



# The “**Three Ones**” in action: where we are and where we go from here





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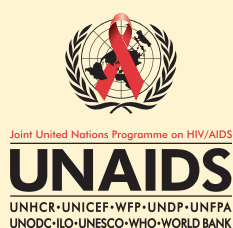
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## Acronyms

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CCM	Country Coordinating Mechanisms
CF	Clinton Foundation
CHAZ	Churches Health Association of Zambia
CIDA	Canadian International Development Agency
CTU	Central Technical Unit
DAC	Development Assistance Committee
DFID	United Kingdom's Department for International Development
DPG	Development Partner Group
DRI	District Response Initiatives
FCM	Drugs Common Fund (Fundo Comum dos Medicamentos)
FCP	Provincial Common Fund (Fundo Comum das Provincias)
GAC	Ghana AIDS Commission
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GFCCP	Global Fund Country Coordinating Plan
GT SWAP	Joint Working Group for SWAp (Grupo de Trabalho SWAP)
GTZ	German Agency for Technical Cooperation
HSSP	Health Sector Support Plan
ICASA	International Conference on AIDS and STIs in Africa
ICASO	International Council of AIDS Service Organizations
IMF	International Monetary Fund
JAPR	Joint Annual Programme Review
KNASP	Kenya National HIV/AIDS Strategic Plan
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MOEE	Ministry of Economy
MTEF	Medium Term Expenditure Framework



NAC	National AIDS Council
NACA	National AIDS Coordinating Agency
NACC	National AIDS Control Council
NACO	National AIDS Control Organization
NGO	Non Governmental Organization
NORAD	Norwegian Agency for Cooperative Development
NCTP	National Care and Treatment Plan
NSF	National Strategic Framework
OECD	Organization for Economic Cooperation and Development
PARPA	Action Plan for the Reduction of Absolute Poverty (Plano de Accção para a Redução de Pobreza Absoluta)
PEPFAR	The President’s Emergency Plan for AIDS Relief
PMO	Prime Minister’s Office
PRBS	Poverty Reduction Budget Support
PROSAUDE	General Common Fund (Fundo Comum Geral)
PRSP	Poverty Reduction Strategy Papers
RNE	Royal Netherlands Embassy
Sida	Swedish International Development Agency
SISTAFE	Financial Information System (Sistema de Informacao das Financas)
SWAp	Sector-wide Approach
TACAID	Tanzania National AIDS Commission
USAID	United States Agency for International Development
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WB	The World Bank
WHO	World Health Organization



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- In 66 countries, the UN Theme Groups on HIV/AIDS and UNAIDS Country Coordinators who responded to the survey on their countries' progress on applying the "Three Ones";
- In 10 countries, the UN Theme Groups on HIV/AIDS and UNAIDS Country Coordinators who responded to the quick survey on their countries' experiences with donors;
- In Kenya, Viet Nam and Zambia, the missions and country teams that participated in assessments of those countries' progress on applying the "Three Ones";
- In Cambodia, Ethiopia and Philippines, the missions and country teams that participated in assessment of those countries' progress on applying the Third Ones (one agreed monitoring and evaluation system) and made suggestions for action.



## Foreword

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Although financing for the response to AIDS in low- and middle-income countries has increased significantly, it falls far short of the scale necessary to achieve the Millennium Development Goal of reversing the epidemic by 2015.

It is therefore all the more imperative that the most effective use is made of whatever funds are available. This in turn requires that the many actors in the response to AIDS at the global, national and local levels fully coordinate and harmonize their efforts.

This requirement is felt most keenly at the country level. Even in countries that have established national AIDS authorities and clearly defined national priorities, parallel financing, planning, programming and monitoring continue to prevail. Inevitably, this weakens the national response.

To tackle this pervasive problem, in September 2003, at the 13<sup>th</sup> International Conference on AIDS and STIs in Africa, a working group approved a set of guiding principles for optimizing the use of resources and improving the country-level response to AIDS.

In April 2004, the Consultation on Harmonization of International AIDS Funding—bringing together representatives from governments, donors, international organizations and civil society—endorsed the “Three Ones” principles as follows:

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

UNAIDS was called on to act as facilitator and mediator in efforts to realize these principles.

This report looks at progress on applying the “Three Ones” principles to the end of 2004, and identifies the challenges ahead as well as opportunities for overcoming these challenges. While this preliminary report is by no means comprehensive, it is a very useful step forward in helping us find answers to a question that must preoccupy all of us:

How can we, individually and collectively, make optimal use of the limited resources available for tackling the AIDS pandemic, an unprecedented global crisis, and so accelerate progress towards achieving the Millennium Development Goals?

Peter Piot  
Executive Director  
Joint United Nations Programme on HIV/AIDS



# Executive Summary

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## Introduction

Partners engaged in the global, national and local responses to AIDS have agreed on the “Three Ones”—one national AIDS framework, one national AIDS authority and one system for monitoring and evaluation—as guiding principles for improving the country-level response. This report describes how far the partners have moved from principle to practice and points to the challenges and opportunities that lie ahead. Its aim is to inform and provoke discussion and debate as all the partners—all levels of government, bilateral and multilateral donors, international institutions, and civil society—seek answers to the question, “How can we, individually and collectively, make optimal use of the limited resources available to us, improve our response to the AIDS epidemic and accelerate our progress toward achievement of the Millennium Development Goals?”

## “Three Ones” aims and targets for 2005 and beyond

The report describes the aims and targets the UNAIDS Secretariat has set for 2005 and beyond. In order to develop and disseminate strategies for rapid adherence to the “Three Ones” principles UNAIDS will continue to provide intensive study and assistance to 12 countries (Ethiopia, Haiti, India, Indonesia, Kenya, Malawi, Mali, Mozambique, Tanzania, Ukraine, Viet Nam and Zambia). Those countries are either at critical stages of the epidemic where accelerating their AIDS response is urgent and/or at critical stages of developing their national AIDS responses.

At the same time, UNAIDS will continue to act as facilitator and mediator among partners in all country-led efforts to apply the “Three Ones” principles. It will pay particular attention to countries where the response to the epidemic is the weakest.

In addition, UNAIDS is in the process of identifying countries that are well advanced toward adherence with one or more of the “Three Ones.” On the basis of the countries identified so far, the following targets would appear to be realistic.

- **‘First One’ Target.** One comprehensive national AIDS framework, fully costed (i.e., with work plan and budget) and negotiated and endorsed by key stakeholders in 15 countries by the end of 2005 and in 20 additional countries by the end of 2006.
- **‘Second One’ Target.** One national AIDS coordinating authority, recognized in law and with broad-based multisectoral support and full technical capacity for coordination, monitoring and evaluation, resource mobilization, financial tracking, and strategic information management in 15 countries by the end of 2005.
- **‘Third One’ Target.** One national monitoring and evaluation system, integrated into the national AIDS framework, with a set of standardized indicators endorsed by key stakeholders in 20 countries by the end of 2005.



## Challenges and suggested actions for countries

The report points to many challenges the countries and donors must meet if the “Three Ones” principles are to be fully applied and global, national and local actors/players are to make optimal use of the domestic and international resources available to respond to the AIDS epidemic. The circumstances of each country and donor are unique, so the report makes no one-size-fits-all recommendations for action by countries and donors. Instead, it makes suggestions each of them may wish to take into consideration as they seek their own answers to the question posed in the introduction to this executive summary. Challenges and suggested actions for countries are as follows.

### ***Applying the ‘First One’ principle: one agreed national AIDS action framework***

At the end of 2004, a UNAIDS Secretariat survey found that, of the 66 countries covered by the survey, 82% had up-to-date national AIDS action frameworks. The survey and other more detailed country assessments found, however, that there are two major weaknesses of many of these frameworks.

- *Absence of multisectoral agreement.* Many key stakeholders are left out of the processes for developing, reviewing and updating the frameworks. As a consequence, multisectoral agreement is lacking and the frameworks do not take into consideration the concerns of key stakeholders such as, for example, women. (Of the countries surveyed, 9% have no participation by women and only 5% have full participation by women).
- *Absence of carry-through into workplans and budgets.* Many of the frameworks are not translated into workplans and budgets. Donors are not able to see concrete expression of national priorities so they cannot see where they might best contribute. (Of Asian-Pacific countries covered by the survey, for example, 55% have no workplans or budgets attached to their national AIDS action frameworks. Of all countries surveyed, 23% have no system for aligning their budgets with their objectives and tracking expenditures to see that they are meeting objectives).

Suggested actions for countries to consider include:

- building participatory structures from the ground up, starting where those who deliver AIDS-related services meet the people who receive the services;
- providing strong links between national AIDS councils and secretariats and sub-national players, including local committees or working groups and the people involved in administering services; and
- reaching out to vulnerable groups (e.g., young women and girls, migrant workers) who may not be well-organized and help them provide input to planning processes.

### ***Applying the ‘Second One’ principle: one agreed national AIDS authority***

The UNAIDS Secretariat’s survey found that, of the 66 countries covered by the survey, 95% had national AIDS authorities and they included all countries with national frameworks. The weaknesses of the frameworks were reflected in weaknesses of the authorities, the two main areas being:



- *Absence of strong mandates and support.* Many of the authorities do not have strong mandates and support reaching down from the highest levels of government and broadening out to cover all sectors at all levels from the national to the local. In other words, the national AIDS authorities sometimes lack accountability, authority and legitimacy and overall leadership of the national response. This means, for example, that they are sometimes excluded from participation in critical processes involved in planning and coordinating the national AIDS response. (Of the national AIDS authorities covered by the survey, only 71% play key roles in mechanisms—e.g., the Global Fund’s Country Coordinating Mechanisms—for channelling donor support into countries).
- *Absence of human resource capacity and/or management and institutional authority.* Very few national AIDS authorities have all the capacity they need to do good jobs of planning, resource mobilization, coordination, information management, and monitoring and evaluation. Low salaries paid by the public sector make it difficult to attract qualified people and the lack of in-country vocational and professional training is an even bigger problem. Only one of the 66 countries covered by the survey was found to have all of the human resource capacity necessary. Only 9% have sufficient capacity for coordination.

Suggested actions for countries to consider include:

- make capacity building a top priority in national action frameworks, workplans and budgets and a top priority in negotiations for donor support;
- make fair wages and benefits, including good working conditions, top priorities when budgeting and negotiating for funding; and
- consider legislation, bylaws, terms of reference, guidelines, and training so that national councils and secretariats have clear mandates, instructions and support for ensuring broad multisectoral participation.

### ***Applying the ‘Third One’ principle: one national monitoring and evaluation system***

At the end of 2004, a UNAIDS Secretariat survey found that, of the 66 countries covered by the survey, 79% have groups beginning to work on the development of monitoring and evaluation systems. However:

- *Far to go before systems are in place.* Only 60% have developed plans to the point where they are endorsed by all partners; only 35% have budgets in place; only 26% have national databases in place.
- *Absence of human resources capacity.* Only 25% of countries have trained personnel to develop and manage national databases and only 5% have all of the human resources they need to do adequate jobs of monitoring and evaluation.

Suggested actions for countries to consider include:

- establish national monitoring and evaluation task forces to harmonize the existing monitoring and evaluation systems to meet the national priorities; and
- ensure monitoring and evaluation plans have workplans and budgets and are integrated in the overall national frameworks;



## Challenges and suggested actions for donors

The donor-country relationship is a complex one. To assess country experiences with donors on HIV and AIDS programmes, the UNAIDS Secretariat recently distributed a short survey asking six UNAIDS Country Coordinators to reply quickly and in strict confidence to seven questions regarding their countries’ experiences with donors in consultation with others as the short time allowed. A synthesis of the information from the UNAIDS Country Coordinators Annual Reports and regular feedback from different partners, supplemented with an in depth assessment of six countries made it clear that there are opportunities for effective collaboration with donors in spite of the challenges that currently exist. The following recommendations may be considered.

- *Formally recognize and support rights to self-governance.* Most donors respect priorities set by countries, since experience has taught them that assistance provided against countries’ wishes almost always fails to have sustainable results. However, the short survey suggested that formal recognition of countries’ rights to self-governance and formal commitment to support country efforts to establish national AIDS authorities and national AIDS frameworks might help to address some of the uneasiness UNAIDS Country Coordinators now report.
- *Participate.* Major donors should do their best to participate in the development and implementation of national AIDS frameworks.
- *Coordinate.* Donor efforts should support the coordination of one national programme through particular mechanisms that re-enforce and strengthen the national programme. Efforts should be made to reduce duplication and the development of parallel systems for channelling resources and the project approach.
- *Focus on building countries’ human resources capacity.* Helping to build human resources capacity is perhaps the single greatest contribution donors can make to countries’ AIDS response. This is ideally done through in-country training programmes whereby, institutions and personnel from donor and host countries work together on training country nationals.
- *Monitoring and Evaluation systems* and reporting requirements of partners should be harmonized to ensure optimal use of limited national resources.
- *Ensure that the Poverty Reduction Strategies of African countries do more to promote action for children and young people affected by HIV and AIDS.* A Joint UNICEF and World Bank review conducted in December 2004 provides important lessons for taking advantage of the opportunities provided by the Poverty Reduction Strategies and national strategic plans on HIV and AIDS to intensify action against AIDS, especially for those countries that are preparing new Poverty Reduction Strategies or revising existing ones.



