



Joint Coordination Meeting on HIV/AIDS

*January 10-11, 2006
Washington DC, USA*

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Joint Coordination Meeting on HIV/AIDS January 10-11, 2006

Participants:

The Global Fund to Fight AIDS, TB and Malaria (Global Fund)
United States Government- President's Emergency Plan for AIDS Relief
(Emergency Plan)
The World Bank

I. Executive Summary

Representatives from the Global Fund, the Emergency Plan, and the World Bank, including operations and headquarters staff, met January 10-11, 2006, to discuss program implementation and ways of improving coordination.¹ Country-specific discussions were held at the meeting to discuss sixteen countries where all three partners have operations.

All three partners recognized their growing interdependency in country operations, as well as the need to coordinate their efforts under the Three Ones principles of one national AIDS action framework, one national AIDS coordinating authority, and one monitoring and evaluation system. The partners also discussed the challenge of coordinating in countries that do not have national strategies or action plans.

The purpose of the meeting was to respond to a clearly identified need for the major partners in HIV/AIDS programs to improve coordination amongst themselves, thus improving efficiency and reducing transaction costs for the countries. The partners agreed on the need for operations and field staff to improve their coordination, and discussed some ways to do this. Improved coordination will accelerate the pace of program scale-up and reduce transaction costs and burdens for countries.

The specific areas discussed at the meeting were health systems, procurement and supply chain management, implementation and planning, monitoring and evaluation, coordination among partners, and funding patterns and sustainability. The partners noted the importance of country leadership in coordinating donors and programs. There continue to be major health systems constraints, particularly in human resources and coordination of financing efforts. The participants also noted ongoing procurement and supply chain challenges in all countries, and committed to working together to address these. In monitoring and evaluation, most partners have open systems that are conducive to coordination.

Participants noted increasing concern in the countries about funding patterns and predictability, and sustainability issues. Countries have expressed frustration about their inability to plan for the future and difficulties arising from uncertain funding streams. The partners agreed that the problem could be improved through improved communication

¹ UNAIDS participated as an observer.

and transparency on funding issues and better coordination of funding cycles where possible.

The three partners agreed to work together, particularly on procurement coordination, the organization of annual implementation reviews, improving communication among themselves, and supporting country strategies and action plans.

II. Background and Purpose of the Meeting

This was the second joint meeting between the Global Fund and the US Government's Emergency Plan, and the first trilateral meeting with the World Bank, aimed at improving coordination on HIV/AIDS.

The meeting was held to respond to a clearly identified need for the major partners in HIV/AIDS programs to improve coordination amongst themselves, thus improving efficiency and reducing transaction costs for the countries. The participants discussed ways to improve communication among country teams, identified challenges to successful implementation, and developed concrete action steps aimed at overcoming these challenges. Country-level action steps identified at the meeting will be discussed in-country with host governments and other partners.

Mission staff, Fund Portfolio Managers, and Task Team Leaders responsible for program implementation came to Washington for in-depth discussions on six countries: Kenya, Ethiopia, India, Nigeria, Rwanda and Viet Nam. Program staff, though fewer field staff, also attended the meeting for discussions on Angola, Guyana, Ghana, Malawi, Mali, Mozambique, Senegal, Tanzania, Uganda and Zambia. Headquarters staff involved in operations also participated in the meeting.

III. Program Overviews

All three partners presented overviews of their programs and key challenges. Leaders of the three programs made specific commitments on coordination and harmonization:

A. Emergency Plan

Emergency Plan teams are committed to improving relations among the partners in country. The Emergency Plan works at the country level through both its long-established bilateral programs and through the Global Fund, to which it is the largest contributor nation. Emergency Plan activities are undertaken in partnership with host nations, in support of their national strategies.

B. The Global Fund

All three programs are inter-related, and the success of one program depends on the success of other programs. As a funding mechanism rather than an implementing agency, Global Fund programs are dependent upon partners to facilitate work in

country. Many partners are directly involved in Global Fund country programs through sitting on CCMs, providing technical assistance, and coordinating programs. Global Fund employees are mandated to communicate with country teams from other programs to facilitate coordination.

C. The World Bank

All three partners have similar goals for prevention of HIV infections and care and treatment for infected and affected populations. The staff of the World Bank is committed to improving coordination of activities with the other programs. The Bank supports the use of the Multi-Country AIDS Program (MAP) and other funds to fill the gaps left from Global Fund and Emergency Plan programs.

