

Report to the Global Implementation Support Team (GIST)

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1. INTRODUCTION

The purpose of this review is to examine the work to date of the Global Implementation and Support Team (GIST). The review includes an assessment of its structure and composition in order to inform a re-visiting and reformulation of the Terms of Reference and a reorientation of the scope and work of the GIST.

The review was undertaken between August-October 2007, and involved interviews with over 45 respondents, including members of the GIST, and country level actors in Angola, Swaziland, Nigeria, Niger, Ecuador and Papua New Guinea.

At the GIST teleconference of September 11th 2007, it was concluded that the GIST should establish agreement on its future mandate. An interim report provided participants at the subsequent face-to-face meeting on October 9th 2007 with the key findings and options so that GIST members were able to develop a workable consensus on the future of the GIST.

The Literature Review was carried out by HLSP London and a summary of it is included in Appendix 1.

This *final report* includes a reformulation of Terms of Reference for the GIST and a recommended set of operational procedures, based on agreements reached during the 23rd GIST meeting in New York. The Terms of Reference, in conjunction with a finalised logical framework and a work plan, will be presented for approval at the 24th GIST meeting.

Establishment of GIST

In response to emerging bottlenecks that were affecting the implementation of Global Fund grants at country level, the Global Task Team (GTT) made a specific recommendation in 2005 for the establishment of joint UN system-Global Fund problem solving team (Recommendation 3.2 GTT 2005¹).

Several respondents in this review noted that the original intent of a very high level (Heads of Agencies) troubleshooting team was inspired by an arrangement at the very highest levels of UNICEF and WHO between the then Directors, Jim Grant and Halfdan Mahler. They apparently communicated weekly to sort out country level/ implementation problems in the global immunisation programs.

Multilateral institutions and international partners would:

- ¹ *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.* (GTT, 2005)

Evolution over the past two years

Over the past two years there has been a massive increase in the funding for and supply of Technical Support to HIV/AIDS programs at country level. The new technical support guide by the GTZ BACKUP Initiative indicates that there are approximately 40 separate providers of technical support to HIV and AIDS ranging from bilateral and UN agencies, private foundations and civil society organisations (GTZ 2007).

These include the rapid development of UN capacity such as the UNAIDS Technical Support Facilities; bilateral initiatives such as GTZ's BACKUP program and PEPFAR's \$35million three year for Technical Support to Global Fund grantees, and the recent establishment of technical support capacity through civil society – the Civil Society Action Team (CSAT).

Other changes cited by respondents included improvements in capacity at country level, increased sophistication of some of the Country Coordinating Mechanisms (CCM), establishment of Joint UN teams at country level, and the fact that Global Fund grants now have specific requirements for technical support built into them.

The increased availability of funds and capacity at country level were demonstrated by the mapping exercise of the UNAIDS Regional Support Team for Eastern and Southern Africa. The Director estimates that there are 720 UN staff working on HIV in the 20 countries of the region, of which 350 are full time staff involved in technical support at country level. Together the UN Country Teams have access to almost \$500 million per year for programme support on HIV.

Other recent initiatives are rapidly changing the environment in which global partners in HIV/AIDS are working. These include the recent launch of the *International Health Partnership* by UK Prime Minister Gordon Brown (DFID 2007); *Delivering as One*, the Secretary General's High-Level Panel report (UN 2006a) on One UN at country level; and the establishment of the H8 group.

2. KEY FINDINGS FROM THE INTERVIEWS AND LITERATURE REVIEW

The value adding of GIST

GIST is considered by most of its members as a useful forum for dialogue between agencies and within groupings, which otherwise doesn't exist. It is seen as one important structural mechanism for linking the Global Fund and the UN system in the area of HIV technical support.

Despite frustrations with the lack of clarity of the mandate of GIST, there has been a gradual building of trust among the members, and many consider that including the donor governments and civil society organisations has assisted the GIST.

GIST has worked with 19 countries and regions during the last two years, and it is evident that a great deal of energy and commitment has been expended by many members of the team.

Respondents at country level were varied in their response to the value adding of GIST, even within the same country. There is little doubt it has catalysed action and solved problems in some countries such as Ecuador, Nigeria, Guinea Bissau, Bolivia, and PNG. There have been four major areas of assistance:

- 1) Implementation bottlenecks: e.g. procurement and supply planning and management (Bolivia, Lesotho, Guinea Bissau),
- 2) Governance bottlenecks e.g. related to CCM and Primary Recipient functioning, or relationships between CCM and national authorities e.g. Ecuador and Nigeria
- 3) Human capacity bottlenecks: e.g. Niger: facilitated identification and placement of longer-term lab staff;
- 4) Management capacity bottlenecks: e.g. GIST identified ways to provide management training for Eastern Caribbean states.

