

**2007 HIV/AIDS Implementers' Meeting
Donor Coordination: Getting to the Next Level
PEPFAR, The Global Fund to Fight AIDS, Tuberculosis
and Malaria, UNAIDS, UNICEF, The World Bank, WHO, GNP+
June 18, 2007**

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FEMALE SPEAKER: We are going to have together a very interesting afternoon and we are going to manage the time so to give to each and everyone time to raise questions. We have three presenters coming from different countries, one from Mozambique, another one from Nigeria, another one coming from the mobile level, she's working at coordination level for the Global AIDS and be advised for country level. We have also four speakers coming from the donor's community, DFID, World Bank, PEPFAR, and Global Fund.

I'm going to pass quickly through the biography, we have the first speaker, Dr. Caroline Forkin. She's an HIV and AIDS technical advisor for the Irish Aid and she worked in Mozambique for the HUD sectors. Previously she worked as an HIV/AIDS advisor for the World Bank in Mozambique. She will be our first presenter.

The second presenter will be Dr. Teguest Guerma, she's currently the Associate Director of the HIV Department in WHO, she has more than 20 years experience in HIV/AIDS in Africa and Asia, at country, at regional, and at global level. She's also the Chair of the Global Implementation Support Team, and it's in this capacity that she's going to do her presentation.

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The third one is Dr. Warren Naamara, is the UNAIDS Coordinator in Nigeria. This is in the side of our presenters. But we have really more advanced speakers four. We have Dr. Tom Kenyon, sorry? No, that's true, you'll see their relevance.

We have Dr. Kenyon, Principality Global AIDS Coordinator and Chief Medical Officer in Washington, D.C. Prior to work in Washington, he was the Global AIDS Program CDC, and has lived and worked as an implementer in the Caribbean Islands, Botswana, and Namibia. So, he is what you can call an implementer/bureaucrat.

We have also Jonathan Brown, he is the World Bank Operator Advisory for HIV and AIDS. We have Jane Miller working in Zambia as a Health Advisor and HIV Advisor for DFID. She has been working in Zambia for the past two years, as a donor coordinator for the health tech center in Zambia and coordinates [inaudible] for the HIV/AIDS in Zambia. Previously she worked for the World Bank in Nigeria, and she has been worked for HIV issues in Africa for the past 16 years.

Our last speaker, very close to my heart because it is his vision for the Global Fund, is Dr. Milaso Mosa. He is a Director of Operation of the Global Fund. He has more than 20 years experience as a public health physician, he has

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worked and helped for community health program, district health program, and have advised civil governments in the eastern, western, and certain Africa. He has also worked for the World Bank, AIDS Foundation, and the private sector. So you can see that we have a very [inaudible] for this afternoon.

Now, my proposal is this one. We are going to hear the presenters after each presentation we are going to raise three questions for clarification. After that we'll hear the speakers, and when we're finished we are going to go all together for a deep discussion. We have a timekeeper there, she's Misha, so all of you keep an eye on her, she will make this session going on time. Thank you. For the participants, when it will be time for questions, there are two ladies with the micro, you just raise your hand, I will recognize you, you go, and you speak. Thank you.

Now, the first presenter is Dr. Caroline, the floor is yours.

CAROLINE FORKIN: Good afternoon and thank you for the introduction. I'm going to be presenting this afternoon on working with global initiatives at country level. Ministry of Health pled synergies between a bilateral agents in Irish Aid, a foundation the Clinton HIV/AIDS Foundation, and a global initiative to the Global Fund. I'd like to

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state that this is a joint collaboration and my colleagues from the Clinton Foundation and formally Global Fund, now UNAIDS, are here in the audience. Unfortunately our colleague from the Ministry of Health was unable to attend.

I'd like to start by just giving a bit Mozambiquan context. At the end of the civil war in 1992, it had some of the worst development statistics in the world and none more so than in the health sector. It's currently one of the ten worst HIV/AIDS affected countries in the world, with the prevalence among the adult population of 16.2 percent in 2004.

Specifically, in the health sector, the Ministry of Health embarked upon putting in place for a sector wide approach in 1999, prior to that it was dealing with multiple donors and it was un-transparent funding to various programs and a complete lack of any formal coordination mechanism. In recent years there's been very strong leadership in Mozambique and strong adherence to the three once principles by the government and its partners, and within this context there has been a very strong movement by all of us towards using the existing structures of coordination in Mozambique, mainly the SWAP health sector and the corresponding SWAP like structure the partners formed on the part of the National AIDS Council. As some of you will have heard yesterday, the

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country coordination mechanism of the Global Fund has already been folded into these existing structures.

Looking at the new approaches in the recent years, and specifically in relation to the Clinton HIV/AIDS initiative. The government of Mozambique and the Clinton Foundation signed an agreement in 2002; this agreement really provided an impetus and an opportunity for the government of Mozambique through the Ministry of Health to look comprehensively for the first time at the feasibility and implications of providing HIV care and treatment through the public sector.

