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Harmonization of Global Fund Programs and Donor Coordination: Four Case Studies with a Focus on HIV/AIDS



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List of Terms and Abbreviations Used

AusAID	Australian Agency for International Development
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control (USA)
CIDA	Canadian International Development Agency
CNCS	National AIDS Council (Mozambique)
DANIDA	Danish International Development Agency
DCI	Development Cooperation Ireland
DFID	Department for International Development (UK)
DPG	Development Partners Group
GDP	Gross domestic product
GTT	Global Task Team
HCNLS	National High Council for HIV/AIDS (Mali)
LFA	Local Fund Agent (independent consultants contracted by the Global Fund to assess and verify program results as they are reported by the Principal Recipients of grants)
MAP	Multi-sectoral HIV/AIDS Program (World Bank)
M&E	Monitoring & Evaluation
MoH	Ministry of Health
MOU	Memorandum of Understanding
NAC	National AIDS Council (Papua New Guinea)
NGO	Non-governmental organization
NMSF	National Multi-Sectoral Strategic Framework 2003-2007 (Tanzania)
NSP	National Strategic Plan for HIV/AIDS (Papua New Guinea)
PEPFAR	President's Emergency Plan for AIDS Relief (USA)
PR	Principal Recipient
PRODESS	National Program for Social and Health Sector Development (Mali)
SIDA	Swedish International Development Cooperation Agency
SWAp	Sector-wide approach
TACAIDS	Tanzania Commission for AIDS
TNCM	Tanzania National Coordinating Mechanism
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

Introduction

1. This paper was written in the context of the Global Fund replenishment process and the recently released report by the Global Task Team (GTT) on Improving AIDS Coordination among Multilateral Institutions and International Donors.¹ The Global Fund is in the process of addressing the recommendations of the GTT report and presents here a few examples of growing harmonization and alignment in funded countries between governments and bilateral and multilateral agencies, including the Global Fund.

2. This report follows the *Progress Report on Collaboration with Partners for Accelerated Implementation* presented at the replenishment meeting in Rome in June 2005. While that report focused more on collaboration with partners in seven selected countries, this report looks at the mechanisms for donor harmonization in four funded countries and the ways in which Global Fund grants fit into national structures for fighting HIV/AIDS, how donors are working together to streamline reporting and other requirements and what challenges remain to be overcome.

3. The four countries selected for this brief report are Mali, Mozambique, Papua New Guinea and Tanzania. Two countries (Mozambique and Tanzania) were included in the previous report and are revisited here in order to provide complementary information. The other two countries (Mali and Papua New Guinea) have HIV/AIDS grants that were only signed recently and provide some linguistic and regional diversity.

4. The definitions applied in this paper are based on those in the GTT report: “Harmonization” thus refers to efforts to streamline and coordinate approaches between multilateral institutions, whereas “alignment” refers to efforts to bring the policies, procedures, systems and cycles of the multilateral actors into line with those of the country being supported.”²

5. The four case studies are each divided into two sections. The first section describes national structures and coordination instruments as well as the related efforts of health development partners and donors, including the Global Fund. The second section discusses challenges to future harmonization efforts in the light of existing mechanisms.

¹ *Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors. Final Report. 14 June 2005*

² *Ibid. P 9.*

Mali

Global Fund HIV/AIDS Grant Information

Principal Recipient (& Round)	2-year Amount	5-year Amount	Program Start	Disbursed to Date
The National High Council for HIV/AIDS Control of Mali (Round 4)	US\$ 23.5 M	US\$ 56.3 M	May 1, 2005	US\$ 4.8 M

Health Expenditures in Context

GDP per capita (US\$, 2002):	US\$ 725.00
Total health expenditure per capita (US\$, 2002):	US\$ 33
Total health expenditure as % of GDP (2002):	4.5%
General government expenditure on health as % of total expenditure on health (2002):	50.8%
External resources for health as % of total expenditure on health (2002):	18.2%

Figures are for 2002 unless indicated. Source: The World Health Report 2005

6. In recognition of the need to enable effective collaboration among multiple actors and including the multi-sectoral efforts to fight HIV/AIDS in Mali, the government in 2004 restructured its national coordination mechanisms for HIV/AIDS. These changes position the National High Council for HIV/AIDS (HCNLS) in the lead role, under the Office of the President, to coordinate and implement the country's multi-sectoral response. While efforts to date have been somewhat fragmented, recent changes are promising for an increased harmonization between donors and the HCNLS as financial resources are scaled up to meet in-country needs.

