National AIDS Commissions
Eldis HIV/AIDS Key Issues Guide

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1. Introduction to National AIDS Commissions
This key issues guide is a resource for donors, governments, implementers, researchers and academics and others interested in the architecture of national HIV responses. It examines institutional and governance issues as they relate to National AIDS Commissions (NACs), including structures and functions.

Universal Access and scaling up processes have placed increasing demands on NACs to deliver on their coordination mandates, especially in countries with a high HIV prevalence. At the same time country operating environments have tended to become increasingly complex and challenging given increasingly complex aid environments, increased resources and evolving HIV responses. Accordingly this guide aims to stimulate debate and encourage dialogue by introducing the literature, current issues and debates.

To date there has been little analysis of experience and a lack of multi-country syntheses of NACs. However, HLSP, through the Strengthening the AIDS Response in Zambia (STARZ)
Programme 1, has recently reviewed the status and characteristics of institutional arrangements of NACs in seven African countries on behalf of Zambia’s NAC. Countries included: Kenya, Malawi, Mozambique, Nigeria, Rwanda, Tanzania and Uganda. The guide grew from the background literature search undertaken for the HLSP review.

2. Background

2.1. What are National AIDS Commissions

National AIDS Commission (NACs) are stand-alone institutions, independent of a government ministry, and usually comprising a governance body (the Board) and an operational body (the Secretariat), which, taken together form the National AIDS Commission (NAC). The terminology National AIDS Council or Coordinating Authority has also been used in the literature. The earliest example of a NAC under the Office of the President was the Uganda AIDS Commission established in 1992. In some countries, especially where the HIV prevalence is low, the institution mandated with coordinating the response to HIV is situated within a government ministry, usually the Ministry of Health.

In 2005 UNAIDS reported that, of the 66 countries covered in their survey, 95 per cent had national AIDS coordinating authorities. 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. Although the survey found the authorities varied in effectiveness, for those countries which had national AIDS coordinating authorities, over 80 were recognised as the main coordinator of the HIV response. (source UNAIDS 2005 Three Ones in Action).

During the early years of the HIV epidemic, national HIV responses were largely driven by Ministries of Health (MOH) which also spearheaded the development of sector responses with other line ministries. However, soaring prevalence rates and international recognition of the multi-sectoral nature of HIV/AIDS called for emergency international and national responses involving the mobilisation of sectors beyond health. In the late 1990’s, especially in Sub-Saharan Africa, there was a move to extract the leadership of the response from MOH and establish stand alone National AIDS Commissions tasked with leading and coordinating the national response.

2.2. History

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1 The STARZ Programme (2004-2009) is a DFID funded programme managed by an HLSP-led team. STARZ supports Zambia’s National AIDS Council in its work across the public and private sectors and civil society. [http://www.hlspinstitute.org/projects/?mode=type&id=177782](http://www.hlspinstitute.org/projects/?mode=type&id=177782)
establish stand alone National AIDS Commissions tasked with leading and coordinating the national response.

Building on the new 1999 AIDS strategy for Africa, the World Bank Multi-country AIDS Programme for the Africa region (MAP) was launched in 2000 to deliver resources rapidly to countries. The strategy advocated for expanded, multisectoral national HIV responses based on strong political commitment, country leadership, and partnerships with government, civil society and the private sector.

Funding conditionality for MAP was strong and eligibility included the establishment of a high level multi-sectoral coordinating body, such as a national HIV/AIDS council or equivalent, with broad representation of key stakeholders from all sectors, including PLWHA (World Bank 2000). Through its conditionality, MAP provided a major impetus for the establishment of multisectoral NACs usually under the president or prime minister.

General guidelines for creating a MAP, including institutional and leadership issues relevant for NACs, can be found in the Ethiopia and Kenya Project Appraisal Document (World Bank 2000). The Generic Operations Manual (World Bank 2004) provides guidelines on preparing and implementing MAPs, including a section on the theoretical role of NACs. The 2005 evaluation of the World Bank’s assistance to HIV/AIDS includes a good summary of how national AIDS coordinating institutions have changed in Africa since the introduction of MAP in Appendix One of the report.

### 2.3. International support for NACs

Building on international commitment to achieving the Millennium Development Goals, the first UN General Assembly Special Session (UNGASS) on HIV/AIDS in 2001 adopted a Declaration of Commitment ([http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html](http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html)), which declares AIDS a global catastrophe. The Declaration listed ten priority areas for action, including strong leadership at all levels. By 2003 the Declaration called for the development and implementation of multisectoral HIV/AIDS national strategies and financing plans for combating HIV/AIDS, involving partnerships with civil society and the private sector.

International support for multisectoral action intensified during the next couple of years. Significant efforts were also being made to scale-up the provision of antiretroviral treatment to people living with HIV/AIDS. This re-focused attention on the need to strength health service delivery and led to UNAIDS and WHO announcing a target in 2003 to provide treatment to three million people in low- and middle-income countries by the end of 2005. ([http://www.who.int/3by5/en/](http://www.who.int/3by5/en/)).

There was also a dramatic rise in international development assistance available for HIV/AIDS and the emergence of new donors. The Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2002 ([http://theglobalfund.org](http://theglobalfund.org)), and the US President's Emergency Plan for AIDS Relief (PEPFAR) pledged to spend $15 billion over five years (2003-8) ([http://www.pepfar.gov/](http://www.pepfar.gov/)). The international community asked the question of how to make the money work and ensure
the strong leadership advocated by UNGASS was effective. With the growing diversity of funding mechanisms, coordination of resources and players was identified as a critical issue.

2.4. Three Ones Principles
On 25 April 2004, UNAIDS, the United Kingdom and the United States co-hosted a Consultation on Harmonization of International AIDS Funding (http://data.unaids.org/UNA-docs/Three-Ones_KeyPrinciples_en.pdf). Representatives from donor and host countries and major international organizations formally 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.
- One agreed country-level monitoring and evaluation system

The principles sanction the centrality of the NAC in the national response as the “One national AIDS coordinating authority” and place emphasis on national leadership and ownership. They recognise the NAC as the policy leader and over-arching co-ordinating body bringing together self-coordinating entities, partnerships and funding mechanisms for concerted action. http://data.unaids.org/UNA-docs/Three-Ones_Agreement_en.pdf

The principles recognise that NACs need legal status, a formal mandate and a clearly defined role, together with a defined relationship to Parliament to enable democratic oversight. The role should include “custodian functions” for the National HIV/AIDS Action Framework (NAF), while specific functions may include the development, oversight and co-ordination of the implementation of the NAF; and coordination of the allocation of resources according to agreed national priorities (while leaving financial management and implementation to other entities). Country level implementation of the principles is supported by UNAIDS and international partners.

2.5. Universal access by 2010
There are a number of factors that are changing the current environment and increasing interest in NACs. Since the identification of the Three Ones Principles, the environment in which NACs operate has become increasingly complex and challenging. This is especially true for high prevalence countries, in particular in Sub Saharan Africa. In 2006, through the UN General Assembly High Level Meeting on AIDS, governments committed themselves to a new global objective: moving towards the goal of universal access to HIV prevention, treatment, care and support by 2010. http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf Accordingly, UNAIDS is supporting countries to revise national AIDS plans and targets to scale up HIV responses.

Universal Access and scaling up processes have placed increasing demands on NACs to deliver on their mandate, including coordination. The importance of partnerships for HIV/AIDS-related action is ever increasing. At the same time access to financial, and other, resources
continue to grow together with the diversity of funding mechanisms. To date the Global Fund alone has committed US$ 7 billion in 136 countries.

While extremely positive for national responses, this does increase the scope of work required to ensure effective use of aid and domestic resources for HIV/AIDS. The increased demands on NACs, and their central position in the national response, means that clarity in roles and relationships, and enabling political, legislative, policy and institutional environments, assume new importance. Buse et al (2006) discuss how the implementation of the Three Ones Principles, including one national AIDS coordinating authority, is required for effective scaling up processes. Challenges to implementation processes are introduced.