# Introduction: the guiding principles for action against AIDS

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## Origin of the “Three Ones”

As the AIDS epidemic continues to spread, there has been a marked increase in the global response. The funding available for AIDS programmes in developing countries has increased from US\$ 300 million in 1996 to US\$ 2.1 billion in 2002, to US\$ 6.1 billion in 2004. Though much more is needed, for the first time in the history of the epidemic there is reason for hope that the Millennium Development Goal of reversing the epidemic by 2015 can be achieved. Many heads of state and government have spoken out about AIDS, and religious, cultural, business, community and other leaders have spoken with one voice about the urgency and magnitude of the AIDS crisis.

In the past, AIDS advocacy for developing countries has focused largely on fostering leadership and mobilizing financial resources adequate to the scale of the epidemic. Both of those focuses remain necessary but, now that leadership and financial resources are more in evidence, attention is turning to the urgent questions of how to make the money work and how to ensure leadership can be genuinely effective in changing the course of the epidemic.

It is clear that there is urgent need to increase the capacity of many developing countries to use the available funding efficiently and effectively. Available funding sometimes lies unused because countries simply lack the mechanisms to put it to work. Among the factors limiting the optimal use of domestic and international funds in many countries is the fact that government ministries, international aid agencies, community-based organizations and other players do not coordinate their AIDS interventions. Instead, they engage in parallel financing, planning, programming and monitoring. “The right hand does not know what the left is doing” would apply, except there are many hands involved.

In September 2003, at the 13<sup>th</sup> International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA), held in Nairobi, Kenya, a working group developed a set of guiding principles for improving coordination of national AIDS interventions.

On 25 April 2004, UNAIDS, the United Kingdom and the United States co-hosted a Consultation on Harmonization of International AIDS Funding in Washington, D.C.. Representatives from donor and host countries and major international organizations formally endorsed the “Three Ones” principles as follows and they agreed to collaborate on a number of steps to put them into practice. They called on UNAIDS<sup>1</sup> to act as facilitator and mediator among all stakeholders in country-led efforts to apply the “Three Ones” and to integrate monitoring and evaluation into national policies, programmes and reports<sup>2</sup>.

- One agreed AIDS action framework that provides the basis for coordinating the work of all partners.
- One national AIDS coordinating authority, with a broad-based multisectoral mandate.
- One agreed country-level monitoring and evaluation system<sup>3</sup>.

<sup>1</sup> The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together the UNAIDS Secretariat and ten UN system organisations in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR); the United Nations Children’s Fund (UNICEF); the World Food Programme (WFP); the United Nations Development Programme (UNDP); the United Nations Population Fund (UNFPA); the United Nations Office on Drugs and Crime (UNODC); the International Labour Organisation (ILO); the United Nations Educational, Scientific and Cultural Organisation (UNESCO); the World Health Organisation (WHO); and the World Bank.

<sup>2</sup> End-of-Meeting Agreement, Washington, Consultation on Harmonization of International AIDS Funding, 25 April 2004 ([http://www.unaids.org/NetTools/Misc/DocInfo.aspx?LANG=en&href=http://gva-doc-owl/WEBcontent/Documents/pub/UNA-docs/Three-Ones\\_Agreement\\_en.pdf](http://www.unaids.org/NetTools/Misc/DocInfo.aspx?LANG=en&href=http://gva-doc-owl/WEBcontent/Documents/pub/UNA-docs/Three-Ones_Agreement_en.pdf)).



## The wider movement to increased harmonization and effectiveness

The above actions were in accord with the *Rome Declaration on Harmonization* of February 2003, whereby senior officials of more than 20 bilateral and multilateral development organizations and some 50 countries reaffirmed their commitment to achieving the Millennium Development Goals and agreed to harmonize their policies, procedures and practices<sup>4</sup>. They were also in accord with *Harmonizing Donor Practices for Effective Aid Delivery*, guidelines published in 2003 and developed by the Development Assistance Committee (DAC) of the Organization for Economic Cooperation and Development (OECD)<sup>5</sup>.

Across the entire UN system, the issue of harmonization of efforts and increased effectiveness of joint work has become centrally important. The roles, responsibilities and value-added of the United Nations system have come under close scrutiny, including through the *Report of the Secretary-General's High-level Panel on Threats, Challenges and Change*<sup>6</sup> and the UN Millennium Project report, *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*<sup>7</sup>. UNAIDS is the facilitator of more coherent responses to AIDS and, as such, is much involved in these broader reform processes.

The harmonization issue has become centrally important outside the UN system, too. For example, in January 2005, it was a focus of discussion at the Senior Level Forum on Development Effectiveness in Fragile States, hosted by the United Kingdom's Department for International Development and with participation by the Organization for Economic Cooperation and Development, the European Commission, United Nations Development Programme, and the World Bank<sup>8</sup>.

## A recent affirmation of the “Three Ones”

At the Fourth Ordinary Session of the Assembly of the African Union in Abuja, Nigeria, on 30 and 31 January 2005, the heads of 45 African states engaged in intense discussion on the AIDS epidemic in Africa, its rapid spread, the efforts to contain it and the gravity of the situation. They spoke of needs for:

- 1) unrelenting political leadership and commitment to building their countries' capacity to respond to the AIDS epidemic;
- 2) countries to share knowledge and experience and collaborate on response; and
- 3) bilateral and multilateral donors to change their agendas in any ways they could to help their countries respond.

3 Thirteenth International Conference on AIDS and STIs in Africa

4 *The Rome Declaration on Harmonization*. Rome, High Level Forum on Harmonization, 24-25 February 2003 (<http://www1.worldbank.org/harmonization/romehlf>)

5 *Harmonizing Donor Practices for Effective Aid Delivery*. A Development Assistance Committee Reference Document, Paris, Organization for Economic Cooperation and Development, 2003 (<http://www.oecd.org/dataoecd/0/48/20896122.pdf>).

6 *A more secure world: our shared responsibility. Report of the Secretary General's High Level Panel on Threats, Challenges and Change*. New York, United Nations, 2004 (<http://www.un.org/secureworld>).

7 *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*. New York, UN Millennium Project, 2005. (<http://unmp.forumone.com/index.html>).

8 Senior Level Forum on Development Effectiveness in Fragile States, 13-14 January 2005 ([http://www.oecd.org/document/30/0,2340,en\\_2649\\_33693550\\_33964254\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/30/0,2340,en_2649_33693550_33964254_1_1_1_1,00.html))



They agreed to urge all Member States of the African Union to intensify their efforts towards more effective and well-coordinated implementation of national programmes to improve access to HIV prevention and treatment, in accordance with the “Three Ones” principles, the “3 by 5” strategy and the global Child Survival Partnership.

## **This report**

This report reviews what has happened at country level since the 25 April 2004 Consultation on Harmonization of International AIDS Funding, identifies challenges that stand in the way of applying the “Three Ones” principles and suggests actions to meet those challenges. The report makes clear that all partners—including countries, donor countries and multi-lateral institutions—must intensify their efforts to implement the “Three Ones” agenda if they are to take full advantage of opportunities presented by the current national and global political climate and scale up AIDS responses to levels that can turn the tide of the AIDS epidemic.



## Assessing the Situation

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Over the nine months following the April 2004 Consultation on Harmonization, UNAIDS mobilized its country-level staff to promote and support application of the “Three Ones” by all key stakeholders, including government ministries, local authorities, civil society organizations, donors and the UN system.

At the end of 2004, the UNAIDS Secretariat Country Annual Report was sent to 122 countries with UN Theme Groups on HIV/AIDS<sup>9</sup>, asking them, among other questions, to assess the degree to which the “Three Ones” principles were being applied in their countries. Responses were received from only 66 countries but they were all among the 70 countries where the UNAIDS Secretariat’s presence is strongest. Of the 66 responding countries, 28 were in sub-Saharan Africa, nine in Latin America and the Caribbean, 13 in Asia-Pacific, 11 in Eastern Europe and Central Asia, and five in the Middle East and North Africa.

### The UN system’s commitment to the “Three Ones”

Achieving full application of the “Three Ones” principles is a key priority of the United Nations system, including the World Bank. **UN Theme Groups on HIV/AIDS** are the main vehicles through which agencies in the system coordinate their activities at the country level. Supporting the work of the Theme Groups in the countries most heavily burdened by the AIDS epidemic are **UNAIDS Country Coordinators**. The UN Theme Groups have incorporated “Three Ones” actions into their workplans and individual UN agencies have been doing the same. The UN Theme Groups on HIV/AIDS and UNAIDS Country Coordinators often alert UN system and agency headquarters of the need for unusual action.

In order to develop and disseminate strategies for rapid application of the “Three Ones” principles, the UNAIDS Secretariat is providing special monitoring and support to 12 countries (Ethiopia, Haiti, India, Indonesia, Kenya, Malawi, Mali, Mozambique, Tanzania, Ukraine, Viet Nam and Zambia). At the time of this writing, assessment missions had been completed in Kenya, Viet Nam and Zambia and a mission was ongoing in Indonesia.

In addition, the UNAIDS Secretariat has done case studies to document and assess the development of monitoring and evaluation systems in Cambodia, Ethiopia and the Philippines and, recently, did a short survey of ten country teams on their countries’ experiences with donors.

While this report was being prepared, from 14 to 18 February 2005 in Addis Ababa, Ethiopia, the World Bank, in collaboration with the UNAIDS Secretariat, was hosting an Africa Region HIV/AIDS Consultation. Among the 116 participants were the heads of 27 national AIDS programmes in Africa, representatives of the donor community—including the German Agency for Technical Cooperation (GTZ), the US President’s Emergency Plan for AIDS Relief (PEPFAR)—and representatives of UNICEF, UNFPA and WHO. The “Summary Report on ‘Three Ones’ Discussion” is an additional source of information (see Appendix A).

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<sup>9</sup> UNAIDS Annual Country reports are completed by UNAIDS Country Coordinators where they exist. In countries with no UNAIDS Country Coordinators, they are sent to UN Theme groups on HIV/AIDS. Responses for this analysis are based on 66 country reports. In this document they are referred as Country Annual report.



## Where we are: signs of progress but many challenges

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Since their formulation, the “Three Ones” principles have been enthusiastically embraced by many partners at national, regional and global levels. The UNAIDS Secretariat’s UNAIDS Country Annual Reports found that, of the 66 countries replying, 81% had up-to-date national AIDS frameworks, 95% had national AIDS coordinating authorities and 77% had working groups at least starting to develop national monitoring and evaluation systems. However, the mere existence of national AIDS frameworks, national AIDS coordinating authorities and national monitoring and evaluation systems is not sufficient for effective multisectoral and participatory responses.

The reality is that many countries struggle to muster sufficient human capacity and establish adequate disbursement and monitoring and evaluation systems to put the money to work. It is critical, then, to pinpoint the challenges that stand in the way of full application of the principles.

Ultimately, since the circumstances of each country are unique and successful AIDS responses must be tailored to those circumstances, challenges must be pinpointed at the individual country level. For the interim, the UNAIDS Country Annual Reports of country teams point to common challenges faced by many countries. Understanding those common challenges will help with the planning and implementation of measures to support country-level efforts to apply of the “Three Ones” principles. So will a deeper understanding of particular countries’ experiences, as derived from the UNAIDS Annual Country Reports, the assessment reports now available from three of the 12 focus countries and reports on the three monitoring and evaluation case studies.

## The ‘First One’: One agreed AIDS action framework

### ***Agreement requires participation***

Broad participation in the development, review and periodic updating of national AIDS action frameworks (i.e., strategic visions or plans) is critical if national authorities are to achieve broad support for the frameworks and full participation in their implementation. Broad participation, bringing in key government ministries, bilateral and multilateral donors, international institutions, and civil society also helps to ensure comprehensiveness and quality of the framework.

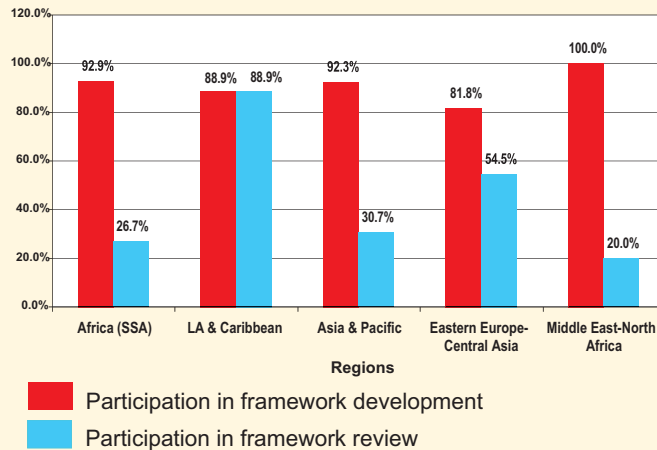
Nationally led and participatory planning and review procedures are becoming more common. As shown in Graph 1, the UNAIDS Country Annual Reports found that more than 80% of countries in all regions have had or are having broad participation in the development of their national frameworks. Far fewer have procedures for broad participation in reviews and updates but that may be because most frameworks are new and reviews and updates have yet to arise.



