Need for concerted action on AIDS responses

Country-specific findings

Joint United Nations Programme on HIV/AIDS

UNAIDS

UNICEF • WFP • UNDP • UNFPA • UNODC
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UNAIDS/04.29E (English original, April 2004)
ISBN: 92-9173-349-0

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Contents

Acronyms

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
CCM	Country Coordinating Mechanism
CIDA	Canadian International Development Agency
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GTZ	German Technical Cooperation
HIV	Human immunodeficiency virus
JSI	John Snow International
MAP	Multi-country HIV/AIDS programme
MoF	Ministry of Finance
MoH	Ministry of Health
NAC	National AIDS Council
NAP	National AIDS Programme
NGO	Nongovernmental organization
NSP	National Strategic Plan
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PRSP	Poverty Reduction Strategic Paper
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UCC	UNAIDS Country Coordinator
USAID	United States Agency for International Development
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WB	World Bank
WHO	World Health Organization

Introduction

This paper provides an overview of country experiences in responding to the significantly increased resources being devoted to the global AIDS epidemic. There has been substantial progress in mobilizing international and national resources. However, there is also a growing recognition of the need for greater coherence and collaboration between donors as they support national governments' efforts to lead effective national AIDS responses.

UNAIDS is therefore promoting a set of basic principles for national AIDS response coordination known as the "Three Ones":

- 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 multi-sector mandate; and
- One agreed country-level monitoring and evaluation system.

The need for harmonization between donors is not in itself a new concept, and in recent years increasing attention has been paid to the need for coherence, cooperation and consistency. However, the scale of the AIDS epidemic and its threat to economic and social development presents a unique challenge. Compatibility, transparency and accountability must be managed within a common strategic framework. The "Three Ones" principles grow out of country experiences documented by UNAIDS, the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The UK Government's "Call for Action" in 2003 also emphasized the importance of greater coordination between donors on AIDS, and it called on UNAIDS to promote these principles.

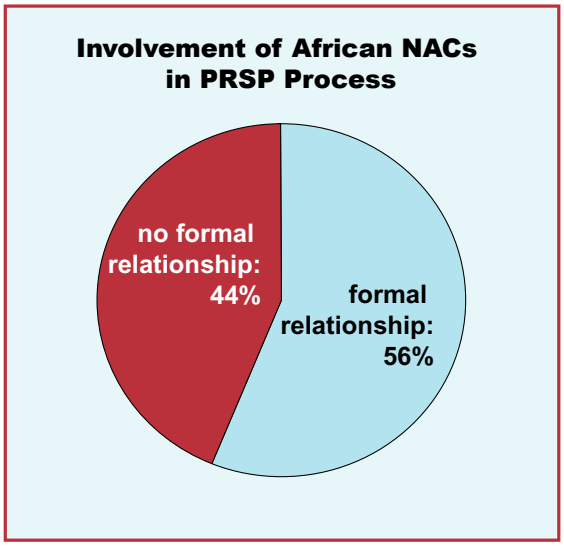
Country Experiences

UNAIDS has undertaken a review of 50 countries to report on individual experiences regarding AIDS response coordination and to assess the scale of the challenge. This paper consists of a global analysis and brief summaries on each country. It is not an exhaustive global review, but a fair sample designed to draw out common concerns and issues. These include:

1. AIDS and PRSPs in Africa

Poverty Reduction Strategy Papers (PRSPs) enable countries to set the overall development framework for financial and technical assistance from the donor community and encourage long-term commitments (from donors and governments) to fight poverty.

Although the link between poverty and HIV/AIDS has been demonstrated in countless studies and is today generally accepted by all stakeholders, the data shows that there is still a need to translate this knowledge into action by incorporating HIV/AIDS into national development policy plans, such as the PRSPs.



Mainstreaming HIV/AIDS into the major development frameworks was declared a priority by the IMF and World Bank at the meeting of their Development Committee in April 2001 and again at the UN General Assembly's Special Session on HIV/AIDS in June of the same year. However, in Spring 2004, there was no formal link between the PRSP and the National Aids Commissions (NACs) in 44% of the African countries surveyed. Even for those countries that reported a link, there are concerns that many may be tenuous at best. Additional analysis done by UNAIDS clearly indicates a need to improve the quality and presentation of HIV/AIDS in the majority of PRSPs.

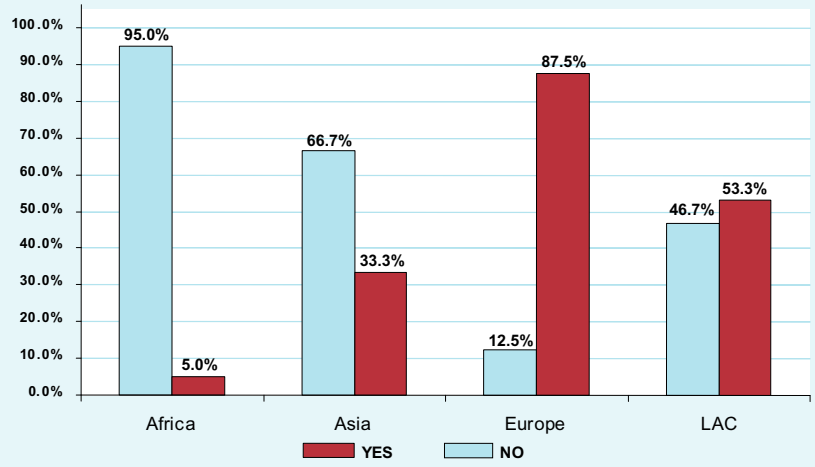
Ensuring adequate accounting for AIDS in PRSPs is not only a question of using the strategy papers to mobilize needed resources. Also important is the need to ensure that strategies to fight AIDS are not being undermined or overlooked by development instruments that outline the major national priorities. National development frameworks, such as PRSPs, provide guidance on priorities for the use of limited resources. Efforts to develop national AIDS strategies risk being undermined if they are not accounted for in key national documents.

2. Human Resources as a Barrier for Implementation

Sufficient human resources is a critical element for implementing effective national responses to the AIDS epidemic. As shown in the graph at right, a lack of qualified health personnel is a serious barrier in sub-Saharan Africa, Asia, Latin America and the Caribbean. In Africa, inadequate health human resources were reported as a major issue in 95% of the responding countries. In Asia, 67% reported such resource difficulties, compared to 47% in Latin America and the Caribbean.

Health Human Resource Constraints

Percentage of responding countries where UNAIDS Secretariat representative indicated a lack of health personnel was a major barrier to the national AIDS response

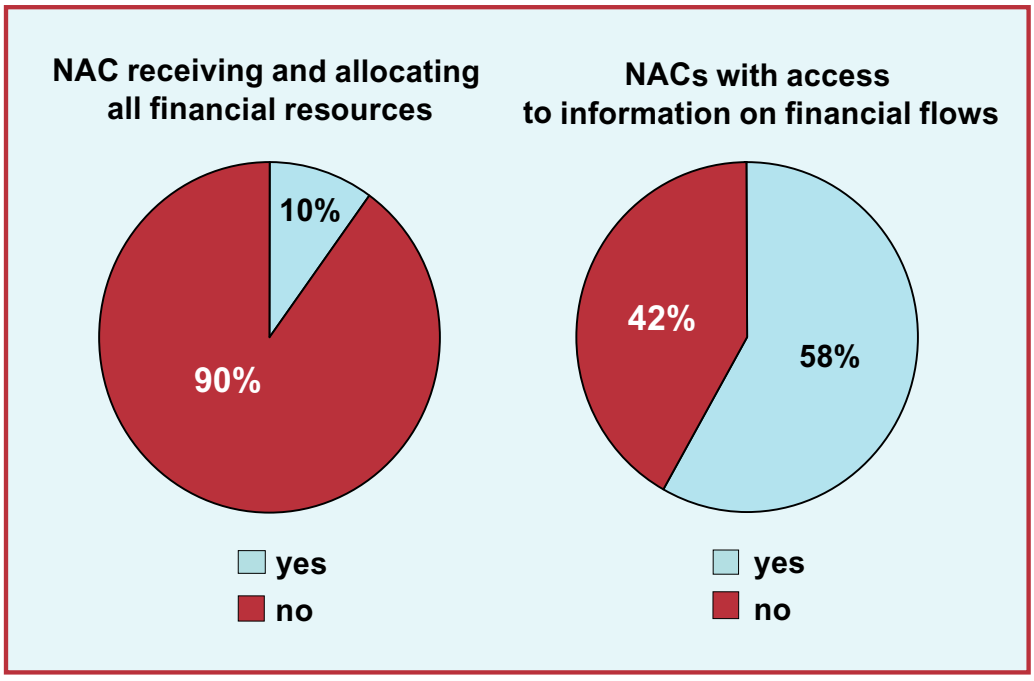


Southern Africa has a growing problem of human resource capacity, which is now significantly impacting the ability of the region's governments to deliver vital public services. There are various causes of this crisis, from migration of key staff from public to private sectors, migration abroad and the deadly impacts of the AIDS epidemic itself. The loss of human capacity to AIDS can be seen in two inter-related areas. First, AIDS deaths undermine the ability of countries to deliver basic social services by weakening staff in social services. Second, the increased needs of HIV-positive people or people struggling with AIDS require an increase in social-service resources, and third, weakened capacity jeopardizes a country's ability to utilize the greatly increased resources now being mobilized to mount effective responses to the growing epidemic.

In order to maximize the collective efforts of donors and national governments in responding to capacity crises, it will be important to develop coherent approaches that balance the diversity of initiatives with the need to manage an overall strategy. Moreover, public policy debates need to lead to clear decisions about how investments in long-term strategies for strengthening public service human capacity – through civil service reform, for example – can be balanced with the urgent need to fight AIDS and medium-term national budget frameworks. Just as the AIDS response in general should be mainstreamed in PRSPs, these develoment strategy frameworks must also specifically address the capacity gap issue.

3. NACs & Financial Resource Flows: Information & Control

Although NACs are created to lead the fight against HIV/AIDS, only a small proportion – about 10% – have full control over resource allocation. Of much greater concern is that 42% of NACs do not have complete access to information on financial flows. Without this information, it is almost impossible to set priorities between prevention, care and treatment, and to focus resources on key populations. NACs also need financial flow information if they are to preserve the additionality of AIDS funding and respond to needs for technical assistance in an effective manner. Complete financial information is also required in the development of an acceptable proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria.



There is a risk that a lack of financial information and the resulting inability to monitor financial flows will encourage donor/resource-driven approaches, jeopardizing countries' ownership of the national response, and thus threatening its sustainability. There is an urgent need to strengthen the role and authority of NACs. In order to effectively play their mandated role of coordinating the national response to the AIDS epidemic, they need full knowledge and information concerning both internal and external resources.

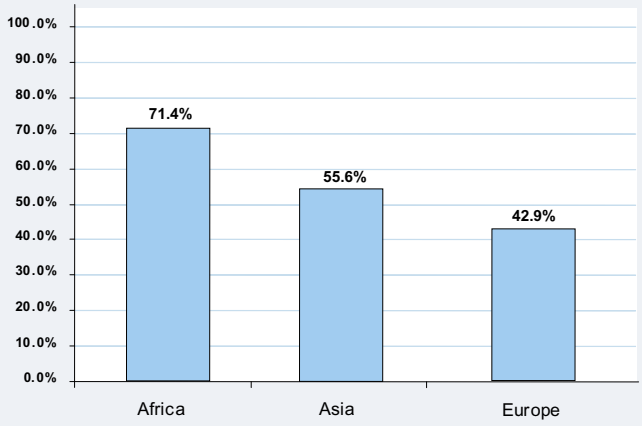
4. Relationship of NACs with Bilateral Agencies

Too often, bilateral agencies fail to work closely with NACs, perhaps as a result of a project-based approach which privileges relationships with implementing partners without paying sufficient attention to the broader context. On this issue, bilaterals appear to be making the greatest efforts in Africa. In the countries surveyed by UNAIDS, 71% of African NACs had formal links with bilaterals, but in Asia these links were only established with 56% of NACs, and in Europe only 43% of NACs. The significantly higher percentage in sub-Saharan Africa is due to the relatively stronger position held by NACs and their longer existence in this part of the world.

Bilateral recognition of NACs and regular dialogue reinforces their ability to play a convening role with internal and external partners and act as a true national coordinating body. Bilateral support to NACs also increases their capacities to guide the creation of a national monitoring and evaluation system and produce strategic information. Overall, attention needs to be paid to implementation mechanisms – through rapid monitoring and evaluation as well as technical assistance – to ensure that relationships are being translated into effective complementary actions on the ground.

Relations between NACs and Bilaterals

Percentage of responding countries where UNAIDS Secretariat representative indicated a formal relationship existed between the NAC and bilateral donors



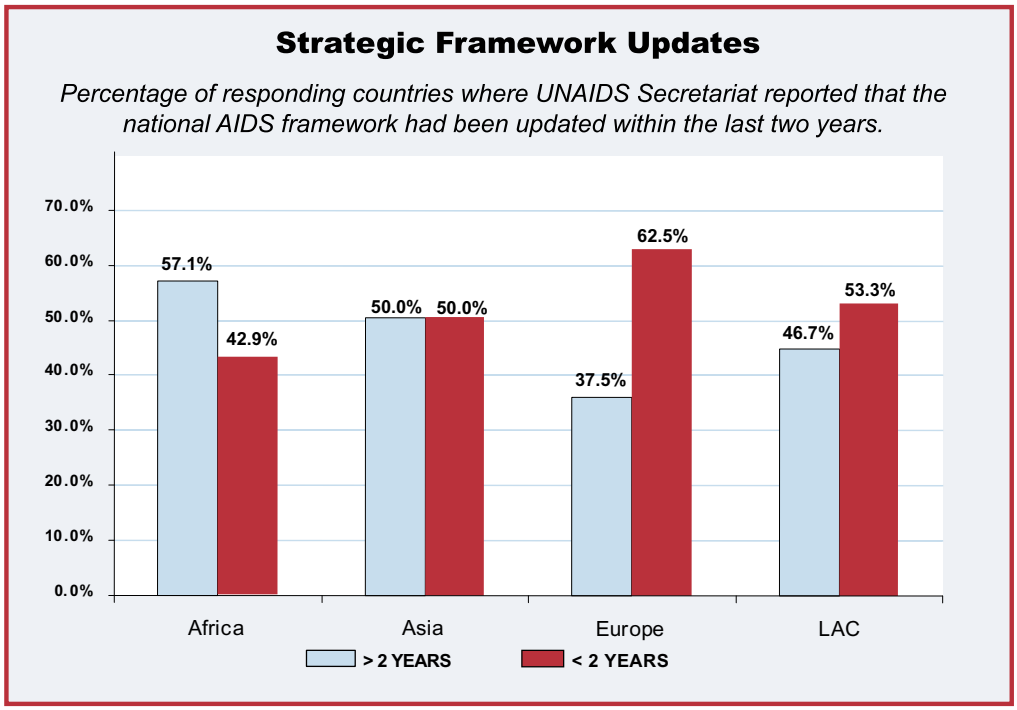
In the broadest terms, NACs appear to work together with Global Fund Country Coordinating Mechanisms (CCMs) in the majority of countries surveyed – 90% in Africa, 89% in Asia and 83% in Europe. However, the nature and quality of this relationship differs considerably from country to country, as has been shown by various case studies presented at a January 2004 meeting of UNAIDS and the Global Fund.

5. Updating Strategic Frameworks

A National Action framework is the basis for an effective national response. The framework – often referred to as a national strategic HIV/AIDS plan – defines national priorities, the role of various actors and resource mobilization modalities. Given the dramatic changes over the last two years – in particular the increased international availability of resources and the reduced drug prices that make treatment more accessible – plans must be updated in a rapid and participatory manner to ensure their relevance to governments and partners in ongoing programming.

Although all countries reviewed have a national strategic framework, a significant proportion in each region (57% in Africa, 50% in Asia, 38% in Europe, and 47% in LAC) had not updated their frameworks within the last two years. Failure to review and update a strategic framework may result in duplication and lack of harmonization as national priorities and other elements of the response may not be adhered to.

It is important, therefore, to advocate for and support inclusive, multi-party reviews of the existing national action framework, affirm its centrality to all stakeholders, identify necessary steps to update the framework and adapt programmes and projects where there may be lack of compatibility.



6. Major Trends

The country-by-country summaries contained in this report have also highlighted the following trends:

Significant increase in players and service providers. While this clearly is a highly positive development, one unintended side-effect is the increasing difficulty for countries to audit the services that are being provided, who is providing them and the gaps that exist.

Emergence of different ad hoc strategies, resulting from the lack of overall national coordination strategy. Countries report that they are reduced to responding to individual donors, rather than proactively developing strategies appropriate to their national setting. In addition, the absence of a national coordination strategy hampers the efforts of donors to maximize their own investments. A particular issue is the provision of treatment. Where national strategic plans do exist, they tend to not include treatment-specific approaches which are now increasingly at the forefront of donor priorities, because the plans themselves were developed in the 1990s when treatment was not a feasible option. The problem can extend to countries having to manage a range of procurement mechanisms, with drugs coming from different sources with different languages and even in differing doses, making it extremely difficult to manage consistent supply and encourage adherence – a key prerequisite in the provision of antiretroviral therapy.

Duplication of reporting and monitoring and evaluation requirements. Countries report that they must meet a separate set of reporting requirements for individual donors, which imposes a heavy administrative burden on recipient countries, many of whom are already hit by human capacity crises in key sectors caused in part by the AIDS epidemic itself. Additionally, countries are experiencing an increase in programming visits from individual external partners. These visits often duplicate efforts, further tying up precious national capacity. Of additional concern, some of these visits are not made with the national strategic AIDS plan in mind.

Africa

Country-specific findings

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Angola

One AIDS Action Framework

1. Programming

- Strategic Framework 2003-2008, updated.
- 30 to 40 planning/programming missions by donors/partners, some duplication.
- Donor programming compatible with AIDS Action Framework.

2. ART rollout

- National AIDS treatment and care plan updated, runs from 2003–2005.
- About 15 planning missions on ART, some duplication. Programming compatible with AIDS Action Framework and AIDS Treatment and Care Plan.
- Angolan government very interested in partnerships to help scale up care programmes for PLWHA.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical Doctors: 10-15%
  - Registered Nurses: approximately 40%
  - Auxiliary Nurses: approximately 60%
- Lack of trained health personnel, very low salaries.
- No mechanism for dealing with harmonizing incentives and salaries, NGO sector.
- No mechanism for dealing with licensing, standards and norms.
- No mechanisms for retaining staff in public sector.
- Existing mechanism for coordinating technical assistance.

4. Procurement

- No central medical store.
- Existing national regulatory authority for pharmaceuticals that does not function properly.
- No supply chain ensuring continuity in supplies.
- Project in partnership with ARV drug company for ARV procurement.
- ARVs free, subsidized by government.
- No conflicting policies between different partners.

