

## PROGRAMME COORDINATING BOARD

Seventeenth meeting  
Geneva, 27-29 June 2005

*Provisional agenda item 2:*

### **Report of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors**

#### **Executive summary**

Leaders from donor and developing-country governments, civil society, UN agencies, and other multinational and international institutions met on 9 March 2005 to review the global response to AIDS with the theme, "Making the Money Work: The Three Ones in Action."

The Global Task Team was created at this meeting, to make recommendations on:

- Options for further coordination, particularly within the multilateral system, to resolve areas of duplication and gap in the global response to AIDS; and
- 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.

The Global Task Team was composed of representatives from 24 countries and institutions, including governments of developing and developed countries, civil society, regional bodies and multilateral institutions. The Global Task Team's work was facilitated by three Working Groups, in which 41 stakeholders participated.

The Global Task Team recognized that strengthening coordination, alignment and harmonization, in the context of the "Three Ones" principles, UN reform, the Millennium Development Goals, and the OECD/DAC Paris Declaration on Aid Effectiveness, is essential for rapid scale-up of the response to AIDS. It therefore developed a set of recommendations that aim to accelerate and improve the effectiveness of the response to AIDS, in the following areas:

1. Empowering inclusive national leadership and ownership
2. Alignment and harmonization
3. Reform for a more effective multilateral response
4. Accountability and oversight

#### **Action required at this meeting**

The Programme Coordinating Board is requested to:

- i. Endorse the complete set of recommendations contained in the 13 June final report of the Global Task Team;
- ii. Request UNAIDS Cosponsors and Secretariat to implement the Global Task Team recommendations – within the specified timeframes – that relate directly to the work of the Joint Programme.



# **Global Task Team**

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on Improving AIDS Coordination Among Multilateral Institutions and International Donors

**Final Report**

**14 June 2005**

## Acknowledgements

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The Co-Chairs of the Global Task Team would like to thank all the individuals, governments and organizations who dedicated a substantial amount of time and effort during the rapid Global Task Team process. We would like to make particular note of the leading roles played by the Working Group Co-Chairs – Jonathan Brown of the World Bank, Mark Dybul of the United States Government, Mariângela Galvão Simão of the Brazilian Government, Jim Kim of the World Health Organization, Maurice Fezeu of the Cameroon Government and Bernhard Schwartländer of the Global Fund to Fight AIDS, Tuberculosis and Malaria – in ensuring the quality of recommendations in their areas of responsibility, and the important role of Working Group Coordinator played by Norway’s Sigrun Møgedal, who brought continuity and clarity to the entire process. This result also would not have been possible without the strong support provided by Fritz Lherisson, Toby Kasper, Chris Fontaine and Elizabeth Nyamayaro of the Global Task Team Secretariat established within the offices of the UNAIDS Secretariat.

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## Executive Summary

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The Global Task Team recognizes that the world must do more to effectively tackle AIDS in the years to come. Strengthening coordination, alignment and harmonization, in the context of the “Three Ones” principles, UN reform, the Millennium Development Goals, and the OECD/DAC Paris Declaration on Aid Effectiveness, is essential for rapid scale-up of the AIDS response.

National ownership of plans and priorities is the overarching rubric that efforts to harmonize and align must support and under which coordination efforts should occur. Within this rubric, the Global Task Team has focused primarily on ways UN system organizations and the Global Fund to Fight AIDS, Tuberculosis and Malaria can rapidly improve the alignment and quality of their support to national AIDS responses, make money currently available work for people infected and affected by HIV, and ultimately support the scale-up of prevention and treatment programmes.

The recommendations are presented under four main headings:

1. Empowering inclusive national leadership and ownership
2. Alignment and harmonization
3. Reform for a more effective multilateral response
4. Accountability and oversight.

The first set of recommendations addresses countries, out of recognition that actions by countries are the grounds on which multilateral institutions and international partners should align and harmonize. Better coordination and harmonization among multilateral institutions will mean little unless countries themselves demonstrate leadership and ownership over the response to AIDS. In this context the term “country” refers to a broad-based partnership of national stakeholders, encompassing government, civil society (including people living with and affected by HIV), the private sector, academic institutions, and others. Similarly, the last set of recommendations returns to countries, to highlight the pivotal role that they have in ensuring the accountability both of multilateral institutions and international partners, and of the full range of stakeholders at country level. In these discussions of leadership, ownership, accountability, and oversight, the role of civil society must be central, as it brings unique skills, experiences, and perspectives to the response to AIDS.

The analytical work of the Global Task Team takes a broader perspective, encompassing a wide range of stakeholders in the fight against AIDS. The full set of “multilateral institutions and international partners” (i.e., multilateral organizations, the bilateral agencies of governments, foundations, and international nongovernmental organizations, private sector companies and academic institutions) is included, out of a recognition that it is not possible to understand the challenges that must be addressed without taking a holistic view of the situation. Moreover, the recommendations are framed in such a way that international partners beyond the multilateral system can participate in implementation.

Making a difference on the ground has placed the emphasis of the Global Task Team’s efforts on country-level solutions. However, global and regional forums play important roles, both in the implementation of the Global Task Team’s recommendations and the wider support of national AIDS responses. Regional groupings in particular were identified as important players for rapid endorsement and implementation of the recommendations, as well as monitoring impact and follow up.

It is also important to recognize that each country is unique. Institutional capacities, needs, and progress in implementing the “Three Ones” principles differ considerably between countries, and so a response must be tailored to country realities. This is particularly important in so-called “fragile” states, which pose considerable additional challenges.

These recommendations will inform the Global Fund Replenishment Conference, and will be considered for endorsement and implementation by the governing bodies of relevant multilateral institutions.

## **Summary of recommendations**

The full text of the recommendations, including accountable institutions and timelines, can be found in the concluding section of this report. Below are the main areas in which recommendations were made.

1. National mechanisms that drive implementation and provide a basis for the alignment of external support.
2. Macroeconomic policies that support the response to AIDS.
3. Alignment of external support to national strategies, policies, systems, cycles, and plans.
4. Approaches to progressively shift from project to programme financing, and harmonization of programming, financing, and reporting.
5. Closer UN coordination on AIDS at country level.
6. UN system-Global Fund problem-solving mechanisms at global level.
7. Clarification of the division of labour among multilateral institutions.
8. Increased financing for technical support.
9. Country assessments of the performance of multilateral institutions, international partners and national stakeholders.
10. Strengthening of country monitoring and evaluation mechanisms and structures that facilitate oversight.