The Foundation went on after this agreement to broker significantly additional funds from the governments of Ireland, Canada, and Norway for Mozambique. The Foundation also brought the resources and expertise to the Ministry of Health to assist them in developing the cost of care with a new plan for HIV/AIDS. This was known as the business plan and this subsequently formed the basis for the HIV Strategic Plan for the health sector, which was developed through a broad consultation process.

Between Irish Aid and the Clinton Foundation, the Irish government and the Foundation signed an agreement in July of 2003. This agreement allowed for additional support by the Irish government of 40 million Euro over five years in

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the health sector in Mozambique. We updated this agreement last year in 2006, and the Irish government will give a total of 76 Euro and a million Euro based on this agreement between 2003 to 2010, or an additional 12 million Euro per year.

The core rationale for this partnership that was agreed upon by both parties was its system capacity issues would be addressed through the SWAP of the health sector. Under this agreement, Irish Aid funding would be channeled directly to the Ministry of Health through the existing common funding mechanisms and not directly to the Clinton Foundation, as was the initial assumption, and indeed is still the understanding of some parties. This was essentially channeled together with Irish Aid's existing funding to the health sector, it was untied, un-earmarked funding into the common funds and was used by the Ministry of Health to fund its annual operation of plan, a plan that's jointly agreed between the Ministry and all of its partners. Irish Aid and the Foundation agreed that there had to be a strategic plan of ministry, it would be the basis for support, and the only basis for support. And Irish Aid, through its broader engagement in the House sector would continue to advocate for a balanced approach to HIV/AIDS, not only in terms of prevention, care, treatment, and

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support, but also vies a vie the other health sector priorities in Mozambique.

Looking at other partners, the Global Fund in Mozambique at this time were becoming more and more engaged in negotiations with the government and partners. And the results of these negotiations now mean that the Global Fund also channels its funds through the existing common funds on both side of the Ministry of Health and the National AIDS Council. Again, these funds are untied and un-earmarked, the indications of the Global Fund in Mozambique used to monitor performance are those taken from the national list of agreed indicators. As some of you may have heard yesterday, the country coordination mechanism, and as I already mentioned, no longer exists in it's original form, rather the Global Fund has agreed to use the health SWAP on the partners forum as its agreed coordination mechanisms. The Global Fund has also entered into a recent silent partnership in country with DFID, with the aim of facilitation day to day communication and also positioning itself to be react to issues in an expedient manner.

In relation to the World Bank Map and Treatment Acceleration Program, again, the World Bank has joined the common fund with the National AIDS Council, and all activities of both the Map and Tap are strictly in line with

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the strategic plans. And again, the indicators of both projects were adjusted to reflect the national indicators agreed upon. For the treatment acceleration program, the World Bank agreed at the time that it would only use the national procurement system for ARVs, which at the time was very recent and only growing, but instead of putting in place this effort procurement system.

In relation to other agencies, the UN agencies are assuming a stronger role in the swap in the partners forum and each year a UN agency assumes total focal donor position with a bilateral health sector, and actually on the part of the National AIDS Council has chaired the partners forum and for the last year. Very good progress has been recently made by the UN also in establishing a joint country program. PEPFAR has also responded to the requirements of the government of Mozambique, and initially and during these discussions agreed to reserve its funding only for second line ARVs and pediatric formulations to comply with the Ministry of Health formula policy at the time of generic ARVs, obviously this is not changed. All PEPFAR funds are included on plan and the Ministry of Health, and there's been very good collaboration between PEPFAR and other partners and supporting the institution development of the National AIDS Council.

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In [inaudible] we all know that play a critical role in service provision and the Ministry of Health has responded to this by putting in basic contract mechanism. We're still having initial dealing problems with this but it has been very good progress. And the networks of NGOs play a key role in the central coordination mechanisms of the swap.

At the end of the day what are we better from with these partnerships. Obviously, at the beginning, there was a windfall of funding, which for the first time emphasized access to care and treatment. The contribution to harmonization and alignment has been clear and we continue to build on this, and most importantly the Ministry of Health leadership has been unquestionable. It's still early days but I think we can be confident that the somewhat slower system strengthening approach will yield greater gains in the long term. And given that HIV does not operate alone, we're operating in the broader aid environment and this approach is in line with the principles of the prior declaration to which we've all signed up to. And this has been a good experience now for all partners in Mozambique in embedding international initiatives within a swap, and it's an experience which we are happy to share.

However, we're not without our challenges. In order to be able to sustain support for the Ministry of Health led

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approach such as this, we need to be able to continue to demonstrate results. The momentum of scale up needs to be maintained and we also need to have quality and timely dash and information. And this is something that continues to challenge us on an ongoing basis in Mozambique. We've moved beyond the initial stage, the early ones and quick ones of scaling up, and we now have, the Ministry has started to address the inequity and provision of care and treatment, but we need to remember that the capacity and logistics that we need to put in place to care for what is now a chronic and complex health conditions, such as HIV/AIDS, can't be underestimated. And that will continue to challenge us into the future. Again, we need to continue to highlight the long-term gains from this approach.