One AIDS Authority

1. Focus on management and allocation of resources

- The National AIDS Commission was created 18 months ago and does not yet have managerial and M&E capacities. This is one of the challenges for the UN and donors.

2. Focus on the relationship to other partners and arenas

- No formal relationships to coordinating mechanism for PRSP, to CCM, bilateral initiatives, to national NGO partnerships, or to national private-sector partnerships. There is a formalized relationship to the UN Theme Group.

National Ownership and Political Leadership

- The NAC does not yet have the capacity to coordinate and manage the national response but it is actively used by national authorities as tool for concerted action against AIDS.

  With technical support from the international community, a process has started to define formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector.

Benin

One AIDS Action Framework

1. Programming

- Strategic Framework 2001-2005, review planned 2004.
- 20 planning/programming missions by donors/partners.
- Donor programming compatible with AIDS Action Framework. No duplication.

2. ART rollout

- National AIDS treatment and care plan updated.
- Six planning missions on ART, no duplication.
- Two initiatives on ART launched by ESTHER and GFATM, compatible with AIDS Action Framework and Treatment and Care plan.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical Doctors: 35%
  - Registered Nurses: 50%
  - Health Aides: 60%
- Public recruitment is currently blocked and lack of health personnel is a major barrier to providing effective AIDS action.
- There are mechanisms for dealing with harmonizing incentives and salaries with the NGO sector and for coordinating technical assistance.

4. Procurement

- In process of establishing recognized national system of procurement.
- Central medical store available.
- National regulatory authority for pharmaceuticals.
- Supply chain ensuring continuity in supplies.
- No systems for procurement of ARVs separate from regular national procurement system, except for pharmacists in the private-sector.
- Some conflicting policies between different partners. Some initiatives charge, others don't. Initiatives not well coordinated but process now in place to harmonize access to ARVs and establish national plan in context of 3 by 5 initiative.

One AIDS Authority

1. Management and allocation of resources

- The National AIDS Council does not receive and allocate all external finance for HIV/AIDS, nor is it the central body managing information about external finance. Coordination is not efficient. It has no formal reporting lines to the Ministry of Finance, nor does this ministry set budget ceilings for financial flows into the country for the AIDS response, though it may participate in the budgetary exercise.

2. Focus on the relationship to other partners and arenas

- NAC has formal relationship to coordinating mechanism for PRSP; to CCM and bilateral initiatives; to national NGO and private-sector partnerships, and to the UN Theme Group.

National Ownership and Political Leadership

- NAC is actively used by national authorities as tool for concerted action against AIDS.
- Though not very strong, NAC is the tool for coordinating external partners in the AIDS response.
- With National AIDS Control Programme NACP NAC is the tool for coordinating the civil society and private-sector partners in AIDS response.
- NAC is actively used by all political parties and interest groups to enable an effective response.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are clearly defined but not in concrete actions at country level. Leadership comes from Ministry of Health.

Botswana

One AIDS Action Framework

1. Programming

- Strategic Framework 2003-2009, updated.
- About nine planning/programming missions by donors/partners.
- Donor programming not always compatible with AIDS Action Framework. Some situation analyses of ART provision and PMTCT, others specific to donor programmes. Some duplication.

2. ART rollout

- National AIDS treatment and care plan currently under review.
- Seven to ten planning/programming missions on ART, considerable duplication.
- Programming compatible with AF and AIDS treatment and care plan.

3. Human Resources

- Figures unavailable for proportion of staff posts in government health services filled but lack of health personnel is the most critical barrier to providing an effective AIDS action.
- There are mechanisms for dealing with coordination of scarce human resources for health and AIDS action; for dealing with licensing, standards and norms, and for coordinating technical assistance. There are no mechanisms for harmonizing incentives and salaries with the NGO sector or for retaining public sector staff.

4. Procurement

- There is a recognized national system of procurement recognized by donors.
- Central medical store available.
- National regulatory authority for pharmaceuticals.
- Supply chain ensuring continuity in supplies.
- Systems for procurement of ARV separate from regular national procurement system; the private-sector procures cheaper drugs directly from source.
- The public sector provides free drugs. People using the private-sector pay themselves or through insurance.
- Some conflicting policies between different partners. The government regimen is too expensive to be sustained by the private-sector. A main source of conflict is that many patients are switching from the private to the government sector. The government would prefer the private-sector to use similar regimens to theirs to avoid complications when patients do switch sectors.

One AIDS Authority

1. Management and allocation of resources

- The National AIDS Coordinating Agency does not receive and allocate **all** external finance for HIV/AIDS, but it receives a considerable amount of external finance which it channels to NGOs. It is the central body that manages information about external finance. It has formal reporting lines to the Ministry of Finance that sets (not very rigid) budget ceilings for financial flows into the country for the AIDS response for the public sector but not for the NGO or private-sector.

2. Focus on the relationship to other partners and arenas

- NACA has a formal relationship to the CCM (the NACA's National AIDS Council Secretariat also serves as the CCM Secretariat) and bilateral initiatives; to national NGO partnerships, that it funds; to private-sector partnerships that it helped establish, and to the UN Theme Group. It doesn't have a formalized relationship to the coordinating mechanism for PRSP.

National Ownership and Political Leadership

- NAC is actively used by national authorities as tool for concerted action against AIDS.
- NAC is the tool for coordinating external partners in the AIDS response, and the civil society and private-sector partners in the AIDS response.
- NAC is actively used by all political parties and interest groups to enable an effective response.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are on the whole clearly defined.

Burkina Faso

One AIDS Action Framework

1. Programming

- Strategic Framework 2001-2005, midterm review planned for 2004.
- No planning/programming missions by donors/partners since 2001.

2. ART rollout

- National AIDS treatment and care plan has been updated.
- There have been at least three missions on ART, not compatible with the AIDS Action Framework nor with the treatment and care plan. Some duplication.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 30%
  - Registered nurses: 60%
  - Health aides: 70%
- The majority of doctors and midwives are in two towns. There is one doctor for 29,250 people; one nurse for every 8,143 people.
- The lack of health personnel is a major barrier to an effective AIDS response.
- There are mechanisms for harmonizing incentives and salaries, and for coordinating technical assistance.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- A national system for procurement is being developed.
- All ARVs are imported through the same system as other drugs. The Private-sector pharmacists have their own procurement system.
- The public, NGO and private-sectors have separate systems for user fees and drug charges though the public and NGO are very similar.
- There are some conflicting policies between different partners regarding user fees and drug charges. Some initiatives offer free drugs, others charge. There is little harmonization.

One AIDS Authority

1. Management and allocation of resources

- The NAC is not the central body that receives and allocates all external finance for the AIDS response but it does receive and allocate finances for part of the response.
- NAC does manage information about all external finance for AIDS in the country.
- The NAC has no formal reporting lines to the Ministry of Finance.
- This Ministry does not set budget ceilings for financial flows into the country from any sector.

2. Focus on the relationship to other partners and arenas

- The NAC does have a formalized relationship to the coordinating mechanism for PRSP.
- It has a formalized relationship with the CCM.
- It has a formalized relationship to a few bilateral initiatives, to national NGO partnerships, to national private-sector partnerships and the UN Theme Group.
- Donors have to support the same vision as UN partners and could help the NAC take the lead.

National Ownership and Political Leadership

- NAC is actively used by national authorities as tool for concerted action against AIDS.
- NAC is the tool for coordinating external partners, and for coordinating the civil society and private-sector partners in the AIDS response.
- NAC is not actively used by all political parties and interest groups to enable an effective response.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are clearly defined in theory but not always in practice.

Burundi

One AIDS Action Framework

1. Programming

- Strategic Framework 2002-2006, not updated.
- Six planning/programming missions by donors/partners, some duplication.
- Donor programming not compatible with AIDS Action Framework.

2. ART rollout

- National AIDS treatment and care plan has not been updated in the last two years.
- There has been one WHO mission on ART for the 3 by 5 initiative.

3. Human Resources

- Figures unavailable for proportion of staff posts in government health services filled but lack of health personnel is the most critical barrier to providing effective AIDS action. Very low salaries have led to a brain drain from the country.
- ACTION-AID – Support to the International Partnership Against AIDS in Africa (SIPAA) and a few NGOs have financed some human resources.

4. Procurement

- The Ministry of Health's unit for the fight against HIV/AIDS ensures the procurement of ARVs, separately from other medications.
- Other procurement systems operate through the Ministry of Defence, NGOs through the Ministry of Health's unit or a private pharmacy. Only one private pharmacy can provide ARVs.
- The public sector provides free drugs also the GFATM project. The BRARUDI brewery provides free ARVs to its workforce. Within the UN system only UNDP personnel have a right to free ART.

One AIDS Authority

1. Management and allocation of resources

- The National AIDS Commission is the central body that manages information about external finance, and it receives and allocates finance for part of the country's AIDS response. It has formal reporting lines to the Ministry of Finance. This Ministry does not set budget ceilings for financial flows into the country for the response.

2. Focus on the relationship to other partners and arenas

- The NAC has a formalized relationship to the coordinating mechanism for PRSP; to the CCM and bilateral initiatives; to national NGO partnerships and private-sector partnerships, and to the UN Theme Group.

National Ownership and Political Leadership

- NAC is actively used by national authorities as tool for concerted action against AIDS.
- NAC is the tool for coordinating external partners, the civil society and private-sector partners in the AIDS response.
- NAC is actively used by all political parties and interest groups to enable an effective response.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are very clearly defined.

Cameroon

One AIDS Action Framework

1. Programming

- Strategic Framework 2000-2005, not yet updated. The government has asked UNAIDS for assistance in reviewing the framework.
- About 25 planning/programming missions by donors/partners, no duplication.
- Donor programming compatible with AIDS Action Framework.

2. ART rollout

- National AIDS treatment and care plan has not been updated in the last two years.
- There have been approximately four missions on ART. Compatible with the AIDS Action Framework. No duplication.

3. Human Resources

- Figures as yet unavailable for proportion of staff posts in government health services filled; they should be available at the end of 2004. The lack of health personnel puts some constraints on providing effective AIDS action but there is also a need to train those who are already working on this.
- There is no coordination of human resources for health and activities to combat HIV/AIDS.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- There is only one system for the supply and distribution of ARVs.

One AIDS Authority

1. Management and allocation of resources

- The National AIDS Commission is the central body that receives and allocates all external finance for the AIDS response. It manages information about external finance, though the body that does this lies within the Ministry of Finance. It receives and allocates finance for part of the country's AIDS response, for the funds from PPTE and MA (IDA). It has formal reporting lines to the Ministry of Finance. This Ministry does not set budget ceilings for financial flows into the country for the response.

2. Focus on the relationship to other partners and arenas

- The NAC has a formalized relationship to the coordinating mechanism for PRSP; to the CCM and bilateral initiatives; to private-sector partnerships, and to the UN Theme Group, but not to national NGO partnerships.

National Ownership and Political Leadership

- NAC is actively used by national authorities as tool for concerted action against AIDS.
- NAC is the tool for coordinating external partners, but not for coordinating the civil society and private-sector partners in the AIDS response.
- NAC is actively used by all political parties and interest groups to enable an effective response.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are not clearly defined.

Democratic Republic of Congo

One AIDS Action Framework

1. Programming

- Strategic Framework 1999-2008, not updated. The government and all partners acknowledge the need to update the framework which is currently MoH centred rather than multisectoral (so not entirely compatible with donor programming).
- About six planning/programming missions by donors/partners, no duplication.

2. ART rollout

- There is no National AIDS treatment and care plan but there is a national guideline on care and treatment published by the national AIDS programme. Recent assessment conducted within the MAP process has revealed some shortcomings in the implementation of universal care and treatment principles, especially with regard to ARV treatment.
- There have been three missions on ART. Compatible with the AIDS Action Framework. No duplication.
- There are virtually four plans on care and treatment – MAP, GFATM, MSF/Belgique and the private-sectors with GTZ.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: less than 0.5%
  - Registered nurses: less than 3%
- Due to the war it is difficult to provide updated figures on human resources in health and social services. The lack of health personnel is a major barrier to providing effective AIDS action; they do exist but are not all used because of the lack of financial resources.
- There is no mechanism for dealing with harmonizing incentives and salaries; for licensing, standards and norms, or retaining public sector staff. The Ministry of Planning and Cooperation and the MoH department of planning and study coordinate technical assistance. A public-sector reform that includes human resources management is being initiated with the support of the EU.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- A national policy for the provision of essential drugs is being implemented; it includes ARVs and drugs for opportunistic infections.

- There are different systems for the supply and distribution of ARVs. The public sector system is linked to CIPLA through a local agency (GSS). NGOs and the private-sector have different supply mechanisms – two for NGOs and two for the private-sector.
- The public sector charges US$30 per month as does the private-sector. NGO charges vary between US$30 and US$120.
- There are conflicting policies between different partners regarding fees and drug charges. Although the government system is followed by all stakeholders, there are still many informal and clandestine systems which account for different pricing. The government is unable to control the sector.

One AIDS Authority

1. Management and allocation of resources

- The National AIDS Commission has just been created by presidential decree. Its mandate includes management and allocation of funding. However the mechanism to do this still has to be defined. An institutional audit has just been conducted with support from UNAIDS, UNDP and WFP to guide the decree's implementation. So as yet the NAC is not the central body that receives and allocates all external finance for the AIDS response, manages information about external finance, or receives and allocates finance for part of the country's AIDS response. It has no formal reporting lines to the Ministry of Finance. No funding policy has yet been defined, but the newly adopted government budget includes a budget line for HIV/AIDS for the first time despite the context of war.

2. Focus on the relationship to other partners and arenas

- The NAC has a formalized relationship to the coordinating mechanism for PRSP; to the CCM and bilateral initiatives; to private-sector partnerships, and to the UN Theme Group, but not to national NGO partnerships.

National Ownership and Political Leadership

- NAC is not yet actively used by national authorities as tool for concerted action against AIDS because it is so new.
- External partners are poorly represented in the new NAC, but civil society and private-sector partners are represented.
- The definition of formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities is the aim of the ongoing institutional audit.
- The partnership forum within the expanded Theme Group is planned to compensate for the poor representation of external partners in the NAC.
- MAP is a good opportunity to ensure an accelerated implementation of Three Ones if WB colleagues cooperate properly with UCC and the UN Theme Group.

Egypt

One AIDS Action Framework

1. Programming

- There is no multisectoral National Strategic Programme. The National AIDS Programme's strategy runs from 2001 to 2005.
- there are about eight planning/programming missions by donors/partners, considerable duplication because of lack of coordination with other partners and donors.

2. ART rollout

- There is no ART plan and ARVs are not available. Treatment of opportunistic infections takes place in the general infectious diseases hospitals across the country There have been three missions on ART. Compatible with the AIDS Action Framework. No duplication.
- There are has been one WHO mission to assess the feasibility of scaling up ART.
- There is a need to strengthen current treatment of PLWHA, including more international and national attention to this.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 8.8 physicians per 10,000 people
  - Registered nurses: 13 per 10,000 people
- The lack of health personnel is a major barrier to providing an effective AIDS action. There is a major lack of heath personnel (across all specialties and sectors) trained to work with PLWHA but it is hoped the introduction of the 3 by 5 initiative will help to remedy this. Also the NAP in the Ministry of Health is understaffed.
- There is no mechanism for dealing with harmonizing incentives and salaries but there are mechanisms for licensing, standards and norms, retaining public sector staff and dealing with coordinating technical assistance (but none specifically for HIV/AIDS).

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- No ART available except through some private pharmacies that import the drugs for private individuals.

One AIDS Authority

- There is no one national AIDS body but the NAP within the MoH.

1. Management and allocation of resources

- The NAP receives all national resources, mainly from external funders, allocated to HIV/AIDS. The expanded UN Theme Group that includes the NAP and key international players, coordinates resource allocation and implementation.

2. Focus on the relationship to other partners and arenas

- As there is no NAC, the expanded UN Theme Group has a formalized relationship with the coordinating mechanism for PRSP; the CCM and bilateral initiatives; national NGO partnerships and private-sector partnerships, and some private-sector partners.

National Ownership and Political Leadership

- The expanded Theme Group attempts to coordinate external partners in the response, as well as civil society and the private-sector. It is pushing for the creation of the NAC, which should be achieved by the end of 2004.

Ethiopia

One AIDS Action Framework

1. Programming

- AIDS Action Framework 2004-2005, updated.
- Seven planning/programming missions by donors/partners, some duplication.

2. ART rollout

- ART plan started recently and there is a plan to revise the guidelines. There have been three missions on ART, not compatible with the AIDS Action Framework nor the treatment and care plan. One (3 by 5) met with various partners and explored how to work within national policies. PEPFAR was more fixed in its programmes and interventions and had little time to collaborate with the slowly evolving care/treatment policy. Some duplication of missions.

3. Human Resources

- There is no readily available data on health personnel. Anecdotal information says that MoH at federal level has many vacant positions, about 27% of the technical staff positions not filled.
- The lack of health personnel is a major barrier to providing an effective AIDS action.
- There is a mechanism for dealing with the coordination of scarce human resources for health and AIDS action – staff training and development, mobilization of community workers and national capacity development as an official priority.
- There is no mechanism for dealing with harmonizing incentives and salaries nor for retaining staff in the public sector. But there are mechanisms for licensing, standards and norms, and dealing with coordinating technical assistance.

4. Procurement

- The Drug Administration and Control Authority is the national procurement system for the heath system recognized by donors. It works for the public and private-sectors as well as NGOs
- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units. This chain is weak because of problems of storage, transport and unsatisfactory inventory. Proposals to improve this are being prepared.
- Four private pharmaceutical suppliers have been identified to import ARVs.
- There is ARV treatment on payment basis but there is work under way to revise this for people who cannot pay. Two NGOs are providing free ARV treatment in two regions.

One AIDS Authority

1. Management and allocation of resources

- The HIV/AIDS Prevention and Control Office (HAPCO) is the main recipient of external funds and is responsible for interacting with external partners/donors. With new funds available for care and treatment, MoH will have increased responsibility.
- HAPCO reports to the Ministry of Finance and Economic Development. There is no ceiling set for money coming in for the HIV/AIDS response. The only requirement is reporting on and being accountable for funds received.

2. Focus on the relationship to other partners and arenas

- HAPCO has a formalized relationship with the coordinating mechanism for PRSP; the CCM and bilateral initiatives; national NGO partnerships and private-sector partnerships, and some private-sector partners.

National Ownership and Political Leadership

- HAPCO is actively used by national authorities as its tool for concerted action against AIDS, for coordinating external partners in the AIDS response, for coordinating civil society and private-sector in the response. But it is not actively used by all political parties and interest groups to enable an effective and vigorous response. It has clear visibility as the coordinating body for the national response but its authority to act and its level of responsibility on many issues are unclear.
- The formal roles and responsibilities between the multisector and multistakeholder NAC and the sector ministry are not clearly defined. Given the senior level of political leadership at the sector ministries, the leadership of HAPCO has little political weight. Its leadership by MoH is a limitation.