## Context and Challenges

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### Process

Leaders from governments, civil society, UN agencies, and other multinational and international institutions met on 9 March 2005 to review the global response to AIDS with the theme, “Making the Money Work: The Three Ones in Action”. Participants renewed their commitment to stronger and more effective support to national AIDS responses, and took new steps in implementing the “Three Ones” principles for the coordination of national AIDS responses. Among these steps was a decision to create a Global Task Team to make recommendations on:

- Options for further coordination, particularly within the multilateral system, to resolve areas of duplication and gap in the global response to AIDS; and
- 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.

The Global Task Team is composed of representatives from 24 countries and institutions, including governments of developing and developed countries, civil society, regional bodies and multilateral institutions. It is chaired by Lennarth Hjelmåker, Sweden’s Special Ambassador on HIV/AIDS, and Michel Sidibe, UNAIDS Director of Country and Regional Support. The first meeting was held 19-20 May 2005 in Geneva, and the second meeting was held 3 June 2005 in New York City.

The Global Task Team’s work was facilitated by three Working Groups, in which 41 stakeholders<sup>1</sup> participated. Each of the Working Groups met twice, once in preparation for the first Global Task Team meeting, once after receiving feedback from it.

### Context, principles and vision, and scope

#### A. Context

The discussions of the Global Task Team are situated within a number of different contexts that shape the recommendations. Some of these contextual factors are AIDS-specific, whereas others originate in the broader realms of development cooperation and UN reform.

#### The urgency of AIDS

The fast-moving world of the international response to AIDS is one important factor. The AIDS pandemic is increasingly recognized to be one of the most serious threats to global stability and progress. Adult HIV prevalence has reached 40% in parts of Southern Africa, and the virus is spreading rapidly in a number of regions, from West and Central Africa to Eastern Europe, from China and India to Latin American and the Caribbean, with nearly 40 million people currently infected and more than 3 million people dying annually. The impact of AIDS is also magnified because the disease primarily kills adults, particularly young adults, who drive economic growth and raise the next generation of society.

In the past several years, financing for prevention, care and support, and treatment activities in developing countries has increased by an order of magnitude, in particular through the arrival of the

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<sup>1</sup> In Global Task Team documents, the term “stakeholders” refers to the large number of groups, organizations, governments and individuals who are providers and/or beneficiaries of the AIDS response at global, regional, national and/or sub-national level. For example, national stakeholders include government, civil society (including nongovernmental organizations, community-based organizations, faith-based organizations, and people living with HIV), the private sector and others.

Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the expansion of the World Bank's Multi-Country HIV/AIDS Program for Africa (MAP) and the US President's Emergency Plan for AIDS Relief (PEPFAR). The findings of the Global Task Team are explicitly to be considered in the context of discussions on the ongoing financing for one of these, via the Global Fund's replenishment mechanism.

Governments across the world committed themselves to accelerating their responses to the epidemic at the 2001 United Nations General Assembly Special Session on HIV/AIDS (UNGASS). Simultaneously, antiretroviral therapy has been shown to work in resource-poor settings, and a consensus is emerging that the international community should commit to striving for universal access to treatment and prevention services.

However, not all has gone smoothly in the efforts to support AIDS activities. Many developing countries are being expected to dramatically increase their expenditure in a very short period of time, often seriously challenging national capacities to deliver services to communities. The result has been that a substantial amount of available resources are not being utilized. A major goal of the Global Task Team has been the development of recommendations for actions that will put the money currently available to work.

A recent innovation in the approaches by international partners to support national AIDS responses is the demand-driven model of the Global Fund. But even the Global Fund approach has created problems in a number of countries, where there is dissonance between the national AIDS coordinating authority and the Country Coordinating Mechanism, the Global Fund-specific body that develops and submits funding proposals and oversees progress during grant implementation.

This situation was a major part of the rationale for the development of the "Three Ones" principles on coordination of national AIDS responses. These principles – one national AIDS coordinating authority, one national AIDS action framework, and one monitoring and evaluation system – are an important cornerstone for the work of the Global Task Team, as are the principles agreed upon in that process (such as the importance of inclusive and participatory forms of national ownership, and the need for mutual accountability)<sup>2</sup>. The Global Task Team has taken the "Three Ones" as a given and has sought to identify concrete steps that can help operationalize these principles – progress that a number of groups have indicated is an important prerequisite for them to continue to invest heavily in the response to AIDS.

### **The broader developmental context**

Several ongoing, broader processes provide important context for the AIDS-specific work of the Global Task Team. First, the Millennium Development Goals (MDGs) have provided a joint vision for the international community's effort on development through to the year 2015. AIDS has an important place in the MDGs, both as a goal with a specific target on the reduction of the spread of the disease, and as a factor that influences the attainment of five of the other seven goals.

Second, the UN system has embarked on an ambitious programme of reform. The UN Secretary-General has led efforts to improve the efficiency and effectiveness of the UN in providing support to countries<sup>3</sup>. The urgency of the AIDS epidemic has created an entry point for accelerating UN reform on this specific issue, but the Global Task Team's approach must be informed by the broader work going on to streamline the UN system.

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<sup>2</sup> See the "Three Ones" key principles, *Clearing the common ground for the "Three Ones" and Commitment to principles for concerted AIDS action at country level* documents, available at <http://www.unaids.org/en/about+unaids/what+is+unaids/unaids+at+country+level/the+three+ones.asp>

<sup>3</sup> See the recent report by the Secretary-General, "In Larger Freedom: Towards Development, Security and Human Rights for All," [www.un.org/largerfreedom](http://www.un.org/largerfreedom).

Third, the international community has already engaged in considerable efforts to streamline, harmonize, and strengthen the development cooperation field. The most recent advance on this front is the March 2005 Paris Declaration on Aid Effectiveness<sup>4</sup> of the Organisation for Economic Cooperation and Development (OECD) Development Assistance Committee (DAC), which is the culmination of several years of earlier work and commitments (e.g., Rome 2003; Marrakesh 2004), and which links to broader efforts to improve the effectiveness of the international community's commitment to development (e.g., the 2002 Monterrey Consensus of the International Conference on Financing for Development). As with the other processes, the agreements reached in these other forums serve as the foundation for the Global Task Team's work, rather than points to be renegotiated.

As it developed its recommendations, the Global Task Team strove to balance between the exceptional response required by the urgency of the AIDS epidemic and the need to ensure that efforts on AIDS were a part of a country's broader development agenda. Throughout, emphasis was placed on ensuring that rapid AIDS responses contribute to developing sustainable longer-term capacity and to integrating AIDS action into broader development strategies. The Global Task Team also sought to identify ways in which the urgency of the AIDS epidemic could fit within the reform efforts described above.

## ***B. Principles and vision***

The primacy of national ownership of plans and priorities is the overarching rubric that efforts to harmonize and align<sup>5</sup> must support and under which coordination efforts should occur. This principle of ownership requires planning, programming, monitoring and evaluation to be led by national stakeholders. Ownership is grounded in the fact that national partners are accountable to their own societies for the services they provide.