Strategic, Coordination and Harmonization Instruments

7. Within the context of the Poverty Reduction Strategy Paper for Mali, donors committed to harmonization within the health sector. To coordinate donor government actions, the National Program for Social and Health Sector Development (PRODESS) was established in 1998 to provide an overarching national health strategy, designed to function similarly to a Sector Wide Approach (SWAp) in its support for the implementation of health and social programs through common sector-wide processes. Supporting mechanisms include technical and monitoring committees and basket (or pooled) funding. In addition, an automated planning and monitoring system for district, regional and central levels was created by the Ministry of Health with technical assistance from development partners, and a joint monitoring system and annual joint review missions by donors and government partners were planned but not fully implemented.

8. The government recognized that the response to HIV/AIDS required more specific, focused coordination mechanisms and in 2004, it established HCNLS, which is responsible for national planning and coordination and for leading the country's multi-sectoral response to HIV/AIDS. These responsibilities were transferred from the Ministry of Health. The two entities now work closely together through a special HIV/AIDS cell at the Ministry of Health.

9. The HCNLS was designed to be a broadly representative body, with a third of its membership coming from government, a third from civil society and a third from international technical and financial partners. Membership of the HCNLS overlaps with Mali's Country Coordinating Mechanism (CCM) for the Global Fund. The CCM and the HCNLS are newly-established entities and the relationship between the two groups is still evolving.

10. The HCNLS is also the Principal Recipient and main implementing agency for three large HIV/AIDS programs supported by the World Bank Multi-sectoral HIV/AIDS Program (MAP) since March 2005, the African Development Bank Program (expected to start in 2006), and the Global Fund (since July 2005). This arrangement has already begun to show important potential for alignment between the World Bank, the Global Fund and the African Development Bank.

11. For example, in recognition of the need to align systems, a National Monitoring and Evaluation Forum (Mécanisme National de Coordination du Suivi-Evaluation) has been established under the aegis of the HCNLS to ensure coherent oversight of the programs they implement. UNAIDS and other partners have provided financial support to develop a common M&E system and database.

12. During the negotiation phase of the Global Fund grant, the Local Fund Agent (LFA) in Mali used the assessments already carried out for the MAP program rather than duplicating reviews of the Principal Recipient's capacities. During the implementation phase, the project manager at the HCNLS will be responsible for oversight of all three funding streams (World Bank, Global Fund and African Development Bank). Transaction costs will also be reduced by sharing processes for the selection of sub-recipients, and technical and fiduciary sub-contracts, which will be applied to all three programs. The Global Fund also expects to use PRODESS and HCNLS audit procedures at the end of the first year of its grant. A key challenge will be to identify alignment of procurement and supply management plans.

13. Donor and partner coordination for the health sector in Mali takes place on a quarterly basis through a meeting at which the HCNLS and the Ministry of Health are also represented. Informal meetings take place more frequently between donors, the HCNLS and UNAIDS.

14. In recognition of the efforts by the government of Mali to lead the harmonization of HIV/AIDS-related activities in the country, the UNAIDS Expanded Theme Group has transferred its functions to the HCNLS. In addition, UNDP recently signed an agreement with HCNLS aimed at developing a strategic partnership through the development of integrated action plans between the two entities, which will ensure that their responses to HIV/AIDS are mainstreamed at all levels of development activities.

Challenges for Future Harmonization Efforts

15. Mali receives over 80 percent of its funding for HIV/AIDS from external sources and there is a need for the government of Mali and development partners to continue to work closely together to ensure a comprehensive approach to implementation and oversight that avoids duplication of efforts.

16. As mentioned above, the relationship between the HCNLS (as the Principal Recipient for three major donors) and the CCM will need to be further defined. Overlapping membership is a promising start, particularly as the HCNLS includes civil society and donor representation.

