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National AIDS Coordinating Authorities: A synthesis of lessons learned and taking learning forward

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1. INTRODUCTION AND BACKGROUND

This paper briefly outlines some of the key challenges facing National AIDS Coordinating Authorities (NACAs) in fulfilling their roles in promoting better harmonisation and alignment of national responses to HIV AND AIDS. The paper suggests that some of the underlying problems facing NACAs stem from broader governance issues concerning the transferability of institutional models and political incentives for doing something about AIDS. Without further analysis of the political economy of AIDS responses many of the existing challenges faced by NACAs are likely to persist. This paper draws on a number of institutional reviews of NACAs undertaken by DFID's Health Resource Centre, country reviews of the application of the Three Ones principles commissioned by UNAIDS, and independent reviews of the World Bank's strategy for HIV and AIDS.

Definitions: There are two main models of NACA. One is a stand alone institution independent of any government ministry. The other is a unit, usually situated within the Ministry of Health. For the purpose of this paper, a NACA will be used to describe the stand alone model. NACAs that are independent of a government ministry tend to comprise of two bodies: a governance body most often referred to as the National AIDS Commission (NAC) and an operational body known as the National AIDS Secretariat (NAS). To simplify the use of terms and unless otherwise stated, NACA will be used to describe the two entities together.

1.1. The International HIV and AIDS Environment

The pace of change in the international arena for HIV and AIDS has been significant and impressive in the last five years. The commitment by the international community to achieving the Millennium Development Goals (MDGs) and United Nations General Assembly Special Session (UNGASS) Declaration of 2001 provided a new impetus for fighting HIV and AIDS. Additionally, increased understanding of the complex two way relationship between HIV and AIDS and poverty and mounting evidence of the long term impacts of HIV and AIDS in highly affected countries has been instrumental in developing many new global, regional and national initiatives to fight the pandemic. Whilst increases in funding are providing opportunities to scale up prevention, treatment and care, and impact mitigation services at country level, the proliferation of donors and other stakeholders is making the operating context at global and national levels increasingly complex.

The Paris Declaration on Aid Effectiveness (OECD 2005) represents the international donors' commitment to reforming the ways in which they deliver and manage aid. Underpinning the Declaration is the need for greater harmonisation and alignment of international support. In the context of HIV and AIDS, international recognition for the need to use resources and coordinate partnerships more effectively has led to an agreed set of principles, the Three Ones (UNAIDS 2004) that is shaping international and national initiatives in HIV and AIDS.

The commitment to harmonising and aligning responses and systems in HIV and AIDS was significantly moved forward in 2005 through a series of UNAIDS-led meetings which discussed the Three Ones in action ("The Global Responses to AIDS: Making the Money Work"), an important outcome of which was the development of a Global Task Team responsible for assessing the status of coordination and harmonisation in HIV AND AIDS, particularly among multilateral agencies and the Global Fund for AIDS, TB and Malaria (GFATM).

The Three Ones' documentation and the Global Task Team report places a heavy emphasis on empowering national leadership and ownership in the response largely through the central role of NACAs. The March communiqué from the "Making the Money Work" (UNAIDS 2005) meeting endorses the pivotal role of national multi-sectoral coordinating authorities:

"Ideally there is strong leadership and commitment at the very highest level of government and that level has delegated authority to a national AIDS authority that then has the mandate to draw other stakeholders into collaborative action and to coordinate that action"

The Global Task Team's set of rather complex recommendations is focused around four areas: empowering national leadership and ownership; harmonisation and alignment; reform for a more effective multilateral response; accountability and oversight. Although the majority of recommendations are directed at multilateral agencies, the involvement of NACAs is central to the successful implementation of three of the four main recommendations. The report is not explicit about how active or passive a role NACAs will play in implementing the recommendations, but they will broadly be involved in the following stated areas:

- Leading and developing prioritised, costed, evidence-based, multi-sectoral annual AIDS action plans that are rooted in broader development plans and processes;
- Strengthening monitoring and evaluation mechanisms and structures that facilitate oversight and problem solving for the national programme;
- Leading participatory reviews of the performance of stakeholders in harmonising and aligning their support and programmes

With the exception of the last area, these are not new functions for NACAs. A UNAIDS secretariat survey carried out in 2004 indicates that of the 66 countries that responded, 95% of countries had a NACA, 82% had up to date national AIDS frameworks and 79% had groups starting work on monitoring and evaluation frameworks (UNAIDS 2005a). However, having the structures and policies in place does not necessarily translate into effective, multi-sectoral responses at country level. The greatest challenge facing many countries is implementing national AIDS frameworks. Recent evidence suggests that NACAs, responsible for leading on the national framework, have difficulties in overseeing, coordinating and monitoring the implementation of the national response.

1.2. Models of National AIDS Coordinating Authorities

Two main models of NACAs have developed in the last 15 years.

- a stand alone institution independent of any government ministry
- a unit within a given ministry (usually the Ministry of Health)

The NACA model adopted in any one country is highly contextual and dependent on the stage of the epidemic, breadth of response, number of stakeholders and so on. Countries with low prevalence rates and small populations (such as some Latin American countries) may not require an independent institution and instead will operate as a unit within the Ministry of Health, with the accountability of its work and therefore the national response falling to the Ministry. For the purpose of this paper, a NACA will be used to describe the stand alone/independent model comprising the NAC and the NAS. The roles and functions of a NACA are defined below in Box 1.

Stand alone NACAs tend to comprise of two bodies that together are expected to coordinate and facilitate the national response: a *governance* body or Board of Commissioners most

often referred to as the National AIDS Commission/Council (NAC), and the *operational* body known as the National AIDS Secretariat (NAS).

The size and composition of the Board of Commissioners varies by country but is typically between 15-25 members. Commissioners are either elected by their constituencies or selected by government. Most Boards are highly representational and include Commissioners drawn from government, faith based organisations, civil society, and donors, the aim being to ensure greater involvement and mobilisation of selected stakeholders.

A NAS provides support and technical functions. Support functions mainly consist of financial management (often including a grant management unit and contract management), administration, IT and internal information management. Technical functions include policy and strategic development, knowledge management and external communications, M&E and research coordination, partnership support (for public sector, NGOs/FBOs, districts, and the private sector) and external partner liaison.

Box 1: Roles and functions of a NACA: Coordinating and Facilitating the National Response to HIV AND AIDS

1 Facilitate HIV AND AIDS policy development, adoption, dissemination, and periodic review.
2 Spearhead advocacy and social mobilisation on HIV AND AIDS in all sectors at all levels.
3 Build partnerships among all stakeholders in the countries with regional and international linkages.
4 Lead resource mobilisation allocation and tracking of effective utilisation.
5 Guide the development of HIV AND AIDS national strategic frameworks and strategic plans.
6 Facilitate and support the development of strategic frameworks and plans throughout all sectors and decentralised units.
7 Develop strategies for mainstreaming of HIV AND AIDS in all sectors at all levels.
8 Promote the principle of greater involvement of people living with HIV AND AIDS (GIPA) through capacity strengthening, active participation in all decision and policy making fora, support and facilitation of PHA organisations.
9 Develop a national HIV AND AIDS monitoring and evaluation system.
10 Manage knowledge through documentation and exchange of experiences, approaches, practices and promotion of best practices.
11 Map out interventions indicating the geographical coverage and the scope of interventions and actors throughout a country.
12 Facilitate and support the development of human capacities for responding to HIV AND AIDS at all levels.
13 Identify research priorities and use of findings for policy developments.