In this context "national" – or "country", as used at points below<sup>6</sup> – refers to a broad-based partnership, encompassing government, civil society (including people living with and affected by HIV), the private sector, academic institutions, and others.

National governments have a central leadership role, and elected bodies have a unique accountability to the people (and therefore play a unique role in providing democratic oversight). Other national stakeholders also have distinctive vantage points and comparative advantages. People living with HIV, communities affected by the epidemic, and marginalized groups particularly vulnerable to HIV infection all have special roles to play by bringing their experiences into the process of developing national priorities and policies, and actively participating in the provision of services. Civil society more broadly brings distinct skills and perspectives to the response to AIDS, and is an often under-appreciated driver of positive change. Any discussion of national ownership must include the role of civil society.

However, progress towards realizing this vision of national ownership has been uneven, hindering progress towards realization of the "Three Ones" principles. Genuinely broad-based national ownership is constrained, at least in some settings, by mutual mistrust between government and civil society. Joint action from all stakeholders is required to overcome this tension and replace it with critical dialogue and mutual respect.

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<sup>4</sup> See [www.aidharmonization.org](http://www.aidharmonization.org).

<sup>5</sup> Throughout the discussion, the definitions of "harmonize" and "align" adopted in the context of aid effectiveness have been used. Harmonization thus refers to efforts to streamline and coordinate approaches between multilateral institutions, whereas alignment refers to efforts to bring the policies, procedures, systems, and cycles of the multilateral actors into line with those of the country being supported.

<sup>6</sup> In some contexts, a regional response may be more appropriate than a purely national one. For reasons of clarity and concision, this has not been systematically noted below, but should be considered an important principle throughout.

In this context, it is important to recognize that each country is unique. Institutional capacities, needs, and progress in implementing the “Three Ones” differ considerably between countries, and so a response must be tailored to country realities. This is particularly important in so-called “fragile” states, which pose considerable additional challenges.

Multilateral institutions and international partners<sup>7</sup>, in turn, must be accountable for supporting nationally-owned plans and policies that have been developed in participatory manner including civil society and other key national stakeholders, as well as national procedures, systems, and cycles. Once these are in place (and meet certain standards), the support provided by the external partners must align with the national approaches, rather than being provided in a parallel way that simply to suit the needs of the partner. Such an approach is critical to developing sustainable capacity at country level. Further, multilateral institutions and international partners should support efforts to ensure that their own activities are included in national plans.

Neither of the above principles is applied in much of the world. Therefore, the Global Task Team discussions and recommendations were situated in the context of a vision that would redress this:

**Challenge for countries:** To secure ownership by developing capacity to identify problems, set priorities, and establish accountable systems to enable the rapid scaling up of a multisectoral response to AIDS.

**Challenge for multilateral institutions and international partners:** To be accountable for providing support to national plans, policies, procedures, systems, and cycles, including through aligning with them and harmonizing with each other.

One common theme is the importance of moving from rhetoric to reality. Coordination, alignment, and harmonization are not ends in themselves, but rather means to achieve results on the ground. The Global Task Team has therefore focused on identifying bottlenecks that impede rapid expansion of services for AIDS, and then suggesting problem-solving mechanisms and other solutions that can rapidly work to unblock them.

Making a difference on the ground has placed the emphasis of the Global Task Team’s efforts on country-level solutions. However, global and regional forums play important roles, both in the implementation of the Global Task Team’s recommendations and the wider support of national AIDS responses. Regional groupings in particular were identified as important players for rapid endorsement and implementation of the recommendations, as well as monitoring impact and follow up.

Another major theme was the identification of low capacities and insufficient human resources as major barriers to rapidly and sustainably scaling up the response to AIDS in low- and middle-income countries. The reasons for this are complex and vary considerably from country to country, including migration (i.e., “brain drain”), shifts from public to private/nongovernmental sectors (e.g., as a result of poor terms of service in the public sector and/or the introduction of new initiatives that have attracted staff to the private/nongovernmental sector), inadequate utilization (e.g., trained staff unable to be employed due to constraints on the public sector wage bill), and outright loss of staff (e.g., due to HIV-related morbidity and mortality).

This capacity crisis emphasizes the delicate balance that must be struck between the need to rapidly scale up AIDS interventions to respond to the urgency of the epidemic, and the need to promote longer-term sustainability and capacity-building.

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<sup>7</sup> The term “multilateral institutions and international partners” includes UN system organizations, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), the bilateral agencies of governments, foundations, and international nongovernmental organizations, private sector companies and academic institutions.

### C. Scope

The recommendations focus mostly on multilateral institutions, to reflect the desire of the 9 March 2005 meeting participants to concentrate, in this time-limited process, on a set of recommendations around which consensus can be reached and so have an immediate impact on the response to AIDS. However, the first set of recommendations addresses countries, out of recognition that actions by countries are the grounds on which multilateral institutions and international partners should align and harmonize. Better coordination and harmonization among multilateral institutions will mean little unless countries themselves demonstrate leadership and ownership over the response to AIDS. Similarly, the last set of recommendations returns to countries, to highlight the pivotal role that they have in ensuring the accountability both of multilateral institutions and international partners, and of the full range of stakeholders at country level. In these discussions of leadership, ownership, accountability, and oversight, the role of civil society must be central, as it brings unique skills, experiences, and perspectives to the response to AIDS.

The analysis below takes a broader perspective, encompassing a wide range of stakeholders in the response to AIDS. The full set of “multilateral institutions and international partners” (i.e., multilateral organizations, the bilateral agencies of governments, foundations, and international nongovernmental organizations, private sector companies and academic institutions) is included, out of a recognition that it is not possible to understand the challenges that must be addressed without taking a holistic view of the situation. Moreover, the recommendations are framed in such a way that international partners beyond the multilateral system can participate in implementation.

In addition to being actors in their own rights, developed nations do have one additional important role vis-à-vis the multilateral system: they sit on the boards of the multilateral institutions. In this context, it is important that developed nations take a coherent position at various boards, as this will accelerate the adoption and implementation of the Global Task Team recommendations.

### Challenges to be addressed

The recommendations of the Global Task Team were developed in response to challenges to scaling up prevention, care and support, and treatment services. Four broad types of challenges were identified:

1. Challenges to inclusive national leadership and ownership
2. Challenges to the alignment and harmonization of multilateral institutions and international partners
3. Challenges to the effectiveness of the multilateral response
4. Challenges to accountability and oversight.

#### A. *Challenges to inclusive national leadership and ownership*

Considerable progress has been made in building national leadership and ownership in the response to AIDS. Increasing numbers of political leaders are voicing their support for efforts to tackle the disease, while nearly every country has produced a national AIDS strategy.