In the future the set up, mandate and organisational structures of NACs may need to be more flexible and adaptable given local contexts, the increasingly complex aid environment and evolving HIV responses.

2.6. Aid harmonisation and effectiveness
Simultaneously to the endorsement of the Three Ones Principles wider international debates were taking place on ways in which aid is delivered and managed. These debates culminated with the 2005 Paris Declaration on Aid Effectiveness. In the Declaration multilateral organisations and donor countries agreed to harmonise their aid mechanisms and to align with government-owned national strategies and policies, including in critical areas such as HIV/AIDS. These commitments underpin the value of national ownership inherent in the NAC model, the importance of the coordination mandate and the Three One Principles. http://www.eldis.org/go/topics/resource-guides/health-systems&id=18389&type=Document

The commitment to harmonising HIV responses was moved forward through “Making the Money Work: The ‘Three Ones’ in Action” conference in March 2005 (http://www.dfid.gov.uk/news/files/makmoneywork9mar05.asp). In the spirit of the Paris Declaration, and within the framework of the Three Ones, the conference initiated the setting up of a Global Task Team GTT) on Improving AIDS Co-ordination among Multilateral Institutions and International Donors (http://www.unaids.org/en/Coordination/Initiatives/global_task_team.asp).

The GTT reported in June 2005 (http://www.searo.who.int/LinkFiles/Strategic_Alliance_and_Partnerships_7b_Global_Task_Team_final_report_14_June_2005.pdf). Its mandate was to develop recommendations for action by multilateral institutions and other international partners to further harmonize and better align their HIV support to countries’ needs and priorities. The report reaffirms commitment to supporting national leadership and ownership through working with national AIDS coordinating authorities. In response UNAIDS and the World Bank developed the Country Harmonization and Alignment Tool (CHAT) to support national AIDS coordinating authorities to assess 1) the participation and degree of engagement of country-based partners in the national response, and 2) the degree of harmonisation and alignment among HIV international partners.
Footnote

3. Issues and Challenges
Challenges and issues with the implementation of the NAC model, and the application of the Three Ones Principles, have been reported by the UN, the World Bank and discussed in wider literature. Reported challenges at the country level include:

3.1. Institutional arrangements and legal status
Published documentation on the institutional arrangements governing NACs is limited. IDASA have produced specific research reports for Namibia and Zimbabwe and a book on the institutional dynamics of South Africa’s response. (http://www.idasa.org.za/). The HLSP review of 7 African NACs identified a number of common institutional features demonstrating some uniformity in the way NACs have been set up. All seven have been recipients of World Bank MAP funding and conform with the predominant NAC model of a governance body or Board of Commissioners and an operational Secretariat that supports the Commission. All are positioned under the Office of the President or equivalent, and have been, or are in the process of being, set up by an Act of Parliament or Presidential Decree.

NACs derive their authority from their legal framework. Studies have shown that clear institutional arrangements and legal status are important for NACs to effectively deliver their mandates, including coordination and resource mobilisation. They legitimise the NAC and give it enough power to function well. Confusion over legal status can undermine the authority and legitimacy of the NAC. Commentators have noted that, to be effective, the NAC needs to be located in the government structure in a manner which reflects the country specific political and institutional context.

Despite consistencies, the HLSP review highlighted the diversity of approaches being taken up by NACs to adapt their structure and function, within the existing institutional set up, to better suit their local conditions and strengthen the national response. These include new Acts of Parliament, organisational restructuring, and reviews of the Board to strengthen governance.

3.2. Role and Function
Challenges cited in the literature concerning NACs being able to deliver on their mandates include lack of clarity about what the core functions are and the role of NACs, although elsewhere it is reported that functions are clearly stated in the national legal and policy documents. The World Bank guidelines (Generic Operations Manual, World Bank, 2004) on preparing and implementing the MAP in Africa include a section on typical or hypothetical roles.
World Bank reviews of lessons learnt of the Africa MAP comment that in reality the role is often ill-defined. Some NACs have tended to move from ‘coordination and facilitation’ to ‘command and control’ and implementation bureaucracies, while at the same time building their own capacity rather than contract out fund management. The World Bank reports that this “may represent the single greatest danger for the national multi-sectoral HIV/AIDS program to implement rapid and sustainable action” (Generic Operations Manual, World Bank, 2004 p23). The 2004 Interim Review of the MAP found NACs to be of very uneven quality. Some performed their facilitation and coordination functions with skill and limited resources while others had a very large workforce and appear to produce relatively poor results.

NAC mandates are ambitious and evidence has been cited that NACs are experiencing challenges with mainstreaming HIV/AIDS in other sectors. Effective mainstreaming is important for supporting ministries to develop meaningful plans that are integrated with National AIDS Frameworks. This requires strong national ownership, technical capacity and accountability structures. Reviews of the experience of mainstreaming HIV/AIDS in national development instruments suggests that the capacity for mainstreaming AIDS at national and sector level is currently underdeveloped in most countries.

3.3. Capacity
Human resource capacity constraints, including for coordination of AIDS activities at sub-national levels, have been cited as a challenge to the effectiveness of NACs. Low salaries paid in the public sector have been cited as the most significant obstacle to building human resource capacity, alongside lack of personnel with the right skills and experience. UNAIDS reported in 2005 that only one of the 66 countries covered by their survey was found to have all of the human resource capacity necessary to fulfil their mandates, while only 9 per cent have sufficient capacity for coordination.(UNAIDS 2005). Some NACs have adopted salary structures based on the market and independent from the public sector.

3.4. Governance arrangements.
Absence of strong mandates and support reaching down from the highest levels of government and covering all sectors at all levels can undermine the accountability, authority and legitimacy and overall leadership of the national response (UNAIDS 2005). IDASA has researched the role of parliamentary oversight in national HIV/AIDS responses through an assessment of how the national parliaments of Botswana, Ghana, Kenya, Mozambique and South Africa use their oversight function to inform and monitor the national HIV/AIDS responses. The research considers the nature of the interaction between the parliamentary committees and the NACs, as well as the Auditor-Generals’ offices. A more directly accountable relationship between parliaments and the NACs is recommended. Ghana was the only country where a direct oversight relationship exists between the NAC and parliament.

With international encouragement, many countries have established a representative governance body or Board of Commissioners. Boards have been set up to provide a broad-based partnership forum of stakeholders as an important mechanism for promoting multi-
sectoral cooperation, and to ensure good corporate governance practice. However, countries have faced challenges meeting the dual objectives of representation and good governance with Commissioners often elected or appointed based on their ability to represent their constituencies, rather than their ability to govern and steer the Secretariat. Other issues cited include infrequency of meetings, lack of clear terms of reference, governing by-laws, guidelines, and training.

3.5. Additional AIDS coordinating mechanisms
The Global Task Team (GTT) report (2005) notes that the broad adoption of the concept of a single national AIDS coordinating authority has strengthened efforts to streamline coordination mechanisms, which should strengthen efforts to improve accountability. However, the introduction of new funding sources has led to the development of additional coordinating mechanisms separate from NACs but required to access the financing (such as the Global Fund’s (GF) Country Coordinating Mechanism (CCM)). According to the UNAIDS 2005 survey, 81 per cent of countries have additional coordinating mechanisms on AIDS, including CCMs for the GF.

Some argue that these mechanisms add complexity and undermine the concept of the NAC as a single coordinating entity. The international community (World Bank, GF, UN) have recognised the need to clarify the links between different coordinating or funding mechanisms and the one coordinating authority. In response to recommendations in the GTT report, the World Bank and the GF commissioned a comparative advantage study which recognised that CCMs have, in some countries, competed with and confused the roles of the NAC. It recommends that both institutions encourage the unification of the NACs (or their equivalents) and CCMs wherever possible.

Some countries are seeking to increase the efficiency of coordination mechanisms by aligning the CCM with existing structures. In Tanzania the CCM and the existing coordination mechanism have been recast to form one Tanzania National Coordinating Mechanism which is responsible for coordinating all resources aimed at scaling up AIDS, TB and malaria.