17. While the HCNLS has been selected as the main implementing agency in Mali for all HIV/AIDS programs, there is a need to ensure that its capacity is strengthened so as to increase donor confidence in this newly-bolstered institution. Early evidence of the efficient functioning of the HCNLS is that it plans to provide funding to existing structures in line ministries instead of duplicating their services.

18. A key aspect of ensuring coherent program implementation and oversight is the ability of national structures to carry out critical monitoring and evaluation functions. Past efforts in the context of the national health plan, while supported by technical assistance, were assimilated with difficulty by national institutions. A challenge ahead is to ensure that the common monitoring and evaluation system of the HCNLS is fully implemented.

Mozambique

Global Fund HIV/AIDS Grant Information

Principal Recipients (& Round)	2-year Amount	5-year Amount	Program Start	Disbursed to Date
The National AIDS Council of Mozambique and the Ministry of Health of the Government of Mozambique (Round 2)	US\$ 29.7 M	US\$ 109.3 M	July 1, 2004	US\$ 8.5 M

Health Expenditures in Context

GDP per capita (US\$, 2002):	US\$ 870.00
Total health expenditure per capita (US\$, 2002):	US\$ 50
Total health expenditure as % of GDP (2002):	5.8%
General government expenditure on health as % of total expenditure on health (2002):	71%
External resources for health as % of total expenditure on health (2002):	39.3%

Figures are for 2002 unless indicated. Source: The World Health Report 2005

19. Harmonization and alignment efforts in Mozambique are well-established with existing donors, and the country's health sector works through a Sector Wide Approach. While the Global Fund's operational policies were designed to facilitate alignment with the systems and processes of funded countries, experiences in Mozambique have shown that the Global Fund needs to be even more flexible and should explore new ways to work collaboratively with other donors.

Strategic, Coordination and Harmonization Instruments

20. The Ministry of Health and its partners signed a Code of Conduct in May 2000 and revised it in 2003, setting out the principles and guidelines for collaboration between the MoH and its development partners and defining the leadership role of the government through the increased use of and attention to national management mechanisms, planning structures, cycles and priorities.

21. Mozambique has adopted a Sector Wide Approach (SWAp) for health, led by the MoH and involving the participation of more than 15 bilateral and multilateral agencies. Mozambique is the first country in which the majority of Global Fund grants are being implemented through the pooled funding mechanisms of a SWAp. In 2004, the Global Fund was invited to join the SWAp, and has since signed a Memorandum of Understanding (MOU) with the Ministry of Health on the SWAp. As a result, three of four grants are now being implemented through the pooled fund. The contribution of the Global Fund for 2005 amounts to approximately US\$ 19 million, which is about 15 percent of the common fund budget and five percent of the total health budget. In 2006, the Global Fund contribution is expected to total over US\$ 23 million.

22. Key areas of collaboration following the adoption of the SWAp have included: regular meetings of the MoH and its partners to reach consensus on key priorities and strategies, the establishment of mechanisms for channelling external funds through a common fund, the establishment of the annual performance appraisal of the health sector as a joint exercise and annual joint audits.

23. These processes have contributed to the reduction of transaction costs through the common administration of multiple projects and programs. They have also given the MoH a broad view of the programs and activities of the entire sector and of the resources made available to it, making it possible to improve planning and management of the health sector as a whole.

24. The role of the CCM in Mozambique, in the context of numerous pre-existing coordination mechanisms, centers on proposal submission, while coordination and oversight of Global Fund grants are carried out through the SWAp mechanisms described above.

25. Joining the SWAp has prompted the Global Fund to explore ways in which its requirements for assessments of Principal Recipient capacities, approval of procurement and supply management plans, audit reports, and monitoring and evaluation plans can be adjusted to use the mechanisms already established by the SWAp. These processes are still being elaborated, and the Global Fund is fully committed to adapting accordingly.

26. In the context of the SWAp, the national, multi-sectoral response to HIV/AIDS is coordinated through the National AIDS Council (CNCS), established in 2000. The CNCS implements strategies and activities through local agencies which respond to the National Strategic Plan to address HIV/AIDS for 2005-2009. As a component of the overall strategy, the CNCS funds local agencies to carry out HIV/AIDS prevention and mitigation activities at the local level, and since 2004, it has awarded over 1,200 grants to local groups.