However, considerable challenges remain. Relatively few of the existing national AIDS strategies meet the requirements of one national AIDS action framework, as defined within the “Three Ones”<sup>8</sup>. For example, only a limited number are robustly evidence-based and supported by costed annual priority AIDS action plans that delineate a clear division of labour between stakeholders. As a result, the increased financing available has often not been able to be rapidly utilized, as time-consuming efforts are needed to determine who does what, when, and where.

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<sup>8</sup> See the “Three Ones” key principles.

Further, only a limited number of countries have gone through a thorough process of identifying the technical support<sup>9</sup> needed to scale up their programmes to meet targets such as the Millennium Development Goals and the “3 by 5” Initiative for the rapid scale-up of antiretroviral treatment. Too often monitoring and evaluation are seen as add-ons, appended to plans by specialists rather than integral parts of the broader planning and accountability processes. Human resource capacity constraints – a widely-recognized impediment to scaling up AIDS responses – are often not sufficiently assessed and costed.

Progress in mainstreaming AIDS interventions in social sectors other than health has been uneven. Even in relation to health, as efforts to reach universal access to treatment accelerate, the integration of AIDS services within existing health-care infrastructures has become more pressing and the problems of parallel delivery more obvious, underscoring the need to create linkages early in the planning process.

The absence of internationally-agreed standards and criteria for these efforts has also hampered the abilities of countries to carry out self-assessments and thereby better understand areas in which they could do more.

Additionally, links between AIDS activities and broader development frameworks are often underdeveloped. For example, Poverty Reduction Strategies rarely include rigorous analyses of the consequences of AIDS, and AIDS plans are often similarly unconnected to macroeconomic frameworks. The latter has caused problems in some countries when public expenditure constraints limit social-sector spending and the wage bill, restricting the ability of governments to rapidly add staff to deliver services essential to an effective AIDS response. The support and policy guidance that multilateral institutions (such as the World Bank, the International Monetary Fund, and the United Nations Development Programme) have provided to countries on macroeconomic issues has not always been adequately informed by the challenge posed by AIDS.

The process of leading the response has not always been inclusive, resulting in the mutual mistrust between government and civil society, as noted in the previous section. This mistrust often manifests in the process of developing plans, with civil society (particularly people living with HIV) and the private sector insufficiently involved in too many countries. Planning processes that are not inclusive run the risk of leading to poorly implemented programmes, as the considerable comparative advantages of civil society and the private sector are less likely to be appropriately utilized.

## ***B. Challenges to the alignment and harmonization of multilateral institutions and international partners***

As noted above, considerable efforts have been under way in recent years to improve the harmonization of multilateral institutions and international partners, and their alignment with national approaches. However, despite these efforts, analysis carried out by OECD/DAC and others reveals that much more remains to be done to reduce the burden imposed on countries receiving support, as they continue to be forced to transact separately with multiple uncoordinated multilateral institutions and international partners<sup>10</sup>.

Specifically around AIDS, progress has been made in ensuring that multilateral institutions and international partners align their support with priorities identified by national stakeholders. However, many external partners still require countries to prepare discrete project proposals rather than simply

<sup>9</sup> The term “technical support” encompasses short-term technical assistance, longer-term capacity building, and south-south and horizontal cooperation.

<sup>10</sup> See, for example, OECD/DAC “Survey on Harmonisation and Alignment,” available at [http://www.oecd.org/document/61/0,2340,en\\_2649\\_15577209\\_31659517\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/61/0,2340,en_2649_15577209_31659517_1_1_1_1,00.html) and the World Bank, “World Development Report 2004: Making Services Work for Poor People,” available at <http://econ.worldbank.org/wdr2004>.

accepting existing national documents, and in some cases impose their project cycles on the country, rather than being responsive to the cycles of a country<sup>11</sup>.

Further, while some countries are seeking to move towards having a single national review of the AIDS programme, this is not always supported by multilateral institutions and international partners.

The OECD/DAC work on harmonization has led to agreement that increased use of programme modalities for the delivery of aid can improve its effectiveness<sup>12</sup>. However, recent international initiatives on AIDS have tended to more heavily utilize a project approach. While a project modality may in some cases be useful for rapidly initiating activities, it is likely to militate against longer-term sustainability by entrenching the vertical nature of the response to AIDS, cordoning it off from broader developmental efforts in a manner that is ultimately counterproductive (i.e., taking the exceptionalism of AIDS noted above one step too far).

While shifting to programme-based support would be a more comprehensive way to address a host of harmonization-related challenges, there are a number of discrete problems caused by the current lack of harmonization that could be tackled separately. The process of drawing up the fiduciary arrangements for a particular project still tends to be a primary bilateral affair between a single external partner and a country. In some cases, other partners are involved in the discussions, but all too often, new assessments of financial management and procurement systems are required even if similar assessments have recently been carried out for the national AIDS programme or other partners. This parallel approach to assessments places an undue burden on countries that are already struggling to devote sufficient capacity to the delivery of services.

Similarly, although there is little disagreement with the idea that an implementer should only have to produce a single report that would be accepted by all partners, the current situation is far from this. Instead, countries often have to produce separate financial and programmatic reports for each external supporter. Further, the timing and periodicity of the reports may not be determined by the country.

The use of separate implementation channels is another challenge. In some countries external financing for AIDS will flow through multiple entities in an uncoordinated manner. This may result in the establishment of discrete project implementation units within one government body, or in one external partner routing its resources through a national AIDS coordinating authority while another uses a ministry of health, without there being any coordination between the two.

Harmonization and alignment of the procurement and supply management policies and procedures of multilateral institutions and international partners has also proven difficult. An existing initiative by the World Bank and the World Health Organization – in collaboration with the Global Fund, UNAIDS, UNICEF, the United States Government and the French Government – is aimed at building local capacity in procurement and supply management, although further efforts will clearly be needed to ensure that this is translated into effective oversight.

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<sup>11</sup> See, for example, "Updated Discussion Paper on the Core Business Model of a Mature Global Fund," available at <http://www.theglobalfund.org/en/about/board/ninth/boardmeetingdocs/>.

<sup>12</sup> The OECD/DAC uses the following definition of a programme-based approach: "A way of engaging in development co-operation based on the principle of co-ordinated support for a locally owned programme of development, such as a national poverty reduction strategy, a sector programme, a thematic programme or a programme of a specific organisation." Programme-based approaches have the following features:

- "- Leadership by the host country or organisation.

- "- A single comprehensive programme and budget framework.

- "- A formalised process for donor co-ordination and harmonisation of donor procedures for reporting, budgeting, financial management and procurement.

- "- Efforts to increase the use of local systems for programme design and implementation, financial management, monitoring and evaluation."

