WHO
Harmonization and Alignment: Key Resources

World Health Organization

Department of Country Focus
Department of MDGs, Health and Development Policy
Purpose of this toolkit: In recent years, considerable attention has been given to harmonization and alignment of international development assistance. This toolkit has been prepared as a quick reference guide for WHO and its partners at country level, using materials from a number of sources. As Internet access to documentation is still a problem in many countries, this toolkit provides hard-disk access (on CD-ROM) as well as web links. If found useful, it will be updated on a regular basis.

Structure of the document: All the documents discussed are contained on the CD-ROM and can be accessed through the links in the table of contents below and in the body of the text. They have been grouped under three main headings:

- Harmonization and Alignment: An Overview
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What is it?
Development cooperation has often been accused of imposing cumbersome procedures on officials in programme countries, diverting attention from national strategies rather than contributing to their preparation and implementation. Initiatives to overcome these impediments are commonly grouped under the concept of Harmonization and Alignment, i.e. harmonization of donor practices and increasing alignment with national development priorities and strengthened national systems for planning, implementation, monitoring, evaluation and reporting.

Why is it so important?
More effective development cooperation will allow faster scaling-up of priority national interventions to help countries achieve the Millennium Development Goals. Key early priorities have usefully been summarized in the Millennium Project Report ‘Investing in Development: A practical Plan to Achieve the MDGs’, see Annex 1, which emphasizes, amongst others, the need for health systems to ensure universal access to essential services.

The Paris Declaration
The high-point of international consensus came when Ministers from developed and developing countries announced the Paris Declaration on Aid Effectiveness: Ownership, Harmonization, Alignment, Results and Mutual Accountability (2005).

This built on the Rome Declaration adopted at the High Level Forum on Harmonization (2003) and the Marrakech Roundtable on Managing for Development Results (2004). The Paris Declaration set an agenda, linked to indicators, timetables and targets, covering:

- Strengthening partner countries’ national development strategies and associated operational frameworks (e.g. planning, budget, and performance assessment);
- Increasing alignment of aid with partner countries’ priorities, systems and procedures and helping to strengthen their capacities;
- Enhancing donors’ and partner countries’ respective accountability to their citizens and parliaments for their development policies, strategies and performance;
- Eliminating duplication of efforts and rationalizing donor activities to make them as cost-effective as possible;
- Reforming and simplifying donor policies and procedures to encourage collaborative behaviour and progressive alignment with partner countries’ priorities, systems and procedures;
- Defining measures and standards of performance and accountability of partner country systems in public financial management, procurement, fiduciary safeguards and environmental assessments, in line with broadly accepted good practices and their quick and widespread application.

The report prepared for the 2005 Paris High Level Forum, Harmonization, Alignment, Results: report on progress, challenges and opportunities, gives a comprehensive review of progress, illustrated with short case studies. Remaining constraints include insufficient clarity of country policies and investment priorities, the absence of a robust medium-term expenditure framework linking priorities to budget decisions and timetables, lack of delegated cooperation (one donor managing aid on behalf of another), and insufficient attention to fragile States and to integration of global programmes and partnerships with country strategies and programmes. In addition, few donors have yet to put in place effective training programmes, procedures, resources, and incentives to support and encourage needed changes in staff behaviour. After the declaration, an Update on Cooperation among multilateral Development Banks was made later 2005, focusing on Financing for Development; Harmonization, Alignment and Development Results; and Trade. The OEDC/DAC have since proposed a set of targets to monitor progress in implementing the Paris Declaration.

What should be the donor response?
This is outlined in a series of OECD DAC Guidelines ‘Harmonizing Donor Practices for Effective Aid Delivery, appropriate response from donors’;

- OECD DAC Guidelines Volume 1 (2003) provides guidance on good donor practices, and
provides numerous short case studies to emphasize certain points. It includes a useful section on *Measuring Performance in Public Financial Management*, with guidance on diagnostic reviews, performance assessment and quality assurance;


- **OECD DAC Guidelines Volume 3 (2005)** covers *Strengthening procurement capacities in developing countries*, making the point that effective and efficient public procurement systems are essential to the achievement of the MDGs as they are at the centre of how public money is translated into essential goods, works and services.

What is the relevance of Fiscal Space?