Again, we need to emphasize the need for closer links between the Ministry of Health and the Ministry of Finance in Mozambique, this traditionally has been quite weak. The reason for this is because we obviously need to address the need for sustainability and predictability. Functioning medium term expenditure framework is needed to provide a secure environment for HIV/AIDS funding. At which clearly predicts HIV funding would therefore allow lengthening of resources to plans, there is an ongoing exercise in Mozambique at the time to improve on the [inaudible] and we

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hope that this will help us in going forward. Again, tracking resources for HIV/AIDS is in partial planning, budgeting, and joint priority setting, and again, this is something which is being addressed and is at the early stages at Mozambique.

Again, government commitment to the three world's principle needs to be clearly maintained in order to keep partners engaged and confident in the approach. Our partnership challenge, again, we do have considerable challenges and it's all very well to come to an international conference like this and give a nice presentation and talk about how well we're coordinating, but in country on a day to day basis, that's where we need to have commitment and consistent support to harmonization. Lip service to harmonization and alignment is not helpful. Again, transparency, openness of communication, and institutional differences between organizations need to be respected and common grounds sought. When the Irish government and Clinton Foundation initially started negotiations, the ideas of how this partnership should unfold were quite different, but through subsequent discussions a common ground was reached and a way to go forward that was beneficial to both parties and, most importantly, to the government of Mozambique.

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We all want to see results at the end of the day and in a context such as Mozambique we need to avoid seeking attribution, it's unhelpful to all of us working in this environment, and also to be quite frank, it's very often not possible unless it involves significant transaction costs for quite a number of people. We need to look at the big picture in Mozambique, not just in terms of HIV in the health sector but also progress within the health sector as a whole. And again, for this we need good timely and quality data information. We need to be patient and flexible and we are really, I guess, still learning, particularly about the HIV services.

FEMALE SPEAKER: Time.

CAROLINE FORKIN: Yes. In developing countries. So we've may need to revise and refine our approach for the coming years.

Key success factors and I won't go through them all, because I've probably talked about them already, just to note that the early agreement in principle by the Clinton Foundation to proceed with this approach was very progressive and innovative for a foundation that was only just established really, and that was very helpful and for us progressing in Mozambique.

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What did we learn? Obviously again, I don't think these are new to anybody in the room, government should always be in the driving seat, and this is what has paid off to a great extent in Mozambique. And most importantly for all of us, we need to remember why we're putting in place all of these nice partnerships. We're here to benefit the people who are in need of services at the end of the day and I don't think that we'll still be clapping ourselves on the back in a few years time if we don't continue to scale up access to care and treatment services for those in need. The political technical partnership at all levels is fundamental for HIV/AIDS to ensure that our vision in going forward is appropriate, feasible, and adequately supported.

Again, I've already mentioned the need for a strong donor base in the community to harmonize around new approaches as we go forward. And both administrative health and partners need to work within whichever context in the swap in Mozambique to discuss issues individually and to reach consensus. And the swap in Mozambique is quite mature but we're still working on reforming this and refining it further.

And most importantly, we hope that this demonstrates that organizations, initiatives, foundations, if we all have a collaborative effort and more work together we can find

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ways of ensuring that everybody can buy into a structure such as the one we use in Mozambique. And that's it. Thank you.

[Applause]

FEMALE SPEAKER: Thank you Caroline. For your good presentation you highlight the role of the national leadership in the day to day coordination, and the necessary partnership to succeed in integration in sector movements' strategy, and also the need of having good plans and put the clients on board to make the plans, and then put those plans into the system. And importance also to liaise among the national institution, Minister of Health, Minister of Finance. Thank you very much.

Is there any question of clarification, just clarification at this time? Yes, sir.

MALE SPEAKER: Thank you very much for this presentation. You said that the PEPFAR funding is on budgets, could you briefly explain that, and in particular whether that means that all the NGO virtues from PEPFAR are also on budgets?

CAROLINE FORKIN: Thank you for the question. Actually, what I said and maybe I made a mistake when I said it, is actually they're on plan, they're not on budget, they're on plan with the Ministry of Health. It's possible that I said on budget by mistake. If I did, my apologies.

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FEMALE SPEAKER: Thank you. Now we are going to listen to Dr. Teguest Guerma. She's coming from the global community, she's working for the coordination for the Global Aid, and she's also involved in the increase the capacity at country level.

TEGUEST GUERMA: Thank you. Good afternoon. My presentation this afternoon is on making the money work and particularly on the global implementations support team that I have the privilege to chair for the past two years.