Source: Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa 2002

2. KEY ISSUES

2.1. The performance of NACAs: Synthesis of Key Issues

There is growing evidence that NACAs are experiencing significant challenges in effectively leading and coordinating multi-sectoral responses. Over the last two years, a number of institutional reviews have been undertaken by the DFID Health Resource Centre of NACAs in Kenya, Malawi, Uganda, Ethiopia, Lesotho, Mozambique and Zambia. UNAIDS' sponsored country studies that have reviewed progress against the Three Ones have also been undertaken. The latest independent review of the World Bank's support to HIV AND AIDS also discusses the experience of NACAs at country level. Most striking is the consistency of issues arising from these reviews, some of which are presented below.

2.2. Governance Arrangements

As a principle agreed by the African Union and endorsed by UNGASS, most NACAs are now positioned under the highest political office, usually the Office of the President (OoP) or Prime Minister (OoPM), the intention being to provide NACAs with greater authority, mark their independence from other arms of government so they can coordinate other sectors and to demonstrate political commitment to the fight against AIDS. In reality however, many OoP/OoPMs are still confused about their role and responsibility to the NACA, even though they are ultimately accountable for the national response and have final oversight of the performance of a NACA.

NACAs derive their authority from their legal framework. An enabling institutional and governance environment, legalised through an act of Parliament, provides a NACA with the appropriate authority. For example, the NACA in Kenya is a state corporation, located under the office of President and has an enabling legal framework to take a leading strategic and influencing role in the national response. In other cases, the status is not so clear. The Malawian NACA was established by the President but is not legally recognised as a government institution because its Trust Deed was never ratified by Parliament (Lwanga 2005). Confusion over a NACA's status can undermine its authority and legitimacy with other national stakeholders and its involvement in critical national planning processes (such as the development of PRSPs) that impact on the financing and planning of national HIV and AIDS programmes.

The aim of a NACA's Board of Commissioners is primarily two fold: first, to provide broad-based representation and a partnership bringing together state and non state actors to mobilise their constituents in the fight against HIV and AIDS, and second, to ensure good corporate governance practice that directs and oversees all of the NACA's work. In reality, this dual role is problematic for many NACAs because each role requires different skill sets and different types of representation from Commissioners. Many NACAs are aware that they are not performing sufficiently either as a corporate board or a partnership forum and recent institutional reviews are increasingly attempting to separate the function of representation from that of governance. The governance arm needs to appoint Commissioners who can drive a goal seeking organisation, whilst the representational arm needs to ensure more divergent interest groups participate and influence the Council. Some of the problems cited from the reviews include:

- The Commission is perceived as a public sector body with poor representation of interest groups. Where interest groups are represented, the nature and style of the

meetings can preclude meaningful participation

- The Board's functions, roles and responsibilities are not clearly understood by stakeholders or Board members. The relationship between the Board and the operational arm is unclear. There is often confusion as to whether Commissioners should be leading or following
- Commissioners are not always able to provide strategic input, or the opposite where their skills and expertise are rarely tapped to benefit the national response
- Large Boards tend to have high transaction costs and reduced effectiveness. It is difficult to get members to attend regularly and decision making is protracted.
- Possible diversion of operational arm resources by Commissioners, and the danger of Commissioners getting involved in operational activities, such as wanting to review grant proposals.
- Some Commissioners are political appointments and they can have vested interests, affecting their ability to perform their role

2.3. NACA Functions, Staffing and Structures

In general NACAs have been established with the ambitious mandate to coordinate and mobilise responses in HIV and AIDS from other sectors, including civil society and the private sector. This is a challenging role which falls outside the normal remit of government agencies (largely involved in sector policy making and programme implementation/service delivery) and it assumes that other stakeholders want and agree to be co-ordinated by NACAs. Whilst some NACAs have made progress in overseeing the development of policies in key areas (such as orphans and vulnerable children in Kenya), stakeholders are not always convinced of the value NACAs add to HIV and AIDS initiatives. What does a NACA do effectively that no one else can do and why do they need so many people to do it? This can be more problematic with AIDS Commissions that are situated within Ministries of Health and operate without the mandate to coordinate other sectors. With stand alone NACAs, the confusion and often perceived competition of roles with the Ministry of Health has sometimes put NACAs in direct conflict with those it is expected to lead and co-ordinate.