27. CNCS intends to provide up to approximately US\$ 35 million in grants to be allocated over the two-year period for these local actors through a quality and cost-based selection. CNCS is managing its own common fund to finance these grants. Key donors, including SIDA, DFID, CIDA, DANIDA, DCI, the World Bank and the Global Fund are supporting this fund. While the Global Fund has not yet disbursed to the CNCS, plans are underway for the Global Fund to sign an MOU with CNCS so as to be able to channel funds through the common fund.

Challenges to Future Harmonization Efforts

28. One of the key challenges for the Global Fund as a disease-specific, performance-based funding institution working through SWAp mechanisms is that monitoring and evaluation tools within the SWAp do not necessarily provide disease-specific indicators. Yearly reports as required by the steering group of the SWAp may not enable evaluation of performance for the two-year time frame of a Global Fund grant. The Global Fund Secretariat is therefore looking into ways to fulfil its reporting requirements while remaining true to its commitment to the harmonizing principles of the SWAp, including the use of common reporting systems and the reduction of transaction costs.

29. Other challenges include the recent change in government and resulting changes in the Ministry of Health, which have slowed SWAp implementation. Institutional strengthening in provinces and the full implementation of key programs will not take place until the latter half of 2005.

30. Another major challenge is the weak institutional capacity of the CNCS. Its current grant-making function and its administration of 1,200 grants to sub-recipients is detracting from its ability to coordinate and lead the National HIV/AIDS Response and fulfil its core mandate. Currently, the Global Fund is working with its partners (USAID, CIDA, World Bank) to provide CNCS with a system that would outsource the management of grants.

31. Global Fund and other development partners (e.g., CIDA, DFID, World Bank) are providing substantial capacity-building support to the CNCS to develop its ability to effectively manage grants and disburse funds to sub-recipients, including national NGOs. In particular, this support is aimed at developing a stronger CNCS which can lead and monitor national, provincial and district-level responses against HIV/AIDS. Partners are also encouraging high-level political commitment to the CNCS to prioritize national efforts to fight the pandemic. Partners collaborate in various forums, including the CCM, to ensure that responses to Global Fund activities are coordinated and progressing according to schedule.

32. To address the need for adequate reporting requirements, the working group of the SWAp is also considering working with the Ministry of Health to develop programmatic quarterly reporting instruments that would feed into an existing yearly reporting cycle.

Papua New Guinea

Global Fund HIV/AIDS Grant Information

Principal Recipient (& Round)	2-year Amount	5-year Amount	Program Start	Disbursed to Date
The Department of Health of the Government of Papua New Guinea (Round 4)	US\$ 8.5 M	US\$ 30 M	July 1, 2004	--

Health Expenditures in Context

GDP per capita (US\$, 2002):	US\$ 3,174.00
Total health expenditure per capita (US\$, 2002):	US\$ 136
Total health expenditure as % of GDP (2002):	4.3%
General government expenditure on health as % of total expenditure on health (2002):	88.6%
External resources for health as % of total expenditure on health (2002):	34.3%

Figures are for 2002 unless indicated. Source: The World Health Report 2005

33. The Global Fund recently signed the Round 4 HIV/AIDS grant for Papua New Guinea and at the writing of this report the first disbursement is imminent. The reason for including Papua New Guinea in this brief analysis is to illustrate the potential for harmonization in a context where the Global Fund had not previously funded HIV/AIDS programs. This case and the Global Fund's grant negotiations process, which concluded in June 2005, shed light on the challenges and potentials identified at the very early stages of the programs it is funding. In an under-resourced context, with a rather fragmented donor response, an impetus exists to create closer collaboration on many fronts, including building the foundations for harmonization and a stronger response to the growing threat of HIV/AIDS that is taking shape.