Even good donor practice does not necessarily mean that donor pledges will lead to an increase in a beneficiary government’s health budget. The 2005 paper by Peter Heller on *Back to Basics - Fiscal Space: what it is and how to get it* summarizes an IMF view of the importance of understanding fiscal space, defined as ‘room in a government’s budget that allows it to provide resources for a desired purpose without jeopardizing the sustainability of its financial position or stability of the economy’. Whilst the term has been around for some time, it has been used recently in advocacy arguments for higher health and education spending, arguing that the expenditure will eventually pay for itself through higher returns to human capital. Of particular interest is the point that grants (such as from GAVI or the GFATM) clearly provide more fiscal space than borrowing, but only a sustained and predictable flow of grants can create the potential for scaling-up expenditure on essential programmes. In another paper in 2005, *Pity the Finance Minister: Managing a Substantial Scaling-Up of Aid Flows*, he states that for donors and international financial institutions, greater efforts will be required in ensuring higher long-term predictability of aid and less short-term volatility in the provision of aid, as well as more intensive guidance on macroeconomic, fiscal, and budgetary management, in addition to the existing policy agenda of greater harmonization and alignment of aid practices and policies.

**What can be done to improve ‘absorptive capacity’?**

A check-list of issues to be considered in evaluating a country’s capacity for scaling-up and policy responses that may help countries address constraints of absorption are in the 2004 UK DFID’s *Macroeconomic issues for scaling up Aid flows*. A 2005 paper from the UK Overseas Development Institute ‘Scaling up versus absorptive capacity: challenges and opportunities for reaching MDGs in Africa’ tries to answer the questions: Can poor countries effectively absorb a significant increase in aid flows? What can be done to address absorptive capacity constraints? It concludes with an agenda for action:

- **Do your homework**: donors need to understand the political system of the countries they are working with, and support accountability through domestic institutions.

- **Harmonization and alignment**: addressing the issues of fragmentation, high transaction costs and unpredictability;

- **Careful design of interventions**: Development interventions should be designed taking absorptive capacity constraints into account, rather than assuming that more resources will immediately translate into improved outcomes;

- **Macroeconomic management**: sensible macroeconomic management can deal with the increased aid inflows, but this crucially depends on the nature, scale and speed of such increases. One option is to spend aid resources to import commodities, such as drugs, otherwise investments are required to bring down production costs, such as transport infrastructure.

- **Renewed focus on infrastructure**: this has been overlooked in recent years, in so far as aid resources are concerned.

- **Innovative delivery mechanisms**: Scaling-up efforts should also spur thinking on alternative arrangements, for example, trust funds for countries to draw down from as they gradually relax absorptive capacity constraints, or direct transfers to poor people.
Harmonization and Alignment: the UN role

How is the UN responding?

The overarching document is the Secretary-General’s ‘In Larger Freedom: towards Development, Security and Human Rights for all’ (2005) which outlines the UN priorities for reform. Of particular importance for WHO are the priority areas for action, where health systems are one of seven broad ‘clusters’ for public investment and policies. The report also emphasizes the need for increased financing for development, calling for developed countries to establish a timetable to reach the 0.7 per cent of GNP target, for ‘front-loading’ investment through the International Finance Facility, to have full funding for the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria; sufficient resources provided for an expanded comprehensive strategy of prevention and treatment to fight HIV/AIDS, and immediate action on the ‘Quick Wins’ as outlined in Annex 1. Other priorities for global action include stronger mechanisms for infectious diseases. On strengthening the United Nations, the main focus is the secretariat and the wider UN system, but other priorities include creating better system coherence by strengthening the role of the Resident Coordinators. The Report is based on two influential pieces of work: the Millennium Project Report ‘Investing in Development: A practical Plan to Achieve the MDGs’, led by Jeffrey Sachs, which focuses on recommendations to make progress in reaching the MDGs; and ‘A more secure world: our shared responsibility’, by The Secretary-General’s High-Level Panel on Threats, Challenges and Change.

A useful discussion of the challenges of UN reform at country level can be found in the report of the UN Chief Executives Board, Towards a More Effective UN at Country Level, held at the Greentree Foundation in New York in October 2004. This considers the current problems of fragmentation, the UNDAF and the RC system. It concludes with several action steps covering: Strengthening the role of the UN Resident Coordinator; clarifying the roles of agencies at country level; sharing information more effectively (building on World Bank experience); harmonizing tools and procedures; and preparation of an action plan by UNDG which can monitored in subsequent meetings.