Increased funding for AIDS is changing the role of NACAs to one of resource management and implementation. For example, in Uganda, the head of the NAS is also the Project Director of the World Bank MAP 2 project. In Kenya, the NACA is involved in screening and approving proposals for the World Bank AIDS disaster relief project. This is not surprising as many NACAs are managed by former programme managers with a tendency towards wanting budgets to implement projects. Having budgets to manage and spend can offer a NACA greater policy leverage and practical influence than its coordination function.

Many NACAs have insufficient or inappropriate staff and this can impact on the efficacy of the organisation. Only one of the 66 countries surveyed by UNAIDS was found to have all of the necessary human resources, and only 9% have sufficient capacity for coordination (UNAIDS 2005a). Common problems also include senior positions remaining vacant for long periods of time or have extended "acting" officials that lack the authority and will to take difficult decisions, weak management and technical skills in areas such as policy analysis, mainstreaming, impact mitigation, advocacy, leadership skills.

The need to resource NACAs has led to movements of staff between government institutions, often to detrimental effect. In the case of Malawi, the establishment of the NACA led to large staff movements from the Ministry of Health, seriously diminishing the ability of the Ministry to move forward on the bio-medical response (Putzel, 2004).

Some NACAs are starting to find new ways to address these challenges. To attract competent and dynamic staff, Malawi has developed a salary structure that is market based that requires human resource systems separate from that of the public service. In these cases, positions are filled through open, competitive recruitment and include performance appraisal mechanisms. Some small NACAs delegate and contract-out many technical functions and require management skills to ensure that the outsourced activity is effectively performed. As NACAs move slowly towards being set up along corporate models, management, leadership, facilitation and problem solving skills are being identified as more important than technical skills, especially at higher management levels.

2.4. Roles, Responsibilities and Coordination

A key challenge for implementing the Three Ones at country level is the existence of many coordination structures with overlap in membership and focus, often without linking consultation and decision-making structures. Perhaps the most topical example of overlap is between the NACA and the Global Fund's Country Coordinating Mechanism (CCM), another multi-sectoral coordinating body. Although the Global Fund is attempting to harmonise its systems so grants can fit into national AIDS structures (for example in Mozambique, the Global Fund will sign an MoU with the NACA to channel its grant through the common fund supported by the Sector Wide Approach) progress in aligning systems remains slow. The overlap and confusion of roles between NACAs and CCMs is affecting grant performance in certain countries. Recent bottlenecks in Global Fund grant disbursements in Kenya and the difficulties in resolving the issue at country level has precipitated an urgent review of the architecture of Global Fund institutional arrangements.

Some countries are addressing these challenges by establishing their own supra coordinating structures, often led by NACAs. In 2002, the Uganda AIDS Commission initiated the formation of the Uganda HIV AND AIDS Partnership and the Annual Partnership Forum to serve as a broad-based representative coordination mechanism which brings together UAC and key partners to minimise duplication, maximise potential for synergies and harmonisation, and to pool efforts for scaling up the national response (UAC, 2004).

3. CAN NACAs FULFIL THE ROLES EXPECTED OF THEM IN A NEW ERA OF HARMONISATION AND ALIGNMENT OF NATIONAL AIDS RESPONSES?

3.1. The National AIDS Framework

Central to the principles of the Three Ones and the Global Task Team recommendations is the development of a costed, prioritised, multi-sectoral national AIDS framework. These frameworks will:

"drive implementation, emphasise results and provide a solid basis for the alignment of multi-sectoral and international partners' support; within related efforts to progressively strengthen national AIDS frameworks and root them in broader development plans and planning processes" (Global Task Team 2005)