Strategic, Coordination and Harmonization Instruments

34. The Health Sector Strategic Plan (2004-2006) details the core plans for the Department of Health for policy, planning, budget finance, monitoring and evaluation, governance, advocacy, partnership coordination and facilitation of service improvement. The plan captures the importance and recognition of the HIV/AIDS epidemic by highlighting the reduction in the rate of sexually transmitted infections and HIV as one of its four main objectives.

35. In order to coordinate all health sector interventions – including HIV/AIDS – a Health Sector Wide Approach (SWAp) was established in 2000. The SWAp sought to develop a single programmatic approach for partners to support HIV/AIDS interventions, with common implementation and management mechanisms under government leadership. At the same time, a Trust Account was created as a basket funding mechanism for un-earmarked financial support to the health sector SWAp. The operational reality, however, is that donors use the Trust Account as a common bank account while they continue to earmark contributions on a project-by-project basis. It has also been recognized that the shortcomings of the SWAp are affecting the response to HIV/AIDS and as a result, separate coordination mechanisms have evolved to address this gap.

36. The HIV/AIDS response in Papua New Guinea is defined by the National Strategic Plan 2004-2008 (NSP) that establishes the country's multi-sectoral plan to fight HIV/AIDS. The NSP was issued by the National AIDS Council (NAC).

37. Until recently, the NAC has not been adequately resourced to coordinate interventions in the area of HIV/AIDS. Also because of resource constraints, the NSP for HIV/AIDS is not accompanied by a budget and finance plan, making it difficult for government and international actors to understand its financing needs. A positive development, however, is that the needs of the NAC both in terms of political clout and in terms of resources have been recognized at the highest levels of government. The NAC Secretariat is now included within the office of the Prime Minister and is one of the main recipients of Global Fund grant funding.

38. In this context and in the absence of a fully functioning SWAp, the CCM is emerging as a useful forum for coordination. This is illustrated by the interest of the African Development Bank in joining the CCM as a means of working towards a consensus in terms of respective roles and responsibilities, coordinating mechanisms, information sharing and reporting. In particular, this will bring the National AIDS Council Secretariat and the Department of Health together through assigned complementary roles under the new project. AusAID has also noted that it will continue to participate actively in the CCM meetings, using them to ensure coordination with other HIV/AIDS activities. With the CCM now looking beyond the Global Fund towards the coordination of other programs, it is important to note that there have been several informal interactions at various levels with other coordinating bodies, including the UN Theme Group on HIV/AIDS, the Health Services Improvement Program Business Meetings and the Donor Partners Summit.

39. In an effort to further donor support for government HIV/AIDS initiatives, the UN Resident Coordinator hosted a Donor Partner Coordination meeting for HIV/AIDS in June 2005. The possibility of establishing a coordination group aimed at developing more cohesive strategies and priorities for addressing HIV/AIDS was raised and is now being explored, with the UN calling regular meetings with partners to discuss more coordinated support to national counterparts.

40. Meanwhile, donors are working together to avoid duplication of efforts. For example, the Global Fund and AusAID are collaborating with the Global Fund's Principal Recipient and the National AIDS Council to ensure that the programs funded by the Global Fund are linked to other initiatives undertaken by donors and other partners.

Challenges to Future Harmonization Efforts

41. While coordination forums and instruments exist and are evolving, in-country response to HIV/AIDS is still somewhat fragmented. This is likely to change thanks to initiatives led by the government in which a number of committed development partners will help empower the NAC to take the leadership and coordination role for which it has been established.

42. To this end, the strengthening of the Ministry of Health and the National AIDS Council will lay the foundation for coordinating capacities of national actors. Global Fund grant funding is being used to recruit national staff and international technical assistance to help build local managerial and technical capacity for the scaling up of care and treatment components of the program. In short, institutional strengthening appears to be an important prerequisite to improving harmonization and alignment in Papua New Guinea.

43. Also, during a recent in-country visit by the Global Fund, discussions were held with the Principal Recipient to ensure that the monitoring and evaluation plan is reviewed for consistency with other frameworks and that indicators for performance-based evaluation build on existing systems. Similarly, planning assumptions (including plans for putting people on ARV treatment) upon which the Global Fund grant was approved will be reviewed with a wide range of partners to ensure that they are adapted and harmonized with existing initiatives.

