over \$80,000. UNDP, UNAIDS and World Bank staff in country currently provide support for implementation of CFA. Most of the NACs are also very active in the management and co-ordination of CFA implementation to ensure ownership, and capacity building. Each country is asked to submit short quarterly reports on progress.

Seven countries that participated in the first round of the joint programme – Ethiopia, Ghana, Mali, Rwanda, Senegal, Tanzania and Zambia – have been implementing CFA since a regional workshop in December 2005. These countries have received a range of, mainly external, technical support. Examples include support to guide mainstreaming during Poverty Reduction Strategy Paper (PRSP) formulation in Rwanda, Mali, Senegal and Zambia; support to NACs in Rwanda, Senegal and Zambia to participate in PRSP formulation processes; and, in countries with completed PRSPs, e.g. Ghana and Tanzania, support to mainstream AIDS into sector plans, Medium-Term Expenditure Frameworks (MTEF) and budgets.

There have been challenges in implementing CFA, including bureaucratic and administrative problems, budgets that under-estimated costs, and delays in arranging technical support. However, the programme has contributed to success in countries such as Zambia (see also Annex 8). Experience to date indicates that setting realistic budgets and timetables, securing buy-in from key country stakeholders, good

relationships between NACs and finance and planning ministries, and timing mainstreaming activities to coincide with PRSP planning cycles, are critical to success.

One of the 6 themes of Zambia's National AIDS Strategic Framework 2006-2010 is strengthening the decentralised response and mainstreaming HIV and AIDS. UNDP, World Bank, and UNAIDS Secretariat have provided technical and financial support, including support to the government during the process of developing its National Development Plan 2006-2010 to mainstream HIV/AIDS across sectors, draft the HIV/AIDS chapter of the Plan, and review existing data and information on the relationship between poverty and HIV and AIDS in Zambia; funding of UN Volunteers to be deployed in every district to provide technical support to District AIDS Task Forces, in particular building capacity for AIDS mainstreaming in all district level planning.

A second regional workshop in October 2006 involved country teams from Burkina Faso, Burundi, Kenya, Madagascar, Malawi, Mozambique, and Uganda. Country teams highlighted some of the challenges in mainstreaming AIDS. For example, in Kenya, the PRSP focus on investment for economic growth makes it hard to integrate AIDS, since health and education are still widely considered as non-productive; inadequate resources mean most sectors want to concentrate on their core mandates; capacity to understand the implications of AIDS and how to respond is limited; and different stakeholders lack adequate information to be able to engage in MTEF processes. Efforts are being made to document how AIDS affects each sector, conduct socio-economic impact studies, and package information in an accessible form. Representatives from Tanzania also attended to share their experience of integrating AIDS into the PRSP and, more specifically, of implementing CFA (see Box).

#### **Tanzania's Experience of the Joint Mainstreaming Programme**

In December 2005, Tanzania had already completed its PRSP (Mkukuta), but the issues paper highlighted weak mainstreaming, limited commitment, leadership and stakeholder participation in implementing the HIV/AIDS components of the PRSP. CFA focused on improving stakeholder understanding of their role in mainstreaming AIDS and implementing the HIV/AIDS components of the PRSP, and technical support to help ministries improve HIV/AIDS data collection and promote greater consistency between M&E plans for AIDS and the Mkukuta. These activities have contributed to greater understanding of the Mkukuta and how it relates to AIDS, improved the focus of HIV activities, linked the poverty monitoring and HIV/AIDS M&E systems and helped increase engagement of MPs. Getting buy-in to the CFA was facilitated by including the Permanent Secretary in the Prime Minister's office in the country team that attended the regional workshop. Challenges relate to restructuring of government, with some new departments lacking HIV/AIDS plans and budgets, under-budgeting of CFA and unrealistic timing, with too much planned in the first quarter.

Feedback on the Joint Mainstreaming Programme process suggested that the preparatory visits to countries were valuable in helping to explain the purpose of the regional workshop, starting the process of engaging stakeholders in a more proactive way, especially the AIDS and finance constituents, identifying participants from each country, and starting the process of writing the issues papers, which were completed quickly and to a high standard. Feedback also suggested that workshop content should be determined by the issues papers; and that more time should be devoted to sharing experiences on issues identified by countries as especially problematic in integrating AIDS into PRSPs. Informants for this GTT assessment indicated that the

respective roles of UNDP and the World Bank in the Joint Mainstreaming Programme are not well understood.

In Nigeria, the next generation of the national and state plans is in development, with the World Bank, DFID and UNDP providing support for better integration of HIV/AIDS, such as linkages between poverty reduction and HIV/AIDS, and aligning National and State Economic Empowerment and Development Strategies with strategies as set out in national and state strategic AIDS plans.

### 2.5.3 *Technical Support Facilities*

Although UNAIDS Regional Technical Support Facilities (TSFs) were not included in the GTT recommendations, and will be subject to a separate evaluation, the TOR for this assessment require that they be considered as part of UN technical support delivery.

The TSFs, which complement the global GIST and country Joint UN Teams on AIDS, aim to expand the pool of regional and national expertise available to national AIDS authorities, ministries, development partners, civil society and the private sector. Regional TSFs, managed by UNAIDS Regional Support Teams, have been established for Southern Africa, West and Central Africa, Eastern Africa, and South East Asia and the Pacific. The TSF for Southern Africa is the most well established and, based on responses to this assessment, the most likely to be known. Additionally, the International Centre for Technical Cooperation on HIV/AIDS in Brazil promotes technical cooperation in Latin America, the Caribbean and Lusophone African countries, and facilitates technical support globally.

TSFs are intended to deliver quality, timely technical support in strategic and operational planning, mainstreaming, organisational and partnership development, costing and budgeting, resource tracking, M&E and thematic areas, including gender and migration. TSF services are normally provided at cost, but a Technical Assistance Fund has been established to ensure country partners that cannot afford to pay for services receive the technical support they require from the TSF. Procurement rules hinder rapid response, for example, UN agencies need to seek three candidates for an assignment but it is not possible for three candidates to be proposed by a TSF.

UNAIDS report that TSFs have received more than 3,100 days of technical assistance contracts from country partners. Respondents to this assessment who had experience of the Southern Africa TSF noted that the technical support provided had been of a high quality. It was not possible to obtain evidence concerning the type or quality of support provided by other TSFs. The Southern Africa TSF has mainly provided technical support services to NACs, but has a perception that requests for support are donor driven since many NACs lack the capacity to formulate TOR. TSFs are also intended to strengthen the capacity of country partners to prioritise and manage technical assistance, the professional development of national and regional consultants, and harmonised approaches to delivery of technical support to countries. The TSFs are reported to be increasingly coordinating their efforts with the GIST, ASAP, WHO Knowledge Hubs and other mechanisms to better harmonise technical support to country partners, as well as exploring how they can support Global Fund financed programmes at country level.

## 2.6 National Ownership and Leadership of Technical Support to the National Response

UN agencies and technical support mechanisms can only fulfil their remit if countries can identify technical support needs and know where and how to obtain support. Limited country capacity to identify and articulate technical support needs, to develop comprehensive technical support plans, and to manage and monitor technical support provision was highlighted by global and national informants as a significant weakness.

UN and bilateral agencies could play a much stronger role in empowering national ownership and leadership through assisting countries to develop comprehensive technical support plans. However, as some informants reported, lack of demand from government partners can sometimes reflect other factors. These include unwillingness to acknowledge the need for technical support, e.g. in practice governments are often more interested in technical support for preparation of Global Fund proposals than for implementation or reporting, or the existence of specific aspects of the epidemic, e.g. HIV transmission in drug users or men who have sex with men, sexual exploitation and abuse of children, or gender-based violence. Lack of demand – or of informed demand – can reinforce a supply-driven approach. In addition, as noted earlier in this report, national partners are often unaware of sources of technical support or of how to access technical support.

Financing of technical support is also an important issue. National partners are increasingly in a position to buy technical support, as technical support funding is included within grants. However, some governments are reluctant to spend funds on technical support, which has previously been 'free', or lack the capacity to procure and manage technical support. For example, technical support procured through a TSF includes a handling charge which several informants highlighted as a disincentive to national partner use of TSFs. In practice, therefore, national partners may continue to approach bilateral donors to finance technical support. This raises questions about accountability and ownership of the technical support provided to countries, since providers of technical support will usually report to the organisation that pays them, even if the client is the national government. Other national partners have reported difficulties in using Global Fund and other donor funding to procure technical support from TSFs and other technical support mechanisms.

In **Nigeria**, a process led by NACA to review sources of, and financing for, technical support across donor and technical agencies, including the UN, is recommended. It is suggested that the 2007 institutional support plan be used by NACA as a basis to work with the UN and other partners to identify and co-ordinate financial and technical resources required for capacity building. A weakness is that some lead national agencies in the HIV/AIDS response are not proactive with regard to quality of technical support provided.

There are concerns about the lack of systems to engage national partners in the process of sourcing technical support, e.g. developing TOR and selecting and briefing consultants, and to enable national partners to provide feedback on the quality and relevance of technical support provided by UN agencies and technical support mechanisms. While the TSFs have taken steps to introduce quality assurance and encourage feedback from clients, UN agencies and other technical support mechanisms do not appear to have formal systems in place.

### **3. KEY FINDINGS: HARMONISATION AND ALIGNMENT**

#### **3.1 UNAIDS Secretariat and Cosponsors**

The UNAIDS PCB, UNAIDS Secretariat and Cosponsors have taken steps to support implementation of the GTT recommendations on harmonisation and alignment within the UN system. These include the endorsement of the recommendations by the Executive Boards of all Cosponsors, the provision of guidance on Joint UN Teams and Programmes on AIDS, and the development of the 2008-9 Unified Budget and Workplan (UBW). Despite high level endorsement, there is a perception among global informants that some Cosponsors are more committed to the GTT recommendations than others (with WHO and the World Bank, at country level, cited as being the least engaged.)

The GTT recommendations have been on the agenda of all PCB meetings since their endorsement in 2005, and the PCB has consistently reinforced these recommendations. For example, the December 2006 PCB called on the UNAIDS Secretariat and the heads of UNAIDS Cosponsors to ensure that their country representatives act upon the Secretary-General's directive on establishment of Joint Teams and Programmes on AIDS, including providing them with appropriate incentives, and to review practical barriers to joint programming at country level and report to the PCB on how they plan to overcome these barriers. However, the PCB has limited authority over the Cosponsors and very little influence on action at country level.

##### *3.1.1 Guidance and Support for Implementation of GTT recommendations*

Feedback on the provision of guidance to support the establishment of Joint UN Teams and Programmes on AIDS, specifically the UNDG May 2006 Guidance Paper, is generally positive with broad agreement amongst informants that guidance has been adequate (although some informants noted that it would have been helpful if this had been provided sooner, rather than almost 6 months after the Secretary-General's letter).

All Cosponsors have sent the UNDG Guidance Paper to their field offices. Furthermore, some agencies, e.g. ILO, UNDP, UNFPA, UNODC, WHO and the UNAIDS Secretariat, have developed additional guidance for their staff and taken more active steps to support implementation of recommendations through training, orientation and awareness raising for field directors and staff. While overall guidance and support is deemed adequate, country informants noted that it is not possible to provide written guidance on every aspect of the process of establishing Joint Teams and Programmes, and suggested that it is essential that country staff have access to support from their agency headquarters to help address challenges.

UNAIDS plans to produce practical guidance on how to develop joint plans in 2007. At regional level, East and Southern Africa appears to have been most active in providing support for implementation of guidance on Joint Teams and Programmes. The UNAIDS RST has provided orientation for RCs, UNTGs, Joint Teams and UCCs on how to take forward the GTT recommendations, compiled a set of key resources for UCCs on joint programming, and developed a practical toolkit that includes a series of country case studies, tools for mapping resources and for conducting a rapid SWOT analysis of UN agencies. It has also provided technical support for the

establishment of Joint Teams in Malawi, Mozambique and Zambia. The Capacity Development Cluster of the UN Regional Directors Team is conducting regional workshops to enhance the capacity of Joint Teams to plan and implement joint programmes that are coordinated and aligned with national priorities and needs, including identifying indicators to measure the value added of joint programming.

Strong leadership from headquarters about the importance of joint working appears to play a critical role in driving forward the harmonisation and alignment agenda, and addressing organisational culture and individual attitudes, cited as a frequent hindrance to joint working. However, directives from headquarters need to be backed up by systems and incentive structures that are conducive to joint working, for example, job descriptions and performance appraisals, which hold staff accountable for joint working and reward them accordingly, and harmonised systems and operating procedures.

In **Mozambique**, the ExCom agencies – UNDP, UNFPA, UNICEF and WFP – are implementing a Harmonised Approach to Cash Transfers (HACT). Agreed to at headquarters level in April 2005, the HACT is a common operational framework for transferring cash to government and non-government implementing partners. These partners will use common forms and procedures for requesting funds and reporting on their use. The overall purpose of the HACT is ‘to reduce transaction costs and lessen the burden that the multiplicity of current UN procedures and rules levy on its partners and, ultimately, allow focusing more on improving national capacities, including effectively managing aid in support of the MDGs’.

### *3.1.2 Harmonisation and Alignment of Joint Programmes with National Plans*

At country level, Joint Teams and Programmes on AIDS (see 2.2 and 2.3) are the building blocks for harmonisation and alignment both within the UN system and with national plans. Country case studies suggest that there has been progress in adapting GTT recommendations and ensuring that Joint Programmes are aligned with national plans and coordinated with other actors, and towards use of pooled funding mechanisms (see also Annex 9 for a joint funding example). They also highlight the importance of harmonisation and alignment at state level in countries with a federal structure, such as India and Nigeria.

In **Mozambique**, UN agencies report that AIDS activities included in the UNDAF are in line with the priorities of the national strategic plan on HIV and AIDS, and that the cycle of the current UNDAF was shortened to align the development of the next UNDAF with the national planning and budget cycle.

In **Zambia**, the Joint Programme of Support was signed by all UN Heads of Agencies in November 2006. The Joint Programme of Support is aligned to both the National Development Plan 2006-2010, and the National AIDS Strategic Framework 2006-2010.

In **India**, harmonisation and alignment processes have, until recently, focused on the national level, whereas, in practice, implementation of the national response is the responsibility of states. In response, UN agencies are supporting government efforts to strengthen coordination at state level. One example is in the North East, where UNAIDS is coordinating UN support and managing a pooled fund, which is distributed to Cosponsors based on a joint workplan approved by the National AIDS Control Organisation (NACO), State AIDS Control Societies in the North East, UNAIDS and the donor. A steering committee co-chaired by NACO and the UN Country Representative has been established. Similar coordination arrangements are planned in other states. UNAIDS is also working towards a pooled fund, managed by the RC, for the Joint UN Programme of Support for India. However, there are difficulties, as some agencies still do not use the RC system, e.g. funds for UNODC have to transit Vienna before being transferred back to the India office.

In **Nigeria**, significant steps have been taken in joint team set-up and planning. The UN system has developed an Integrated Support Plan in line with UNDAF goals, aligned with the NSF, and also shared a compilation of agency plans with NACA in 2006. However, it has not yet produced one integrated plan using the national template, along with one budget linking UN inputs to NSF priorities, and a unified M&E framework. The use of the national planning template has yet to be agreed by all development partners, under the leadership of NACA.

### 3.2 Global Fund and World Bank

There has been mixed progress in taking forward GTT recommendations on Global Fund and World Bank alignment. The recommendation that the two institutions commission a review of their respective comparative advantages has been implemented, but the recommendations of this review have not been fully accepted or taken forward. The Global Fund and World Bank recently commissioned a joint study of incentives and disincentives for collaboration, as a follow up to the GTT recommendations.

