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Enhancing results by applying the Paris Declaration at sector level:

Progress update and Lessons Learnt from Aid Effectiveness in AIDS Responses



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Aid Effectiveness in AIDS Responses

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Summary

One of the goals of UNAIDS is to increase support to national AIDS responses in accordance with the key guiding principles of coordination and harmonization as defined by the “Three Ones” principles and Global Task Team recommendations (GTT). This report outlines progress on implementing the “Three Ones” and GTT recommendations within the context of international efforts towards aid effectiveness and UN Reform.

Progress on the “Three Ones” principles

One agreed AIDS action framework that provides the basis for coordinating the work of all partners. Most high- and some low-prevalence countries have developed an AIDS action framework. In most countries, however, further considerable work is needed to ensure that the framework is evidence-based and has an annual priority action plan and budget. Development partners are increasingly providing support through pooled funding arrangements based on a good national strategic framework. This report cites Malawi, Uganda and Mozambique as examples where this has effectively taken place.

Increasingly, countries are utilizing the AIDS action frameworks to support their national development planning processes. These frameworks are being considered within wider discussions of funding mechanisms, including the call of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) for a validation process to facilitate the use of AIDS action plans as the basis for funding.

One national AIDS coordinating authority, with a broad-based multisectoral mandate. Many countries have established a national AIDS coordinating authority; usually it is a stand-alone institution with a governance body and secretariat. In low-prevalence countries, the coordination function may be situated within the ministry of health. The establishment of additional coordination mechanisms, such as the Global Fund’s Country Coordinating Mechanisms (CCMs), pose a challenge in some countries. However, a number of countries have streamlined coordination to suit their national context.

Processes for enhancing the multisectoral nature of the AIDS response and promoting greater inclusiveness in countries are beginning to have impact on national coordination. Ukraine and Burundi provide positive examples of the effective involvement of civil society organizations leading to improved quality and effectiveness of national responses.

One agreed country level monitoring and evaluation (M&E) system. Although the quality of monitoring and evaluation data has improved, the use of one reporting system by all stakeholders and partners remains the weakest link in implementation of the “Three Ones” principles. Recently developed national AIDS strategic frameworks include an M&E framework produced by more inclusive joint Technical Working Groups on M&E. Significant achievements on joint national indicators have been attained through such initiatives. Ensuring that all partners report to the joint system and that it becomes the sole and exclusive data source for all international partners has proved difficult.

Experiences by the AIDS Strategy and Action Plans service (ASAP) of the World Bank in providing technical support underscore the importance of adequately analysed high-quality data. This information serves as the basis for good national frameworks with

the prioritized action plans that are needed to increase impact. While technical support is important, it is clear that national commitment, leadership and ownership are crucial to achieving the desired results.

Support to the integration of AIDS into national development planning has seen more participation of AIDS practitioners and civil society organisations and representatives in the relevant processes at national level. Their contributions to planning processes have resulted in improved analyses and better strategy development on HIV in Poverty Reduction Strategy Papers and other interventions.

There has been a shift in donor practices following global commitments on aid effectiveness as shown by a number of good examples in this report. However, most countries still struggle to coordinate multiple donors, projects and processes, and have been unable to convince international partners to align to national procedures and processes. Improved coherence is needed to change the current practice of individual UN agencies funding projects—as opposed to a coordinated joint approach.

Global Task Team (GTT) recommendations for greater coordination

The GTT recommendations build on the “Three Ones” principles and are also a translation of the commitments of the Paris Declaration aimed at enabling improved support to national AIDS responses.

The establishment of joint UN teams and programmes on AIDS aims to improve the UN’s internal coordination and thereby improve support to national responses through increased efficiency and effectiveness at country level. There has been demonstrable progress for example in the establishment of joint teams in Ukraine, Mozambique, and Vietnam. Joint programmes of support aim to increase the impact of the UN at country level by ensuring that the UN provides coordinated, aligned and prioritized support to national responses. The development of joint UN programmes on AIDS is within the context of UN reform. Programme reviews of wider UN planning processes where AIDS is regarded as a joint priority serve as a basis for a joint UN programme. This report cites Zambia, India and Algeria as best-practice of this.

The UN Technical Support Division of Labour has in most countries been adapted to the national context as part of the process of establishing the joint UN team on AIDS. Some agencies have changed their staffing mix in relation to the division of labour. Accountability of the UN system for its technical support has improved as a result. Mozambique and Vietnam show how the joint UN team on AIDS can be used to develop effective operational structures that ensure accountability and improve UN system effectiveness.

The Country Harmonization and Alignment Tool (CHAT) was developed to strengthen partnerships in supporting the national AIDS response. It was used in Congo and Ukraine to gauge the actions and perceptions of partners in relation to the response. In Zambia and Kenya, the CHAT was integrated into the multi-stakeholder meetings of the annual joint review processes.

Joint reviews of national AIDS responses

Many countries have conducted joint reviews of their programmes or sectors. These reviews are usually inclusive of all stakeholders and focus on all interventions and funding related to the programme.

National AIDS strategic frameworks are implemented in partnership with public-sector agencies, civil society, and other stakeholders. Closer analysis of implementation patterns is a necessary step in ensuring inclusion of all stakeholders—including, especially, people living with HIV. Use of the CHAT is essential in focusing on the partnership processes. The Kenyan sixth annual joint review, conducted in 2007, was expanded to decentralized levels and the results obtained were used for reprogramming at these levels. In Benin, while all partners participate in the joint review process, individual agency missions or reviews have continued to occur.