A key resolution made in 2004 on the response of the UN to the harmonization and alignment agenda is the ‘Tri-ennial comprehensive policy review of operational activities for development of the United Nations system (59th Session, Agenda item 90b)’. This focuses on UN work at country level, how it should be funded, its capacities, transaction costs and efficiency, coherence, the CCA/UNDAF, evaluation, regional dimensions, south-south cooperation, gender and the transition from relief to development. It requests the Secretary-General to work with the UN Funds, Programmes and Specialized Agencies to report on how this agenda will be managed, with milestones and timelines for full implementation of the resolution.

The UNDG role

The United Nations Development Group (UNDG) is an instrument for UN reform, created by the Secretary-General in 1997, to improve the effectiveness of UN development at country level. Four UN agencies (UNDP, UNICEF, UNFPA and WFP) are on the Executive Committee and WHO is a member; some agencies, such as the World Bank or OCHA, have observer status. The UNDG statement for the High-Level Forum on Aid Effectiveness in 2005 again emphasizes the need for the UN to work on the agenda agreed in the Paris Declaration. A Letter to all Resident Coordinators from the UNDG Chair in July 2005, further emphasized the key points approved in the Action Plan for the UN Development Group.

On a more practical front, the UNDG guidance on Joint Programming (2003) has been distributed to all WHO country offices. It provides the rationale and description of joint programming, with guidance on how it can take place within the UN as ‘parallel’, ‘pooled’ or ‘pass-through’ funding. A covering WHO UNDG Joint Programming Memo and Annexes on Financing and Programming stress the need to ensure such efforts respond to national needs as expressed in national instruments and the CCS, and are compatible with WHO’s institutional policies. The latest guidance on CCA & UNDAF is included under UNDG: CCA & UNDAF Guidelines for UN Country Teams in 2004.

The UNDP report on UN Reform: Harmonization and Alignment to achieve the MDGs (2005) summarizes the role of the UN at country level (building capacities, being the honest broker, convener and advocate for the MDGs). An Annex supplies a
summary of initiatives taken since the Rome Declaration.

In February 2005, a **UNDG position paper on sector support and sector programmes** ‘The role of the UN System in a changing environment’ was prepared, with coordination provided by WHO. It provides four key functions of the UN Country Team in relation to the development and implementation of a SWAp: Conceptual/Coherence, convening, capacity development and contribution. It emphasizes that contribution is not the factor that defines UN engagement, although there may be some circumstances where a financial contribution through some form of common channel will be appropriate. It then sets out some guiding principles.

**A donor view of the UN**

In early 2005, this paper was prepared by various European donors (the ‘Utstein Group’) on their views on UN reform: *The United Nations Development System - issues for strengthening and change*. The paper was aimed at provoking dialogue, but also made clear proposed actions of this group of ‘like-minded’ donors, which included priorities on multi-annual funding frameworks on the UN Funds and Programmes, improving links between effectiveness and funding, shared analysis of organizations, and articulating concerns on the multilateral development architecture.

**UNAIDS and the ‘Three Ones’**

In April 2004, the consultation on Harmonization of International AIDS Funding brought together representatives from governments, donors, international organizations and civil society. It endorsed the «Three Ones» principles as follows: One agreed AIDS action framework that provides the basis for coordinating the work of all partners; One national AIDS coordinating authority, with a broad based multi-sectoral mandate; and One agreed country-level monitoring and evaluation system. It called on UNAIDS to act as mediator and facilitator in efforts to realize these principles. Progress can be found in the recent (2005) report *The Three Ones in Action: where we are and where we go from here*. In early 2005, leaders of donor and developing-country governments, civil society, UN agencies and other multinational and international institutions agreed to establish a **Global Task Team** to look at how the international community must do more to effectively tackle AIDS in years to come.
Harmonization and Alignment: the response from WHO