3.6. Partnerships with Civil society
It is recognised that civil society has a key role to play in national HIV responses. In many countries civil society is a major service provider and is able to achieve results in areas and with target groups inaccessible to governments. Particular emphasis has been placed on the participation of civil society in the implementation of the Three Ones principles, for instance in the review and update of National AIDS Frameworks.

Countries have faced a number of challenges in promoting comprehensive participation and legitimate representation of civil society. For instance, in some countries civil society is large and diverse and does not have a history of working together with government. In others there may be confusion about the role and position of civil society in the country response, and in particular in relation to the NAC. NACs are developing structures for engagement, including strengthening civil society representation on coordination and governance structures.
3.7. Partnerships with international development agencies

It is recognised that in some countries external financing for HIVC continues to be channelled through multiple entities and parallel systems with the potential for duplication. The 2005 GTT report captures the international commitment to harmonisation and alignment and includes recommendations for multilateral institutions and international partners to align their support to national strategies, policies, systems, cycles, and annual priority AIDS action plans. All the African countries reviewed by HLSP (2007) exhibited significant recent increases in external financing and a commitment to harmonisation and alignment with development partners. There was increasing cooperation between the NACs and donors with a growth in mechanisms to further align external funding to NAC priorities, including development partner coordination mechanisms and initiatives such as pooled or common funding arrangements. However substantial players remaining outside the alignment agenda challenged the NACs coordination mandate.

4. Key debates

The literature argues that in some cases, especially in Africa, the establishment of NACs as stand alone institutions has created political tensions with the MOH and undermined the ability of the MOH to deliver the health sector response to HIV. For example, in some countries, such as Malawi, the establishment of the NAC led to the transfer of many MOH staff into the new institution. The World Bank reviews (2001, 2004 and OED 2005) of the MAP in Africa noted that in many MAP countries the establishment of a NAC outside of the MOH has caused resentment and confusion among health officials. MOHs are reported to have felt disempowered and there is concern the health sector is not getting the support it needs.

While the Three Ones Principles were not presented to countries as one size-fits-all global blueprints, some authors (eg Putzel 2004) have argued that the NAC “organisational template” was imposed on developing countries, especially in Africa through the conditionality associated with the WB MAP programme in the early 2000s. Indeed the model of organisation promoted by the Africa MAP seems to have been based on experience in a limited number of countries, including Uganda. The examples used to support the model are said to have been misinterpreted, with there being no example of a Commission having played such a role successfully (Putzel 2004).

The Ethiopia case study prepared by the OED evaluation in 2005 concludes that the creation of a multi-sectoral institution does not necessarily foster a multisectoral approach. Ethiopia’s institutional framework was created in response to World Bank eligibility criteria and without institutional and political analysis. The World Bank’s 2004 review of the MAP noted that, although there was early recognition of the complexity of creating new institutions, the Bank could have analysed more systematically the institutional environment and requirements for effective implementation.

Debates are ongoing about the best mechanism to enhance multisectoralism and achieve coordination. IDASA (2003) has critically examined whether NACs are the best mechanism to
enhance cross-sectoral partnerships and participation. Advantages of the MOH leading the HIV response have been cited, while questions have been raised whether an implementing ministry can also effectively engage other sectors (eg see Pacific Regional HIV/AIDS Project 2006 review). Others have argued that NACs would be more effective to be re-framed into national fund managers with autonomy and control over resources, responsible for contracting service providers (England 2006).

The OED 2005 evaluation “could find no evidence to suggest that any one institutional arrangement is more effective or efficient in producing results on the ground than the alternatives, if the political commitment is present” and concludes that “evidence to support the effectiveness of institutions to manage the AIDS response outside of the Ministry of Health from the Bank’s experience is scant.”

5. Recommended readings

A synthesis of institutional arrangements of National Aids Commissions in seven African countries
Authors: Clare Dickinson, Jackie Mundy and Janet Whitelaw Jones, August 2007
Publisher: HLSP
Full text of document: http://www.hlspinstitute.org/projects/?mode=type&id=177782

This paper from HLSP presents a synthesis of institutional arrangements and issues currently facing National AIDS Commissions (NACs) in 2007. The paper is a work in progress and is based on a literature review and informant interviews with agency-based and NAC staff and independent consultants familiar with NAC issues. It reviews the common features and emerging themes on the following topics: the background to the establishment of NACs, their governance, structure and function, financing arrangements and their role in harmonising and aligning country responses to HIV. To date, many African countries with NACs have experienced significantly improved access to, and coordination of, financial and other resources, and there is a growing diversity of funding mechanisms and a substantial increase in funding.

The authors conclude that the increased pressure placed on NACs means that clarity in roles and relationships, and enabling political, legislative, policy and institutional environments are more important than ever. Clear and robust institutional arrangements and legal status are important for NACs to effectively deliver their mandates. Where institutional arrangements have become confused, or legal status is outdated or absent, effective coordination can be compromised and the role of the NAC undermined. In response NACs have taken up a diversity of approaches to constantly adapt their structure and function, within the predominant model, to better suit their local conditions and strengthen the national response.
Intensifying action against HIV/AIDS in Africa: responding to a development crisis

The World Bank’s strategy to combat the HIV/AIDS epidemic in Africa

Authors: World Bank: African Region
Publisher: World Bank, 1999

Given the scale of the HIV/AIDS epidemic in Africa, it is no longer just a public health problem, it is a development crisis. This document introduces the Bank’s new strategy to combat the HIV/AIDS epidemic in partnership with African governments and the Joint United Nations Programme on HIV/AIDS (UNAIDS). The strategy stands on the following four pillars:

- to advocate to position HIV/AIDS as a central development issue and to increase and sustain an intensified response
- to increase resources and technical support for African partners and Bank country teams to mainstream HIV/AIDS activities in all sectors
- to ensure that prevention efforts are targeted to both general and specific audiences, and activities to enhance HIV/AIDS treatment and care
- to create an expanded knowledge base to help countries design and manage prevention, care, and treatment programs based on epidemic trends, impact forecasts, and identified best practices.

Civil society and the 'Three Ones'

Clear guidelines and support needed for civil society involvement in the 'Three Ones'
http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=18591&type=Document

Authors: International HIV/AIDS Alliance; International Council of AIDS Service Organisations
Publisher: International HIV/AIDS Alliance, 2005

This discussion paper examines the issues and questions that are emerging for civil society around the development of the 'Three Ones' initiative. It is based upon the practical experiences and strategic discussions of the International HIV/AIDS Alliance, International Council of AIDS Service Organisations and their partners and members. The document reviews civil society involvement with the Three Ones, highlighting potential opportunities such as:

- responses based on real needs, addressing marginalised and vulnerable populations and technical support and capacity building.
- ownership of national HIV and AIDS responses, capacity of civil society and issues of selection and representation.

The document calls for next steps to include the development of generic guidelines for civil society involvement in implementing the 'Three Ones'. It also suggests the need to develop and finance comprehensive, high quality and appropriate capacity building tools to enable effective civil society participation as well as to maximise existing resources. Other necessary steps include: providing specific technical and moral support, guided or led by civil society itself,
enhancing communication and information dissemination about the 'Three Ones' at all levels, and developing relevant indicators in collaboration with other sectors to assess the effectiveness of civil society participation. [adapted from authors]

Putting the "Three Ones" to work: National AIDS Commissions
National AIDS Commissions need realistic operational targets
Authors: B. Mackay; C. Laurence
Publisher: Policy Project, Futures Group, Washington, 2005
This Futures Groups policy briefing comments on how National AIDS Commissions (NACs) have been used to implement the goal of each country having a single coordinating authority on HIV and AIDS. This goal forms part of the UNAIDS 'Three Ones’ framework, which aims to unify country-level HIV and AIDS action. The authors argue that recent criticisms of NACs, depicting them simply as a tool for donors to implement conditions on aid, underestimate the genuine demand for a multi-sectoral lead. However, donor conditions have influenced the speed and nature of NAC development and political tensions between organisations have also been created. Yet, NACs continue to play an increasingly important role. The authors outline how the creation and maintenance of a single national AIDS coordinating authority is a political as well as a technical issue and should be treated as such from the start. They highlight the need to recognise that many of the tasks faced by NACs are very demanding of their staff, and that expectations may need to be reduced. Finally, there is a need to examine agencies which are successful at coordinating, and to consider what makes them effective in HIV and AIDS, as well as in other fields. [adopted from authors]