Why GIST? Why do we need the GIST? As you know, since 2002, a substantial funding has been available to help countries to respond to HIV/AIDS, with the event of the Global Fund, PEPFAR, and the map of the World Bank. But grant conditions are strict and implementation can be challenging. Country-level activists do their best, but don't have the capacity to resolve all the problems. That is why in March 2005, the Global Task Team, which is a form of UN agencies, international donors, civil societies, and national governments, have established the GIST to address the challenges, the problems, that are happening at country level and to accelerate the implementation of major grants. The team has been first active functioning in July 2005.

What is GIST? What is this global animal which is trying to solve the problems at country level? I'm sure

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you're asking yourself. This is not an agency, it's the high level forum, it's the team of major UN technical agencies, funding entities, bilateral donors, and [inaudible]. The members are between the UN agencies, UN DP, UN Aid Secretariat, UNICEF, WHO, and UNFPA, and the two funding entities are the Global Fund and the World Bank. And bilateral donors are presented by the OGAR from USG, DFID from the UK, and [inaudible] from Germany. And the civil society is represented by the International AIDS Alliance, the ECASO [misspelled?], and the Asian Network of People Living with HIV/AIDS.

This team meets monthly, organize video conferences with countries and tries to mobilize upbeat and coordinated response to countries who asked for help. This is an early warning fraction. It helps countries to avoid potential problems before they became active.

How does the GIST help? The problems are at two levels, sometimes the problem is at the country level, and sometimes at the regional and global level. At the country level, it could be problematic but the next. It could be procurement and supply management problems, it could be dark out stocks, and it could be managing and evaluation. Could be also governments problems, could be tensions between [inaudible] members, it could be a relationship between the

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PR and the national government, and the involvement of now civil society sometimes. Sometimes it could be human capacity, lack of trained staff, need of training, and others. And the problem could be at the regional and global level. It could be lack of harmony and communication between the major donors and the UN agencies, everybody trying to put limits on direction and flexible guidelines, and sometimes it could be a problem with the Global Fund architecture.

The GIST role is really catalyst. What we tried to do when one of our member or a country team requests help from us because they see a problem, we try to catalyze that dialogue within the country team and help the country then to focus on problem identification and develop our technical support plan with them. And then we secure technical and import the kind of support of these members at global, regional, and country level. We also try to obtain commitment from national authorities, and other country level partners to corporate. Once we have decided that, we follow up and ensure that agreed upon action steps are being taken effectively and on time.

How the GIST has made a difference? In the past two years, the GIST has considered 28 countries and has intervened at the country request in 13 countries. Let me take you through some examples. For example, in Bolivia, the

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Global Fund grant was facing a number of challenges, these challenges included weak management of PR, and tensions between the CCR members. The GIST catalyzed action to address them and the Global Fund grant was unlocked. In Niger, this was another type of problem. They had some, the GIST application was in [inaudible] parody and stuck out of higher needs and the deep action managed to get the conditional goal from the Global Fund. And we have many examples like this, for example, in Guinea Visa [misspelled?], the GIST mission resulted in a success for completion of the national strategic plan, and the face to a new was done and the grant was signed. Lisoto, and others, and I will not go through everything.

What are our challenges? First of all, the first challenge we faced was really to, for countries to identify and acknowledge they're and [inaudible] address effectively. When we knew that there was some problems at country level, and we tried to write to the CCM chair and the UN Team Greek Chair to tell them that we have seen some problem with the Global Fund grant implementation or their World Bank implementation, the first reaction has been always negative, they deny. We don't have any problem, we don't want any support from the global level, who are they are the global level to help us out of this problem, we don't want them to

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support, we have no problem. And this is really one of the challenge, we didn't have the harness assessment of issues at the country level and this is very essential.

The other challenge we had with the least capacity at country level to engage in monitoring implementation and in accessing assistance. Countries didn't really monitor the implementation of the grant, including the UN agencies represented that are present at country level. And they didn't look for local solution, and sometimes it was too late because the Global Fund grant was getting to have a no go a few weeks after that, and it was very difficult to address the problem. We also needed, we had the challenge on the greater support needed from donors and UN representatives at country level. Most of the time the UN representatives at the country level and the donors at country level were also not very well informed about the GIST functions and they were not really recognizing and accessing the problem at the country level. And sometimes they were not involved even in the monitoring of the grant implementation.

The other challenge is the role of the GIST is still not well known at the country level. And that is in spite of the communications strategy that we have developed and that is available now, we have a website which is available for

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everyone, but the role of the GIST has been very slow to be known at the country level.

What are the lessons learned? First, it is really the importance of the country ownership. In the countries that we have succeeded, it's when the country owned the request, when they recognized that they have a problem and when they requested for help, that's when it help. When others who learn that [inaudible] can help the country team to see what's not working and also help them to solve some political problems, and we have seen that in many countries in Panucinee [misspelled?], and other countries. But also the GIST was not really a diplomatic team where we were testing the good things and not the bad things, it was a form of full and frank discussion and sometimes it would be [inaudible] that we were really trying to deliver as much as we can.