The recommendation that the Global Fund and World Bank shift from project to programme financing has been endorsed by the Boards of both institutions, and there has been some progress. In some 'fast track' countries, the Global Fund has shifted to a rolling system with 6-year funding. There is also evidence of progress in harmonisation and alignment of programme financing. The Global Fund and World Bank are jointly funding programmes in Ethiopia. The Global Fund is participating in pooled funding arrangements in Mozambique, Malawi and Swaziland, in earmarked funding within a SWAp in Ghana, and in joint programme funding with DFID in China. In countries where the Global Fund participates in pooled funding arrangements, e.g. Mozambique and Swaziland, there has been progress towards joint reporting. The Fund is increasingly participating in joint review missions, taking part in over 30 missions in 2006.

In **India**, the World Bank, Global Fund and other major donors such as DFID have adopted a budget support approach and agreed in principle to a common framework for M&E. Funds provided by the World Bank and DFID are to be pooled. The Global Fund is aligning its financial cycle with that of NACP 3 and piloting consolidation of all its grants to India to simplify reporting.

The Global Fund and the World Bank have also made efforts to harmonise programme management structures in country. For example, in countries such as Rwanda where previously there were separate Programme Management Units (PMU), these have been rationalised. The same approach was tried in Guinea-Bissau but rationalisation has been more challenging. In Chad, the Global Fund and the World Bank were using the same PMU but each organisation suspended funding to Chad at different times. This created difficulties, and suggests that it would also be helpful for organisations to harmonise criteria for suspension of funds.

Progress is also reported in shifting towards joint Global Fund and World Bank procurement assessments or use of World Bank assessments by the Global Fund. Efforts have also been made to coordinate planning and implementation of Global Fund, World Bank and US Government procurement in 6 countries – Vietnam, Guyana, Haiti, Mozambique, Rwanda and Vietnam. While this does not mean joint procurement, as systems are different, it does represent joint forecasting and coordination of decisions about procurement, e.g. World Bank procurement of generic first-line drugs and US procurement of second-line drugs. There have also been joint efforts on procurement involving the Global Fund, World Bank, WHO and UNICEF e.g. joint country procurement planning workshops. However, this is



reported to have been challenging at times and examples were cited of WHO and UNICEF continuing to 'do their own thing'.

### 3.3. UNAIDS, the Global Fund and Improving Partnerships for Technical Support Provision

Although not within the scope of this assessment, the team noted improvements in partnerships between UNAIDS, the Global Fund and PEPFAR. This has been moved forward by a series of recent global meetings focusing on ways to strengthen progress in technical support at country level through stronger partnerships between key agencies at global and national levels. In this context, partners urged the UNAIDS Secretariat to reinforce the role of the UCC to play a greater part in developing solutions to country based bottlenecks, to facilitating technical support and to maximising existing partnerships at country level.

Building on these discussions a set of pilot countries has begun to initiate activities to intensify technical support arrangements. UCCs have since held productive follow-up discussions with the Portfolio Managers from the Global Fund to discuss future collaboration and UCCs from the six initial roll-out countries, as agreed by key partners, have opened discussions with national authorities to identify opportunities for expanded collaboration to support these authorities improve their management of technical support. Progress in these countries will be monitored over the coming months, with early milestones focusing on identifying technical support assessment needs and the development of a comprehensive technical support or 'capacity investment' plan, where possible as part of Annual Joint Review processes, a mapping of the existing technical support framework and identification of gaps that could be filled by a 'one stop shop' coordinated by the UNAIDS Country Coordinator.

### 3.4 Bilateral Donors

Bilateral donors have a significant influence on progress on harmonisation and alignment at country level through their participation, or not, in national coordination mechanisms and donor forums.

In **Mozambique** the national response is coordinated by the NAC. The main coordination forum is the Partners Forum, chaired by the NAC, which meets monthly to review progress in implementing the National Strategic Plan and includes development partners providing financial and technical support and implementing partners, including CSOs. In the spirit of harmonization and alignment, the NAC and its development partners have established a Common Fund. Both the Global Fund and the World Bank will contribute to this Common Fund in addition to the 5 bilateral donors that have channelled funds through this mechanism for several years.

In **Honduras**, the Expanded UN Theme Group on AIDS has members representing government, UN agencies, and donors, including the World Bank, DFID, SIDA, Canada and Spain. The Theme Group is chaired by UNFPA and holds quarterly meetings.

The Cooperating Partners Group (CPG) on HIV and AIDS in **Zambia** is the coordinating body established by bilateral donors, multilateral agencies and foundations. The CPG agreed TOR in February 2006, and aims to improve coordination and harmonisation among development partners, strengthen collaboration between the NAC and these partners, develop and implement an annual work plan, which will reduce duplication of effort and identify gaps in technical support and service delivery, and enhance coordination of support to the Zambian AIDS response, including inputs to the Joint Assistance Strategy for Zambia (JASZ) WorkPlan. The JASZ is a mechanism where bilateral donors and multilateral organisations outline how they will collectively support and coordinate their support to the National Development Plan (NDP) 2006-2010, including the HIV and AIDS 'sector'. A draft JASZ was

produced in May 2006 and is still a work in progress. In the spirit of harmonisation and alignment, 5 bilateral donors have come together to support the NAC through a Joint Funding Agreement, providing pooled funds for an agreed annual work plan and budget.

In **Nigeria**, significant actions have been taken in 2006 to strengthen coordination, harmonisation and alignment through existing structures as a direct result of the GTT recommendations. There are some concerns that the National Action Committee on AIDS (NACA) lacks a high level advisory committee that brings stakeholders together. The inclusion of such a body in the new Presidential bill to give NACA independent status and legal authority is widely welcomed and would have an important role in GTT implementation. More limited progress has been made with aligning overall funding and reporting cycles with NSF planning and reviews. It is not clear that all donor-funded programmes have shared plans using the NACA template, although communicating with NACA about funding plans has improved.

The 2006 MAP 1 end of project joint review (funded by the World Bank, DFID and CIDA), did not coincide with the national joint Mid-Term Review planned for 2007. It was however the first of its kind, with NACA leading the process with multi-donor, UN and civil society participation. Additionally, the joint review was viewed as a step towards joint annual reviews of the implementation of the NSF, and the lessons learnt from the process as well as the findings of the joint review will be a significant contribution to the Mid-Term Review.

The institutional support plan to NACA includes activities aimed at improving harmonisation and alignment in line with the GTT recommendations e.g. constituting a joint UN-NACA task team on advocacy for a shift from project to programme financing; seeking the commitment of UN and other partners to better coordination of their programming, financing and reporting activities; and assisting NACA to review the performance of development partners in adhering to GTT recommendations, building on the CHAT framework pilot.

The Donor Coordination Group (DCG) in Nigeria was set up by DFID, USAID and CIDA with UNAIDS in 2004, and since then has expanded to include other bilateral donors such as Ireland and Japan. It meets regularly. Meetings have involved NACA and the UN, represented by UNAIDS. The DCG has facilitated a united donor voice in the CCM and the Expanded Theme Group, provided an effective mechanism for reducing transaction costs and risk of duplication in working with government, and promoted harmonisation. However, in 2006, donors and UN agencies recognised that they needed to improve their communication and coordination and are setting up a Development Partners Forum which will include representation from the UN system. The UN Country Team has taken some time to internally consult on how it should be represented at the Forum, and while a proposal has been agreed within the UNTG, UNTG representation had not been agreed by the two constituencies at the time of the review. This has caused some frustration among donors about the lack of a single representative UN voice and the difficulty of engaging with the UN as one system.

In response to the GTT recommendations, the US Embassy has appointed a PEPFAR coordinator, responsible for harmonising implementation among PEPFAR implementing partners and with other partners and the government. There is now much better coherence, e.g. compensation schemes for public sector staff have been rationalised. Several PEPFAR implementing partners are also GFATM sub recipients and an integration process is underway through the CCM, following a GFATM PEPFAR integration report in November 2006.

In **Ukraine** there is no formal forum or structure to coordinate the efforts of development partners on AIDS, other than the weak National Coordination Council (NCC). There is some bilateral coordination between agencies and good individual relationships between some donors, e.g. USAID, the Global Fund and the World Bank. Issues that hinder cooperative working between donors on HIV/AIDS include differences in levels of commitment to HIV and AIDS; philosophy, focus and capacity; aid instruments used; and implementing partners. The Ministry of Economy is proposing to establish a government-led mechanism for coordinating donor activities in Ukraine, including a sub-group on HIV and AIDS. Concerns include: lack of clarity about how this group would relate to NCC and the UNTG on AIDS;

weak capacity of line ministries to lead this process, which, in practice, could lead to the group being effectively driven by UNAIDS. This would not be welcomed by some donors. There is also no consensus on membership of this group, e.g. USAID and the Global Fund would prefer membership to be limited to donors, thereby excluding UN agencies which they regard as technical agencies and recipients of funds, whereas the European Commission takes it as given that UN agencies would be fully involved in this group.

A recent desk review by the World Bank suggests substantive progress has been made in donor harmonisation in Mozambique, Tanzania, Uganda and Vietnam, and moderate progress elsewhere. The benefits can be substantial. For example, Rwanda was able to reduce ARV drug prices by coordinating procurement and use the savings to provide treatment to additional PLWHA. Efforts to strengthen coordination in procurement of drugs and treatment have also demonstrated positive results in countries such as Nigeria.

The NACA-led Treatment Harmonisation Group, which includes WHO, USAID, the World Bank and NASCP, has significantly improved joint treatment programming and commodity procurement and supply arrangements in Nigeria. All sites now use the same treatment protocols and a framework has been agreed for monitoring treatment targets, to prevent double counting while enabling the attribution required by the Global Fund and PEPFAR. It has been agreed that US funds should be used to purchase second-line, branded drugs, while Global Fund funds are used to purchase first-line, generic drugs. The World Bank will focus on strengthening facility infrastructure and equipment. However, Government of Nigeria procurement activities are not included.

However, there are no binding commitments for bilaterals to implement the GTT recommendations, despite bilateral donor support for GTT processes and endorsement of the Rome and Paris OECD/DAC Declarations, and UNAIDS' mandate to coordinate the global response, not just the response of Cosponsors. While there is evidence of a shift by some donors towards harmonisation and alignment, some significant actors still do not actively participate in harmonisation and alignment efforts led by the UN and other development partners and remain outside these processes in some countries, e.g. USAID and the Bill and Melinda Gates Foundation in India.

Countries report patchy progress towards the Three Ones, and many still deal with multiple donors, projects, processes and procedures. At the second African regional workshop held in December 2006 as part of the Joint Mainstreaming Programme, participants highlighted the difficulties in getting donors to move from general agreement to harmonise to specific actions, e.g. agreeing to use a common set of procedures or indicators or to work within the same fiscal cycle. Many donors continue to want control over how their funds are spent, and to know specifically what their money goes on. One country noted that it had taken months to get donors to agree on the activities and budget for an integrated annual workplan, holding up funding flows and implementation. Uganda noted that working within a SWAp had reduced duplication and inefficiency, but that some donors would not agree to work within the SWAp. Tanzania noted that it was particularly difficult to get donors to work within a SWAp for a multi-sector issue like HIV/AIDS. Box 2 below provides examples that illustrate the challenges to harmonisation and alignment presented by the actions of some donors.

**Box 2: Stunning Statistics**

- WHO has 4,600 separate agreements with donors and provides 1,400 reports to donors each year
- A 14-country survey by OECD and the World Bank showed an average of 200 donor missions a year, 75% by a few donors. Cambodia and Vietnam received 400 missions each, Nicaragua 289, Bolivia 270, Bangladesh 250
- The Government of Uganda had to deal with 684 different aid instruments and associated agreements between 2003-4 and 2006-7

*Source:* ODI, 2007, Inefficiencies in the Aid System

Donors also play an important role in supporting or hindering progress towards UN system harmonisation and alignment. The December 2006 PCB called on development partners at country level to support UN reform by funding Joint Programmes of Support on AIDS that respect the division of labour. While some donors are making funds available for Joint UN Programmes on AIDS, others – sometimes the same donors – continue to fund individual UN agencies at country level, through Trust Funds or for specific programme implementation. This creates incentives and opportunities for agencies to implement separate HIV activities in country. Bilateral donors must be more coherent in the provision of funds that promote rather than hinder harmonisation and alignment among UN agencies.

An ODI Working Paper on incentives for harmonisation and alignment, based on case studies of 4 bilateral and 2 multilateral agencies, found that progress has been slow and high-level commitment has not translated into significant changes on the ground. Few agencies have adopted incentives, e.g. recruitment policies, performance assessments, promotion systems, that reward efforts on harmonisation and alignment. While senior management has highlighted harmonisation and alignment as a priority, this is sometimes challenged by lack of support from politicians concerned with visibility. Decentralisation of resources and responsibilities is not always matched by policy guidance and support from headquarters on when and how to engage in harmonisation and alignment. Systematic tracking of harmonisation efforts is limited. The ODI Paper recommends positive incentives be enhanced and negative incentives removed; stronger links between headquarters and field offices; maximising opportunities for harmonisation and alignment presented by budget support and SWAs; and adoption of common approaches and monitoring their implementation.

### 3.5 National Ownership and Leadership in Harmonisation and Alignment of National Responses

Effective leadership and ownership of coordination processes by national governments is critical to progress towards harmonisation and alignment among development partners at country level, and GTT processes appear to be playing a catalytic role in strengthening government leadership and ownership in some contexts. This is evident in countries such as India, Mozambique and Nigeria (see also examples in Annex 10). Conversely, weak national leadership, e.g. in Ukraine, represents a challenge to greater harmonisation and alignment.

The Government of **India** has demonstrated strong leadership and ownership of the NACP 3 process, advocating with donors for pooled funding and a common M&E framework. Strong engagement with donors and greater involvement of UNAIDS and other UN agencies in the NACP 3 process has resulted in closer alignment of development partner HIV and AIDS activities with the national response.

However, despite government commitment to take the lead in coordination between all development partners, which led to the Expanded UN Theme Group being dissolved, there is still no clear mechanism within NACO to make this happen. The National Steering Committee on HIV/AIDS, chaired by the General Director of NACO, which is intended to ensure the overall coordination and M&E of the national response, includes major donors e.g. USAID, DFID, Global Fund and the Gates Foundation, and UNAIDS and the World Bank but not other UN agencies. There is a separate M&E Working Group, which was created by the Expanded UN Theme Group and includes all partners providing support to NACO but not the Gates or Clinton Foundations.

In **Mozambique**, increasing control by the government has been instrumental in facilitating the integration of Global Fund grants into the Prosaude Common Health Fund.

**Nigeria** is one of the few countries to have undertaken a national consultative process to adapt the GTT recommendations. The chair of NACA was a member of the global GTT consultations, and this contributed to strong national leadership for taking forward the GTT recommendations. The Domestication of the GTT Recommendations in Nigeria report, published by NACA and approved by the Expanded Theme Group in November 2005, makes recommendations for action by government and international partners. However, it does not suggest timelines, deliverables or a review process. This means there is no formal or agreed process for reviewing progress or holding agencies accountable. However, the UN system carried out an informal and useful self assessment early in 2007.

**Ukraine** is a Three Ones priority country and support has been provided in this area through a DFID-UNAIDS project. However, the National Coordination Council (NCC) on HIV/AIDS, established in 2005, only functioned intermittently between August 2005 and May 2006. It was revitalised in order to make an application to the Global Fund for Round 6 but has yet to meet this year. The UN Expanded Theme Group has not met recently, as development partners opted to support the NCC, but in the absence of regular NCC meetings, stakeholders voiced concerns about the lack of a forum for coordination.