## Procedures do not guarantee actual participation

Graph 1

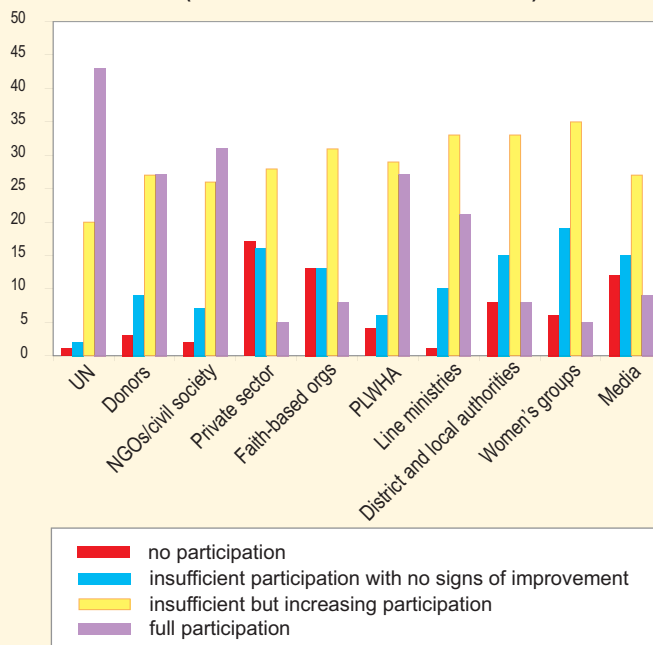
**Countries with participatory processes for developing & reviewing national AIDS frameworks (66 countries responded to survey)**



Even when procedures are in place for regular participatory reviews and updates of national AIDS frameworks, broad participation is the exception rather than the rule. Graph 2 shows the survey found generally high participation by UN system agencies and by donors but full participation by line ministries in only 31% of countries. This is of particular concern, because the involvement of non-health ministries is essential for a comprehensive national response to AIDS.

Graph 2

**Degree of stakeholder participation in review and update of national AIDS frameworks (in numbers of countries out of 66)**



Full participation by other stakeholders is even more limited: only 11% of countries have full participation of district and local authorities and of faith-based organizations; 8% have full participation of the private sector and of women's groups. International, national and community-based non-governmental organizations and people living with HIV have generally high levels of participation in Latin America and Caribbean but lower levels of participation in sub-Saharan Africa, where the survey found that only about half of countries had full participation of these stakeholders. They had even lower levels of participation in other regions.

In short, many countries have procedures in place that make broad stakeholder participation possible in theory, but only a few put the theory into full practice. Many have insufficient participation of stakeholders and show no signs of movement toward broader participation.



### **In Kenya, broad participation but some risks ahead**

The Government of Kenya has declared the “Three Ones” to be the foundations of the Kenya National HIV/AIDS Strategic Plan (KNASP). In September 2004, the National AIDS Control Council (NACC), located in the Office of the President, coordinated the country’s third Joint Annual Programme Review. It assessed progress under the KNASP for 2000–2005, agreed on priorities for the next KNASP, for 2005–2010, and established a broad-based team to develop it further and to align it with the Government’s budgetary process.

Kenya’s NACC functions as a national partnership forum. Under its auspices, all UNAIDS cosponsors and many key donors and civil society organizations participated in the third Joint Annual Programme Review. As a result, the country’s overall system for delivering HIV/AIDS-related services was not needlessly burdened with multiple missions to review those services or multiple exercises in comprehensive planning.

The Joint Annual Programme Review resulted in collective understanding among many key partners but there are still concerns about possible conflicting aims of two of the largest donors and about the lack of strong links between the KNASP and national government planning processes. As mentioned later in this report, there is still some hard negotiating to be done before of the KNASP is translated into practical workplans and budgets.

### ***Action requires workplans and budgets***

A national AIDS framework is of limited use unless it has a work plan and budget that specifies sources and allocations of funds. Without a work plan and budget, a national AIDS framework gives no sense of national priorities and commitments. Donors cannot determine how best to align their support and other stakeholders may not get the support they need to make their contributions to implementation of the framework.

The UNAIDS Country Annual Reports found that many countries with national frameworks had no workplans or budgets attached to the frameworks. This was the case for three (13%) of 23 sub-Saharan African countries with frameworks, one (12.5%) of eight Latin American and Caribbean countries, six (55%) of 11 Asia-Pacific countries, and four (40%) of 10 countries in Eastern Europe-Central Asia. Though many countries did have workplans and budgets, the survey found that procedures were generally weak for tracking budgets and ensuring they were in line with objectives. Fifteen (23%) of 64 countries had no such tracking and only nine (14%) had full tracking, so they could see how their budgets related to their objectives.

### **In Viet Nam, a good strategy gets new support but awaits full participation**

Viet Nam’s National Strategy on HIV/AIDS Prevention and Control might be considered a model document for giving guidance to a multisectoral response to AIDS. A recent UNAIDS Secretariat assessment mission, however, found that Viet Nam’s government classifies AIDS as a social evil and continues to coordinate its response through a National Committee for AIDS, Drugs and Prostitution Prevention. Stigmatization of people living with HIV has contributed to failure to involve key national and international stakeholders in the National Strategy’s development and implementation.

On 31 December 2004, at a national conference on AIDS, the Prime Minister declared 2005 a “focus year” for AIDS and called on several ministries to develop AIDS strategies and on local leaders to devote more time and effort to the AIDS response. His call is expected to advance development of the thematic Programmes of Action, with workplans and budgets for non-health ministries, called for in the National Strategy. Ongoing development of Viet Nam’s 2006–2010 Socio-Economic Development Plan is likely to strengthen the framework for coordination and mainstreaming of AIDS activities. In addition, donor coordination, through the Committee of Concerned Partners, has been strengthened through meetings involving heads of some of the largest external supporters of the national AIDS response.

Many challenges lie ahead, including the challenge of engaging people living with HIV and other elements of civil society in the national AIDS response and of strengthening the monitoring and evaluation system.

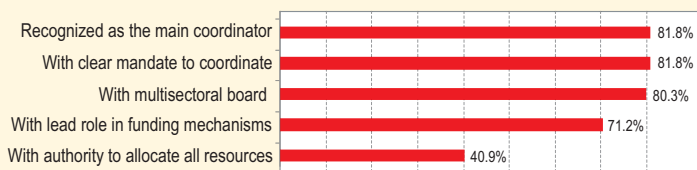


## The ‘Second One’: One national AIDS coordinating authority

*Authority requires leadership and commitment*

Graph 3

### Percentages of countries with national AIDS authorities that have certain strengths

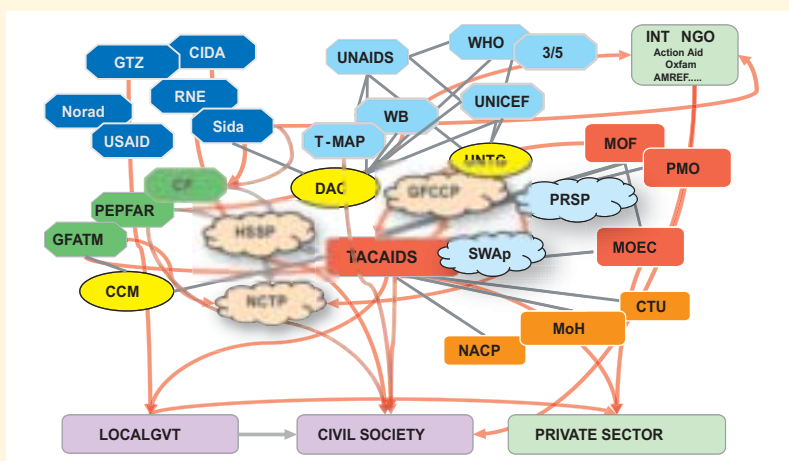


Developing, reviewing and updating national AIDS frameworks all call for leadership and commitment but these are especially important when it comes to implementation. Ideally, there is strong leadership and commitment at the very highest level of government and that level has delegated its authority to a national AIDS authority (which may include a

governing council and a secretariat) that then has the mandate to draw other stakeholders into collaborative action and to coordinate that action. True leadership and commitment have to go far beyond expressions of support by a country’s leaders. It has to reach down through a government and its ministries and out into the broad community of national, local and international stakeholders.

Figure 1: The relationship between various stakeholders<sup>10</sup> in Tanzania.

### The relationship between various stakeholders in Tanzania.



The complex dynamics among stakeholders for the Tanzanian national response demonstrate the urgent need for effective leadership and coordination to maximize the contributions of all.

The UNAIDS Secretariat’s survey found that 95% of the 66 countries responding to the survey have national AIDS coordinating authorities. Further examination of the findings, however, reveals that there is a range of effectiveness from largely nominal authorities to highly effective ones.

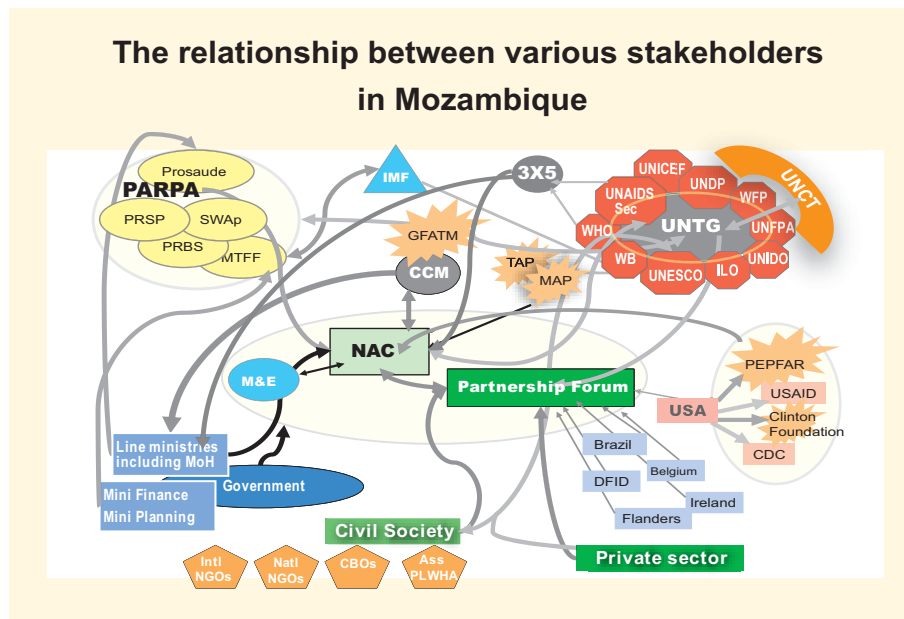
Some authorities lack mandates to coordinate AIDS responses across many sectors, do not have multisectoral boards that meet regularly and lack strong Secretariats with full complements of qualified staff.

<sup>10</sup>NCTP: National Care & Treatment Plan  
HSSP: Health Strategic Support Plan  
GFCCP: Global Fund Country Coordinated Programme



Only 71% of the 66 countries have authorities that play lead roles in the Global Fund's Country Coordinating Mechanisms (CCMs) and/or other mechanisms for channelling donor support into national AIDS programmes. Only 41% have authorities that make decisions on allocation of resources for all major AIDS programmes. Particularly weak in all of these respects were the national AIDS coordinating authorities in Asia-Pacific countries. Also weak were those in the Middle East and North Africa region.

## Figure 2



## In Zambia, strong leadership and commitment pay off

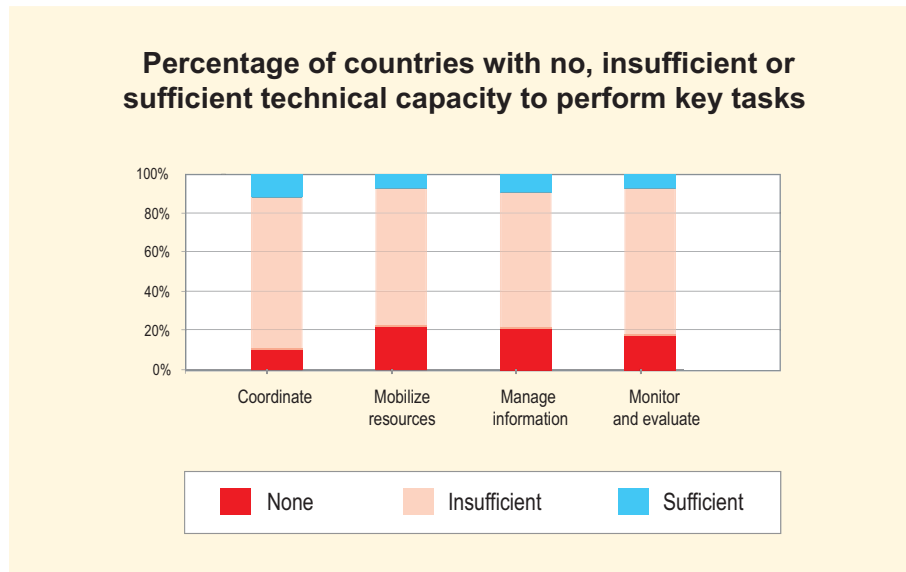
The Government of the Republic of Zambia is strongly committed to addressing AIDS and has fully embraced the “Three Ones” as guiding principles for the country’s response. A Cabinet Committee provides policy direction and consults with the Cabinet regularly as it proceeds. The National AIDS Council (NAC), established by Act of Parliament, has broad representation from government, the private sector and civil society and has both the authority and the budget to coordinate and support a multisectoral national response to AIDS. As mentioned elsewhere in this report, the Council, itself, needs strengthening but its Secretariat functions well. Council and secretariat reach down into Zambian provinces, districts and communities through decentralized structures and engages stakeholders at all of those levels. The NAC’s Secretariat is supported by a number of donors and recently six bilateral donors have begun to fund a basket, through a Joint Financing Agreement. This basket will help the NAC set its own priorities for spending.