OECD/DAC, "Harmonising Donor Practices for Effective Aid Delivery", Volume 2, preliminary edition, p. 33, available at [http://www.oecd.org/document/22/0,2340,en\\_2649\\_3236398\\_34600534\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/22/0,2340,en_2649_3236398_34600534_1_1_1_1,00.html)

Financing options in a programme-based approach include coordinated parallel financing and pooled funding.

Finally, information is not systematically shared by multilateral institutions and international partners. The failure to share information between partners about planned missions and reports produced leads to duplications and lessens the ability to build synergies between financing efforts. As discussed below, the lack of sharing information with national authorities is also problematic.

### ***C. Challenges to the effectiveness of the multilateral response***

There are a number of interrelated challenges facing the multilateral response:

1. Challenges to the functioning of the UN system at country level
2. Challenges to the division of labour among the UNAIDS Cosponsors and the Global Fund, and the ability of the multilateral system at global level to respond to immediate problems at country level
3. Challenges to the financing of technical support.

#### **UN system coherence and coordination**

The UN system's response to AIDS at country level is, at the moment, unevenly coordinated, despite the existence of the Joint United Nations Programme on HIV/AIDS (UNAIDS)<sup>13</sup>. In many countries, the UN Theme Group on HIV/AIDS has not succeeded in establishing a truly joint programme that includes the AIDS activities of all UNAIDS Cosponsors. Recent guidance on the establishment of UN Implementation Support Plans, which build on UN Development Assistance Frameworks to harmonize Cosponsor activities around national AIDS planning, has improved joint UN planning. However, true joint programming has still only been established in a handful of countries. National partners therefore tend to engage Cosponsors separately, rather than access a common entry point to the full range of AIDS-related services available throughout UN system. A particular challenge has been the relationship between the UN Resident Coordinator, the Chair of the UN Theme Group, and the UNAIDS Country Coordinator. On paper<sup>14</sup> the three have complementary roles and responsibilities for the coordination of a joint UN response, but in practice these roles and responsibilities are sometimes confused, leaving partners unsure as to who is the leader of UNAIDS at country level. Stronger mechanisms are needed, as well as more systematic sharing of good practices on UN coordination. As discussed below, the country-level picture is complicated by a lack of clarity at global and country level on the division of labour between the different UN agencies. Taken together, these issues have reduced the effectiveness of the UN's support to countries.

#### **Division of labour and problem-solving**

Despite previous efforts, there is not complete clarity on the division of labour among the UNAIDS Cosponsors. Confusion at global level in turn plays out at country level, as both countries and UN agencies are not clear on who should be taking the lead on which activities, diminishing the possibilities of holding anyone accountable. For example, a country seeking technical support on prevention education for youth might end up talking to four Cosponsors.

The UNAIDS Unified Budget and Workplan (UBW) was established as a common fund for the global and regional AIDS activities of the UNAIDS Cosponsors and Secretariat, and therefore a primary mechanism for coordination. However, the UBW currently only covers a fraction of the AIDS-related expenditures of some of the Cosponsors, lessening its effectiveness in this regard.

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<sup>13</sup> The terms "Joint UN Programme on HIV/AIDS" and "UNAIDS" refer to the collaborative work of the ten UNAIDS Cosponsors and the UNAIDS Secretariat operating under the framework of the Programme Coordinating Board (PCB), the Committee of Cosponsoring Organizations (CCO), and the Unified Budget and Workplan (UBW).

<sup>14</sup> See the "Guidance Note on Operationalizing a Strengthened United Nations System Response to HIV/AIDS at Country Level," signed by the UN Development Group Chair on 19 November 2003.



Further, no structure currently exists that can ensure the operationalization at country level of a division of labour among multilateral institutions. The current governance structures of UNAIDS do not serve the immediate, country-specific needs required to implement a more coherent division of labour, and the UNAIDS Secretariat does not have the authority to hold individual agencies accountable for delivering results in their lead areas. Stronger coordination mechanisms are required to ensure that multilateral institutions are regularly communicating at global and country levels, and therefore able to address specific, operational problems at country level as they arise. Such a global mechanism could bolster efforts to ensure that the technical support provided by multilateral institutions is coordinated and is attuned to the needs of individual countries.

Any global division of labour within the UN system must be applied flexibly at the country level to take into account the presence and relative strengths of individual Cosponsors on the ground. For example, if a Cosponsor is not present in a certain country or proves unable to fulfil its agreed-upon role, the UN system must find other means to support that sector of the AIDS response.

Concerns about division of labour are not limited to the UN system. The Global Fund and the World Bank increasingly seem to finance the same types of goods and activities in the same countries, without any clear sense of their respective comparative advantages or complementarity with the other. Continued progress on a clearer division of labour between the two will require careful review of each organization's comparative advantages (e.g., the demand-driven, performance-based approach of the Global Fund and the longer time-horizon and experience in infrastructure and health-systems development of the World Bank financing). Further, communications between the two has been sub-optimal, meaning that potential synergies have often not been released.

### **Insufficient financing for technical support**

There is currently a mismatch between the need for technical support and the financing available for it, as well as inefficiencies in the delivery of the support. Financing for programme activities has increased enormously, but this has not been accompanied by a concomitant rise in funding for technical support. The Global Fund's attempt to use a purely country-driven approach to the financing of technical support has generally not resulted in a sufficient volume of resources within grant agreements being devoted to technical support, and structurally it cannot address the financing of the upstream work of proposal development. Thus while countries are scaling up their AIDS responses and are asking the UN system for more technical support, UN agencies may have not receive additional resources to respond to these requests. The result is that the UN system struggles to fulfil an unfunded mandate.

Additionally, there is insufficient coordination of technical support, competition among multilateral institutions providing the support, and under-utilized local and regional sources of technical support. Recent innovations in horizontal and south-south cooperation require additional international support, as do key local providers of technical support, such as national academic institutions and civil society groups.

An existing mechanism, the UNAIDS Programme Acceleration Funds (PAF)<sup>15</sup>, is currently underutilized as a tool that could help address this, although it would have to be expanded and restructured to provide the substantial amount of technical support required to unblock unused financial resources and build capacities in a sustainable manner.

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<sup>15</sup> PAF is an existing mechanism that draws primarily on the UNAIDS Unified Budget and Workplan. It provides UN Theme Groups on HIV/AIDS with seed funds to be used for catalytic activities in support to national AIDS responses, such as leveraging new and greater funding. PAF can be used both to finance UN agency activities at country level and to rapidly transfer funds to country-level partners for their activities.