National AIDS Coordinating Authorities: a synthesis of lessons learned and taking learning forward
Governance, incentives and institutional models key to improving National AIDS Coordinating Authorities
Authors: C. Dickinson
Publisher: Department for International Development Health Resource Centre (HRC), 2005
This paper, from the DFID Health Resource Centre, outlines some of the key challenges facing National AIDS Coordinating Authorities (NACAs). Their main role is to promote better harmonisation and alignment of national responses to HIV and AIDS. Although the structure of NACAs are highly dependent on particular country contexts and systems, they are usually either a stand alone institute independent of any government ministry, or a unit within a given ministry, usually the Ministry of Health. The author highlights a number of challenges experienced by NACAs, including: governance arrangements; functions, staffing and structures; and roles, responsibilities and coordination.
The author suggests that some of the underlying problems facing NACAs are directly related to governance issues concerning the transferability of institutional models and political incentives
for doing something about AIDS. These challenges will constrain leadership, development and coordination of national responses. The author suggests that further analysis of the existing NACA institutional model is needed to justify further support. Key questions to address include: what incentives are needed for political leaders to act on AIDS; what administrative techniques and organisational forms have worked most effectively at national levels; and how can existing NACA models be adapted and made more effective in the future. [adapted from author]

**Mainstreaming AIDS in development instruments and processes at the national level: a review of experiences**

*Increased focus on content and process needed to mainstream AIDS in development policies*


**Authors:** UNAIDS; UNDP; World Bank

**Publisher:** Joint United Nations Programme on HIV/AIDS, 2005


This review, from UNAIDS and UNDP, examines the experiences of mainstreaming HIV and AIDS in national development instruments and the technical support provided to national partners. The review focuses on the HIV and AIDS content of national development instruments, the processes of implementation and progress to date, including gaps in technical support. Key issues highlighted in the report include: strengthening links between PRSPs (poverty reduction strategy papers), NAFs (National Action Frameworks), and sector plans; taking AIDS into account in economic and social policy; linking AIDS with poverty-related diseases and other Millennium Development Goal priorities; continuing technical support for mainstreaming; and limited mainstreaming of AIDS among national partners.

The report recommends that country-level actors and technical support providers need to promote and ensure appropriate coverage of AIDS in PRSP content and other national development instruments. This should include: a more comprehensive analysis of the links between poverty and inequality, gender and AIDS; factoring the implications of AIDS into the design of poverty reduction and growth plans, and economic and social reform programmes; and assessing and planning for the national human and institutional capacities required to achieve the AIDS objectives expressed in PRSPs. The report also recommends focusing on strengthening institutional linkages and accountabilities in national development processes in a range of areas.

**Scaling-up the HIV/AIDS response: from alignment and harmonisation to mutual accountability**

*Scaling up to universal access requires increased accountability*


**Authors:** K. Buse; M. Sidibe; D. Whyms

**Publisher:** Overseas Development Institute, London, 2006

**Full text of document:**

This briefing paper, from the Overseas Development Institute (ODI), argues that scaling-up towards universal access to treatment for HIV and AIDS depends on strengthening underlying processes upon which results are delivered. The paper discusses the relationship between the Three Ones (one framework for action, one national AIDS coordinating body and one country-level monitoring and evaluation system) and scaling up and looks specifically at experiences in Botswana and Malawi. It argues that while broad agreements on the aid architecture needed for scaling up exist, a lack of aid alignment and harmonisation continues to limit scaling up. The authors consider a scorecard-style accountability tool meant to examine the performance of national partners in creating a strong, harmonised AIDS response. They argue that for this tool to be successful, it must enhance accountability through: meaningfully involving stakeholders in programme review processes; encourage cross-country learning, sharing of information and establishing platforms to articulate collective positions; and allow international AIDS activities and social movements to lobby for change. The authors argue that without greater mutual accountability among all stakeholders, the lack of harmonisation will continue to cost lives. [adapted from author]

Five myths about the HIV epidemic in Asia
Challenging the myths about HIV in Asia
Authors: P Godwin; N O’Farrell; K Fylkesnes; S Misra
Publisher: Public Library of Science Medicine, 2006
This article from PLoS Medicine challenges the current consensus on how to respond to the high rates of HIV infection in many Asian countries. The authors outline five widely-held assumptions about HIV in Asia which underpin current action on this crisis and which they believe are misinformed. The article also recommends policy changes that need to be addressed as part of the response to the epidemic.

The article argues that the HIV epidemic in Asia presents a major public health problem, but it will not have the impact on development which it has in sub-Saharan Africa. There are major differences in the nature of the epidemic, such as the greater significance of intravenous drug use as a route of HIV transmission in Asia, and social and cultural differences that mean that the epidemic will not become as general among Asian populations. The response needs to be targeted at improving access to healthcare for vulnerable groups. It also needs to be directed at improving the legal status of groups such as sex workers, drug users and men who have sex with men. The authors question the usefulness of recent initiatives such as the ‘Three Ones’ and the Global Fund which by-pass national governments or require governments to create new structures. The article argues that national public health systems, rather than the non-governmental organisation (NGO) sector, must lead the response to HIV in Asia.
Parliaments, politics and HIV/AIDS: A comparative study of five African countries

Can parliament play a role in the HIV and AIDS pandemic?


Authors: M. Caesar-Katsenga; M. Myburg

Publisher: Institute for Democracy in South Africa, 2006


This paper provides an assessment on the national parliaments of Botswana, Ghana, Kenya, Mozambique and South Africa use of their oversight function to inform and monitor national HIV and AIDS responses. More specifically, the primary goal is to improve the overall effectiveness of the HIV and AIDS responses in the participating countries.

Research findings from all the country-specific reports indicate that the pandemic has had some impact on parliaments in all of the countries. Placing any limitation on the role of parliaments in determining HIV and AIDS priorities undermines an effective response to the pandemic and the power of democratic governance. The paper confirms that oversight of HIV/AIDS is largely confined to specific parliamentary committees, in particular those with a broad social welfare mandate.

A number of recommendations are made. These include:

- it is imperative that all parliaments ensure effective and consistent engagement with citizens
- there needs to be more parliamentary committees that integrate HIV and AIDS into their work
- there needs to be a more systematic framework for HIV and AIDS oversight
- there is a need for a more generalised, mainstreamed approach to HIV/AIDS within parliament, which requires more committees to be involved in HIV and AIDS oversight
- it is important that parliaments consider not only the policy and legislative implications of the effect of HIV and AIDS but also the institutional implications.

Roles and responsibilities of National AIDS Commissions: debates and issues

National AIDS Commissions are starting to confront their major challenges


Authors: C. Dickinson

Publisher: HLSP Institute, UK, 2006

Full text of document: http://www.hlspinstitute.org/projects/?mode=type&id=109400

This technical brief from HLSP outlines the functions and key challenges facing National AIDS Commissions (NACs). It looks at what have been the main obstacles, why they have emerged and outlines the current debates. The authors argue that many of the issues facing NACs stem from two misconceptions. Firstly that institutional models transferred from one context to another will work in the same way. Secondly, that the establishment of new public sector institutions to deal with HIV/AIDS will perform differently from other public sector organisations.

The report concludes that individual NACs are starting to address these issues. To ensure staff
retention, a common problem in NACs, Malawi has developed a salary structure based on the market that requires human resource management separate from that of the public service. Analysts are also beginning to discuss whether NACs should evolve into national AIDS agencies with fund management and service commissioning and purchase responsibilities.