The **Zambia** NAC coordinates the Partnership Forum, a high level group consisting of the Cabinet Committee of Ministers on AIDS, Ambassadors, Heads of Mission, Heads of UN Agencies, CSOs and Provincial and District representatives. The NAC also takes the lead in coordinating inputs into, and hosting, the annual Joint HIV/AIDS Programme Review (JAPR). The JAPR brings together various stakeholders/ partners involved in supporting the national response to HIV and AIDS in Zambia. Participants include the NAC, other Government of Zambia entities (e.g., MOH, MOF), Cooperating Partners (i.e. UN agencies, bilateral donors, and foundations), and Civil Society (including PLWHA, Private Sector, FBOs, CBOs, NGOs). The JAPR is a process wherein the participating partners review the achievements, challenges and lessons learned in implementing the Zambian National AIDS Strategic Framework 2006-2010 (NSF) and the NAC's annual action plan. The JAPR also helps to ensure that the NSF is clearly linked to other important GRZ policy-making processes such as the Poverty Reduction Strategy Paper (PRSP), and to budgets via the Medium Term Expenditure Framework (MTEF).

There is consensus that more needs to be done to harmonise NACs and CCMs. At the second African regional workshop held as part of the Joint Mainstreaming Programme, around a third of countries noted that the NAC is not part of the CCM. However, progress is being made in some countries, e.g. in Mozambique, where the CCM has been restructured so it is aligned with government mechanisms for AIDS coordination, and in Tanzania where the CCM is being integrated within the NAC.

National governments also play, or should play, an important role in holding development partners to account. The GTT recommended that UNAIDS develop a scorecard-style accountability tool to assist national AIDS authorities to assess the participation and degree of engagement of partners in the national response and the degree of harmonisation and alignment among international partners. In response, UNAIDS developed the Country Harmonisation and Alignment Tool (CHAT).

This tool, intended to improve accountability of partners at country level, which drew on the Partners Performance Assessment Matrix, developed in Mozambique to build on the Paris agenda, has been piloted in Botswana, Democratic Republic of Congo (DRC), Nigeria, Somalia, Zambia, Brazil and Indonesia. Lessons from these pilots indicate that the CHAT can: support Joint Annual Reviews; strengthen engagement of partners and identify stakeholders who are excluded from national coordination; provide a basis for advocacy with partners about their role in the national response; and mobilise greater political commitment and involvement. For example, in DRC, the piloting process showed that not all relevant Ministries were engaged to the same degree and provided an opportunity to stimulate greater involvement. However, tools such as the CHAT will only be effective if they are made more action-oriented, are fully integrated into joint annual review processes, and multilateral and bilateral development partners respond to their findings.

The UNAIDS CHAT was piloted by NACA with UNAIDS support in **Nigeria** in 2006, and elements were used in the World Bank MAP I review. The pilot was well received and the report will be presented at an Expanded Theme Group meeting. The CHAT method will also be drawn upon in the NSF Mid-Term Review. The results of the pilot showed that partners have made progress on many of the GTT Domestication Report recommendations, but that progress in aligning planning, funding and reporting cycles and in harmonising resource allocation through pooled funding has been limited.

The UN supported pilot testing of the CHAT in **Zambia** in November 2006. While the recommendations made in the report on the pilot are geared towards improving the effectiveness of the tool itself, the report contains much useful information to enable national and international partners to improve efforts to coordinate, harmonise and align approaches and support to the national response to HIV and AIDS.

It is important to recognise that different epidemics and a country's level of aid-dependency will shape the required levels of engagement, type of action and progress on GTT issues. Working together appears to be as, if not more, important in middle income countries such as China where UN resources and role are less significant in the response than in aid dependent countries. In low prevalence countries where there is no designated national AIDS authority or in countries where HIV/AIDS remains within the domain of ministries of health, engagement with government on issues that go beyond the health sector has to be handled differently and progress in harmonisation and alignment may be more limited because National AIDS Control Programmes operate without the mandate to coordinate with other sectors.

## 4. KEY ISSUES

### 4.1 Roles and Responsibilities

While some stakeholders within the UN system understand the roles and responsibilities of Lead Organisations and Main Partners in the division of labour, others are less clear. There was some initial confusion at country level about the roles and responsibilities of Joint UN teams on AIDS vis-à-vis the UN Theme Groups on AIDS and the Technical Working Groups that Joint Teams were intended to replace. This has been addressed to some extent by the UNDG Guidance Paper, which sets out the roles and responsibilities of these structures but some duplication of representation and roles is still apparent at country level. In Ukraine, for example, external stakeholders are very unclear about the distinction between the Theme Group and the Joint Team on AIDS, although they know the work of individual agencies well. This indicates that communication with external partners, including national governments and bilateral donors, could be improved, and that there may be scope for further rationalisation of UN system AIDS coordination structures at country level.

There is limited understanding about the implications of wider UN reform, and the recommendations of the High Level Panel concerning One UN Team, for Joint UN Teams and UNTGs on AIDS. There is no mention of the Joint Teams on AIDS in the High Level Panel report. However, informants believe that experience from implementing the GTT recommendations will provide valuable lessons for wider reform efforts. The approach proposed in some countries indicates that Joint Teams will continue where HIV/AIDS is a key component of the One UN Programme and the roll out of the One UN approach should make joint teams and programming easier. For example, in Pakistan, the UN proposes to establish 5 'joint programmes', one of which will be HIV and AIDS, representing at least 80% of all UN resources coming to the country. These joint programmes will be financed through a pooled funding mechanism, an MDG Fund, build on HACT and use a harmonised cost recovery rate.

**Mozambique** is one of 8 countries that will pilot the recommendations of the High Level Panel to form one country team, with one leader, one programme, one budget and, where appropriate, one office. The understanding is that the One UN team will not subsume the Joint UN Team on AIDS, as the one programme will have several components, one of which will be HIV and AIDS, and that staff will still be assigned to a team working on HIV and AIDS.

The UN system is taking forward UN reforms in **Nigeria**, where the new RC office is in process of de-linking from UNDP. The RC is committed to taking forward the unified AIDS response as a key action in, and demonstration of, UN reform. The next UNDAF starts in 2009, with preparatory work on the Common Country Assessment taking place in 2007.

### 4.2 Resources, Capacity and Incentives

Funding to support implementation of the GTT recommendations, including the operation of Joint Teams, the development and implementation of Joint Programmes, and financing of technical support provided under the division of labour, is a critical issue.

The UNDG Guidance Paper states possible options that could be considered to support the operating budget of Joint Teams. These include the RC budget, joint

funding between agencies and local fundraising by individual agencies. PAF funds cannot be used for the operation of Joint Teams but can be used to develop Joint Programmes.

There are mixed views on the adequacy of resources to ensure the effective functioning of Joint UN Teams on AIDS. Most UN agencies and bilateral donors believe that available resources are adequate for the formation of Joint Teams and implementation of the division of labour and UN agencies need to prioritise better how they allocate these resources. A few informants suggested that additional resources are required to support joint working and provide an incentive for organisational change, although there is no real clarity about what resources are required to achieve this. Overall, there is a consensus that additional resources should be conditional on the UN demonstrating good performance and changes in working practices.

UNAIDS UBW is guided by the technical support division of labour, covering core UBW funds, agencies' own resources and supplemental funds mobilised by individual agencies. One of the recommendations of the Boston Consulting Group was that the UBW be restructured so that it can serve as a catalyst for joint programmes, shifting to country level most of the funds currently distributed to Cosponsors globally. A working group, including UNDP, UNICEF, UNFPA, World Bank and UNAIDS Secretariat, was established in July 2005 to develop proposals for an enhanced PAF mechanism to channel larger amounts of funding for technical support to countries. However, progress has been slow and funds are still largely channelled through agency headquarters. Concerns were raised, globally and at country level, about the delay in agreement on a PAF mechanism to get funds to country level and how these funds should be used.

Although funds available annually to **Ukraine** through PAF have increased from around \$50k to \$200k, overall amounts remain low. Thus most UN agencies have to fund raise for activities on AIDS, particularly through donor-funded projects. This could be addressed by establishing a pooled funding mechanism for a Joint Programme of Support and channelling funds through this mechanism, but UN agencies are reported to be strongly resisting this move.

In **Honduras**, the Expanded AIDS Theme Group does not have sufficient funding to adequately support the Three Ones Principles and the national response. The Joint Team on AIDS lacks the human and financial resources to adequately address technical support needs, and to implement the Technical Support Plan for 2007. There is no evidence of plans by agencies' headquarters to mobilise financial resources or to develop the capacity of their staff in country.

A more specific issue is resources for technical support. UNAIDS developed a Consolidated Technical Support Plan, but donors have provided limited funding for this. Again, some Cosponsors and bilateral donors consider available resources to be adequate, since technical support provision is the main mandate of UN agencies, and are critical of the concept of an 'unfunded mandate' based on a global technical support budget. Others feel that available resources are inadequate since demand for technical support has increased at the same time as UN capacity and budgets have been reduced, and that funds available for technical support are not commensurate with increased funds for implementation.

There is a consensus that it is more appropriate to describe an 'under-funded mandate' and to focus efforts on mobilising resources for Technical Support Plans at country level. Donors are willing to support sensible, properly costed Technical Support Plans that reflect national plans and priorities, and UN agencies need to focus on developing these plans and seeking funds to implement them. The



Technical Support Plan in Malawi was cited by one informant as a good example of bilateral, government and UN collaboration which is now being substantially funded.

The co-existence of a range of mechanisms to mobilise funds by different UN agencies for the provision of technical support is perceived as an obstacle to coherence and harmonisation and agency adherence to the division of labour. A challenge is to ensure that future UNAIDS' UBWs are clearly defined in line with the division of labour and that resources are attached to levels and areas where agencies need to lead on, or are main partners in, the division of labour. Future resource allocations could be used more effectively to increase the results-orientation of UN agencies whilst enabling UNAIDS to improve accountability across co-sponsors.

Different agencies have taken steps to increase their capacity at country level, to enable them to fulfil their technical support remit under the division of labour. For example, UNAIDS has deployed additional M&E staff and WHO has increased the number of HIV advisors. UNFPA also reports that it has leveraged UBW and core funds to increase staff numbers and capacity in country to ensure that UNFPA can participate effectively in the Joint Teams and Programmes. However, global informants for this assessment raised concerns that some agencies are not allocating adequate resources to the country level and that this will result in other agencies having to fill the gaps.

Current systems and operating procedures hinder harmonisation and alignment between UN agencies and hence, the development and implementation of Joint Programmes. These include differences in accounting, contracting and procurement procedures, in overhead charges, in monitoring systems, in financial and budget cycles and also in organisational structures and reporting lines. Differences in policies, procedures and systems are a significant barrier to the participation of UN agencies in common funding arrangements. The Harmonised Approach to Cash Transfers (HACT) approach is a step in the right direction but this is only being implemented by the ExCom agencies – UNDP, UNFPA, UNICEF and WFP.

Current structural incentives also encourage UN agencies to work with governments on individual agency mandates instead of working together to implement Joint Programmes. Changes in organisational culture will be required, in particular a shift towards collaborative evidence-based planning and result-based programming. Wider UN reform is viewed as an important incentive for agencies to shift towards joint working.

The **Mozambique** country case study noted that few incentives exist to encourage UN agencies to work effectively through Joint Teams and Programmes on AIDS or to coordinate their support to the NAC or government ministries. This is partly because each agency has a mandate to provide technical assistance to government partners upon request.

As noted earlier in this report, strong commitment to joint working within UN agency structures, in particular directives from headquarters, regional offices and country Heads of Agencies, are essential to progress. Systems and processes to ensure accountability, of agencies and staff, discussed below, are also critical.

### 4.3 Accountability and Measuring Success

Progress on implementation of the GTT recommendations requires stronger systems of management accountability, including mutual accountability at global and country levels. It is unclear what mechanism exists to hold Cosponsors to account globally for their part in implementing the GTT recommendations. Neither the UNAIDS CCO nor the PCB appears to have this mandate, and this reflects the wider issue of weak accountability processes between the UNAIDS Secretariat and its Cosponsors. Bilateral donors in particular expressed concerns that the UNAIDS Secretariat does not have the authority to hold Cosponsors to account. Additionally, it is unclear what mechanism exists to hold bilateral donors to account for implementation of their GTT commitments.

In principle, at the global level, UNAIDS Global Coordinators and Committee of Co-sponsoring Organisations (CCO) meetings provide a forum for monitoring the relevance and effectiveness of the division of labour. In addition, some governing boards, e.g. of UNICEF, UNFPA, UNDP and WFP, request their respective agencies to provide regular updates on progress in implementing the division of labour.

However, there does not appear to be an agency or mechanism with overall responsibility for regular review of the relevance and effectiveness of the division of labour, either at global or at country level. In Mozambique, for example, it was suggested that the utility of the division of labour for governments would be enhanced if there was an established mechanism or forum where the division of labour could be discussed periodically or this issue were to be included on the agenda of existing partner forums or coordination mechanisms.

Despite confirmation of the responsibility of the RC for effective joint programming and implementation at country level, and steps taken in 2005 to strengthen the RC system in the area of governance and accountability, including agreement that the RC will lead the UN system and will be responsible for UN system operational activities in country, there are also concerns about mutual accountability for Joint Teams and Programmes on AIDS at country level. Informants highlighted resistance by some agencies to reporting to the RC as a challenge.

The UN Joint Team on AIDS is expected to improve accountability as team members will be appraised on their performance in accordance within the broader framework for UN accountability at country level, according to the undg Guidance Paper. The UNAIDS Secretariat reports that, as of March 2007, 65% of Joint Teams have identified annual deliverables and Joint Teams in 22 countries have agreed review mechanisms.

The Guidance Paper states that Heads of Agencies will work with the RC and UCC to determine appropriate performance evaluation mechanisms, incentives and sanctions for Joint Team members. Roles and responsibilities of Joint Team members, Heads of Agencies, UCCs and RCs are, in principle, built into individual performance assessments and reviewed annually. The RC is expected to ensure that Heads of Agency are accountable for agency contributions towards Joint Programme deliverables, and to report on performance in the RC annual report. The guidance also indicates that individual team members remain solely under the supervision and authority of their agency head, and that Heads of Agencies may solicit inputs from the RC, UCC and other team members in assessing a staff member's performance on the Joint Team.

Feedback to this assessment indicates that there is some concern about how well these accountability processes will work at country level, because not all agencies are consistently implementing basic mechanisms to strengthen incentives for joint working, such as inclusion in job descriptions and performance appraisal processes. Some have taken steps to do this. UNFPA, for example, has made significant headway, with joint working and programming now identified as a core competency and incorporated in all job descriptions. The World Bank appears to be beginning the process, with staff in certain countries, for example, Tanzania, now being assessed and rewarded on the basis of their performance in collaboration and policy dialogue. A paper endorsed by the World Bank board in November 2006 makes collaboration a specific objective of IDA 14, implying that from now on it should be included in staff job descriptions and performance appraisal systems.

At a recent meeting UCCs highlighted the need to revise job descriptions to reflect participation in Joint Teams, and to develop regular reporting mechanisms to Heads of Agencies by Joint Team members. They also reported a lack of common understanding of accountability to the UCC, misunderstanding of the peer assessment process, reluctance by some agencies to involve the UCC in performance appraisal of Joint Team members even though the UCC is accountable for Joint Team results, resistance to results-based management, and a lack of incentives for change. Informants also reported that there is resistance to 'non technical' UCCs or RCs facilitating, coordinating or monitoring the work of 'technical' agencies such as WHO and UNICEF.

It is not clear whether or how key stakeholders, such as the RC and Heads of Agencies will be rewarded for success or penalised for failure to achieve progress in joint working. There are concerns about whether the RC has sufficient authority over some Cosponsors, especially the ExCom agencies that report to the Secretary-General and agencies such as WHO and World Bank, and the need for more rapid progress with wider UN reform was emphasised. In some countries, for example, Cambodia, the UCC has successfully used 'moral authority' to engage UN agencies in joint working and in increased accountability to the UCC.