Challenges that the GIST has encountered

It was noted by many respondents that the GIST did not have an easy start, and that there have been a number of inter agency tensions; with some agencies less inclined to participate. The major issues to arise fall into two categories; Strategic and Operational – and these are presented below.

Strategic Issues

- 1) Mandate

Lack of clarity and agreement and shift in the mandate has been a constant source of frustration. The issues include

- a. Is its only function to resolve country level implementation blockages or should it also (or exclusively) be working at global systemic problems?
- b. Is it duplicating work that could be done at country, sub-regional or regional level
 - i. Original mandate included the idea of country level implementation support teams (CISTs), but many commented that these were/should be redundant given the joint UN teams, Theme Groups
- c. The GIST was seen in some countries to have complicated rather than simplify bottlenecks at country level – this was the feedback from Swaziland and Angola.
- d. Having the GIST involved can be perceived as a black mark on a country's performance – again referred to in Swaziland
- e. Many respondents perceived it as too bureaucratic and too formal
- f. The focus has been more on short term assistance when the problems are of a chronic nature and require much longer-term assistance.

2) Governance and accountability

- a. It is unclear to whom the GIST reports given that the Global Task Team, which created it, no longer exists.
- b. Selection and roles of the Chair and Vice Chair is unclear as are the duration of appointments.
- c. Duration of appointments for members is unclear

3) Mutual accountability and consistency of representation

This is an issue that has come up repeatedly – how to improve accountability of all of the members to each other. As several respondents explained: “*If current accountability systems worked, we wouldn't need a GIST*”.

As has been indicated in many reports on aid effectiveness and the global HIV/AIDS architecture, there is a need for stronger sense of mutual accountability, so everyone carries their own weight.

Some respondents commented on the high turnover of member representatives which meant that issues that had been decided on were often revisited or needed constant explanations.

4) Membership

Suggestions were made to increase the GIST to other key players such as major philanthropic groups e.g. recipient country governments, People Living with HIV/AIDS, philanthropic organisations such as the Gates Foundation, Clinton Foundation and other UN organisations such as UNODC (particularly in relation to Asia and Eastern Europe)

5) The fundamental nature of the GIST

A core question to address is: what can be realistically expected of a group such as the GIST? It comprises senior members of bilateral and multilateral agencies and civil society organisations – all of whom are very busy by definition. In general, they don't have participation in the work of the

GIST as part of their job description or performance review, and consequently have very limited time to give to the workings of the GIST in between meetings?

In addition what is the authority and capacity of the GIST members to seek information from, or provide information to the rest of their organisation, particularly at country level?

Is it acting as a direct provider of services, such as technical support, when in fact it only has the time and resources to act as an advisory body?

Operational Issues

1) Communications

Lack of communication, or sub optimal communications between global and country level, or between agencies and organisations especially in relation to country visits was frequently reported. In particular, it was emphasized by respondents in Niger, Angola and Swaziland and Papua New Guinea

2) Country selection process, early warning systems and provision of TS

Particularly in the early days of the GIST the methods and manner of selection of countries for assistance from the GIST have been unclear and matters of considerable debate.

Many respondents pointed out that difficulty of having effective early warning systems and that interventions of the GIST at country level were too late to be effective.

Similarly many respondents questioned the idea that the supply of technical support should be driven by the providers of it, rather than be primarily driven by demand from the countries and by the different organisations within countries?

3) Low profile

Many raised the point that the GIST was largely unknown at country level, by members of the UN, let alone government and civil society representatives and thus making it hard for demand driven assistance.

4) Lack of capacity to follow through on some key meeting recommendations

Since its inception many ideas and issues have been raised during the 22 meetings for further action. However, many have not been acted upon. The reasons for this appear to include the lack of a clear mandate and conflicting understandings resulting in inconsistent ownership of, and commitment to various tasks. In addition the GIST secretariat has lacked capacity and members of the GIST have limited time to give to these issues in between meetings. These include

- a. Communications strategy for the GIST
- b. Work-plan for the GIST
- c. Development of CISTs
- d. Information gathering systems
- e. Integrating gender into mandate of the GIST
- f. The GIST acting as an advocate for Health Systems Strengthening
- g. Lessons learned and good practice in supporting countries' efforts to scale up their AIDS programmes (part of the original Global Task Team recommendations)

The cost of the GIST

Many respondents have mentioned the cost of **GIST meetings**, which I have estimated at \$380,000² per annum (across the board, not necessarily related to the GIST secretariat's cost). They are concerned that GIST may not be adding value to the system equivalent to its costs.

The overall budget for the biennium 2006-7 for the GIST's activities is \$3,000,000 US. \$2 million of that was for activities, and the remaining \$1 million for staffing costs. As of October 2007, \$395,000 remains in the staffing budget and \$1,390,000 remaining in activities budget. Because this is extra-budgetary money, the remaining funds can be rolled over into the next financial year.

