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HIV/AIDS

Implementation by WHO of the recommendations of the Global Task Team on improving AIDS Coordination among Multilateral Institutions and International Donors

Report by the Secretariat

1. During its consideration of universal access to prevention, care and treatment of HIV/AIDS at its 117th session, the Executive Board agreed that a report on the technical aspects would be submitted to the Health Assembly.¹
2. At a meeting on “The Global Response to AIDS: ‘Making the Money Work’, The Three Ones in Action” (London, 9 March 2005), leaders from donors and developing-country governments, civil society, United Nations agencies and other multilateral and international institutions agreed to form a Global Task Team to prepare recommendations on improving the institutional architecture of the global response to HIV/AIDS. The context of the Team’s work was the need to implement the “Three Ones” principle² at country level, the continuing process of United Nations reform, global efforts to attain both the “3 by 5” target and the Millennium Development Goals, and internationally adopted resolutions on improving the quality and effectiveness of development assistance, such as the Monterrey Consensus of the International Conference on Financing for Development (Monterrey, Mexico, 2002) and the Paris Declaration on Aid Effectiveness (2005).
3. The Team comprised high-level representatives of 25 recipient and donor governments, United Nations agencies, intergovernmental organizations and civil society groups, and the focus of its work was to determine how the multilateral system could streamline, simplify and harmonize procedures and practices in order to improve the effectiveness of country-led responses to HIV/AIDS and reduce the burden placed on countries. WHO participated actively as a member of the Team and co-chaired its Working Group on Harmonization of Technical Support.
4. In its final report,³ the Global Task Team presented recommendations in four main areas. The first set targeted countries and the need for shared responsibilities for national AIDS responses among government, civil society and other stakeholders. To empower inclusive national leadership and

¹ Document EB117/2006/REC/2, summary record of the eighth meeting, section 3. See also document A59/39.

² One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system.

³ *Global Task Team on improving AIDS Coordination among Multilateral Institutions and International Donors: final report*. Geneva, UNAIDS, 2005.

ownership, the Team recommended measures to improve planning for national AIDS responses, including the development of annual or biennial operational AIDS plans that are integrated with broader development plans, including Poverty Reduction Strategy Papers. The Team also recommended that countries should ensure that their macroeconomic and public expenditure frameworks support the implementation of AIDS programmes. UNAIDS and its cosponsors, in particular the World Bank, working with UNDP and IMF, undertook to lead work in this area.

5. The second set of recommendations focused on the need for multilateral institutions and international partners, by working with national AIDS coordinating authorities, to align and harmonize their support with national strategies, policies, systems, cycles and operational plans. In particular, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank should participate in joint annual reviews and use them as the primary means for evaluating their programmes. Also, the Global Fund, the World Bank and other international partners should move progressively from funding projects to financing programmes.

6. The third set of recommendations were in the area of reform for a more effective multilateral response. At the global level, the Team recommended a better division of labour between UNAIDS and its cosponsors, with further definition of the respective roles and responsibilities of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank. At country level, a joint United Nations team on AIDS should be established that would draw up a unified country support programme. Other recommendations included the formation of a joint United Nations system-Global Fund problem-solving team to overcome barriers to national implementation, and increased global financing for technical support, including the expansion of the UNAIDS Programme Acceleration Funds mechanism.

7. Recommendations in the fourth area related to accountability and oversight, including formal review by national AIDS coordinating authorities of the performance of international partners – for example, participatory stakeholder reviews using tools such as scorecards that build on existing standards and criteria for alignment and harmonization of donor assistance. The Team also recommended various measures to strengthen national monitoring and evaluation mechanisms and to align national and international efforts in this area, including the placement of international monitoring and evaluation officers within national AIDS units, the formation of joint monitoring and evaluation support teams in countries and the development of a joint monitoring and evaluation facility.