Lessons learnt

- **Country ownership, through strong national systems and support from partners, leads to effective and sustained national responses.**
- **Meaningful engagement and participation of civil society in planning and implementation, strengthens the results of national AIDS responses.**
- **Prioritized national AIDS frameworks with costed operational plans facilitate greater donor alignment.**
- **The Technical Support Division of Labour is a successful model for improving coordination and harmonization of UN technical support to the AIDS response.**
- **Initiatives to improve UN and international partner organizational cultures, systems and structures, highlight the importance of incentives in facilitating a joint approach at country level.**
- **Joint Programme Reviews are essential in monitoring progress of country strategic plans towards nationally set Universal Access targets.**
- **Accountability mechanisms are an essential element of an effectively functioning Joint UN Team on AIDS.**
- **In complex multi-partner environments, use of the Country Harmonization and Alignment Tool has shown that developing a shared comprehensive view on harmonization and alignment can support dialogue to address existing bottlenecks.**

1. Introduction and Background

Recent years have seen a large increase in the financial resources available to the global AIDS response, and an increase in the numbers of institutions and mechanisms involved in directing financial and technical support to countries. While the extra resources are welcome and necessary if the ambitious targets of Universal Access and the Millennium Development Goals are to be reached, the resultant crowded and complex arena has made it imperative to achieve better coordination, harmonization and alignment between actors and programmes in the global and also national AIDS responses.

The Paris Declaration on Aid Effectiveness represents international donor and multilateral commitment to reforming the ways in which they deliver and manage aid. In the context of AIDS; international recognition of the necessity to use resources, and coordinate partnerships, more effectively has led to the development of a number of pioneering initiatives that are based on the principles of the Paris Declaration. Some of these initiatives have been led by UNAIDS in conjunction with country partners and include the “Three Ones” principles, the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT) and follow-up actions to these principles and international commitments. The UNAIDS-supported consultations at country level on Universal Access with subsequent development of country targets, have established the overall goals for the AIDS response.

This report presents a brief synopsis on the progress made towards implementation at country level of the “Three Ones” principles, GTT, and other UNAIDS-sponsored initiatives that support the application of the Paris Declaration. It will identify lessons learnt, and best practice examples, to inform Round Table 8 discussions on “enhancing results by applying the Paris Declaration at sector level” within the forthcoming meeting on aid effectiveness in Accra in September 2008. The lessons learnt will also be relevant to the health sector or other sectors seeking to improve the effectiveness of external aid.

2. Three Ones Principles: Country-Level Implementation

A set of guiding principles known as the “Three Ones” Principles (the “Three Ones”) was developed in 2003 and endorsed in 2004 by donor countries, host countries, bilateral and multilateral institutions and international nongovernmental organizations at the Consultation on Harmonization of International AIDS Funding in Washington, DC, United States. Briefly, the “Three Ones” aim to improve the coordination and effectiveness of national AIDS responses through:

- one agreed AIDS action framework that provides the basis for coordinating the work of all partners;
- one national AIDS coordinating authority, with a broad-based multisectoral mandate; and
- one agreed country level monitoring and evaluation system.

Development partners need to improve the harmonization of policies and procedures with those of the partner country, and coordinate activities through country-based mechanisms recognized by all stakeholders. As the “Three Ones” represent a “translation” of the Paris Declaration principles into the AIDS arena, and into country-specific objectives, it will be valuable to briefly consider progress and lessons from each of the “Ones” in turn.

2.1 Country-level progress in implementing “One National Action Framework”

The actions that country partners must take to plan and implement effective national AIDS responses are well defined. Countries should have in place a multisectoral, inclusive, and prioritized strategic framework and a costed action plan developed with relevant evidence on the national epidemic, as well as comprehensive policies to support effective action against HIV. UNAIDS country office reports made in 2007 from 86 countries indicate strong progress in developing national action frameworks, and increasing progress in costing and implementing the plans.

- Of the 86 reporting countries 85 have a multisectoral national action framework which guides implementation and informs inputs of all partners.
- 66% of these frameworks include national targets towards the international goals of Universal Access.
- 59% of countries have costed their plans.
- 52% of countries had translated the frameworks into operational plans or annual action plans.

A high number of plans are in place but implementation rates are low. For example, a high percentage of countries have plans to address populations most at risk from HIV but fewer than half have implemented prevention services for injecting drug users, men who have sex with men, or sex workers in all or most districts in need¹.

¹ UN General Assembly 2008 “Declaration of commitment on HIV/AIDS and political declaration on HIV/AIDS: midway to the Millennium Development Goals”

To enable donor and agency partners to align their support with national plans and to reduce the burden of separate application and monitoring processes, it is crucial that national action frameworks are sufficiently robust and ensure national resources are deployed with the greatest likelihood of achieving beneficial outcomes towards Millennium Development Goals and Universal Access targets.

According to the 2007 UNAIDS country office reports, about half of countries have translated their national strategic plans into one to two year operational or action plans. This proportion is increasing among countries that have been revising their national plans since 2006. The complexity of incorporating a comprehensive set of prioritized and costed activities, to be implemented by multiple actors at different levels, spelling out technical support and research needs, into a single monitorable national plan must be acknowledged. It requires National AIDS Authorities to establish intensive interaction with civil society implementers, various key sectors and, increasingly, with decentralized levels of government, within a limited timeframe—their quality remains variable. Additionally, the experience is that, to strengthen implementation, the operational plans need to integrate (or at least refer to) the stand-alone work-plans of Global Fund grants and of international implementing partners.

Where countries have been successful in developing a robust national action framework, as in **Malawi, Uganda and Mozambique**, development partners are increasingly providing support through pooled funding arrangements. Box 1 details a good example from Malawi where a number of development partners have agreed to support the single national AIDS strategy.