3. OPTIONS FOR THE FUTURE ROLE OF THE GIST

Some basic principles for any future role

GIST should simplify the existing system, not add layers to it.

GIST should facilitate the existing systems to help people avoid HIV or gain optimal treatment, care and support if they have HIV.

GIST should reinforce the GTT major recommendations:

- Empowering national leadership and ownership
- Harmonisation and alignment
- Reform for a more effective multilateral response
- Accountability and oversight

GIST should be seen to underpin and support the Partner Commitments of the Paris Declaration on Aid Effectiveness (OECD 2005) - ownership, alignment; harmonisation; managing for results; mutual accountability

1) Option I - Status Quo

There was little support for GIST continuing with its primary role of solving implementation bottlenecks by providing direct technical support. The arguments against this included the major increases in alternative providers of TS outlined previously, and that existing country and regional mechanisms should be supported and enhanced.

2) Option 2 – Expand the existing mandate

One respondent suggested that the GIST should expand its capacity to reach 40-50% of the Global Fund Principal Recipients, rather than the <5% it now reaches. This would require a massive increase in the capacity and funding of the GIST, at a time when other regional and country mechanisms (mentioned above) are increasing their capacity.

3) Option 3 – Close the GIST

² Calculated with the following assumptions; i) 13 members in GIST ii) 4 face to face meetings (2 days includes travel and meeting time) and six teleconferences per year (assuming half day) iii) 20 members at any one meeting iv) intercontinental travel for 10 members travel for the face-to-face meetings)

The sizeable direct financial costs and the opportunity costs of maintaining the GIST require consideration is given to its decommissioning. In particular, if a working consensus cannot be established for a new mandate or if there is a lack of willingness of the GIST members to lead, authorise, empower and finance an agreed mandate this becomes a critical option.

There would obviously be savings in time, effort and costs of meeting (estimated at \$380,000 per annum with 4 face to face meetings and 6 teleconferences) plus secretariat costs.

4) Option 4 Reformulate Terms of Reference

In reformulating the Terms of Reference of the GIST, several questions should be considered by its members.

- a. Given the experience to date and the organisational nature and structure of the GIST, what can it offer as a direct provider of services, particularly in an increasingly complex web of organisations?
- b. What could the GIST add in terms of influencing and changing the much larger and rapidly expanding global system of TS provision?
- c. What criteria will the GIST use to select the issues it will focus on? For example:
 - i. Issues that other parts of the global system are not dealing with, or cannot deal with. In other words there aren't existing forums or mechanisms to deal with the problem.
 - ii. Progress can be made – working on this issue will ultimately make a difference at the country level to people who are vulnerable, at risk or who have HIV
 - iii. The GIST members have the required authority and capacity to intervene effectively.
- d. Can the GIST develop the leadership, governance and accountability, authority, organisational structure, modus operandi, human resources and financial resources required to fulfil the chosen mandate and terms of reference?

4. KEY POSSIBILITIES FOR A REFORMULATED MANDATE FOR GIST.

One respondent remarked “We need a forum to put people together – as no one agency has the solution on their own”.

It is apparent that there is no shortage of issues that need resolution – some of these are listed below - in six major categories. They should be set against criteria mentioned above (e.g. should they/are they being dealt by other forums?).

This is NOT a shopping list – given the nature of GIST only a few key issues could be chosen.

- 1) The macro³ co-ordination of technical support:
 - a. Develop common definition of TS and common categories of TS
 - b. Establish a real-time, updated information capacity about the major global providers of TS, (to increase complementarity and reduce duplication of TS providers)
 - c. Examine the quality of technical support and set minimum standards in the timeliness of TS provision, appropriateness and relevance of TS
 - d. Provide expert analyses of lessons learned in the provision and coordination of technical support e.g. annual review of learning
- 2) Solve key institutional/structural problems, such as
 - a. assisting the UN system make Global Fund grants core business (global, regional and country level)
 - b. enhancing the role of Country Co-ordinating Mechanism’s role – such as earlier notification of problems, better intelligence gathering, better working with the National AIDS Commissions
 - c. enhancing the role of UNAIDS Country Coordinators (UCC)s – e.g. focus on large grants; key broker of TS at country level
 - d. resolving perceptions of conflict of interest e.g. UNDP
- 3) Country identified issues arising out of the Global Steering Committee’s report on Universal Access to the UN General Assembly (UN 2006b such as commodity pricing, brain drain,
- 4) Develop mechanisms to systematize information coming from countries to determine different categories of problems, how they should be addressed, and to systematise the lessons learned
 - a. problems caused by donors (complicated grant requirements; delays in disbursements; lack of communication with recipients, unclear reporting structure)
 - b. problems caused by implementers (lack of capacity, lack of commitment, lack of processes)
 - c. political and cultural problems (unstable political situation; inadequate legislation, human rights issues, religious and cultural barriers, etc.).
- 5) In depth expert examination of, and recommendations for changes to the way the global system deals with major issues such as gender, HIV prevention, integration of HIV into health systems.