Ghana

One AIDS Action Framework

1. Programming

- Strategic Framework 2001-2005.
- Over six planning/programming missions by donors/partners.
- Donor programming compatible with AIDS Action Framework.

2. ART rollout

- National AIDS treatment and care plan has been updated to scale up 2005 ART target from initial 6000 PLWHA to 29,000 in line with 3 by 5 country-specific targets.
- There have been more than three missions on ART. Compatible with the AIDS Action Framework and treatment and care plan. Some duplication.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 69% nationwide (70% urban centres)
  - Registered nurses: 74% nationwide (82% urban centres)
  - Auxiliary nurses: 79% nationwide (80% urban centres)
  - Health aides: 100% nationwide (100% urban centres)
- The brain drain of Ghanaian health professionals has resulted in a shortfall of personnel supporting service delivery.
- There is a mechanism for harmonizing incentives and salaries, with the NGO sector; for licensing, standards and norms; for retaining staff in the public sector, and coordinating technical assistance. Discussions are under way for budget support.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- A decentralized system of supply has been adopted by MoH. Supply is based on needs at each level in addition to one month, three months and six months minimum stock level for district, regional and national levels respectively.
- The MoH is the sole agent for procuring ARVs, by international tender based on the National AIDS Control Programme estimates. Both the public and private-sectors are expected to procure ARVs from the MoH's Central Medical Store, when the new ARV procurement management policy becomes fully operational. Currently, the private-sector procures ARBs directly through established international NGOs like PHARMACCESS.

- ART substantially subsidized by government with GFATM support. PLWHA pay about US$70 per annum. NGOs charge same rate as public sector. Cost of user fees and charges in private-sector estimated at US$1500 per annum.
- It is hoped that private practitioners will access drugs from MoH in future and thus charge same subsidized fees as public sector.

One AIDS Authority

1. Management and allocation of resources

- The National AIDS Commission deals with management and allocation of financial resources for the AIDS response but not all external finance. It manages information about all external finance for AIDS in the country. Discussions among donors for 'basket funding' for HIV/AIDS are under way.
- The NAC has formal reporting lines to the Ministry of Finance. This ministry does not set budget ceilings for financial flows into the country for the response.

2. Focus on the relationship to other partners and arenas

- The NAC has a formalized relationship to the coordinating mechanism for PRSP; to the CCM and bilateral initiatives; to national NGO partnerships, and to the UN Theme Group. A formalized relationship with national private-sector partnerships is being developed.

National Ownership and Political Leadership

- NAC is actively used by national authorities as tool for concerted action against AIDS.
- NAC is the tool for coordinating external partners, and for coordinating the civil society and private-sector partners in the AIDS response.
- NAC is actively used by all political parties and interest groups to enable an effective response.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are not clearly defined.
- The NAC has the sole responsibility for coordinating and supervising all sectors within the response. Ministries are considered as sectors within the national response and each one plays their part within their specific mandate. The MoH is considered as the lead implementer of all the health related aspects but above all as the institutional memory of Ghana's response since the 1980s.

Guinea

One AIDS Action Framework

1. Programming

- Strategic Framework 2003-2007, not updated.
- 22 planning/programming missions by donors/partners, no duplication.
- Donor programming compatible with AIDS Action Framework.

2. ART rollout

- National AIDS treatment and care plan runs from 2003 to 2007.
- There have been three missions on ART. Compatible with the AIDS Action Framework but not with the treatment and care plan. No duplication.
- A 3 by 5 proposal has been sent to the GFATM.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 50-60% nationwide (100% urban centres)
  - Registered nurses: 30% nationwide (100% urban centres)
  - Auxiliary nurses: 50-60% nationwide (90% urban centres)
  - Health aides: 10% nationwide (20% urban centres)
- Lack of health personnel is a major barrier to an effective AIDS response. There is inequality of management and allocation of human resources between the capital city and other parts of the country, and between urban and rural areas. There are not enough health workers to implement the VCT, MTCT and AIDS treatment and care programmes.
- There is no mechanism for dealing with the coordination of scarce human resources for health and AIDS action. There are no mechanisms for harmonizing incentives and salaries, with the NGO sector; for licensing, standards and norms, or for retaining staff in the public sector. There is one for coordinating technical assistance. There are plans for the training for health staff in public and private-sectors in various programmes, and standards and norms are under development.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- There is no well-recognized system of procurement. There is insufficient quality control, weak capacity management, supplies frequently out of stock, poorly performed procurement and poor distribution chains.

- The NAC and MoH are choosing an agency for ARV procurement. Some private companies use their own system of procurement.
- No user fees or drug charges.
- No conflicting policies between different partners regarding user fees and drug charges.

One AIDS Authority

1. Management and allocation of resources

- The National AIDS Commission deals with management and allocation of financial resources for AIDS response but not all external finance. It manages information about all external finance for AIDS in the country. The NAC coordinates the national response but other authorities like the GFATM's CCM coordinate the programme against AIDS, TB and malaria.
- The NAC has no formal reporting lines to the Ministry of Finance. This ministry does set budget ceilings for financial flows into the country for the response for the pubic sector (except from MAP) but not for the NGO or private-sectors.

2. Focus on the relationship to other partners and arenas

- The NAC has no formalized relationship to the coordinating mechanism for PRSP.
- It is a member of the CCM.
- It has effective coordination with partners in bilateral initiatives.
- It sustains constant relations with national NGO and national private-sector partnerships.
- It is chair of the UN expanded Theme Group.

National Ownership and Political Leadership

- The NAC is actively used by national authorities as tool for concerted action against AIDS.
- NAC is the tool for coordinating external partners, and for coordinating the civil society and private-sector partners in the AIDS response.
- NAC is actively used by all political parties and interest groups to enable an effective response. They are invited but are not active.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are clearly defined.
- It is necessary to clarify the NAC and CCM roles and to formalize the relations between the NAC, donors and other partners. The NAC must be affirmed as a body of coordination, and of M&E. The donors should support the NGOs and the private-sector in order to work from the same vision as the NAC. The UN Theme Group musr sustain all partners in the same vision.

Kenya

One AIDS Action Framework

1. Programming

- Strategic Framework 2000-2005, updated.
- About ten planning/programming missions by donors/partners, some duplication.
- Donor programming compatible with AIDS Action Framework.

2. ART rollout

- National AIDS treatment and care plan is currently being finalized.
- There have been five missions on ART. Not completely compatible with the AIDS Action Framework as treatment not envisioned when plan drafted. Generally compatible with the treatment and care plan. Some duplication.

3. Human Resources

- There is no information available on the proportion of staff posts in government health services filled.
- Assessment of MoH human resource management being undertaken over next few months, financed by donors.
- Problems with health personnel a major barrier to an effective AIDS response: personnel not yet well trained, not equitably distributed across the country, and not always living where they were supposed to be.
- There is no mechanism for harmonizing incentives and salaries, with the NGO sector; for retaining staff in the public sector, or for coordinating technical assistance. There is a mechanism for licensing, standards and norms. There are efforts currently under way to harmonize such mechanisms.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain (not altogether reliable) that ensures continuity in supplies to health units.
- Plans are in place for a procurement consortium (JSI/Deliver, GTZ, Crown Agents, and KEMSA); KEMSA (Central Stores) is the lead partner.
- No separate procurement system for the NGO sector.
- Hard to know about the private-sector as in part they are operating ‘underground’.
- Separate user fees and drug charges for different sectors.
- Public sector charges a fee for service with waiver.
- Some charitable hospitals provide free drugs and services.
- Private-sector charges fee for service.

One AIDS Authority

1. Management and allocation of resources

- The National AIDS Control Council (NAC) only receives and allocates external funds from the WB MAP project. It manages information about all external finance for AIDS in the country.
- The NAC has formal reporting lines to the Ministry of Finance. This Ministry does not set budget ceilings for financial flows into the country from any sector.

2. Focus on the relationship to other partners and arenas

- The NAC has no formalized relationship to the coordinating mechanism for PRSP.
- It has a formalized relationship with the CCM; it is one of the three government members.
- It has no really formalized relationship to bilateral initiatives.
- It does have a formalized relationship to national NGO partnerships, through NGO participation on various partnership forums.
- A private-sector working group exists under NAC.
- There is no formalized relationship with the UN Theme Group but all members of the TG participate in NAC partnership forums.

National Ownership and Political Leadership

- The NAC is actively used by national authorities as tool for concerted action against AIDS.
- NAC is the tool for coordinating external partners, and for coordinating the civil society and private-sector partners in the AIDS response.
- NAC is not actively used by all political parties and interest groups to enable an effective response.
- In theory everyone ‘buys into’ the concept of the NAC but it works less well in practice.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are to some extent clearly defined. The relationship between the MoH and NAC is fairly clear, and one of mutual support, but the relationship with other ministries is less clear and needs work.

Lesotho

One AIDS Action Framework

1. Programming

- Strategic Framework 2002-2005, not updated.
- One planning/programming mission by donors/partners.
- Donor programming not compatible with AIDS Action Framework. It is not used as a key reference document, and is due for revision/update in 2005.

2. ART rollout

- A National AIDS treatment and care plan is under development.
- There have been no missions on ART.

3. Human Resources

- There is no information available on the proportion of staff posts in government health services filled.
- Lesotho's ongoing health sector reform is focusing on decentralisation of health services based on a defined essential services package. This will define the numbers of health personnel that are required per healthcare facility and catchment population. Urban centres will be defined when the district health package of the health sector reform has been finalized.
- The lack of health personnel is a major barrier to an effective AIDS response within the treatment component. In the 3 by 5 initiative, there is an urgent need to ensure that specific health personnel are available to facilitate full-scale implementation.
- There are no mechanisms for harmonizing incentives and salaries, with the NGO sector; for licensing, standards and norms; for retaining staff in the public sector, or for coordinating technical assistance. Such coordination is part of the health sector reform now under way.

4. Procurement

- There is a central medical store – the pharmaceutical department of the MoH.
- There is no national regulatory authority for pharmaceuticals; formalising such an authority depends on the availability of WB funding. Pharmaceuticals are a priority area of the health sector reform; a Drug Authority has been set up and an essential Medicines List complied that will expedite the procurement of ARVs.
- There is a supply chain (not always fully functional because of limited resources) that ensures continuity in supplies to health units.
- There is a national procurement system but it is not yet fully operational because of the ongoing health sector reform.

- There is a separate procurement system for the NGO and private-sectors.
- All government health institutions have uniform service fees.
- Different user fees and drug charges among different NGO centres and the private-sector.

One AIDS Authority

Plans are under way to establish a National AIDS Commission that will assume financial and managerial responsibilities for the national AIDS response.

1. Focus on the relationship to other partners and arenas

- The NAC has no formalized relationship to the coordinating mechanism for PRSP
- It has a formalized relationship with the CCM; it is one of the three government members
- It has no really formalized relationship to bilateral initiatives
- It does not have a formalized relationship to national NGO partnerships, through NGO participation on various partnership forums
- It has no relationship to private-sector partnerships.
- There is formalized relationship with the UN Theme Group.

National Ownership and Political Leadership

- NAP is not actively used by national authorities as tool for concerted action against AIDS.
- NAP is not the tool for coordinating external partners, and for coordinating the civil society and private-sector partners in the AIDS response.
- NAP is not actively used by all political parties and interest groups to enable an effective response.
- The NAP is not actively used by all political parties and interest groups to enable an effective and vigorous AIDS response.

Malawi

One AIDS Action Framework

1. Programming

- Strategic Framework 1999-2004,not updated.
- About ten planning/programming missions by donors/partners, some duplication.
- Donor programming compatible with AIDS Action Framework.

2. ART rollout

- National AIDS treatment and care plan was only finalized in first quarter of 2004 and will run to 2006.
- There have been about three missions on ART. Not compatible with the AIDS Action Framework as treatment issues are not explicitly included in current NSF. Generally compatible with the treatment and care plan. No duplication.

3. Human Resources

- There is no information available on the proportion of staff posts in government health services filled.
- Problems with health personnel are a major barrier to an effective AIDS response. Many workers are being lost to chronic illness and death, at a much faster rate than they can be retrained or recruited. Retaining staff is difficult because of less competitive working conditions in the public sector, and there is a significant brain drain, especially among doctors and nurses. Some expertise just doesn't exist in the country.
- There are no mechanisms for harmonizing incentives and salaries with the NGO sector; for retaining staff in the public sector, or for coordinating technical assistance. Ways for providing such mechanisms are under discussion among government and donors.
- There are licensing boards for doctors, nurses and pharmacists.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- There are two separate procurement systems for the public – the central medical store and UNICEF as an interim measure for GFATM ARV procurement until the central store is strengthened.
- There are several procurement systems for NGOs that purchase directly from local and international suppliers.

- There are several procurement systems for the private-sector that also purchase directly from local and international suppliers.
- Separate user fees and drug charges for different sectors.
- There are conflicting policies between NGO and private-sector partners regarding user fees and drug charges.

One AIDS Authority

1. Management and allocation of resources

- The National AIDS Control (NAC) receives and allocates a large proportion of AIDS resources for the country (from GFATM, MAP and others). There are other bilateral and multilateral bodies that also allocate resources.
- Information on all sources of HIV/AIDS funding is not centralized within NAC but plans are under way to do this by the end of the year. Because of the substantial funds received and allocated by the NAC, it does disseminate information about availability of funds and how to access them.
- The NAC has formal reporting lines to the Ministry of Finance. This ministry does not set budget ceilings for financial flows into the country from any sector.

2. Focus on the relationship to other partners and arenas

- The NAC has no formalized relationship to the coordinating mechanism for PRSP.
- It has a formalized relationship with the CCM and is a member.
- It has a formalized relationship to bilateral initiatives, to national NGO partnerships and national private-sector partnerships, and to the UN Theme Group.

National Ownership and Political Leadership

- NAC is actively used by national authorities as tool for concerted action against AIDS.
- NAC is the tool for coordinating external partners, and for coordinating the civil society and private-sector partners in the AIDS response.
- NAC is actively used by all political parties and interest groups to enable an effective response. The cabinet committee on HIV/AIDS as well as the parliamentary sub-committee on HIV/AIDS both work closely with NAC.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are clearly defined and laid out in the Health Sector HIV/AIDS Strategy Paper.

Mali

One AIDS Action Framework

1. Programming

- Strategic Framework 2001-2005, updated.
- More than five planning/programming missions by donors/partners, some duplication.
- Donor programming compatible with AIDS Action Framework.

2. ART rollout

- National AIDS treatment and care plan has been updated. New recommendations in accordance with 3 by 5 have been produced and need to be validated as the new care and treatment plan for Mali.
- There have been more than three missions on ART, compatible with the AIDS Action Framework as well as the treatment and care plan. No duplication.

3. Human Resources

- Proportion of staff posts in government health services filled (1994 figures):
  - Medical doctors: 4.7 per 100,000 population nationwide
  - Registered nurses: 13.1 per 100,000 population nationwide
  - Auxiliary nurses: 3 per 100,000 population nationwide
- The lack of adequately trained health personnel is a major barrier to an effective, decentralized AIDS response. Access to HIV/AIDS medical care, including ART, is only available in the capital city and in one region. The government plans, with donors' support, to extend care to all regions. Training centres are needed to help fill the gap.
- There are no mechanisms for harmonizing incentives and salaries with the NGO sector; for licensing, standards and norms, or for retaining staff in the public sector. There is a mechanism for coordinating technical assistance.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- Drugs are frequently out of stock because health workers have difficulty expressing their needs and because of delays in delivery.
- There are no separate procurement systems for ART in the public or NGO sectors. Currently people pay according to their means (between US$9 to US$80 per month) but soon all ARVs will be provided free of charge.
- There are no conflicting policies between different partners regarding user fees and drug charges.

One AIDS Authority

1. Management and allocation of resources

- The institutional structures for HIV/AIDS in Mali are undergoing reform. There will be a widely representative high commission and an Executive Secretariat will be placed at the Presidency with a clear role of multisectoral coordination. The current programme to fight HIV/AIDS, at the MoH, will be reinforced and focus only on health sector actions. These new structures should improve coordination among different donors.
- The current HIV/AIDS programme, based at the MoH, currently ensures the coordination of external finance and has a fundraising role but its function is advisory to the government, with no executive powers and capacity. This could change with the new Executive Secretariat in place.
- Information on all sources of HIV/AIDS funding is not in practice centralized within the HIV/AIDS National Programme.
- The programme is responsible for seeking information on external financing and facilitating national partners' access to such funds.
- The NAP has no formal reporting lines to the Ministry of Finance. This ministry does not set budget ceilings for financial flows into the country from any sector; it can only set a ceiling for the loans that the country may want to subcontract.

2. Focus on the relationship to other partners and arenas

- The NAP has a formalized relationship to the coordinating mechanism for PRSP.
- It has a formalized relationship with the CCM and is one of its most active members.
- It has a formalized relationship to bilateral initiatives and to national NGO partnerships nut not to national private-sector partnerships. It has a formalized relationship with the UN Theme Group.

National Ownership and Political Leadership

- NAP is actively used by national authorities as tool for concerted action against AIDS.
- NAP is the tool for coordinating external partners, and for coordinating the civil society and private-sector partners in the AIDS response.
- NAP is not actively used by all political parties and interest groups to enable an effective response.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are not really clearly defined. As the NAP is currently placed under the MoH, no authority line exists with other ministries.

Morocco

One AIDS Action Framework

1. Programming

- AIDS Action Framework 2002-2004, not updated, review and update planned for 2004.
- Seven planning/programming missions by donors/partners, no duplication, compatible with AIDS Action Framework.

2. ART rollout

- ART plan currently runs from 2002 to 2004. Review and update planned for 2004
- There have been five missions on ART, compatible with the AIDS Action Framework and the treatment and care plan. No duplication.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 70% nationwide (85% in urban centres)
  - Registered nurses: 60% nationwide (70% in urban centres)
  - Auxiliary nurses: 60% nationwide (70% in urban centres)
- The lack of health personnel at provincial and local level (especially a deficit in nursing numbers) places constraints on providing an effective AIDS response.
- There are no mechanisms for dealing with the coordination of scarce human resources for health and AIDS action.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units. There was an assessment of the procurement system in 2002 by the GFATM and the results are positive.
- There is no separate procurement system for ARVs.
- There are no separate systems in the public or NGO sector for user fees and charges for AIDS care and treatment. There is a lack of information about AIDS care in the private-sector.

One AIDS Authority

1. Management and allocation of resources

- The national HIV/AIDS Central Programme is not the central body that receives and allocates all external finance for the AIDS response.
- It receives and allocates some funding from the GFATM.
- It has some responsibility for managing information about external finance for AIDS.

