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Discussion Paper

The Future of AIDS Coordination

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1. CONTEXT

"Effective AIDS responses require strong leadership from inside and outside government, at national and local levels. Governance and oversight structures must be designed to promote accountability, achievement of results, and synergies between HIV and broader health efforts. Inclusion of vulnerable populations and effective partnerships between government and civil society are crucial."[1]

The purpose of this Discussion Paper is to raise contemporary issues that inform policy dialogue regarding the coordination and management of National AIDS Reponses. The paper considers current HIV and health policy debates as well as global funding trends, arguing that how countries govern and coordinate their national responses to AIDS will become more important if we are to ensure a more strategic use of resources and continue the progress made in the global response.

In 2011 UNDP conducted a six-country study to document existing models of national coordination of AIDS responses. Six country case studies were produced that provide an overview of the state and functioning of coordination in: Belize, El Salvador, India, Indonesia, Malawi and Tanzania. The country case studies identify good practices, lessons and emerging issues.

The response to the global HIV epidemic has achieved remarkable progress. The rate of new infections has dropped sharply and at the end of 2011 more than 8 million people were accessing life-saving HIV treatment. However, with 7 million people still in need of treatment and 2.5 million people newly infected in 2012, ensuring access to affordable medicines and scaling up prevention programmes remains crucial. Strengthening capacity at the country level to effectively coordinate and manage AIDS responses and to respond to emerging health and development challenges will become ever more central to sustaining and expanding our progress on AIDS.[2]

While for the first time since the beginning of the epidemic domestic investments in HIV have surpassed international assistance, many countries continue to grapple with the sustainability of AIDS financing.[3] Reduced international funding for AIDS and constraints in the current donor environment have put emphasis on greater effectiveness and more efficient use of resources.[4] This, coupled with the recognition that national HIV programmes need to be more effectively integrated into health and national development plans, has put the effectiveness of national AIDS coordination bodies under greater scrutiny.

In 2011 the UNAIDS Investment Framework argued for a more targeted and strategic approach to investment in the global AIDS response.[5] The Investment Framework calls on countries to prioritize and implement the most effective HIV interventions through strategic, multi-sectoral responses.[6] The Framework is fast becoming central to the funding approaches of major donors and underpins the new funding model of the Global Fund To Fight AIDS, Tuberculosis and Malaria (the Global Fund). The Global Fund's funding model ties funding for HIV, tuberculosis (TB) and malaria to national disease strategies and health plans while putting emphasis on stronger national capacity and processes for the identification of country needs and priorities.

1. UNDP, (2012), *Strategy Note: HIV, Health and Development 2012–2013*.
2. PEPFAR, (2012), *BluePrint for an AIDS Free Generation*. Available here: http://www.pepfar.gov/documents/organization/201386.pdf
3. UNAIDS, (2012), *World AIDS Day Report: Results*.
4. UNAIDS, (2012), *Report on the Global AIDS Epidemic*.
5. Schwartlander, B., Stover, J., Hallett, T., Atun, R., Avila, C., et al. (2011), *Towards an improved investment approach for an effective response to HIV/AIDS*. Lancet 377: 2031–2041.
6. UNAIDS and UNDP, (2012), *Understanding and Acting on Critical Enablers and Development Synergies for Strategic Investments*.

This greater emphasis on national ownership and leadership has important implications for how countries manage and coordinate national AIDS responses. Countries are taking greater control over the management and coordination of the response and are increasingly reviewing their national AIDS architecture.[7] While national coordination approaches vary from country to country, it is clear that effective coordination will be ever more critical to integrating AIDS into national development agendas and to attracting and optimally managing the resources needed to reach global prevention and treatment targets. More importantly, at a time when a new map of global development is being drawn, with countries and development actors discussing the post-2015 development agenda, there is a need to ensure that HIV interventions and lessons contribute to lasting success for global health and development more broadly.[8]

This Discussion Paper focuses on the following elements of national coordination: **Financing; Coordination Structures; Integration with the Health Sector; Decentralized Coordination; and Participation of civil society and key populations**. Finally, it raises key forward-looking questions that national policy makers and development partners need to consider when reviewing AIDS coordination mechanisms.