³ ‘Macro’ here refers to coordination at a high level - of the over 40 major players in technical support provision, not the detailed coordination of TS at country or regional level, which should left to existing (and newly developing) systems at these levels such as UN Country teams; Technical Support Facilities

- 6) Act as a problem solver, and provider of TS, of last resort at country level, when all other mechanisms have failed

Many members commented that if GIST changes mandate it will need to focus on well defined and specific issues, and not be a “talk shop”.

As one respondent remarked *“Selection of issues and countries needs to be done very carefully – not every problem needs an intervention”*

5. RECOMMENDATIONS

The following are a recommended set of Terms of References. These Terms of Reference should not stand alone, but will be further refined and informed by a logical framework and work plan to be developed following the outcome of the 23 GIST meeting.

Reformulation of GIST Terms of Reference

Introduction

GIST should adopt these terms of reference for a limited time of operation, for example, 2 years, with a review of its work plan and achievements after one year.

If, at the end of 2008, little or no progress has been made in achieving its workplan then GIST should think very seriously about disbanding.

Goal: Provision of Universal Access to HIV prevention and HIV treatment, care and support.

Purpose: A highly cohesive and collaborative group of key agencies working together to solve major problems inhibiting provision of Universal Access to HIV prevention, treatment, care and mitigation.

Outputs

1. Ensure the establishment and maintenance of a real-time updated information capacity about the major global providers of technical support⁴
2. Ensure the provision of annual expert analyses in the provision and coordination of Technical Support
3. Ensure the enhancement of existing mechanisms to gather and analyse information about obstacles to achieving Universal Access
4. To act, where appropriate, as source of reference and expertise for the UNAIDS Programme Coordinating Board (PCB), the Global Fund Board and the H8⁵.
5. Serve as an interface to bring information on systemic country implementation bottlenecks and technical support issues to the attention of influential global policy and governance fora
6. Strengthen trust, communication and accountability among participating agencies.

⁴ Technical support refers to a broad range of support needed to achieve Universal Access, and includes management, policy, governance, financial areas in addition to the more classical areas such as epidemiology, laboratory techniques, clinical guidelines, communications, social marketing and so on

⁵ The H8 is a group of 8 key health agencies concerned with scaling up efforts to achieve the health related Millenium Development Goals [MDG1b (hunger/malnutrition), MDG4 (child mortality), MDG5 (maternal health) and MDG6 (HIV/AIDS)]. H8 comprises the Gates Foundation, GAVI Alliance, Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, UN Population Fund, UNICEF, World Health Organization and the World Bank.

Operational Procedures

GIST Structure

Composition and Authority

This should be maintained with the current membership for the next twelve months. Members must be supported by their agency or organisation – key agencies such as the Global Fund and UNAIDS have to be among the keenest for this to work, as they may have the most to benefit.

Chair

Role:

1. Working in close association with the Vice Chair, to convene and chair meetings of GIST.
2. To provide leadership of GIST, and to be primary avenue of reporting to, and influencing key governance and policy fora (e.g. PCB, GF Board, H8)
3. To be the key point of communication with country and regional levels of participating agencies where necessary

Vice Chair

Role

1. Working in close association with the Chair, to deputise where necessary in convening and chairing meetings of GIST.
2. To assist in the leadership of GIST, in reporting to and influencing key governance and policy fora (e.g. PCB, GF Board, H8)

GIST secretariat

This should consist of dedicated staff in

- 1) Geneva; based in the UNAIDS secretariat

P4 1.0 EFT

Role:

- To lead the commissioning of consultant experts to undertake analysis on topics as identified by the GIST, and managing appropriate dissemination of the outcomes.
- To facilitate the undertaking of analysis on UNAIDS-specific topics as identified by the GIST
- To work with the chair to convene and support the 3-4 monthly face-to-face GIST meetings per year, and convene and coordinate video-conference meetings when necessary, and to manage supporting substantive/thematic documentation
- To serve as a focal point for all GIST member organisations ensuring that GIST related information or outputs flows up to the Chair and Vice-Chair and is used to strategically influence the outcomes of global level fora (H8, PCB, Global Fund Board meetings, IHP, and so on)

P3 0.5 EFT

Role:

- To support the Coordinator in carrying out the commissioning of expert consultants and the dissemination of results
- To assist in the production and circulation of background documentation to the GIST members
- To provide back-up support for the face-to-face meetings

2) New York (based in UNFPA)

L4/5

Role:

- Develop and implement strategies to better monitor, along with other UNAIDS Cosponsors and various partners, the status of implementation of national HIV/AIDS grants (e.g. GFATM, World Bank, PEPFAR, etc) offered to countries.
- Assist the GIST Chair and work closely with the two focal points at UNFPA HQ.
- Work closely with GIST Secretariat and UNAIDS Secretariat to organize meetings, follow up on recommendations, and issue communications.
- Develop and implement strategies to engage all concerned UNFPA staff in the GFATM process, both at HQ and on the field.