- It has formal reporting lines to the Ministry of Finance but just for the national budget. There is a specific budget for AIDS control in the national budget.
- The MOF does not set ceilings for financial flows n that can be taken into the country for AIDS response for NGO or private-sectors.

2. Focus on the relationship to other partners and arenas

- The National HIV/AIDS Central Programme has a formalized relationship with the CCM and bilateral initiatives; national NGO partnerships and the UN Theme Group, but not with national private-sector partnerships.

National Ownership and Political Leadership

- The NHACP is actively used by national authorities as its tool for concerted action against AIDS, for coordinating external partners in the AIDS response, and for coordinating civil society and private-sector in the response. But it is not actively used by all political parties and interest groups to enable an effective and vigorous response.
- The formal roles and responsibilities between the multisector and multistakeholder NAC and the sector ministry are clearly defined.

Namibia

One AIDS Action Framework

1. Programming

- Strategic Framework 2004-2009, updated.
- Eight planning/programming missions by donors/partners, considerable duplication.
- Donor programming compatible with AIDS Action Framework.
- There is an imbalance between strategies supported by donors; so far more interest in prevention at the expense of policy making, treatment, care and support, and capacity development.

2. ART rollout

- National AIDS treatment and care plan has been updated, running from 2004 to 2009.
- There have been more four missions on ART, compatible with the AIDS Action Framework as well as the treatment and care plan. No duplication.

3. Human Resources

- Proportion of staff posts in government health services : no data available.
- The country has serious limitations on human resources across the board. The lack of health personnel is a major barrier to an effective AIDS response especially in ART programmes.
- There are mechanisms for harmonizing incentives and salaries, with the NGO sector and dealing with coordinating technical assistance. There are no mechanisms for licensing, standards and norms, or for retaining staff in the public sector.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units. The efficiency of the supply chain needs to improve drastically.
- There are no separate procurement systems for ART in the public or NGO sectors.
- The public and NGO sectors have separate systems for user fees and drug charges.
- There are no conflicting policies between different partners regarding user fees and drug charges.

One AIDS Authority

1. Management and allocation of resources

- The NAC is not the central body that receives and allocates all external finance for the AIDS response. It does manage information about all external finance for AIDS in the country, does receive and allocate finance for part of the response, and does have some responsibility for managing information about external finance for AIDS.
- There is an effort to integrate HIV/AIDS into development plans and instruments so the National Planning Commission Secretariat (NPCS) deals with most information on financing the AIDS response. The National AIDS Executive Committee (NAEC) plays a role in managing and tracking resources.
- The NPCS has formal reporting lines to the Ministry of Finance. This ministry does set budget ceilings for financial flows into the country from the public sector.

2. Focus on the relationship to other partners and arenas

- The NAC has a formalized relationship to the coordinating mechanism for PRSP.
- It has a formalized relationship with the CCM.
- It has a formalized relationship to bilateral initiatives, to national NGO partnerships, to national private-sector partnerships and the UN Theme Group.

National Ownership and Political Leadership

- The NAC is actively used by national authorities as tool for concerted action against AIDS.
- NAC is the tool for coordinating external partners, and for coordinating the civil society and private-sector partners in the AIDS response.
- NAC is actively used by all political parties and interest groups to enable an effective response but there is still a need to integrate and strengthen HIV/AIDS on to political agendas.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are better articulated in the new National Strategic Plan (MTP3) but mechanisms to put this into practice need to improve.

Nigeria

One AIDS Action Framework

1. Programming

- Strategic Framework 2001-2003.
- About nine planning/programming missions by donors/partners, considerable duplication.
- Donor programming not compatible with AIDS Action Framework.
- There is an imbalance between strategies supported by donors; so far more interest in prevention at the expense of policy making, treatment, care and support, and capacity development.

2. ART rollout

- National AIDS treatment and care plan has not been updated.
- There have been about three missions on ART, not compatible with the AIDS Action Framework but compatible with the treatment and care plan. Considerable duplication.

3. Human Resources

- Proportion of staff posts in government health services: no data available.
- There is no mechanism dedicated to health manpower. Several existing government organs perform similar functions such as the Wages Commission, Establishment, national Civil Service Commission.
- There are mechanisms for harmonizing incentives and salaries (not including the NGO sector), for licensing, standards and norms, and dealing with coordinating technical assistance.
- There is no mechanism for retaining staff in the public sector.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units (infrastructure is porous and very weak).
- Donors use various systems for procurement of drugs. Several mechanisms exist and need to be harmonized, standardised and considerably strengthened.
- There are separate procurement systems for ART from the regular national procurement system in the public, NGO and private-sectors. There is limited experience of ARV procurement and it has faced many problems.
- The public, NGO and private-sectors have separate systems for user fees and drug charges.
- There are no conflicting policies between different partners regarding user fees and drug charges. The public sector charges two categories of fees, and treatment monitoring is very costly. NGOs negotiate fees and provide limited treatment monitoring. The private-sector also negotiates fees and offers very limited treatment monitoring.

One AIDS Authority

1. Management and allocation of resources

- The National Action Committee on AIDS (NACA) is not the central body that receives and allocates all external finance for the AIDS response. Some donors relate directly with the partners. It does manage MAP funds.
- NACA does not manage all information about all external finance for AIDS in the country.
- In principle, it does have some responsibility for managing information about external finance for AIDS but this has yet to be translated into practice due to weak financial accountability systems.
- The NACA has no formal reporting lines to the Ministry of Finance but reports to the Presidency.
- The MOF does not set budget ceilings for financial flows into the country from the public sector.

2. Focus on the relationship to other partners and arenas

- The NACA has a formalized relationship to the coordinating mechanism for PRSP.
- It has a formalized relationship with the CCM.
- It has a formalized relationship to bilateral initiatives. to national NGO partnerships, and to national private-sector partnerships but not to the UN Theme Group.

National Ownership and Political Leadership

- The NACA is actively used by national authorities as tool for concerted action against AIDS
- NACA is the tool for coordinating external partners, and for coordinating the civil society and private-sector partners in the AIDS response.
- NACA is not actively used by all political parties and interest groups to enable an effective response.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities have been confused in the past, but the NACA re-engineering process is addressing this problem.

Rwanda

One AIDS Action Framework

1. Programming

- Strategic Framework 2002-2006, not updated.
- About five planning/programming missions by donors/partners, some duplication.
- Donor programming not always compatible with AIDS Action Framework; some partners don't know Rwanda has a national action framework.
- The government is emphasizing the need for investment in infrastructure and equipment, and capacity building for health workers, while some partners focus only on access to ARVs without strengthening the health system.

2. ART rollout

- National AIDS treatment and care plan has been updated.
- There have been about four missions on ART, not compatible with the AIDS Action Framework nor with the treatment and care plan. Some duplication.

3. Human Resources

- Proportion of staff posts in government health services: no data available. The public service is being restructured. The total number of civil servants will be drastically reduced. Specific categories such as health personnel could be increased if extra funding is available from donors.
- The lack of health personnel is a major barrier to an affective AIDS response. Health workers' qualifications are very low, especially in rural areas.
- There are no mechanisms for harmonizing incentives and salaries, for licensing, standards and norms, for retaining staff in the public sector, or for coordinating technical assistance.
- The government would like to give incentives to doctors in rural areas.

4. Procurement

- There is a national procurement system for the health system recognized by donors – CAMERWA.
- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- All ARVs are imported through the central medical store.
- The public, NGO and private-sectors have separate systems for user fees and drug charges. The public sector charges fees according to a patient's salary; the NGO provides free drugs, and the private-sector's fees vary according to the practitioner.

One AIDS Authority

1. Management and allocation of resources

- The NAC is not the central body that receives and allocates all external finance for the AIDS response. Multi-and bilateral resources go through the Ministry of Finance and NGO resources go directly to the NGO.
- NAC does manage all information about all external finance for AIDS in the country.
- The NAC has no formal reporting lines to the Ministry of Finance.
- The MOF does not set budget ceilings for financial flows into the country from any sector.

2. Focus on the relationship to other partners and arenas

- The NAC does not have a formalized relationship to the coordinating mechanism for PRSP.
- It has a formalized relationship with the CCM.
- It has a formalized relationship to bilateral initiatives, to national NGO partnerships, to national private-sector partnerships and the UN Theme Group.

National Ownership and Political Leadership

- The NAC is actively used by national authorities as tool for concerted action against AIDS.
- NAC is the tool for coordinating external partners, and for coordinating the civil society and private-sector partners in the AIDS response.
- NAC is not actively used by all political parties and interest groups to enable an effective response.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are not clearly defined. The Minister of State for HIV/AIDS is under the MoH and also vice president of the NAC. The role of the NAC is not well defined; it should focus on policy and coordination and less on implementing programmes.

South Africa

One AIDS Action Framework

1. Programming

- Strategic Framework 2000–2005, not updated.
- Between two and five planning/programming missions by donors/partners, some duplication.
- Programming compatible with AIDS Action Framework; donors liaise with government to identify gaps and priorities for funding.

2. ART rollout

- National AIDS treatment and care plan has been updated, runs from 2003–2009.
- There has been one mission on ART, compatible with the AIDS Action Framework and the treatment and care plan.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 72.2% nationwide (71.1% in urban centres)
  - Registered nurses: 70.8% (69% in urban centres)
  - Auxiliary nurses: 68.2% nationwide
  - Health aides: 67.3% nationwide
- The lack of health personnel is a major barrier to an affective AIDS response.
- There are mechanisms for licensing, standards and norms, and for retaining staff in the public sector.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- There are several systems of procurement – central tenders by national department of health, provincial orders against national tender and tracking system for ARV drugs.
- With the new government rollout plan, ARVs will be free.

One AIDS Authority

1. Management and allocation of resources

The South African National AIDS Council (SANAC) is chaired by the Deputy President. Some 16 line ministries and 20 civil society sectors are represented.

- SANAC is not the central body that receives and allocates all external finance for the AIDS response. This is done by the National Treasury and the MoH.
- SANAC doesn't manage all information about all external finance for AIDS in the country, MoH is the central body for this.
- The MoF does not set budget ceilings for financial flows into the country from any sector.

2. Focus on the relationship to other partners and arenas

- It has a formalized relationship with the CCM as SANAC is the CCM.
- It has no formalized relationship with bilateral initiatives (donors are not represented on SANAC), national NGO partnerships (NGOs are members of SANAC), or the UN Theme Group. It has a formalized relationship with the national private-sector partnerships as business is represented on SANAC.

National Ownership and Political Leadership

- SANAC is actively used by national authorities as tool for concerted action against AIDS.
- SANAC is not the tool for coordinating external partners in the AIDS response.
- SANAC is the tool for coordinating the civil society and private-sector partners in the AIDS response.
- SANAC is not actively used by all political parties and interest groups to enable an effective response.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are clearly defined.

Uganda

One AIDS Action Framework

1. Programming

- Strategic Framework 2004-2006.
- About 25 planning/programming missions by donors/partners, some duplication.
- Programming mostly compatible with AIDS Action Framework thanks to the participation of development partners in a national HIV/AIDS Partnership where decisions about such missions are jointly taken.

2. ART rollout

- National AIDS Treatment and Care 'one-year crash' plan for 2004-05.

3. Human Resources

- The lack of health personnel is a major barrier to an affective AIDS response.
- There is a mechanism for retaining public sector staff with GFATM and PEPFAR.
- There is mechanism for coordinating technical assistance.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- There is a national regulatory authority for pharmaceuticals.

One AIDS Authority

1. Management and allocation of resources

- NAC is not the central body that receives and allocates all external finance for the AIDS response; it receives minimal amounts.
- The NAC receives and allocates finance for part of the AIDS response.
- NAC does manage all information about all external finance for AIDS in the country, using a resource tracking database/CRIS.
- NAC does not have formal reporting lines to the Ministry of Finance.
- The MOF does set budget ceilings for financial flows into the country for the public sector.

2. Focus on the relationship to other partners and arenas

- It has a formalized advisory relationship to the coordinating mechanism for PRSP.
- It is a member of the CCM.

- It has formalized relationships with bilateral initiatives, national NGO partnerships, national private-sector partnerships and the UN Theme Group.

National Ownership and Political Leadership

- NAC is actively used by national authorities as tool for concerted action against AIDS.
- NAC is the tool for coordinating external partners in the AIDS response.
- NAC is the tool for coordinating the civil society and private-sector partners in the AIDS response.
- NAC is actively used by all political parties and interest groups to enable an effective response.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are clearly defined.

Zimbabwe

One AIDS Action Framework

1. Programming

- Strategic Framework 2000-2004.
- About three to five planning/programming missions by donors/partners, some duplication.
- Programming compatible with AIDS Action Framework.
- Zimbabwe excluded from major donor initiatives.

2. ART rollout

- National AIDS Treatment and Care 2005-2009.
- Two to three missions on ART, compatible with AIDS Action Framework and treatment and care plan.
- 'The issue is the almost total lack of funding for AIDS care in Zimbabwe'.

3. Human Resources

- Proportion of staff posts in government health services filled, data unavailable.
- The lack of health personnel is a major barrier to an affective AIDS response. Zimbabwe is suffering from a severe loss of skilled human resources in both urban and rural areas.
- There are no mechanisms for harmonizing incentive and salaries or dealing with licensing, standards and norms. A mechanism for retaining public sector staff is beginning.
- Strengthening human resource capacity is one key strategy of the Zimbabwe UNDAF framework, including UNV deployment, IOM repatriation and UNDP SACI initiatives.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to heath units (though not always functional).
- The drug registration, warehousing and distribution system is recognized but there are problems with international procurement because of severe shortage of foreign currency.
- There is limited procurement by NGOs and some locally from local manufacturers and suppliers by the private-sector.
- There is no public sector ARV programme though there are plans to provide free drugs. The NGO sector charges user fees and the private-sector system is insurance based.

One AIDS Authority

1. Management and allocation of resources

- NAC is not the central body that receives and allocates all external finance for the AIDS response; it receives funds from the national AIDS levy.
- NAC does not manage all information about all external finance for AIDS in the country.
- The UN is playing an increasingly strong role in donor assistance coordination.
- NAC does have formal reporting lines to the Ministry of Finance.
- This Ministry does not set budget ceilings for financial flows into the country for any sectors.

2. Focus on the relationship to other partners and arenas

- It has no formalized advisory relationship to the coordinating mechanism for PRSP.
- It has a formalized relationship with the CCM, as a member.
- It has no formalized relationships with bilateral initiatives or national private-sector partnerships (though some collaboration).
- It has a formalized relationship with national NGO partnerships, though to differing degrees, and with the UN Theme Group.

National Ownership and Political Leadership

- The NAC is sometimes actively used by national authorities as tool for concerted action against AIDS.
- NAC is not the tool for coordinating external partners in the AIDS response.
- NAC is to a limited degree the tool for coordinating the civil society and private-sector partners in the AIDS response.
- NAC is not actively used by all political parties and interest groups to enable an effective response.
- The main strength of the NAC is its decentralized structure, with the potential to coordinate at district and other levels.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are clearly defined in theory. But in practice hardly any decision can be taken by NAC without consent from MoH.

UNAIDS

Latin America and the Caribbean

Country-specific findings

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • WFP • UNDP • UNFPA • UNODC
ILO • UNESCO • WHO • WORLD BANK

Brazil

One AIDS Action Framework

1. Programming

- Strategic Framework 2004-2007, updated.
- The National Strategic Plan for HIV/AIDS was entirely constructed and is being implemented by the Brazilian government, with participation at different levels of civil society organizations. No donors or funding partners were involved in the process.
- Brazil receives many technical missions yearly, mostly from countries with whom it has cooperation agreements, that wish to learn about the Brazilian national response or to receive training in specialized centres.

2. ART rollout

- The National AIDS treatment and care plan has been updated within the last two years; the national treatment guidelines are on average reviewed once a year
- There have been no missions on ART.

3. Human Resources

- There is no information available on the proportion of staff posts in government health services filled.
- As a whole there is no scarcity of human resources in the health sector. However there is a lack of health personnel in some areas of the country, mainly remote areas with low population density (where in general there is lower prevalence of HIV/AIDS). In some of the larger cities, there are some areas deprived of health personnel, mainly medical doctors, due to low wages or difficult work conditions. In some places, inadequate training can be a constraint.
- There are mechanisms for harmonizing incentives and salaries with the NGO sector; for licensing, standards and norms; for retaining staff in the public sector, and for coordinating technical assistance. There are efforts currently under way to harmonize such mechanisms.
- The MoH has a new secretariat that is establishing policies to deal with the discrepancies of work conditions and distribution in the country as a whole.

4. Procurement

- The Brazilian health system is financed almost exclusively through its own resources. There are therefore no donor agencies involved in financing the health sector.
- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.

- The national system of procurement is part of the Unified Health System (SUS) which was constructed in order to guarantee the universal, equitable and free access to health services. The MoH performs the price negotiation for public procurement.
- There are no separate procurement systems
- Since its inception, the National AIDS Progr.amme has prioritised the sustainable articulation and harmonisation of the interests of civil society as well as other actors involved. The main goal of the programme is to define a policy which attends to the needs of all actors, without promoting conflicts.

One AIDS Authority

1. Management and allocation of resources

- The National AIDS Commission (NAC) was constituted in 1986 to act as a consultative body to the MoH, to help define, monitor and evaluate the implementation of the HIV/AIDS national Strategic Plan. Since then, the participation of civil society organizations was guaranteed by the Ministry of Health Evaluation Rulings.
- The Ministry of Planning is responsible for setting the rules for the national budget
- The budget for the AIDS programme is allocated within the MoH. The Brazilian constitution has established that governments at city, state and federal levels have to allocate a fixed percentage of their income to healthcare.
- HIV/AIDS programme expenses come from the federal government and the Inter-American Bank of Development.

2. Focus on the relationship to other partners and arenas

- The Brazilian MoH is the executive body of the national health plan, and is responsible for coordinating all health-related activities in the country. The National HIV/AIDS Commission is a consultative body of the MoH.
- The MoH has formalized relationships to bilaterals, national NGOs, national private sector and UN Theme Group initiatives.

National Ownership and Political Leadership

- NAC is actively used by national authorities as a tool for concerted action against AIDS.
- NAC is not the tool for coordinating external partners, nor for coordinating the civil society and private-sector partners in the AIDS response—this is the role of the MoH.
- NAC is actively used by all political parties and interest groups to enable an effective response.
- There are specific ministerial administrative rulings on roles and responsibilities, as well as legislation.

Colombia

One AIDS Action Framework

1. Programming

- Strategic Framework 2004-2007, updated.
- No planning/programming missions by donors/partners.

2. ART rollout

- National AIDS treatment and care plan has been updated, running from 2004 to 2007.
- There have been more four missions on ART, compatible with the AIDS Action Framework as well as the treatment and care plan. No duplication.