Understanding the institutional dynamics of South Africa’s response to the HIV/AIDS pandemic

SANAC has generated very few outputs from its first term of office


Authors: A. Strode; K. Barrett Grant
Publisher: Institute for Democracy in South Africa, 2004

This report from the Institute for Democracy in South Africa (IDASA) assesses the external and internal factors that affect the organisational performance and outputs of the South African National Aids Council (SANAC). It analyses the structure, organisational culture, management systems and processes and people of SANAC and highlights its strengths and weaknesses.

Among SANAC’s strengths are a simple structure that is clearly understood by its stakeholders and the presence of sectoral representatives, which allows for those sectors to encourage, develop and enhance the HIV/AIDS response. However, SANAC has generated very few outputs from its first term of office. This is because few meetings were held, little interaction took place with the various sectors and the council did not mobilise broader society to respond to the urgent issues relating to HIV/AIDS. Further weaknesses include domination by cabinet ministers, which limits involvement from other sectors; absence of structural links between the various parts of SANAC or between SANAC and the public and the absence of a strategic plan.

AIDS Councils as Catalysts for Unlocking Citizen Power

Guidelines to mobilise civil society and build multisectoral partnerships to tackle HIV/AIDS

Publisher: Institute for Democracy in South Africa, 2005

This manual, published by Institute for Democracy in South Africa (IDASA), aims to provide information for non-governmental organisations (NGOs) to develop and mobilise civil society’s engagement with AIDS councils and build effective governance of the HIV/AIDS pandemic. The guide contains a step by step approach to organising a one and a half day workshop. This workshop enables participants to understand the role of AIDS councils in building multi-sectoral partnerships to tackling HIV/AIDS, identify potential collaborative partners and promote community ownership of HIV and AIDS issues.

Operational details include information on the optimal number of participants and venue selection through to trainer’s notes and workshop outcomes. There is a detailed programme with sessions such as facts about AIDS councils and tapping into diversity. Also included are
thorough instructions for each session outlining the aims, learning outcomes and materials needed. There are handouts of the workshops timetable and several background documents on the composition, structure and functions of AIDS councils, as well as roles of AIDS council members and other stakeholders. The manual also stresses the importance of taking local context into consideration when the workshops are given. The authors aim is for this manual not only to be used by civil society but also by the AIDS councils themselves. [adapted from author]

“Three Ones” key principles: Coordination of national responses to HIV/AIDS - guiding principles for national authorities and their partners
UNAIDS presents the “Three Ones” principles which aim to promote universal coordination of the response to HIV/AIDS
Authors: UNAIDS
Publisher: Joint United Nations Programme on HIV/AIDS, 2004
This conference paper from UNAIDS sets out the “Three Ones”, three guiding principles that promote universal coordination between national authorities and their partners in tackling the global HIV/AIDS epidemic. At the International Conference on AIDS and STIs in Africa (ICASA) in 2003 it was agreed that there should be 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 and one agreed country level monitoring and evaluation (M&E) System. No set blueprint is applicable to all countries and the three goals principles are offered as a basis for optimising roles and relationships in the fight against HIV/AIDS.

The report lists the priorities for the three goals. In order to work towards a single action framework, a prerequisite for coordination across partnerships, clear priority setting and review process are needed. Also an effective National AIDS Coordinating Authority is recommended. A consistent coordinating authority needs a formal mandate, democratic oversight and empowerment to exercise national ownership. One agreed M&E framework will lead to increased capacity for quality assurance, national oversight and adequate use of M&E for policy adaptation. This alignment of M&E standards will require investment in national M&E data quality and human capacity. [adapted from author]

Coordinating HIV control efforts: what to do with the National AIDS Commissions
National AIDS commissions have not achieved their stated aims and should be replaced with a more effective system
Publisher: The Lancet, 2007
Full text of document: http://www.thelancet.com/journals/lancet/article/PIIS0140673606687746/abstract
This article from the Lancet argues that national AIDS commissions (NACs) have not achieved their stated aim of improving multisectoral coordination of HIV/AIDS responses and should be replaced with a more effective system. The author makes the case that a multisectoral approach, including mainstreaming, is diverting attention from reducing the incidence of HIV. The article advocates treating AIDS as any other disease; focusing efforts on core transmitter groups such as sex workers, to reduce incidence.

Instead of arguing that NACs should be abandoned and power shifted back to ministries, the article suggests that NACs be recast as national fund managers for HIV/AIDS money. One suggestion is to make NACs more business like and incentivise them based on their performance, held accountable by a steering committee of key stakeholders. However, this is difficult to implement on public sector terms where political control can strangle autonomy. Another more radical option is to put running of the NACs out to private sector tender, but still reporting to the steering committee outlined above. The article concludes that both ideas are compatible with the “Three Ones” principles and are likely to be at least as robust and accountable as the current publicly run NACs.[adapted from author] [Login required to access Lancet content]

**Improving AIDS coordination among multilateral institutions and international donors**

Stakeholders should commit to working with national AIDS coordinating authorities to align their support to national AIDS strategies


Authors: Global Task Team

Publisher: Joint United Nations Programme on HIV/AIDS, 2005


This report from the Global Task Team (GTT), a UNAIDS-led initiative that sets out to improve coordination among multilateral agencies and international donors responding to HIV/AIDS, aims to improve coordination, alignment and harmonisation of the international AIDS response. The report begins by outlining the context in which the GTT operates and goes on to detail its major challenges. These include issues around inclusive national leadership and ownership, alignment and harmonisation of multilateral institutions and international partners, and the effectiveness of the multilateral response.

GTT recommendations include: creating national mechanisms that drive implementation and provide a basis for the alignment of external agencies; supporting macroeconomic policies that drive the response to AIDS; and strengthening of country monitoring and evaluation mechanisms that facilitate oversight. It is important that multilateral institutions and international partners commit to working with national AIDS coordinating authorities to align their support to national strategies, policies, systems, cycles, and annual priority AIDS action plans. The Global Fund, the World Bank, and other multilateral institutions and international
partners will identify specific approaches to improving the alignment of their financing with country cycles and annual priority AIDS action plans. [adapted from author]

Understanding the institutional dynamics of Zimbabwe's response to the HIV/AIDS pandemic
Despite some success there is room to improve the multisectoral approach to HIV/AIDS in Zimbabwe
Authors: F Hatendi; E Makondo; M Caesar-Katsenga
Publisher: Institute for Democracy in South Africa, 2005
This report from the Institute for Democracy in South Africa (IDASA) examines the organisational structure and programmes of the Zimbabwe National AIDS Council (ZNAC). The report, which is comprised of secondary desk research and primary field work, aims to understand the roles of ZNAC as well as selected NGOs in delivering a multisectoral approach to address the challenges of HIV/AIDS in Zimbabwe. A review of the legal and policy frameworks of the ZNAC and its partnership with civil society shows that the ZNAC is responsive to the needs of vulnerable groups such as women: it employs a gender-specialist staff, provides female condoms, and supports prevention of mother-to-child transmission (PMTCT) programmes. However, the authors conclude that the ZNAC suffers from high staff turnover and has inadequate capacity for planning, implementation and monitoring programmes. The report recommends that the ZNAC needs intensified capacity building and the recruitment of full-time district co-ordinators. In addition, the relationship between the ZNAC and civil society could be improved by increased discussion and better co-ordination. [adapted from author]

Multisectoral HIV/AIDS approaches in Africa: how are they evolving?
Multisectoral approaches to HIV/AIDS in Africa still face some major challenges
Authors: S Gavian; D Galaty; G Kombe
Publisher: International Food Policy Research Institute, 2006
This report from the International Food Policy Research Institute (IFPRI) assesses the impact of multisectoral approaches to the African HIV/AIDS epidemic. The report concludes that national governments alongside various UN departments have demonstrated strong multisectoral commitments, engaging a broad range of stakeholders through participatory and decentralised processes. In addition to donor commitments to multisectoral interventions, there are many examples of innovative management and funding arrangements such as contracted services, pooled funding, and community funding channels designed to strengthen the multisectoral response. However, there are still some major challenges. The recent huge influx of resources needs careful balancing within the broad range of HIV activities aimed at prevention, treatment and
mitigation, and research. There is a need for better monitoring and evaluation (M&E) information in order to make optimal choices. Unless interventions can be shown to have direct and measurable impacts on HIV/AIDS, the single largest donor, the United States, will remain cautious about using AIDS money for multisectoral interventions. There are many opportunities for both health and non-health specialists to work together to improve the effectiveness of multisectoral approaches to combating HIV/AIDS in this rapidly changing landscape. Possible forums include the technical committees of national AIDS commissions (NACs) and the Global Fund, where non-health specialists can provide input into strategic dialogue, priority setting, implementation and results tracking for HIV/AIDS. [adapted from author]