A comprehensive multi-sectoral response is most likely to yield results where there is strong alignment between national development instruments, particularly PRSPs (or national development plans), Medium Term Expenditure Frameworks, the national AIDS framework and sector and local government plans. Therefore the national AIDS framework is essentially the central planning tool that both provides and reflects guidance to the contributions from different levels and sectors and is the key plan behind which international donors will align their support. Alignment is dependent on the existence of formal linkages and networks between actors involved in developing PRSPs and other national development processes and instruments. A well costed national AIDS framework is essential if AIDS is to be implemented by multiple sectors and if AIDS is to be mainstreamed into broader budgeting processes. A recent review found that only a minority of countries (19%) costed their national AIDS frameworks (UNICEF/WB 2005). This makes it difficult to incorporate AIDS related activities into the national budget in the first place and even more difficult to implement them.

The Three Ones assign the central role of coordinating stakeholders and ensuring the content of the national AIDS framework is in line with other development instruments, to the NACA. However, it is questionable whether NACAs perceive themselves as credible lead agencies in strengthening and brokering critical relationships between sectors and finance and planning and PRS stakeholders. Despite having formal links to the Office of the President/Prime Minister and in many cases, high profile Commissioners, there is limited evidence that NACAs are able to exert influence over sector policies and public resource allocations. Further, as relatively new entities they may not have well defined roles in national planning and budgeting processes. A recent UNAIDS report cites that in 44% of African countries surveyed, no formal link between those responsible for producing the PRSP and the NACA existed (UNAIDS 2004b). Where a stand alone, multi-sectoral NACA is absent, the likelihood that AIDS is prioritised in national development processes is even lower. Strong leadership, commitment and effective advocacy skills are necessary to engage stakeholders at critical points in planning cycles to ensure that AIDS is prioritised, integrated and budgeted within broader planning instruments. The NACAs residual problems of legitimacy, capacity and management style are likely constrain these efforts.

3.2. Leading and coordinating multi-sectoral responses

Most ministries and local government bodies remain unclear about their role in, and potential for contributing to, the AIDS response. Even priority line ministries and local government authorities still tend to see AIDS within the sole mandate of the Ministry of Health. At the sub-

national and local levels, AIDS committees often lack capacity, focusing on specific health-related AIDS activities and insufficiently involving civil society and the private sector. Local government authorities may have the mandate, but rarely have the understanding, capacity and access to resources to take up their co-ordinating role with sectors and other players. This situation is further aggravated by the often earmarked parallel funds from governments and donors for AIDS programmes, the existence of which can act as a disincentive for sector ministries to incorporate the AIDS response into their usual activities.

To play a leading role in developing multi-sectoral AIDS action plans that drive implementation, NACAs need to be able to demonstrate understanding of and leadership in mainstreaming AIDS. This is important for strengthening the AIDS content and alignment between PRSPs, national AIDS frameworks and sectoral plans but is also crucial for supporting ministries to develop plans that are meaningful, integrate with the objectives of the national AIDS framework and ultimately, the PRSP. At the level of national planning, the case for an appropriate level of inclusion of AIDS in the PRSP and other national development instruments (such as the national budget) needs to be effectively made to the ministries of finance and planning. High level consultations to present key data and feasible strategies may be needed. In line ministries, the involvement of the directors of planning, finance and human resources will help to drive the process forward.

For mainstreaming processes to effectively tackle AIDS, strong national ownership, technical capacity, coordination and accountability structures are required. Despite the endorsement of the central role of NACAs under the Three Ones, the absence of direct lines of accountability between NACAs and ministries makes it more difficult for NACAs to be influential in the design and implementation of sector AIDS action plans. Commitment to mainstream AIDS therefore needs to take place within existing lines of accountability and within national and sub-national development and operational plans. Ideally the NACA would play a key role in negotiating commitments to mainstream AIDS at each level of the planning process, and align these with the national AIDS framework. A recent review by IHSD on mainstreaming AIDS in national development instruments (IHSD 2005) suggests that the capacity for mainstreaming AIDS at national and sector level is currently not in place in most countries. Even in some of the more established NACAs (such as Uganda or Ghana) where the significance of mainstreaming is recognised, there remains a perception that the NACA does not have the capacity or the skills to advise, coordinate or effectively advocate for mainstreaming AIDS.