Meeting frequency

Face to face meetings should be held 3-4 times per year. Discussions among the whole group or among sub groups (e.g. those working on a particular part of GIST work plan) can be held by video-conferencing on an “as needs” basis. Scheduled monthly meetings via video conference would cease.

Governance and accountability

GIST should indicate its desire to report to (and thus influence) all or some of the following key governance and policy fora such as the PCB, Global Fund Board, H8.

A simple framework to enhance (and assess/measure) mutual accountability should be developed, and agreed to by the GIST membership.

GIST's Modus Operandi

GIST should operate as a task-focussed, time-limited group that has an important oversight, rather than direct operational role.

Its role is to oversee (rather than doing it itself) the enhancement of coordination of, and timely information about, technical support at the global level. This will support countries by increasing their access to a greater range technical support providers and will reduce duplication of TS and increase relevance timeliness and quality of TS provided to countries.

It will provide this oversight, with a secretariat that can commission/out source investigative operational research for key problems identified.

Human resources

The necessary resources for the GIST “secretariat” are outline above. They need to be commensurate with the TORs.

If the 2008 workplan is to be achieved, GIST will need the capacity to commission project work (for example independent research, review and analysis, network coordination, clearinghouse functions). This could be done internally (among the participating agencies) or externally by tender.

Financial resources

These need to be sufficient to make GIST effective.

Appendix 1

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LITERATURE REVIEW IN SUPPORT OF THE UNAIDS' REVIEW OF THE GLOBAL IMPLEMENTATION SUPPORT TEAM (GIST)

The recent Independent Assessment of Progress against GTT Recommendations briefly assessed the Global Implementation Support Team (GIST) and found that there was some confusion about the purpose and scope of the work of the GIST. The Assessment made a recommendation to “undertake a comprehensive review of GIST’s terms of reference, making its purpose clear whilst at the same time clarifying the role of the Joint UN Teams on AIDS, UN Theme Groups, and the UNAIDS Country Coordinators in identifying and solving implementation problems at country level”.

This literature review was commissioned as a background paper to support the broader GIST review (undertaken during the months of August – October 2007) and draws on literature and documentation made available largely through the GIST secretariat (for example, GIST meeting reports, terms of reference, website documentation). In undertaking this review it is clear that there is a scarcity of literature that outlines and discusses the governance and functioning of GIST, its effectiveness, and the added value of GIST from a country perspective.

1. The Context of the GIST

Increased Funds for HIV and AIDS

In June 2001, a UN General Assembly Special Session on HIV and AIDS committed the world to ‘global action’ against the pandemic and ‘to ensuring that the resources provided for the global response to HIV/AIDS are substantial, sustained and geared towards achieving results’.

Subsequently, the total amount of AIDS funding increased from US\$2.8 billion in 2002 to an estimated US\$8.9 billion in 2006 with new funding mechanisms being established to enable countries to respond to their own national HIV and AIDS realities. The most significant include the World Bank’s Africa Multi-Country HIV/AIDS Program (MAP) (2000), the Global Fund for AIDS, TB and Malaria (GFATM) (2002) and the US President’s Emergency Plan for AIDS Relief (PEPFAR) (2003). These are in addition to funds supplied by bilaterals, private foundations and individual UN agencies (separately or through UNAIDS).

Since then, a broad range of technical support mechanisms have been put in place to serve national governments and partners involved in the national response. The combination of new funding and technical support mechanisms has made the HIV and AIDS arena increasingly complex at every level.

The Drive for More Effective Aid

The 2005 Paris Declaration on Aid Effectiveness represents a major achievement in the process of taking action to reform the ways in which aid is delivered and managed. In the context of HIV and AIDS, the adoption of the Three Ones principles in April 2004 called on governments and donors to harmonise and align support around: one agreed national AIDS framework, one national AIDS coordinating authority, and one national monitoring and evaluation framework.

Further advances were made in 2005 through a series of UNAIDS-led meetings discussed ‘Making the Money Work: The Three Ones in Action’. One important outcome was the decision to create the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT) in March 2005. Its purpose was to recommend options for further coordination, harmonisation and alignment to reduce the burden on countries.

