

# Clearing the common ground for the "Three Ones"

*Report of a consultation process*

## 1. Introduction

This document is the report of a consultation process undertaken by UNAIDS with key donor partners in order to build a common ground around the “Three Ones” and leading up to the meeting of donors and national partners in Washington on 25<sup>th</sup> April 2004. The document is not a negotiated text, but seeks to capture convergence on some key concepts relevant to effective donor support for the country level AIDS response.

There is a marked shift in the global response to the crisis of AIDS; a new acknowledgement of urgency and stronger and more consistent demand for action. As the number of funding and implementing partners increases, there is also an urgent need to deal with the risk of duplication, overlap and fragmentation of the response, particularly where the capacity to co-ordinate is weak.

Donor governments and other external partners have a major role in ensuring that their funding and support policies enable a nationally owned and led AIDS response. The “Three Ones” principles for coordination can only serve to enhance effectiveness, speed and sustainable results to the extent there is active support from donor partners.

The call for better coordination of the AIDS response is fully in line with the statement adopted by Development Cooperation Ministers and Agency Heads of OECD DAC at the recent meeting in Paris on 15-16 April 2004, with its promise to “turn the principles of harmonization and alignment—agreed at the Rome High Level Forum in 2003—into reality on the ground”.

## 2. Some terms and concepts basic to the “Three Ones”

The “Three Ones” principles<sup>1</sup> are specifically developed to cope with the urgency and need to ensure effective and efficient use of resources and focus on delivering results - in ways that will also enhance national capacity to deal with the AIDS crisis long term.

The principles are fully compatible with the OECD DAC guidelines and the Rome Declaration on harmonisation. In the same way as the OECD DAC guidelines, the Three Ones principles seek to accommodate different aid modalities, while striving to ensure effective aid management procedures and to reduce transaction costs for countries.

Basic to a shared commitment from donors to the Three Ones principles is clarity and common ground on three basic concepts/terms:

- The rationale for **exceptional** AIDS action
- **National ownership** - who is included
- **Accountability** - who is accountable - to whom

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<sup>1</sup> Conference Paper 1

## **2.1 The rationale for “Exceptional” AIDS action**

The AIDS epidemic has developed into a global crisis of extraordinary dimensions. The epidemic drives a vicious circle by striking hardest at countries with the weakest capacity for implementation. AIDS is a new kind of emergency, because its most devastating impact has been on the basic building block of development: human capacity. It depletes capacity much faster than it can be replenished, affects all sectors of society and generates long term vulnerability.

AIDS is also a new kind of “long-term emergency” which in most countries demands new approaches in both international and country-level AIDS policy and programmes. There is a need to speed up processes and actions, a need for better tools to overcome barriers and for more effective approaches to social services provision. Along with new demands on the public sector, the response requires more inclusive public/private partnerships and strengthened corporate responsibility. Even more, the very nature, scope and complexities of the epidemic demand a different reliance on competence and capabilities in communities, in national and local institutions and among people of all ages. This is true in countries with a full-blown epidemic, but applies equally to the building of AIDS resilient societies in countries that are vulnerable but not yet hard hit.

The urgency, nature, scope and complexities of the epidemic demand a somewhat different approach than current development planning and organising. There is therefore a need to give exceptional (i.e. special, urgent, short-term and extraordinary) attention to principles and practices that in the immediate and short term can drive concerted action and achieve results.

Exceptional AIDS action in this context is understood to mean urgent attention to:

- clarity of the policy basis for concerted action on AIDS through inclusive public-private partnerships— as set out in general terms in the Three Ones principles and applied and adapted to each country situation and with recognition of how it connects to the general development frameworks applicable in the country;
- communication and dialogue about the relationship between the status and impact of the AIDS epidemic and the macroeconomic policies and realities of each country (including the question of flexibility in budget ceilings for health and AIDS spending) - to achieve results, to strengthen broad national ownership and accountability and to ensure sustainability;
- approaches for tracking all AIDS specific external support, public, NGO and private sector, and make such information available in overall budget and expenditure analysis and to AIDS specific monitoring and evaluation;
- assessment of health sector capacity, including working environments, incentives and supportive measures for the retention of quality staff to respond to the scaling up of access to treatment, care and prevention on the basis of sound public health priorities;
- investment in building indigenous capacity and AIDS competent and AIDS resilient local communities and societies.