Malawi Case Study: Multisectoral, multipartner national strategies

Malawi's first national AIDS strategy, the National Strategic Framework for HIV/AIDS, ran from 2000 to 2004. It has been followed by the National HIV/AIDS Action Framework (2005–2009, extended to 2011). These two national planning documents were enhanced by the development of the HIV/AIDS Strategic Management Framework, which describes the management and implementation processes put in place to achieve the national objectives outlined in the strategic plans. The Strategic Management Framework (2003–2008) provides a common understanding of the expected results, outputs, impacts, performance measurement and reporting mechanisms to be followed by key stakeholders in Malawi engaged in supporting HIV/AIDS related activities, including the Government of Malawi, the National AIDS Commission Board of Commissioners and Secretariat, as well as development partners, other public sector organizations, private sector and civil society organizations.

A number of donors have agreed to pool funds in support of Malawi's national AIDS strategy. In 2003, key development partners signed a Memorandum of Understanding with the Government of Malawi (Ministry of Finance), which outlines the responsibilities and accountability mechanisms for each partner. Development partners also indicated their multi-year commitments to support the Strategic Management Framework, up to 2008. The national AIDS strategy was made operational through the development of Annual Implementation Plans, which are fully costed work plans that were developed based on programme needs identified by the National AIDS Commission's different stakeholders, including public sector, civil society, organizations of people living with HIV, private businesses, nongovernmental organizations and faith-based organizations. These implementation plans are reviewed twice yearly by a large group of national stakeholders, with the reviews contributing to priority setting for the implementation plan for the following year. Funding disbursements to the pooled fund are made on the basis of this six-monthly review process, where both programme and financing results are assessed.

Source: DFID Health Resource Centre 2007 "Implementation of the Malawi HIV and AIDS National Strategic Management Plan(2003-2008) and the Malawi National Action Framework (2005-2009)

The Country Coordinating Mechanism in Mozambique has contributed to harmonization and alignment in health and HIV through its recent integration into the health-care Sector Wide Approach (SWAp) and the multisectoral HIV/AIDS SWAp, and adhering to systems for coordination, management and monitoring that were set up under the leadership of the government of Mozambique. This makes the Country Coordinating Mechanism in Mozambique an example for Mechanisms in other countries and is an indication of the commitment by its members to harmonization and alignment.

Validation of National AIDS frameworks

For the benefits of a single national AIDS framework to be fully realized and donors, agencies and technical support providers to be fully aligned, there is a need for the plan to be accepted—or validated—by all partners. There are currently ongoing efforts to provide an effective mechanism for validating national AIDS frameworks, also in response to a decision of the Global Fund board in future to accept proposals for funding of national strategies. The establishment of the International Health Partnership and associated initiatives (IHP+) represent another important opportunity to make tangible country-level progress against the principles of the Paris Declaration and the “Three Ones”, focused on the health sector. Indeed, at the IHP+ workshop in Lusaka in March 2008, it was proposed that partners should focus on joint work in support to national strategies and systems in order to move away from fragmented and parallel systems.

2.2 Country Progress implementing “One National AIDS Authority”

The “Three Ones” principles sanction the centrality of the National AIDS Authority (often the National AIDS Commission - NAC) as the overarching coordinating body and policy leader of the multisectoral national AIDS response. National AIDS Commissions are usually stand-alone institutions, independent of a government ministry, comprising a governance body (the Board) and an operational body (the Secretariat). In some countries, especially where HIV prevalence is low, the coordination of the AIDS response is situated within a government ministry, usually the Ministry of Health.

Significant progress has been made in establishing National AIDS Commissions. The 2007 UNAIDS country office reports show that 94% of 83 countries now have National AIDS Coordinating Authorities. Of these 90% are recognized as the “One Authority” by all partners and 87% have multisectoral boards.

Despite their widespread presence, the institutional model of the National AIDS Commission which has been adopted in most countries has not been without difficulties. These include:

- lack of clarity and/or acceptance of the extent of their mandate
- leverage over key ministries especially the Ministry of Health
- confusion over roles and responsibilities
- clarity on the legal status of the Commission within the established public-service structure.

Uncertainties in these areas have been reported as undermining some Commissions’ capacities to lead the development of national plans of action and coordinate other ministries

and sub-national entities and effectively implement the multisectoral responses². In some countries the result of weaknesses or confusions about Commissions has been an increase in the influence of other coordinating entities such as the Global Fund Country Coordinating Mechanism (CCM) outside of the National AIDS Commission structure. A recent appraisal of National AIDS Commissions in the Asia Pacific region observed that in the four countries examined (Indonesia, Vietnam, Cambodia and Thailand) “effective coordination of the national response” is more likely to be the result of a convergence of a number of existing and influential coordinating processes and mechanisms that, taken together, contribute towards the expression of One National Coordinating Authority, and its effectiveness³.

Nevertheless, in all regions there are emerging efforts by the National AIDS Commissions to streamline coordination efforts that will underline the leadership role of the Commissions. In other contexts, National AIDS Commissions have aligned the Country Coordinating Mechanisms within existing coordinating structures. This has been the case in several countries, amongst others Uganda, Tanzania, Mozambique, Moldova and Cambodia.⁴ However, there are challenges to National AIDS Commissions’ leadership—even when they encourage significant input from, especially, donor entities such as the Country Coordinating Mechanism, the President’s Emergency Fund for AIDS relief (PEPFAR) etc—where procedural and operational requirements are set and provide clear conditionalities for funding.