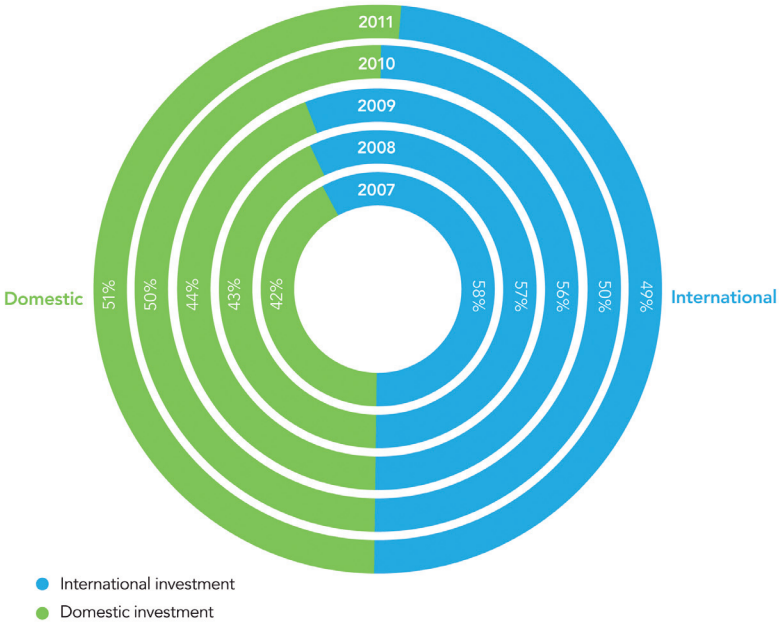
2. FINANCING

Global financing for AIDS has increased substantially over the last decade, from $7 billion in 2004 to $16.8 billion in 2011,[9] constituting 30 percent of all development assistance for health worldwide.[10] While this is a significant increase, reaching the agreed global target of US$22 billion in annual HIV spending by 2015 will require considerable efforts on multiple fronts, including continued investment by international donors, an increase in domestic financing as well as the use of innovative funding mechanisms. At the national level, this necessitates a renewed focus on strengthening the capacity of national coordinating bodies to manage existing and new resources.

Low- and middle-income countries have relied heavily on external financing, leaving them vulnerable to the unpredictability of donor funds and often considerably weakening national ownership.[11] Sub-Saharan Africa's dependency on international funding has been especially stark, with over 60 percent of investment coming from external sources.[12] In Tanzania, resources from the Global Fund and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) together accounted for 86 percent of funding in 2010.[13] In Indonesia, a middle-income country, the share of domestic financing for AIDS is only around 40 percent. The 2012 UNAIDS Report on the Global Epidemic however shows that countries are heeding the call for greater investment of domestic resources. Despite a difficult economic climate, more than 81 countries have increased domestic investments by 50 percent between 2001 and 2011. In 2011, for the first time, domestic investments from low- and middle-income countries surpassed global giving for HIV. Some countries are leading by example: El Salvador, Botswana and South Africa now cover more than 75 percent of their national HIV responses through domestic sources, while Kenya and Rwanda doubled their domestic HIV spending between 2006 and 2010.[14]