The GIST has also capitalized on one UN and harmonized on a section of countries. For example, in Swaziland, there was some problem with coordination, and we, this was addressed in the GIST meeting and we talked to our representatives at country level and the donors also spoke with their counterparts at country level and coordination happened. And that's the way we work and our effort resulted in shared problem solving and unified response.

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Finally, I would like really to end on this, the real recipients of the Global Fund and the World Bank Grant, are not the principle recipients, but rather the people living with AIDS or other major diseases. They're the ones who suffer if supply [inaudible] or funding is stopped. They are the reason for the GIST creation. We need to make the money work to address their needs. I thank you. [Applause]

FEMALE SPEAKER: Thank you Dr. Teguest Guerma. You have well presented these global political GIST with one leg in the unilateral, one leg in the bilateral, one arm in the civil society, and one are in twenty countries. Thank you. Is there any questions for clarification at this point? Please.

MALE SPEAKER: Thank you very much. I just like you to explain a bit more about the relationship between International AIDS Alliance and GIST. I mean, I've met International AIDS Alliance in Uganda, but I'd like to know more about the relationship.

TEGUEST GUERMA: The International AIDS Alliance are member, are one of the member of the GIST. So we work together, and when there are issues that could be addressed by the civil society, we ask them to be part of a mission or to our, we ask them to provide technical support and they go

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together with the UN agencies or other donors to provide support to countries.

FEMALE SPEAKER: No other questions, so we go straight to Dr., there is one? Oh, sorry.

MALE SPEAKER: I thank you for your presentation, my name is David Ingella [misspelled?], from the Journal. Although really I did find you the last sentence, which is really nice, but what I'd like to tell the house is that we still need this special [inaudible] with HIV and AIDS. We still need more technical aspect because the people who have the technical knowledge, they don't want to necessarily do what these organizations that are dealing with HIV and AIDS directly. So you find that we are struggling to get it right technically and we are punished for that because our coordination would be so low, and then when now the donors come, they will come by saying no, you are failing to coordinate, so you are doing that. But the people that they have expect, the people of WHO, the people of UNH, they should also really provide that technicality to all of these countries. You have offices all over the world, but your offices, they should visit this organization full-time. I thank you.

TEGUEST GUERMA: In fact we are just as very much interested with organizational people living with HIV/AIDS

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and the civil society, we are one member of the GIST who is a person living with HIV/AIDS and who is part of an organization for people living with HIV/AIDS, but also we want to build up the technical capacity of the civil society and organizational people living with HIV/AIDS, that's how the GIST have located 500 thousand of fans to support the CSAT funding which is building the capacity of civil society, including people living with HIV/AIDS, for them to be able to support countries technically. Our offices, of course, we are technical agencies and we will support countries whenever we are needed. Thank you.

FEMALE SPEAKER: Thank you. We are going now to listen to Dr. Warren Naamara, the UNAIDS Coordinator for Nigeria, is going to tell us about the coordination among partners to support the AIDS response in Nigeria.

WARREN NAAMARA: Thank you very much. Good afternoon. I'm presenting, I'm making this presentation on behalf of a number of the stake holders in Nigeria. And as you can see, this GIST, the UNAIDS, is Canadian sitter, and of course, WHO, [inaudible].

It is important to know that Nigeria is not one country that you could call one country, but the original, with many states that could be as big as any of the countries that are presented here. The prevalence has got a geometric

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factor, it's time we talk about 4.4. We are really not very accurate in describing the epidemic in the country because there are intra-national differences, very geometrical factors. And as I said, you can see from that map it's a very, very good [inaudible], but very showing that the prevalence is very, very different. From about 14 point something in this region, to about one in all the state and all the way in Bonostate [misspelled?] being about four point something. So, Nigeria is a big country with a big disease pattern and it must be looked at in that regard.

The [inaudible] framework that we have in Nigeria takes into sense of what was assigned in 2004, you remember every donor signed the commitment of the three ones and I need not repeat the three ones but that the context behind my presentation.

Coordination from work in Nigeria is best in another principle. The increasing flaw of the HIV/AIDS resources from international partners, other mechanisms, the government of Nigeria, [inaudible] stakeholders, led to an increased, a dramatic increase in the number of factors that sometimes overwhelm national efforts to coordinate and an increasing amount of [inaudible] amounts best on the national priorities. In response to this responsibilities, Nigeria developed a model for effective coordination, partnership,

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and it is presented in this house that you see right there. The Nigerian Partnership Forum, and I can't see my cursor, the Nigerian Partnership Forum aims to be a formal inclusive mechanism to ensuring national leadership and partnership and ownership. The building blocks are the constituents of coordinating entities, the ones which are labeled as CCEs.