Empowering civil society to participate in policy and planning processes

In many countries, communities were the first to mobilize in the response to AIDS; their initiatives often laid the foundations on which official national responses were developed. A declaration signed at the Paris AIDS Summit in 1994 committed 42 countries to “fully involve people living with HIV/AIDS in the formulation and implementation of public policies” (the GIPA principle). Subsequently the GIPA principle was reinforced through the UNGASS Declaration of 2001 and adopted by UNAIDS. The strategic change in responses to HIV from “top-down” to more “bottom-up” approaches resulting from adoption and implementation of the GIPA principle has progressed; although “bottom-up” approaches have yet to become the norm in all efforts to contain and reverse the epidemic, there has been a clear movement towards acceptance of this approach.

UNDP, as a cosponsor of UNAIDS has delivered a large-scale *Leadership for Results* programme for people living with HIV in South Asia. Leadership workshops in India enabled people living with HIV to interact with senior National AIDS Control Organization (NACO) staff members and resulted in an open letter from NACO to all State AIDS Control Organizations (SACOs) requesting them to involve people living with HIV in more meaningful ways, including representation in decision making bodies of SACOs such as Governing Bodies or Executive Committees⁵.

² HLSP 2007 “A synthesis of institutional arrangements of National AIDS Commissions in seven African countries” and HLSP Institute (2006) “Roles and responsibilities of National AIDS Commissions: Debates and Issues”

³ “Leadership and Coordination of Responses to HIV: An appraisal of National AIDS Commissions in Asia/Pacific – Chankam, C and Plange, Nii-K (unpub) study, 2007.

⁴ Timmermans N (unpub) “The impact of the Country Coordinating Mechanism on harmonization and alignment in the health sector and multisectoral response to HIV/AIDS in Mozambique”

⁵ UNDP (2004) “From Involvement to Empowerment: People Living with HIV/AIDS in Asia Pacific”

The need to strengthen the meaningful involvement of civil society in the planning, strategy development and coordinating processes, and give civil society an effective voice in decision making, has been long-recognized as fundamental to national AIDS responses (as well as other government-led planning processes) and is considered an essential component of the “Three Ones”. To help address this, through providing guidance on good practice and effective mechanisms for improvement, international civil society partners⁶ with support from UNAIDS have recently produced a practical toolkit and guidance for use at country level to help ensure that civil society is meaningfully included in planning and governance structures.

Civil Society engagement improving the quality and effectiveness of the AIDS response in Ukraine and Burundi

Ukrainian civil society organizations led the successful national effort to advocate that the Government of Ukraine support the implementation of substitution therapy, including methadone. The approval of the importation of methadone by the Government in December 2007, with the expected availability of methadone in 2008, allows scale-up substitution therapy for Injecting Drug Users—a proven intervention to help prevent the transmission of HIV and to promote adherence to antiretroviral therapy among opioid addicted patients with advanced HIV.

The increased involvement of civil society organizations in the AIDS response in Burundi has, in addition to their involvement in the development and monitoring of the national AIDS strategies, led to improved implementation results in a number of areas. For example, more than half of the centres for confidential voluntary counselling and testing are based in church-related institutions. Also, a strong partnership between the public sector and the network of people living with AIDS has improved treatment and care for patients, including counselling services in the public sector clinics, subsidising treatment by the network of treatment costs and various training activities for the public sector staff. Finally, the Burundese AIDS alliance coordinates planning of over 300 organizations that are primarily active in prevention at the local level.

2.3 Country Progress in implementing “One National Monitoring & Evaluation Framework”

Country-level information gained from UNGASS national reports, and 2007 UNAIDS country-office reports, indicate that increased resources and technical support in recent years has improved the quality of national monitoring and evaluation systems, with most countries reporting the existence of a dedicated Monitoring and Evaluation (M&E) units, with secured funding and support for capacity development. UNAIDS has 47 M&E advisors in place at country level, and deployment of more is planned.

The new generation of national AIDS strategic frameworks more often include an M&E plan (66% in 2007 UNAIDS country office reports from 85 countries), developed and implemented by a joint Technical Working Group on M&E, including stakeholders including from civil society (85%—service providers as well as associations of people living with HIV),

⁶ ICASO, International HIV/AIDS Alliance, AfriCASO, Coordinating with Communities
<http://www.icaso.org/guidelines.html#cwc> or http://www.aidsalliance.org/custom_asp/publications/view.asp?publication_id=248&language=en7

donors (81%), public sector agencies (97%), etc. These joint efforts lead to the harmonization and reduction of number of indicators for reporting.

For example, following donor agreements to harmonize and streamline, it has been possible in **Guyana** to reduce reporting to a common set of 50 indicators from the 191 indicators previously required. In **Kenya**, national partners have made attempts to link to the national monitoring and evaluation system by using similar indicators and reporting to the National AIDS Coordination Council. This linkage, however, is not strong especially if organizations are not funded by the National AIDS Coordination Council.

The development of a single viable M&E system with all partners reporting remains the weakest link in the implementation of the “Three Ones” at country level. Almost all National AIDS Commissions are reporting the need to strengthen capacity in strategic information management. This also an indication of the weakness of information collection and management within national health systems. Where M&E systems are in place key challenges include the provision of mechanisms to ensure that all partners report to the single system and the reluctance of partners to report to and use the national system in place of their own. **Zambia** for example has developed its M&E system but lacks a mechanism to ensure partner reporting; other countries in the same category include **Mali**, **Gambia**, and **Kenya**.

3. Country Implementation of the Global Task Team Recommendations

The commitment to harmonizing and aligning responses and systems in the AIDS response was significantly moved forward in 2005 through a series of UNAIDS-led meetings which discussed the “Three Ones in Action”. An important outcome of these meetings was the establishment of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT). The GTT report, published in June 2005, recognized that the international community had to do more to effectively promote coordination and harmonization and alignment, both within the context of the “Three Ones” principles and UN Reform, and also within broader development frameworks such as the OECD/DAC Paris Declaration on Aid Effectiveness.