WHO, the MDGs and the High Level Forum

The WHO report ‘Health and the Millennium Development Goals’ covers progress towards the health MDGs and makes the case for fully functioning and equitable health systems being a prerequisite for reaching them. It covers the issues related to moving beyond health service delivery and addressing the changing health challenges of the developing world (widening health gaps, complex burden of disease, globalization). It then discusses mobilizing resources (‘Goal 8’), improving the effectiveness of aid for health, and the challenges of tracking progress and measuring achievements. In 2003 the High-Level Forum (HLF) on the Health Millennium Development Goals (MDGs) was established to provide an opportunity for candid dialogue between senior policy makers and identify opportunities for accelerating action on the health-related MDGs. A Summary of Discussion and Action Points from the High Level Forum meeting in December 2004 covered progress in reaching the Health MDGs, an overview of MDG-oriented PRSPs and Sector Strategies, Global Health Initiatives and Partnerships, Human Resources for Health, Health Metrics and Tracking Resource Flows and Health MDGs in Fragile States. The meeting later in 2005 will cover Fiscal Space & Financial Sustainability, Global Health Partnerships & Harmonization, and Fragile States.

Working with the UN at country level

WHO has undertaken various initiatives to improve the harmonization and alignment of its work at country level. As noted above, WHO has already provided guidance on its engagement in the UNDG, in a UNDG Joint Programming Memo (2004) and Annexes on Programming and Financing, and has endorsed many other policy positions circulated by the UNDG. The latest WHO guidelines on the UN Resident Coordinator System and CCA/UNDAF was issued in 2003. It clarifies that working with the UN RC system is intended to improve inter-agency cooperation, and does not prevent WHO Representatives from establishing and maintaining direct relationships with Ministries of Health, or other Ministries in order to promote the basic work of WHO in health matters. It also comments on the existing managerial, financial and planning relationships between WRs and Resident Coordinators. In July 2005, WHO Geneva sent a Memo to all WRs and LOs to update them on the WHO’s response to the Harmonization and Alignment agenda.

World Health Assembly Resolutions

Three recent resolutions, from May 2005, are of particular importance for WHO engagement in the harmonization and alignment agenda and its engagement in the UN Country Team:

- United Nations reform process and WHO’s role in harmonization of operational development activities at country level (WHA 58.25), which includes ensuring that WHO adheres to the agenda in the Rome and Paris Declarations. It requests the DG to report on progress at the 59th World Health Assembly.

- Accelerating the achievement of the internationally agreed health-related development goals including those contained in the Millennium Declaration (WHA 58.30) which requests the DG to develop a WHO strategy for the MDGs, whilst heightening the impact of the UN Country Team, harmonizing and coordinating procedures within the UN, and improving alignment around national priorities.

- International Health Regulations (WHA 58.55): Under the revised regulations, countries have much broader obligations to build national capacity for routine preventive measures as well as to detect and respond to public health emergencies of international concern. WHO country offices around the world, together with the Global Outbreak Alert and Response Network (GOARN), provide operational support to countries in identifying and responding to disease outbreaks.

Integrated WHO Policy Briefs

WHO aims to develop a series of ‘integrated’ WHO Policy briefs to assist with health sector policy dialogue at country level. The first set of these was prepared in conjunction with the 2005 World Health Report ‘’. These covered:

- Make Every Mother and Child Count: An Overview
WHO Harmonization and Alignment: Key Resources

- Integrating maternal, newborn and child health programmes
- Rehabilitating the workforce: the key to scaling up MNCH
- Access to care and financial protection for all
- Working with civil society organizations

WHO, Sector Wide Approaches & PRSPs

In response to demands expressed by WHO Representatives and Liaison Officers, draft guidance is being prepared on WHO engagement in Sector Wide Approaches. As with the UNDG guidance, this will emphasize the importance of full WHO engagement. This may be with financial contribution to a common funding mechanism, but preferably not in most cases. An analysis of the health content of Poverty Reduction Strategies, with a discussion on how this might be improved, is available in the 2004 PRSPs: Their significance for Health: second synthesis report.