**Turning bureaucrats into warriors, preparing and implementing multi-sector HIV-AIDS programs In Africa - a generic operations manual**

Effective scaling up of HIV/AIDS programmes needs stakeholders to empower communities with financial resources


Authors: JC Brown; D Ayvalikli; N Mohammad

Publisher: World Bank, 2004

Full text of document: http://web.worldbank.org/WEBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/EXTAFRHEANUTPOP/EX TAFRREGTOPHIVAIDS/0,,contentMDK:20488911%7EpagePK:34004173%7EpiPK:34003707%7EtheSitePK:717148,00.html

This manual has been prepared to provide practical advice on preparing and implementing multi-sector programmes for countries engaged in tackling the growing HIV/AIDS epidemic. It is aimed at national AIDS commissions (NACs) and the external institutions involved in implementing national AIDS plans. The guidelines are organised into chapters on partnerships, governance arrangements and monitoring and evaluation. It reflects the substantial flexibility possible in implementing national AIDS programmes and so focuses on the “how” rather than the programme activities themselves, which are the focus of other guides. The guidelines represents a generic set of lessons learned that can be adapted for specific country and beneficiary conditions. Thus it is applicable for both high and low prevalence countries, for those with small and large populations, for those in a conflict or post-conflict situation as well as those experiencing stability.

The authors recognise that scaling up effective programmes to a national level is critical to successful implementation of a national plan. They conclude that in order to scale up district level programs to national levels, stakeholders should be willing to empower communities and local and sectoral HIV/AIDS committees with financial resources. They also should enlist those people who have successfully implemented the small scale programs to train and guide the larger numbers of locally credible volunteers needed to reach the entire population. [adapted from author]
Coordinating with communities – guidelines on the Involvement of the community sector in the coordinating of national AIDS responses

These guidelines aim to strengthen the active involvement of the community sector in the response to HIV/AIDS

Authors: International Council of AIDS Services Organisations; African Council of AIDS Service Organisations; International HIV/AIDS Alliance

Publisher: Joint United Nations Programme on HIV/AIDS, 2007


These guidelines, from UNAIDS in collaboration with the International Council of AIDS Service Organisations (ICASO), the African Council of AIDS Service Organisations (AfriCASO) and the International HIV/AIDS Alliance, aim to strengthen the active and meaningful involvement of the community sector in the development, implementation and monitoring of coordinated national AIDS responses. They were developed in response to requests from groups of people living with HIV, community organisations, and groups and individuals from other sectors who recognized that efforts to increase a harmonised response to AIDS – in line with the “Three Ones” principles – can only be successfully achieved with the active and meaningful involvement of the community sector.

The guidelines are not country specific and can be used to assess the current strengths and weaknesses of community sector involvement and then to develop an action plan and advocacy tools to improve involvement, networking and community coordination. In addition the guidelines act as a basis for developing local or district-level plans for community sector involvement in AIDS coordinating bodies and processes. [adapted from author]

Review of National AIDS coordination mechanisms in Pacific island countries

Partnerships for dealing with HIV/AIDS between Pacific governments and NGOs need strengthening

Authors: Pacific Regional HIV/AIDS Project

Publisher: Pacific Regional HIV/AIDS Project, 2006

Full text of document: http://www.hivpolicy.org/bib/HPP000903.htm

This review from the Pacific Regional HIV/AIDS Project (PRHP) assesses the capacity of National Coordination Mechanisms (NCMs) to coordinate, manage and monitor National Strategic Plans; effectively manage technical assistance and other development and encourage a harmonised and collaborative national approach to programme implementation. This report makes a number of recommendations to improve the functioning and sustainability of NCMs.

Amongst the report’s recommendations are that PRHP should provide support to NCMs to take leadership on HIV/AIDS in their countries, by strengthening national coordination mechanisms that are accountable to the national response to HIV and in line with the governments overall
development plan. In addition the PRHP should identify ways to strengthen partnerships between government and NGOs through the strengthening of NCMs. This may be through collaboration on particular initiatives, identification of areas of comparative advantage or by agreements on program implementation. [adapted from author]

Understanding the institutional dynamics of Namibia's response to the HIV/AIDS pandemic
A multisectoral approach to HIV/AIDS in Namibia is being implemented and must be improved on
Authors: D-D Yates; M Caesar-Katsenga; K Chirambo
Publisher: Institute for Democracy in South Africa, 2005
Namibia’s efforts to combat its HIV/AIDS epidemic began with the launch of the National AIDS Control Programme (NACP) in 1990 soon after independence. This paper published by the Institute for Democracy in South Africa (IDASA) looks at the history and influence of the various government ministries and organisations, including the NACP, and illustrates how a multisectoral approach has impacted on HIV/AIDS in Namibia. Historically, the provision of HIV/AIDS services has been poor in Namibia. There are only 2 voluntary counselling and testing (VCT) centres and only 2 of 25 public and mission hospitals are currently providing a prevention of mother-to-child transmission programme. Access to antiretroviral (ARV) drugs is currently insufficient.

The report describes how a multi-sectoral approach has been adopted in Namibia and the authors recognise that real multi-sectoral activity takes place at a regional or constituency level and thus is best co-ordinated at that level. The Regional Aids Co-ordinating Committees (RACOCs) have the capacity to do this, but decentralisation is still in process. Not all the ministries have decentralised their staff or their functions, and this hinders the effectiveness of the multi-sectoral approach. The report recommends the consolidation and expansion of regional processes stating that “well-targeted interventions, reinforced with local knowledge, context and experience, are the goal.” The authors also recommend changes that should be made in a broad range of areas, including leadership, participation, vulnerable groups, transparency, capacity, sustainability and decentralisation. [adapted from author]

Multi-country HIV/AIDS Program for the Africa Region - Project Appraisal Document
Strong political commitment and community participation are needed for success of the multi-country HIV/AIDS program for Africa
Authors: World Bank
Publisher: World Bank, 2000
This document from the World Bank sets out the project plan for the multi-country HIV/AIDS Program (MAP) for the Africa Region. The MAP was set up in response to the weak effects national AIDS programmes have had in reducing HIV/AIDS incidence. The report states that this lack of impact is due to the inability to act multisectorally or to deliver resources to the many local actors, and thereby generate a broad-based response at the community level. The overall programme is based on strong national leadership in tackling HIV/AIDS coupled with strong support for local agencies.

By committing substantial sums of money and leveraging country co-financing, the MAP aims to fund country HIV/AIDS plans in full. The report argues that this will introduce streamlined procedures to quicken the pace of project preparation while reducing the transaction costs to countries. By allowing for much broader disbursement, it would also ensure that resources reach all actors involved in HIV/AIDS efforts, especially local communities. The report concludes that critical success factors for the MAP are strong political and government commitment, scaling up effective programmes and increasing community participation and ownership. Moving to a multi-sectoral approach with improved coordination and decentralisation, is seen as an important overarching aim. [adapted from author]

**Evaluation of the World Bank’s assistance in responding to the AIDS epidemic: Ethiopia case study**

The World Bank was late in launching a dialogue with and providing support for the Ethiopian government


**Authors:** D Vaillancourt; S Chakraborty; T Taha

**Publisher:** World Bank, 2005

**Full text of document:**

This evaluation report from the World Bank’s Operation Evaluation Department (OED) assesses the effectiveness of the World Bank’s country-level HIV/AIDS assistance in Ethiopia. It is based on a review of published and unpublished documents on HIV/AIDS in Ethiopia; structured interviews with various stakeholders; field visits to Ethiopia and analysis of epidemiological and behavioral data. The report finds that the World Bank was late in launching a dialogue with and in providing support for the Ethiopian government.

A number of lessons learned from the Ethiopian project are relevant to other countries. For instance, the adoption of HIV/AIDS coordinating institutions to satisfy eligibility criteria established by the Bank does not automatically ensure deep or sustained commitment by the multitude of actors necessary for an effective response. In addition, the creation of a multi-sectoral institution does not necessarily foster a multi-sectoral approach and, if not founded on local institutional analysis, risks alienating key actors like the Ministry of Health. Within the
context of a multi-sectoral approach, the prominence of the health sector as a major leader and implementer in the fight against HIV/AIDS is unequivocal. [adapted from author]

**Committed to results: Improving the effectiveness of HIV/AIDS assistance. An OED evaluation of the World Bank's assistance for HIV/AIDS control**

World Bank HIV/AIDS assistance has persuaded governments to act earlier or in a more focused and cost-effective way


**Publisher:** World Bank, 2007

**Full text of document:**


This evaluation report from the World Bank's Operation Evaluation Department (OED) assesses the development effectiveness of the Bank's country-level HIV/AIDS assistance. The report examines the evolution of the Bank's HIV/AIDS response from the “first generation” of completed country level programmes to the 24 ongoing projects in the African Multi-Country AIDS Programme (MAP). The evaluation comes from a host of sources including individual project evaluations, interviews and surveys with Africa MAP staff and reviews of national AIDS strategies in 26 countries.

The report concludes that Bank assistance has persuaded governments to act earlier or in a more focused and cost-effective way. It also finds that whist Bank assistance has helped raise political commitment, these pledges have sometimes been overestimated and need to be constantly addressed in the country context. The authors recommend that the Bank, in order to have a sustainable impact on the HIV/AIDS epidemic, should help governments use human and financial resources more efficiently and effectively. They also recognise the need to strengthen local monitoring and evaluation practices and help improve the local evidence base for making decisions. [adapted from author]

**Interim review of the multi-country HIV/AIDS program (MAP) for Africa**

**Implementation of individual MAPs has been mixed and often disappointing**


**Publisher:** World Bank, 2004

**Full text of document:**


This interim review of the first phase of the Multi-Country HIV/AIDS Programme (MAP) for Africa was carried out by the World Bank in January/February 2004. It examines projects in six countries: Benin, Burkina Faso, Ghana, Malawi, Mozambique and Sierra Leone. The paper aims to measure the continuing viability and appropriateness of the objectives, approach and design of the MAP programmes, including progress in its implementation, and the effectiveness of the World Bank. Outputs from this report will be used to help guide preparation of future MAP programmes.
The report concludes that the objectives, approach and design of the MAP Program have generally been appropriate and the original objectives are in the process of being realised as most projects are new and need time to mature fully. However implementation of individual projects and sub-projects has been mixed and often disappointing. The authors recognise that the context for dealing with the HIV/AIDS epidemic in Africa has changed significantly since the MAP was launched in 2000; consequently, the future MAP program will need to become more strategic, collaborative and evidence-based. [adapted from author]

**The US$500 million multi-country HIV/AIDS programme (MAP) for Africa: Progress review mission**

The World Bank underestimated the demands of partnership as well as the complexity and resource needs of supervising MAP projects


**Publisher:** World Bank, 2001

**Full text of document:**


This report from the World Bank evaluates the Multi-Country HIV/AIDS Program (MAP) for Africa, a project that aims to support national HIV/AIDS programmes in Sub-Saharan Africa to accelerate and expand existing programs of prevention, care, treatment, and capacity building. The report lists criteria for successful MAP implementation followed by recommendations for future process improvements. MAP implementation is more successful in countries where the National AIDS Council (NAC) Secretariat has defined its role as “facilitation” and “coordination” rather than as “control” and “implementation”. Successful programmes have also leveraged social mobilisation to change behaviours to HIV/AIDS.

The report concludes that the World Bank underestimated the demands of partnership as well as the complexity and resource needs of supervising MAP projects. Recommendations to improve this situation include building supervision strategies into project plans and making the senior Bank official in each country responsible for partnerships. In addition, momentum has slowed in several MAP country projects after strong initial commitments from stakeholders and the Bank. Quarterly performance targets and first year implementation programmes for both the public sector and civil society will help to ameliorate this situation. Finally, to maintain momentum the World Bank should endeavour to establish mechanisms so that advocacy champions throughout society remain involved in MAP implementation.[adapted from author]

**Effectiveness of multilateral action on AIDS: Harmonized support to scaling up the national response**

The harmonisation and alignment of national AIDS services is fundamental to halting the epidemic


**Publisher:** Joint United Nations Programme on HIV/AIDS , 2006

This report, prepared for the 18th Meeting of the UNAIDS Programme Coordinating Board (PCB), focuses on practical implementation of the “Three Ones”, a set of guiding principles agreed by international AIDS stakeholders to improve coordination of national AIDS interventions. It incorporates a review and recommendations to improve harmonisation and alignment processes between national and international AIDS bodies in achieving these principles. In addition, the report examines the implementation of the Global Task Team recommendations and reviews the functioning of the UNAIDS Committee of Cosponsoring Organisations.

The harmonisation and alignment of national AIDS services is recognised as fundamental to achieving sustainable results and move more effectively towards halting the HIV epidemic. The authors identify a number of challenges to achieve these ends and make recommendations around scaling up issues, enhancing links with civil society, strengthening technical support to national level AIDS response and improving accountability from national and international partners. [adapted from author]

The Three Ones in Action: Where we are and where we go from here
Implementation plan for the “Three Ones”
Publisher: Joint United Nations Programme on HIV/AIDS, 2005

Stakeholders 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 from UNAIDS looks at progress on implementing the “Three Ones” principles to the end of 2004, and describes the aims and targets the UNAIDS Secretariat has set for 2005 and beyond.

At the end of 2004, adoption of the “Three Ones” principles globally has been good with a high proportion of countries reporting some level of progress in building national AIDS systems. However, the mere existence of these systems is insufficient for effective multisectoral and participatory responses. The report sets out step by step practical advice for achieving the “Three Ones” by highlighting some of the barriers and providing suggestions to improve compliance. Barriers to full implementation include insufficient human resources capacity and the need to establish adequate disbursement and monitoring and evaluation systems to put the money to work effectively. Suggestions to circumvent these barriers are provided and the report concludes with a range of opportunities for donors in engaging civil society in the future. [adapted from author]

Country Harmonisation and Alignment Tool (CHAT) - A tool to address harmonisation and alignment challenges by assessing strengths and effectiveness of partnerships in the national AIDS response
Guidelines to implement the UNAIDS Country Harmonisation and Alignment Tool (CHAT)
http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=33892&type=Document
Publisher: Joint United Nations Programme on HIV/AIDS , 2007
This guide from UNAIDS describes the UNAIDS Country Harmonisation and Alignment Tool (CHAT), a reporting tool used to address harmonisation and alignment issues in a countries’ national AIDS response. The guide is aimed at national AIDS coordinating authorities (NACs) and other country-level partners involved in planning and monitoring progress in the national AIDS response. It comprises three sections, an introduction to CHAT, an implementation guide, and a survey tool used to gather information about the degree of harmonisation and alignment between various stakeholders at present.

To assist in gathering this information the guide contains a comprehensive list of primary research tools and techniques including how to define the respondent groups, data collection methodologies and an analytical framework. The information can then be turned into a visual map of countries’ national AIDS responses including the main systems, links, and communication and finance flows. This helps illustrate the wide variety of relationships and to help diagnose any problems. [adapted from author]

Report of the Global Task Team independent assessment
UNAIDS are beginning to present a united front in combating HIV/AIDS but further progress is needed
Publisher: Joint United Nations Programme on HIV/AIDS , 2007
This report from UNAIDS assesses the implementation of the Global Task Team (GTT) recommendations in two key areas: technical support provision to the national AIDS response as brokered by the UN system; and harmonisation and alignment of international partners. The report findings, conclusions and recommendations are based on an independent assessment, conducted by HLSP during January-May 2007.