In **Nigeria**, structures for co-ordination and reporting have been established. However, accountability lines for the joint AIDS response remain institutionally challenging. The RC and UNCT have an agreed accountability framework, where JUNTA team members report to agency heads, who also elicit comments from the UNTG chair and UCC on their performance. It is recognised globally and nationally that the effectiveness of the UNAIDS co-sponsor system depends on the skills and competencies of the UCC to generate collaboration and co-operation of all agencies for a well co-ordinated response. Much therefore depends on agency heads' buy-in to the process and on the UCC's personal influence rather than institutional processes. This can compromise the effectiveness of the response.

In **Ukraine**, the TOR for the Joint Team specifies that the UCC will provide feedback on members' performance within the team for consideration in appraisals conducted within agencies. Some work on this has already begun, e.g. the UCC presented information at a retreat about attendance at meetings. This led to clearer expectations and resulted in changes in attendance patterns. However, the appraisal system relies heavily on the cooperation of Heads of Agencies

Differences in agency reporting structures and the co-existence of parallel reporting lines complicate accountability processes and have implications for the accountability of Joint Teams. Parallel accountability mechanisms – for example, individual staff reporting to and performance appraisals by their respective agencies; Joint Teams and UNTGs on AIDS reporting to and through the RC to UNDG; UCCs and RSTs also reporting to the UNAIDS Secretariat and the PCB; ExCom agencies reporting to the Secretary-General; and other agencies with their own systems, e.g. WHO

reporting through regional offices and ultimately to the World Health Assembly – make it difficult to determine who has an overview of the performance of the Joint Teams and who is responsible for holding Joint Teams and individual agencies to account. While guidance indicates that Joint Teams report to the UNTG on AIDS, this appears to be interpreted differently in different countries. In Mozambique, it is expected that the UCC will chair meetings of the Joint Team and will report to the RC. In India, Joint Team meeting minutes are sent to the Heads of Agency and UN RC.

Zambia, however, provides a good example of positive steps to address many of these issues, including inclusion of joint working in job descriptions and performance appraisals, and the establishment of clear, agreed processes for management, reporting and monitoring Joint Team performance.

In Zambia, job descriptions for Joint Team members from WHO, WFP, ILO, FAO and UNDP have been revised, or are in the process of being revised by Heads of Agencies. The UCC and the UNTG on AIDS chair contribute to the annual performance assessment review of Joint UN Team members. A reporting format for the UNTG on AIDS chair and the UCC was endorsed in October 2006. It has also been agreed that Joint Team performance and outputs will be reviewed annually with national authorities and other partners, supplement with an internal UN mid-year review of the Joint Team as a whole. The Joint Programme of Support includes a description of the Joint Team's management arrangements, including the role of the UCC, how Team members will be held accountable for fulfilling their assigned roles and responsibilities, and contractual and funding arrangements, as well as an M&E plan for 2007-2010 that mirrors the UNDAF M&E plan for the same timeframe.

The UNDG Guidance Paper states that UN Joint Teams on AIDS will constitute an entry point for national stakeholders to assess HIV/AIDS technical support from the UN system. This assessment found no evidence of this happening in practice. A wider weakness of existing accountability processes is the emphasis on UN agencies, and Joint Teams, monitoring their own performance at country level. Opportunities for external review of Joint Team and Joint Programme performance by governments or other partners are limited. The perception that accountability processes are too internally focused on the UN system, with little consideration of how Joint Teams or Programmes to support the national response are accountable to partner governments, is shared by many informants, including co-sponsors.

Informants also highlighted the need to ensure that accountability processes and systems for technical support mechanisms are in place and that these too provide opportunities for effective engagement by national governments and other recipients of technical support. UNAIDS has recognised the need to improve the accountability of the GIST, including developing a reporting and tracking system, in a way that does not detract from the accountability of Joint Teams and national partners. ASAP does not yet have a formal system for accountability to countries that use its services. However, it is proposed that the performance of the ASAP will be reviewed and evaluated at an annual partnership forum. Criteria against which ASAP would be judged are: improvements in national strategic and action plans; numbers of requests for assistance and response time; and country ratings of the value of assistance provided.

Most informants stated that it is too early to assess the impact of the technical support division of labour and of Joint Teams and Programmes of Support on AIDS, although some cited some evidence of positive results, for example, in Zambia. Factors contributing to success at country level include the leadership qualities of RC, Heads of Agencies, UNTG on AIDS Chair, and UCC; relationships between individuals, in particular the RC and UCC; clear and unambiguous support from

Heads of Agencies for staff members to commit time and resources; attention to designing and putting in place transparent, collaborative and effective processes, including management and accountability arrangements, to achieve the required results; effective communication within and outside the UN system concerning the division of labour, Joint Team and Joint Programme, including keeping international, national and state, provincial or district government and civil society partners informed about plans and activities.

Examples of positive results cited in **Zambia** are: improved efficiency of the UN as a result of reduced transaction costs; better understanding among government stakeholders of where to go for specific assistance and which agencies to invite to meetings; increased UN coordination and 'speaking as one' in the Cooperating Partners Group; strengthened UN technical support for M&E; increased prioritisation of HIV and AIDS and staff working on the issue in some UN agencies as a result of the domestication of the division of labour.

In **Honduras**, the leadership role played by the Expanded Theme Group on AIDS, UNAIDS and the UCC has been a key factor in mobilising financial and technical support to the national response, and in addressing problems with the Global Fund.

Coordination and joint working have high transaction costs and it is important to ensure that indicators and systems are in place to measure the impact of improved harmonisation and alignment and technical support provision on the national response. Little consideration appears to have been given to defining success in implementing the GTT recommendations and how and by what mechanism this will be measured. For example, it is unclear how the overall performance of UN agencies in brokering or providing technical support will be assessed, especially in specific technical areas where Lead Organisations and Main Partners are jointly responsible for outcomes.

Joint Programmes and Technical Support Plans are not always results based and this makes M&E more challenging. Indicators to assess progress with Joint Teams and Programming have not been developed or used consistently across countries. The East and Southern Africa RST has developed a tracking tool which uses specific criteria based on the Guidance Paper to measure progress with Joint Teams and Programmes and reports on progress to the PCB. The RST also plans to conduct a series of rapid reviews of UN support for national programmes, starting with Botswana, Lesotho, Namibia and Swaziland. This is a positive step forward, but this assessment found no evidence to indicate that a similar approach is being applied elsewhere.

The UN has recognised that this is a weakness and has started to take steps to address the issue of measuring performance. In October 2006, for example, a regional workshop was held in Southern Africa on enhancing UNCT capacity for measuring the results of collaborations and joint programming. The workshop focused on enabling participants to design effective joint programmes and identify indicators to measure the value added of joint programming. A wider question to be addressed is how M&E of Joint Programmes on AIDS fits into and is aligned with UNDAF and national M&E systems.

## **5. RECOMMENDATIONS**

### **Division of Labour:**

1. Resident Coordinators and UNAIDS Country Coordinators to resolve outstanding issues of the division of labour at country levels (such as which agency should lead on technical areas still considered the domain of one or more agency) and develop and agree a mechanism to periodically review the division of labour so it remains “fit for purpose”. Joint team and joint programme annual reviews could be one mechanism to achieve this. Knowing the status of the division of labour at country level, understanding the outstanding issues and monitoring the resolution of these issues could be undertaken by the Regional Directors

### **Joint Teams and Joint Programmes of Support:**

2. Resident Coordinators and UNAIDS Country Coordinators should strengthen their public relations and communication strategies with external stakeholders and national partners concerning Joint UN Teams and Joint Programmes of Support on AIDS. This could be done through publishing and distributing brochures, holding face to face meetings with key stakeholders, producing regular progress updates and disseminating these to country partners outside the UN system, and using existing national partnership and donor forums. Communication should cover the workings of the Joint UN Teams on AIDS, including clarification of the roles and responsibilities of Joint Teams vis-a-vis the UN Theme Groups on AIDS and information about key contacts.

3. The UNAIDS Secretariat at global level should develop a quality assurance role for monitoring the quality of outputs from the Joint UN Teams on AIDS, in particular Joint Programmes of Support and technical support plans.

### **Technical support mechanisms**

4. The UNAIDS Secretariat should put in place a coherent and harmonised system that national partners and stakeholders can use to access technical support through UN agencies and technical support mechanisms .

5. The GIST should undertake a comprehensive review of its Terms of Reference, making the purpose of the GIST clear whilst at the same time clarifying the role of the Joint UN Teams on AIDS, UN Theme Groups and the UNAIDS Country Coordinators in identifying and solving implementation problems at country levels. This task could be undertaken by GIST itself (the GIST Chair and Secretariat) and should include non GIST organisations.

6. UNAIDS at country level should develop, implement and communicate clear mechanisms for reporting feedback (including to and by national partners) on technical support provided by UN agencies and mechanisms such as the GIST and ASAP. This should include systems to ensure that feedback is used to inform and improve the provision of technical support and to make available summary progress reports to national governments and donors.

### **Strengthening accountability mechanisms**

7. UNAIDS Cosponsors and Secretariat should take immediate steps to strengthen the role of UNAIDS Secretariat in holding Cosponsors accountable for effective implementation of Joint UN Teams and Programmes on AIDS and the division of labour. More systematic reporting to the PCB on progress could be one way of taking this forward. Additionally, strengthen the authority of the UNAIDS Country Coordinators to facilitate and coordinate the work of Joint Teams and Programmes on AIDS through recruitment practices, revised job descriptions and accountability mechanisms at country level.

8. UNAIDS Cosponsors and Resident Coordinators need to urgently ensure that participation in Joint UN Teams and Joint Programmes on AIDS is embedded in all relevant job descriptions, competency frameworks and performance appraisal systems for country Heads of Agencies and staff, and that the RC holds Heads of Agencies to account at country level on this issue.

9. The UNAIDS Secretariat should consider a study that examines in more detail UN and donor agency incentives and governance processes that drive or hinder harmonisation and alignment and recommends appropriate changes in incentive and governance systems. The study should review donor and agency funding behaviour as well as institutional and individual level incentives that influence joined up working, such as performance management, professional development and performance related sanctions and rewards.

10. The UNAIDS Secretariat should develop guidelines which ensure greater engagement by external stakeholders in reviewing Joint Team and Joint Programme performance. Involvement of non-UN stakeholders in performance assessment of UN Joint Teams and Programmes could be integrated into Joint Annual Review processes.

### **Resources**

11. The UNAIDS Secretariat needs to re-examine resources required to implement the GTT recommendations globally (such as GIST) and also provide guidance to country teams to develop budgets and resource mobilisation plans for joint programming.

12. The UNAIDS Secretariat and Committee of Cosponsoring Organisations should ensure that future UBWs are fully aligned with the technical support division of labour and resources adequately support the levels and areas where agencies are responsible as Lead Organisations or Main Partners in the division of labour. Future UBWs should be used as an accountability tool across Cosponsors by linking resources more closely to UNAIDS required results.

13. The UNAIDS Secretariat should take urgent steps to agree an enhanced PAF mechanism or an alternative mechanism to channel funds to country level which can be used for establishing joint teams and implementing joint programmes of support.

### **GTT and UN Reform**

14. UNAIDS Cosponsor agency headquarters should provide clear directives to country offices on the development and implementation of Joint Programmes, and ensure that these directives are implemented by Heads of Agencies at country level. These directives should be backed up with effective support to UN country staff for

planning and implementation of joint programmes, and by accelerated efforts to harmonise operating procedures and systems. UNAIDS should develop an action plan and timetable for harmonisation and alignment of operating procedures and systems.

15. To understand the contribution of GTT processes to ongoing UN reform and gain insights into how GTT priorities will “fit” with UN reform processes in the future, the UNAIDS Secretariat could consider undertaking studies that “track” the implementation of GTT recommendations in UN reform pilot countries.

### **Harmonisation and Alignment**

16. Bilateral partners should fulfil their global commitments to the Rome and Paris Declarations and GTT processes, ensuring that global and country level funding and programming is consistent with these global commitments and supports implementation of the GTT recommendations. Of particular relevance is the need to shift away from funding individual UN agencies and individual programmes to funding Joint Programmes of Support that are consistent with national priorities and the UNAIDS division of labour, and to ensure coordination of technical support provision.

17. Bilateral partners should act coherently in their role on PCB and Cosponsor governance boards, ensuring that PCB decisions regarding GTT are discussed and actions are monitored by Cosponsor boards.

18. Bilateral partners are encouraged to work with the UNAIDS Secretariat to devise a process whereby bilateral donors are encouraged to provide brief progress reports on their action and support to GTT recommendations, and broader progress in harmonisation and alignment around HIV/AIDS, ideally using global and country level examples, for the information of board members. These progress reports should be presented during the PCB meetings.

19. Bilateral partners and partner countries together with UNAIDS should use the CHAT as part of the Joint Review process. This will help to improve accountability and transparency of development partners in the national response, and monitoring their commitments to the Paris Declaration.



## ANNEX 1 SUMMARY OF GTT RECOMMENDATIONS

Recommendation area	Specific action	Focal point	Chief implementation partners
<b>Empowering inclusive national leadership and ownership</b>	Standards & Criteria for AIDS Action Plans assessment	World Bank	UNAIDS Secretariat, UNDP
	Support for AIDS Action Plan Development	World Bank	UNAIDS Secretariat, UNDP
	Support for integration of AIDS into PRSP	UNDP	IMF, UNAIDS Secretariat, World Bank
	Economic consequences of AIDS	World Bank	IMF, UNAIDS Secretariat, UNDP
	Macroeconomic framework to support AIDS action plans	World Bank	IMF, UNAIDS Secretariat, UNDP
<b>Alignment and harmonization</b>	Global Fund-World Bank finance alignment	Global Fund	World Bank
	Joint Annual Reviews	World Bank	Global Fund
	NAC-CCM relationships	Global Fund	UNAIDS Secretariat, World Bank
	Shift from project to programme finance	Global Fund, World Bank	UNAIDS Secretariat
	Pilot joint fiduciary assessments	World Bank	Global Fund
	Improved Bank – Global Fund communications	Global Fund, World Bank	
	Identify procurement and supply bottlenecks	Global Fund	AMDS, World Bank
<b>Reform for a more effective multilateral response</b>	Joint UN teams on AIDS	UNDG, UNAIDS Secretariat	UNAIDS Cosponsors, UN Country Team members
	Joint UN system – Global Fund problem solving team and national task-specific problem solving teams	UNAIDS Secretariat	Global Fund, UNDP, UNFPA, UNICEF, WHO, World Bank
	UNAIDS division of labour	UNAIDS Secretariat	UNAIDS Cosponsors
	UNAIDS CCO/governance review	UNAIDS Secretariat	UNAIDS Cosponsors
	Global Fund – World Bank division of labour	Global Fund, World Bank	
	Enhanced PAF	UNAIDS Secretariat	UNDP, UNFPA, UNICEF, WHO, World Bank, civil society
	Procurement capacity building	World Bank-WHO partnership	Global Fund, UNAIDS Secretariat, UNICEF, France, US
<b>Accountability and oversight</b>	Scorecard accountability tool and global review partner alignment	UNAIDS Secretariat	World Bank (GAMET)
	Joint M&E Facility	UNAIDS Secretariat	MERG, METAT, World Bank (GAMET)
	M &E country support teams	UNAIDS Secretariat	UNAIDS Cosponsors
	M&E advisors in national offices	UNAIDS Secretariat	UNAIDS Cosponsors
	Civil society and M&E	UNAIDS Secretariat	Civil society
	Improved dissemination of M&E information	Global Fund, World Bank	

## ANNEX 2 TERMS OF REFERENCE

### Independent Review of Progress on the Implementation of the Global Task Team Recommendations in support of national AIDS Responses

#### I. Background

1. In its review of the Global AIDS response the High-Level Meeting “Making the Money Work: The Three Ones in Action” held in London on March 9, 2005 took immediate action on the commitments made in the Paris Declaration on Aid Effectiveness<sup>3</sup> and decided to establish the *Global Task Team on improving AIDS Co-ordination among Multilateral Institutions and International Donors (GTT)*.