#### *D. Challenges to accountability and oversight*

Accountability structures in the AIDS response are generally skewed, overemphasizing accountability upward (i.e., to funding partners) and neglecting downwards accountability (i.e., to local communities and particularly to people living with HIV). Although in many countries mechanisms exist to hold government structures accountable (e.g., Parliaments), these are rarely sufficiently developed and expansive in scope, and typically only cover the public sector. Some countries have developed partnership forums as means to hold partners – both national and international – to account for their performance, but these reviews are not yet widespread. Moreover, countries also lack tools to measure and thereby hold multilateral institutions and international partners accountable to their commitments to align around the “Three Ones”. The progress in the OECD/DAC context in developing indicators around alignment has not yet been integrated into the AIDS field, nor have the peer review mechanisms established in the OECD.

The broad adoption of the “Three Ones” principles, particularly the concept of a single national AIDS coordinating authority, has bolstered efforts to streamline coordination mechanisms, which should strengthen efforts to improve accountability. However, the advent of new funding sources and the concomitant multiplication of coordinating entities at national level required to access the financing (such as the Global Fund’s Country Coordinating Mechanism) have added complexity to the task and have, in some countries, reopened divisions between national AIDS coordinating authorities and ministries of health. Further, there is growing recognition that in too many countries, the single national authority is not able to adequately oversee and monitor implementation, nor is it always able to act as a rapid, problem-solving body.

Strong monitoring and evaluation is a prerequisite for oversight and accountability, yet it is an area that has not received adequate support from multilateral institutions and international partners. At global level a planned Joint Monitoring and Evaluation Facility is not fully operational, while at country level support from the various international initiatives (e.g., UNAIDS Country Monitoring and Evaluation Officers, the Global AIDS Monitoring and Evaluation Team [GAMET]) are not always coordinated and do not always support the development of a single national monitoring and evaluation system.

Finally, national oversight efforts are hindered by a failure by some international and national partners to systematically share information with the authority. This fragments the national response and constrains the ability of the country to identify problems when they are still nascent, instead allowing them to fester and grow. Further, tools that could assist in this process, such as country-based early warning systems, have not been fully developed.

## Recommendations

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The Global Task Team recognizes that the world must do more to effectively tackle AIDS in the years to come. Strengthening coordination, alignment and harmonization, in the context of the “Three Ones” principles, the Millennium Development Goals, UN reform and the OECD/DAC Paris Declaration on Aid Effectiveness, is essential for rapid scale-up of the AIDS response.

The Global Task Team recognizes national ownership of plans and priorities as the overarching rubric that efforts to harmonize and align must support and under which coordination efforts should occur.

The Global Task Team has therefore developed a set of recommendations on how countries and multilateral institutions and international partners can strengthen, streamline, and better organize their responses to the epidemic. The recommendations are presented under four main headings:

1. Empowering inclusive national leadership and ownership
2. Alignment and harmonization
3. Reform for a more effective multilateral response
4. Accountability and oversight.

Each country is unique, so the implementation of these recommendations must be adapted to the differing realities. While the recommendations largely refer to country and global levels of action, there is also a need to maximize the potential of regional institutions, structures and mechanisms, and this should be a focus in the follow up of the recommendations where appropriate.

Some key terms are used repeatedly in the recommendations. The word “national” (or “country”) refers to a broad-based partnership, encompassing government, civil society (including nongovernmental organizations, community-based organizations, faith-based organizations, people living with HIV, and communities particularly affected by AIDS such as young persons, women, men having sex with men, sex workers, and intravenous drug users), the private sector, academic institutions and others. Similarly, the term “national stakeholders” includes all of these groups. The term “technical support” encompasses short-term technical assistance, longer-term capacity building, and south-south and horizontal cooperation.

These recommendations will inform the Global Fund Replenishment Conference, and will be considered for endorsement and implementation by the governing bodies of relevant multilateral institutions.

### 1. Empowering inclusive national leadership and ownership

#### 1.1. The Global Task Team recommends that:

**Countries develop annual<sup>16</sup> priority AIDS action plans that drive implementation, improve oversight, emphasize results, and provide a solid basis for the alignment of multilateral institutions’ and international partners’<sup>17</sup> support; within related efforts to progressively strengthen national AIDS action frameworks and root them in broader development plans and planning processes.**

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<sup>16</sup> Or every two years, depending on national planning cycles and capacities.

<sup>17</sup> The term “multilateral institutions and international partners” includes UN system organizations, the Global Fund, the bilateral agencies of governments, foundations, and international nongovernmental organizations, private sector companies and academic institutions.

In order to accelerate national AIDS responses, annual priority AIDS action plans should:

- Be developed in a rapid manner that does not impede ongoing implementation;
- Be costed, prioritized, evidence-based, multisectoral, and include clear and simple monitoring and evaluation frameworks;
- Clearly delineate roles and responsibilities of national stakeholders<sup>18</sup>, multilateral institutions and international partners (who does what, when, and where);
- Detail, prioritize, and cost technical support needs, in areas including information and education, care and treatment, monitoring and evaluation, and procurement and supply management;
- Assess and cost human resource capacity gaps and infrastructure needs; and
- Be developed in a participatory manner by a full range of national stakeholders.

To empower national AIDS coordinating authorities and their supporting mechanisms<sup>19</sup> to develop annual priority AIDS action plans, UNAIDS<sup>20</sup> (together with a broad range of stakeholders) will:

- Develop a set of internationally-recognized standards and criteria for annual priority AIDS action plans, and a scorecard-style tool that countries can use for self-assessments of the plans;
- Based on the requests of countries, assist in the rapid development of annual priority AIDS action plans – including human resource capacity needs – and disseminate lessons learned from an initial group of 5 to 10 countries that develop these plans.

**Accountable institution and timeframe:**

- UNAIDS to develop standards and criteria and scorecard-style tool by December 2005.
- Upon request from countries, World Bank, UNDP and UNAIDS Secretariat to take the lead in providing support to the development of annual priority AIDS action plans in 5–10 countries in highly-affected regions by December 2005.
- UNAIDS Secretariat to report on progress and disseminate lessons learned by June 2006, with interim reporting by December 2005.

**1.2. The Global Task Team recommends that:**

**Countries ensure that their macroeconomic and public expenditure frameworks support and appropriately prioritize the implementation of national AIDS action frameworks and annual priority AIDS action plans. The World Bank commits to working with the International Monetary Fund, UNDP, and UNAIDS Secretariat to support these actions.**

- The World Bank, UNDP, and UNAIDS Secretariat will ensure that resources and technical support are available so that countries can integrate AIDS more fully into Poverty Reduction Strategy Papers (PRSPs)<sup>21</sup>.
- The World Bank – working with the International Monetary Fund, UNDP, and the UNAIDS Secretariat – will ensure that evidence on the economic consequences of AIDS shapes its internal policies and their guidance to countries (particularly ministries of finance),

<sup>18</sup> The term “national stakeholders” includes government, civil society (including nongovernmental organizations, community-based organizations, faith-based organizations, people living with HIV, and communities particularly affected by AIDS such as young persons, women, men having sex with men, sex workers, and intravenous drug users), the private sector, academic institutions and others.