These are intrusive thorough bodies chartered with the umbrella function such as advocacy, planning, resource mobilization, allocation, monitoring and evaluation, and coordination. The CCEs have been established in both private and public sector, the civil society, the national level, and the state. The development partners approve is one of this coordinating constituents coordinating entities. As you can see, the development partners are made up of a number of indeed bilateral and the end agencies.

In May this year the donor coordination group changed its description into a development partners group on HIV and AIDS. In order to include the preventatives from the UN system, the group aims to increase the effectiveness of technical, financial support, the national AIDS response by providing a platform for dialogue, policy, program coordination and a language. The group is governed by formal TORs adopted by our members so it's not a market place span of situation. The end system in Nigeria has established the

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coordinating desist, the country implementation support team, lead by WHO. And this ties in very, very well with what Teguest just presented. Although it is led by WHO, UNAIDS, CND, PEPFAR, UNICEF, and the Global Fund are members, the global fund, local fund, and [inaudible]. The expanded cysts or the country from religion support team is composed of the above agencies but in addition USID, DFID, and the CCM the principle recipient and the sub recipients, plus federal Ministry of Health they are members of the CIST. The CIST and the expanded CIST are a problem solving mechanism charted with identification and solution to bottlenecks in the implementation of the global fund grants, programs from other funding mechanisms, that is MOP [misspelled?], PEPFAR, and other funding from UN system. The system is expanded on assist to international stakeholders to convene under the umbrella of MOP, which is the federal coordination agency, and then the state action committees which is at the state level. Those are just specific teams for problem solving at those levels and considered action on monitoring and evaluation procurement, supply management, technical support needs, human resource capacity development.

Based on the Nigerian [inaudible] again, the CIST and expanded CIST will continue to propose a solutions on

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implementation adapts of programs supported by the Global Fund and the founding mechanism. Wow, five minutes, okay.

The national expanded [inaudible] group on HIV under the leadership of NAC, that's the National AIDS Committee, has demonstrated the global task team reports, the global task team accommodations since November 2005. In the domesticated report specific tasks on alignment on harmonization have been allocated to the former donor coordinating group on HIV and AIDS. These tasks are being implemented by the development partners group now through a rolling plan and DNH assists this group to roll out the plan. The [inaudible] group on HIV is implemented the recommendation through the joint UN team and the funding is, we are now trying to discuss whether we can have cold funding, which is different from what we've been doing in most cases.

What have we achieved through these mechanisms that are still being met? We have support the legalizing of the National AIDS Section Committee Agency, it was forever never an agency but now it is an agency. The donor has provided support, advocacy, and [inaudible] passed as an agency of government. The system, this is provides [inaudible] support to the Global Fund from five connecting and raising 180 million for the country. Harmonizing support for the civil

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society, the UN donors are corrugating support of key networks such as the people living with HIV/AIDS youth, people living with HIV, faith based organizations, and then the civil society.

There are challenges of course because a number of challenges will include the neglected remote areas, geographical areas that have gotten equal distribution of support, and of course, laying emphasis where the return on investment may look to be a lot better good. Our next steps will be to further support will be given to the government led worker placed on the programs of work, and such plans will be the mode of support for many players, one such method could be the cold finding indeed, but without excluding other possible alternatives. And then the balance between prevention and universal access.

Thank you very much, the time was a bit too short for me. [Applause]

FEMALE SPEAKER: Thank you Dr. Warren to first of all keep the time and to share with us the experience of Nigeria in coordination and how bringing all stakeholders on board alignment may become possible. You highlight also that you result good plans, good clarities, it's a filler. Now, we are going to listen to question of clarification if there is any from the room. No. So, it was so clear. We are going

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to listen now to our speakers. We are going to start with Dr. Tom Kenyon, Principle Liberty Global AIDS Coordinator, and Chief Medical Officer in Washington, DC. Dr. Tom.

DR. THOMAS KENYON: Thank you Madame Chair and I don't know how many of you were able to get to the session yesterday in which the Rwandan government demonstrated how it's coordinating, but I think it set quite an example for how a government is taking the lead, which I think we must agree is absolutely necessary. And not only coordinating its intra-country governmental agencies and civil partners, but also the donor community, the donor partners that are working with them in this effort. So it really should be commended for what you've set up to coordinate the process. And that's exactly, it has to be an active process. Governments need to make partners work together to accomplish the same targets and goals, and through PEPFAR we're very committed to doing this both at the global level and at the country level.

Just a quick overview, I just have this one slide just to remind people that PEPFAR is a global initiative, it's an unprecedented investment in the epidemic response, 15 billion dollars over the first five years, we're now in the fourth year, and our funding goes basically through three different approaches. The first is the 15 focus countries, which account for approximately half of the global HIV/AIDS

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burden, those are countries in red on the map. The other are the hundred plus bilateral countries that are scattered worldwide. And then the third investment is the multilateral approach, the Global Fund, and approximately one out of three Global Fund dollars have come through the PEPFAR mechanism.