Global Health Partnerships

WHO and the GFATM

In collaboration with regional and country offices, a Guidance paper on Global Fund to fight AIDS, Tuberculosis and Malaria related activities in WHO was updated in 2005 to assist with Round 5 proposal preparations (also available as a French Version). The GFATM has prepared documentation to assist in the functioning of GFATM work at country level (which is updated with each round) as follows:

- GFATM 5th Round Proposal Form
- Annex A: Impact, outcome and coverage indicators
- Annex B: Green Light Committee Application
- Guidelines for Round 5 Proposals
- Monitoring & Evaluation toolkit: HIV/AIDS, Tuberculosis, and Malaria
- The Global Fund guide on the purpose, structure and composition of the CCMs and requirements for grant eligibility
- Fiduciary Arrangements for Grant Recipients
- Guidelines on performance based funding
- Guidelines for Annual Audits of Program Financial Statements
- Board decisions on procurement and supply management
- Guidelines on the criteria and process for appeals
- Form for internal appeals

WHO and the Global Alliance for Vaccines and Immunization

The Global Alliance for Vaccines and Immunization was formed to harness the strengths and experience of multiple partners in immunization. It is an historic alliance between the private and public sector committed to the mission of saving children’s lives and protecting people’s health through the widespread use of vaccines. Its guidelines consist of:

- Guidelines for country proposals
- Form for proposals support
- Annual report form
- Guidelines for Financial Sustainability Plan

Global Alliance for Improved Nutrition

GAIN’s goal is to contribute by 2007 to the improved nutritional status of at least 600 million people in up to 40 developing countries, primarily through fortification of commonly available and consumed local foods. GAIN’s ‘alliance’ is made up of public and private sector organizations committed to saving lives and improving health through the elimination of vitamin and mineral deficiencies. The key documents for proposal preparation are:

- RFP Guidelines
- Small Grants Application Form
- Small Grants Proposal Format

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This set of documents will be amended and updated over time with the intention of facilitating access to WHO and its partners. Feedback and suggestions are welcome.
Annex 1

Investing in Development: A Practical Plan to Achieve the Millennium Development Goals: The Quick Wins

- Eliminating school and uniform fees to ensure that all children, especially girls, are not out of school because of their families’ poverty. Lost revenues should be replaced with more equitable and efficient sources of finance, including donor assistance.

- Providing impoverished farmers in Sub-Saharan Africa with affordable replenishments of soil nitrogen and other soil nutrients.

- Providing free school meals for all children using locally produced foods with take-home rations.

- Designing community nutrition programs that support breast-feeding, provide access to locally produced complementary foods and, where needed, provide micronutrient (especially zinc and vitamin A) supplementation for pregnant and lactating women and children under five.

- Providing regular annual de-worming to all schoolchildren in affected areas to improve health and educational outcomes.

- Training large numbers of village workers in health, farming and infrastructure (in one-year programs) to ensure basic expertise and services in rural communities.

- Distributing free, long-lasting, insecticide-treated bed nets to all children in malaria-endemic zones to cut decisively the burden of malaria.

- Eliminating user fees for basic health services in all developing countries, financed by increased domestic and donor resources for health.

- Expanding access to sexual and reproductive health information and services, including family planning and contraceptive information and services, and closing existing funding gaps for supplies and logistics.

- Expanding the use of proven effective drug combinations for AIDS, tuberculosis, and malaria. For AIDS, this includes successfully completing the 3 by 5 initiative to bring anti-retrovirals to three million people by 2005.

- Setting up funding to finance community-based slum upgrading and earmark idle public land for low-cost housing.

- Providing access to electricity, water, sanitation, and the Internet for all hospitals, schools, and other social service institutions using off-grid diesel generators, solar panels, or other appropriate technologies.

- Reforming and enforcing legislation guaranteeing women and girls property and inheritance rights.

- Launching national campaigns to reduce violence against women.

- Establishing, in each country, an office of science advisor to the president or prime minister to consolidate the role of science in national policymaking.

- Empowering women to play a central role in formulating and monitoring MDG-based poverty reduction strategies and other critical policy reform processes, particularly at the level of local government.

- Providing community-level support to plant trees to provide soil nutrients, fuel-wood, shade, fodder, watershed protection, windbreak, and timber.
Annex 2:

**Key web-sites on issues related to harmonization and alignment**

http://www.aidharmonisation.org/
http://www.managingfordevelopmentresults.org/
http://www.hlfhealthmdgs.org
http://www.undg.org/
http://www1.worldbank.org/harmonization/
http://www.countryanalyticwork.net
http://www.theglobalfund.org/en/
http://www.vaccinealliance.org/
http://www.gainhealth.org/