2. At the London meeting a report “The Three Ones in Action: where we are and where we go from here”<sup>4</sup> was presented. This report documented that many countries have established coordination mechanisms, strategic frameworks, and are in the process of establishing harmonized monitoring and evaluation systems but that the existence of these structures does not necessarily mean an effective multisectoral and participatory response to AIDS. With many countries struggling to muster sufficient human capacity, unblock implementation bottlenecks, address duplication and gaps and establish adequate disbursement and monitoring and evaluation systems a critical review involving all stakeholders was needed to identify ways to make the money work better for countries.

3. Working within the framework of the Three Ones principles the Global Task Team (GTT) was to – within 80 days – develop bold and actionable recommendations on:

- Options for further coordination, particularly within the multilateral system, to resolve areas of duplication and gap in the global response:
- How the multilateral system can streamline, simplify and further harmonize AIDS procedures and practices with a view to improving the effectiveness of country-led responses and reducing the burden placed on the managerial and technical capacity of countries.

4. The Global Task Team report<sup>5</sup> was launched in June 2005. The recommendations focused mainly on the multilateral system emphasizing the need for significantly scaling up technical support provision to the country level. The recommendations of the Global Task Team would also guide the country level implementation of the Three Ones principles. The Global Task Team recommendations are divided into the following four main areas:

- Empowering national leadership and ownership
- Alignment and harmonization
- Reform for a more effective multilateral response
- Accountability and oversight

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<sup>3</sup> The Paris Declaration made a specific reference to HIV/AIDS through a commitment “to taking concrete and effective action to address the remaining challenges, including: ... (iv) insufficient integration of global programmes and initiatives into partners countries’ broader development agendas, including in critical areas such as HIV/AIDS” <http://www.oecd.org/dataoecd/11/41/34428351.pdf>

<sup>4</sup> [http://data.unaids.org/publications/irc-pub06/jc935-3onesinaction\\_en.pdf](http://data.unaids.org/publications/irc-pub06/jc935-3onesinaction_en.pdf)

<sup>5</sup> The [Global Task Team Report](#)

5. The recommendations were endorsed by the UNAIDS Programme Coordinating Board at its meeting from 27-29 June 2005 and have subsequently been endorsed by the boards of all UNAIDS Cosponsoring agencies, the Global Fund Board and in the September 2005 UN World Summit Outcome Document.

Among the key components of the follow up to the Global Task Team recommendations the following are worth highlighting.<sup>6</sup>

The UN Technical Support Division of Labour establishes a more coherent approach among UNAIDS cosponsors and Secretariat for determining the most appropriate providers of technical support outlined in the consolidated Plan and core UBW. The Division of Labour recommendations need to be adapted by UN agencies in country. The process for adaptation can include a mapping or inventory of existing UN country capacity and resources on AIDS. GTT guidance permits for departure from the suggested lead agency where local realities suggest, and where the Theme Group or Joint UN Country Team agrees this is desirable.

6. The Global Joint Problem Solving and Implementation Support Team (GIST) have been working together since July 2005 (GTT recommendation 3.2). The GIST is an expression of the UN System agencies and the Global Fund working together to unblock implementation bottlenecks. The GIST has helped ensure that all UN agency partners make commitments and are accountable for providing technical assistance needed by countries. It has also helped UN Theme Groups on HIV/AIDS to provide such support.

7. On 12 December 2005, the Secretary-General issued a letter to all UN Resident Coordinators on the establishment of Joint UN Teams on AIDS and the creation of one joint UN country support programme (GTT recommendation 3.1). The Team will work under the authority of the UN Resident Coordinator System and the UN Country Team and will be facilitated by the UNAIDS Country Coordinator. It builds on other elements of the GTT – including the UN Technical Support Division of Labour. It also raises the standards of performance accountability in the UN as team members will be appraised on their performance in accordance with broader accountability framework efforts to ensure greater cohesion of UN efforts at country level<sup>7</sup>.

8. As increasing the provision of technical support to countries was a fundamental element of the Global Task Team outcome it is important to look at the UN technical support delivery mechanisms accessible to countries. This should include the UNAIDS regional Technical Support Facilities that – though not part of the GTT recommendations – is a resource for countries. As a regional facility it complements the global level GIST and the Joint UN Team on AIDS at the country level. The Technical Support Facilities are charged with expanding the pool of local and regional expertise in priority areas. Other recent changes in local Technical Assistance should also be considered, such as the 40+ Monitoring and Evaluation Officers that have been recently deployed by UNAIDS to country level, and the increase in numbers of country based WHO advisors on HIV.

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<sup>6</sup> For a more complete overview of Global Task Team follow-up please see the report produced by UNAIDS to the June 2006 PCB meeting: [http://data.unaids.org/pub/Report/2006/PCB\\_18\\_06\\_6\\_en.pdf](http://data.unaids.org/pub/Report/2006/PCB_18_06_6_en.pdf)

<sup>7</sup> Proposed Working Mechanisms for Joint UN Teams on AIDS at Country Level: Guidance Paper. UNDG. 19 May 2006

9. In June 2006, the UNAIDS Programme Coordinating Board urged all partners to fully respect their commitments to the “Three Ones” and the Global Task Team Recommendations. The PCB also recommended an independent assessment of Global Task Team implementation at country level and that this will be reported on to the Programme Coordinating Board in December 2006. The PCB Bureau has constituted a GTT Assessment Reference Group which consists of representation from Sweden (chair), Thailand, Netherlands, Kenya, US, UK, UNDP and YouAct (Portugal, NGO Representative). The GTT Assessment Reference Group will oversee the Assessment process, including the choice of consultants and will receive the draft and final reports. The GTT Assessment Reference Group link to the PCB Bureau shall be assured through having a common chair.

10. While the implementation of Global Task Team recommendations is still in an early stage there are a number of recommendations where an assessment is relevant and where it will be valuable to gauge progress made and challenges faced since June 2005. This Terms of Reference serves as a basis for the independent assessment.

12 Since the recommendations were agreed in June 2005, there have been wider moves, beyond the HIV and AIDS architecture, to reform the UN system. In February 2006, the UN Secretary General set up a High Level Panel on System-Wide Coherence to consider options for long term restructuring of UN operations in the areas of development, humanitarian assistance and the environment. While the GTT process provides a valuable example in support of the broader UN reform efforts, it will be important for the GTT Assessment to consider its conclusions and recommendations in the light of recommendations of the High Level Panel.

## **II. Objective for the assessment of progress on implementation of Global Task Team recommendations**

14. This review will focus on country level progress in implementation of the Global Task Team Recommendations that aim to improve harmonisation and alignment in support to the national AIDS response. It will aim to explore the extent to which implementation of the recommendations fits with country needs and realities, identify examples of good practice and through analysis of lessons from different countries, considers the factors and obstacles that have hindered or supported progress toward the GTT goals of strengthened, streamlined and better organised AIDS responses.

15. Given the complexity and the number of GTT recommendations, a limited number of key recommendations will be chosen as a focus for the assessment (see section 18). This also takes into consideration that some recommendations may not yet have reached country level implementation. In such cases, the assessment should propose guidance for ensuring the effective implementation and action.

16. The review will include 1) an assessment of the progress of GTT recommendations implementation at country level and 2) an analysis of the engagement of all partners<sup>8</sup> in accordance with the commitments made to the GTT and related processes. The focus of the review will be on country level complimented

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<sup>8</sup> National governments, civil society, private sector, major funds, UN and bilateral development partners

by relevant information from the regional and global level. The review will document processes and results, and analyse experience so that it can be shared amongst countries and between different stakeholders to the AIDS response at both national and global level.

***Themes of the review***

17. The review will be organised around the following two themes:
- Technical support provision to the national AIDS response as brokered by the UN system
  - Harmonisation and alignment of international partners in order to rationalise and simplify the management of development funding by the national counterparts.

18. Ad A. Technical support provision:

Although the UNAIDS Technical Support Facilities will not specifically be part of the review, they will be considered as part of the UN technical support delivery at country level in their role of liaison and provider of technical support at the regional level.

The following aspects of the GTT recommendations will be specifically assessed and recommendations for improvements presented

- Technical Support Division of Labour
  - The country adaptation process and outcome
  - Different agencies' contribution to the process and outcome
- The process and outcome concerning the establishment of the Joint UN teams on AIDS and the development of joint country support programmes at country level. The division of labour process is directly related to the team issues, which needs to be taken into account in the assessment.
- Support to integration of AIDS into development frameworks and instruments at the national level
- Results at country level of the Global Problem Solving and Implementation Support Team (GIST) and development of country processes focused on unblocking problems in implementation of major grants.

19. Ad B. Harmonisation and Alignment:

As stated in recommendation 2.2 in the Global Task Team report the multilateral institutions and international partners need to progressively shift from project to programme financing, and further harmonise and better coordinate programming, financing and reporting. The shift concerns actions to be taken by each institution to enable it to coordinate and harmonise, and align more strongly to country programmes. The review will document the following processes:

- Decisions at headquarters by the different cosponsors and UNAIDS secretariat (the review will look at a sample) to allow for procedures to be adaptable to different national procedures, and subsequent follow-through on those at regional and country level.
- The influence on country level progress, of PCB governance responsibilities and sustainable financing of GTT processes

- Global Fund and World Bank efforts to improve alignment in countries where they both have a project<sup>9</sup>.
- Progress towards greater harmonisation and alignment at country level demonstrated by international partners, following Paris and Rome OECD/DAC declarations, and GTT recommendation 2.1
- Greater coherence between Headquarters policies and commitments and country level actions, for all partners

The consultants will be expected to assess the above, and also give recommendations for improved implementation.

### III. Methodology

20. The assessment will include a desk review and information gathering process at the global level that will lead up to 6 country case studies. An in-depth assessment of GTT results at country level requires substantial input from key actors in the country-led response. These missions will be followed by a process of analysis of relevant information and propose a general assessment of progress on the 2 themes including references to specific lessons learned at country, regional and global level.

21. The assessment will look at:

- Quality and effectiveness of the processes;
- Quality and appropriateness of the content of the proposed actions within the national response;
- Importance and relevance of the results within the national response;
- Availability of resources to implement the GTT and Division of Labour recommendations, and barriers to increased resources
- Innovativeness of the activities or their methodology (and therefore relevance for global learning).
- Lessons learned: what works, what does not work and why, including recommendations for improvement
- Empowering inclusive national leadership and ownership

These items will be elaborated and translated into specific research questions by the consultants.

22. The tender will consist of two phases:

- A selection of consultancy firms will be asked to submit their proposals for executing the assessment (including timetable and budget) to the GTT Assessment Reference Group by the deadline indicated in the covering letter. The proposals should include operational questions with regard to all the issues defined in paragraph 21, and will build on information available at the global level, and from other informants.
- In awarding the contract to the selected consultancy, the GTT Assessment Reference Group may at that time further advise the consultancy on amendments to the proposed process and operational questions.

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<sup>9</sup> Shakow A (2006) Global Fund-World Bank HIV/AIDS programs comparative advantage study, World Bank and the Global Fund

### ***Desk review and global level information gathering***

23. The assessment will include a desk review of documents available at the global level. Information gathering from key informants can be done by way of interviews, telephone or mail communication.

#### ***Country case studies***

24. 6 country missions will be undertaken to fulfil the objective.

25. To ensure usefulness of the process to the specific country, the assessment will provide a country analysis and recommendations to help strengthen and focus support from the UN and other development partners in the visited country.

26. Based on a representative regional spread and the Global Task Team review themes (see above paras 17-19) the following countries have been chosen for the country case studies, with brief background explanation:

- India

Large and complex institutional context, very high number of HIV+ people, 2005 Three Ones focus country, Joint UN Team and Programme on AIDS

- Nigeria

Early progress with “Domesticating” GTT progress involving all key partners, Large and complex institutional context

- Zambia

Challenges to integrate well coordinated HIV/AIDS activities into broader, well aligned and harmonised, development frameworks. PRSP mainstreaming support provided in 2005. Joint UN Team and Programme on AIDS

- Honduras

GIST support to access Global Fund grant, planned PRSP mainstreaming support. Joint UN Country Team and Programme on AIDS

- Ukraine

2005 Three Ones focus country, planned PRSP mainstreaming support. Joint UN Team and Programme on AIDS

- Sixth country – to be decided, but discussions so far have suggested Malawi or Mozambique.

## **IV. Reporting**

### ***Country case studies***

27. For each country a ‘case study’ report (of no more than 15 pages) will be produced. This will be shared with the UNAIDS country office and the Joint UN Team on AIDS or the UN Theme Group on AIDS in-country, as well as key national actors and partners before submission to the GTT Assessment Reference Group.

### ***Consolidated Report Outline***

Following the finalisation of the country case studies, an overall consolidated analysis (of no more than 30 pages) will be produced which will discuss the emergent findings, common lessons and conclusions, and propose recommendations to the

national and international partners to further progress the objectives of the Global Task Team, and deepen harmonisation and alignment. This report will be presented to the GTT Assessment Reference Group.

## **V. The consultant team**

26. The consultants will have the following skills and experience:
- Experience with supporting country level coordination of the national AIDS response
  - Demonstrable local knowledge of the countries and regions concerned
  - Experience in assessing the functioning of national AIDS Coordinating Authorities and Country Coordinating Mechanisms
  - Solid knowledge of the Aid Effectiveness, Alignment and Harmonisation agenda, and understanding the implications of the 'new aid architecture' for the delivery of effective AIDS response
  - Knowledge of OECD Paris and Rome process and commitments, the Three Ones Principles, and the Global Task Team objectives and recommendations, and the implications of these to country level action.

### ***Timing and duration***

An interim report, based on findings from at least 2 countries, preferably from different regions, will be presented by the consultant at the UNAIDS PCB in Lusaka 6-8 December 2006. This will be in the form of a PowerPoint presentation and a ten page narrative paper. The final report should be presented to the GTT Assessment Reference Group on or before the 1<sup>st</sup> April 1007, with a view to further consider the report for submission to the PCB in June 2007.

### **Other conditions**

- The contractor shall be responsible for the provision of a computer, communication and other basic support services and travel
- The contractor will be responsible for the delivery of work in electronic format
- The contract will be signed between UNAIDS and the consultancy firm or group, represented by one firm with overall responsibility for all individual consultancies in the case of a consortium bid.
- All procedures will be in accordance with UN rules and regulations

## **Annexes**

GTT report 14 June 2005

[http://data.unaids.org/publications/IRC-pub06/jc1125-GlobalTaskTeamReport\\_en.pdf](http://data.unaids.org/publications/IRC-pub06/jc1125-GlobalTaskTeamReport_en.pdf)

GTT Country Guidance Note

[http://data.uniads.org/publications/IRC-pub07/JC1225-GTT-GuidanceNote\\_en.pdf](http://data.uniads.org/publications/IRC-pub07/JC1225-GTT-GuidanceNote_en.pdf)

Division of Labour

[http://data.unaids.org/UNA-docs/DivisionofLabour\\_Aug05\\_en.pdf](http://data.unaids.org/UNA-docs/DivisionofLabour_Aug05_en.pdf)

World Bank/Global Fund for AIDS, TB and Malaria Comparative Advantage Study

[www.theglobalfund.org/en/links\\_r](http://www.theglobalfund.org/en/links_r)



### **ANNEX 3 FRAMEWORK OF QUESTIONS**

HLSP has been commissioned by the GTT Assessment Reference Group to carry out an independent review of progress with implementation of two areas of GTT recommendations: technical support provision and harmonisation and alignment of international partners. The focus of the review is at country level. Country case studies will be complemented by collection of information at global and regional including through interviews with key informants. The following are the broad areas that we would like to cover during the interview:

#### **Checklist for global informant interviews**

##### **Harmonisation and alignment**

1. What are your views about the decision to establish joint UNCTs on AIDS and the process involved in establishing these?
2. What action has been taken to translate this decision into practice? What guidance or support has been provided to establish joint teams?
3. Are adequate resources available to ensure effective formation and operation of joint UNCTs on AIDS and to support implementation of recommendations on UN agency and development partner harmonisation and alignment? What if any resource and capacity issues have affected this?
4. Who are UNCTs accountable to? How are they held accountable?
5. What are the key factors that facilitate or hinder harmonisation and alignment between multilateral agencies? What examples of good practice are you aware of? What more needs to be done?
6. What are the key factors that facilitate or hinder harmonisation and alignment between and among development partners? What examples of good practice are you aware of? What more needs to be done?
7. What internal systems or processes have been put in place to respond to GTT to ensure harmonisation & alignment at HQ and country level?