8. The recommendations have received widespread support from the international community. In June 2005, the UNAIDS Programme Coordinating Board endorsed them all and urged the governing bodies of all UNAIDS cosponsors, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other multilateral institutions to do likewise. In the 2005 World Summit Outcome, the United Nations General Assembly supported the recommendations as part of the global effort to achieve universal access to treatment by 2010.¹

IMPLEMENTATION OF GLOBAL TASK TEAM RECOMMENDATIONS BY WHO

9. The Global Task Team called for the United Nations system, including WHO, and the multilateral system, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, to implement

¹ Resolution 60/1.

the recommendations relating to the creation of the joint United Nations teams, better division of labour, and increased financing for technical support. WHO has been closely involved in the significant amount of work already undertaken to implement the recommendations, taking the lead in several cases. The Secretariat has produced a guidance document to guide WHO staff, particularly at the country level, in interpreting and implementing the recommendations.

10. WHO has supported steps to create joint United Nations teams on AIDS and promote more effective joint programming in countries. On 12 December 2005, the Secretary-General wrote to United Nations Resident Coordinators instructing them to create joint teams on AIDS. WHO subsequently encouraged its country Representatives to ensure that relevant WHO staff in countries become active members of the joint team and engage fully in the development and implementation of country support programmes. WHO Representatives are expected to ensure that WHO's country programmes are closely coordinated with those of other United Nations bodies and organizations and fully integrated into the country support programme. They are also encouraged to include participation on the joint team in their staff members' performance evaluation.

11. WHO took the lead in establishing the Global Joint Problem-Solving and Implementation Support Team in July 2005, bringing together United Nations system partners (WHO, UNDP, UNICEF, UNFPA and UNAIDS), the World Bank and the Global Fund, and was elected to serve as its first chair. With UNAIDS and the Global Fund, WHO has established a secretariat for the Team. The Support Team rapidly analyses what holds up implementation of major grants in countries and facilitates action to overcome obstacles. By April 2006, its joint action had solved acute problems and provided emergency assistance in nine countries and one region (the Caribbean). Equivalent mechanisms have been seen in some countries or regions where the United Nations system has worked together with other partners (bilateral donors, national and regional partners) in order to assess problems and find ways to support the accelerated implementation of grants.

12. WHO has worked closely with UNAIDS and the latter's other cosponsors to establish a more functional division of labour, whereby responsibilities are assigned to a lead organization according to its strengths.¹ A lead organization provides a single point of entry to the United Nations system for the country in the relevant area of responsibility; coordinates the technical input from all relevant United Nations agencies; and provides technical support in collaboration with other agencies, as appropriate. WHO has been designated as the lead organization for matters concerning antiretroviral therapy, opportunistic infections, universal precautions, blood and injection safety, counselling and testing, diagnosis and treatment of sexually transmitted infections, surveillance of HIV, and prevention of mother-to-child transmission of HIV (jointly with UNICEF). In addition to these activities, WHO will continue to provide technical assistance in a number of areas for which it is not the lead organization, for example, injecting drug use (lead organization: United Nations Office on Drugs and Crime), monitoring and evaluation (UNAIDS), human resources (the World Bank) and young people (UNESCO and UNFPA).

13. The Global Task Team's recommendation that financing for technical support be considerably increased is directed to both donors and the United Nations system, which is responsible for setting up a mechanism to use additional funding quickly and flexibly. In response to this recommendation, WHO has prepared with UNAIDS and its other cosponsors a consolidated technical support plan for

¹ *UNAIDS Technical Support Division of Labour: Summary and Rationale*, UNAIDS, August 2005.
[http://data.unaids.org/UNA-docs/jc1146-division of labour.pdf](http://data.unaids.org/UNA-docs/jc1146-division%20of%20labour.pdf).

the period 2006-2007.¹ The plan includes costed technical support for activities to assist countries to make effective use of large grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria and other sources.

ACTION BY THE HEALTH ASSEMBLY

14. The Health Assembly is invited to consider the draft resolution contained in resolution EB117.R8.

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¹ *Making the money work through greater UN support for AIDS responses. The 2006-2007 Consolidated UN Technical Support Plan for AIDS.* Geneva, UNAIDS, August 2005. http://data.unaids.org/UNA-docs/JC_1115-MakingMoneyWork.pdf.