We were asked to give some quick comments on major areas of recent donor collaboration, what are some of the challenges and what are some of our plans in the coming months, and I think you'll hear some common themes amongst the partners here at the table, so I'll kick it off. I think at the global level, we are very pleased to support the process within the Global Fund to begin to adoption of national health strategies to eventually become the basis for Global Fund applications, I think you may have heard some of this last evening in the Global Fund session. It's a work in progress but a work in the right direction to strength overall health systems while responding to specific epidemics.

Also as was just commented on in the GIST, we remain, and will continue to remain an active partner in the GIST in trying to address various bottlenecks that arise in the Global Fund process at the country level. But coming to the country level, this is where the coordination is obviously most critical, this is where we have targets for prevention

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care and treatment, that requires a certain set of activities to be implemented to reach those targets and then that requires certain funding mechanisms to be in place to fund those activities to reach the targets, so our approach is very results and performance driven.

At the country level we've established the position of an overall PEPFAR country coordinator in essentially all the focus countries with one or two exceptions we felt it was critical to have one USG, US government interface with the host government while we're helping to coordinate an intra-agency response within our own US government agencies. And I think this has proven helpful in facilitating not only communication within our agencies, but obviously with the host government and other partners. I think another achievement over this past year has been joint country assessments of treatment programs along with other global partners and two examples have been the recent evaluations of the treatment programs in Malawi and South Africa. It's extremely useful for the global partners to see how these programs are being implemented collectively, that helps us to go back and understand the coordination synergies that we have to continue to work towards.

I think procurement is another, it's a very low hanging fruit to come to one procurement mechanism per

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country. And over the past year, PEPFAR, along with the Global Fund and the World Bank have established a global working group on procurement on supply chain management that's piloted, coordinated procurement planning in Ethiopia, Ghana, Haiti, Mozambique, and Vietnam.

And then just a few days ago, and my other colleagues may comment, under the oversight of UN aids, the Global Fund, World Bank, and PEPFAR convened 18 countries to really get down into the weeds of in country coordination, having all of us at the same table along with country representatives. Each of those countries came up with an action plan over the coming months or so, and an ongoing communication strategy was set so that we just don't have a meeting we leave it and hope that things happen, we stay on top of implementation of that, of those coordinated efforts.

Okay. I think our plans for the next year are to work with Congress on the reauthorization of PEPFAR, the next phase of PEPFAR obviously having secured financing is something that is critical to moving ahead. At the country level we're trying to streamline the planning and reporting requirements to enable our teams to have sufficient time for implementation. Time is the biggest obstacle to coordination. We'll also continue to support the GIST and support to the UNAIDS technical support facilities that are

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out in your regions and are there to call upon for technical assistance. And I look forward to your questions. That's all I have to say. Thank you.

FEMALE SPEAKER: Thank you Dr. Tom. So, is there any question of clarification. We have here a lot of you about the PEPFAR achievement, procedures, things ongoing, if there are things we still want to hear, system ability. Is there any question? No. Now we are going to hear to Jonathan Brown. He's the World Bank Operator, Advisor for HIV and AIDS.

JONATHAN BROWN: Thank you very much. Dr. Inez [misspelled?], we've all been enormously impressed by the way Rwanda coordinates and disciplines the donors. The question for us is can that happen in many other countries and are the policies, the procedures, the practices, and the people of the donor agencies facilitating donor coordination, or actually making it more difficult. And we as donors also have to ask do we remember what we promised last year.

And so I went back to the presentation I made in Durban last year to see, at least for the World Bank, if we remembered some of the things that we promised. And the key thing about last year is the recognition of the tremendous increase in funding for AIDS. From about 250 million dollars a year in the mid 1990s, to eight billion dollars last year,

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a tremendous accomplishment. That's the good news, but that meant much more money, many more stakeholders, and so aid coordination from the point of view of a country was rather challenging, and it looks a bit like this. And one of those balloons up there is the World Bank, so obviously we are part of the problem, and the question is, would we be part of the solution? And so we began to grade ourselves as to how we're doing in donor coordination. And in 2004, we were doing very well, an A, because we signed the three ones agreement in Washington, good intentions. 2005, a year later, when the global team assessed how we had done, well we as the Bank hadn't done much of anything, so we got a D.

Last year, we had actually made some progress, because we were trying to coordinate around one strategy. And in some of the instruments, joint annual reviews, common implementation processes with the Global Fund, joint area assessments where we accepted the same assessment that other donors did, we've made some progress. But in our behavior, in our practices, and in our people skills we really weren't doing a whole lot better. And so the question for us is, how are we doing this year?