##### **Technical support**

1. What was the process involved in developing the lead organisation and technical support division of labour? What concerns, if any, do you have about roles that have been assigned?
2. What incentives are there for UNAIDS and its cosponsors to reorient country technical support according to the division of labour? How have joint UNCTs influenced this?
3. Are adequate resources available to ensure implementation of recommendations on technical support division of labour? What if any resource and capacity issues have affected this?

4. What are the key factors that facilitate or hinder implementation of the GTT's technical support recommendations at country level? What examples of good practice are you aware of? What more needs to be done?

(Note: these will need to be supplemented by interviewer as appropriate with more detailed questions in the framework)

### **Checklist for country informant interviews**

#### **Harmonisation and alignment**

1. What difference have GTT recommendations made to existing mechanisms for UN coordination? What process is underway at country level to establish a UNCT on AIDS? What factors have facilitated or hindered progress? What guidance or support has been provided by UN HQs?
2. Are adequate resources available to ensure effective formation and operation of the joint UNCT on AIDS and to support implementation of recommendations on harmonisation and alignment? What, if any, resource and capacity issues have affected implementation of these?
3. What difference have GTT recommendations made to existing mechanisms for donor coordination? What steps have development partners taken to improve harmonisation and alignment around AIDS?
4. What are governments and civil society's understanding and view of the harmonisation and alignment agenda? Is government driving the process?
5. What evidence is there of improvements in multilateral agency and development partner harmonisation, alignment and coordination around the national AIDS response? How are joint plans and programmes aligned with national plans? What are the main examples of joined up working? What examples of good practice are you aware of?
6. What has been the impact of improved harmonisation, alignment and coordination (UN agencies, development partners, WB and GF)?
7. How are development partners aligning financial support to the national AIDS response? Are the government and development partners moving towards pooled funding arrangements for the AIDS response? How is this working?
8. What are the key factors that facilitate or hinder harmonisation and alignment between multilateral agencies and other development partners in this country? What more needs to be done?

#### **Technical support**

1. What process is underway at country level to establish agreement on the technical support division of labour? What is the experience to date? Which UN agencies are involved? What role are they playing in the country adaptation process?
2. Who is driving or championing this process at country level? What incentives are there for UN coordination around provision of technical support?

3. Are adequate resources available to ensure effective implementation of technical support division of labour? What, if any, resource and capacity issues have affected implementation of these?
4. Has the adoption of the division of labour resulted in a more coherent approach to provision of technical support to country partners? What examples of good practice are you aware of? Has it had any negative or unforeseen effects?
5. What has been done to ensure country partners are aware of available technical support? How does UN technical support dovetail with that provided by or through other development partners?
6. What technical support has been provided? Where did the request originate? What process was used and who was involved e.g. in developing TOR?
7. What has been the impact of technical support? How has it supported integration of AIDS into national plans, development instruments? How has it strengthened national capacity? How is the quality of technical support monitored?
8. What are the key factors that facilitate or hinder implementation of the GTT's technical support recommendations in this country? What more needs to be done?

(Note: these will need to be supplemented by interviewer as appropriate with more detailed questions in the framework)

Assessment Areas	TS Division of Labour	Joint UN Teams	Integration of AIDS into PRSPs	GIST & TSF Processes; other UN support (e.g. M&E officers)	Harmonisation & Alignment
Context and Process	<p><i>Inter-agency</i></p> <p>What are the key drivers for change for these processes – in the UN, government, civil society? Are there champions for UN reform at country level and regional level? What power and influence do they have in making the GTT recommendations happen? What are the incentives to push for greater UN TS coordination?</p> <p>What do you understand to have been the stimulus to organise the UNAIDS TS Division of Labour?</p> <p>What was the process involved in developing consensus for the UNAIDS Technical Support (TS) Division of Labour?</p> <p>What are your views about the process used to develop the Lead Organisation/Main Partner model? How were you involved in these processes? What concerns, if any, does your agency have about the TS role assigned to it in the</p>	<p><i>Inter-agency</i></p> <p>What process is underway at country level to establish the joint UN team on AIDS? How receptive have Heads of co-sponsor agencies been to developing joint teams? What factors facilitated or hindered progress on the establishment of a joint team?</p> <p>What was the reaction of your Agency to the decision to establish joint UN Team on AIDS? What concerns, if any, did your agency have about the decision to establish a joint UN team on AIDS?</p> <p>What kind of guidance and/or support have you received from your Heads of Agencies on how to develop a joint team on AIDS? How helpful and relevant is this guidance? When working through the process was turf protection an issue – implicitly or explicitly? What more needs to be done to develop successful joint teams?</p> <p>What action, if any, did the</p>	<p><i>Inter-agency</i></p> <p>Was Technical Support for the integration of AIDS into a national development instrument demand led? Once the request was received, or the support offered, what factors promoted or hindered the identification and deployment of a qualified consultant(s) in a timely manner? How was country partners involved in preparing the Terms of Reference for the consultancy? If no, why were they not involved?</p> <p>Did the consultant(s) attempt to build the capacity of the staff of National Governments, or other Country Partners, to integrate AIDS into the development framework? If yes, how did they do this?</p>	<p><i>Inter-agency and other development partners</i></p> <p>Has the GIST or TSF mechanism been used to provide technical support in your country? If yes, please elaborate.</p> <p>Did the country request this support or was it proposed by the UN agency? Was the support provided in a priority area of the National AIDS Framework? (please explain)</p> <p>Did you write the ToRs for the consultancy or contribute to it? (please explain)</p> <p>What factors facilitated or hindered the work of the GIST team? Were you satisfied with the outputs of the team and the quality of the individual consultants?</p> <p>Was the TSF technical support provided in a timely manner? Were you satisfied with the outputs of the team and the quality of the technical support provided through the TSF? (please explain)</p> <p>Has your agency or organizations received</p>	<p><i>Inter-agency</i></p> <p>What are the main opportunities and challenges experienced in harmonising UN agency support to AIDS? What factors facilitate or hinder progress? (e.g. skills, leadership, policy, programming and financing factors, agency turf)</p> <p>How is the GTT Division of Labour facilitating inter-agency harmonisation and alignment of AIDS responses (including the joint team and country programme on AIDS)? How much progress has there been so far on mapping existing UN capacity and resources for HIV/AIDS, and developing joint programmes of support? What is the real commitment to harmonisation? Do agencies profess support but continue as normal? Have any agencies changed their practises?</p> <p>Outline the main areas of joint working? (e.g. programming, planning and synchronisation of financial and administrative procedures) What has been the experience of these so far?</p> <p>What is governments' awareness and understanding of the Division of Labour? What</p>

<p>Context and Process</p>	<p>GTT recommendations for the Division of Labour or with the leadership decisions for your group?</p> <p>What process is underway at country level to establish agreement on the TS Division of Labour? What is the experience to date? (Probe opportunities, barriers, what is and is not working and why)</p> <p>Which UN agencies are involved at country level in the TS Division of Labour? What process is underway to establish agreement on the TS Division of Labour? What role are the different agencies playing in the country adaptation process and what factors are hindering or facilitating progress by the UN in undertaking TS roles in the Division of Labour? (Probe Skills, leadership, policy, programming, finances; probe organisational changes - refocusing of technical specialities, organisational restructuring, personnel changes, strengthening regional TS mechanisms)</p> <p><i>Other development partners</i></p>	<p>Head of your Agency at country level take to ensure the commitment of your Agency to the establishment and operation of the Joint UN Team on AIDS at country level? (probe skills, leadership, policy, programming and financing factors)</p> <p>Who are UNCTs on AIDS accountable to? How are they accountable to national governments?</p>		<p>technical support through other UN-supported mechanisms (e.g., UNAIDS M&amp;E officers or individual UN Agencies). Did you request the support or was it offered to you? Was the support provided in a priority area of the National AIDS Framework? (please explain)</p> <p>Do you think that country partners are aware of the various sources of Technical Support available to them through UN resources? What is the UN doing to make country partners aware of the Technical Support available through UN supported mechanisms or entities? What action could the UN take to better inform country partners of the Technical Support available through them?</p> <p>How does TS provided by the UN agencies dovetail with that provided by or through other international partners such as bilateral?</p> <p>Is there a forum to discuss TS that is provided through the UN and other partners? If not, what kind of mechanism could be put in place to make sure TS is coordinated and not</p>	<p>is the government's evaluation of the utility of the division of labour?</p> <p>How do you see GTT processes working in the future in light of the Secretary-General's report "Delivering as One"?</p> <p><i>Other development partners</i> How are development partners moving towards greater harmonisation and alignment in HIV/AIDS in your country? How are UN agencies and the GFATM influencing and supporting these processes? What factors hinder or facilitate processes?</p> <p>What mechanisms for harmonisation and coordination exist? Who is driving or leading these mechanisms? Do you know of any lessons learned from harmonisation mechanisms that can be applied in this assessment?</p> <p>To what extent is civil society represented in these mechanisms and what evidence is there of civil society programme alignment with national strategies?</p> <p>What internal systems or processes have you put in place to respond to the GTT and ensure more harmonised</p>
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	<p>How were you consulted or involved when UN Agencies met to adapt the GTT recommendations to country level? Were you satisfied with this involvement? (If no, probe reasons and identify how they would have liked to have been involved)</p> <p>Do you think the TS D of L has any real consequences fro in country activities? If yes, what do you think are the limitations? Challenges? Benefits?</p>			<p>How were you consulted or involved when UN Agencies met to adapt the GTT recommendations to country level? Were you satisfied with this involvement? (If no, probe reasons and identify how they would have liked to have been involved)</p> <p>Do you think the TS D of L has any real consequences fro in country activities? If yes, what do you think are the limitations? Challenges? Benefits?</p>	<p>and aligned application of your support at HQ and country level? (E.g. internal guidance/instructions, tangible changes to practice in programming and financing spheres; relevant indicators in workplans and performance evaluation reports). (compulsory question)</p>
<p>Relevance &amp; Impact</p>	<p><i>Inter-agency</i> Has the adaptation of the Technical Support Division of Labour at country level by UN Agencies had the intended effect of establishing a more coherent approach to the provision of Technical Support by UN Agencies to country partners? (If yes, ask respondent to give specific examples of better coordination and best practice in the provision of Technical Support by UN). In each case, what were the major factors in making this happen?</p> <p>Has the adaptation of the Technical Support Division</p>	<p><i>Inter-agency</i> What impact, if any, did the decision for a Joint UN Team on AIDS hinder or facilitate the adaptation and implementation of the GTT recommended Technical Support division of Labour? Ask for specific examples (including, but not limited to, examples of where this may have led to increased cooperation between agencies to deliver Technical Support to countries).</p>	<p><i>Inter-agency and other development partners</i> What has been the impact so far of post GTT efforts to integrate AIDS into national development instruments (.e.g. budgets reflected in MTEF, impact on sector plans etc)</p>	<p><i>Inter-agency</i> What discernible impacts, positive or negative, has the Technical Support provided through the GIST mechanism had? Please elaborate.</p> <p>Did the consultant(s) engaged through the GIST and/or TSF and/or M &amp; E officer make any efforts to strengthen the capacity of the staff of National Governments, or other Country Partners when undertaking the consultancy? If yes, how effective do you think their efforts were to strengthen capacity? If not, why not? Were funds made available</p>	<p><i>Inter-agency</i> What difference have GTT recommendations made to existing mechanisms for UN agency harmonisation e.g. UN Theme Groups?</p> <p>Does the TS Division of Labour accurately reflect the comparative advantages of each cosponsor? Is it appropriate in your context? (probe for examples, opportunities and challenges)</p> <p>How are joint teams and plans aligned with national plans? How are programmes of support linked to country Universal Access plans? How is the GIST approach supporting the national</p>

<p>Relevance &amp; Impact</p>	<p>of Labour at country level by UN Agencies had any positive, negative or unforeseen impacts?</p> <p>What more needs to be done to ensure the effective implementation of the GTT recommended Technical Support Division of Labour at country level?</p>			<p>to support capacity building efforts?</p> <p><i>Other development partners</i> What action has the UN taken to inform country partners of the various sources of Technical support available through them at country level? Do you think that the UN should do more in this area? (please explain)</p>	<p>response? (Probe for examples of how it has worked, challenges and opportunities). How does the formal division of labour match up with the actual implementation?</p> <p>What examples are there of UNAIDS and co-sponsor HQ and regional policies to promote harmonisation and alignment (e.g. in the areas of policy, programming and financing)? How are these being adopted at country level? What factors facilitate or hinder their implementation?</p> <p>What are the WB and GFATM doing in country to improve harmonisation and alignment between themselves and with country systems? What progress has been made? What factors facilitate or hinder this? What further actions are needed to improve these processes?</p> <p><i>Development partner harmonisation and alignment</i> What difference have GTT recommendations made to existing mechanisms for harmonisation e.g. donor coordination groups? Are development partner HIV/AIDS plans and programmes aligned with national strategic plans? What are the opportunities for and challenges to alignment?</p>
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<p>Relevance and Impact</p>					<p>(e.g. government capacity to develop clear strategic plans, politics and priorities of funding agencies) Are development partners supporting joint national HIV review processes under the leadership of the NAC? Give examples. If not, why not?</p> <p>What views do government stakeholders hold about the GTT recommendations and the Three Ones and about their relevance to national responses? What is the level of government interest in the GTT process? To what extent are government stakeholders driving development partner coordination processes?</p> <p>What views do civil society stakeholders hold about the GTT recommendations and the Three Ones? What examples are there of ways in which civil society is contributing to improving harmonisation and alignment of the AIDS response?</p>
<p>Resource Availability</p>	<p><i>Inter-agency &amp; other development partners</i> Have adequate resources to ensure the effective implementation of the Global Task Team's recommendations related to the Technical Support Division of Labour</p>	<p><i>Inter-agency</i> Are adequate resources to available to ensure the effective formation and operation of the Joint UN Team on AIDS (please elaborate).</p>	<p><i>Inter-agency and other development partners</i> Who paid for the Technical Support to integrate AIDS into a national development instrument? (If the UN paid ask) Do you think that the country partner would not have gone ahead with the consultancy if</p>	<p>How sustainable is the GIST process? Have resources been allocated at HQ level for continuing with the process?</p> <p>How sustainable are the TSFs?</p>	<p><i>Inter-agency and development partners</i></p> <p>What financing has been made available to support implementation of GTT recommendations (and Rome and Paris declarations) on harmonisation and alignment?</p>