44. As these harmonization efforts are underway, there is yet little progress to date to report with respect to alignment of donor practices so as to lighten national partners' reporting, monitoring and other requirements. As such, the full assessments of the Principal Recipient required by the Global Fund, reporting as well as monitoring and evaluation mechanisms will continue in parallel with those required by other donors until coordination mechanisms evolve to a level where differentiated requirements may be eased. A very positive development in this area is the recent assessment mission carried out by AusAID on the procurement function within the Health Services Improvement Program with recommendations taken into account in the procurement plan for the Global Fund grant. A follow-up mission is now in Papua New Guinea looking at harmonizing procurement systems and identifying capacity needs for the Department of Health – including Global Fund-related procurement and supply management activities.

United Republic of Tanzania

Global Fund HIV/AIDS Grant Information

Principal Recipient (& Round)	2-year Amount	5-year Amount	Program Start	Disbursed to Date
Ministry of Finance (Rd. 1)	US\$ 5.4 M	-	November 1, 2005	US\$ 1.8 M
Zanzibar AIDS Commission (Rd. 2)	US\$ 2.3 M	-	September 1, 2003	US\$ 1.1 M
Ministry of Finance (Rd. 3)	US\$ 24 M	US\$ 87 M	October 1, 2004	US\$ 9.7 M
Ministry of Finance (Rd. 4)	US\$ 80 M	US\$ 293 M	June 1, 2005	0?
Population Services International (Rd. 4)	US\$ 2.3 M	same	June 1, 2005	US\$ 1M
African Medical and Research Foundation (Rd. 4)	US\$ 13 M	same	June 1, 2005	US\$ 3.8 M
Pact Tanzania (Rd. 4)	US\$ 8 M	same	June 1, 2005	US\$ 2.1 M

Health Expenditures in Context:

GDP per capita (US\$, 2002):	US\$ 630
Total health expenditure per capita (US\$, 2002):	US\$ 31
Total health expenditure as % of GDP (2002):	4.9%
General government expenditure on health as % of total expenditure on health (2002):	54.8%
External resources for health as % of total expenditure on health (2002):	26.9%

Figures are for 2002 unless indicated. Source: The World Health Report 2005

45. Since the scale-up of the national response to HIV/AIDS began, the government of Tanzania has made considerable efforts to galvanize and lead donors and partners around its national strategies. This leadership role has resulted in more cohesive coordination forums that provide important platforms for harmonization among donors and alignment with the country's own systems. Efforts have led to important developments that may be replicated in other countries with ongoing Global Fund-financed programs.

Strategic, Coordination and Harmonization Instruments

46. The National Policy on AIDS (2001) is elaborated as part of a national response strategy in the National Multi-Sectoral Strategic Framework 2003-2007 (NMSF). The NMSF provides planning guidance for programs, projects and interventions by various stakeholders and details basic approaches and principles. It also includes a national monitoring and evaluation system to measure progress towards goals as well as the institutional, coordinating and financial frameworks of the response in Tanzania.

47. In 2001, the Tanzania Commission for AIDS (TACAIDS) was established by an act of Parliament to integrate all HIV/AIDS initiatives within national programs. TACAIDS is the main oversight tool of the national response to ensure balanced coverage of all programmatic areas.

48. A Health Sector-Wide Approach and a corresponding basket funding mechanism were created in Tanzania but are not yet fully functional. Donors continue to channel funds outside these frameworks, including for HIV/AIDS, utilizing several financing mechanisms including basket funding, budget support and project funding. TACAIDS coordinates the various activities of all the financing mechanisms.

49. In 2005, the government of Tanzania combined the CCM and existing national coordination mechanisms for the three diseases into one entity. As such, the CCM was replaced by the Tanzania National Coordinating Mechanism (TNCM). The TNCM is taking the expanded role of coordinating all national and international resources and programs aimed at scaling up interventions in HIV/AIDS, tuberculosis and malaria. This is an important development and is an approach that other countries may wish to replicate. TACAIDS will act as the secretariat for this reconfigured “CCM”.