The GTT report made recommendations in four areas.

1. Empowering national leadership and ownership.
2. Harmonization and alignment.
3. Reform for a more effective multilateral response.
4. Accountability and oversight.

The progress in implementing the GTT recommendations was independently assessed⁷ over a six-month period in 2007. The assessment reviewed progress with implementation in two key areas: (a) technical support provision to the national AIDS response as brokered by the UN (including the Global Implementation Support Team – GIST; the AIDS Strategy Action Planning service (ASAP); and the Joint AIDS in PRSP Programme); and (b) harmonization and alignment of international partners.

3.1 Empowering national leadership and ownership

Assisting countries in developing robust AIDS Strategy and Action Plans (ASAP)

As outlined above, many countries have faced challenges in designing credible, prioritized costed and evidence-informed national AIDS strategies and action plans. Responding to these challenges with enhanced technical support has been one of the key outcomes of the GTT recommendations. Led by the World Bank on behalf of the Joint Programme, ASAP has now delivered demand-led support to over 40 countries. The key lessons learnt from ASAP’s first two years of operations, are as follows⁸.

Availability and use of epidemiological and surveillance data—strategies must be built upon reliable data. Where data exist they need to be used. Where data are lacking they need to be collected. A strategic response requires a good understanding of the drivers of the epidemic and elements of the local environment.

⁷ HLSP (2007) “An independent assessment of progress on the implementation of the GTT recommendations in support of national responses”

⁸ <http://www.worldbank.org/asap>

Prioritization—for a strategy to achieve a real impact, it needs to reflect a manageable and affordable number of high priority results which it aims to achieve—based on a good understanding of the epidemic and of the achievements and challenges of the earlier national response.

Government ownership—strong involvement of the national AIDS coordinating body is key in the development of a national strategic plan and national action plan; selecting and adopting priorities, for instance, is a task that cannot be delegated to consultants.

Coordination—ASAP support is most useful when it is well-focused and is additional to the support and capacity strengthening efforts of other partners.

Support to the integration of national action frameworks with national development plans and Poverty Reduction Strategy Papers

The integration of AIDS in National Development Plans/Poverty Reduction Strategy Papers (PRSPs) is important to ensure that AIDS receives due attention as a development challenge, and that AIDS priorities are adequately integrated in (cross-) sector strategies and budgeted for accordingly in line with national AIDS strategies. The 2007 UNAIDS country office reports show that of 70 low- and middle-income countries with Poverty Reduction Strategy Papers or National Development Plans, 21 included costing of AIDS strategies and priorities; this proportion is higher in African countries with high HIV prevalence .

In follow-up to one of the GTT recommendations, UNDP, the World Bank and UNAIDS have set up a joint programme to support efforts to integrate AIDS into Poverty Reduction Strategy Papers. Since its inception in mid 2005, it has worked with 25 countries of which 20 in Africa. While there is broad diversity in the country contexts, progress has been noted at each step of the development and implementation of Poverty Reduction Strategy Papers, including but not limited to⁹:

- improved participation of National AIDS Commissions and civil society organizations in Poverty Reduction Strategy Papers formulation and implementation (**Kenya, Mali, Rwanda, Senegal, Tanzania** and **Zambia**);
- strengthened analysis of the linkages between AIDS and other development challenges such as poverty, gender and migration (**Mali, Rwanda, Zanzibar** and **Zambia**);
- improved integration of AIDS in new Poverty Reduction Strategy Papers (**Mali, Rwanda, Tanzania (Zanzibar)** and **Zambia**);
- support to Poverty Reduction Strategy Paper implementation through the integration of AIDS in sector and district plans and budgets (**Burkina Faso, Ghana, Kenya, Rwanda, Tanzania, Uganda** and **Zambia**);
- enhanced alignment of donor planning with the AIDS content of the Poverty Reduction Strategy Papers (**Rwanda, Tanzania** and **Zambia**).

UNDP, the World Bank and UNAIDS are currently working on the development of generic guidelines on integrating AIDS in Poverty Reduction Strategy Paper processes based on the experiences under this joint programme.

⁹ http://www.undp.org/hiv/docs/alldocs/joint_programme_round_1_review.pdf

Rwanda successfully integrates AIDS in its new national poverty reduction strategy

Rwanda's new poverty reduction strategy is being cited as a 'best practice' example of how to link the AIDS response with national development planning.

The new strategy—the Economic Development and Poverty Reduction Strategy (EDPRS)—recognizes the close links between AIDS and other development challenges, and aims to strengthen national responses to both. It was developed through a participatory process involving people across all sectors as well as national policymakers, district-level government offices and civil society. As a result, there is a widespread sense of national commitment to making the strategy work.

Government planners, advised by the National AIDS Authority, assisted each sector to integrate appropriate HIV- and AIDS-related actions into their programmes. Support and guidance were provided by the Joint UNDP, World Bank and UNAIDS Programme on Strengthening Capacity for Integrating AIDS in Poverty Reduction Strategies (Joint Programme). While the Economic Development and Poverty Reduction Strategy is being rolled out nationwide, Rwanda has documented their experience as a country case study which has been shared with the 24 other countries participating in the joint AIDS in Poverty Reduction Strategy Paper programme.

www.cnls.gov.rw/pdf/EDPRS08.pdf

3.2 Harmonization and alignment: Bilateral Donors

While there is some evidence of a shift in donor practice towards greater harmonization and alignment, progress against the targets of the Paris Declaration and allied AIDS commitments around the “Three Ones” is slow, and some significant actors appear to be still missing opportunities for more fully participating in these processes.