<p>Resource Availability</p>	<p>(including, but not limited to the GIST) been secured? (please elaborate)</p>		<p>the UN had not paid for the consultancy? (Please explain).</p> <p>What was the cost of the consultancy(s) to integrate AIDS into national development instruments cost? Do you think that the cost represents good value for money?</p>	<p>Have resource and capacity (e.g. human, financial) issues affected agency harmonisation and alignment efforts at country level? What other factors have impeded these harmonisation and alignment efforts?</p> <p>How are development partners aligning financial support to the national AIDS responses? What examples are there of this? (e.g. multi-year commitments)</p> <p>Are governments and development partners moving towards pooled funding arrangements for the national AIDS response? How is this working in practice? How are UN and multilateral agencies and other initiatives (e.g. WB, GFATM, PEPFAR) supporting or hindering these processes? What has been the impact of improved WB and GF alignment at country level on the national AIDS response?</p> <p>What evidence is there of improvements in development partner coordination (e.g. joint planning, programming, financing, reporting, monitoring) around the national AIDS response?</p>
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<p>Lessons Learned &amp; Innovation</p>	<p><i>Inter-agency and other development partners</i>                  What do you consider to be the key factors that facilitate or hinder the implementation of the GTT's Technical Support recommendations at country level? (Probe limits of human &amp; financial resources; institutional capacity to manage change; political commitment to the Three Ones and GTT). Please give examples</p> <p>What incentives are there for UNAIDS and its cosponsors more generally to reorient country support according to the GTT's TS Division of Labour? Can these incentives be influenced and how?</p>	<p><i>Inter-agency and other development partners</i>                  What more needs to be done for the Joint UN Team on AIDS to operate effectively at country level?</p>	<p><i>Inter-agency and other development partners</i>                  What, if anything, could the UN do to provide Technical Support to National Governments for integrating AIDS into national development instruments in a more effective manner?</p>	<p><i>Inter-agency and other development partners</i>                  What, if anything, could the UN and development partners do to provide Technical Support to country partners in a more effective manner? (please explain)</p>	<p><i>Inter-agency</i>                  What facilitates/hinders H &amp; A between multilateral agencies and their alignment to national responses etc? (e.g. resources, institutional capacity to manage change, commitment to GTT and Three Ones)</p> <p>What best practices exist that improve H &amp; A of multilateral responses to AIDS? What solutions adopted to overcome obstacles?</p> <p><i>Other development partners</i>                  What factors influence better H &amp; A between development partners?</p> <p>What best practices exist that improve H &amp; A of development partner responses to AIDS? What obstacles have been encountered? What solutions adopted?</p>
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## ANNEX 4 PEOPLE INTERVIEWED

### Part A

Global	
Mark Stirling	Director, UNAIDS Regional Support Team
George Tembo	Team Leader, UN Action at Regional and Country Level, UNAIDS; Geneva
Desmond Whyms	Team Leader, Three Ones; UNAIDS Geneva
Michel Sibide	Director, Country and Regional Support Dept. UNAIDS, Geneva
Geeta Sethi	Team Leader, Financial Initiatives, UNAIDS Geneva
Robert Verbruggen	Programme Management Adviser, Mainstreaming AIDS in Development
Chris Castle	Senior Programme Specialist and UNESCO Focal Point on HIV/AIDS; UNESCO, Paris
Steve Kraus	Chief HIV/AIDS Branch, UNFPA, Technical Support Division; New York
Dr Paul Spiegel	Senior HIV/AIDS Technical Officer, UNHCR; Geneva
Caitlin Wiesen	UNDP Sri Lanka
Peter McDermott	Chief HIV/AIDS Unit, UNICEF; New York
Debrework Zewdie	Director, Global AIDS Programme, World Bank
Robin Jackson	Chief HIV/AIDS Service, WFP; Rome
Susan Leather	ILO Programme on HIV/AIDS and the World of Work, ILO; Geneva
Teguest Guerma	Associate Director of the WHO HIV/AIDS Department, WHO; Geneva
Mr Elhadj Sy	Director HIV/AIDS Group UNDP; New York
Duncan Earle	Team Leader, Operational Partnerships and Country Support, The Global Fund
Bernhard Schwartländer	Director Performance Evaluation and Policy, The Global Fund
Raymond Onana,	TSF Coordinators, West and Central Africa
Felix Agbla,	
Daniel Kuburafor	
Anthony Kinghorn	TSF South Africa
Colin McIff	Multilateral Organisations Officer, PEPFAR, OGAC
Nicola Brennan	HIV/AIDS Technical Advisor, Irish Aid
Angela Spilsbury	Health Advisor, Institutional Manager - UNAIDS and UNFPA, UN & Commonwealth Dept, DFID
Jane Haycock	UK Mission to UN; New York
Els Klinkert	AIDS Coordinator, Ministry of Foreign Affairs, Netherlands
Fareed Abdullah	HIV/AIDS Alliance; Brighton, UK
Kieran Daly	International Council of AIDS Service Organisations; Toronto
Richard Burzynski	
Cheick Tidane	Executive Director, African Council of AIDS Service Organisations (AFRICASO)
Dan Ritchie	Consultant for World Bank
Alex Shakow	Consultant for World Bank

## Part B

<b>Honduras</b>	
Sra. Rebeca Arias	UN Resident Coordinator
Dr. Hernando Clavijo	UN Theme Group Chair person and UNFPA Resident Representative
Dr. Marco Urquia	Chief, HIV Department
Dra. Irma Mendoza	Secretariat of CONASIDA
H.E. Xiomara Castro de Zelaya	First Lady of Honduras: Regional Coalition of First Ladies & women leaders
Lic. Emilia Alduvin	DFID
Dr. Ernesto Magaña,	Action Aid
Dra. Licida Bautista,	COMCAVI/PEPFAR
Sra. Xiomara BU,	FORO Nacional
Sra. Marisa Martinez,	HIVOS
Sra. Gima Mungia,	Red de Mujeres Positivas
Sra. Armida Quiroz,	Red de Mujeres Positivas
Sra. Trudis Perez,	Red de Mujeres Positivas
Sra. Celeste Mejia Valladares,	COFEMUN
Sr. Hipolito Sierra –	Red Lesbica Catracha:
Sra. Indira Aguilar,	ASONAPV/SIDAH
Sr. Alex Sorto-Asociación,	ARCO IRIS
Sr. Donny Reyes,	ARCO IRIS
Sr. Alan Dunaway,	Fundación LLAVES
Sra. Rosa Dunaway,	Fundación LLAVES
Dra. Maria Tallarico,	UCC UNAIDS
Sr. Juan Ramon Gradelhy,	UNAIDS
Sra. Liliana Mejia,	M&E for HIV
Sra. Michela Polesana,	Communications Officer
Dr. Kenneth Rodriguez,	UNFPA
Dra. Karla Zepeda,	OPS
Dr. Carlos Carrera,	UNICEF
Sra. Gisella Camoriano,	UNDP
Sra. Mirna Rodriguez,	IOM
Sra. Iris Padilla,	UNIFEM
Sr. Yuri Leiva,	UN resident Coordinator Office
Sr. Roland Godoy,	WFP
Sr. Juan Ramon Gradelhy,	UNAIDS
Sra. Liliana Mejia,	M&E for HIV component of UNDAF
<a href="#">Sra Justa Suazo</a>	CCM Chairperson
Sr. Rolando Pinel,	Executive Director CCM Secretariat
Sra Gisella Camoriano,	Principal Recipient- UNDP
Sra. Joicer Ramírez,	Technician/PR – UNDP
Sra. Miriam Montenegro	

<b>Ukraine</b>	
Ani Shakarishvili	Country Coordinator, UNAIDS
Vinay Saldanha	Monitoring and Evaluation Advisor, UNAIDS
Joanna Kazana-Wisniowecka	Deputy Resident Representative, UNDP
Volodymyr Gordeyko	UNDP
Gundo Weiller	Monitoring and Evaluation Coordinator, WHO
Tatyana Tarasova	Project Officer HIV/AIDS, UNICEF
Simone Wolken	Regional Representative, UNHCR
Sergei Lavrukhin	Community Services Assistant, UNHCR
Vasil Gajdadziev	Kiev MHD Program Manager, IOM
John Stupple	Head of DFID country office
Paul Bermingham	Country Director and Chair UN Theme Group on AIDS, World Bank
Igor Oliynyk	Health Consultant, World Bank
Natalia Kozhan	Deputy Chief of Management of Health Protection, State Department of Ukraine for Enforcement of Sentences
Irina Pinchuk	State Social Services, Ministry of Family, Youth and Sport Affairs
Victoria Sanovska	Ministry of Family, Youth and Sport Affairs
Nancy Godfrey	Director of Office of Health and Social Transition, USAID
Alexander Cherkas	Project Management Specialist, USAID
Agma Prins	Senior Health and Social Sector Advisor, USAID
Claudia Fischer	EC, First Counsellor Operations Section
Sergey Polyuk	EC, Project Manager, Social Sector
Anastasia Paperna	EC, Project Manager, Health Sector
Andrey Klepikov	International HIV/AIDS Alliance, Executive Director
Paola Pavlenko	International HIV/AIDS Alliance, Director Policy and Communications
Pavel Smyrnov	International HIV/AIDS Alliance, Director Field Programmes
Olga Sidorova	Ministry of Health, Deputy Manager European Integration and International Department
Yevgeni Parubetz	Assistant on HIV, Department of Socially Dangerous Diseases, Ministry of Health
Ruken Tekes Calikusu	UN Coordination Advisor, UNDP
Francis O'Donnell	UN Resident Coordinator
Joanna Kazana-Wisniowecka	UNDP Deputy Resident Representative
Zahedul Islam	Clinton Foundation, Country Director
Gaurav Bhattacharya	Clinton Foundation, Senior Program Manager, Training
Oleg Semeryk	

Olena Gumenyuk	HPI, HIV/AIDS Deputy Director
Tetyana Bilyk	Transatlantic Partners against AIDS, Director of Programs
Maria Savchuk	IRF, Public Health Initiatives Program Director
Olga Rudneva	Elena Franchuk Foundation, Executive Director
Natalya Podlesnaya	Coalition of HIV Service Organizations
Olena Devis	Harm Reduction Association, Project Coordinator
Torsten Brezina	GTZ, Project Coordinator
Andriy Nagirnyak	CARITAS and Greek Catholic Church
Vladimir Zhovytak	Chairman of the Board, East European and Central Asian Union of PLWH Organizations
Alla Scherbynska	Head of Board, Ukrainian Center of HIV/AIDS Prevention,
Vasyl Kostrytsa	National Correspondent in Ukraine, ILO
Larysa Savchuk	Focal Point on HIV/AIDS and the World of Work, ILO
Lidia Andrushchak	Social Mobilization and Partnership Adviser, UNAIDS
Yuriy Subbotin	Operational Manager UNAIDS/DFID Project on Three Ones Principles in Ukraine, UNAIDS
Andreas Tamberg	Fund Portfolio Manager, Global Fund
<b>India</b>	
Dr. Denis Broun	Country Coordinator -UNAIDS India
Ms. Vidhya Ganesh	HIV/AIDS Section, UNICEF, India Country Office
Ms. Alka Naran	HIV section head , UNDP India
Mr. Venkatesh	Assistant country representative, UNFPA India
Mr. Gary Lewis	Theme Group Chair and UNODC Country representative
Mr. S.M.Afsar	HIV section, International Labor Organization
Mr. Reuben Samuel	Global Fund -coordinator of CCM deputed by WHO to GOI-Ministry of Health and Family Welfare
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Mr Ibrahim Atta	NACA Strategic Planning Manager
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Mrs EM Oyinloye	HIV/AIDS co-ordinator, Education
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Mr Gedado Yolde	CISHAN
Dr John Jinung	CISHAN chair and CCM vice chair
Ms Olayide Akanni	JAAIDS
Ms Funmi Doherty	SWAAN
Mr Mike Egboh	Country Rep, Pathfinder
Dr Jerome Mafeni	ENHANSE and CCM Chair
Mr Joe Odogwu	Society for Family Health (GFATM PR and SR) Mr Alberic Kacou
Mr Ayalew Abai	Representative, UNICEF (UNTG chair)
Dr Pierre Mpele	UCC
Dr Salma Burton	Deputy Representative, UNFPA
Mr Henry Damisoni	M&E UNAIDS
Dr Alti Zwandor	Programme Adviser UNAIDS
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Ms Nina Wadhwa	PEPFAR Co-ordinator US Embassy
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Jo Lofthouse	Policy Officer DFID
John Gibb	Access to medicines, DFID
Romeu Rodrigues	CETA Private Sector Coalition & CCM Chair Person
Hein Marais	Writer/Journalist/Researcher
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Jean Dupraz	Social Policy and Planning Officer UNICEF
Florabela Fernandes	Assistant Representative United Nations Population Fund (UNFPA)
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Leila Pakkala	Representative, United Nations Children's Fund
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Solomon Kagulula	Ministry of Health
Anita Mulenga	Human Resources, Ministry of Health
Bernard Munkombwe	NAC/AMICAAL
Kenneth Mwansa	AMICAALL
Justine Mwiinga	Donor Coordinator, National HIV/AIDS/STI/TB Council
Gladys Ngoma	Private Sector/Workplace, National HIV/AIDS/STI/TB Council
Joseph Ngulube	Finance Manager, National HIV/AIDS/STI/TB Council
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Edward Green	Portfolio Manager

## **ANNEX 5 DOCUMENTS REVIEWED**

### **Documents reviewed centrally for the Independent GTT Assessment (this does not include documents reviewed for country case studies)**

Boston Consulting Group (2005) "Review of functions of UNAIDS Committee of Cosponsor Organisations: Final recommendations" Report to UNAIDS CCOs

Global Task Team (2005) "Final report on improving AIDS coordination among multilateral institutions and international donors"

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Global Fund (2006) "Measuring the Paris Declaration on Aid Effectiveness" The Global Fund, Geneva

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ODI "Incentives for harmonisation and alignment in aid agencies" Working paper 248

Shakow A (2006) "Global Fund-World Bank: HIV/AIDS Programmes: Comparative Advantage Study"

Sidibe M, Ramiah I, Buse K.(2007) "Alignment, harmonisation and accountability in HIV/AIDS". The Lancet, Vol 368 pp 1853-1854

UN (2006) "Delivering as One: Report of the Secretary General High Level Panel"

UN (2007) "UN institutional workplan for the NACA 2007" (Nigeria)

UNAIDS "GIST options paper" (unpub)

UNAIDS (2005) 18<sup>th</sup> Meeting of UNAIDS PCB 27-28 June 2006 "Effective multilateral action on AIDS: Harmonised support to scaling up national responses"

UNAIDS (2005) "Implementation of GTT recommendations: update paper"

UNAIDS (2005) "Meeting with UNAIDS Co-sponsors on progress with the establishment of UNAIDS Regional Technical Support Facilities: Summary Report"

UNAIDS (2005) "Fostering country ownership and leadership: three ones workshop" Rio De Janeiro.

UNAIDS (2005) "The GTT: A pathway to implementing the Three Ones: Guidance Note"

UNAIDS (2005) “UNAIDS Technical Support Division of Labour: Summary and Rationale”

UNAIDS (2006) 19<sup>th</sup> meeting of UNAIDS PCB 27-28 June 2006 “2007-2010 Strategic Framework for UNAIDS support to country efforts to move towards universal access”

UNAIDS (2006) 19<sup>th</sup> meeting of the UNAIDS PCB, 6-8 December 2006: “Improving multilateral support to national AIDS programmes: Progress on implementation of GTT recommendations in areas of empowering national leadership and ownership and reform for a more effective multilateral response”

UNAIDS (2006) “Global Joint Problem Solving and Implementation Support Team (GIST): Note on Progress: July 2005 – June 2006”

UNAIDS (2006) 19<sup>th</sup> Meeting of UNAIDS PCB, 6-8 December 2006 “Progress in implementation and coordination of national responses: update on target setting for universal access, the Three Ones and GTT follow up”

UNAIDS (2006) 19<sup>th</sup> Meeting of UNAIDS PCB 6-8 December 2006 “Decisions, recommendations and conclusions”

UNAIDS (2006) “Mid Year Survey of the UNAIDS Country Offices”

UNAIDS (2006) UNAIDS Regional Support Team for Eastern and Southern Africa “Toolkit for establishing Joint UN Teams on AIDS with a joint UN HIV programme of support”

UNAIDS (2006) “Joint UN Team on AIDS: Status Report from Eastern and Southern Africa” PowerPoint presentation prepared by the Regional Support Team for Eastern and Southern Africa.