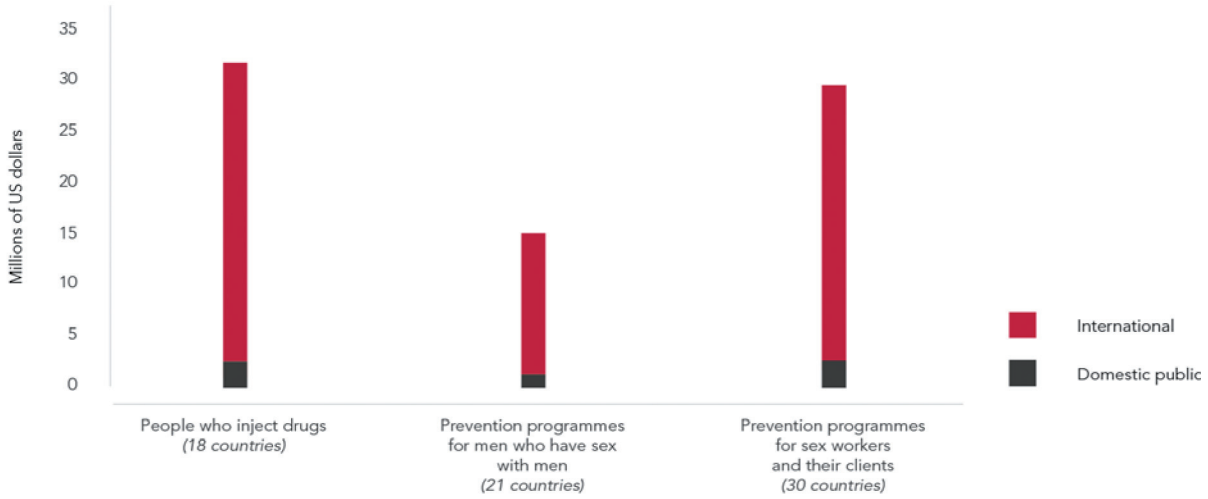
7. Dickinson, C. and Druce, N., (2010) , *Perspectives Integrating Country Coordinating Mechanisms with Existing National Health and AIDS Structures: Emerging Issues and Future Directions*.
8. UN System Task Team for the Post 2015, (2012) *Agenda Realizing the Future we want for all: Report to the Secretary General*.
9. UNAIDS, (2012), *World AIDS Day Report: Results*.
10. Institute for Health Metrics and Evaluation, (2013), *Financing Global Health 2012: The End of the Golden Age*?
11. UNAIDS, (2011), *AIDS at 30, Nations at the Crossroads*
12. UNAIDS (2012), *AIDS Dependency Crisis, Sourcing African Solutions*.
13. UNDP, (2012), *Tanzania Coordination Country Case Study*. TACAIDS, 2010) *Tanzania Joint National AIDS Funding Assessment*.
14. UNAIDS, (2012), *Report on the Global AIDS Epidemic*; UNDP, (2012) *National Coordination of AIDS Responses: El Salvador Case Study*.

Resources available for HIV in low- and middle-income countries, 2007–2011



Source: Report on the Global AIDS Epidemic, UNAIDS, 2012

Although countries are increasingly recognizing the need to address HIV among key populations, recent increases in resources for HIV programmes for men who have sex with men, sex workers and injecting drug users have primarily resulted from the efforts of international donors. As domestic funding for AIDS grows, it will be important to ensure an emphasis on rights-based programming. In 2010–2011, for example, international funding accounted for 92 percent of all spending on HIV programmes for men who have sex with men.[15] Similarly, while funding for HIV prevention programmes for sex workers rose 3.7 fold between 2006 and 2011, the majority of this increase and 91 percent of total spending come from international donors. Evidence suggests that these programmes are rarely supported by national resources, especially in countries that criminalize these populations and where there is very little political capital in including them in any national initiative.[16, 17]



Source: AIDS, health and human rights: Toward the end of AIDS in the Post-2015 Development Era, UNAIDS, 2013

15. UNAIDS, (2012), *World AIDS Day Report: Results*.
16. UNAIDS, (2012), *Report on the Global AIDS Epidemic*.
17. AmfAR and Johns Hopkins Bloomberg School of Public Health, (2012), Achieving an AIDS-free Generation for Gay Men and Other MSM. Available at: http://www.amfar.org/uploadedFiles/_amfar.org/In_The_Community/Publications/MSM-GlobalRept2012.pdf

The increase in domestic financing is accompanied by important changes in the funding modalities of some large international donors. The Global Fund's new funding model links funding to the existence of strong national disease strategies and requires broader national consultations as the starting point for applying for financial support.[18] The funding model will permit countries to apply for funding at any time, allowing them to link external funding to their own planning and budgeting cycles. In addition, forthcoming guidance on national strategic planning from UNAIDS calls for a greater focus on implementation, making a case for more strategic national planning processes focused on achieving results.[19] This will require stronger national coordination and inclusive country processes leading to effective country articulation of needs and priorities.

In this context, and with a greater push for spending money on proven interventions, effective coordination and management of resources at the national level becomes ever more important. Experience shows that overarching national donor coordinating bodies can lead to better alignment of resources to national priorities and better value for money in aid. These structures often support open and inclusive planning and costing processes for National AIDS Strategies. In Indonesia an important framework for development cooperation and country ownership is provided by the Jakarta Commitment, an agreement that sets out that the government will assume a stronger leadership role in the design and delivery of official development assistance.[20]

In Tanzania, the consistent and meaningful involvement of the donor community in designing, assessing and costing national AIDS plans has strengthened aid alignment and donor coordination. Aid management in Tanzania is guided by the Joint Assistance Strategy (JAST), a medium-term framework jointly developed by the government and development partners. Under the JAST, different bilateral donors have signed memoranda of understanding with the government for direct budget support to the current and upcoming National Multi-sectoral Strategic Framework on AIDS (NMSF 2013–2017). These NMSF Grant Agreements cover different aspects of the framework. In 2010, PEPFAR launched a five-year Partnership Framework contributing more than US$1.65 billion in support of Tanzania's NMSF. All goals in the PEPFAR plan have been aligned with the national strategic framework.