The Global Task Team Report

In June 2005, the GTT published its report making recommendations in four areas: empowering national leadership and ownership; harmonisation and alignment; reform for a more effective

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multilateral response; and accountability and oversight. The report led to two important outcomes in the area of rationalising the provision of technical support for HIV and AIDS.

The first outcome was an agreed UN Technical Support Division of Labour. This assigned a Lead Organisation and Main Partners in 17 identified areas of technical support for HIV and AIDS. The second outcome was in response to a specific GTT recommendation that 'the multilateral system establish a joint UN system-Global Fund problem-solving team to address implementation bottlenecks at country level'. In line with this recommendation, endorsed by the UNAIDS 17th Programme Coordinating Board (June 2005), the GIST was established in July 2005.

2. Mission, Objectives and Membership of GIST

Different Mission Statements

In the GTT report, the GIST mission was primarily envisaged to involve multilateral institutions and international partners assisting 'national stakeholders to convene, under the umbrella of the national AIDS coordinating authority, task-specific teams for problem-solving and concerted action'. It was also expected that it would '...meet regularly to help address problems identified by country-level stakeholders' and '...identify good practices and disseminate them together with the lessons learned to support countries' efforts to scale up their AIDS programmes'.

A review of the documentation suggests that mission of GIST has not always been fully clarified or understood. Three different mission statements were documented, the first of which emphasises involvement in solving implementation problems and mentions the beneficiaries of GIST. The second describes a more macro role for GIST in terms of improving alignment of financial donors and providers of technical support and improving coordination of technical support provision to make the money work. The third, and most recent statement, emphasises GIST's facilitation role in addressing implementation difficulties that are preventing countries from effectively using Global Fund (or other large grant funds) at country level.

Strategic Objectives and Guiding Principles established

Available documentation reveals that GIST agreed six strategic objectives (listed on a fact sheet on the UNAIDS website) and a set of eight guiding principles (listed in a 2006 GIST Note on Progress).

GIST Membership Expanded Over Time

During the course of its short life, GIST participation has expanded its membership from the seven original GIST members (the UNAIDS secretariat, WHO, UNFPA, UNICEF, UNDP, the World Bank and the Global Fund) to include a number of bi-laterals such as USG, GTZ, DFID, and CSO representatives including the International Council of AIDS Service Organisations, the International HIV/AIDS Alliance and the Asia Pacific Network of People Living with HIV/AIDS (APN+).

3. GIST Governance and Accountability

GIST Secretariat

To facilitate the work of the GIST, a Secretariat was constituted that originally comprised of a few WHO and UNAIDS staff who worked on GIST on a part-time basis in addition to their full time positions. Since then, financial and human resources have been made available to establish a more robust Secretariat that currently consists of the Chair, Vice Chair, one full-time GIST Coordinator, another UNAIDS staff member at 50% and a G staff secretary at 20%. The Chair is represented by a UN Agency (previously WHO, currently UNFPA) and the Vice-Chair is represented by the Global Fund.

For the first six months, GIST-recommended technical support was paid for from part C of UNAIDS' Programme Acceleration Funds. The current funding became available for GIST as part of an overall amount for GTT follow-up, and totals US\$ 3 million. It was approved 'to provide 20 countries with immediate short-term implementation support as well as medium and long term

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support through other support providers and support to country teams to perform GIST-like functions'. US\$1 million was made available for Secretariat staff costs to support three full-time staff: one at WHO to support the chair and two at UNAIDS, with one full time Administrative Assistant/Secretary.

Rules for participation

The GIST member organisations are represented at monthly meetings (both via teleconference and face-to-face) by a maximum of 33 'high level AIDS officials'. From the literature available, it is not clear how the level of the representation is decided. In reality, a smaller number of representatives participate in regular GIST meetings and the life of the GIST, with representation from each organisation varying from none to several. It is unknown whether any of the GIST Focal Points/representatives have GIST tasks included in their job description or performance appraisal.

Accountability

From the available literature, very few documents (with the exception of the June 2006 Progress Note which includes a general reference to the accountability of stakeholders) discuss the accountability of the GIST. GIST has reported to the UNAIDS PCB on its work, but does not appear to be formally accountable to itself or to any other body.

4. GIST Operations and Experience

GIST Operations

Over the last two years, a range of ideas on the appropriate way to select countries for GIST support have been suggested. Thus far, most have been identified at the global level through the Early Warning and Alert System (EARS) of the Global Fund to flag up when grants are in trouble. Once countries have been identified, national stakeholders are contacted and an assessment is made (often involving a video conference with the stakeholders) and GIST members, using the UN Division of Labour Lead Organisation format, facilitate a solution to the issues at country level.