3. Human Resources

- It is estimated that 100% of staff posts in government health services are filled.
- There is a lack of human resources at the ministry level and Regional Public Health Secretariats, which constrains an effective HIV/AIDS response from the public health sector.
- There are no mechanisms for harmonizing incentives and salaries, with the NGO sector, for licensing, standards and norms, or for retaining staff in the public sector. There is a mechanism for coordinating technical assistance.

4. Procurement

- There is a national regulatory authority for pharmaceuticals but no central medical store or a supply chain that ensures continuity in supplies to health units. Between 1997 and 2000 a National Fund for High Cost Medicines (including ARVs) functioned adequately, acquiring and selling ARVs at more favourable prices. In 2003, the fund was started again, aimed at real enforcement of the Lima Agreement on ARV cost reduction, signed by 11 countries in early 2003.
- There are separate procurement systems for ART – in the public sector and in private health insurance that covers about 20% of patients receiving ART, The Colombian health system integrates private and public insurers in the Contributive and Subsidized sub-regimes of the systems. These sub-regimes cover about 56% of the population. Health services for the rest are the direct responsibility of the public health sector.
- According to the national legislation on HIV/AIDS, access to integrated care – including ARVs – must be offered to everyone who needs it. Insured patients are covered by health insurers, and attention to non-insured patients must be paid by regional (departmental) governments, although this does not always work well.
- There are no conflicting policies between different partners regarding user fees and drug charges.

One AIDS Authority

1. Management and allocation of resources

- The NAC is not the central body that receives and allocates all external finance for the AIDS response, nor does it manage information about all external finance for AIDS in the country. The NAC is more of a policy discussion and approval forum, and it has not been very active in the past four years. A strengthening of the NAC is one of the main initial tasks of the new intersectoral plan.
- The NAC does not have formal reporting lines to the Ministry of Finance.
- The MoF does set budget ceilings for financial flows into the country for the public sector and partially for the private sector, but not for NGOs.

2. Focus on the relationship to other partners and arenas

- CCM activities and achievements were presented to the NAC.
- Design of the intersectoral plan was facilitated by the UN Theme Group, and formally presented to the NAC.

National Ownership and Political Leadership

- NAC has been actively used by national authorities as a tool for concerted action against AIDS in the past, and is currently being reactivated.
- NAC is not the tool for coordinating external partners, nor for coordinating the civil society and private-sector partners in the AIDS response.
- NAC is not actively used by all political parties and interest groups to enable an effective response. Political commitment from the government to the HIV/AIDS response has been absent in the past few years, and this is reflected in the weakening of the NAC.
- Evaluation of the previous National Strategic Plan showed that less than 40% of actions envisaged were executed, and less than 40% of budget required was assigned. A more formal commitment is being required by the Ministry of Social Protection to the other sectors before launching the new intersectoral plan.

Costa Rica

One AIDS Action Framework

1. Programming

- Strategic Framework 2001-2004, ongoing revision.
- No planning/programming missions by donors/partners.

2. ART rollout

- There is no national AIDS treatment and care plan. CCS – the public institution in charge of medical services – offers universal attention to all citizens. Since April 2003, ARVs are available for everyone in the country who needs them.

3. Human Resources

- There is no information available on the proportion of staff posts in government health services filled.
- The lack of health personnel is a major barrier to an effective AIDS response, especially in areas of prevention and promotion. Medical doctors are not well trained.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units. However, there have been delays in procurement.
- There are no separate procurement systems for ART.
- There are no separate systems for user fees and charges for AIDS care and treatment.
- There are no conflicting policies between different partners regarding user fees and drug charges.

One AIDS Authority

1. Management and allocation of resources

- The National AIDS commission, know as CONASIDA, is not the central body that receives and allocates all external finances for the AIDS response. It partially manages information about all external finances for AIDS in the country.
- The CONASIDA does not have formal reporting lines to the Ministry of Finance.
- The MoF does set budget ceilings for financial flows into the country for the public sector, but not for NGOs and the private sector.

2. Focus on the relationship to other partners and arenas

- The CCM role is performed by CONASIDA.
- There is a formalized relationship between CONASIDA and bilateral initiatives, but not to national NGO partnerships or national private-sector partnerships.
- There is regular participation of the UN Theme Group, but no letter of understanding has been signed.

National Ownership and Political Leadership

- CONASIDA is actively used by national authorities as tool for concerted action against AIDS but this role needs to be strengthened.
- CONASIDA is the tool for coordinating external partners, and partially for coordinating the civil society and private-sector partners in the AIDS response.
- CONASIDA is not actively used by all political parties and interest groups to enable an effective response.
- CONASIDA is not widely known, but it is being strengthened.
- According to the regulations of the AIDS Law, CONASIDA is the advisory body of MoH and other ministries.

Cuba

One AIDS Action Framework

1. Programming

- Strategic Framework 2001-2006, updated.
- Seventeen planning/programming missions by donors/partners, compatible with the AIDS Action Framework. No duplication.

2. ART rollout

- The national AIDS treatment and care plan currently runs from 2002 to 2006, has been updated.
- One mission on ART, compatible with AIDS Action Framework and treatment and care plan.
- The drugs purchased through GFATM aid are totally different from those generic drugs produced in Cuba.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 100% nationwide and in urban centres.
  - Registered nurses:100% nationwide and in urban centres.
  - Auxiliary nurses: 100% nationwide and in urban centres.
  - Health aides: 100% nationwide and in urban centres.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units. There is an extensive network of drug stores throughout the country, even in the most remote areas.
- There are no separate procurement systems for ART. Generic drugs are produced locally and funds to buy the chemicals are provided by the government.
- Antiretroviral drugs are provided free of charge to all who need them.
- There are no conflicting policies between different partners regarding user fees and drug charges.

One AIDS Authority

1. Management and allocation of resources

- The NAC is not the central body that receives and allocates all external finance for the AIDS response, nor does it manage information about all external finance for AIDS in the country.

- External resources enter the country via the Ministry of Foreign Investment and Collaboration (MINVEC). The ministry is in charge of allocation and control of resources taken into the country.

2. Focus on the relationship to other partners and arenas

- The NAC has a formalized relationship to the CCM, to bilateral initiatives, to national NGO partnerships and the UN Theme Group.

National Ownership and Political Leadership

- NAC is actively used by national authorities as a tool for concerted action against AIDS
- NAC is the tool for coordinating external partners, and for coordinating civil society and private sector partners in the AIDS response.
- NAC is actively used by all political parties and interest groups to enable an effective response.
- The Ministry of Public Health, through the NAC, is the leading force in the multisector response. Every sector has its responsibilities clearly defined within the AIDS Action Framework.

Dominican Republic

One AIDS Action Framework

1. Programming

- Strategic framework has not been updated within the last two years.
- About 20 planning/programming missions by donors/partners, not compatible with the AIDS Action Framework. Some duplication. The COPRESIDA (National AIDS Council) has foreseen the possible duplication and has been working to keep the objectives in line with the National Strategic Plan.

2. ART rollout

- The National AIDS treatment and care plan currently runs from 2004 to 2004, has been updated.
- About ten missions on ART, compatible with AIDS Action Framework and treatment and care plan. Some duplication.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 90% nationwide and in urban centres.
  - Registered nurses: 60% nationwide, 70% in urban centres.
  - Auxiliary nurses: 70% nationwide. 60% in urban centres.
  - Health aides: 70% nationwide and in urban centres.
- Physicians only work four hours a day and more nurses are needed.
- There are mechanisms for harmonizing incentives and salaries, NGO sector; for licensing, standards and norms; for retaining staff in the public sector, and coordinating technical assistance.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units. Enhancement of distribution is in progress.
- There are separate procurement systems for ART but it is expected that they will be unified in the near future.
- All services and drugs are provided free of charge.

One AIDS Authority

1. Management and allocation of resources

- COPRESIDA is the central body that receives and allocates all external finance for the AIDS response.
- COPRESIDA is the central body that manages information about all external finance for AIDS in the country.
- COPRESIDA receives, distributes and monitors resources from main donors: WB, GFATM, Clinton Foundation. USAID has an independent mechanism for distribution and monitoring.
- COPRESIDA reports to the President of the Republic through the Planning Secretary of State, who in turn is a member of COPRESIDA's Board of Directors.
- The Ministry of Finance sets budget ceilings for financial flows that can be taken into the country for the purposes of the AIDS response for all sectors.

2. Focus on the relationship to other partners and arenas

- COPRESIDA has a formalized relationship to the coordinating mechanism for Poverty Reduction Study Paper, to the CCM, to bilateral initiatives, to national NGO and private sector partnerships and the UN Theme Group.

National Ownership and Political Leadership

- COPRESIDA is actively used by national authorities as tool for concerted action against AIDS.
- COPRESIDA is the tool for coordinating external partners, and for coordinating civil society and private sector partners in the AIDS response.
- COPRESIDA is actively used by all political parties and interest groups to enable an effective response.
- The roles and responsibilities between COPRESIDA and the sector ministry are partly defined. However, there are many conflicts of interests among the stakeholders (of an economic nature and leadership) that increase distrust and lack of definition.

Guatemala

One AIDS Action Framework

1. Programming

- Strategic Framework runs from 1999 – 2004, updated.
- At least four planning/programming missions by donors/partners, which were not always compatible with the AIDS Action Framework. Some duplication.

2. ART rollout

- In 2003, a National Treatment Protocol was agreed among different stakeholders. A plan of action for scaling up ART is under development.
- At least three missions on ART, compatible with AIDS Action Framework and treatment and care plan. Considerable duplication.

3. Human Resources

- There is no information available on the proportion of staff posts in government health services filled.
- A lack of health personnel is a major barrier to effective AIDS action, especially for scaling up ART outside Guatemala City.
- There are no mechanisms for harmonizing incentives and salaries in the NGO sector; for licensing, standards and norms; for retaining staff in the public sector; or for coordinating technical assistance.
- A 3 by 5 proposal has been presented for the fourth GFATM round mainly addressing training of health personnel.

4. Procurement

- There is a central medical store and a national regulatory authority for pharmaceuticals. The supply chain that should ensure continuity in supplies to health units works irregularly.
- There are no separate procurement systems for ART.
- All users pay 10% drug charges, in public, NGO and private sectors.
- MSF are supported by UNDP to import drugs without paying taxes.

One AIDS Authority

The National AIDS Programme (NAP) acts as the governmental authority to coordinate activities and to lead the national response to HIV/AIDS.

1. Management and allocation of resources

- The NAP is not the central body that receives and allocates all external finance for the AIDS response.
- The NAP is not the central body that manages information about all external finance for AIDS in the country.
- By law a multisectoral council on AIDS was created in 2000. It has never worked properly. A CCM was created in 2002 and is now working as a multistakeholder mechanism, but it is a project-driven mechanism. CCM could be expanded and enhanced to become the national authority.
- NAP has no formal reporting lines to the Ministry of Finance.
- The Ministry of Finance does not set budget ceilings for financial flows that can be taken into the country for the purposes of the AIDS response for all sectors.

2. Focus on the relationship to other partners and arenas

- The NAP has no formalized relationship to the coordinating mechanism for the PRSP, to the CCM, to bilateral initiatives, to national NGO and private sector partnerships or to the UN Theme Group.

National Ownership and Political Leadership

- NAP is actively used by national authorities as a tool for concerted action against AIDS.
- NAP is the tool for coordinating external partners.
- The Expanded UN Theme Group acts as the tool for coordinating the civil society and private-sector partners in the AIDS response.
- NAP is not actively used by all political parties and interest groups to enable an effective response.
- There are no formal roles for different ministries; only the MoH has a well-defined plan. NAP is currently working on involving other ministries.

Guyana

One AIDS Action Framework

1. Programming

- Strategic Framework runs from 2002 – 2006, updated.
- About four planning/programming missions by donors/partners, compatible with the AIDS Action Framework. Some duplication.

2. ART rollout

- There is no comprehensive National treatment and care plan in place. The government is implementing a minimum treatment and care package. The US Centers for Disease Control will provide technical support to CAREC to develop such a plan. WB to provide support for capacity building, and CIDA to support protocol development.
- Three missions on ART rollout, compatible with AIDS Action Framework, no duplication.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 54% nationwide.
  - Registered nurses: 100% nationwide.
  - Health aides: 100% nationwide.
- The lack of health personnel is the most critical barrier to effective AIDS action. The country has a shortage of skilled human resources, especially in all areas related to HIV/AIDS. Scaling up will place greater demands on the existing low levels of skills available. Efforts are being made to address this major constraint by donors and the government.
- There are no mechanisms for harmonizing incentives and salaries in the NGO sector nor for retaining staff in the public sector. There are mechanisms for licensing, standards and norms, and for coordinating technical assistance.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- The procurement system for ART is separate from the regular national procurement system. ARVs are sourced from the only local manufacturer. Procurement of medical supplies and other drugs is done under a tender system for both local and international suppliers.
- There are separate procurement systems for ART – the public sector one through the MoH, and individual private practitioners import their own supply of drugs. These physicians can only have access to locally manufactured drugs when they have undergone MoH training in the uses of drugs and management of patients on ARVs.
- Government and NGOs provide ARVs free of cost. In the private sector, patients have to pay.

One AIDS Authority

The multistakeholder National AIDS Committee (NAC) is appointed by the Minister of Health as an advisory body on policy to the minister. The programme manager of the National AIDS Programme Secretariat (which is a sub-programme of the MoH and not a secretariat to the NAC) is an ex-officio member.

1. Management and allocation of resources

- The NAC is not the central body that receives and allocates all external finance for the AIDS response, nor does it manage information about all external finance for AIDS in the country. These functions are carried out by the MoH.
- NAC has no formal reporting lines to the Ministry of Finance.
- The Ministry of Finance does not set budget ceilings for financial flows that can be taken into the country for the purposes of the AIDS response for all sectors.

2. Focus on the relationship to other partners and arenas

- The NAP has no formalized relationship to the coordinating mechanism for the PRSP, to bilateral initiatives or the UN Theme Group. But it does have a formal relationship with the CCM, national NGOs and private-sector partnerships.

National Ownership and Political Leadership

- NAC is actively used by national authorities as tool for concerted action against AIDS.
- NAC is not the tool for coordinating external partners.
- The NAC is the tool for coordinating the civil society and private sector partners in the AIDS response.
- NAP is not actively used by all political parties and interest groups to enable an effective response.
- The formal roles and responsibilities between the multisector and mutlistakeholder NAC and the sector ministry responsible (MoH) are clearly defined. The major roles of the NAC are to advise the Minister of Health on policy development and to support the strengthening and formation of civil society groups to support the national response.

Haiti

One AIDS Action Framework

1. Programming

- Strategic framework runs from 2002 – 2006. The process to update it was interrupted by the political crisis in Haiti.
- Two planning/programming missions by donors/partners, compatible with the AIDS Action Framework. Some duplication.

2. ART rollout

- The 'Manuel de Normes de Prise en Charge Clinique et Therapeutique des Personnes Vivant avec le VIH' was recently launched this year by the MoH.
- Three missions on ART rollout, compatible with AIDS Action Framework and treatment and care plan. Some duplication.

3. Human Resources

- There is no information on the proportion of staff posts in government health services filled. Information from the field is that most posts at departmental level are unfilled. In many towns, particularly those distant from the capital, most of the posts are filled by the Cuban Medical Cooperation staff because of the lack of Haitian workers.
- The lack of health personnel is the major barrier to effective AIDS action, especially in rural areas.
- There are no mechanisms for harmonizing incentives and salaries in the NGO sector, nor for retaining staff in the public sector. There are mechanisms for licensing, standards and norms, and for coordinating technical assistance.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- The procurement system for ART is separate from the regular national procurement system. ARVs are procured through the Global Fund project grant (Centres GGHESKIO and Zanmi Lasante/Partners in Health).
- There are two separate procurement systems for ART – the public sector one and the NGO one.
- Free ARVs are provided by the NGO sector.

One AIDS Authority

1. Management and allocation of resources

- CCM acts as the effective NAC.
- The NAC/CCM is not the central body that receives and allocates all external finance for the AIDS response, nor does it manage information about all external finance for AIDS in the country. It does receive and allocate finance for part of the AIDS response and has some responsibility for managing information about external financing.
- To strengthen national capacity to manage information, UNAIDS/Haiti has developed a database on interventions and funding on HIV/AIDS.
- NAC/CCM has no formal reporting lines to the Ministry of Finance.
- The Ministry of Finance does not set budget ceilings for financial flows that can be taken into the country for the purposes of the AIDS response for all sectors.

2. Focus on the relationship to other partners and arenas

- The NAC/CCM has no formalized relationship to the coordinating mechanism for the PRSP (which is being prepared), but does have relationships with bilateral initiatives – donors are members of the NAC/CCM; to national NGO and private sector partnerships (NGOs and private-sector are members of NAC/CCM) and the UN Theme Group (UN agencies members of the NAC/CCM).

National Ownership and Political Leadership

- NAC/CCM is actively used by national authorities as a tool for concerted action against AIDS.
- NAC/CCM is a tool for coordinating external partners.
- The NAC/CCM is a tool for coordinating the civil society and private-sector partners in the AIDS response.
- NAP is actively used by all political parties and interest groups to enable an effective response.
- The formal roles and responsibilities between the NAC/CCM and the sector ministry responsible (MoH) are not clearly defined. The MoH is a member of the NAC/CCM almost with the same role as other stakeholders. The partnership between public and civil-society sectors in Haiti is a reality. Civil-society institutions are very strong and quite well-funded.

Honduras

One AIDS Action Framework

1. Programming

- Strategic Framework runs from 2003 – 2007.
- About 14 planning/programming missions by donors/partners, compatible with the AIDS Action Framework. No duplication.

2. ART rollout

- The national treatment and care plan is part of the National AIDS Strategic Plan, 2003-2007.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors in epidemiology: 15% of number needed.
  - Doctors working in care: 32% of number needed.
  - Doctors working for IST programme: 50% of number needed.
  - Nurses in prevention: 18% of number needed.
  - Auxiliary nurses: 25 working in HIV/AIDS.
  - Health aides: 32 posts filled.
- The lack of health personnel is a major barrier to effective AIDS action. Most of the posts needed are filled through short-term contracts (with minimum salary and no allowances or benefits) funded by projects with external resources (eg, through GFATM project), or through international donors such as Cuba's bilateral project.
- There are no mechanisms for harmonizing incentives and salaries, NGO sector, for licensing, standards and norms, nor for retaining staff in the public sector. There is a mechanism for coordinating technical assistance. The coordination is mainly done by the STI/HIV/AIDS Department of the MoH in its capacity as Secretariat of the National AIDS Commission (CONASIDA).

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- The procurement system for ART is not separate from the regular national procurement system. The GFATM project has to respond to the national regulations.
- The Honduran government is using UNDP for ARV procurement.
- MSM and the Episcopal Church are the only NGOs that include ARV distribution in their projects.
- Procurement is independent for the private sector, but under government law.