Overall, such an exceptional effort shall serve to speed up action and make efficient and effective use of resources towards results that can be sustained - without creating undue obstacles that will slow the response or fail to recognise the need for both donor partners and national partners to make their decisions based on their individual procedures and mandates. Being assured organizational independence to serve their own mandates, public and private assistance partners will, on the other side, make all efforts to act in ways supportive to long-term national capacity development and sustainability.

The status of the epidemic, the scope for effective integration of the public/private partnership approaches within the regular development mechanisms and the overall national capacity to mainstream the AIDS response will determine how long mechanisms set up to serve an exceptional AIDS response need to be maintained. Long term, the aim should be for national development

processes and partnerships to be robust enough to cope with an effective and integrated response to AIDS, such as through tools like the PRSP and in line with the OECD DAC principles and practices.

## **2.2 National Ownership**

National ownership and leadership of the HIVAIDS response is central to the policies of all major donor partners. This is closely associated to the critical importance of leadership, good governance and sustainability.

National ownership includes a respect by donors for the critically important role of the state, including in policy formulation, service provision, standards and regulation. It further includes the accountability of elected governments to the people. And it includes a commitment to informed and broad based leadership and the appropriate role of institutions at national level and below in democratic oversight and in monitoring the response.

National ownership also means an ownership and leadership that is broad and inclusive of a range of stakeholders, such as private sector, academic institutions and their partners, non-governmental organisations and other civil society groups, and with special emphasis on communities and people living with AIDS. Inclusion is understood as applied not only to implementation and innovation, but also to issues of public policy, advocacy and oversight functions, monitoring and evaluation. It is imperative that state-led development based on leadership and democratic governance and community-based action based on empowerment of individuals go hand in hand.

In situations where the state does not provide a credible leadership in the response to HIV/AIDS, national ownership must be rooted in effective collaboration with other national stakeholders. Particularly in these situations, donors who support the AIDS response will need to consider ways to sustain an adequate long term response.

## **2.3 Accountability**

Assistance must be streamlined to provide assurance of accountability and effectiveness. Accountability applies to the responsibility for justification of expenditures and the related decisions that have impact on results, which also include policies, priorities, strategies and partnerships.

In the case of aid, resources are transferred to achieve results located geographically and politically separate from the political constituencies and institutions that grant the money. It therefore introduces more complex patterns of accountability between the taxpayer, the budget authority and the beneficiary than in the case of accountability for domestic resources.

A central focus for accountability in this situation is to strengthen partner countries' capacity to manage and monitor so that reporting can be country-led and country-owned and reporting and monitoring should support the partner countries' own needs. Credible monitoring and evaluation must serve two essential functions: to improve programme implementation, while also allowing donor sources to ensure that their funding is effectively spent. Fiduciary systems and procurement systems that satisfy agreed standards represent a shared interest for all stakeholders, both national and external. Capacity assessment and reporting requirements should as far as possible be harmonised and transparent.

Accountability in an aid context has both a vertical and a horizontal dimension:

*Upward:*

- To donors, foundations etc. (financial level – accountable for the use of funds, achievement of results, etc.)

*Downward*

- To those infected and directly affected by the disease in the countries (the individual level – helping people in need and making sure they benefit from investments).

### *Horizontally*

- Within and across partnerships, donor-donor, public/private sector and civil society – the issue of inclusion and mutual accountability for compatible policies, strategies and relationships – the issues of transparency and - the issue of transaction costs and inefficiencies.

A common HIV/AIDS Action Framework serves to establish agreement between stakeholders about the policies, priorities and strategies that shall lead to results and therefore serves accountability both in its vertical and horizontal dimensions. Because of its strong bearing on results, a recognised connection between the HIV/AIDS Action Framework and poverty-reduction and development frameworks is also essential in accountability. The Millennium Development Goals and the associated monitoring system serve as a bridge for linking the two.