<sup>19</sup> Such as national partnership forums that include representatives of Country Coordinating Mechanisms, civil society, people living with HIV, the private-sector, faith-based groups, etc.

<sup>20</sup> Including the Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET).

<sup>21</sup> Beginning with those countries preparing PRSPs in 2005-06.

and will improve its reviews of Poverty Reduction Strategies and systematically encourage countries to include AIDS in Poverty Reduction Strategies.

- The World Bank – working with the International Monetary Fund, UNDP, and the UNAIDS Secretariat – will assist countries to ensure that macroeconomic and public expenditure frameworks support the implementation of national AIDS action frameworks and annual priority AIDS action plans.

**Accountable institutions and timeframe:**

- The World Bank, UNDP, and UNAIDS Secretariat to provide support on the integration of AIDS into PRSPs to four countries by December 2005; and to all countries updating PRSPs by December 2006.
- The World Bank to report progress on internal policies, reviews, and country guidance and assistance to the June 2006 PCB.

## **2. Alignment and harmonization**

### **2.1. The Global Task Team recommends that:**

**Multilateral institutions and international partners commit to working with national AIDS coordinating authorities to align their support to national strategies, policies, systems, cycles, and annual priority AIDS action plans.**

- The Global Fund, the World Bank, and other multilateral institutions and international partners will identify specific approaches to improving the alignment of their financing with country cycles and annual priority AIDS action plans.
- In countries that hold joint annual reviews of the national AIDS programme, the Global Fund, the World Bank, and other multilateral institutions will participate and subsequently accept these joint annual reviews as their primary evaluations (within the governance structures of each).
- Based on requests from countries, UNAIDS, the Global Fund, and the World Bank will support efforts at country level to define problems in the relationship between the single national AIDS coordinating authority and the Country Coordinating Mechanism, clarify principles, and disseminate good practices.

**Accountable institutions and timeframe:**

- The Global Fund and the World Bank to identify approaches to improving alignment of their financing by December 2005.
- The Global Fund and the World Bank to participate in joint annual reviews and use them as their primary evaluations in at least three countries by June 2006.
- UNAIDS Secretariat, the Global Fund, and the World Bank to jointly report progress in responding to requests from countries to clarify the relationship between the single national AIDS coordinating authority and the Country Coordinating Mechanism to the June 2006 PCB.

## 2.2. The Global Task Team recommends that:

**In line with the OECD/DAC Paris Declaration, the Global Fund, the World Bank, other multilateral institutions, and international partners; (a) progressively shift from project to programme financing<sup>22, 23</sup>, based on costed, prioritized, evidence-based, and multisectoral national AIDS action frameworks that are linked to broader development processes such as Poverty Reduction Strategies; and (b) further commit to harmonizing and better coordinating their programming, financing, and reporting.**

- The Global Fund and the World Bank will:
  - Pilot joint financial management and procurement assessments, and joint programmatic and financial reporting;
  - When countries wish to have joint approaches, use joint implementation processes<sup>24</sup>; and
  - Take concrete, operational steps to improve communications<sup>25</sup>.
- The Global Fund, the World Bank and other parts of the UN system, and other multilateral institutions and international partners will engage in a process to identify procurement and supply management bottlenecks, and to agree upon concrete steps for the harmonization and alignment of procurement and supply management policies and procedures.

### Accountable institutions and timeframe:

- The World Bank and the UNAIDS Secretariat to report progress on a progressive shift from project to programme financing to the June 2006 PCB, and the Global Fund to report progress spring 2006 Global Fund Board meeting.
- The Global Fund and the World Bank to complete piloting of joint financial management and procurement assessments, and joint programmatic and financial reporting by December 2005.
- The Global Fund and the World Bank to institute all steps to improve communications, assess current status of joint implementation processes and identify challenges to expanding the use joint approaches by September 2005.
- The Global Fund, and the World Bank and other parts of the UN system to jointly report progress on addressing bottlenecks to procurement and supply management by June 2006.

## 3. Reform for a more effective multilateral response

### 3.1. The Global Task Team recommends that:

**The UN Secretary-General will instruct the UN Resident Coordinator to establish, in collaboration with the UN Country Team, a joint UN team on AIDS – facilitated by the UNAIDS Country Coordinator – that will develop a unified UN country support programme on AIDS within the national planning framework.**

- The joint UN team will provide a common entry point for national stakeholders to more easily access the full range of AIDS-related services available throughout UN system.

<sup>22</sup> International partners' progressive shift from project to programme financing is based on joint partner country-donor commitment to "work together to establish mutually agreed frameworks that provide reliable assessments of performance, transparency and accountability of country systems", as agreed in the OECD/DAC Paris Declaration.

<sup>23</sup> The OECD/DAC uses the following definition of a programme-based approach: "a way of engaging in development co-operation based on the principle of co-ordinated support for a locally owned programme."

<sup>24</sup> In order to support the development of country capacity, implementation units should be a last resort, but when they are necessary, joint units should be established rather than separate ones per financier, and should also contribute to developing country capacity.

<sup>25</sup> Including by sharing terms of reference prior to country visits (which should also be shared with the Chair of UN Theme Group of the country involved); sharing mission reports (which should also be shared with the Chair of UN Theme Group of the country involved); holding bi-monthly teleconferences; and holding annual meetings.

- The joint UN team will, upon request, support national AIDS coordinating authorities to develop capacity to oversee implementation and to identify and solve problems, through whichever modality is most appropriate for national contexts.
- The joint UN team will link to global-level problem-solving mechanisms and to regional technical support facilities.

**Accountable institutions and timeframe:**

- The Secretary-General to communicate to UN Resident Coordinators by September 2005; and the UN Development Group to ensure that joint teams with unified programmes are established in 5–10 countries by December 2005.
- UNAIDS Secretariat to report on progress to the June 2006 PCB.

**3.2. The Global Task Team recommends that:**

**The multilateral system establish a joint UN system-Global Fund problem-solving team that supports efforts to address implementation bottlenecks at country level.**

- Multilateral institutions and international partners will assist national stakeholders to convene, under the umbrella of the national AIDS coordinating authority, task-specific teams for problem-solving and concerted action on monitoring and evaluation, procurement and supply management, technical support needs, and human resource capacity development.
- The joint UN system-Global Fund team will meet regularly to help address problems identified by country-level stakeholders.
- The joint UN system-Global Fund team will identify good practices and disseminate them together with the lessons learned to support countries' efforts to scale up their AIDS programmes.