3.3. Transferability of Institutional Models, Incentives and Politics

Many of the challenges facing NACAs stem from broader issues concerning political incentives to respond to AIDS and the transferability of institutional models. The early experiences of successful multi-sectoral responses in Senegal and Uganda were based on a set of conditions that were highly contextual and politically driven. In the case of Uganda, the legacy of the civil war, the centralist authority of the National Resistance Movement and the influential support of donors played key roles in putting the epidemic beyond partisan politics, making it politically untenable *not* to act on AIDS. The right incentive structure at the right time meant that the government had little to lose and everything to gain by taking early action on AIDS (Putzel 2004a). During the early years, the AIDS response was organised within *existing* institutional structures and was largely driven by the Ministry of Health which also worked effectively with other line ministries to develop sector responses. After 1990, and under pressure from the World Bank, the original President's committee was "reshaped" along the lines of the stand alone NACA. Since its inception it has encountered problems with its mandate and its relationship with other ministries.

A key reason for establishing the more recent stand alone NACAs has been due to World Bank MAP funding criteria which requires the establishment (or existence of) a multi-sectoral coordinating body. The World Bank has widely promoted an institutional model based along the lines of the Uganda NACA. However, there is a danger of transferring institutional models as blueprints into different contexts and assuming they will work in the way the same way. In many cases, the stand alone NACA model has been adopted without any prior institutional, historical or political analysis of existing national AIDS structures. In some cases (such as Ethiopia), the creation and the nature of the NACA has actually disincentivised critical actors in the response (namely the Ministry of Health). Whilst the availability of donor funding and international pressure to be seen to be doing something in AIDS may provide the necessary impetus for establishing a stand alone NACA, these incentives alone may not be sufficient indicators of sustained political commitment to fighting AIDS. One of the key lessons learned from the independent evaluation of World Bank support to AIDS in Ethiopia suggests that having policy and institutional structures in place should not necessarily be interpreted as indications of long term political and multi-sectoral commitment to tackling AIDS. What is required is a deeper understanding of the incentives of multiple layers of leaders and officials that may or may not support the fight against AIDS (World Bank 2005).

4. CONCLUDING THOUGHTS AND TAKING LEARNING FORWARD

As this review suggests, a number of significant problems have been documented in recent years regarding the function, structure, governance, roles and responsibilities of NACAs. These challenges are likely to constrain the leadership, development and coordination of national responses and NACAs' ability to fulfil their role in harmonising and aligning those responses.

To date, the role of political science in analysing national responses to AIDS has been almost non-existent, as has any discussion of whether the existing NACA institutional model is the right model to support in the future. Increased funding presents a valuable opportunity to support more in-depth analysis of the political factors that shape government responses to help understand the context in which a NACA is situated. This type of analysis would help yield valuable insights into the following types of questions:

- What incentives are needed for political leaders at different levels to act on AIDS?
- Why do officials adopt and invest in an institutional model that is recognised as problematic?
- What has been the impact of positioning the NACA under the OoP?
- What are the determinants of political commitment?
- Can a principal-agency relationship exist in developing regions such as sub-Saharan Africa where the political economies have ill defined rules, norms and enforcement mechanisms?
- What administrative techniques and organisational forms have worked most effectively at national levels?
- How can existing NACA models be adapted and made more effective in the future?
- How are donors managing the tension vis-a-vis supporting vertical funding mechanisms that bypass established country systems (e.g GFATM) and supporting the harmonisation and alignment agenda?
- What opportunities exist for AIDS funds to be used more effectively for broader health system strengthening and how can national AIDS and health sector teams work together on this issue?

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