There is still considerable lack of coherence between global commitments and country-level actions of some bilateral donors, which hinder progress towards UN system harmonization and alignment. Some bi-laterals fund Joint UN Programmes on AIDS whilst others (sometimes the same donor) continue to fund individual UN agencies at country level, reinforcing separate working arrangements and diminishing efforts to promote harmonization and alignment among UN agencies. Though there have been many declarations and statements, many institutions are accountable for narrow, attributable impact or fund tracking (to their board, parliament, or similar) and do not have any internal incentive or accountability structure for improved harmonization and alignment. Without these internal incentives (or with continued “perverse” incentives) progress will continue to be problematic.

Country partners report patchy progress towards implementing 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 agreement to the principles of harmonization, to taking action on applying those principles. The Country Harmonization and Alignment Tool (CHAT), one of the recommendations of the GTT report and reported below under 3.4, aims to assess the quality of national engagement and international support to the national AIDS response, as a basis for dialogue on improving the partnerships around the response.

3.3 Reform for a more effective multilateral response

The Formation of Joint UN Teams on AIDS and Joint UN Programmes aim to improve harmonization and alignment of UN AIDS responses through enabling the UN to speak and act “as one team” and to reinforce alignment with national planning cycles. These efforts demonstrate the UN’s capacity to improve its own internal coordination and thereby improve its support to the national response through increased efficiency and effectiveness.

Significant progress has been made with the establishment of 89 Joint UN Teams on AIDS at country level by the end of 2007¹⁰. Joint Teams are promoting dialogue and coordination, and enabling the UN to speak and act as “one” on AIDS issues. A good example is in **Ukraine** on the issue of substitution therapy.

But at country level there has been slower progress in the development of the Joint Programmes of Support on AIDS. These have been easier to develop where AIDS is already articulated in frameworks such as the UNDAF, Poverty Reduction Strategy Papers or other national development frameworks. Fifty-six countries reported have developed a joint programme of support. There is evidence that joint programmes are aligned with national plans and coordinated with other actors in **Mozambique, Algeria, Zambia** and **India**.

AIDS funding is the main pillar of support of the UNDAF in **Zambia** as the epidemic has had an impact on all of the Millennium Development Goals. The programme of support was therefore developed through a series of joint stocktaking and planning exercises that grew out of the UN country team’s larger strategic planning exercises such as the common country assessment (CCA), and United Nations Development Assistance Framework (UNDAF). Although AIDS was recognized as the most serious development challenge, it had not previously been addressed in these strategic documents. The opportunity to make a stronger commitment to AIDS came when renewal of the national development plan coincided with renewal of the national AIDS strategic plan. The Zambia UN country team decided that CCA would be discontinued and all efforts were focused on supporting the development of the two national plans. The result was the joint UN programme of support on AIDS 2007–2011, which supports Zambia’s AIDS Strategic Framework 2006–2010, through Outcome 1 of the UNDAF 2007–2010—“the multisectoral response to AIDS at national, provincial and district level scaled up by 2010”.

Guidance to the establishment of Joint Teams and Programmes included the following steps that need to be taken to successfully form the joint team:

- adapt the Division of Labour to the country context;
- identify and nominate Joint Team members;
- develop the Joint Programme results matrix;
- develop the Joint Programme annual work plan;
- establish appropriate financial mechanisms; and
- establish reporting systems

¹⁰ Information from UNAIDS “Joint teams and programmes summary, February 2008”

In Eastern and Southern Africa, in countries where there are very large Joint Teams, Technical Support Leaders have been identified and designated, and structure and management arrangements for the Joint Team have been determined¹¹.

From the countries that have successfully taken these steps in Eastern and Southern Africa, four key lessons have emerged.

1. Having a Joint Team with effective working mechanisms and clear accountability is essential for the development of a Joint Programme.
2. The Joint Team needs purpose: it is difficult for teams to work simply on existing agency programmes; the Joint Programme gives the team purpose, direction and cohesion.
3. The process of establishing the Joint Team and developing the Joint Programme is almost as important as the Joint Programme itself, in the first instance.
4. Establishing the Joint Team and developing the Joint Programme is a change process: it needs explicit change management

There is also evidence of the use of Joint Teams on AIDS experience in the UN reform pilot countries. This underscores the lessons to be learnt from the GTT implementation for the UN reform effort. A recent report on **Mozambique's** progress in working as "one UN" specifically mentions that: "all UNDAF pillars will use the experiences of the UN team on AIDS to strengthen their coordination mechanisms within the UNDAF pillars"¹²

"The experience and model of the UN Joint Team on HIV has served to facilitate the establishment of joint management and programming processes as part of the UN reform initiative in **Vietnam**—particularly newly established inter agency Programme Coordination Groups for other priority thematic areas" (UNAIDS Informant).

Notwithstanding positive progress made in establishing Joint UN Teams on AIDS and developing Joint Programmes of Support, a number of challenges have been identified including:

- ensuring adherence to the technical support Division of Labour;
- lack of technical expertise and resources within agencies;
- clarifying the role of the Joint Team on AIDS vis-à-vis other existing country and UN AIDS-focused coordination mechanisms;
- accountability of Joint Team members towards team results;
- moving from agency planning to joint programming and implementation;
- ensuring positive incentives for joint working for country level staff, while removing existing incentives that encourage working with governments on individual agency mandates.

