

BRIEFING SHEET 3: THE CHALLENGE OF COORDINATION

KEY MESSAGES: THE CHALLENGE OF COORDINATION

- Most countries have made some effort to address the need for greater coordination of HIV/AIDS programmes and services at the national level.
- However, incentives for coordination are weak and practice falls far short of policy intent, especially at sub-national levels.
- Involvement of all the relevant stakeholders in coordination bodies remains a challenge in many countries, particularly the participation of NGOs.
- Harmonisation of donor policies and practices and alignment with national policies has taken place at varying levels across the GHIN research countries.
- The coordination of monitoring and evaluation is poor in most countries.

Background

Findings presented in this briefing sheet are results from completed and on-going research by *Global HIV/AIDS Initiatives Network* (GHIN) members (see Box 1) in ten countries.¹ See Briefing Sheets 1 and 2 for more on key findings from GHIN research or visit www.ghinet.org.

Early findings from GHIN country studies

Improving coordination

GHIN research suggests that most countries have made some effort to address the need for greater coordination of HIV/AIDS programmes and services, but challenges remain. While many countries reported existing (and sometimes effective) coordination mechanisms for HIV/AIDS control at the national level, coordination of programmes and services at sub-national level was often weak.

- Countries including China, Georgia, Kyrgyzstan, Malawi, Peru, Ukraine, Vietnam and Zambia credited the Global Fund with encouraging mechanisms for coordination between different actors at the national level.
- Government-led coordination was seen as effective in China, in a municipality receiving Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) support.
- However, there were still challenges in coordination. In Ukraine and Kyrgyzstan, GHIN research found a lack of effective coordination at national (and regional levels) despite a number of bodies set up explicitly for this purpose. For example, coordination bodies met infrequently, membership

changed regularly, and in Ukraine, there was considerable overlap of responsibilities and functions between national and regional bodies.

- Whilst health decision making is decentralised in Benin, Ethiopia and Malawi, the planning processes for GFATM application and implementation was initially centralised. This led to lack of ownership at district levels. However, follow-up research a year later suggested that regions had become more involved in the planning of HIV/AIDS activities.
- In Vietnam, coordination and oversight is provided by the Ministry of Health's Vietnam Administration AIDS Control (VAAC). However, while GFATM and World Bank project implementation and resource prioritisation occurs through VAAC, PEPFAR-funded projects are mostly implemented through national and international NGOs.
- In Zambia, many informants noted the importance of the District AIDS Task Force as a driving force in coordination at district level, but reported it lacked weight to carry out some functions effectively. There was an unwillingness to share information among agencies/service providers and donors, some of whom bypassed district level structures and officers.

Stakeholder involvement in coordination

Involvement of relevant stakeholders in decision making bodies remains a challenge in most GHIN research countries, particularly the participation of NGOs.

- In Peru, the capacity for effective participation in planning has been an issue for many CCM (Country Coordinating

¹ Benin, China, Kyrgyzstan, Malawi, Zambia, Ethiopia, Ukraine, Georgia, Peru and Vietnam.

Mechanism) members. This has resulted in tensions in the CCM, and challenges to consensus building. Important actors, including most-at-risk groups have not been represented, raising concerns about a lack of accountability.

- The Malawi Partnership Forum was formed as a response to concerns that the Malawi GFATM CCM was insufficient in terms of involving all stakeholder groups.
- Few NGOs were represented on regional HIV/AIDS committees in Kyrgyzstan, and referral systems between different government and NGO services were underdeveloped.
- In Ethiopia, participation of NGOs in the planning and implementation of HIV/AIDS activities increased between baseline and follow-up research one year later, improving coordination, especially in VCT and ARV services.
- In Benin, Ethiopia and Malawi, GFATM CCM guidelines 'recommend' that sub-national-level actors be involved in planning, but this is not a requirement.

Coordination challenges for HIV/AIDS activities in Ukraine

At the national level, Ukraine has a complex, fragmented, changing and poorly coordinated system for HIV/AIDS control activities. Many coordination bodies have been established and then abolished.

Regional and municipal HIV/AIDS coordination councils, which are promoted by but not funded by the GFATM grant, have been created in L'viv, Odessa and Kyiv. The Odessa coordination council was seen as effective in promoting local coordination, whereas the L'viv coordination council which was seen as a formality with limited effectiveness. Some respondents perceived the councils as artificial and imposed by external donors.

Attitudes suggest indifference to coordination among some organisations, with changing representation on councils. There is an overlap of responsibilities and functions of executive bodies at national and regional levels, a separation of health system and social services and weak cooperation and referral between services.

Harmonisation and alignment

Harmonisation of donor policies and practices and alignment with national policies has taken place at varying levels across GHIN research countries.

- In Benin, Malawi and Ethiopia, respondents believed that GFATM support had become much more harmonised with other donors between baseline and follow-up research. For example, in Ethiopia the CCM has insisted that the GFATM planning processes should be based on regional priorities, and should align with the national health sector development plan. In Malawi GFATM support was integrated under the Sector Wide Approach (SWAp).
- In Benin, research showed that the GFATM was aligned with Benin's policies on partnership but that the planning of activities remained top-down, conflicting with bottom-up processes supported by national health policy.
- In Ethiopia, the government, GFATM and PEPFAR have signed a Memorandum of Understanding in an effort to avoid duplication of planning and services, although it was not yet evident that this was translating into practice.

Coordination of monitoring and evaluation systems

- In Vietnam, considerable time has been put into designing and operationalising a unified national monitoring and evaluation (M&E) system.
- Ukraine has a common electronic monitoring system which is used across International HIV/AIDS Alliance-managed HIV/AIDS projects funded by the GFATM and USAID.
- In Zambia, there are a multiplicity of reporting formats at district level which are not aligned, and PEPFAR implementers collect large amounts of data that are not generally available to coordination bodies or other donor agencies.
- While evaluation is formally within the mandate² of CCMs, research in Peru suggests that the CCM has not taken the opportunity to fulfill this task, a finding reflected in other countries too.

Global HIV/AIDS Initiatives Network (GHIN)

GHIN is a network of researchers in 21 countries that explores the effects of Global HIV/AIDS Initiatives on country health systems, at national and sub-national levels. Key research themes include:

- Scale up of HIV/AIDS services
- Health systems capacity including human resources for health and coordination of HIV/AIDS programmes and services
- Equitable access to HIV/AIDS services

GHIN research findings are reported on the website: www.ghinet.org and are disseminated through research briefing sheets and other short communications, presentations at conferences and meetings, and through journal publications. These cover both country specific and cross-cutting analysis. GHIN members regularly interact with national and international stakeholders both to inform decision-making and to shape research questions.

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² GHIN countries undertaking 2-4 year studies include: Angola, Benin, China, Ethiopia, Georgia, Kyrgyzstan, Malawi, Mozambique, Peru, South Africa, Tanzania, Uganda, Ukraine, Vietnam and Zambia.