### Coordination requires human resource capacity

Only one of the 66 countries covered by the UNAIDS Country Annual Reports was found to have all the human resource capacity necessary to do good coordination, resource mobilization, information management and monitoring and evaluation. Only 9% have sufficient capacity for coordination, only 6% have fully sufficient capacity for resource mobilization; only 8% have sufficient capacity for strategic information management; only 5% have sufficient capacity for monitoring and evaluation.

**Graph 4**



Low salaries paid by the public sector are among the biggest obstacles to building human resources capacity. Lack of appropriately trained and experienced personnel is another major obstacle. One of the best way of supporting national capacity building is through in-country training programmes where significant numbers of people are trained locally.

Direct South-to-South collaboration among developing countries can also be a source of capacity building. The Latin America and the Caribbean Horizontal Technical Cooperation Group (HTCG) is one such example. In this region, an Antiretroviral Data Bank Project is being set up to help countries in the region in price negotiation for antiretroviral drugs and to share experiences in care and treatment. An assessment of the technical assistance needs of countries in the region has been compiled to provide information on existing technical expertise, and the network promotes cooperation and exchanges among the countries.



### **In Brazil, all “Three Ones” have been applied well**

Brazil's response to AIDS has benefited from consistently strong action by civil society and from the highest levels of government. That support has translated into a strong Brazilian National AIDS Programme (NAP), within the Ministry of Health, which has the authority, mandate and resources to coordinate and manage the entire Brazilian national response. Supporting the NAP are several vehicles for stakeholder input which ensures involvement of all line ministries, civil society organizations, private sector, bilateral and multilateral organizations.

- 1) The National AIDS Commission is a forum of government ministries, universities, churches, researchers, enterprises, nongovernmental organizations, and grassroots organizations.
- 2) The Articulating Commission for Social Movements is a forum for civil society groups including associations representing people living with HIV and AIDS, racial groups, women, men who have sex with men, transvestites, drug users, and young people.
- 3) There is a forum for state and local government authorities.
- 4) Expert Advisory Committees to NAP provide guidance on prevention, assistance to people living with HIV and AIDS, vaccine research, and media relations.
- 5) The UN Expanded Theme Group on HIV/AIDS is a forum with representation from government, the UN system, bilateral and multilateral donors, and civil society.
- 6) The National Business Council on AIDS advocates for AIDS interventions and supports other partners with technical assistance.

Managing Brazil's National AIDS Programme (NAP) are highly qualified technical staff, able to put policy and principle into effective practice.

## **The ‘Third One’: One agreed country-level monitoring and evaluation system**

### ***Monitoring and evaluation ensure programmes respond to needs***

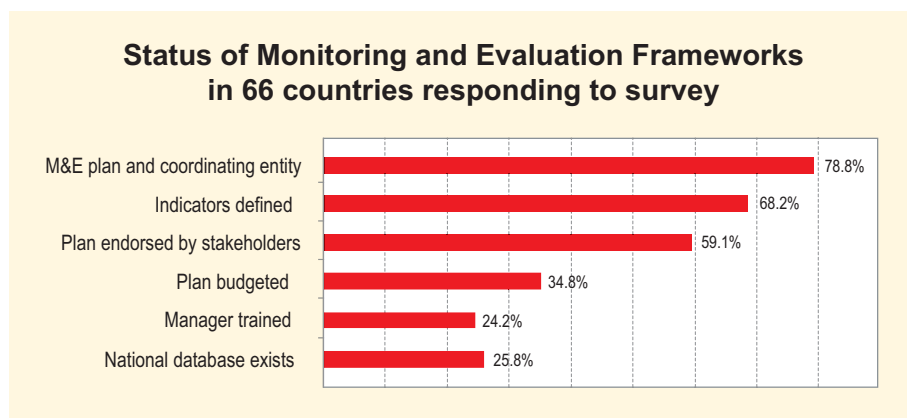
Monitoring the epidemic and the response makes it possible for national AIDS authorities to allocate their limited resources to best advantage and to respond to emerging trends in timely manner. Evaluating programmes enables national AIDS authorities to learn whether they are achieving their objectives and, if not, to take appropriate action to improve or replace them.

Based on its country-level experience, UNAIDS recommends that monitoring and evaluation activities occur under the umbrella of a unified national strategic plan for monitoring and evaluation. Each country should have a single set of standardized monitoring and evaluation indicators endorsed by all stakeholders in the country. A strong national information system should be in place and it should ensure the effective flow of information among all the stakeholders at the national, district and local levels.

The UNAIDS Country Annual Reports found that, of the 66 countries replying, only 5% have sufficient capacity to do good monitoring and evaluation. As Graph 5 shows, however, many have established coordinating entities and have developed or are developing monitoring and evaluation plans. Countries are at varying degrees of preparedness for monitoring and evaluation, with only 34.8% having budgeted plans.



Graph 5



### ***Countries have opportunities but face major challenges***

At global and national levels, funding for monitoring and evaluation activities has increased and monitoring and evaluation practitioners have developed performance indicators that make it easier to monitor and evaluate the full array of AIDS interventions, from policy commitment to prevention, to counselling and testing, to treatment and other care and support for people living with HIV.

The Global HIV/AIDS Monitoring and Evaluation Team (GAMET)—an association involving the monitoring and evaluation departments of the UNAIDS Cosponsors, the Global Fund, bilateral and multilateral donors, and others—supports countries in establishing and improving monitoring and evaluation for HIV and AIDS prevention, treatment, care and support. In addition, major international partners—e.g., PEPFAR, the UNAIDS Secretariat, UNICEF, WHO, and the World Bank—are currently developing the Multi Agency Monitoring and Evaluation Technical Assistance and Training Facility (METAT). It will be a technical assistance request and response system, using the e-workplace tool.

Though most countries have a long way to go before they have effective monitoring and evaluation, many are establishing monitoring and evaluation working groups composed of representatives from government, donor agencies, civil society, the UN system, and academic institutions. These groups are seeking to identify and adapt the indicators most appropriate for their countries and to harmonize the collection, analysis of reporting of the data needed for monitoring and evaluation.

Follow-up to the 2001 United Nations General Assembly Special Session on HIV/AIDS in 2003<sup>11</sup> revealed those shortcomings in monitoring and evaluation systems represent one of the most pressing challenges standing in the way of achieving the targets set by the Assembly’s Declaration of Commitment on HIV/AIDS. The challenges include weak collaboration among stakeholders, shortage of monitoring and evaluation skills, insufficient financial and other resources for monitoring and evaluation, and the absence of well-functioning systems for collecting, analyzing and reporting on the data needed for monitoring and evaluation.

<sup>11</sup> UNAIDS, Progress Report on the Global Response to the HIV-AIDS Epidemic 2003.  
[http://www.unaids.org/html/pub/topics/ungass2003/ungass\\_report\\_2003\\_en\\_pdf.pdf](http://www.unaids.org/html/pub/topics/ungass2003/ungass_report_2003_en_pdf.pdf)



***Three case studies lead to suggestions for action***

To learn about how to strengthen national monitoring and evaluation systems and support implementation of the “Three Ones” principles, the UNAIDS Secretariat conducted monitoring and evaluation case studies in three countries (Cambodia, Ethiopia and the Philippines) from three regions with different experiences of the AIDS epidemics. These case studies sought to document development of the national monitoring and evaluation systems, describe and analyze existing national frameworks and activities, and analyze monitoring and evaluation infrastructure, capacity and practices. There were three methods of data collection: desk reviews, key informant interviews and focus groups. At the end of the field work, UNAIDS convened national and subnational meetings to apprise key stakeholders of preliminary results so they could use these to inform their monitoring and evaluation-related actions.

The UNAIDS Secretariat will publish full results of the three case studies in 2005. Meanwhile, based on the lessons learned from the studies, UNAIDS has formulated a set of suggestions for action aimed at developing sound monitoring and evaluation infrastructure and practices. These suggestions are provided below in the monitoring and evaluation section of the following part of the report.



# Lessons learned and suggested actions for countries

## Guidelines but no hard-and-fast rules

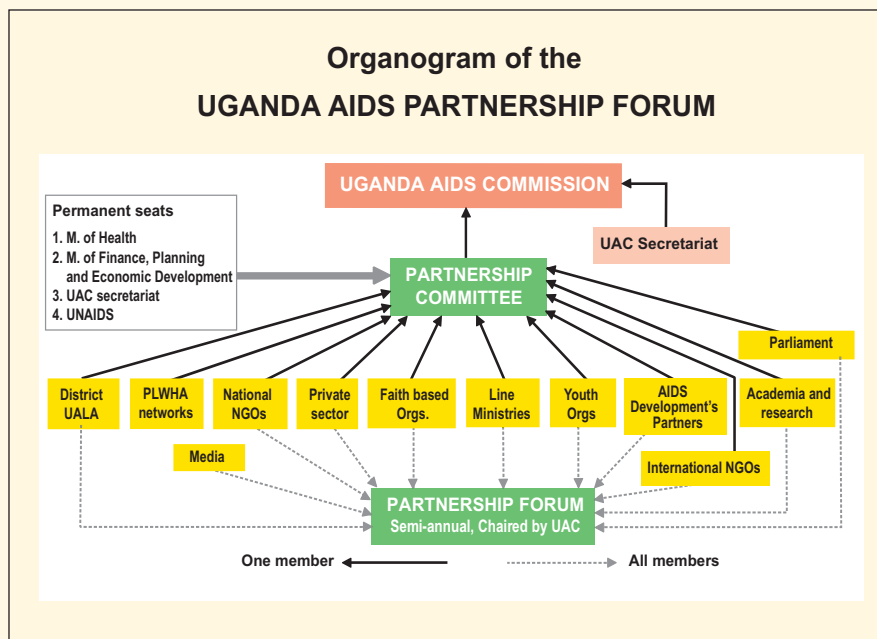
The following discussion points to “suggested actions” for countries. The challenges and opportunities in each country are unique and there are no hard-and-fast one-size-fits-all rules on how to meet challenges and take advantage of opportunities. These “suggested actions” might also be described as “talking points” to help people get started on finding their own solutions.

## How to increase adherence to the ‘First One’ (an agreed framework)

### *Suggestions for increasing participation*

In the UNAIDS Country Annual Reports and elsewhere, UNAIDS Country Coordinators and UN Theme Groups on HIV/AIDS report that national AIDS councils or committees often are not very effective vehicles for ensuring broad participation in the development, review and update of national AIDS frameworks.

Figure 3



The recent assessment mission found this to be the case in Zambia, where the National AIDS Council meets infrequently and tends to endorse proposals from the Ministry of Health. By contrast, at the local level, National AIDS Council Task Forces are well connected to their communities. While these Task Forces convey concerns to the National AIDS Council Secretariat, Zambians were already taking action to strengthen the Council, itself.

The Uganda AIDS Partnership Forum (Figure 3) serves as umbrella coordinating body for the entire national response. Linkages through the UAC are established to meet other emerging needs e.g., Global Fund Country Coordinating Mechanism, and PEPFAR. This allows for effective and participatory policy guidance.



### Russia: Progress on the “Three Ones”

In the Russian Federation, a growing number of key government entities, including the Ministry of Health and the Federal Service responsible for HIV/AIDS, the Coordinating Council established by the Ministry of Health, civil society organizations and international partners are adopting the “Three Ones” principles to guide new programmes and efforts to improve coordination.

With financial support from DFID and SIDA (Sweden), UNAIDS (through the UN Theme group on HIV/AIDS and UNAIDS Cosponsors) is launching a major initiative “Coordination in Action” in close partnership with the Ministry of Health, the Federal Service, relevant government entities, research institutes and civil society partners. The initiative will include a mix of technical support, capacity building and policy development support built around the three pillars of the “Three Ones”. The project seeks to ensure coordination and complementarity between a number of major HIV and AIDS programmes being initiated with resources provided by the Global Fund, the World Bank and other donors. The emergence of a strong national AIDS authority is envisaged.

Each country needs to consider the appropriate way to ensure effective participation in developing, reviewing and updating their national AIDS frameworks and thus to ensure stakeholder buy-in. Suggested actions include the following.

- *Structures for participation.* Build participatory structures from the ground up—from the frontlines, where those who deliver AIDS-related services meet the people who receive those services, to the highest levels, where national policies are set. Establish effective vehicles for involving local stakeholders in collaborative HIV and AIDS interventions at the local level. Then establish links between those local vehicles and the national vehicle for involving key stakeholders in setting policy.
- *Local-national links.* Provide strong connections between the national AIDS council or committee that steers the national AIDS authority and the local councils or committees that coordinate the AIDS response at the local level. These connections might be in the form, for example, of direct representation (so that at least some of the people on the national council are also on local councils) and of forums and working groups through which various constituencies (e.g., people living with HIV and people highly likely to be exposed to HIV) advise the national council or committee.
- *By-laws and guidelines.* Develop bylaws and guidelines for members of the national AIDS council or committee to make them responsible and accountable for ensuring stakeholder participation and to show them how to do it.
- *Outreach.* Reach out to vulnerable groups that may not be well-organized (e.g., young women and girls, migrant workers) and help them provide input to planning processes. Give high priority to research that assesses their AIDS-related needs and how well those needs were being met.



### **In China, the government has taken decisive action**

In February 2004, China established the State Council Coordinating Committee for AIDS chaired by Vice-Premier and Minister of Health Madam Wu Yi. The Committee's members include the Vice-Ministers of 23 key ministries, the Vice-Governors of seven of the most-affected provinces, and representatives of a number of mass organizations. To support the Council's efforts, AIDS Working Committees have been established in all provinces, autonomous regions and municipalities, though commitment and action at the subnational level is uneven.

In March 2004, the State Council established a national policy framework for responding to AIDS that requires governments at all levels to develop objectives and workplans for their AIDS response and that holds leaders accountable for implementing the plans. By December 2004, eleven state sectors had drafted their plans. However, a central challenge will be ensuring the capacity of lower administrative levels to step up the implementation of effective prevention, treatment and care programmes.

### ***Suggestions for improving implementation through workplans and budgets***

National AIDS frameworks are often weak on implementation, lacking detailed workplans with budgets with buy-in assured through broad participation by stakeholders. For example, the recent assessment mission to Kenya found the National AIDS Control Council grappling with the problem of translating the second Kenya National HIV/AIDS Strategic Plan (KNASP) into a practical work plan and budget. Initial estimates are that the second KNASP will cost the equivalent of US\$ 180 to US\$ 200 million per year to implement but it remains to be seen whether the Kenyan government and donors will fund that amount. There will be hard negotiations and hard choices before a realistic work plan and budget can be finalized and this will test the ability of the National AIDS Control Council and stakeholders to coordinate their efforts on the basis of the plan.

Such hard negotiations and choices are to be expected in any practical planning exercise. The aims of different partners involved in the negotiations may not correspond and that the negotiations will require that partners make compromises. Unresolved mismatches between donor priorities and national priorities and between the priorities of different branches of government are common causes of reduced programme effectiveness. Suggested actions are:

- *Negotiating while planning.* Build negotiation into the whole process of developing, reviewing and updating the national AIDS framework, including development of workplans and budgets. This means involving all stakeholders in the process and having them grapple with the inevitable problem of making choices as they go, and deciding on priorities. For example, if some stakeholders are saying not nearly enough money is going into antiretroviral therapy and others are saying not nearly enough is going into preventive education, how do you allocate a budget of limited size?
- *Involving donors throughout.* Do not just invite but urge donors to be engaged in development, revision and update of the national AIDS framework, including development of workplans and budgets. If donor representatives are in on the negotiations involved in planning and assessment of resource needs, they can facilitate communications and negotiations with the people at the upper reaches of their own organizations and get them to change or be flexible about their priorities when they do not correspond with the priorities being set for the national AIDS framework.



## How to increase adherence to the ‘Second One’ (national authority)

### ***Suggestions for strengthening the authority and its stakeholder links***

The three recent assessment missions and many UNAIDS Annual Reports point to the need to strengthen national AIDS coordinating authorities. Countries have been urged to establish broadly representative councils to steer these authorities and most countries have done so. A problem, however, is that many councils do not function well, largely due to lack of clear terms of reference, governing by-laws, guidelines, and training. For example, the people appointed to them may, in theory, represent a broad range of stakeholders but they meet infrequently and, rather than steering the secretariats tend to approve recommendations presented to them by the secretariats. That is, they do not bring their constituents’ concerns and recommendations to the meetings; nor do they report back to their constituents on the authorities’ activities and invite them to provide input.

The secretariats of many national AIDS coordinating authorities are weak, too. In many cases—and almost always where HIV prevalence is low—national AIDS coordinating authorities are located within ministries of health. They may have significant presence within the health sector but, where the health ministry is only one of many ministries with activities that can impact on AIDS, the national coordinating authority may lack authority over other ministries. Three ways of addressing this problem are: i) to have the authority located in the ministry of health but to have explicit authority and mechanisms established for coordination, as is the case in Brazil; ii) to make the authority an independent entity with a strong mandate from the highest levels of government; and iii) to have the authority closely associated with oversight ministries, such as ministries of finance, ministries of national planning or presidents’ or prime ministers’ office.

- *Making “authority” real.* Wherever in government the national AIDS authority is located, ensure that the government leader’s office and ministries of finance and planning are much involved so that it has the budget, human resources and authority to do its job. Define the authority’s power through legislation and ensure that the head of the authority’s secretariat is a very senior person.
- *Empowering the council.* Ensure that the national AIDS council has representation from all key partners and that it has terms of reference and bylaws governing its activities and guidelines showing them how to be effective representatives of their constituencies.

### ***Suggestions for building human resources capacity***

In many developing countries, insufficient human resources capacity is the single biggest obstacle standing in the way of effective and efficient delivery of AIDS-related services. Strengthening human resources capacity should be a major objective of national AIDS authorities’ activities in the year ahead and they should ask their external partners, including donor countries and their institutions, for help.



### Oslo Consultation on the Human Resources Crisis

On 24 and 25 February 2005 in Oslo, Norway, the Norwegian Agency for Cooperative Development (NORAD) hosted a consultation on the human resources crisis in the health sector in developing countries, brought about in large part by the AIDS epidemic. This consultation was follow-up to the High Level Forum on Health Millennium Development Goals held in Abuja, Nigeria, in December 2004, which concluded that substantial financial resources have been mobilized in the fight against AIDS and the biggest bottleneck is now the critical lack of health personnel.

Human resources—including the development, recruitment, and management of skilled workers—represent the most essential component of institutional capacity in a country in the public, the private and the voluntary sectors. The meeting called for coordinated and efficient action within countries and mutual accountability on the part of all actors, more strategic human resources for health investments in education, knowledge, and learning of best practices and lessons across borders (e.g., in the area of pre-service education, technical excellence, fiscal space, exceptionality of policy developments and the role and participation of civil society). It recommended the development of a common analysis of needs, bottlenecks and opportunities to drive priority and policy action by Country Action Alliances (bringing together all key stakeholders) and Action Teams of key policy makers

The Oslo consultation will continue to offer space for discussion focusing on financing strategies for human resources for health and developing a global common platform to support action.

Source: “Overcoming the Crisis: Taking the Abuja Action Agenda Forward” ([http://www.norad.no/default.asp?V\\_ITEM\\_ID=3011](http://www.norad.no/default.asp?V_ITEM_ID=3011)).

Health workers and other professionals are overworked and underpaid in most developing countries; often they are recruited away to work in industrialized nations, where there has been underinvestment in training programmes and there is growing demand for health workers due to the ageing of populations. At the same time, the numbers of health workers in developing countries have been diminished by the AIDS epidemic and not replenished by training programmes.

- *Training.* Make training of health workers, counsellors, managers and technicians a top priority in national action frameworks, workplans and budgets and a top priority in negotiations for donor support.
- *Wages and benefits.* Make fair wages and benefits, including good working conditions, top priorities when budgeting and negotiating for funding.

## How to increase adherence to the ‘Third One’ (one monitoring and evaluation system)

### *Suggestions for improving national monitoring and evaluation*

The three monitoring-and-evaluation case studies (in Cambodia, Ethiopia and the Philippines) discussed earlier allow for a more specific set of suggested actions to improve monitoring and evaluation.

- *Capacity.* Enhance the capacity of national AIDS authorities so they can establish the framework for monitoring and evaluation. Pay urgent attention to acquiring and/or training additional staff and establish a national multi-stakeholder resource group on monitoring and evaluation.



- *Planning.* Develop comprehensive monitoring and evaluation frameworks with the assistance of international technical assistance agencies and translate these frameworks into workplans and budgets. Ensure the information derived from monitoring and evaluation is used to inform actions to strengthen the national AIDS response.
- *National database.* Harmonize existing databases, choosing an approach that is best suited to national needs. The UNAIDS Country Response Information System (CRIS) offers technical aids to assist countries in standardizing data collection. Appendix B compares the CRIS with two other data collection systems, the World Health Organization's HealthMapper and the United Nations Development Group's DevInfo.
- *Information flow.* Establish mechanisms to ensure timely and accurate reporting to the national AIDS authority of programmatic and financial data from all donors and implementing partners working in the country.
- *Harmonization.* Harmonize monitoring and evaluation tools of different partners to ensure that monitoring and evaluation according to national priorities.

### ***Suggestions for improving monitoring and evaluation***

- *Serological and behavioural surveillance.* Ensure that surveillance covers the entire country, extending it from urban areas (where it commonly exists) to rural areas (where it rarely exists). Ensure that surveillance obtains additional data on key populations at higher risk e.g., pertaining to the circumstances that may put them at risk of exposure to HIV.
- *Programme monitoring.* In consultation with relevant partners, increase the thoroughness, accuracy and timeliness of data collection where the data pertains to coverage levels (e.g., percentages of target populations reached by programmes) and gaps (e.g., percentage of target populations missed by programmes). Establish mechanisms for the routine flow of information among key stakeholders at all levels, from the national to the local.
- *Resource tracking.* Ensure that major donors actively participate in global and national efforts to establish realistic pictures of resources available for AIDS interventions. At global level, link to the work on categorizing funds by the Development Assistance Committee (DAC) of the Organization for Economic Cooperation and Development (OECD).
- *Research priorities.* To help secure and channel funding for research, use participatory processes to develop a list of priority research topics. Place more emphasis on operations research aimed at identifying ways to improve programme implementation.
- *Subnational approaches.* Undertake pilot projects that involve civil society organizations in efforts to improve monitoring and evaluation at the subnational (e.g., provincial or district) level.



# Countries point to challenges and opportunities for donors

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## An assessment of country experiences with donors

The donor-country relationship is a complex one. To assess country experiences with donors on HIV and AIDS programmes, the UNAIDS Secretariat recently distributed a short survey asking ten UNAIDS Country Coordinators to reply quickly and in strict confidence to seven questions regarding their countries’ experiences with donors in consultation with others as the short time allowed. Following is a synthesis of the information from the UNAIDS Country Coordinators Annual Reports and regular feedback from different partners, supplemented with an in depth assessment of six countries (Appendix C).

### ***Donors’ support for the national AIDS responses***

In most low-income countries, by far the largest proportion of the funding available for the national AIDS response comes from external donors. UNAIDS Country Coordinators report that the funding received is very much appreciated. For the most part, donor requirements that countries do good jobs of planning and managing the expenditure of those funds, and managing donor provision of technical assistance, are fulfilled.

#### **The Multi-Country HIV/AIDS Program (MAP) supports the “Three Ones”**

During a recent consultation workshop with World Bank in Addis Ababa (14th to 18th February), implications for implementation of “Three Ones” were discussed. The following recommendations were made.

There are at least two aspects of promoting the “Three Ones”: what the national partners need to do and what the external agencies, donors and funding initiatives need to do.

1. There is an urgent need for strengthening the capacity to take national ownership and provide national leadership for full implementation of the “Three Ones”, including taking urgent steps to deal with areas that undermine authority, legitimacy, accountability and flexibility/adaptability in the response
2. Specific measures from donors should be taken:
  - a. to agree on, respect and enhance the one coordinating authority chosen by the country with a legal basis;
  - b. eliminate the impression of competing “authorities” by clarifying the links between different coordinating or funding mechanisms and the one coordinating authority;
  - c. for donors to act within one national authority for efficiency and effectiveness, donors will need to work together to find specific instruments of harmonization and coordination among themselves.
3. All partners should make all possible efforts to find the appropriate bridges between a well harmonized and effective “Three Ones” approach for the AIDS response to the more general efforts for improving the overall effectiveness of aid.

Despite the crucial and much appreciated positives, UNAIDS Country Coordinators report that donors do not always demonstrate their respect, trust and willingness to support national AIDS authorities. Problems countries experience with donors include the following.

- *Impatience.* Donors are sometimes impatient with what they perceive to be failures of political commitment and leadership, weaknesses in organizational structure or technical incompetence in countries. Instead of helping to overcome these failures, they simply bypass national AIDS authorities and ignore national AIDS frameworks.



In general, country teams are acutely aware of weaknesses at their end but believe it would be more constructive if donors would help address these weaknesses.

- *Conflicting aims.* Some major donors have their own aims that do not accord with the aims set by countries. When such donors are putting large sums of money into countries' AIDS programmes, they can override the aims set by countries' legitimately recognized AIDS coordinating authorities and, in effect, steer countries in directions they may not wish to go. They often do this through vertical initiatives, where they provide direct funding to certain programmes and projects without reference to overall country efforts.
- *Double standards.* Donors often collaborate with each other to insist on country transparency with regard to policies, expenditures, etc. but they, themselves, are not always transparent. This leads to suspicion on the part of national politicians and other officials, who feel that trust and transparency should be mutual if partnerships are to work.
- *Failure to fully respect country leadership.* Countries may interpret donors' impatience, overriding of country aims and double standards as lack of respect for countries' rights to set and control their own agendas. Where there is lack of leadership and commitment at the highest levels of government it may result, in part, from the feeling on the part of senior politicians and other government officials that they are not trusted and are being dictated to by external donors.
- *Misleading promises.* When donors promise support, they do not always follow through with timely release of funds. Instead, they leave countries hanging in expectation, which may eventually give way to frustration and disappointment.
- *Favouritism.* Donors often have "preferred" or "priority" countries and some countries find themselves far down on donors' lists or not on the lists at all, even though they are heavily hit by AIDS and have limited resources to respond.

### Excerpt from rapid country assessments

#### What actions by donors have facilitated your country's ability to respond to the AIDS epidemic?

- ☒ Good participation from Donors in information sharing forums with Governments (67% of countries). This can also happen within donors' forum as in Tanzania.
- ☒ Growing availability of financial resources in most of the countries, but particularly in Ethiopia and Cameroon.

#### What actions by donors have impeded your country's ability to respond to the AIDS epidemic?

- ☒ 50% of the countries are still receiving project-driven support.
- ☒ Important requirements and conditionality from donors to Governments (33% of countries).
- ☒ Lack of consideration and suspicion between Donors and Governments (33% of countries). It is often linked with lack of Donors' transparency on procedures.
- ☒ Lack of effective participation of Donors in coordination mechanisms (33% of countries).



### **In Botswana, PEPFAR is a strong partner**

The US President’s Emergency Plan for AIDS Relief (PEPFAR) is not just a historic financial commitment (US\$ 15 billion over five years) but also a radical innovation in the way the American government’s resources are mobilized. Under PEPFAR, all the government’s HIV and AIDS funding is coordinated to ensure optimal use of resources by many different agencies.

A third of the money is going to existing bilateral programmes in 75 countries and the remaining two thirds is going to new programmes, including the Emergency Plan Worldwide which focuses on 15 countries heavily burdened by AIDS. Each of those 15 has a national coordinating authority e.g., in Namibia, the National Multisectoral AIDS Coordinating Committee which is responsible for coordinating the country’s response to AIDS. Through PEPFAR, the Government of the United States is committed to supporting and strengthening broad partnerships where all stakeholders, including people living with AIDS, can contribute.

PEPFAR is a major source of funding for the national AIDS response in Botswana. The Coordinator of Botswana’s National AIDS Coordinating Agency (NACA) says PEPFAR is strategy-driven rather than project-driven and that has helped Botswana set targets, now set out in Botswana’s Five Year HIV/AIDS Strategy (2004–2008). The Coordinator chairs Botswana’s Emergency Plan Steering Committee, under the Global Fund’s Country Coordinating Mechanism, which in turn is chaired by Botswana’s Secretary for Economic Affairs. Members of the Steering Committee include representatives from six ministries of the Government of Botswana, five UN agencies and the American State Department, USAID and a coalition of American government health institutions called BOTUSA.

### ***Donors’ support for national capacity building for HIV and AIDS***

Donors often make generous contributions not just of funds but of sensitively applied managerial and technical assistance to building countries’ capacity to deliver AIDS-related services efficiently and effectively. They help with the development of organizational infrastructure, national AIDS frameworks, workplans and budgets, human resources capacity building, monitoring and evaluation, and so on.

Some donors are exemplary in the above ways and countries count themselves very lucky when they are involved. Problems countries experience with some other donors include:

- *Failure to recognize need for capacity building.* Lack of trained and experienced human resources is the single greatest impediment to countries’ effective response to AIDS. Many donors fail to recognize that helping to meet needs for human resources is perhaps the single greatest contribution they could make and that demonstrating their impatience with the lack of capacity is counterproductive. Often donors are reluctant to invest in existing capacity (e.g., in fair salaries and benefits) or in development of new capacity through training.
- *Inappropriate technical assistance.* Technical assistance brought in from outside a country can erode rather than build a country’s capacity, undermining the confidence of the country’s personnel and depriving them of opportunities for training and experience. It is also not always the kind of assistance countries feel they most need.
- *Placing burdensome bureaucratic requirements on overtaxed systems.* When countries are resource-limited, it is especially important for them to waste as little as possible on overly complicated bureaucratic processes and concentrate their resources on the front lines of service delivery.



- *Headhunting.* Some country teams complain that, when donors spot their most skilled personnel, they recruit them into their own organizations and deprive countries of much needed human resources capacity.

### **Donors' coordination among themselves and with countries on AIDS**

Failure of donors to coordinate among themselves and with host countries on all aspects of the countries' response to AIDS is by far the single most common area of concern reported by UNAIDS Country Coordinators. Problems countries experience include:

- *Multiple application formats, policies, procedures, practices, and schedules.* Donors have a wide variety of requirements for approval of funds and monitoring of their expenditure. Coping with them all is a major administrative burden, especially given that host countries have such limited human resources. In fact, UNAIDS Country Coordinators report that small donors may have such onerous requirements that they can subtract more than they add to a country's AIDS response.

#### **The Global Fund's Country Coordinating Mechanisms (CCMs)**

By the end of 2004, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) had committed US\$3 billion to 128 projects and more than 100 were AIDS-related. In order to facilitate access to its funds, the Global Fund has established Country Coordinating Mechanisms (CCMs). In some countries, the CCMs are evolving into broader mechanisms for channelling support from multiple donors. In other countries, where there are parallel mechanisms for other donors, efforts are now being made to achieve harmonization.

- *Multiple assessment missions.* While donor missions to countries are often welcome as advocacy opportunities, multiple missions can also be a major drain on scarce human resources. This is especially the case when multiple donors conduct their own needs assessment and planning missions and seek to engage country teams in these exercises.
- *Lack of mapping.* There are many potential donors and each has its own particular interests. When there is no mapping of potential donors, matching them with their interests, countries may overlook potential sources of sponsorship.
- *Resistance to harmonization.* Many like-minded donors respond favourably to country requests to harmonize and streamline their requirements but others are prevented from doing so by rigid requirement set at the top of their organizations.
- *Resistance to specific pleas for help.* Some major donors resist specific requests to help countries negotiate for simplification and streamlining of systems for channeling donor support.
- *Failure to coordinate with national financial authorities.* Large donations that flow into countries unexpectedly or erratically can impact on governments' planning, budgeting and management processes and even on whole national economies. Some countries have refused large donations for just that reason.



### Harmonization between national AIDS strategies and PRSPs

A recent study by UNICEF and the World Bank (WB) found that the Poverty Reduction Strategy Papers (PRSPs) processes has started to add value by bringing HIV and AIDS into national poverty planning processes, but progress in transforming stated objectives into actual programmes is slow. Overall, there is high-to-moderate consistency between the Poverty Reduction Strategy Papers required to qualify for certain World Bank and International Monetary Fund financial packages and national AIDS strategies regarding prevention of mother-to-child transmission, prevention among young people, care and support for families living with HIV and AIDS, and prevention and support for orphans and other children who are vulnerable to HIV.

The Poverty Reduction Strategy Papers could contribute much more to promote action on HIV and AIDS, in particular:

- given the links between HIV and AIDS and poverty, HIV and AIDS interventions should be directed at reducing the causes and consequences of poverty that are related to HIV and AIDS;
- strengthening the links between HIV and AIDS programmes and annual government budgets—through building stronger links between Poverty Reduction Strategy Papers and national AIDS strategies.

Enhancing country ownership of Poverty Reduction Strategy Papers beyond Governments to include various stakeholders in the formulation of programmes and monitoring of their implementation may improve their effectiveness.

Source: René Bonnel, Miriam Temin and Faith Tempest, “Poverty Reduction Strategy Papers: do they matter for children and young people made vulnerable by HIV/AIDS?” *Africa Region Working Paper Series*, number 78. New York: World Bank. 2004.

- *Leaving countries out of donor harmonization.* UNAIDS Country Coordinators report that governments feel they are left out of the various now-institutionalized donor forums where donors harmonize their efforts and set agendas *for* developing countries rather than *with* developing countries.
- *UN not blameless.* The UN system came in for considerable criticism for lack of transparency and lack of coordination among its various agencies at country level. The clear message from UNAIDS Country Coordinators was “get your own house in order.”
- *Ensure that the Poverty Reduction Strategies of African countries do more to promote action for children and young people affected by HIV and AIDS.* A Joint UNICEF and World Bank review conducted in December 2004 provides important lessons for taking advantage of the opportunities provided by the Poverty Reduction Strategies and national strategic plans on HIV and AIDS to intensify action against AIDS, especially for those countries that are preparing new Poverty Reduction Strategies or revising existing ones.



## Opportunities for donors to provide better support for the “Three Ones”

- *Formally recognize and support rights to self-governance.* Most donors are committed to respecting priorities set by countries. They know by past experience that when assistance is provided contrary to country wishes, it almost always fails to have sustainable impacts. However, identifying country wishes is not easy unless there is one well recognized and broadly endorsed national AIDS authority and one national AIDS framework. Formal recognition of countries’ rights to self-governance and formal commitment to support country efforts to establish national AIDS authorities and national AIDS frameworks might help to address some of the uneasiness UNAIDS Country Coordinators now report.
- *Participate.* Major donors should do their best to accept invitations to participate in the development and implementation of national AIDS frameworks and, if not invited, to request that they be involved. By participating, they can influence outcomes without usurping countries’ rights to self-government and they can also promote their own agendas through negotiation rather than imposition.
- *Coordinate.* In Tanzania, donors have developed a coordinating forum called the Development Partner Group (DPG) as a mechanism for jointly monitoring and controlling the quality, quantity and flow of all donor support for Tanzania’s development. The DPG has created subgroups including a DPG on AIDS which works closely with Tanzania’s National AIDS Commission (TACAIDS) and other stakeholders. Comparable mechanisms are recommended for all countries.
- *Focus on building countries’ human resources capacity.* Again, helping to build human resources capacity is perhaps the single greatest contribution donors can make to countries’ AIDS response. This is ideally done through in-country training programmes whereby, for example, institutions and personnel from donor and host countries work together on training country nationals in settings where they are learning to deal with actual situations and to make do with whatever resources may be available.
- *“Get your own house in order”.* By coordinating among themselves and being transparent, efficient and effective in their own actions, donors can be models of good practice. Being effective in a particular country requires being knowledgeable about and sensitive to its cultural traditions and practices and to its circumstances, including limits on its capacity to do things that might be standard in a high income nation.
- *Comply with the Rome Declaration.* By complying with the Rome Declaration on Harmonization, donors would be harmonizing their policies, procedures and practices, all with a view to contributing to achievement of the Millennium Development Goals<sup>12</sup>.

<sup>12</sup> *The Rome Declaration on Harmonization.* Rome, High Level Forum on Harmonization, 24-25 February 2003 (<http://www1.worldbank.org/harmonization/romehlf>)



## Engaging civil society

### *Pioneers and strongly committed leaders in the response to AIDS*

The term “civil society” embraces nongovernmental organizations and informal groups at the international, national and local levels. Associations representing people living with HIV, people highly likely to be exposed to HIV, and women are included, as are faith-based organizations. Also included are marginalized individuals, whether members of associations or not, such as men who have sex with men, migrants, sex workers, injecting drug users, and prisoners.

Civil society is a crucial constituency when it comes to effective application of the “Three Ones” principles. It has, for a long time, argued for more funding, easier access to funds, greater involvement of infected/affected/at-risk groups in planning and implementation of interventions, and faster and more efficient delivery of services, including antiretroviral therapy. Civil society has often taken on direct responsibility for establishing and operating AIDS-related services and, in many countries and communities, it has pioneered those services.

#### **Alliance finds little genuine commitment to involving nongovernmental organizations (NGOs)**

An International AIDS Alliance review assessing nongovernmental organization participation in the Global Fund’s first round of grants to six countries found that government commitment to working with nongovernmental organizations was somewhat hollow. Many appeared to collaborate in order to secure funding but, afterwards, lost interest in collaboration. When they *did* work with NGOs, they preferred ones in big cities and steered away from ones in rural areas or ones managed by or serving marginalized people. Also, some countries reported that their national AIDS committees lacked the capacity to handle Global Fund disbursements to NGOs.

The study found fault with nongovernmental organizations, too, noting that they sometimes focused more on competing with each other than with forging a cohesive voice. The bigger problem, though, was that they lacked resources and the managerial and technical skills to assert themselves. The paper called on government to adopt more positive attitudes about working with nongovernmental organizations and called on donors to give nongovernmental organizations more financial and technical support.

Source: International AIDS Alliance, “NGO participation in the Global Fund,” Review Paper, October, 2002

[http://synkronweb.aidsalliance.org/graphics/secretariat/publications/csd1002\\_NGO\\_participation\\_in\\_Global\\_Fund.pdf](http://synkronweb.aidsalliance.org/graphics/secretariat/publications/csd1002_NGO_participation_in_Global_Fund.pdf)

Because of the strong leadership and commitment shown by civil society, UNAIDS has long valued and sought out its opinion and long advocated that national governments and others concerned with AIDS do the same. Civil society has often helped UNAIDS identify challenges, opportunities and good practices and UNAIDS believes it should also be very much involved in monitoring and evaluation, helping to assess the degree to which services are meeting the actual needs of people likely to be exposed to HIV and people living with HIV. Civil society organizations often represent those very people, including the ones who are the most vulnerable to infection and the most stigmatized by their societies.



## Civil society is often not a full partner

Earlier in this report, in Graph 2 and the surrounding text, it was reported that the UNAIDS Country Annual Reports of Country Teams found that there is generally insufficient participation of civil society in the review and update of national AIDS frameworks. In words and numbers, here is what Graph 2 says about four key civil society groups.

- *People living with HIV.* Of the 66 countries replying to the survey, only 27 (41%) were found to have full participation of people living with HIV in the review and update of their national AIDS frameworks; 29 (44%) have insufficient but improving participation; six (9%) have insufficient participation with no signs of improvement; four (6%) have no participation. Countries from the Asia-Pacific and East Europe-Central Asia regions were least likely to have full or improving participation of people living with HIV.
- *Women's groups.* Of the 66 countries, only five (8%) have full participation of women's groups in the review and update of their national AIDS frameworks; 35 (53%) have insufficient but improving participation; 19 (29%) have insufficient participation with no signs of improvement; six (9%) have no participation. Fewer than half the countries from the Asia-Pacific and East Europe-Central Asia regions have full or improving participation of women.

### United Kingdom's Department for International Development (DFID)

The United Kingdom is the world's second largest bilateral donor to the global AIDS response. Through its Department for International Development (DFID), it works with partners in 40 countries and is strongly committed to multisectoral development and review of national AIDS frameworks in those countries. The DFID puts particular emphasis on civil society participation and provides direct support to international and national nongovernmental organizations and community-based organizations and to efforts to measure and reduce the impact of the epidemic on vulnerable groups.

DFID recognizes that women and girls are the poorest and most vulnerable in developing countries and is a strong supporter of the UNAIDS Global Coalition on Women and AIDS and its work to reduce the gender inequalities that fuel and sustain the epidemic. In Malawi, Pakistan and many other countries it supports efforts to ensure that women feel able to refuse sex and to protect them against the sexual exploitation and abuse that often leads to HIV infection. DFID supports research into new prevention options, such as microbicides, that will allow women to protect themselves when men take no action to protect them from infection. It also supports the development of a preventative vaccine through the International AIDS Vaccine Initiative and the Global HIV Vaccine Enterprise.

- *Faith-based organizations.* Of the 66 countries, only eight (12%) were found to have full participation of these organizations in the review and update of their national AIDS frameworks; 31 (47%) have insufficient but improving participation; 13 (20%) have insufficient participation with no signs of improvement; 13 (20%) have no participation.
- *All nongovernmental organizations/civil society organizations.* Of the 66 countries, 31 (47%) have full participation of these organizations in the review and update of their national AIDS frameworks; 26 (39%) have insufficient but improving participation; 7 (11%) have insufficient participation with no signs of improvement; 2 (3%) have no participation.



## How UNAIDS is promoting and supporting civil society participation

UNAIDS is working with civil society representatives at global, regional and national levels to support civil society’s role in promoting application of the “Three Ones” principles. For example, it is seeking input from civil society representatives in assessment missions to the 12 focus countries selected for intensive assistance in advancing the “Three Ones” in 2005. In particular, it is seeking their advice on how the principles can be applied in an inclusive manner.

### **World Bank–Civil Society Strategic Policy Workshop**

In June 2004, the World Bank hosted a Strategic Policy Workshop on HIV and AIDS in Windsor, United Kingdom. Representatives from the World Bank and from 30 civil society organizations from Africa, Asia, Eastern Europe, Latin America, and Western Europe discussed ways of strengthening the World Bank-civil society collaboration on responding to the AIDS epidemic, including through application of the “Three Ones” principles. Civil society organizations felt the government-civil society relationship was weak in many countries. The consensus was that civil society had played a key role and that there should be more effort put into engaging civil society in the global, national and local response to AIDS.

To ensure UNAIDS captures all civil society concerns, as the “Three Ones” are applied, it launched a “Three Ones” e-forum in February 2005. The e-forum provides participants with updates on “Three Ones” activities and is a means by which they can learn from each other’s experiences, share ideas and work together on formulating ways of addressing their concerns.

In addition UNAIDS is in discussions with key civil society groups e.g., the International HIV/AIDS Alliance and the International Council of AIDS Service Organizations (ICASO) aimed at developing ‘issues’ papers on the “Three Ones”. These would result from broad consultation to ensure all voices are heard and their concerns are taken into consideration as application of the “Three Ones” starts in earnest.

In April 2005, Zambia and the Churches Health Association of Zambia (CHAZ) are hosting a global civil society consultation meeting where participants will work together on outlining the concerns they have in common and formulating recommendations for action.



# Where we go from here: reaffirming and strengthening commitment to the “Three Ones”

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## A brief review

The AIDS epidemic continues to pose an exceptional threat to human development and security. The need for exceptional action is more urgent than ever before. Crucial to making real progress is the scaling up of effective prevention and treatment programmes at country level. This demands decisive action to overcome the obstacles to progress—including the growing human resource crisis in Africa and the need to clarify the roles of all players, including governments, the UN family of institutions, bilateral and multilateral donors, and civil society. All these players have come together in many ways but more work is needed to improve their collective effectiveness and limit duplication when resources are so limited.

This report is by no means comprehensive but it points to the key challenges facing three of the main sets of players: national governments, bilateral and multilateral donors, and UNAIDS and its cosponsors within the UN family of institutions. It points to opportunities for meeting those challenges and makes specific suggestions for action. These suggestions should not be interpreted as recommendations but only as possibilities the players may wish to take into consideration as they seek to determine what would work best for them.

It also points to some of the obstacles standing in the way of full participation by another main set of players, the international, national and local organizations and individuals (including persons living with HIV and AIDS and those highly likely to be exposed to HIV) that constitute civil society. To a large extent, the global campaign against AIDS started as a grassroots movement, a civil society movement. With the movement well underway, however, national governments and their international partners have not taken full advantage of the dedication, energy and passion civil society has consistently brought to the major international crisis of our times.

The report does not make suggestions for actions that civil society, itself, might take but it does make suggestions for actions that governments, bilateral and multilateral donors, and UNAIDS and its cosponsors might take to engage civil society and give new strength to its historical and ongoing role as a collective pioneer and strongly committed leader in the global response to AIDS.

## Aims and targets for 2005 and beyond

### ***To develop and disseminate strategies for rapid compliance with the “Three Ones”***

In order to develop and disseminate strategies for rapid compliance with the “Three Ones,” UNAIDS will provide intensive study and assistance to the 12 countries (Ethiopia, Haiti, India, Indonesia, Kenya, Malawi, Mali, Mozambique, Tanzania, Ukraine, Viet Nam and Zambia) already selected. These were chosen out for a variety of reasons. Ethiopia and Ukraine, for example, are at critical stages of the epidemic where accelerating their response is urgent. Tanzania and Zambia are at critical stages of developing their national AIDS programmes, where extra boosts can consolidate their gains and turn them into models from which other countries can learn.



### ***To promote and support application of the “Three Ones” in all countries***

At the same time, UNAIDS will continue to act as facilitator and mediator among partners in all country-led efforts to apply the “Three Ones” and to integrate monitoring and evaluation into policies, programmes and reports, as per the call from the April 2004 Consultation on Harmonization of International AIDS Funding. It will pay particular attention to promoting and supporting the application of the “Three Ones” in countries that, for one reason or another, are failing to take sufficient action to respond to the epidemic.

### ***To meet targets in countries well advanced toward compliance***

UNAIDS is in the process of identifying countries that are well advanced toward compliance with one or more of the “Three Ones.” On the basis of the countries identified, so far, the following targets would appear to be realistic:

- **‘First One’ Target.** One comprehensive national AIDS framework, fully costed (i.e., with workplan and budget) and negotiated and endorsed by key stakeholders in 15 countries by the end of 2005 and in 20 additional countries by the end of 2006.
- **‘Second One’ Target.** One national AIDS coordinating authority, recognized in law and with broad-based multisectoral support and full technical capacity for coordination, monitoring and evaluation, resource mobilization, financial tracking, and strategic information management in 15 countries by the end of 2005.
- **‘Third One’ Target.** One national monitoring and evaluation system, integrated into the national AIDS framework, with a set of standardized indicators endorsed by key stakeholders in 20 countries by the end of 2005.

Examples of countries where concerted efforts by external partners can have major impacts so those countries move from principle to full practice on at least one of the “Three Ones” are:

- **Barbados.** The Prime Minister of Barbados is a high profile advocate for strengthening the AIDS response in the whole Caribbean region. With its secretariat located in the Prime Minister’s office, the Barbados AIDS Commission has formal ties with all key sectors in the country including the business community. The country’s comprehensive national AIDS plan provides for active involvement not just of the Ministry of Health but of eight other ministries.
- **Ghana.** The Ghana AIDS Commission (GAC) has a comprehensive National Strategic Framework (NSF) which is integrated into the country’s overall development framework and is supported with adequate financial resources. The GAC has a “one basket” system, supported by donors, that gives it flexibility in putting donor support to good use but one of the challenges facing the GAC is how to coordinate its aims with those of major donors without compromising its own aims.
- **Guatemala.** Men who have sex with men, and sex workers, are people most likely to be exposed to HIV in Guatemala. Stigmatization and discrimination present special challenges and call for strong participation by civil society partners, which are actively engaged in projects (supported by the Global Fund) to educate the general public and to monitor compliance with human rights.
- **Guyana.** Guyana’s Presidential Commission on AIDS, chaired by the President, brings together several ministries, bilateral and multilateral agencies and nongovernmental organizations. The Cabinet-approved five-year National Strategic AIDS Plan



specifies the activities for which each major player is responsible. PEPFAR is a major donor and it and other donors support civil society participation in Guyana's AIDS response.

- **Haiti.** Despite political insecurity, civil unrest and two major natural disasters, the outstanding professionalism and commitment of civil society and other partners have meant that Haiti has been stepping up its delivery of AIDS-related services. Key partners include the Global Fund and PEPFAR; they have drafted a memorandum of understanding to coordinate and deliver their tasks.
- **Tanzania.** The Tanzanian President's declaration that AIDS is a national disaster, in 2000, led to establishment of the National AIDS Commission (TACAIDS) under the Prime Minister's Office. With the assistance of partners, TACAIDS produced a multisectoral strategic framework for 2003–2008, supported by a three-year Midterm Expenditure Framework (MTEF). Also supporting the national response, at district and community level, are District Response Initiatives (DRIs). In 2004, the UN Theme Group on HIV/AIDS helped TACAIDS develop a work plan supported collectively and collaboratively by all UN agencies.
- **Uganda.** One of the world's more resource-poor countries, Uganda has proven itself rich in spirit and become a beacon of hope and example of accomplishment for many countries all over the world as it continues to meet the AIDS epidemic head on. The government has consistently pursued a policy of openness about AIDS and has mainstreamed AIDS prevention and control into national plans, including the National Poverty Eradication Plan. Uganda faces many challenges in its response to AIDS but continues to show courage and imagination in meeting its challenges.
- **Ukraine.** In Ukraine, the government has asked UNAIDS to support a national process for the development of models for a strong national AIDS authority. This will involve mapping of donor activities, assessment of the programme management and coordination capacity of the Ministry of Health, and assessment of mechanisms for high level multisectoral coordination and for engagement of civil society. There is a strong consensus among all international partners in support of this process.
- **Viet Nam.** Viet Nam has made a strong beginning, with a good National Strategic Plan, but needs to work on carry-through. This will require broadening the base of participants in review, update and implementation of the strategic plan and in development and implementation of workplans and budgets for other government ministries, besides the Ministry of Health.
- **Zambia.** The findings of the recent assessment mission to Zambia made a compelling case for adding Zambia to this list. Heavily hit by the AIDS epidemic, Zambia has taken rapid strides in its response in recent years. It now has some excellent structures in place but some weaknesses in the structure, which the assessment team was able to quickly identify thanks to the Zambian partners' ability to point them out. Zambia is particularly strong on getting civil society input to its AIDS response at the local level and in marshalling donor support for local initiatives to respond on the front lines of the epidemic.



## Opportunities for action

This report has pointed to many challenges that must be met if the global, national and local partners are to move from principle to practice on the “Three Ones” and make optimal use of the resources available to respond to the AIDS epidemic. It has pointed to many opportunities for meeting the challenges, too. These can be summarized as follows.