GIST Experience

From the information available it is clear that the majority of GIST's work has been in low income countries⁶ and the focus has been both at country and global levels in the following areas:

Country-level work has addressed technical and management bottlenecks of the following types:

1. Programmatic: e.g. procurement and supply management in Bolivia and Lesotho.
2. Governance e.g. related to CCM and PR functioning, or relationships between CCM and national authorities :
3. Human capacity: e.g. Facilitated identification and placement of long-term lab staff in Niger
4. Management capacity: e.g. identified ways to provide management training for Eastern Caribbean states.

Global & regional-level work has included addressing system issues related to policies, procedures and practices of multilateral institutions and international partners like:

1. Stronger coordination through joint missions: e.g. Caribbean review: World Bank-only became multi-partner (UNAIDS, the Global Fund and DFID) mission;
2. The Global Fund, World Bank and/or UN system internal operational bottlenecks e.g. accelerating the approval of treatment guidelines in Guinea Bissau, on hold at WHO/AFRO
3. Issues related to Global Fund architecture e.g. Honduras: bottlenecks relating to not receiving clear feedback from the TRP on changes needed to their proposal;
4. Communication bottlenecks e.g. addressing challenges related to timely and appropriate sharing of country information.

⁶ Thus far, GIST has worked in the following 19 countries or regions: Angola, Bolivia, the Caribbean, Congo DR, Congo Republic, Ecuador, Guinea, Guinea Bissau, Honduras, Lesotho, Malawi, Niger, Nigeria, Papua New Guinea, Senegal, Swaziland, Timor Leste, Ukraine and Yemen.

HLSP

5. Lessons Learned and Key Issues for GIST

From the available documentation, a number of key achievements, lessons learned and key issues can be identified. These include

Lessons Learned

The following achievements were documented at the one year mark in the June 2006 in the Note on Progress:

1. Filled the gap that existed between the UN and the Global Fund and the World Bank: the major financiers of the global AIDS response.
2. Influenced the way its members are working together, resulting in partners, looking at their own constraints and ways to correct them.
3. Functioned as a global-level information-sharing mechanism and a public expression of the willingness to harmonize and better work together.
4. Joint identification of problems and establishment of a shared understanding of the main obstacles to making the money work.
5. Addressed and solved institutional bottlenecks at various levels including systemic aspects related to policies and procedures of multilateral partners.
6. Solved a number of country level issues concerning the Three Ones arising from different donor procedures.
7. Provided consolidated UN technical support at country level in coordination with the UN Theme Groups on HIV/AIDS.

6. Key Issues

GIST Role, Mandate and Positioning

There have been a range of debates that discussed the role of GIST in technical support provision and the level at which it should operate. Questions include whether GIST is to address implementation problems at country level, systemic issues at global level that impact on country level implementation (HLSP 2007), or whether GIST should shift from providing direct technical support to countries and instead act as a broker, facilitator or coordinator of technical support to country level problems (UNAIDS 2006). Understanding the role of GIST is further complicated by the array of pre-existing technical support arrangements that potentially tackle many of the same issues as GIST, often involving the same agencies.

GIST seems to be recognised to play an important role at the global level in the absence of a mechanism to resolve global and regional institutional issues among multilaterals (HLSP 2007, GIST 2006). Its role in country level problem-solving in relation to existing regional and country level structures and technical support provision is less clear. Enabling existing structures such as the UN Theme Group on AIDS and the Joint UN Teams on AIDS to work effectively in resolving GF grant bottlenecks is essential. As one informant for the Independent Assessment of the Global Task Team Recommendations report states “fix the architecture at country level so it is not necessary to resolve a succession of individual problems”.

Demand vs. ‘generating demand’ for GIST services

GIST was originally conceived as demand-driven technical support provision, providing rapid problem-solving responses to country requests. In reality, country demand for GIST has been less than expected. From the documentation reviewed, there appears to be only one unsolicited request for GIST services (the Gambia). Reasons for poor country demand for GIST services include insufficient knowledge of national stakeholders of GIST’s role and how to access support, but also because of delays in flagging problems that arise. In some cases, the delay is due to a reluctance to seek assistance as there is the perception of a stigma attached and that the GIST is technical support of the “last resort” (HLSP, 2007). As a result of weak demand, GIST has largely generated its own demand by proactively identifying countries in need of possible help.

HLSP

GIST Governance and Ownership

Capacity of GIST Secretariat

From the documents reviewed, it is clear that GIST meetings cover a broad range of issues including technical support, questions of strategic direction, and internal management issues. An assessment of the meeting transcripts suggests that some key steps that were identified to strengthen the organisation of GIST (such as the development of a communications strategy, a human resource plan for the Secretariat a database/password-protected e-space and an M&E framework and workplan) have yet to materialise. It is not clear whether these areas will be taken forward by the Secretariat, now full time staff is available.