IV. Coordination and Alignment at the Global Level

The World Bank and Global Fund presented information to participants on the June 2005 Final Report of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors (GTT), and efforts underway to implement its recommendations.

The first recommendation of the GTT focuses on the development of costed, prioritized National AIDS Action Frameworks, and placing these within broader development plans and planning processes.² The World Bank is working on behalf of UNAIDS with countries to develop these action plans, and encourages other partners to participate in the planning process.³ Poverty Reduction Strategy Papers (PRSPs) often do not sufficiently take into account AIDS, TB and Malaria; the Bank is working with countries in the process of writing second-generation PRSPs to add the diseases. Information provided by field staff from India described the usefulness of conducting several planning activities at the same time, as it allowed for improved harmonization and alignment of activities. Second-generation PRSPs are underway in Ethiopia, Ghana, Mali, Rwanda, Senegal, Tanzania, and Zambia.

The GTT presentation highlighted several areas where harmonization is not only possible, but is currently taking place. These include: joint shared assessments,

² Final Report of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors (GTT), 14 June 2005.

³ The GTT identified the need for costed, prioritized, evidence-based, multisectoral national AIDS strategies and annual action plans. The World Bank on behalf of UNAIDS was asked to develop AIDS Strategy and Action Plan (ASAP) services in order to assist countries with improving their national HIV/AIDS strategies and annual action plans. As a first step, a workshop was held in Thailand in January 2006 bringing together various stakeholders, including strategic planning and HIV/AIDS experts, countries, civil society, private sector and bilateral and multilateral institutions and donors, and a draft ASAP Business Plan was developed. Further consultations with countries, UNAIDS co-sponsors and others are currently taking place to review the draft Business Plan.

harmonization and alignment of reporting requirements, defining technical assistance needs and writing technical assistance (TA) plans, and creating common implementation arrangements and processes. Several of these activities have been used recently, including a joint assessment in the Caribbean in which the World Bank, DFID, WHO, and Global Fund participated.

The Global Implementation Support Team (GIST) is another outcome of the GTT recommendations. The UNAIDS cosponsors plus the Global Fund meet monthly to coordinate technical assistance to countries experiencing difficulty in program implementation.

V. Reports from the Field

Field participants presented reports on Rwanda, West Africa, and Mozambique.

A. Rwanda – Strong results due to government leadership

The Rwanda presentation was made jointly by the Emergency Plan, the Global Fund and the World Bank. Rwanda's implementation is going very well, and there are currently over 18,000 patients on Antiretrovirals (ARVs) in over 70 sites throughout the country. The primary reason that this works so well is strong government leadership and a joint focus on results and outcomes.

Some of the successes include joint ARV procurement by Global Fund, Emergency Plan and the World Bank. The speakers also praised a performance contracting scheme in Rwanda that is improving health worker morale and improving productivity at health centers. Other countries were urged to consider this approach.

The challenges for Rwanda include human resource constraints and the time-consuming nature of coordination. One aspect of a limited human resource pool is that employees frequently switch between different donor programs; a strategy to address this issue is needed. The speakers also identified attribution of results, especially in treatment, as a challenge and a burden on countries which needs to be minimized.

The speakers stressed the interdependence of the three partners. Programs in Rwanda are moving so quickly and interconnect so much that if one program fails, other programs will suffer. Communication and trust among the partners and with the government is essential.

B. West Africa – West Africa Regional Program (WARP)/GF

The West Africa region is particularly challenging because there are 21 countries, many of which are fragile states. The Global Fund and the U.S. Government, through the West Africa Regional Program (WARP), are working together to identify and address technical assistance needs. They are also working to strengthen Global Fund

Country Coordinating Mechanisms (CCMs) and Principal Recipients. GF/WARP recently held a joint Procurement and Supply Chain Management workshop.

This regional partnership has demonstrated that coordination takes a lot of time and effort, that there is more work to be done to improve information sharing, and that it is very challenging to identify TA needs early in the programs.

C. Mozambique – working within a Sector-Wide Approach (SWAp) context

Mozambique has a very complex donor environment, with over 40 development partners, and donor interventions including bilateral programs, SWAp participation, and budget support.