## 3. A common M&E framework

Countries and donors all need very basic information to determine the current status of the epidemic and to monitor the progress and impact of our collective response. Commitment should be made by partners at global level to align their basic needs for M&E for purposes of accountability for funds and agree on core elements of a country-level M&E system.

### **3.1. There are seven key categories of information needed:**

- **What is happening with the epidemic?** The most basic information needs include estimating the number of people who are currently infected, determining the number of new infections and whether transmission is decreasing, increasing or levelling off.
- **Do people have the knowledge, skills and tools to protect themselves from getting or transmitting HIV infection and are these interventions having an impact on risk behaviours?** The effectiveness of prevention interventions must be assessed on an ongoing basis. There are now a wide range of available tools to measure awareness and knowledge about HIV/AIDS, and to assess the current levels of risk behaviour.
- **Are people who are infected receiving quality care and treatment?** Not only must we measure the number of people who are started and remain on treatment, but key processes must also be monitored. Adherence to the prescribed drug regimens is important, both to improve the quality of care and to avoid drug resistance. Monitoring systems should provide early warning to signal possible drug “stock-outs” before they occur and whether treatment failures are rising. The impact of treatment must be tracked. Are people able to return to work? Is their quality of life improving?
- **Are those family members who are most affected receiving services, especially vulnerable children whose parents are sick, dying, or deceased?** We must assess the number of children who are receiving basic support services and the number of children who would be eligible to receive such services. At the same time, we need to know whether the services that are being delivered are having any impact. Are children receiving adequate nutrition? Are they staying in school?
- **Are pregnant women getting services to reduce transmission to their newborns?** Data is needed to estimate how many women should receive these services; how many actually get tested; and most importantly, how many mothers and newborns receive the essential antiretroviral drugs needed to stop transmission.
- **Are resources being spent in the right places and for the most effective activities to reach the targets that we have set?** International financial resources need to be tracked from their sources (Bilateral, Global Fund, Foundations, World Bank) to the country and project level.

Simultaneously, we need to determine domestic resources, be they from the public sector or “out-of-pocket,” to assess the changing ratios of funding and to assure allocative efficiencies and equities.

- **What is happening to the health and other social sectors as a result of the epidemic and the response?** The advent of dramatically increased resources for the country response can lead to both negative and positive impacts on health and other social sectors. Donors and countries will need to track key information, such as the changing of staffing patterns, distribution of medical supplies, and the cost of services and commodities over time. Are other key health services, such as childhood immunization coverage and treatment of malaria improving or suffering? We need to know if the scaling up of AIDS programs is improving health delivery and if not, how we can minimize the damage.

### **3.2 Basic Principles for a Harmonized M&E Framework:**

There are a number of strategic principles that must be recognized when monitoring and evaluating programmes. It is important to use existing information systems, if they can provide timely and credible information. If new systems must be established, ensure that they complement and reinforce those that currently exist. Simplify, standardize and prioritize data collection to facilitate efficient scale-up. Use of common indicators and methods of measurement allow both consistent assessments over time as well as cross country comparability. One role of the national M&E framework is to achieve consensus on what information is needed among the various partners. It is essential to build local capacity and provide incentives to collect, interpret and disseminate data at all levels. Data that is collected by national programs, in close collaboration with international partners, is likely to be more accurate, timely and sustainable. To achieve this, the donor community must strongly support a culture of strategic information sharing (feedback, knowledge translation). Finally, we should assure that data gathering and analysis is flexible, adaptable and acceptable.

The issue of attributing results directly to the resources from a specific donor is complex and requires careful consideration. It is essential that a major donor and leader in the global response to the HIV/AIDS pandemic be able to demonstrate the impact of its funds. However, as we measure outcome and impact indicators, such as coverage of antiretroviral therapy and assessment of improved survival and quality of life for persons on treatment, there are political, strategic and logistical reasons to carefully address attribution. Rarely are these outcomes attributable to a single donor. It should be possible to both describe the leadership role and the impact of major funding provided under the donor community while also fostering a culture of collective responsibility for actions and the desire to measure collective achievements.