In the area of technical support, the report concludes that the UN has made significant progress in establishing joint teams on AIDS and recognises that they are beginning to enable the UN to speak and act as “one” on HIV/AIDS issues. However differences in commitment to joint working and in skills and capacity between agencies combined with high work loads are putting pressures on these teams. The harmonisation and alignment agenda needs strong leadership from headquarters about the importance of joint working. Staff incentives such as well structured job descriptions and performance appraisals that hold staff accountable for joint working should also be pursued. Barriers such as Inter agency differences in operational systems including accounting, contracting and procurement procedures make joint working harder. [adapted from author]
Consultation on harmonisation of international AIDS funding
Implementation of the “Three Ones” needs to be country specific
Publisher: Joint United Nations Programme on HIV/AIDS, 2004
The “Three Ones” are guiding principles that promote universal coordination between national authorities and their partners in tackling the global HIV/AIDS epidemic. This report describes the meeting between bilateral and multilateral agencies with national leaders in Washington April 2004, where next steps were agreed to apply these principles for concerted AIDS action at country level.

The report sets out an action plan to implement the “Three Ones” recognising the importance of a country specific response. It concludes that UNAIDS should act as facilitator and mediator between stakeholders in country-led processes for following up on these commitments, including tracking country-level progress in implementing and helping integrate the application of the “Three Ones” into existing national reports. At the global level further dialogue with international organisations and financing institutions, such as the United Nations Development Programme and the World Bank, is needed on ways to effectively connect a sustainable AIDS response with poverty reduction frameworks and general aid harmonisation procedures. The report recommends that UNAIDS produce an annual report and facilitate action-oriented policy dialogue on progress towards the “Three Ones” principles for concerted AIDS action at country level and issues arising from implementation and coordination of country programmes.
[adapted from author]

Global Fund - World Bank HIV/AIDS programmes: Comparative advantage study
The Global Fund and the World Bank need to concentrate more on exploiting their respective comparative advantages
Authors: A Shakow
Publisher: World Bank, 2006
This study was undertaken at the request of the Global Fund and the World Bank (HIV/AIDS Global Program Team) in response to a recommendation in June 2005 from the Global Task Team (GTT) that the two institutions should “evaluate and clarify areas of overlap, comparative advantages and complementarities”. The report is based on interviews conducted with a wide range of stakeholders and suggests a number of ways synergies can be achieved between the two organisations.

The report concludes that both organisations need to concentrate more on exploiting their respective comparative advantages – with the World Bank taking the lead on helping to strengthen health delivery systems while the Global Fund concentrates on disease programs. Both agencies need to emphasise the critical importance of aligning their programmes with
country priorities and harmonise their approaches to make working together with their partners easier for all concerned. This will take significant effort and creative leadership in both institutions, but staff members are reported to be eager for this improved relationship. The report finishes with action plans for World Bank and Global Fund to implement these recommendations. [adapted from author]

**Committing to results: improving the effectiveness of HIV/AIDS assistance**

Broad political commitment and engagement with civil society needed to improve aid effectiveness


**Authors:** Operations Evaluation Department: Knowledge Programs and Evaluation Capacity Development (OEDKE)

**Publisher:** Operations Evaluations Division, World Bank, 2005


This World Bank evaluation assesses the effectiveness of its country-level HIV and AIDS assistance. Findings show that political commitment is needed from all levels and efforts are needed to expand this commitment beyond top levels. The document highlights how strengthening the institutional capacity of Ministries of Health to address HIV and AIDS is critical to the effectiveness of the national AIDS response. Other lessons learned include: projects need to invest in the capacity of civil society and develop more flexible project implementation procedures to engage it more effectively; and strong incentives and supervision are needed to ensure that interventions for high-risk groups are implemented by government and civil society.

The evaluation recommends that the World Bank: help governments be strategic and prioritise in order to implement effective activities; strengthen national institutions for managing and implementing long-run responses, especially in the health sector; and improve the local evidence base for decision making. The document then makes specific recommendations for the Africa Multi-Country AIDS Programme (MAP). These include: conducting a thorough and economic assessment of national strategic plans and government, as well as an inventory of other donor activities; the objectives of engagement with different segments of civil society need to be clear; and there should be a focus on multi-sectoral support for implementation. [adapted from author]

**Cross sectoral partnerships and participation: Are National AIDS Councils a useful mechanism for facilitating partnerships and participation?**

Despite some success, there is room to improve the South African National AIDS Council


**Authors:** A. Strode

**Publisher:** Institute for Democracy in South Africa, 2003


This workshop report prepared by the Institute for Democracy in South Africa (IDASA), examines the impact of a multi-sectoral approach in dealing with the health, social and economic impact of the HIV/AIDS epidemic in South Africa. The authors evaluate the South
African National AIDS Council (SANAC) as a model for improving multi-sectoral partnership working. SANAC is a broad based government and civil society partnership that is successful at bringing together a wide range of sectors that have previously collaborated little together. Successful partnerships include the development of a ‘Women in Partnership Against AIDS’ forum, a men’s forum and collaboration with a larger retail group.

Despite these successes, the authors find that SANAC has no formal mechanism for interacting with outside groups and no funding to assist with development of partnerships across sectors. Civil society representatives argue that SANAC does not have a democratic culture – 49 per cent of its members represent the state. It also excludes almost all of South Africa’s leading experts on HIV/AIDS as well as key NGOs and science and medical representatives. The report concludes that national AIDS councils (NACs) are a useful mechanism for driving a multi-sectoral response but that they need formal processes to enable them to develop partnerships across other sectors. In addition, a range of stakeholders should to be represented on the council in order to foster a democratic culture.

**Paris declaration on aid effectiveness**

Ownership, harmonisation, alignment, results and mutual accountability


Authors: High-Level Forum on Aid Effectiveness

Publisher: Aid Harmonization & Alignment, 2005


Adopted at the High-Level Forum on Aid Effectiveness (March 2005) the Paris Declaration on Aid Effectiveness, has been prepared with broad participation from development practitioners, through a process coordinated by the High-Level Forum Steering Committee. The declaration will outline a set of joint commitments and targets for governments and multilateral donors to reach over the next five years. Against the different key principles of the Rome Declaration (2003) and the Marrakech memorandum on Managing for Development Results (2004), the following commitments for donors and partners are highlighted in the Declaration:

- **Ownership** — Partner countries exercise effective authority over their development policies, strategies and national systems when relying, partially or entirely, on external resources.
- **Alignment** — Donors base their overall support on partner countries’ national development strategies, systems and procedures. This creates mutual commitments. For partners, it means having sound and operational development policies and systems for managing aid. For donors it means using partner countries policies, institutions and systems as the framework of reference for providing aid.
- **Harmonisation** — Donors organise their multiple activities in ways that maximise their collective efficacy.
- **Managing for results** — Improves the performance and accountabilities in achieving sustainable improvements in development by focusing on development results.
Since the late 1990s, the donor community has placed increasing emphasis on promoting a 'multisectoral' approach to fighting the HIV/AIDS epidemic in developing countries. This paper from the Journal of International Development assesses the contribution of stand-alone National AIDS Commissions - the essential pre-requisite to receiving HIV/AIDS funding as stipulated by the World Bank – to fighting HIV/AIDS. As the HIV/AIDS crisis in Africa intensified, it became clear to the World Bank that the epidemic was not just a health crisis, but also a development crisis. A new strategy was devised to mobilise political support for engagement from sectoral ministries, religious and cultural leaders, civil society and other groups - thereby eradicating the former reliance on health professionals. Stand-alone National AIDS Commissions became the Bank's solution to encourage multisectoral participation. The article concludes that multisectoral, stand-alone AIDS commissions lack the active state leadership and health-sector focus that underpinned the campaigns that the World Bank sought to emulate. Action to launch National Commissions caused disruption in states where existing campaigns were making progress. Their effects were devastating in countries where progress was considerably slower, for example Malawi. [Adapted from GSDRC]