These donor-coordinating structures are considered an important step toward enhancing coordination between national governments and international development partners. They underline the need for effective leadership, ownership, and oversight of the national AIDS response, while reflecting the priorities and approaches favoured by national governments.

The global economic downturn has exposed the unsustainable nature of the present financing model and the dependence of many countries on a small number of international donors, questioning the medium-term sustainability of entire AIDS responses. Globally, UNAIDS estimates that an additional $2 to $3 billion is required annually if treatment and prevention needs are to be met.[21] While high-income countries should continue to invest in the AIDS response, more sustainable and long-term health financing needs to come from innovative sources of funding. At the international level, there is considerable potential in a proposed tax on financial transactions.[22] Recently, the High Level Taskforce on Innovative International Financing for Health Systems reviewed more than 100 initiatives and identified an airline tax, tobacco tax, immunization bonds, advance market commitments, and debt swaps as the most promising sources for new and additional financing. UNDESA also argues that financial and currency transaction taxes are "technically feasible and economically sensible" and can present an alternative to meeting global development financing needs.[23]

18. The Global Fund, (2012), *Decision Points: 28th Board Meeting*.
19. UNAIDS, (2012), *National HIV Strategies and Implementation for Results: Guidance for 2015 and Beyond*.
20. In 2009, 21 partners – including all major donors – signed the Jakarta Commitment, which redefines the relationships between the Government of Indonesia and its development partners.
21. Institute for Health Metrics and Evaluation, (2013), *Financing Global Health 2012: The End of the Golden Age?*
22. UNDP, (2012), *Innovative Financing for Development: A new model for Development Finance?*
23. UN-DESA Policy Brief, (2012), *The Potential of Financial Transaction Taxes for Development Financing*.

However, despite the number of innovative financing schemes launched for health, most have remained small, with only three reaching global scale (the GAVI Alliance, the Global Fund and UNITAID).[24] Nationally, however, some countries are beginning to look for their own solutions. Tanzania launched the Tanzania AIDS Trust Fund as a mechanism for the country to raise domestic resources from new taxation. Kenya and Uganda have recently launched HIV trust funds proposing to generate resources through levies on bank transactions, air tickets, beer, soft drinks and cigarettes, as well taxes on goods and services and taxes on remittances from the two countries' diaspora communities.[25] Other countries, like Belize, have begun to experiment, with notable success, with public and private insurance, including national health insurance, and other vehicles to ensure integrated health services. Stronger national AIDS coordination and the meaningful engagement of ministries of finance and planning will be central for countries to truly tap into the potential of innovative financing mechanisms.

While challenges remain in effectively coordinating development assistance and rising domestic investments in AIDS, important progress is being made. In many cases donor-coordinating bodies have ensured better alignment to national priorities. National governments are increasing their own resources on AIDS and many will soon be able to align Global Fund financing to their own planning and budget cycles. To respond to this new funding environment, countries need to strengthen national coordination capacity and ensure that coordination mechanisms are robust enough to anchor AIDS priorities in domestic budgetary discussions and processes.

3. COORDINATION STRUCTURES

Several countries are reviewing their national AIDS architecture, aiming to ensure more efficient and effective operating structures. While some have chosen to merge National AIDS Commissions (NACs) and Global Fund Country Coordinating Mechanisms (CCMs), others are integrating NACs into ministries of health. The options differ from country to country and reflect local realities and needs.

Since the early years of the HIV epidemic, there has been much experimentation and testing of different forms of coordination. Initially, AIDS responses were headed by ministries of health. In the 1990s, with increasing recognition of the multi-sectoral nature and development impact of the epidemic, standalone national AIDS coordinating authorities (NACAs) or programmes (NAPs) were established in many countries.[26] In 2004, UNAIDS launched the Three Ones initiative[27] aimed at rationalizing action on AIDS under one national action framework, one national coordinating body, and one national monitoring and evaluation system. The establishment of the Global Fund and its nationally-led Country Coordination Mechanisms (CCMs) led to further debates concerning the effectiveness of AIDS coordination structures. To date, several papers and studies have documented the history and functions of national AIDS coordination structures.[28]