- There are separate systems for user fees and drug charges. In the public sector, patients pay a cost-recovery fee from 5.2% to 51% of the cost depending on their economic situation. ARV treatment costs approximately US$650 per annum. ARVs are provided free in the NGO sector. There is no data available on the private sector, but it seems that patients have to pay the full cost of medication, and prices are higher than in the public sector. Nevertheless the government has to establish a ceiling of profit for each product, which is a maximum of 30% of the cost.

One AIDS Authority

- CONASIDA is a legal entity in Honduras created under a special law in 1999. Its function is to coordinate the national response and to receive and allocate all external finances for the AIDS response. This last mandate has never been performed by CONASIDA. Currently it is entitled to: managing information, interacting with external partners, advise other ministries and ensuring that all interventions on HIV/AIDS are in harmony with the national policy.

1. Management and allocation of resources

- CONASIDA is not the central body that receives and allocates all external finance for the AIDS response.
- It is the central body that manages information about all external finance for AIDS in the country.
- CONASIDA has no formal reporting lines to the Ministry of Finance.
- The Ministry of Finance does not set budget ceilings for financial flows that can be taken into the country for the purposes of the AIDS response for all sectors.

2. Focus on the relationship to other partners and arenas

- The NAP has no formalized relationship to the coordinating mechanism for the PRSP, although the HIV/AIDS department is collaborating with the group in charge of PRSP strategy.
- It does have a formalized relationship with the CCM.
- It does not have a formalized relationship to bilateral initiatives or the UN Theme Group.
- It does have a formalized relationship to national NGO and private-sector partnerships.

National Ownership and Political Leadership

- CONASIDA is actively used by national authorities as tool for concerted action against AIDS.
- CONASIDA is a tool for coordinating external partners.
- CONASIDA is a tool for coordinating the civil society and private-sector partners in the AIDS response.
- NAP is actively used by all political parties and interest groups to enable an effective response.

Surinam

One AIDS Action Framework

1. Programming

- Strategic Framework runs from 2004 – 2008, not updated.
- About 24 planning/programming missions by donors/partners, some compatible with the AIDS Action Framework and some not. Some duplication.

2. ART rollout

- The current treatment and care plan runs from 2002 – 2008. Not updated.
- No missions on ART rollout.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 100% nationwide and in urban centres.
  - Registered nurses: 75% nationwide and in urban centres.
  - Auxiliary nurses: 80% nationwide and in urban centres.
  - Health aides: 90% nationwide.
- The lack of specific groups of health personnel – trained counsellors, nurses and trained health educators – is a major barrier to effective AIDS action. Suriname has been suffering from a brain drain in all sectors for some years due to the prolonged socio-economic crisis.
- There are no mechanisms for harmonizing incentives and salaries in the NGO sector, for retaining staff in the public sector nor for coordinating technical assistance. There are mechanisms for licensing, standards and norms.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- The procurement system for ART is separate from the regular national procurement system. The ARV treatment fund coordinates procurement of ARVs through the local family planning association.
- There are no separate procurement systems for ART.
- Based on financial capability, users pay a monthly contribution for ART. This applies to all users. Some companies pay these expenses for their employees.

One AIDS Authority

1. Management and allocation of resources

- The NAC is not the central body that receives and allocates all external finance for the AIDS response, nor does it manage information about all external finance for AIDS in the country.
- The NAC is currently not functioning. Within the context of the NSP implementation, the national coordinating mechanism is being reviewed and revised.
- NAC has no formal reporting lines to the Ministry of Finance.
- The Ministry of Finance does not set budget ceilings for financial flows that can be taken into the country for the purposes of the AIDS response for all sectors.

2. Focus on the relationship to other partners and arenas

- The NAP has no formalized relationship to the coordinating mechanism for the PRSP, to bilateral initiatives nor the UN Theme Group. But it does have to the CCM, to national NGO and private/sector partnerships.

National Ownership and Political Leadership

- The NAC is currently not functioning.

Trinidad and Tobago

One AIDS Action Framework

1. Programming

- Strategic Framework runs from 2004 – 2008, not updated.
- About three planning/programming missions by donors/partners, compatible with the AIDS Action Framework. However NSP only launched in 2004, and a strong national coordinating authority also established in 2004, so no clear agenda set before 2004. Some duplication.

2. ART rollout

- Update in progress of national treatment and care plan.
- Two missions on ART rollout, compatible with AIDS Action Framework and treatment and care plan, no duplication.

3. Human Resources

- There is no information available on the proportion of staff posts in government health services filled.
- The lack of health personnel is a major barrier to effective AIDS action.
- There are no mechanisms for harmonizing incentives and salaries in the NGO sector nor for retaining staff in the public sector. There are mechanisms for licensing, standards and norms, and for coordinating technical assistance.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- The procurement system for ART is the same as the regular national procurement system.
- There are no separate systems for user fees and charges for AIDS care and treatment in the public or NGO sectors.

One AIDS Authority

1. Management and allocation of resources

- The NAC receives and allocates finance for part of the AIDS response in the country and has some responsibility for managing information about external finance for AIDS.
- NAC has no formal reporting lines to the Ministry of Finance.
- The Ministry of Finance does not set budget ceilings for financial flows that can be taken into the country for the purposes of the AIDS response for all sectors.

2. Focus on the relationship to other partners and arenas

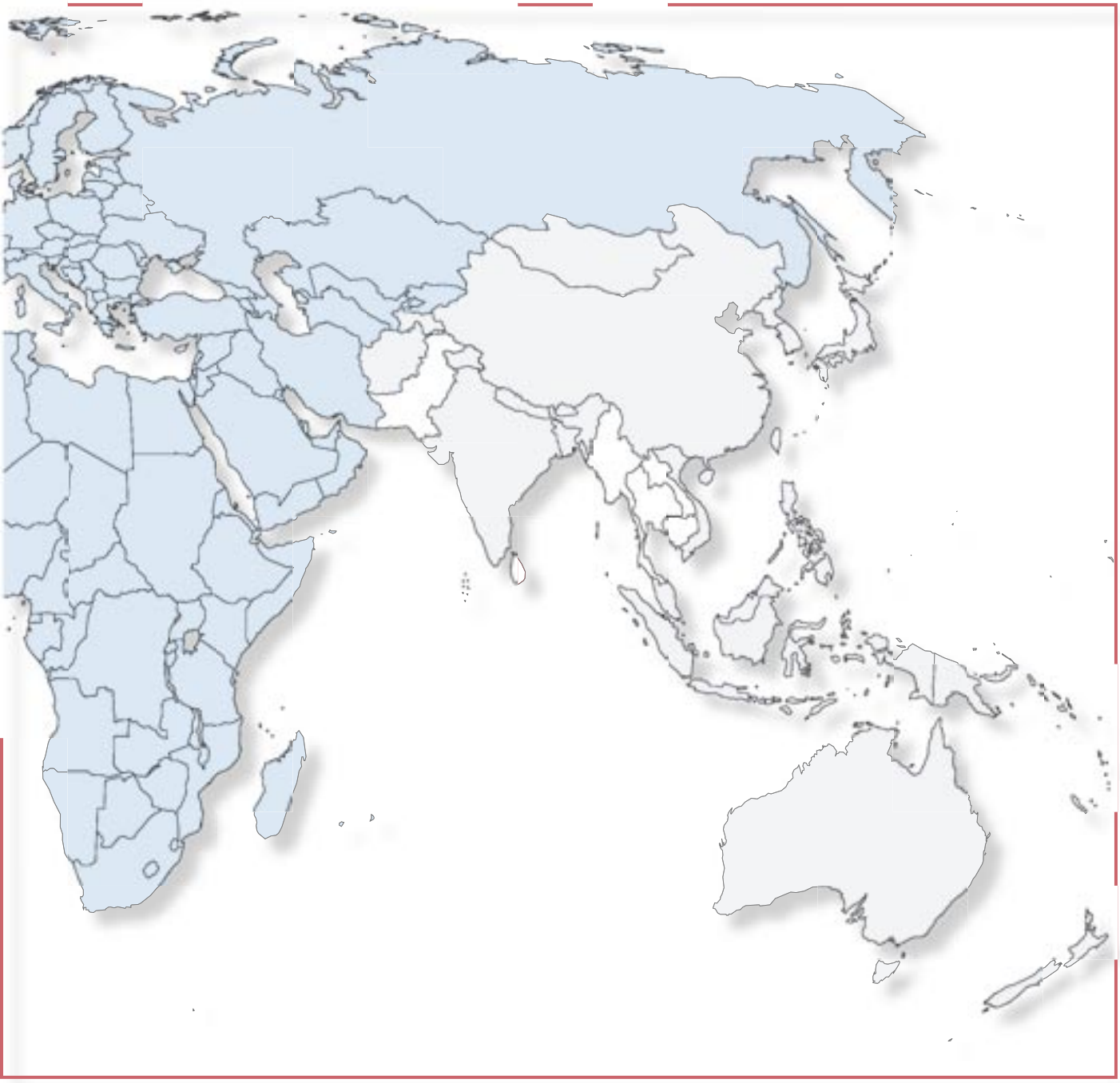
- The NAP has a formalized relationship to the CCM, to bilateral initiatives, to national NGO and private-sector partnerships and the UN Theme Group.

National Ownership and Political Leadership

- NAC is actively used by national authorities as a tool for concerted action against AIDS.
- NAC is a tool for coordinating external partners.
- The NAC is the tool for coordinating civil-society and private-sector partners in the AIDS response.
- NAP is not actively used by all political parties and interest groups to enable an effective response.
- The formal roles and responsibilities between the multisector and multistakeholder NAC and the sector ministry responsible (MoH) are not clearly defined.

UNAIDS

Asia



Country-specific findings

Joint United Nations Programme on HIV/AIDS

UNAIDS

UNICEF • WFP • UNDP • UNFPA • UNODC
ILO • UNESCO • WHO • WORLD BANK

Cambodia

One AIDS Action Framework

1. Programming

- Strategic Framework runs from 2001 – 2005, not updated.
- About seven planning/programming missions by donors/partners, partially compatible with the AIDS Action Framework. Considerable duplication.

2. ART rollout

- The National treatment and care plan runs from 2004 – 2009. It has been updated within the last two years.
- About three missions on ART rollout, compatible with AIDS Action Framework and treatment and care plan.

3. Human Resources

- No data was available on the proportion of staff posts in government health services filled.
- The lack of health personnel is a major barrier to effective AIDS action, as well as the need for financial support. The availability of qualified personnel is very limited because of past conflict.
- The country is in the process of establishing various standards and mechanisms for licensing, quality assurance etc. Efforts are being made to harmonize incentives for government staff and to introduce performance-based incentives. No such mechanism exists for NGOs.
- Guidelines and mechanisms are being developed for licensing, standards and norms. Training of key personnel is under way.
- Donor-government meetings are being held on the coordination of technical assistance.

4. Procurement

- There is a central medical store. A national regulatory authority for pharmaceuticals is in the process of being established. There is a supply chain that ensures continuity in supplies to health units but often drugs are out of stock.
- The procurement and distribution system is weak. Appropriate storage is also a problem
- The procurement system for ART is separate from the regular national procurement which was not seen as suitable for procurement of ARVs under the GFATM, so WHO was requested to procure for the government.
- A suitable system for the public sector is being established with technical assistance from UNDP.
- Each NGO has its own procurement system. Many do not plan ahead and obtain bids, but just buy off the shelf from pharmacists whenever they require the drugs. This is a major issue to be handled in standardizing ART.

- The private sector is largely unregulated, with several legal and non-legal sources being used.
- The public sector charges user fees, as for other healthcare, with the option of free treatment for the poor.
- There is no standardisation among NGOs; several provide free treatment.
- The private sector is free to charge whatever practitioners wish.

One AIDS Authority

The multistakeholder National AIDS Committee (NAC) is appointed by the Minister of Health as an advisory body on policy to the minister. The programme manager of the NAPS (which is a sub programme of the MoH and not a secretariat to the NAC) is an ex-officio member.

1. Management and allocation of resources

- The NAC is not the central body that receives and allocates all external finance for the AIDS response, nor does it manage information about all external finance for AIDS in the country. The NAC does not manage or receive funds. The aim is to make it the centre for coordinating information regarding funds. However there is a long way to go, as NGOs are not required to disclose their income or get clearance from the government for receiving foreign grants.
- NAC has no formal reporting lines to the Ministry of Finance.
- The Ministry of Finance does not set budget ceilings for financial flows that can be taken into the country for the purposes of the AIDS response for all sectors.

2. Focus on the relationship to other partners and arenas

- The NAC has a formalized relationship with the CCM. Its chair is vice-chair of the CCM, and the Secretary-General is a member of the CCM.
- The NAC is on the steering committee for DFID. USAID money goes directly to NGOs; the NAC is not consulted.
- The NAC includes a representative of the Cambodian Red Cross and the NGO network.
- NAC is on the steering committee of the private-sector project.
- UN Theme Group co-chairs NAC coordinating committee.

National Ownership and Political Leadership

- NAC is actively used by national authorities as tool for concerted action against AIDS.
- NAC is a tool for coordinating external partners.
- The NAC is partially the tool for coordinating the civil-society and private-sector partners in the AIDS response.
- NAP is actively used by all political parties and interest groups to enable an effective response.
- The formal roles and responsibilities between the multisector and multistakeholder NAC and the sector ministry responsible (MoH) are defined, but there is a lack of clarity in operation, and a fair amount of tension and rivalry with the MoH institution – NCHADS.

India

One AIDS Action Framework

1. Programming

- Strategic Framework runs from 1999 – 2006, not updated within the last two years.
- Two planning/programming missions by donors/partners, compatible with the AIDS Action Framework. Some duplication.

2. ART rollout

- The national AIDS treatment and care plan runs from 2004. It has been updated.
- One mission on ART rollout, compatible with the AIDS Action Framework and the treatment and care plan.
- The recent WHO-UNAIDS 3 by 5 mission supports the National AIDS Control Organizations's (NACO) free ARV initiative.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 73% nationwide.
  - Registered nurses: 86% nationwide.
- The lack of health personnel is a major barrier to effective AIDS action.
- The Central Ministry of Health and the state health departments coordinate the standards, norms and staff in the public sector.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units. All drugs and medication are procured centrally, as well as directly at the state level.
- ARVs are being procured for PEP and PMTCT through the central procurement system of the central government (World Bank aided NACP II). ARV treatment plan has been launched on 1 April, and no procurement plan is yet in place.
- No single procurement system exists for the private sector.
- ARVs are provided free of charge in the six high-prevalence states. In other states only treatment for opportunistic infections is provided free.
- In the private sector, patients have to pay.

One AIDS Authority

1. Management and allocation of resources

- The NACO is not the central body that receives and allocates all external finance for the AIDS response, nor does it manage information about all external finance for AIDS in the country. These functions are carried out by the MoH.
- NACO has formal reporting lines to the Ministry of Finance.
- The Ministry of Finance does set budget ceilings for financial flows that can be taken into the country for the purposes of the AIDS response for the public sector only.

2. Focus on the relationship to other partners and arenas

- The NACO is located within the MoH, and the MoH chairs the CCM. Bilateral agreements are signed between agencies and the NACO. NACO and the states have direct agreements with the NGOs, and a formal partnership is now being developed with the private sector. NACO participates in the UN Theme Group.

National Ownership and Political Leadership

- NACO is actively used by national authorities as a tool for concerted action against AIDS.
- NACO is a tool for coordinating external partners, civil society and private-sector partners in the AIDS response.
- NACO is actively used by all political parties and interest groups to enable an effective response.
- The national AIDS committee and the National AIDS Control Board are the highest supervisory authority.
- NACO is part of the MoH. The roles of the NACO-National AIDS Control Programme and some ministries are clearly defined in signed agreements. In other cases it may be more informal, and also ministries may implement their own HIV/AIDS programmes without much consultation with NACO.

Laos

One AIDS Action Framework

1. Programming

- Strategic Framework runs from 2002 – 2005, updated.
- Seventeen planning/programming missions by donors/partners, compatible with the AIDS Action Framework. No duplication.

2. ART rollout

- There is no specific national AIDS treatment and care plan. It is part of the AIDS Action Framework. In some pilot provinces there is a plan on treatment of opportunistic infections ,and support for PLWHA and their families, but not yet for ART.
- Two missions on ART rollout, compatible with AIDS Action Framework.

3. Human Resources

- There are no standard staffing norms for health/AIDS in Lao PDR.
- A lack of health personnel does constrain effective AIDS action, but there is also a problem of the lack of clarity of job descriptions and capacity building in HIV/AIDS. Multisectoral response is expanded. Not only health personnel working on HIV/AIDS.
- There are mechanisms for harmonizing incentives and salaries in the NGO sector, for retaining staff in the public sector and for coordinating technical assistance. There is no mechanism for dealing with licensing, standards and norms.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units but it only operates in some provinces.
- ARVs are only available in one hospital – Savannahket – in Lao PDR. The medicine and equipment are funded by Medecins sans Frontieres (MSM) as part of a five-year project started in 2003.
- MSM provides ARVs free in their project.

One AIDS Authority

1. Management and allocation of resources

- The National Committe for the Control of AIDS Bureau (NCCAB) is not the central body that receives and allocates all external finance for the AIDS response, nor does it manage information about all external finance for AIDS in the country. It receives and allocates some finance and has some responsibility for managing information about external finance.

- The NCCAB is the coordinating body for the multisectoral response on HIV/AIDS in Lao PDR.
- NCCAB has no formal reporting lines to the Ministry of Finance.
- The Ministry of Finance does not set budget ceilings for financial flows that can be taken into the country for the purposes of the AIDS response for any sectors.

2. Focus on the relationship to other partners and arenas

- The NCCAB has a formalized relationship with the CCM, bilateral initiatives, national-NGO and private-sector partnerships and the UN Theme Group.

National Ownership and Political Leadership

- The NCCAB is actively used by national authorities as a tool for concerted action against AIDS.
- NCCAB is a tool for coordinating external partners in the AIDS response.
- The NCCAB is a tool for coordinating the civil-society and private-sector partners in the AIDS response.
- The NCCAB is actively used by all political parties and interest groups to enable an effective response.
- The NCCAB was reformulated in early 2003. It consists of 14 representatives from 12 ministries. Definitions of terms of references and responsibilities of each member is now in progress.

Myanmar

One AIDS Action Framework

1. Programming

- MoH is preparing an updated version of the Strategic Framework. In the interim there is the 'Joint Programme' that runs from 2003 – 2005. The government is a partner.
- At least six planning/programming missions by donors/partners, compatible with the AIDS Action Framework. No duplication.

2. ART rollout

- Two missions on ART rollout, compatible with AIDS Action Framework. No duplication.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 75% nationwide, 90% in urban centres.
  - Resgistered nurses: 95% nationwide, 97% in urban centres.
  - Auxiliary nurses: 90% nationwide.
  - Health aides: 95% nationwide.
- The lack of staff with public health training does constrain effective AIDS action.
- There are mechanisms for licensing, standards and norms, and for retaining staff in the public sector (a punitive system for absconding from public service). There are no mechanisms for harmonizing incentives and salaries. In the NGO sector or for coordinating technical assistance.