**Accountable institutions and timeframe:**

- UNAIDS Secretariat to report global progress on the establishment of national task-specific teams for problem-solving to the June 2006 PCB.
- WHO, UNICEF, UNFPA, UNDP, World Bank, UNAIDS Secretariat and Global Fund to take the lead and establish the joint UN system-Global Fund problem-solving team by July 2005.
- WHO and UNAIDS Secretariat to disseminate lessons learned by December 2005.

**3.3. The Global Task Team recommends that:**

**UNAIDS Cosponsors and the Global Fund establish a more functional and clearer division of labour, based on their comparative advantages and complementarities, in order to more effectively support countries.**

- The UNAIDS Secretariat will lead a process with the UNAIDS Cosponsors of clarifying and costing a UN system division of labour for technical support to assist countries to implement their annual priority AIDS action plans.
- The UNAIDS Committee of Cosponsoring Organizations (CCO) will commission an independent review of the functioning of UNAIDS' governance structure, including the CCO, the Unified Budget and Workplan, and UN Theme Groups on HIV/AIDS.
- The Global Fund and the World Bank will lead a rapid process to evaluate and clarify areas of overlap, comparative advantages and complementarities between the two.

**Accountable institutions and timeframe:**

- UNAIDS to agree on UN system division of labour at June 2005 PCB.
- CCO to consider recommendations from the independent review at October 2005 meeting.
- The Global Fund and the World Bank to complete rapid evaluation of areas of overlap, comparative advantages and complementarities by September 2005 Global Fund Replenishment Conference.

**3.4. The Global Task Team recommends that:**

**Financing for technical support be considerably increased, including by expanding and refocusing UNAIDS Programme Acceleration Funds<sup>26</sup> so they enable the UN system and others to scale up the provision and facilitation of technical support, based on requests by countries.**

- UNAIDS will broaden the scope and means of access to Programme Acceleration Funds to ensure that they can be used to finance the provision of technical support by the UN system, local entities (such as civil society organizations, private sector firms, and governments), regional organizations and technical support facilities, south-south cooperation efforts, multilateral institutions, and others, with further financing provided based on performance.
- UNAIDS and partners will determine the most effective way of financing the expansion of the Programme Acceleration Funds, such as in the form of additional commitments in the Global Fund Replenishment mechanism<sup>27</sup>.
- Through the existing World Bank/WHO capacity-building programme and other initiatives, multilateral institutions and international partners will intensify their efforts to build national capacity on procurement and supply chain management.

**Accountable institutions and timeframe:**

- UNAIDS to agree on the broadening of Programme Acceleration Funds at June 2005 PCB.
- Multilateral institutions and international partners to agree on financing of the Programme Acceleration Funds by or at September 2005 Global Fund Replenishment Conference.
- The World Bank and WHO to evaluate progress on the building of national capacity on procurement and supply chain management by September 2005.

## **4. Accountability and oversight**

**4.1. The Global Task Team recommends that:**

**Within existing participatory reviews of national AIDS programmes, UNAIDS assist national AIDS coordinating authorities to lead participatory reviews of the performance of multilateral institutions, international partners and national stakeholders that build upon existing OECD/DAC standards and criteria for alignment and harmonization.**

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<sup>26</sup> The UNAIDS Programme Acceleration Funds (PAF) is an existing mechanism that draws primarily on the UNAIDS Unified Budget and Workplan. It provides UN Theme Groups on HIV/AIDS with seed funds to be used for catalytic activities in support to national AIDS responses, such as leveraging new and greater funding. PAF can be used both to finance UN agency activities at country level and to rapidly transfer funds to country-level partners for their activities.

<sup>27</sup> Other possible mechanisms include setting aside for technical support a fixed percentage of existing external financing, providing additional targeted and time-bound international support, and using existing available funding such as from World Bank projects and the Institutional Development Fund.



- Ideally conducted by an appropriate national stakeholder forum, these transparent and participatory performance reviews would culminate in public dissemination of the results and feedback into national programming.
- UNAIDS<sup>28</sup>, together with a broad range of stakeholders, will develop a scorecard-style accountability tool for measurement of national stakeholders' participation in the AIDS response and international partner alignment to the national AIDS action framework.
- UNAIDS will disseminate globally the results of the assessments of partner alignment, and will organize a transparent and participatory process at global level for the review of partner alignment, including reporting of progress on division of labour within the multilateral system.

**Accountable institutions and timeframe:**

- UNAIDS Secretariat to take the lead in the development of a scorecard-style accountability tool by December 2005.
- UNAIDS to support and disseminate the results of performance reviews in 10 countries by December 2006.

**4.2. The Global Task Team recommends that:**

**Multilateral institutions and international partners assist national AIDS coordinating authorities in the strengthening of their monitoring and evaluation mechanisms and structures that facilitate oversight of and problem-solving for national AIDS programmes.**

- UNAIDS<sup>29</sup>, in close collaboration with countries, will operationalize a Joint Monitoring and Evaluation Facility to ensure consistent global guidance on technical issues, development of monitoring and evaluation tools, and the timely and transparent flow of information to all partners. International partners will ensure that the Facility is fully resourced.
- At country level, multilateral institutions and international partners will establish a Joint Monitoring and Evaluation Country Support Team to align their provision of technical support on monitoring and evaluation to the national monitoring and evaluation system. In collaboration with the national AIDS coordinating authority, UNAIDS will facilitate the establishment of the Monitoring and Evaluation Country Support Team.
- Multilateral institutions and international partners will ensure that country monitoring and evaluation advisers will, at the request of countries, be based in the offices of national AIDS coordinating authorities.
- National AIDS coordinating authorities, multilateral institutions and international partners to increase the role of civil society and academic institutions as implementers of monitoring and evaluation, including the collection of information from marginalized communities and the critical analysis of national data.
- The Global Fund, the World Bank, and other multilateral institutions and international partners will regularly provide to national AIDS coordinating authorities and the general public:
  - Information on planned and actual commitments and disbursements, including the recipients and the intended use; and
  - Information on performance of the programmes financed, including actual results achieved against targets.

<sup>28</sup> Including the Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET).

<sup>29</sup> Including the Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET).

**Accountable institutions and timeframe:**

- UNAIDS to operationalize the Joint Monitoring and Evaluation Facility by September 2005.
- UNAIDS to establish Joint Monitoring and Evaluation Country Support Teams in five countries by December 2005 and in 10 countries by December 2006.
- UNAIDS to fulfil all national requests for the placement of existing and planned UN system country monitoring and evaluation advisers in the offices of the national AIDS authority by December 2005.
- UNAIDS to measure civil society participation in monitoring and evaluation and report progress at the 2006 UN General Assembly Special Session on HIV/AIDS.
- The Global Fund and the World Bank to implement information-sharing practices globally by December 2005.