Coordination with the government has been slowed over the past year during the new government's establishment. There are serious human resource deficiencies in the country, as well as weak and limited infrastructure that undermine development efforts across the country. The challenges for partners participating in the SWAp include low execution rates through the common basket and the need to develop Monitoring and Evaluation (M&E) tools to track performance.

Several participants in the discussion noted that because not all donors are engaged in the SWAp, there is an opportunity to move funds into the country through several different mechanisms.

VI. Key Issues

All country operations staff present met in breakout sessions to discuss country-specific issues and to decide on action steps to resolve country level challenges. Following the breakout sessions, all participants discussed major issues and recommendations for improved country level coordination.

Participants cited the need for more regular communication and greater information-sharing across all areas. Teams also noted that the outcomes of the joint meeting discussions would need to be discussed with all other country partners, in particular host governments.

A. Health Systems

Different approaches to coordination were discussed, including a discussion that the projects versus programs framework is somewhat outdated because of more flexible approaches in the field today. Several country teams concluded it was best to have good coordination among a portfolio of investments, which could include pooled funding and other SWAp-like arrangements. Participants noted the importance of financial and programmatic transparency from donors.

The most significant challenge for health systems are human resource constraints. Long-term human resource (HR) problems are not being adequately addressed. Partners should work with governments to build national systems and streamline planning processes. Many countries are decentralizing, which poses additional challenges for training and management at the provincial and regional levels. Ethiopia is considering “task shifting” to allow nurses to refill ARV prescriptions, and to allow lay counselors to work within health centers.

Additional evidence is necessary to measure the impact of increased AIDS funding on health infrastructure.

General recommendations

The partners should:

- Increase interaction among partners, including more frequent informal and email communication;
- Promote better coordination of funding streams, including SWAp and SWAp-like arrangements, but recognize that all of the funds do not need to flow through the same mechanism;
- Examine the use of performance-based contracting for human resources;
- Encourage countries to consider “task shifting” to free up doctor and nurse time;
- Examine approaches to deal with turnover of employees, including salary harmonization or agreements among the partners on transition periods; and,
- Examine how increased HIV/AIDS resources can be leveraged to improve health infrastructure in other areas.

B. Drugs, Commodities and Procurement

Procurement and supply chain management challenges were identified in every country and by each partner. These challenges include the coordination of funding and procurement cycles, lack of human resources to properly forecast and procure drugs and commodities, poor health information management systems, and uncertainty about future funding and program sustainability.

Many countries have a difficult time quantifying drugs and commodities. Distribution systems are often weak beyond the central level. Many countries must use both branded and generic drugs, which confuses patients, health workers, and national drug stores. Some countries have problems with drug expiration.

The United States Government (USG) recently awarded a large contract for supply chain management. For the first two years, this mechanism is intended for USG programs only, but it may expand after that and be available for use by other non-USG funding streams.

Ethiopia has established an AIDS fund that is looking at local manufacturing of ARVs, with a view to improved sustainability.

Rwanda dealt with the branded/generics issue through a common basket approach to procurement, which has been very successful.

General recommendations

The partners should:

- Establish a joint planning process with country partners for procurement, moving towards actual joint procurement;
- Improve information sharing between partners;
- Work together towards aligning funding and procurement cycles;
- Create joint Memorandums of Understanding (MOUs) among the partners and governments; and,
- Train and develop procurement staff.

C. Implementation and Planning

The country team for India presented the third National AIDS Control Program planning process as a best practice. The process included joint reviews and missions between the partners, and plans for joint reviews during implementation. The draft report was widely distributed by email and comments were received from many parties throughout the country and around the world. This improved participation by NGOs, civil society, and groups in remote parts of the country. Partners plan to work with the government to improve private sector involvement in planning and implementation.

General recommendations

The partners should:

- Work towards aligning their calendars with government calendars;
- The Global Fund should consider working with a “silent partner”, as it plans to do in Mozambique, for representation in country planning and coordination processes; and,
- Encourage and support, and participate in, Joint Annual Reviews, which were recommended in the GTT report.

D. Monitoring and Evaluation (M&E)

The partners all have quite open M&E systems, which in principle could use national M&E indicators and systems. The challenge is to work with the countries, so that reporting can be built on agreed national indicators. M&E should be integrated into the joint annual implementation reviews that the partners agreed to promote.

The challenges for M&E include poor surveillance systems and lack of IT services, and the difficulty of measuring the quality of program services. In many cases

governments choose too many indicators, and then lack the capacity to monitor, analyze, and act on the information gathered. Also, indicators the partners use for their own management purposes may be less useful for host governments.