The GIST has striven to remain informal, flexible and a 'light touch', which may help explain the dearth of literature available that explicitly documents the governance procedures of the GIST and its Secretariat. The roles and responsibilities of the Chair and Vice Chair have not been formally recorded in writing nor does there appear to be any record of the election process for either rules/by laws for the way the GIST works.

Representation and Ownership

It has not been possible for the designated representatives to attend all meetings. This has led to the participation of a variety of more junior representatives, who often lack the seniority to make key decisions on behalf of their agency. Greater levels of institutional engagement by all GIST member agencies and commitment to participating in meetings and follow up action are recognised as key operational challenges at all levels. This review also found it difficult to ascertain whether involvement in GIST is a prerequisite for country agency representatives, embedded in job descriptions and work plans with strong lines of accountability.

Communication

Communications, information flow and linkages between GIST and regional and country offices of UN agencies represented on GIST could be strengthened (GIST 2006). Informant interviews from the Independent GTT Assessment indicate that agency involvement in GIST at country level is not as effective as it could be due to limited knowledge of what the Global Fund is funding at country level.

Conclusion

From the literature reviewed, GIST appears to have provided a useful structural mechanism for bringing together and resolving issues between the Global Fund and the UN system, particularly in the area of improved harmonisation and alignment between agency activities. It also appears to have made some useful contributions to solving country level bottlenecks in certain settings. However, its ability to systematically address bottlenecks at country level has been undermined by challenges regarding its mandate, organisational set up, governance and accountability, and perceptions of value added. It is hoped that the GIST review will develop a number of options to address these issues and refocus the mandate of the GIST for future success.

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APPENDIX 2

Interviews

- Fareed Abdullah, International HIV/AIDS Alliance
- Olivier Adam, UNDP
- Geoff Adlide, GAVI
- Jonathan Brown, World Bank
- Richard Burzynski, ICASO
- Jenny Butler UNFPA
- Clement Chan Kam former WHO, UNAIDS
- Natalia Ciausova, ICASO
- Ann Lion Coleman, OGAC,
- Duncan Earle, former Global Fund
- Tom Franklin, UNICEF
- Nadia Fuleihan, UNDP
- Oren Ginzburg, Global Fund
- Teguest Guerma, WHO
- Pradeep Kakkattil, UNAIDS
- Josiane Khoury, UNFPA
- Steve Kraus, UNFPA
- Kerry Kutch, WHO
- Madelaine Leloup, Global Fund
- Luis Loures, UNAIDS
- Tim Martineau, UNAIDS
- Mabingue Ngom, Global Fund
- Michael O'Connor, ICAD
- Cornelius Oepen, GTZ
- Tim Poletti, Australian Permanent Mission, Geneva
- Tatjana Peterson, Global Fund
- Carol Presern, DfID
- Andy Seale, UNAIDS
- Geeta Sethi, UNAIDS
- Michel Sidibe, UNAIDS
- Angela Spillsbury, DfID
- Kate Thompson, UNAIDS
- Kirsi Viisainen, Global Fund,
- Jason Wright, USAID

Country level

PNG

Dr Tim Rwabhuemba UCC

Lady Roslyn Morauta, former CCM chair

Patricia Kehoe FPM, Global Fund

Swaziland

Dr Derek von Wissell, Director NERCHA

Mulunesh Tennagashaw UCC UNAIDS

Nigeria

Warren Namaara UCC

Jerome Mafeini, CCM Chair

Ecuador

Ruben Mayorga, UCC

Lelio Marmora, FPM

Angola

Tamsir Sall UCC

Edward Greene FPM

Niger

Tina Draser FPM

APPENDIX 3

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APPENDIX 4

Acronyms

ASAP	AIDS Strategy and Action Plan
CCM	Country Coordinating Mechanism
CIST	Country Implementation Support Team
CSAT	Civil Society Action Team
CSO	Civil Society Organisation
DFID	Department for International Development (UK)
EARS	Early Alert and Response System
FPM	Fund Portfolio Manager
GFATM	Global Fund to Fight AIDS, TB and Malaria
GIST	Global Implementation Support Team
GTT	Global Task Team
GTZ	German Agency for Technical Cooperation
HSS	Health Systems Strengthening
ICASO	International Council of AIDS Service Organisations
IHP	International Health Partnership
ILO	International Labour Organization
LFA	Local Funding Agent
NFR	Notes for Record
OECD	Organisation of Economic Co-operation and Development
OGAC	Office of Global AIDS Coordinator
PCB	Programme Coordinating Board
PEPFAR	President's Emergency Plan for AIDS Relief (US)
PLWHA	People Living with HIV and AIDS
PR	Principal Recipient
PSM	Procurement and Supply Management
TA	Technical Assistance
TG	Theme Group
TORs	Terms of reference
TS	Technical Support
TSF	Technical Support Facility
UCC	UNAIDS Country Coordinator
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNTG	United Nations Theme Group
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization