

limited progress that has been achieved bodes poorly for accelerated scaling-up. More aggressive pursuit of the alignment and harmonisation agenda is needed.

From principles to process to outcomes

In June 2005, the 'Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors' (GTT) presented a plan to further coordinate the AIDS response. This built upon the Paris Declaration on Aid Effectiveness and the 'Three Ones' principles, and aimed to address the realities of donor practices at country level. The Team's ten recommendations were articulated under the following headings:

- Empowering national leadership and ownership;
- Alignment and harmonisation;
- Reform for a more effective multilateral response;
- Accountability and oversight.

The proposed changes to the architecture of national and global responses to AIDS are intended to move organisations from endorsement of principles to taking measures to change organisational priorities and practices. The GTT recommendations specifically address partner governments, the United Nations system, and the Global Fund to Fight AIDS, TB and Malaria. Although other international partners were invited to implement them as well, bilateral donors were effectively 'let off the hook' as far as targeted recommendations are concerned. Yet, as the title and original intent was on '... improving AIDS coordination among multilateral institutions and international donors' it is essential that the scope of attention is not restricted to the multilateral institutions alone.

The GTT did not lose sight of the fact that alignment and harmonisation processes are not ends in themselves but means to improve the effective-

ness of the global AIDS response. Experience on the ground, as described in the text box on Botswana, not only suggests that improved processes are effective. It indicates that in their absence it will be extremely difficult to move from isolated islands of excellence to scaling-up for Universal Access. The 100+ country consultations, held in the context of the 'Towards Universal Access Assessment' and leading up to the High Level Meeting on AIDS in 2006, confirmed this view. One conclusion from this process is that greater harmonisation and alignment efforts are prerequisites for effective use of increased funding.

Is enough being done to use the agreed architecture?

The 'Three Ones' principles and the Global Task Team recommendations were endorsed by the majority of world leaders at the UN World Summit in 2005. The Boards of relevant UN and international organisations have also endorsed the GTT recommendations. What progress has been achieved in 'walking the alignment talk'?

National ownership

Empowering inclusive national leadership and ownership is at the heart of current discourse on development effectiveness and sustainability. National HIV/AIDS strategies and plans that are prioritised, evidence-based, costed and linked to other development plans, and which elaborate roles and responsibilities for all stakeholders, provide both the framework for internal and external inputs to the national response and the building blocks of accountability.

It is arguably the case that some stakeholders favour poorly elaborated plans as they provide them with the freedom to pursue activities that might otherwise not have received priority. While this may be true, it is also the case that a common constraint to national ownership is weak government capacity to identify problems, set priorities, establish accountability systems, and coordinate external inputs.

Most countries have national AIDS plans. Yet, few of these documents are explicit about priorities and it is reported that approximately 40% are neither costed nor budgeted. Only half have been translated into annual operational plans or their equivalents. In many countries the ownership of the plan is compromised by heavy reliance on external consultants or failure to enlist relevant stakeholders in their preparation. National monitoring and evaluation plans only exist in half of the reporting countries and over half of the governments in, for example, Western and Central Africa report insufficient capacity to coordinate the national response. Regrettably, too little is being done to build capacity to enable national ownership.

Malawi provides a helpful example of how capacity strengthening can improve national ownership of the response and lead to a virtuous circle in terms of donor alignment and harmonisation.

Alignment and harmonisation

National ownership is a necessary but insufficient

Botswana has seen major improvements in prevention of mother-to-child transmission (PMTCT) and treatment, supported by strong national ownership and good processes of national priority-setting and programme planning.

Government commitment to the HIV/AIDS response is clear from the growth of government spending on HIV/AIDS (representing 90% of the total expenditure), the President's chairing of the quarterly National AIDS Council (NAC) meetings, and the policy of free testing, counselling and treatment. The National Strategic AIDS Framework is under review, providing an opportunity to strengthen costing of annual AIDS plans as well as refocus on prevention programmes.

The NAC is accepted as the single coordinating entity, and has improved the role played by civil society and academic institutions. The joint Botswana HIV/AIDS Partnership Forum is chaired by the NAC with representation from government departments, development partners, people living with HIV/AIDS, NGOs, the private sector, media, and academia.

These developments may be associated with the following outcomes as reported in the UNGASS in 2001 and 2004/2005 respectively:

- % of HIV+ women receiving complete PMTCT course increased from 34.3 to 60.3;
- % of men and women with advanced HIV-infection receiving ARV increased from 7.3 to 62.7;
- % households with orphans or vulnerable children that received free basic care increased from 3.3 to 34.3;
- % infants born to HIV+ mothers who are infected decreased from 20.7 to 11.5.

condition for a robust national response in those countries where a plethora of external actors support the AIDS programme. Alignment and harmonisation are also critical.

The ‘Three Ones’ principles are compatible with the 2003 Rome Declaration on Harmonisation and 2005 Paris Declaration on Aid Effectiveness. The latter expresses the commitment by countries to take action to address the ‘insufficient integration of global programmes and initiatives into partner countries’ broader development agendas, including in critical areas such as HIV/AIDS.’

While most development actors have signed the Rome and Paris Declarations, this does not guarantee that commitments will be met either rapidly or at all. Working methods of development partners have to be changed, including procedures and conditions for planning, reporting, and financial management. Procurement is a well-known stumbling block; attribution – what does my \$ ¥ £ € etc. buy? – is another. Even more difficult to tackle, and leading to apparent backtracking, is the distribution of transaction costs. Alignment to national procedures reduces the partner government costs, but increases costs for donors. This may be perceived as contrary to other principles, particularly, establishing lean and efficient management structures. The Executive Director of the Global Fund, for example, reported to the April 2006 meeting of his board, that alignment and harmonisation were too costly for the Fund.

Moreover, follow-up to these Declarations has exposed tensions and difficulties. The emphasis on governance, macro-economics and public finance management, discussed in the context of PRSP and general budget support, is not always easily reconciled with practical progress on alignment and harmonisation in multi-sectoral responses, such as HIV/AIDS.

Alignment requires donors to synchronise with government planning and fiscal cycles, use the most flexible funding modalities, provide reliable, indicative multi-year financing commitments, and make use of country systems for planning, procurement, accounting and monitoring and evaluation (M&E). It means avoiding the creation of parallel implementation units, developing capacity to strengthen national systems and establishing mechanisms to ensure sustainability. Harmonisation concerns those actions which donors can take to reduce the burden on governments of administering aid, such as adopting simplified and common arrangements for planning, disbursement and M&E. It implies undertaking joint missions and analytic work, as well as delegating interaction with government to other donors.

Only limited information is available on the extent to which alignment and harmonisation commitments are being realised, yet a report on GTT implementation to the UNAIDS Board in 2006 reveals considerable scope for improvement.¹ For example, in many countries Global Fund Country Coordinating Mechanisms are not yet rationalised with the national coordination authority, around 40% of national AIDS

The development of the National AIDS Framework 2005-2009 in **Malawi** has had strong support from the President and other senior politicians. The Framework’s preparation was based on a joint programme review and involved a wide range of stakeholders.

The strengthened ownership of the national AIDS response has led to increased control by the National AIDS Council (NAC) over external funds and reporting modalities. The 15 professionals in the NAC secretariat also serve the Global Fund. NAC has established a ‘pooled fund’ to which the World Bank, a number of bilaterals and UN agencies, and also soon the Global Fund, contribute. The pooled fund provides more flexible and dependable funding than project aid and reduces transaction costs for Government. Other ‘earmarking’ donors fund specific budget lines of the national plan, ensuring that only agreed priorities are supported. The Malawi partnership forum provides all stakeholders with an ongoing platform to discuss the issue of further harmonisation and alignment.

In Malawi, prevalence rates have been maintained at a slightly lower level than 2003 and coverage of those with advanced HIV-infection receiving ART increased from 1.8% to 17.7% between 2003 and 2005.

plans are reported as not serving as the framework for contributions by donors. Half of countries report low to moderate sharing of M&E results by international partners. In some countries, although donors are involved in joint AIDS programme reviews, these collective exercises remain the exception rather than the norm. It appears that despite the efforts of some staff in some agencies, progress is not keeping pace with commitments being made to create the conditions for scaling-up.

Reform for a more effective multilateral response

The Global Task Team underlined the need for the multilateral system to improve its delivery of technical support to countries; particularly to address the coordination, implementation, monitoring and evaluation of large-scale grants. One recommendation focused on improving the division of labour among UN agencies in regard to technical support. By August 2005, lead agencies were identified to coordinate specific technical support areas. Some co-sponsors are strengthening their capacity in areas where they have been designated to lead. Joint UN Teams on AIDS have been established to implement the division of labour and harmonise the UN response at country level.

Practical steps include the World Bank and Global Fund piloting joint fiduciary and procurement assessments as well as programme and financial reporting. The Global Fund’s Local Fund Agents are strongly encouraged to use existing fiduciary assessments.

UNAIDS Secretariat and co-sponsors and the Global Fund have established a Global Joint Problem Solving and Implementation Support Team (GIST). The agencies meet regularly to undertake time-compressed analysis of key bottlenecks to grant implementation. The GIST has led to joint analysis and coordinated action in more than 15 countries in areas such as procurement and supply management. It has also addressed systemic problems relating to the donors.

For example, Honduras struggled through two ‘no go’ decisions from the Global Fund and was again confronted with a demand from the Fund’s Technical Review Panel (TRP) to re-submit, for the third time, a

revised Phase 2 request. Honduras requested GIST to provide technical support for improving the prevention and human rights components and to facilitate communication with the TRP. In the face of resentment and disappointment over the negative impacts of the long delay and the lack of guidance from the TRP, the GIST through the UN Population Fund (UNFPA) as the Lead Agency and the UNAIDS Secretariat helped country stakeholders to look again at the issues more pragmatically. The GIST convinced national actors not to wait for clarifications from the TRP and facilitated technical expertise for the third submission in order not to jeopardise funds which would be lost if not approved before the end of July 2006. The Global Fund has subsequently approved the revised request.

Mutual accountability

The essence of ‘accountability’ is answerability. Accountability means providing information and explanations for action and inaction, and being liable to sanctions for failure to deliver. Sanctions provide accountability with ‘teeth’. This, however, is a reactive form of accountability. Another view focuses less on control, and more on transforming relationships between those making decisions and those affected by them. This pro-active approach, involving stakeholders in decision-making, draws attention to the potential of accountability to improve performance and, therefore, as a process to be embraced rather than feared. This formulation also highlights the multiplicity of actors upon whom progress depends and the reciprocal commitments that are required – a concept that is sometimes described as mutual accountability.

The GTT has recommended the development of a scorecard-style accountability tool to examine the performance of national partners in creating a strong AIDS response and international partners in providing support according to the GTT recommendations. The scorecard is being piloted by UNAIDS in a number of countries. The GTT proposed that these assessments be discussed in the context of annual, nationally-led, multi-stakeholder HIV/AIDS programme reviews. In line with the pro-active approach to accountability, the aim of the review is to identify where real or perceived blockages lie and to use the analysis to focus attention and foster change.

The value of the scorecard will depend upon a number of factors. First, its ability to enhance accountability to communities and other stakeholders hinges upon involving them meaningfully in the programme review processes. Second, enhancing the ability of developing countries to use the tool to hold partners to account will depend upon cross-country learning, sharing of information and establishing platforms to articulate collective positions and demands. Third, to make the assessments effective in changing the behaviour of the multilateral system

and international donors, the UNAIDS Board may provide the most appropriate global forum, but impact will be limited unless international AIDS activists and their social movements put pressure on legislatures and agency governing bodies to bring about a shift in norms. The changes in aid relationships that are required are as fundamental as was the shift from branded to generic drugs.

Moving forward

Experience in Botswana and Malawi suggests that alignment and harmonisation are critical to scaling-up. Yet, tensions clearly exist within the aid effectiveness agenda. For example, there is a tension between national ownership and donor concerns about accountability. There may be further tensions between Paris-type commitments at the macro level and the ‘Three Ones’ commitments, which are thematic in scope.

The GTT mainly addresses the first type of challenge. It places emphasis on building capacity for developing robust action plans, linking these to PRSP and expenditure frameworks, and strengthening procurement and supply management. It also deals with monitoring and evaluation frameworks through improvements in the volume and quality of technical support.

Other aspects have not yet been adequately addressed. While the GTT monitoring mechanism holds all stakeholders accountable for progress on alignment and harmonisation, follow-up has not sufficiently engaged actors beyond the UN and Global Fund. Consequently, concerted efforts are required to ensure that others begin to take appropriate actions. This is likely only to come about if the global social movements take up this important cause and if the scorecard assessment process actually fosters the conditions necessary for mutual accountability. The scorecard will clearly deliver on answerability, and it may also deliver on enforceability if the avenues of involving civil society, exposing and rectifying unharmonised procedures, and contestability are explored.

Governments may wish to defer actions that oblige them to confront vested interests and donors may wish to think quick and visible returns are best achieved through parallel systems. Yet the reality is that lack of progress on the ‘Three Ones’ principles is likely to cost human lives. Scaling-up towards Universal Access depends on doing the right things right – strengthening underlying processes upon which results are delivered.

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Endnote

1. ‘Effectiveness of multilateral action on AIDS: Harmonized support to scaling up the national response’. Report prepared

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