¹¹ Peter Godwin, "Lessons learned in establishing joint UN teams with one programme of support on AIDS" (regional support team East and Southern Africa), January 2008

¹² UN (2007) "Stocktaking report on the One UN Initiative UN country team in Mozambique"

Coordination of technical support: UN system division of labour

The division of labour for technical support, based on the comparative advantages of UNAIDS, is a major step forward in improving coordination, transparency and coherence to the field of UN technical support provision. The UN Technical Support Division of Labour aims to ensure coherence among UNAIDS Cosponsors and the UNAIDS Secretariat for the provision of technical support. It assigns a Lead Organization and Main Partners in 17 identified areas of technical support. The Lead Organization provides the entry point for national partners responsible for brokering the provision of technical support, for which quality it is also accountable.

The division of labour has served as a model for better harmonization and alignment more widely. For example the European Union Code of Conduct on Complementarity and Division of Labour in Development Policy (Council of the EU¹³), aims to enhance aid effectiveness and reduce transaction costs through a division of labour between member state donors. The Code of Conduct adopts the model of a Lead Donor in charge of all donor coordination in the sector, with the objective that partner countries are faced with a structured donor set-up. The recent regional preparatory meeting in Kigali on applying the Paris Declaration at sector level reaffirms the need for a division of labour, to define the role of different sector donors at country level and to select a Lead Donor¹⁴.

The division of labour also represents a major advance in work to improve UN accountability. AIDS is spearheading the process but there are wider implications for the 'One UN' and how it strengthens individual accountability within the joint team, for Agencies with joint programmes, and mutually with government, civil society and development partners. The lessons of implementation and impact are clearly wider than the AIDS response and the cosponsors, and can serve as an important influence on how the 'One UN' concept can be effectively delivered.

3.4 Accountability and oversight

Implementation of the Country Harmonization and Alignment Tool (CHAT): an instrument for mutual accountability

UNAIDS and the World Bank have recently developed the Country Harmonization and Alignment Tool (CHAT) as requested in the GTT recommendations on accountability, and building on the commitment to improve partnerships around the "Three Ones" at country level. The CHAT assesses partner engagement in four key areas for a harmonized response:

- (i) national AIDS coordinating authorities and national strategic frameworks;
- (ii) monitoring and evaluation;
- (iii) finances; and

¹³ Council of the European Union 2007 "EU Code of Conduct on Complementarity and Division of Labour in Development Policy, Council of Europe, May 2007"

¹⁴ PowerPoint Presentation from the Third High Level Forum on Aid Effectiveness April 2008 "Regional Preparatory Meeting, Kigali: Key Messages from Session 5: Enhancing results by applying the Paris Declaration at sector level"

- (iv) administration, support, coordination and communications—the aim of the tool is to bring transparency to assessing the *quality* of national engagement and international support to the national AIDS response; in doing so it brokers a dialogue on how to close the gap between the rhetoric and the reality on the harmonization and alignment of support. Greater transparency in this area is a key requirement of improved accountability and performance¹⁵.

The CHAT process and areas of assessment found in the National Partners Assessment and International Partners Assessment are designed to address the key areas shown in the OECD/DAC Aid Effectiveness Pyramid.

- CHAT looks at **country-owned and country-led** processes, such as the national AIDS coordinating authority, responsible for setting the agenda.
- The Tool helps uncover the extent to which international donors (as well as national partners) are **aligned with the national AIDS response**, including whether they are using the national agenda, framework/plans and management/administrative systems.
- CHAT provides useful information about whether international donors are **harmonized among themselves and with the national AIDS coordinating authority** to establish common funding and accountability arrangements, simplify their procedures and openly share information about their approaches. Also, CHAT helps reveal if key national stakeholders are fully aware of and engaged with the same systems.
- Finally, the process maintains an overall focus among both national and international partners on **ensuring improved results** and provides a strong basis for national processes of **mutual accountability for performance** in the national AIDS response, and for the first time, provides a tool for use in the national review process to shed light on this.

Findings from country use of the CHAT

After an initial piloting phase, the Tool was finalized in 2007 and has since been used in seven countries for a range of different purposes. For example, the **Democratic Republic of the Congo** expanded the original pilot and used the Tool to assess the quality of the partnerships involved in the decentralized AIDS response. **Zambia** integrated CHAT as a component of its annual joint AIDS programme review that took place in April–May 2007. In **Kenya**, CHAT was also linked to the joint annual programme review and was used to systematically monitor progress towards increased harmonization and alignment among partners in the national AIDS response. CHAT-generated information was then integrated into multi-stakeholder discussions linked to the review of the Kenya National HIV/AIDS Strategic Plan from 2005–2006 to 2009–2010. In **Ukraine**, CHAT served as the reference tool to inform the methodology for the donor coordination component of the 2007–2008 comprehensive external evaluation of national AIDS response in Ukraine.

¹⁵ Overseas Development Institute. Scaling up the HIV/AIDS response: from alignment and Harmonization to mutual accountability. London: ODI, 2006. http://www.odi.org.uk/publications/briefing/bp_aug06_hivscalingup.pdf

4. Joint Reviews of National AIDS responses

Joint Reviews of national AIDS responses, conducted by country-development partners and other stakeholders together can be an effective way of enhancing mutual accountability for the national response, consolidating national leadership and coordination of the response, and can pinpoint duplicative programmes areas. The Joint Review can assess whether results on the national AIDS response are in line with targets set concerning national goals towards Universal Access. Broadly the objectives of Joint Reviews are:

- to assess and appraise the status of country responses in terms of their adequacy, relevance, effectiveness and efficiency against targets and indicators spelt out in the National Strategic Frameworks or Plans and/or Action Plans; and
- to inform reprogramming and/or planning and resource mobilization for the next cycle.