24. Atun, F., Knaul, F.M., Akachi, Y., Frenk, J. (2012), *Innovative financing for health: what is truly innovative?*, The Lancet Volume 380, Issue 9858, pages 2044–2049.
25. http://www.africomnet.org/communication-resources/highlights/1682-kenya-trust-proposes-tax-on-cash-from-diaspora-for-hivaids.html and http://www.plusnews.org/Report/96443/UGANDA-HIV-trust-fund-in-the-works
26. The World Bank, World Bank Multi-country HIV/AIDS Program Eligibility Criteria, available at http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/EXTAFRHEANUTPOP/EXTAFRREGTOPHIVAIDS/0,,contentMDK:20415735~menuPK:1001234~pagePK:34004173~piPK:34003707~theSitePK:717148,00.html?jumpMenu=%23#EligibilityCriteria
27. UNAIDS, (2004), *The Three Ones*: Key Principles.
28. See, for example, Dickinson, C. (2005), *National AIDS Coordinating Authorities: A synthesis of lessons learned and taking learning forward*. London: HLSP., E. Serlemitsos, J. Mundy, C. Dickinson and J. Whitelaw-Jones (2009) *A synthesis of institutional arrangement of twelve National AIDS Councils in sub-Saharan Africa.,* STARZ and Spicer et al. (2010), National and sub-national HIV/AIDS coordination: are global health initiatives closing the gap between intent and practice? Globalization and Health 6(3) http://www.globalizationandhealth.com/content/6/1/3; and Morah E. and Ihalainen M., (2009), National *AIDS Commissions in Africa: Performance and Emerging Challenges*, Development Policy Review, 2009, 27 (2): 185–214.

Within the global AIDS community, there is a growing understanding that governance structures should not be prescribed at the international level, but should respond to country contexts while preserving key principles of good governance, including: the engagement of sectors outside of health, alignment of donors to national priorities, effective and targeted decentralization, and the inclusion of civil society, women's groups and key populations.

Over the last ten years, CCMs have been credited with expanding the participation of civil society in the governance of HIV responses. However, CCMs have also introduced an additional governance structure at the national level.[29] Recently, more and more countries are looking to integrate NACs and CCMs to streamline governance structures and avoid costly duplication.[30] Belize, for example, has fully merged its NAC and CCM. The merged structure has helped in bringing down transaction costs and widening representation of civil society on the NAC while aiding the preparation of targeted grant applications to the Global Fund.[31] In Tanzania, the government replaced the CCM with the Tanzania National Coordinating Mechanism (TNCM). The TNCM was given the expanded role of coordinating all international resources for HIV, TB and malaria. The TNCM now provides a forum for sharing information amongst all stakeholders and has enabled development partners to minimize duplication and reinforce areas of synergy with improved information sharing.

In Malawi, the NAC collaborates with domestic and international partners through the Malawi Partnership Forum (MPF). The MPF, inclusive of national stakeholders, supports implementation of the National HIV Action Framework and serves as an advisory body to the NAC Board. The MPF meets twice a year to facilitate an effective evidence-based response and efficient resource mobilization[32] as well as a biannual review of the Integrated HIV/AIDS Work Plan. The Malawi Partnership Forum is a strong example of stakeholders coming together to provide strategic guidance to the government on implementing the AIDS response.

Evidence shows that such reforms have helped to create an enabling environment for cooperation and strategic analysis while minimizing the complexities associated with coordinating a comprehensive nationally-owned response.[33] The new Global Fund Strategy 2012–2016, states that future funding will be closely tied to a country's "national strategic plan and should be guided by existing investment or disease-specific frameworks." NACs, as the owners of national strategic plans will thus have a key role in overseeing Global Fund grant applications and setting priorities. This may provide incentives to the future positioning of CCMs within existing national coordination bodies to ensure a closer working relationship between NACs and CCMs.

Experience shows that countries are starting to adapt their AIDS coordination mechanisms to better suit local complexities rather than conform to a standard architecture. Irrespective of structures, effective coordination arises when various institutions (line ministries, NACs, CCMs, donors and civil society) have clearly defined mandates, work efficiently together, and are sensible for the specific country and political context in which they function. The outcome of good coordination should always be that the contributions of different actors are aligned with the priorities of the national AIDS response. National coordinating structures should facilitate such alignment and collaboration.