UNAIDS (2007) “UNAIDS at country level: supporting countries as they move towards universal access”

UNAIDS (2007) “UNAIDS: Technical Support Facilities” (one page information note)

UNAIDS (2007) AIDS Strategy and Action Plan (ASAP): Progress Report July 2006- April 2007

UNAIDS (unpub and draft) “Terms of Reference: consultant to conduct a technical needs assessment and technical support plan for HIV and AIDS in country 2007-2008”

UNAIDS/World Bank (2006) “Country Harmonisation and Alignment Tool (CHAT)-Draft Version”

UNAIDS (2007) “Update on UNDP/GF Joint Mission to Yemen 18 GIST meeting 27-3-07, Washington DC, New York and Geneva”

UNAIDS (2007) “Intensifying technical support at country level for universal access to HIV/AIDS Meeting report” (unpub)

UNAIDS (2007) Technical Support Facilities: Background Document

UNAIDS/WB/UNDP (2005) "Integrating HIV and AIDS into Poverty Reduction Strategies, Regional workshop report Johannesburg Dec 2005"

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UNAIDS/WHO/World Bank (2007) "Global Joint Problem Solving and Implementation Support Team (GIST): Notes for the record: 17<sup>th</sup> GIST meeting, 27-2-07"

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UNDP/UNFPA/UNICEF (2006) "Report on the implementation of decisions and recommendations of the PCB and the Joint UN Programme on HIV/AIDS"

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UNDG (2005) Synthesis of Resident Coordinators Annual Reports 2005 "UN country coordination: putting national priorities first"

UNDG (2006) "Enhancing effectiveness and efficiency of joint programmes: Lessons learned from a UNDG review"

UN Theme Group on AIDS, Philippines (2007) "Joint UN Programme on HIV and Migration"

World Bank (2006) "Supporting Implementation for Strategic Planning for HIV/AIDS: ASAP Business Plan 2006-2008"

## ANNEX 6 TECHNICAL SUPPORT DIVISION OF LABOUR

Technical support areas	Lead Organizations	Main Partners
<b>1. STRATEGIC PLANNING, GOVERNANCE AND FINANCIAL MANAGEMENT</b>		
HIV/AIDS, development, governance and mainstreaming, including instruments such as PRSPs, and enabling legislation, human rights and gender	UNDP	ILO, UNAIDS Secretariat, UNESCO, UNICEF, WHO, World Bank, UNFPA; UNHCR
Support to strategic, prioritized and costed national plans; financial management; human resources; capacity and infrastructure development; impact alleviation and sectoral work	World Bank	ILO, UNAIDS Secretariat, UNDP, UNESCO, UNICEF, WHO
Procurement and supply management, including training	UNICEF	UNDP, UNFPA, WHO, World Bank
HIV/AIDS workplace policy and programmes, private-sector mobilization	ILO	UNESCO, UNDP
<b>2. SCALING UP INTERVENTIONS</b>		
<b>Prevention</b>		
Prevention of HIV transmission in healthcare settings, blood safety, counselling and testing, sexually-transmitted infection diagnosis and treatment, and linkage of HIV prevention with AIDS treatment services	WHO	UNICEF, UNFPA, ILO
Provision of information and education, condom programming, prevention for young people outside schools and prevention efforts targeting vulnerable groups (except injecting drug users, prisoners and refugee populations)	UNFPA	ILO, UNAIDS Secretariat, UNESCO, UNICEF, UNODC, WHO
Prevention of mother-to-child transmission (PMTCT)	UNICEF, WHO	UNFPA, WFP
Prevention for young people in education institutions	UNESCO	ILO, UNFPA, UNICEF, WHO, WFP
Prevention of transmission of HIV among injecting drug users and in prisons	UNODC	UNDP, UNICEF, WHO, ILO
Overall policy, monitoring and coordination on prevention	UNAIDS Secretariat	All Cosponsors

<b><i>Treatment, care and support</i></b>		
Antiretroviral treatment and monitoring, prophylaxis and treatment for opportunistic infections (adults and children)	WHO	UNICEF
Care and support for people living with HIV, orphans and vulnerable children, and affected households.	UNICEF	WFP, WHO, ILO
Dietary/nutrition support	WFP	UNESCO, UNICEF, WHO
<b><i>Addressing HIV in emergency, reconstruction and security settings</i></b>		
Strengthening HIV/AIDS response in context of security, uniformed services and humanitarian crises	UNAIDS Secretariat	UNHCR, UNICEF, WFP, WHO, UNFPA
Addressing HIV among displaced populations (refugees and IDPs)	UNHCR	UNESCO, UNFPA, UNICEF, WFP, WHO, UNDP
<b>3. MONITORING AND EVALUATION, STRATEGIC INFORMATION, KNOWLEDGE SHARING AND ACCOUNTABILITY</b>		
Strategic information, knowledge sharing and accountability, coordination of national efforts, partnership building, advocacy, and monitoring and evaluation, including estimation of national prevalence and projection of demographic impact	UNAIDS Secretariat	ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO, World Bank
Establishment and implementation of surveillance for HIV, through sentinel/population-based surveys	WHO	UNAIDS Secretariat

## ANNEX 7 EXAMPLES OF GIST INTERVENTIONS

### Country Action

- Programmatic bottlenecks e.g. related to procurement and supply planning and management in Bolivia, Lesotho, Guinea Bissau; M&E in Lesotho; ensuring emergency supplies to prevent stock-outs of antiretroviral drugs in Niger; deployment of short-term technical expertise in areas such as VCT, laboratories, clinical management, youth programmes.
- Governance bottlenecks e.g. resolution of governance and management problems related to CCM and Principal Recipient functioning, relationships between CCMs and National Authorities, participation of civil society, in Guinea Bissau, Nigeria, Bolivia, Niger.
- Human capacity bottlenecks e.g. identification and placement of long-term support for laboratory strengthening in Niger; engagement of consultants to strengthen capacity in care and prevention in Nigeria.
- Management capacity bottlenecks e.g. identifying ways, through the RST, to provide management training for Eastern Caribbean states, identified as the major obstacle to achieving Global Fund grant targets.

### Global Action

- Coordination through joint missions e.g. facilitating change in the Caribbean review from a World Bank only to a multi-partner mission involving UNAIDS, Global Fund and DFID; inclusion of UNAIDS and the Global Fund in the Ukraine World Bank Quality Enhancement Review; support for a multi-partner mission involving World Bank, Global Fund, UNAIDS, UNDP, WHO and UNICEF in Guinea Bissau, which helped harmonise Global Fund and World Bank funding channels and coordination mechanisms.
- Global Fund, World Bank and UN system internal operations e.g. accelerating approval of treatment guidelines in Guinea Bissau which were on hold at WHO AFRO; securing a one-time waiver of the Global Fund requirement to hold an international bidding process for the procurement of drugs in Niger.
- Global Fund architecture e.g. highlighting the implications of relying on a Local Fund Agent (LFA) that is not present in the country for data validation processes in Lesotho, bottlenecks caused by lack of clear and specific feedback from the Global Fund to a proposal in Honduras; the need for greater flexibility with respect to timelines when a Principal Recipient needs to be changed in Bolivia.

### Case study from Honduras (GIST Lead Agency UNFPA)

PROBLEMS IDENTIFIED	GIST PROCESS/ACTION AND RESULTS
<ul style="list-style-type: none"> <li>• Honduras request, in March 2006, for renewed GIST support must be seen in the light of a 16-month process to get approval of Phase</li> </ul>	<ul style="list-style-type: none"> <li>• After two negative decisions from the Global Fund, and the need to submit the revised Phase 2 request for the third time, Honduras asked the GIST to facilitate communication with the Global Fund, in particular the TRP, to provide guidance on what needed to be addressed for the request to be acceptable, and to facilitate technical support to improve the prevention and human rights components of the proposal.</li> </ul>



<p>2 of the Global Fund grant.</p> <ul style="list-style-type: none"><li>• The delay had a severe negative impact on prevention and human rights activities and meant a massive transaction cost for all those involved in HIV/AIDS activities in the country.</li></ul>	<ul style="list-style-type: none"><li>• As there is no appropriate mechanism for direct follow-up with the TRP, the GIST set up a small team to look at the issues together with Honduran stakeholders and to provide support to review the two components with the help of outside experts and the UNAIDS Human Rights Adviser. UNFPA took the lead on this on behalf of GIST. The Global Fund Representative in the GIST team offered to be on call as and when the UN Theme Group Chair needed to discuss issues.</li><li>• Bridging funds were then agreed by the Global Fund until end July 2006, enabling Honduras to go ahead with partial implementation pending the submission and approval of a revised request.</li><li>• Following a review by outside experts with the help of the GIST, Honduras submitted a revised proposal in May which finally was approved mid-June 2006.</li></ul>
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## **ANNEX 8 JOINT UNDP, WORLD BANK, UNAIDS PRS MAINSTREAMING PROGRAMME: ZAMBIA PROGRESS REVIEW REPORT MARCH 2007**

### **Key Results**

- HIV and AIDS were mainstreamed into the FNDP (PRSP) across sectors, in addition to a separate chapter on HIV/AIDS.
- Resource allocations made by sectors for HIV/AIDS in the FNDP were increased.
- The FNDP provides an operational framework for mainstreaming HIV/AIDS into district development plans and sectors, a departure from the first Zambian PRSP (2001-5), where HIV/AIDS was treated as an 'add-on' in each sector, and decentralisation of the response was a low priority.
- The Joint Programme facilitated the alignment of the NSF, the FNDP and sector, district, and provincial development plans.
- The Joint Programme also enabled stakeholders to clarify issues within the NSF through a consultative process, and ownership of the NSF by partners has been strengthened.

### **Challenges**

- Differing interpretations among stakeholders of mainstreaming.
- Competing demands on the time of key actors also involved in other processes e.g. elections, FDNP, Vision 2030, sector, provincial and district development plans, NSF and NAC strategic plan, UNDAF.
- Shifting deadlines for the completion and launch of the FNDP.
- Developing budgeting scenarios in the FNDP and undertaking resource tracking.

### **Lessons Learned and Good Practices**

- Involvement of various stakeholders at all levels in the FNDP process, as well as the wide consultation process, has been important in facilitating broader national ownership of the process and results.
- NAC technical backstopping was instrumental in increasing understanding of the links between HIV/AIDS and poverty.
- Mainstreaming HIV/AIDS into the FNDP has created an enabling environment for the multisectoral response including increased resource allocations for HIV/AIDS by sectors in the FNDP.
- Formation of a Gender and HIV/AIDS Advisory Group to participate in FNDP development was an effective way to ensure HIV/AIDS are mainstreamed in the FNDP.
- Country Follow-Up Activities of the Joint Programme fitted into existing national mainstreaming processes including the Joint United Nations Programme of Support on AIDS, and facilitated the alignment of national planning instruments e.g. NSF, FNDP, Joint UN Programme of Support, sector plans, district and provincial plans, and annual workplans and budgets.
- Development partners are interested in the mainstreaming agenda and it was possible to leverage additional resources to finance the outputs of the Joint Programme.

### **The Way Forward**

The country team (including representatives from the NAC, Ministry of Finance and National Planning, Public Service Management Division of the Cabinet Office, Zambia Interfaith Networking Group on HIV and AIDS) identified the following Joint Programme activities to be continued in 2007:

- Supporting FNDP implementation using toolkits and guidelines to sectors and decentralised authorities.
- Preparing advocacy materials on links between poverty and HIV/AIDS.
- Holding meetings with MPs newly elected in September 2006 and traditional religious leaders, and lobbying using radio, TV, pamphlets, flyers and posters.
- Undertaking resource tracking of funds and technical assistance flowing into the country.
- Supporting capacity building of various actors in M&E to refine HIV/AIDS indicators across sectors.

## **ANNEX 9 PHILIPPINES JOINT PROGRAMME ON HIV AND MIGRATION: RESOURCE MOBILISATION AND FUND MANAGEMENT**

The total fund requirement for the Joint Programme on HIV and Migration for the 3 years is US\$2 million. Three UN agencies, UNDP, UNFPA and UNICEF have committed US\$50,000 each, while UNAIDS and the Office of the Resident Coordinator are contributing US\$10,000 and US\$11,000 respectively. The programme will begin as soon as initial pooled funds are deposited and will be scaled up as more funds are raised. Resource mobilisation efforts will be led by the RC and UNFPA, which is the designated Managing Agent, with the support of participating UN agencies and the Government of the Philippines (GOP). As funding is obtained from other non-UN organisations, a pass-through modality will be applied. Overall programmatic and financial accountability will rest with Managing Agent, with agencies managing their respective programme areas. WHO, ILO and IOM have committed to provide technical assistance.

## **ANNEX 10 HARMONISATION AND ALIGNMENT: EXAMPLES OF COUNTRY COORDINATION MECHANISMS**

**Kenya** has made progress towards the Three Ones. The NSF was developed with wide stakeholder and development partner consultation, and a single M&E system is being implemented. There is some success in bringing partners together to share information and to programme together through mechanisms which include: an HIV inter-agency coordinating committee that provides technical input to the CCM and to the NAC, and meets monthly, chaired by the NAC Director, who is also on the CCM.

**Malawi** has similarities with Kenya. All sectors are included in an HIV partnership forum, and the NAC is multisectoral, with Board members who are required to report back to their constituencies. The NAC serves as the CCM Secretariat, and has helped set up self-coordinating sector structures -- a business coalition on HIV, an umbrella forum for FBO, a forum for international NGOs and one for local NGOs, and three organisations of PLWHA. A common MOU has been signed with all key donors, and the Global Fund recently agreed to use a common financial system and grant management system, and to have a multi-donor annual review, the Aide Memoire from which will guide the response for the following year.

**Mozambique** is using a single, common set of indicators, priorities, planning documents and systems, and all donors have agreed to channel their funds through the state budget and to work within the government budget cycle. These agreements are set out in MOUs and a Code of Conduct that documents what donors have agreed to. The challenge is to further improve coordination, and ensure that the Code of Conduct is honoured and monitored.

**Madagascar's** NAC reports to the President, and manages all donor and government funds for HIV. The Joint UN Action Plan for HIV facilitates coordination by the NAC. There are provincial and commune committees for AIDS and regional coordination committees, as well as a partner forum where all HIV stakeholders meet quarterly to exchange information and coordinate activities. The NSP for AIDS is ending and being reviewed, as are sector strategic plans which need updating. AIDS is being mainstreamed into eight sectors and large donor-financed development projects. Challenges include convincing political leaders and ministries to see AIDS as important, as Madagascar still has low HIV prevalence.

**Burkina Faso's** NSF for AIDS 2006-2010 was developed using a participatory process led by the government that included donors, the private sector and civil society, and takes a multisectoral and decentralised approach. The NAC includes PLWHA and private sector representatives, and coordinates with the UNAIDS working group and M&E technical group. There are coordinating structures below central level, but a sense that decentralisation is not giving the desired results, there is excessive bureaucracy in managing finances, and too little stakeholder coordination.

**Tanzania's** review of Mkukuta (the PRS) and Public Expenditure Review (PER) involves 4 technical working groups, one of which includes HIV/AIDS, and feeds into the preparation of the next MTEF. Discussion with donors on progress in Mkukuta is also a forum for discussing progress on HIV/AIDS, including how much of donor budget support will be set aside for this. There is a specific chapter in the budget guidelines on HIV/AIDS and a line item in the budget tracking mechanisms for HIV/AIDS, which highlights what each ministry is budgeting and spending. The PER shows an increase in the government budget allocation for HIV/AIDS from \$2m in 2002 to \$35m in 2005.



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