4. Procurement

- There is a central medical store and a national regulatory authority for pharmaceuticals but no supply chain that ensures continuity in supplies to health units.
- There is a UN procurement system for ARVs. The NGO system and the private sector is using official channels and informal channels across the border.
- The public sector has a cost-sharing system for ARVs.
- The NGO sector provides ARVs free of charge.
- The private sector charges expensive rates.
- There are no conflicting practices between different sectors for user fees and drugs charges, but not significantly between different partners within a sector.

One AIDS Authority

1. Management and allocation of resources

- The National AIDS Committee is not the central body that receives and allocates all external finance for the AIDS response, nor does it manage information about all external finance for AIDS in the country. Donors don't deal with the Myanmar government.
- The national AIDS response is effectively coordinated by the Joint Programme on HIV/AIDS in Myanmar.
- NAC has no formal reporting lines to the Ministry of Finance.
- The Ministry of Finance does not set budget ceilings for financial flows that can be taken into the country for the purposes of the AIDS response for any sectors.

2. Focus on the relationship to other partners and arenas

- The NAC has a formalized relationship with the CCM – they have members who are on both boards, but not to bilateral initiatives, national NGO and private sector partnerships or the UN Theme Group.

National Ownership and Political Leadership

- NAC is not actively used by national authorities as its tool for concerted action against AIDS.
- NAC is not a tool for coordinating external partners in the AIDS response.
- The NAC is not a tool for coordinating the civil society and private sector partners in the AIDS response.
- NAC is not actively used by all political parties and interest groups to enable an effective response.
- As NAC is formed by, and focused only on, the government, not all the partners get to work with it.
- The role of the MoH is clearly defined in the AIDS response. NAC is a multi-ministerial body, not a wider spectrum multistakeholder committee.

Nepal

One AIDS Action Framework

1. Programming

- National strategy runs from 2002-2006, has been updated.
- At least five planning/programming missions by donors/partners, compatible with the AIDS Action Framework. No duplication.

2. ART rollout

- National AIDS treatment and care plan runs from 2003-2007.
- Two missions on ART rollout, compatible with AIDS Action Framework and treatment and care plan, no duplication.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 60% nationwide.
  - Registered nurses: 70% nationwide.
  - Auxiliary nurses: 70% nationwide.
  - Health aides: 80% nationwide.
- The lack of health staff is a major barrier to effective AIDS action.
- There are no mechanisms for harmonizing incentives and salaries, for licensing, standards and norms, for retaining staff in the public sector or for coordinating technical assistance.

4. Procurement

- There is no well-recognized national system of procurement.
- There is a procurement system for ARVs in development.
- The public, NGO and private sectors have separate systems for user fees and drug charges for AIDS care and treatment.
- There are conflicting policies between different sectors for user fees and drugs charges.

One AIDS Authority

1. Management and allocation of resources

- The NAC has formal reporting lines to the Ministry of Finance.
- The MoF does not set budget ceilings for the financial flows that can be taken into the country for the purposes of the AIDS response.

2. Focus on the relationship to other partners and arenas

- The NAC has a formalized relationship to the CCM, bilateral initiatives, national-NGO and private-sector partnerships and the UN Theme Group.

National Ownership and Political Leadership

- NAC is actively used by national authorities as a tool for concerted action against AIDS.
- NAC is a tool for coordinating external partners in the AIDS response.
- The NAC is a tool for coordinating the civil-society and private-sector partners in the AIDS response.
- The answers are more a vision than a reality, but this is what is planned.
- The roles and responsibilities between the multisector and mutlistakeholder NAC and the sector ministry are not clearly defined.

Pakistan

One AIDS Action Framework

1. Programming

- National strategy runs from 2001–2006. It has not been updated.
- More than six planning/programming missions by donors/partners, compatible with the AIDS Action Framework. No duplication.

2. ART rollout

- National AIDS treatment and care plan runs from 2004. It has been updated within the last two years.
- Two missions on ART rollout, compatible with AIDS Action Framework and treatment and care plan. No duplication.

3. Human Resources

- No data available on the proportion of staff posts in government health services filled.
- There are some constraints on effective AIDS action because most health personnel are yet to receive training in HIV/AIDS.
- Mechanisms for dealing with the coordination of scarce human resources for health and AIDS action are being addressed.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- There is a GFATM procurement system for ARVs through UNICEF.
- The public and NGO sectors provide free ARVs (mostly in NGO sector). The private sector charges fees.
- There are no conflicting policies between different sectors for user fees and drugs charges.

One AIDS Authority

1. Management and allocation of resources

- The NACP is the central body that receives and allocates external finance for AIDS response for the public sector.
- NACP and the Economic Affairs Division manage information about all external finance for AIDS in the country.
- The NACP has formal reporting lines to the Ministry of Finance.

- The MoF sets budget ceilings for the public sector for the financial flows that can be taken into the country for the purposes of the AIDS response, but not for the NGO or private sectors.

2. Focus on the relationship to other partners and arenas

- The NAC has a formalized relationship to the coordinating mechanism for the PRSP, to the CCM, to bilateral initiatives, national-NGO and private-sector partnerships and the UN Theme Group.

National Ownership and Political Leadership

- NACP is actively used by national authorities as its tool for concerted action against AIDS.
- NACP is a tool for coordinating external partners in the AIDS response but not for local NGO projects.
- The NACP is a tool for coordinating the civil-society and private-sector partners in the AIDS response. A National Partnership Forum is to be established.
- The trend is towards the NACP being actively used by all political parties and interest groups to enable an effective and vigorous AIDS response.
- The roles and responsibilities between the multisector and multistakeholder NAC and the sector ministry are clearly defined, particularly with the MoH. Much work needs to be done with regard to non-health sector ministries and stakeholders.

Sri Lanka

One AIDS Action Framework

1. Programming

- Strategic Framework runs from 2002 – 2006.
- At least four planning/programming missions by donors/partners, compatible with the AIDS Action Framework. No duplication.

2. ART rollout

- As yet no national treatment and care plan, although NSACP has prepared a first-draft funding proposal for the MoH, not yet shared with partners.
- One mission on ART rollout, and one WB/WHO mission planned for May 2004, compatible with AIDS Action Framework.

3. Human Resources

- Data was not available on the proportion of staff posts in government health services filled. Informed that posts are not filled in the north and east of the country, and shortages especially serious among heath aides.
- The lack of health personnel is a major barrier to effective AIDS action in certain parts of the country, but the main barrier is the attitude of health professionals towards PLWHA and their reported failure to use universal precautions and to screen blood according to policy directives.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals (recent assessment found quality of procedures not good), and a supply chain that ensures continuity in supplies to health units.
- Drugs are available at all levels of the system but there are reports of drugs not being given to patients and left to sit on shelves unused.
- The public sector does not charge user fees for PLWHA.
- Services provided by two NGOs are free. Drugs are not provided except on a case by case basis, for which NGOs seek private funding.
- The private sector charges fees.

One AIDS Authority

The NAC is not functioning as intended. It has one hour meetings every quarter at which the Secretary of the MoH discusses detailed implementation issues with the Director of the NSACP. The other sectors and stakeholders are not really involved.

1. Management and allocation of resources

- The Ministry of Finance must sign off on each new grant/loan agreement, and this is done on a case-by-case basis, not within a pre-agreed ceiling.

2. Focus on the relationship to other partners and arenas

- The NAC has a formalized relationship with the CCM; chair of both is the Secretary of the MoH.
- The NAC has no formalized relationship with bilateral initiatives or national NGO partnerships (there are NGO members on the NAC).
- The NAC has a formalized relationship with the private sector and the UN Theme Group.

National Ownership and Political Leadership

- NAC is not actively used by national authorities as tool for concerted action against AIDS. It is not used for policy discussion.
- NAC is not a tool for coordinating external partners. There are few external partners and the UN essentially provides all external support.
- The NAC is not the tool for coordinating the civil-society and private-sector partners in the AIDS response.
- NAC is not actively used by all political parties and interest groups to enable an effective response.
- The NAC is not effective, does not encourage discussion of issues and is not well-attended due to the health focus of the agenda and lack of substantive discussion. It is hoped that the Chair will change after elections, and that this will provide the opportunity for the NAC to take a more active role in encouraging a pro-active, coordinated and multi-sector response.
- The formal roles and responsibilities between the multisector and multistakeholder NAC and the sector ministry responsible (MoH) are not clearly defined because they are essentially one and the same.
- From the Sri Lanka experience it seems critical that the NAC operate outside the MoH. However, as long as prevalence remains low and the government is focused on the peace process and the economy, no change is foreseen in the near future.

Thailand

One AIDS Action Framework

1. Programming

- The second national strategic framework runs from 2000 – 2006.
- No planning/programming missions by donors/partners when the country itself started a national planning exercise, conducted by the Secretariat of the National AIDS Committee. It involved all sectors, including UNAIDS Secretariat and key Cosponsors. The WB also commissioned a consultant team to review HIV/AIDS situation and provide recommendations. These were used for programming to add value to existing framework.

2. ART rollout

- Treatment and care has been integrated into the current National AIDS Plan and specifically into the National Health Assurance Scheme and National Social Insurance, as well as the GFATM first-round-approved project. This has assured targets for ARVs as follows: 23,000 people in 2003; 70,000 in 2004; 100,000 in 2005.
- No direct missions on ART rollout, but two initiatives to help Thailand in organizing a study tour to Brazil and an assessment of ARV production capacity, compatible with AIDS Action Framework and treatment and care plan.

3. Human Resources

- No data available on the proportion of staff posts in government health services filled.
- The lack of health personnel is a major barrier to effective AIDS action.
- There are mechanisms for licensing, standards and norms, for retaining staff in the public sector and for coordinating technical assistance. There is no mechanism for harmonizing incentives and salaries.

4. Procurement

- There is a central medical store. A national regulatory authority for pharmaceuticals is in the process of being established.
- The procurement system for ART in the public sector is not separate from the regular national procurement.
- There are separate systems for user fees and charges for AIDS care and treatment. In the public sector, charges depend on whether a patient is within the quota provided by the government. The NGOs mostly provide free ARVs. The private sector charges.
- There are conflicting policies between different partners in the AIDS response regarding fees, etc. The NGOs wanted the government to cover ART 100%, while the government wanted to plan and take several years.

One AIDS Authority

The National AIDS Committee (NAC)'s Secretariat at the MOPH has managed coordinating mechanisms from provincial to national levels and resources to work with other ministries and sectors.

1. Management and allocation of resources

- The NAC has managed only the government finance for HIV/AIDS and some external finance.
- NAC does have formal reporting lines to the Ministry of Finance.
- The Ministry of Finance does set budget ceilings for financial flows that can be taken into the country for the purposes of the AIDS response for all sectors.

2. Focus on the relationship to other partners and arenas

- The NAC has a formalized relationship to the coordinating mechanism of the PRSP, with the CCM; to bilateral initiatives; to national-NGO and private-sector partnerships; and to the UN Theme Group.

National Ownership and Political Leadership

- NAC is actively used by national authorities as a tool for concerted action against AIDS.
- NAC is a tool for coordinating external partners.
- The NAC is the tool for coordinating the civil-society and private-sector partners in the AIDS response.
- NAP is actively used by all political parties and interest groups to enable an effective response.
- The formal roles and responsibilities between the multisector and multistakeholder NAC and the sector ministry responsible (MoH) are clearly defined, but in practice the representatives are not on the same level.

Viet Nam

One AIDS Action Framework

1. Programming

- Strategic Framework runs from 2004 – 2010 with a vision to 2020. Updated.
- At least 20 planning/programming missions by donors/partners. Considerable duplication.

2. ART rollout

- The national treatment and care plan has been updated within the last two years. Period of time not known. WHO prepared a draft with the MoH more than a year ago, but it hasn't yet been shared with anyone else.
- About four missions on ART rollout. Considerable duplication.

3. Human Resources

- No clear information on the proportion of staff posts in government health services filled. Generally the proper number of posts is very small, and contract staff are used to meet actual staffing needs, so overstaffing is the norm.
- The lack of management skills among health personnel is the most critical barrier to effective AIDS action, as well as the fact that there is little use of health staff other than doctors.
- There are no mechanisms for harmonizing incentives and salaries, for retaining staff in the pubic sector or coordinating technical assistance.
- Health services are provided by the government and government doctors practizing out of hours as private doctors. There is little NGO health service provision.

4. Procurement

- There is no central medical store. There is a national regulatory authority for pharmaceuticals ,and drugs on the essential drug list are always available at all levels.
- Procurement for ART has hardly begun; only 100 patient are currently being treated through the government system. GFATM first-round funds are being used to expand to about 700 patients, and procurement is done through WHO.
- The private sector procures drugs from drug companies who buy locally and import.
- The private sector is free to charge whatever practitioners wish.

One AIDS Authority

1. Management and allocation of resources

- The NAC is not the central body that receives and allocates all external finance for the AIDS response, nor does it manage information about all external finance for AIDS in the country. This is done by the Ministry of Planning and Investment.
- There is a National Committee on Drugs, Prostitution and HIV Prevention, which is chaired by a Deputy Prime Minister and is multi-sectoral. The AIDS section of the MoH is the functional unit responsible for HIV/AIDS.
- NAC has no formal reporting lines to the Ministry of Finance.
- The Ministry of Finance does not set budget ceilings for financial flows that can be taken into the country for the purposes of the AIDS response for all sectors.

2. Focus on the relationship to other partners and arenas

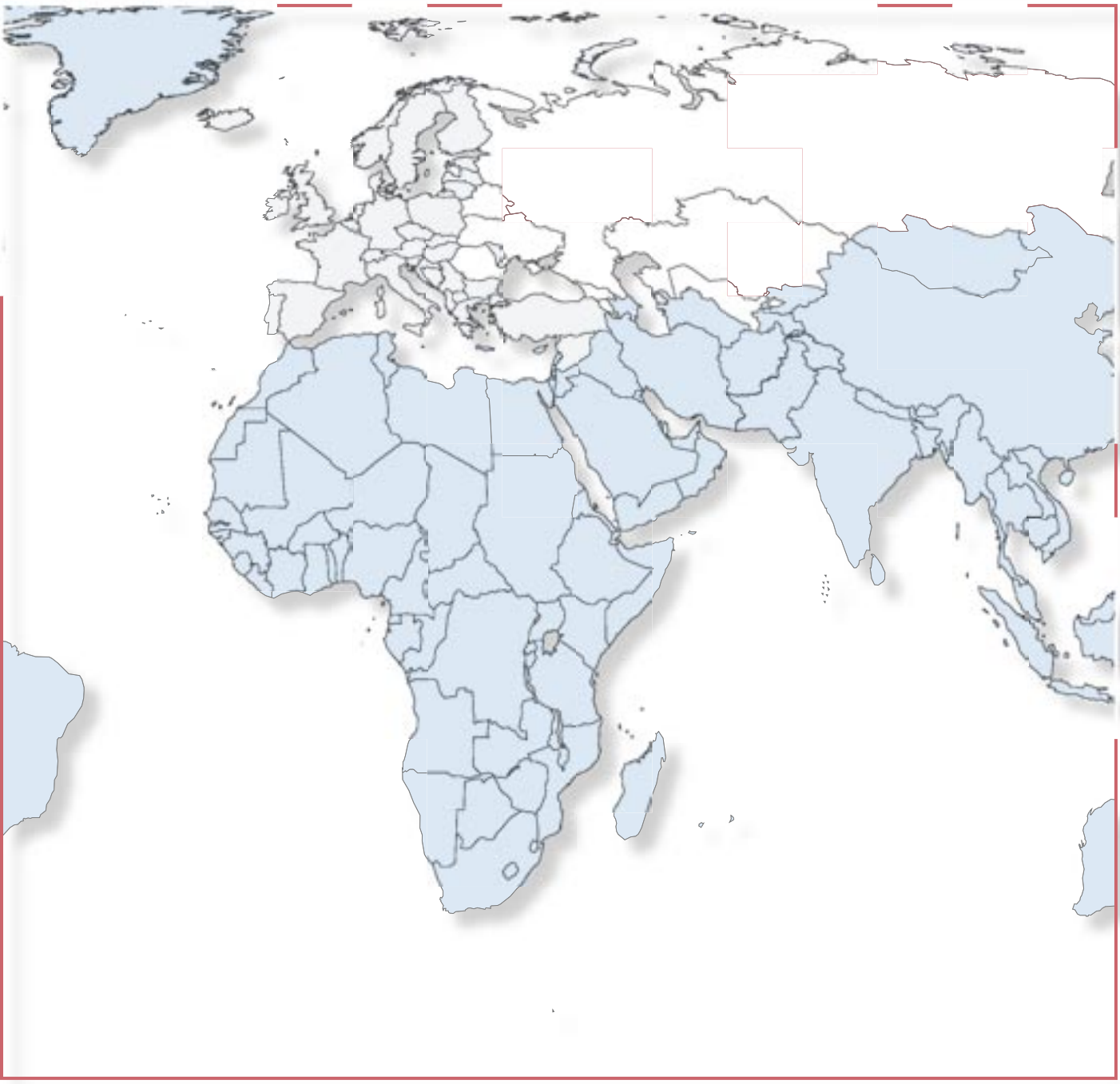
- The NAC does not have a formalized relationship with other partners and arenas. The NAC is a government institution without international links or partners. UN agencies may be asked to attend meetings as observers.

National Ownership and Political Leadership

- NAC is intended to be actively used by national authorities as tool for concerted action against AIDS, but it is essentially a formal structure that meets once a year to endorse reports.
- NAC is not a tool for coordinating external partners.
- The NAC is not the tool for coordinating the civil-society and private-sector partners in the AIDS response.
- There is very little multisectoral coordination, and HIV/AIDS has very much been dominated by the MoH. The new National Strategy provides an opportunity for a more multisectoral approach but implementation of this will be a challenge.

UNAIDS

Europe



Country-specific findings

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • WFP • UNDP • UNFPA • UNODC
ILO • UNESCO • WHO • WORLD BANK

Armenia

One AIDS Action Framework

1. Programming

- Strategic Framework 2002-2006. Not updated because so recently developed.
- Four planning/programming missions by donors/partners. Some duplication.
- Donor programming compatible with AIDS Action Framework.

2. ART rollout

- No national AIDS treatment and care plan.
- There has been one mission on ART. Compatible with the AIDS Action Framework.

3. Human Resources

- All staff posts in government health services are filled.
- There are no mechanisms for harmonizing incentives and salaries with the NGO sector; for licensing, standards and norms; for retaining staff in the public sector, or coordinating technical assistance.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- ARV treatment is not currently available.