Building on OECD guidance for conducting Joint programme reviews, UNAIDS is leading on producing guidelines for National AIDS Authorities and their partners for the execution of effective Joint Reviews of the national AIDS response. The Country Harmonization and Alignment Tool is designed to be used as part of that process—to assess the quality of partner engagement, and broker a dialogue focused on improving harmonization and alignment. Country experience has shown that use of the CHAT is most effective in this context.

Kenya's experience of using the Joint Review to assess progress against the national strategic framework has evolved over several years, and now appears to be contributing to reprogramming the results framework at different levels.

Kenya: experience of expanding coverage in Joint Reviews of the National AIDS Response

In 2007 Kenya undertook its sixth consecutive Joint Review of the National AIDS Response. It is probably the country with the most extensive experience in building its capacity and methodology of assessing the AIDS response in a systematic and continuous way. Starting in 2002, the process has become more and more inclusive. Under the umbrella of the "Three Ones", this process was expanded in 2007 to include all 71 districts and all nine regions involving multisectoral stakeholders and civil society organizations. Each district underwent a review and the experiences were synthesized at regional level. District and regional level participation was assured in the national review meeting. In 2007, the entire process from district reviews to the central level lasted for two-and-a-half months culminating in a two-day national workshop.

The Review findings and recommendations are immediately linked to reprogramming the results frameworks at different levels. The annual exercise is linked with the national programming and budget cycle.

Challenges remain in the capacity to re-programme and use new evidence-based scientific developments to address the dynamics of a complex and changing epidemic. Equally, the voice and participation of vulnerable and most-at-risk groups needs to be strengthened.

Source: Office of the President-NACP, 2007, Report of the Joint HIV and AIDS Programme Review August 2007

From recent regional analysis carried out by the UNAIDS and UNDP regional teams supporting West and Central Africa, Benin carried out participatory Joint Reviews of the national strategic framework in 2002 and 2005 with international partners using the outcome of these reviews for their own purposes. However, separate project reviews (e.g. The World Bank, Global Fund, USAID and CIDA) and multiple individual or joint partner field missions continue. The Joint Review process has not reduced the demand for separate reviews and missions (yet?).

5. Summary of lessons learnt

FOR THE 5 PRINCIPLES OF THE PARIS DECLARATION

FROM THE APPLICATION OF HARMONIZATION AND ALIGNMENT INITIATIVES IN THE AIDS RESPONSE

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| Country ownership | <p>Country ownership through strong national systems and support from partners leads to effective and sustained national responses as examples from Malawi, Mozambique and other countries show. The impact on achieving these results from all actors: government, national stakeholders and international partners, including Country Coordinating Mechanisms, is clear.</p> <p>Meaningful engagement of civil society in the planning process and in implementation strengthens the results of national AIDS responses. In most countries, civil society organizations represent both service users, and the majority of service providers in the multisectoral response. Effective engagement in strategy formulation, monitoring and decision making of resource allocation is essential for an effective multisectoral response.</p> |
| Alignment | <p>More robust and prioritized National AIDS Frameworks with costed operational plans can facilitate greater donor alignment. A high percentage of countries have National AIDS Frameworks in place, but few are costed and prioritized and donors are reluctant to base their support on these plans. Country capacity for developing robust plans remains severely limited. Donor partners need to strengthen their role in supporting country capacity initiatives to develop robust plans.</p> <p>Examples of alignment are found mainly in countries with strong ownership and good strategies and systems. From international partners' side including the UN, critical success factors often identified are focused around personal attributes of country-level staff. These include: interpersonal skills, strong vision on joint working, ability and willingness to "troubleshoot" at country level; recognition of the need for participatory 'team-building' processes for change, shared responsibilities and common understanding; strong working relationships between the different representatives; and clear, unambiguous support from UN Heads of agencies or Chiefs of international development partner country offices for staff members to commit staff time and resources for joint results.</p> |
| Harmonization | <p>The Technical Support Division of Labour has proved to be a successful model for improving coordination and harmonization of UN technical support to the AIDS response. There is widespread agreement among donors and UNAIDS Cosponsors that the Division of Labour is a major step forward and there is broad support for the roles assigned to the UN agencies involved in supporting country AIDS responses. It serves as a model for the "One UN" as are the experience of country level joint team working and programmes, as well as for other Division of Labour efforts, such as that of the European Union.</p> <p>Initiatives to improve UN and international partner organizational cultures, systems and structures highlight the importance of incentives for joint working at country level. The necessary change of behaviour is slow; interventions need to be undertaken to speed it up. The setting up of joint UN teams on AIDS is one of such interventions that build on previous UN experience with UN theme groups and technical working groups.</p> |

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| <p>Managing for Results</p> | <p>Joint Programme Reviews are essential in monitoring progress of country strategic plans towards nationally set Universal Access targets. Use of the Country Harmonization and Alignment Tool underscores the importance of these reviews as a regular and systematic way of assessing national AIDS responses and its achievements.</p> |
| <p>Mutual Accountability</p> | <p><i>Experience with accountability for joint working on AIDS at country level in the UN, indicates the importance of the joint team approach.</i> Individual team members as agents from the present UN agencies need to be formally assigned to the Joint Team, and their responsibility towards the team will be included in their job profiles as well as performance evaluations. Ensuring that agencies and individuals are accountable against indicators of harmonization and alignment is essential for progress.</p> <p>In a complex multi-partner environment, the Country Harmonization and Alignment Tool has shown that developing a shared comprehensive view on harmonization and alignment can support dialogue to address existing obstacles. This experience indicates that the usefulness of having this view is only as good as the process by which it is implemented. Addressing identified unhelpful partner behaviour and improve the weaknesses in the partnerships around national responses, for instance in a joint review process, will make it more than a diagnostic tool.</p> |



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