50. The TNCM is chaired by the Permanent Secretary of the Prime Minister’s Office and composed of members that meet the CCM representation requirements established by the Global Fund. Thus, representation includes: Ministries of Health, Finance and the Office of the President, development partners, including the chair of the Development Partners Group (DPG), HIV/AIDS, USAID (representing bilateral donors) and the World Health Organization, civil society constituencies, including people living with AIDS, NGOs, faith-based organizations and academia and the private sector represented by the Trade Union Congress of Tanzania, the AIDS Business Coalition and the Media Council of Tanzania.

51. The relationships and responsibilities of all government, civil society and donor partners in Tanzania are multi-faceted and complex. Yet the establishment of the TNCM is a clear signal that collaboration is a matter of priority. While the Global Fund as a financing mechanism does not have a presence on the ground to participate in coordination forums, it entrusts national counterparts who are recipients of grants and international partners on the ground to ensure that management and implementation of programs it funds are carried out in a way that do not duplicate efforts.

52. The involvement of development partners in the implementation of the Round 1 HIV/AIDS grant demonstrates this approach at the operational level. UNDP, UNAIDS, USAID and CDC provided critical assistance in the form of capacity building, technical support and staff training to support the implementation of the program.

53. There are a number of coordinating forums establishing the relationship between the government of Tanzania and development partners. The DPG is an umbrella entity addressing donor support in development cooperation. The DPG-HIV/AIDS is a key subcommittee, collaborating closely with the government to coordinate the response to HIV/AIDS.

54. One unique feature of the collaborative approach in Tanzania is an MOU annexed to the NMSF and signed between development partners and the government of Tanzania. The MOU aims to “enhance and harmonize the partnership between the government of Tanzania and development partners in the implementation of the NMSF through a common program of work for planning, management, resource mobilization and allocation, and monitoring and evaluation”.³

55. In addition to formal requirements for collaboration, the Global Fund and other partners funding HIV/AIDS programs meet regularly during Global Fund field visits for informal exchanges on approaches. One example of this is the fine-tuning of an MOU signed between the government and PEPFAR whereby agreement has been reached that PEPFAR will provide first-line antiretroviral therapy and the government (with a Global Fund grant) will provide second-line treatment. This division of labor between PEPFAR and the Global Fund-financed programs is not formalized, but regular exchanges of information ensure that funding is available to ensure that this arrangement is upheld.

Challenges to Future Harmonization Efforts

56. The current national framework requiring development partners to coordinate their activities within the context of a national strategy is promising effective harmonization at the policy level. Challenges remain, however, at the operational level in streamlining donor reporting requirements, which are currently diverse. Donors’ reporting periods can also be inconsistent with national reporting and budgeting cycles. While this is not unique to Tanzania, the problem is strongly felt due to the large number of actors and the resources required to compile such a variety of reports.

57. While the government is taking the lead in coordinating the response to HIV/AIDS in Tanzania, some donors continue to fund projects outside agreed mechanisms. This ad hoc flow of resources hinders efficient planning.

58. Lastly, funding predictability is also a challenge. The Global Fund’s round-based system makes it difficult to predict upcoming opportunities to apply for funding. In addition, the announcement of rounds and their associated deadlines and the awarding of grant funding generally fall outside budget planning cycles.

³ “National Multi-Sectoral Strategic Framework on HIV/AIDS 2003-2007”, Tanzania Commission for HIV/AIDS, January 2003.

Conclusion

59. The diversity of government structures, national incomes, health systems, amount of international financial support, number of donor and development actors, and coordination mechanisms of the four countries and their donors shows that there can be no single approach to improving coordination with and among donors. However, one common success factor emerges from all of the case studies: the importance of strong government will and national leadership in the coordination of national and international efforts to fight HIV/AIDS in funded countries. Without the anchor of government support, efforts to harmonize and align strategies, programs and processes cannot be effectively implemented, and the ultimate goal of improved service delivery cannot be met.

60. The Global Fund is firmly committed to the principles of the Three Ones (one national plan, one national coordinating body and one national monitoring and evaluation system) and has begun to carry out its responsibilities under the recommendations of the Global Task Team and its Working Groups, including a study examining the mandates of the Global Fund and the World Bank MAP.



Notes

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