One AIDS Authority

1. Management and allocation of resources

- The National AIDS Center does not receive and allocate all external finances for the AIDS response, but it does receive government funds to spend on AIDS and for infrastructure.
- It does not manage all information about all external finance for AIDS in the country but has some responsibility for this.
- The NAC has no formal reporting lines to the Ministry of Finance. It reports to MoH, which reports to MoF.
- The MoF does not set budget ceilings for financial flows into the country for the AIDS response.

2. Focus on the relationship to other partners and arenas

- The NAC has a formalized relationship to the coordinating mechanism for the PRSP; to the CCM (NAC acts as Secretariat to CCM) and bilateral initiatives; to national NGO partnerships, and to the UN Theme Group. A formalized relationship with national, private-sector partnerships is not well developed.

National Ownership and Political Leadership

- NAC is actively used by national authorities as a tool for concerted action against AIDS, but this needs strengthening.
- NAC is the tool for coordinating external partners.
- NAC is not the tool for coordinating the civil-society and private-sector partners in the AIDS response.
- NAC is not actively used by all political parties and interest groups to enable an effective response. Political parties don't play a role in HIV/AIDS issues.
- Formal roles and responsibilities between the NAC and the MoH are clearly defined.

Belarus

One AIDS Action Framework

1. Programming

- Strategic Programme on HIV Prevention for 2001-2005, Strategic Plan of National Responses to HIV/AIDS Epidemic for 2001-2003 (a new one for 2004-2008 is being prepared).
- About six planning/programming missions by donors/partners. Some duplication.
- Donor programming compatible with AIDS Action Framework. All technical activities are being cleared and registered by central authorities under condition that they comply with, or not contradict, the National Strategy.

2. ART rollout

- No national AIDS treatment and care plan is available, excluding plan within proposal to GFATM.
- There has been one mission on ART.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 95% nationwide.
  - Registered nurses: 98% nationwide.
- The number of personnel is adequate to the current stage of the epidemic but the demand for doctors trained in ART treatment and for nurses providing care for PLWHA may sharply grow in the next two to three years.
- National legislation sets up a unified framework for the coordination of human resources policies for all sector, including public health sector. There is no specific coordination of human resources for HIV/AIDS.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units. There is a national procurement system for the health service in place that fits all international standards and current needs.
- There is no separate system for the procurement of ARVs.
- There are no user fees or charges for ART in the public sector.

One AIDS Authority

1. Management and allocation of resources

- The NAC is not the central body that receives and allocates all external finances for the AIDS response. The NAC coordinates activities of regional authorities and government institutions that are funded mostly from decentralized budgets.
- The MoH and the National AIDS Prevention Center in the capacity of the NAC Secretariat manage information about all external finance for AIDS in the country. Information about all technical assistance projects funded from external sources is managed by the Ministry of Economy.
- The NAC does not have formal reporting lines to the Ministry of Finance.
- The MoF does not set budget ceilings for financial flows into the country for the response.

2. Focus on the relationship to other partners and arenas

- The NAC has a formalized relationship to the CCM (which has been created on the basis of the NAC) and to the UN Theme Group. It does not have formalized relationships with bilateral initiatives, national NGO partnerships or national private sector partnerships.

National Ownership and Political Leadership

- NAC is actively used by national authorities as tool for concerted action against AIDS.
- NAC is the tool for coordinating external partners, and for coordinating the civil society and private sector partners in the AIDS response.
- NAC is not actively used by all political parties and interest groups to enable an effective response.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are clearly defined.

Georgia

One AIDS Action Framework

1. Programming

- Strategic Framework 2003-2007. Updated.
- Two planning/programming missions by donors/partners. No duplication.
- Donor programming compatible with AIDS Action Framework.

2. ART rollout

- The national AIDS treatment and care plan has been updated, and it is part of the overall national strategic plan.
- There have been no missions on ART roll out.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 40.5% nationwide.
  - Registered nurses: 46.7% nationwide.
  - Auxiliary nurses: 12.8% nationwide.
- The national healthcare system has been overstaffed though the quality of services and human resource capacities must be improved.
- There are mechanisms for licensing, standards and norms, and for dealing with technical assistance.

4. Procurement

- There is a national procurement system within the national legislation procedures that need improvement. Contracting international procurement mechanisms for medicine and commodity procurement has not yet been explored by the government.
- There is a national regulatory authority for pharmaceuticals.
- There is no separate system for the procurement of ARVs.
- From 2004 ARV treatment will be provided through GFATM support free to all those PLWHA who need it.
- Up to 2004, the private sector was playing a leading role in provision of ARVs to PLWHA who could afford them. It is now expected that referrals to the private sector will be greatly reduced. Average cost of ART is about US$3000 per patient per year.

One AIDS Authority

1. Management and allocation of resources

- The NAC (National AIDS Centre) is not the central body that receives and allocates all external finances for the AIDS response. The NAC manages information about external finance for AIDS in the country.
- Officially the NAC – ie, Government Commission serving as the CCM – has to report to all member agencies, including the Ministry of Finance. That has not been followed adequately. Currently CCM is under registration as a legal entity with a specific charter and provisions for coordinating relationships with state authorities.
- The MoF does set budget ceilings for financial flows into the country for the response. In addition to the state allocations for the National AIDS Programme, the national authorities have to provide estimates of external financial support provided to individual programmes (including AIDS) for the current year. The ceiling is determined by the fund estimation. Once the Annual State Budget is approved by the Ministry of Finance and Parliament, government partners cannot exceed the ceiling for donor assistance.

2. Focus on the relationship to other partners and arenas

- The CCM was originally composed of government representative. It has also engaged the NGO sector and UN/international partners. It has official relations with the UN Theme Group.

National Ownership and Political Leadership

- NAC is actively used by national authorities as a tool for concerted action against AIDS.
- NAC is the tool for coordinating external partners, and for coordinating the civil society and private sector partners in the AIDS response.
- NAC is actively used by all political parties and interest groups to enable an effective response, but not very effectively.
- The CCM has been mainly ensuring official endorsement of the documents, decisions prepared and worked out at a lower, technical level of consultations.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are defined, but not specifically. Terms of reference are more general, thereby calling for revision of the CCM charter and provisions for clearer delineation of responsibilities among partners.

Kazakhstan

One AIDS Action Framework

1. Programming

- Strategic Framework 2001-2005. Updated.
- Six planning/programming missions by donors/partners. Considerable duplication.
- Donor programming not always compatible with AIDS Action Framework. Most missions were focused on analysis, and the AIDS Action Framework is mainly focused on practical activities for prevention, treatment and support to PLWHA.

2. ART rollout

- The national AIDS treatment and care plan runs from 2004-2005, and it has been updated.
- There have been two missions on ART roll out, compatible with AIDS Action Framework and treatment and care plan. Some duplication.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 95% nationwide, 99% in urban centres.
  - Registered nurses: 98% nationwide, 99% in urban centres.
  - Auxiliary nurses: 95% nationwide, 99% in urban centres.
  - Health aides: 98% nationwide, 98% in urban centres.
- There is no problem with numbers of healthcare personnel. It is still a country with low prevalence of HIV/AIDS, and like many other post Soviet countries, has numbers of doctors and nurses per 1,000 population comparable with numbers in high-income countries (3.5 and 6.5 accordingly).

4. Procurement

- There is a central medical store, national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units. There is a fairly well recognized national system of procurement. The essential requirement for procurement is that the drug must be officially registered by the nationally authorized body.
- There is no separate system for the procurement of ARVs. However, the National AIDS Centre that has become a principal recipient of the GFATM grant may use an option to procure ARVs through partner organizations – eg, UNICEF.
- There are no separate systems for users fees and drug charges for AIDS care and treatment.

One AIDS Authority

1. Management and allocation of resources

- The NAC (National AIDS Council) is not the central body that receives and allocates all external finances for the AIDS response, nor does it manage information about all external finance for AIDS in the country.
- The NAC is not a legal entity. That cross-sectoral body performs advisory functions only. Recently the Chairmanship of that council moved from Deputy Prime Minister to the Minister of Health, a less influential person having no real power on governmental sectors other than health.
- The National AIDS Centre does receive and allocate finances for parts of the AIDS response and has some responsibility for managing information about external finance for AIDS. It is a legal entity subordinated to the Minister of Health. It guides the network of governmental AIDS service organizations nationwide. National AIDS Centre is empowered to report to the National AIDS Council. It was selected as principal recipient of the GFATM grant, and since then has become responsible for the appropriate financial allocations.
- The MoF does not set budget ceilings for financial flows into the country for the response.

2. Focus on the relationship to other partners and arenas

- The NAC has no formalized relationship to the coordinating mechanism for the PRSP, although HIV/AIDS is a component of the national strategy of poverty reduction.
- There is a formalized relationship to the CCM.
- There is no formalized relationship to bilateral initiatives or national private-sector partnerships.
- There is a formalized relationship to national NGO partnerships – for example, CCM.
- Republican AIDS Centre is empowered to represent the NAC on the expanded UN Theme Group.

National Ownership and Political Leadership

- NAC is not always actively used by national authorities as a tool for concerted action against AIDS.
- NAC is the tool for coordinating external partners, and for coordinating the civil-society and private sector partners in the AIDS response.
- NAC is not actively used by all political parties and interest groups to enable an effective response.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are clearly defined. Multisector NAC is dealing with response to HIV/AIDS within the governmental sectors, whilst the mutlistakeholder NAC (ie, CCM) is mostly dealing with GFATM issues. Civil society in Kazakhstan is under-developed and still plays too limited a role in the HIV/AIDS response, although the role is increasing.

Romania

One AIDS Action Framework

1. Programming

- Strategic Framework 2004-2007. Updated.
- Three planning/programming missions by donors/partners. No duplication.
- Donor programming compatible with AIDS Action Framework.

2. ART rollout

- The national AIDS treatment and care plan runs from 2004-2004, and has been updated.
- One mission on ART roll out.

3. Human Resources

- Proportion of staff posts in government health services filled (2002 figures):
  - Medical doctors: 190 per 100,000 population.
  - Registered nurses: 418 per 100,000 population.
  - Auxiliary nurses: 28 per 100,000 population.
- PLWHA who live in rural areas have limited access to quality health services and have to go to district capitals for good services. There have also been several cases of PLWHA being denied access to basic health services such as dentistry.
- There are mechanisms for dealing with harmonizing incentives and salaries. For licensing, standards and norms, and for coordinating technical assistance.

4. Procurement

- There is no central medical store; the MoH and National Insurance House organize national centralized acquisition for HIV/AIDS, TB and cancer drugs.
- There is a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- There is no separate system for the procurement of ARVs.
- ARVs are distributed free and exclusively in hospitals.
- There are no separate systems for users fees and drug charges for AIDS care and treatment.

One AIDS Authority

1. Management and allocation of resources

- The NAC (National AIDS Council) is not the central body that receives and allocates all external finances for the AIDS response. It ensures the coordination of external finance and has a fundraising role, but its function is advisory to the government and doesn't have executive powers and capacity.
- Information about both internal and external finance for HIV/AIDS is centralized at the level of NAC, It is responsible for seeking information on external financing and facilitating the access of national partners to it.
- The NAC does not have formal reporting lines to the MoF. The MoF has to report to the NAC on the budgetary allocations for each ministry for the HIV/AIDS programme because the NAC is established under the authority of the Prime Minister and includes 16 ministries represented at the level of Deputy Ministers.
- The MoF does not set budget ceilings for financial flows into the country for the response.

2. Focus on the relationship to other partners and arenas

- The NAC has a formalized relationship to the CCM; the NAC was expanded with TB stakeholders and together they are the CCM.
- There is a formalized relationship to bilateral initiatives, to national NGO partnerships, to national private-sector partnerships and the UN Theme Group.
- There is a formalized relationship to national NGO partnerships – for example, CCM.

National Ownership and Political Leadership

- NAC is always actively used by national authorities as tool for concerted action against AIDS.
- NAC is the tool for coordinating external partners, and for coordinating the civil society and private sector partners in the AIDS response.
- NAC is not actively used by all political parties and interest groups to enable an effective response.
- Formal roles and responsibilities between the multi-sector and multi-stakeholders NAC and the sector ministry responsibilities are clearly defined.

Russia

One AIDS Action Framework

1. Programming

- Strategic Framework 2002 – 2006. Updated.
- More than 30 planning/programming missions by donors/partners. Considerable duplication. Coordination between donors yet to be strengthened to avoid duplication efforts.
- Donor programming partially compatible with AIDS Action Framework. Every donor promotes their own interests, which are not always compatible with the country programme's priorities.

2. ART rollout

- No national AIDS treatment and care plan.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 93% nationwide.
  - Registered nurses: 96% nationwide.
- Information on posts in urban centres not available though proportion of posts filled perceived to be higher than for the country as a whole.
- There is no lack of health personnel in Russia, but HIV/AIDS competencies are still lacking outside specialized AIDS services.

4. Procurement

- There is a central medical store, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- Every Russian region subject to the Russian Federation has its own procurement and supply system.
- There is only one NGO planning to provide ARVs within its programme; procurement and supply issues are under discussion with the Ministry of Health.
- The private sector in Russia does not supply ARVs.
- AIDS care and treatment is provided free of charge in the public sector.

One AIDS Authority

1. Management and allocation of resources

- In the Russian Federation there is no National AIDS Commission, Council or any other high-level body assigned with coordination functions for HIV/AIDS. The responsibility for HIV/AIDS-related issues rests with the Ministry of Health and Social Development of the Russian Federation. This issue has been a priority for the UN and international community advocacy for the past few years. Many barriers, including financial, impede the establishment of a federal coordinating body.

2. Focus on the relationship to other partners and arenas

- The Ministry of Health and Social Development is represented on the CCM. The First Deputy Minister is a Deputy CCM Chair. The Ministry is a formal party to most of the bilateral initiatives. The Ministry is a member of the expanded UN Theme Group, and the NGO Forum holds regular consultations with the Ministry.

Ukraine

One AIDS Action Framework

1. Programming

- Strategic Framework 2004 to 2008. Updated.
- About ten planning/programming missions by donors/partners. Some duplication.
- Donor programming compatible with AIDS Action Framework.

2. ART rollout

- The national AIDS treatment and care plan runs from 2004-5. Updated in last two years. (It coincides with the national AIDS Action Framework and GFATM project plan in treatment). A comprehensive national AIDS treatment and care plan (3 by 5) is being developed under the MoH's leadership with involvement of key stakeholders.
- Five missions on ART, compatible with AIDS Action Framework and treatment and care plan. Some duplication.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 81.3% nationwide.
  - Registered nurses: 95.1% nationwide.
  - Health aides: 92.8% nationwide.
- Lack of health personnel is a major barrier to the AIDS response. The expertise of staff and the budgets for staff salaries are limited.
- The private, for-profit healthcare sector is not allowed to provide care and treatment for PLWHA.
- There are no mechanisms for harmonizing incentives and salaries, NGO sector; for dealing with retaining staff in the public sector or for coordinating technical assistance. There is a mechanism for licensing, standards and norms.
- First steps have been taken for coordinating and working in partnership between medical staff and NGOs, networks of PLWHA and social workers (GFATM and WB projects). Tenders have been organized among governmental organizations and NGOs to provide out-patient and psychosocial support.

4. Procurement

- There are a number of central medical stores, a national regulatory authority for pharmaceuticals and a supply chain that ensures continuity in supplies to health units.
- The procurement of drugs is regulated by the Law of Ukraine "on purchase of goods, works and services for the state funds", the MoH Tender Committee (national, central level) and the Local Administration Health Department Tender Committee (decentralized scheme).

The drugs must be officially registered by the national authorised body (Pharmaceutical Committee).

- The Global Fund Project, under the lead of the International AIDS Alliance, is preparing treatment for 2000 patients. The supply of ARVs is dealt with by IDA – the supplier contracted by GFATM directly. PATH (subcontracted by the Alliance) takes responsibility for the distribution of drugs to local AIDS centres.
- MSF has been procuring drugs for patients in the Odessa region.
- AIDS care and treatment is provided free of charge in the public and NGO sectors.

One AIDS Authority

1. Management and allocation of resources

- The State Commission on AIDS (SAC) is the government's decision-making body, facilitating coordination of policy and controlling activities aimed at AIDS prevention and management. It is seen as the body closest to a NAC as defined by UNAIFS. It is not the central body that receives and allocates all or part of the external finance for HIV/AIDS, nor the central body that manages information about external finance. In practice little information management is taking place.
- The SAC has no formal reporting lines to the Ministry of Finance.
- The MoF does not set ceiling budgets for financial flows that can be taken into the country for AIDS response.

2. Focus on the relationship to other partners and arenas

- There is no formalized relationship to the CCM. The Vice Prime Minister chairs both bodies.
- There is no formalized relationship to bilateral initiatives, national NGO partnerships, national private sector partnerships or to the UN Theme Group.

National Ownership and Political Leadership

- The SAC is a multisectoral body bringing together government representatives from different sectors, but it does not involve non-governmental partners. Its functioning is limited since it has no secretarial support.
- The National AIDS Programme lists the responsible governmental bodies for each individual objective (eg, ministries) but without a specified division of responsibilities among those bodies.
- Ukraine is one of the first countries developing a joint M&E system. Donors should therefore be prepared to provide the M&E system with information about their contribution to the HIV/AIDS response.

Uzbekistan

One AIDS Action Framework

1. Programming

- Strategic Framework 2003 to 2006. Not updated.
- About six planning/programming missions by donors/partners. Some duplication.
- Donor programming not always compatible with AIDS Action Framework.

2. ART rollout

- No period of time for the current national AIDS treatment and care plan.
- ART programmes for PLWHA will start with the support of a GFATM grant.

3. Human Resources

- Proportion of staff posts in government health services filled:
  - Medical doctors: 95% nationwide, 100% in urban centres.
  - Registered nurses: 100% nationwide, 100% in urban centres.
  - Health aides: 100% nationwide, 100% in urban centres.

4. Procurement

- There is a central medical store and a national regulatory authority for pharmaceuticals.
- There is no separate system for procurement of ARVs.

One AIDS Authority

1. Management and allocation of resources

- The Republic AIDS Centre is a legal entity subordinated to the Ministry of Health. It receives and allocates finance for part of the AIDS response and has some responsibility for managing information about external finance for AIDS.
- The RAC reports to the Ministry of Finance through the MoH.
- The MoF does not set budget ceilings for the financial flows that can be taken into the country for the AIDS response.

2. Focus on the relationship to other partners and arenas

- There is a formalized relationship to the CCM, to national NGO partnerships and the UN Theme Group.
- There is no formalized relationship to bilateral initiatives.

National Ownership and Political Leadership

- The RAC is not actively used by the national authorities as its tool for concerted action against AIDS in the country.
- It is a tool for coordinating the external partners in the AIDS response, and for coordinating the civil-society and private-sector partners in the response.
- It is not actively used by all political parties and interest groups to enable an effective and vigorous AIDS response.
- The RAC is dealing with government agencies and NGOs. CCM will start its work with GFATM when the grant is received.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together nine UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its nine cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

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