Several teams, including Vietnam and Rwanda, discussed the need to understand the quality of programs, rather than just the attainment of results.

General recommendations

The partners should:

- Work with governments to improve selection of core indicators;
- Support improved surveillance systems;
- Unify planning and evaluation cycles;
- Make program decisions based upon results; and,
- Use joint annual reviews to evaluate program performance.

E. Coordination among major funding programs

In Nigeria, the government and partners have put in place a framework for the Three Ones, including a national strategic framework, an M&E plan, the National Action Committee on AIDS (NACA), and a patient management and monitoring system. Nigeria has also adapted the GTT recommendations to the national level through donor coordination groups, a Country Implementation Support Team that works with the GIST, and a framework HIV/AIDS partnership agreement.

Often donors are focused on immediate results, rather than developing systems and improving coordination. Many countries have inadequate coordination below the national level. Some countries have weak relationships between Ministries of Health and National AIDS Committees, or have weak CCMs.

Several participants noted the challenge of information sharing and discussed ways of improving it. This includes more frequent communication and informal communication channels such as email.

In some very large countries, sub-CCMs might be an effective way of expanding coordination below the national level; however, considerable technical assistance might be required, especially where national CCMs have had difficulties.

All three partners noted that as Fund Portfolio Managers, Task Team Leaders, and Mission Staff are asked to do more coordination, their workloads will increase. Headquarters must understand that additional resources will be required.

General recommendations

The partners should:

- Work with countries to develop coordinated plans on procurement, human resource development, health systems, M&E, etc. as needed;
- Use Global Fund and World Bank project negotiations to clarify responsibilities between Ministries of Health and NACs;
- Examine ways of improving coordination at sub-national levels; and,
- Make better use of existing coordination frameworks.

F. Funding Patterns and Sustainability

During the meeting, funding patterns and sustainability emerged as key issues. Participants noted the challenge of planning programs while being uncertain which programs would be involved in the country, and at what funding level. Countries are particularly concerned about commencing expensive new drug regimes when future funding is uncertain.

The Global Fund is in the midst of a large strategy review, overseen by its Board. A major area of this strategy assessment is a review of the current rounds-based funding system. It is not known yet whether the Board will retain the current system of funding, but the Global Fund representatives acknowledged the problems this poses for countries whose GF grants may end soon, without further funding in place. The GF has a policy that allows for further funding for essential drugs such as ARVs over a two year phase-out period while additional funding is arranged.

General recommendations

The partners should:

- Communicate with one another and be transparent on funding issues; and;
- Coordinate funding cycles where possible.

VII. Conclusions and next steps

In order to improve coordination and harmonization, the Global Fund, the Emergency Plan, and the World Bank agreed on the following action steps:

1. Procurement Coordination

GFATM/Emergency Plan/World Bank will create a global procurement working group to elaborate options for coordination of procurement planning and implementation for use at the country level. The working group will be established by March 31, 2006. The working group will select five initial countries for country-led procurement planning and implementation exercises, to be held during 2006. These exercises should examine capacity building and contracting, as well as integrating HIV/AIDS procurement with overall health system procurement, as appropriate.

Lead Agency: Emergency Plan

2. Joint Annual Implementation Reviews

GFATM/Emergency Plan/World Bank will (i) encourage and support countries to establish joint annual implementation reviews that would include both national and international partners; and (ii) participate in these reviews as appropriate.

GFATM/Emergency Plan/World Bank will encourage consideration of health systems (human resources and infrastructure), procurement, coordination, and M&E. The goal will be to have annual implementation reviews in ten countries by the end of 2006, including two or three with headquarters participation.

Lead Agency: Global Fund

3. Incentives for Improving Coordination

Each organization will develop plans to address resource needs for coordination. Each organization will also work towards incorporating coordination responsibilities into job descriptions and performance evaluations. The three organizations will share information about progress in these two areas by December 31, 2006.

Lead Agency: World Bank

4. Improving country HIV/AIDS strategies and annual action plans

The World Bank is leading a process on behalf of UNAIDS to help countries develop AIDS strategy and action plans, as outlined in the Global Task Team Report. The Emergency Plan and GFATM will participate in the AIDS Strategy and Action Plan (ASAP) planning process.

Lead Agency: World Bank

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