- *Opportunities for leadership and commitment.* National leadership and commitment, with broad participation by all partners, constitutes each country’s single best opportunity for a well-coordinated national AIDS response that takes optimal advantage of the unique perspectives and resources each potential partner has to contribute. This is not to say there should be no opportunities for independent action by some partners, including nongovernmental organizations and community-based groups who act in areas where they believe others are failing to act. It is only to say that all partners should do their best to foster and support national leadership and commitment.
- *Opportunities for partnerships.* There are many potential partners and each of them has unique perspectives and resources to contribute. They include all levels of government and many ministries, departments and agencies at each level; bilateral and multi-lateral donors and international and regional institutions; all elements of civil society whether local, national, regional or international and whether formally organized, informally associated or consisting of individuals infected/affected/at-risk or simply concerned as responsible and compassionate human beings. Important opportunities are missed when key partners (e.g., people highly likely to be exposed to HIV) are left out of processes for developing, reviewing and implementing national AIDS frameworks.
- *Opportunities for capacity building.* Each and every partner has room to improve its own capacity to respond to AIDS and also to enhance the capacity of other partners. Enhancing the capacity of other partners starts with recognizing that they have perspectives and resources to contribute but they need assistance before they can contribute all they have to offer to the campaign against AIDS. In the case of the UN system and major donors, for example, that assistance may sometimes take the form of constructive criticism, so they can mend their ways and improve their performance. By far the greatest need for capacity building, however, lies within countries and their systems for planning and delivering AIDS-related services.
- *Opportunities for efficiency.* The optimal use of the limited resources available to respond to AIDS requires coordination, harmonization, simplification and streamlining of policies, procedures and practices so that resources are not being squandered on needlessly complex, repetitive and cumbersome bureaucratic activities.
- *Opportunities for sharing knowledge and experience.* The report’s brief descriptions of what countries and other partners are doing to respond to AIDS only hints at what partners in the global campaign against AIDS have to learn from each other. While each country and partner is unique, it can learn from the experiences of others and borrow and adapt methods and ideas.







## Conclusion

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This has been a progress report, broadly outlining where we are now in terms of applying the “Three Ones” principles, and a guidance report, pointing to possible roads ahead for the many partners in the global response to AIDS. Its purpose has been, first, to inform and provoke discussion about what each and every partner can do to enhance its contribution to that response and, second, to cheer and urge the partners onwards. Throughout, it poses a question to all partners in the global, national and local campaign against AIDS:

*How can we, individually and collectively, make optimal use of the limited resources available to us, improve our response to the AIDS epidemic and accelerate our progress toward achievement of the Millennium Development Goals?*



## APPENDIX A

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### **Summary Report on “Three Ones” Discussion World Bank Africa Region HIV/AIDS Consultation Workshop – Multi-Country HIV/AIDS Program (MAP) Addis Ababa, Ethiopia**

**February 14–18, 2005**

The consultation identified problems, made recommendations and defined responsibilities in terms of policy, people, practice and procedures;

Implementing the “Three Ones” calls for a common platform for:

- Accountability,
- Authority,
- Legitimacy,
- Flexibility/adaptability.

There are at least two aspects of promoting the “Three Ones”: what the national partners need to do and what the external agencies, donors and funding initiatives need to do:

- Clarifying the national authority and strengthening the capacity,
- Specific measures from donors to agree on, respect and enhance the one coordinating authority, to work together to find specific instruments of harmonization and coordination among themselves.

**See summary on page 47.**



	One national AIDS authority	One agreed AIDS action framework	One nation MONITORING AND EVALUATION system
<b>Policy</b>	<ul style="list-style-type: none"> <li>Define the degree of autonomy;</li> <li>Specify formal reporting lines to Government authorities at ministerial and administrative levels;</li> <li>Spell out areas of accountability in terms of policy implementation, partner inclusion and program/development outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>Clearly define the priorities of the action plan in a participatory manner, including internal and external partners;</li> <li>Develop costed operational plans;</li> <li>Improve coordination between the different partners through partnership forum under the leadership of the national authority;</li> <li>Develop a national Monitoring and Evaluation framework with appropriate resources;</li> <li>Joint participatory review of NSF when needed and implement them;</li> <li>Strengthen the link between national HIV/AIDS framework and all development instruments (PRSP, NDF).</li> </ul>	<ul style="list-style-type: none"> <li>Conduct Monitoring and Evaluation advocacy</li> <li>Introduce legislation and policy that support Monitoring and Evaluation</li> <li>Motivate decision makers to use Monitoring and Evaluation data and base decision on evidence</li> </ul>
<b>People</b>	<ul style="list-style-type: none"> <li>Urgent need for strengthening the capacity to take national ownership and provide national leadership for full im-plementation of the “Three Ones”;</li> <li>Need to reinforce NACs capacity in critical areas such as Monitoring and Evaluation, organizational development, and partnership;</li> </ul>	<ul style="list-style-type: none"> <li>Make resources and programs available for strengthening capacities (at the central and decentralized level) in planning, management and Monitoring and Evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>Increase Monitoring and Evaluation training and retention</li> <li>Offer accredited Monitoring and Evaluation training and provide career paths for Monitoring and Evaluation staff</li> <li>Appoint dedicated staff or assign existing staff on part-time basis</li> </ul>
<b>Practice</b>	<ul style="list-style-type: none"> <li>Agree on, respect and enhance the coordinating authority chosen by the country with a legal basis;</li> <li>Eliminate impression of competing “authorities” by clarifying the links between coordinating or funding mechanisms and the one coordinating authority;</li> <li>For efficiency and effectiveness, donors need to act within one national authority, and to work together to find specific instruments of harmonization and coordination;</li> <li>NACs should emphasize coordination not control in order to build confidence of partners.</li> </ul>	<ul style="list-style-type: none"> <li>Improve the information systems, strengthen commitment to the « Three Ones », learn lessons from experience and from mission’s recommendations</li> </ul>	<ul style="list-style-type: none"> <li>Shift emphasis from indicators and plans to Monitoring and Evaluation data products</li> <li>Develop fully costed Monitoring and Evaluation plans</li> <li>Emphasize comprehensive national Monitoring and Evaluation systems</li> </ul>
<b>Procedures</b>	<ul style="list-style-type: none"> <li>NACs to develop, negotiate, monitor and evaluating the National HIV/AIDS Action Framework;</li> <li>NACs to serve as focus for coordinating implementation of the national HIV/AIDS Action Framework;</li> <li>NACs to coordinate requests for resources according to agreed national priorities, while leaving financial management and implementation to other entities;</li> <li>National government budget support for core expenditures for the operations of the authority;</li> <li>NACs to serve for “umbrella functions” for different partnerships and funding mechanisms.</li> </ul>	<ul style="list-style-type: none"> <li>Planning process has to be based on situation analysis and lessons learned;</li> <li>Simplify the procedures, advertise them, and improve the dialogue;</li> <li>Improve communication and understanding of procedures, and strengthen capacities.</li> </ul>	<ul style="list-style-type: none"> <li>Advocate simplicity – the smallest possible subset of indicators</li> <li>Improve coordination between MOH and NACs</li> <li>Encourage local Monitoring and Evaluation systems and local ownership of Monitoring and Evaluation data</li> </ul>



## APPENDIX B

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### UN “Three Ones” key principles:

- **One** agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners.
- **One** National AIDS Coordinating Authority, with a broad based multi-sector mandate.
- **One** agreed country level Monitoring and Evaluation System.

### For Information Technology the ‘Third One’ can be interpreted as:

- facilitating synthesis and analysis of data from a wide variety of sources, where previously this data would have been restricted to be only used by a specific project; and
- diminishing the risk for a vertical, isolated initiative where information and subsequent results are not triangulated and shared with others.
- participating in UN activities to integrate and exchange data between systems.

**See examples of existing systems on page 49.**

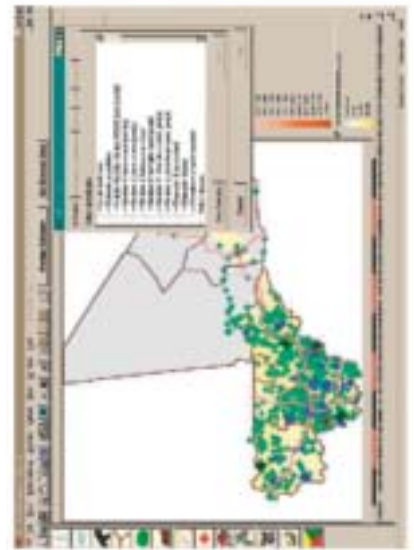


## HealthMapper

[www.who.int/csr/mapping/tools/healthmapper/](http://www.who.int/csr/mapping/tools/healthmapper/)  
[healthmapper/en/](http://healthmapper/en/)

### Main concepts

- A surveillance and mapping application developed by WHO, that aims to address critical surveillance information needs across infectious disease programmes.
- A user-friendly data management and mapping system customized specifically for public health users. The system facilitates data standardization, collection and updating of data on epidemiology and on interventions and provides immediate visualization of data in the form of maps, tables and charts.
- Packages a database of core baseline geographic, demographic and health information, including the location of communities, health care and educational facilities, accessibility by road, access to safe water and demography.



[ews.unaids.org](http://ews.unaids.org)

### Main concepts

- Integrated analysis of indicators, project/resource tracking data, and research.
- Complements existing systems through standard data formats.
- Seamless data exchange.
- Simple browser-based interface.
- Current technology and fully customizable, a migration strategy to Internet without requiring existing internet connectivity.
- Subnational functionality, including place-name maintenance.
- Multilingual.
- Endorsed by UN Cosponsors.



## DevInfo

[www.devinfo.org/](http://www.devinfo.org/)

### Main concepts

- A database system that provides a method to organize, store and display data in a uniform format to facilitate data sharing at country level across government departments and UN agencies using the same system.
- A stand-alone tool to assist countries in their reporting on the Millennium Development Goals. It has simple and user-friendly features that can be used to produce tables, graphs and maps for inclusion in Millennium Development Goal reports, presentations and advocacy materials.
- Supports
  - Global and user-defined indicators
  - Multiple languages
  - Customized name, logo, graphics





## APPENDIX C

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### UNAIDS informal assessment on Three-Ones

Following an informal survey conducted amongst UNAIDS Country Coordinators, a number of issues have been raised with regard to the “Three Ones” principles among the six countries which replied (Ethiopia, Tanzania, Kenya, South Africa, Zambia and Cameroon). Seven questions were asked to the Country Coordinators:

**1. What are the major problems (bottlenecks on each “Three Ones” principles), if any?**

- ☒ Low level of participation of the Donors in the development of the National Strategic Framework (50% of countries)
- ☒ Framework was not appropriately costed (33% of countries)
- ☒ No clear linkages with national development framework (financial) in 50% of countries.
- ☒ Limited leadership of NACs in almost all the countries (80% of countries)
- ☒ Lack of adequate technical capacity for coordination and leadership was very often mentioned as key in all countries.
- ☒ Monitoring and Evaluation Framework and systems not fully operational (100% of countries)

**2. What actions by donors have facilitated your country’s ability to respond to the AIDS epidemic?**

- ☒ Good participation from Donors in information sharing forums with Governments (67% of countries). This can also happen within donors’ forum as in Tanzania.
- ☒ Growing availability of financial resources in most of the countries, but particularly in Ethiopia and Cameroon.

**3. What actions by donors have impeded your country’s ability to respond to the AIDS epidemic?**

- ☒ 50% of the countries are still receiving project-driven support.
- ☒ Important requirements and conditionality from donors to Governments (33% of countries).
- ☒ Lack of consideration and suspicion between Donors and Governments (33% of countries). It is often linked with lack of Donors’ transparency on procedures.
- ☒ Lack of effective participation of Donors in coordination mechanisms (33% of countries).



**4. Do Donors support Governments’ response, for example through their participation in a SWAP, funding of Government led activities, or do they at least consult and involve the Government when preparing their workplan and budgets?**

- ☒ Good Donor coordination with Government led activities in some countries but there is still some reluctance about using Governmental financial mechanisms (66% of countries).
- ☒ Lack of effective coordination leads to high transaction cost in most of the countries (50% of countries).

**5. Do Donors coordinate their programme support and projects amongst each other? Or is there widespread duplication and competition among them, for example “headhunting” of government’s staff and from other donors’ programme and projects?**

- ☒ Effective coordination among Donors is rather the exception than the rule (80% of countries).
- ☒ Some Donors (PEPFAR, Global Fund) are recurrently cited as reluctant to harmonization.
- ☒ Pre-eminence of Donors’ own agenda in most of the country (80% of countries).

**6. Have Donors made tangible efforts to streamline their reporting requirements for Government? Or do Donors insist on compliance with their individual reporting format requirement?**

- ☒ All countries (100%) are mentioning some efforts for streamlining reporting requirements have been done, but not by all Donors. Reporting mechanisms are still fragmented

**7. What are the five major key blockages, a result of donors’ behaviour, that hamper effective actions and progress?**

- ☒ Lack of transparency of Donors’ support, financial and strategic (50% of countries).
- ☒ Donors’ support too much oriented on projects (50% of countries).
- ☒ Weakness of technical capacity in NACs to coordinate (66% of countries).  
High transaction cost and undermining of Government mechanisms (50% of countries).







The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.



**The “Three Ones” in action:**  
where we are and where we go from here

Although financing for the response to AIDS in low- and middle-income countries has increased significantly, it is still very far from being of the scale needed to achieve the Millennium Development Goal of reversing the epidemic by 2015. The shortfall makes it all the more imperative that the most effective use be made of whatever funds are available: this goal, in turn, requires that the many actors in the response to AIDS at the global, national and local levels fully coordinate and harmonize their efforts.

In April 2004, the Consultation on Harmonization of International AIDS Funding—bringing together representatives from governments, donors, international organizations and civil society—endorsed the “Three Ones” principles as follows:

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

This report looks at progress on applying the “Three Ones” to the end of 2004, and identifies the challenges ahead as well as opportunities for overcoming these challenges.



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

UNHCR • UNICEF • WFP • UNDP • UNFPA  
UNODC • ILO • UNESCO • WHO • WORLD BANK