Well, this year, if I can get down to this, I believe that we've made only modest improvement. And the question is, what really does that models improvement at country level

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even look like? Well, we decided on four working groups with the Global Fund and PEPFAR, which Tom mentioned, and certainly trying to support countries to have strategies and action plans that are more evidence based, prioritized, costed, and capable of being implemented. In the last twelve months, we're not working under the leadership of UNAIDS to support this effort in 26 countries.

Tom mentioned the coordinated procurement program. What we're trying to get coordinated parallel procurement under national leadership in six pilot countries and one country the savings from that is equal to putting another nine thousand patients on treatment. But six pilot countries needs to be rapidly scaled out to dozens of countries where we do it normally. Joint implementation and reviews by the Global Fund and the World Bank were only at about 12 to 15.

And finally, we had a working group on incentives, how could we incentivize our own staff to be better at donor coordination. And we found very few institutional changes that we as donors were prepared to make. So we have to do a lot more there because in fact most donor coordination is rather informal and at least as concerned the World Bank, we're only doing that in about 50 percent of the cases, hardly the kind of contribution we should be making to the effort against HIV/AIDS.

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So what are the areas for future improvement? First of all, the exciting news that the Global Fund will move towards program financing means that all of us who are providing financing have to open up our books so the country can present one consolidated national action plan. Second, we all mentioned the good practices in country actually country wide, we should be expanding those country good practices to 50 and 60 countries, and we're not doing that. We need to foster genuine transparency, anyone who has gone on the Global Fund website knows that's a model of transparency. Anyone who's gone on the World Bank website would never go back.

One of the things that we've emphasized in donor coordination is information sharing. Well, that's important, but too many meetings of donor coordination are simply that and do not have on the agenda problem solving, and at the end of the donor coordination meeting, you don't go out with any decisions, and that's, World Bank is just as guilty as any other donor in doing that and we have to move towards problem solving.

And finally the good news. I've been in the Bank 33 years, I've worked at a lot of sectors, and let me tell you, the aid coordination in HIV/AIDS is light years ahead of where it is in agriculture, or transport, or energy, or even

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education, so we need to stay the course because actually we're doing fairly well. Thank you very much. [Applause]

FEMALE SPEAKER: Thank you. You have give transparent evaluation of the Bank behavior, and good news because now the Bank is going to fund a national program directly, this is quite a revolution. And if the World Bank is going for more resolute orientation, true, this is quite another revolution. So, now we are going to listen if there is some question of clarification from the room? No? Yes? Yes, madame.

FEMALE SPEAKER 2: Yes, thank you very much for the presentation, I would just like to have some clarification of what you meant by coordinated procurement in six pilot countries. Is it coordinated within the country with the national procurement system or is it the six countries together?

JONATHAN BROWN: We're helping six countries individually to have a common national procurement plan into which the major donors can contribute. So it's coordinated parallel procurement.

FEMALE SPEAKER: It's okay? It's not quite the same as the PEPFAR who is procure for many countries, but it's almost the same thing in the end because what we do here in Rwanda is to use this system to improve our [inaudible] for

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mixing, and them to be capable to procure themselves within one year normally.

We can go and listen to Jane Miller from DFID, working as the Health Advisor and HIV Advisor in Zambia.

JANE MILLER: Hello, my name is Jane and I'm a harmonization-aholic. Thank you very much, thank you very much for the previous speakers, I think that's been very useful to set the scene. I'm going to be talking about donor coordination, and I've been, I'm based in Zambia but I've been told my presentation isn't supposed to be about Zambia, it's about donor coordination and some perspectives from DFID. But I would like to acknowledge the presence of the Director General of the National AIDS Council, Dr. Ben Tuor [misspelled?].

So why have we in DFID chosen I should speak, and it's because we believe that whether the rubber hits the road it's at the country level. And in terms of donor harmonization this is where we can show some important lessons. I think it's important to acknowledge to begin with that there have been some huge achievements in terms of access to services. I don't need to on about this because we've been hearing about it for the last few days, but if you had told me in Zambia that today we would have a hundred thousand on treatment, if you had told me that five years ago

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I'd have said, get real or see a counselor. So we've made enormous progress in terms of access to services.

In terms of the three ones, I've put that basically as a place setter, for there are many parts in terms of seeing progress in terms of harmonization and alignment, whether we talk about the GIST, the GTT, the Global Funds new board decisions, whether we hear what we've been hearing in Rwanda, or in Zambia where I'm based. We're seeing some enormous achievements in terms of good harmonization and alignment. But there's an appetite for more.

Just a few weeks ago we sent an e-mail around to all the DFID advisors around the world and we told them we were going to be making this presentation and asked them to give us some top tips, or some things that I should be saying in the presentation. And there were three areas that became common themes in the e-mails that we received. This is not an exhaustive list, but I think it's a useful list for some of those things that people feel are important at the moment. And number one is about the complex aid architecture, secondly about health system strengthening, and thirdly about monitoring and evaluation.

The complex aid architecture has been very well demonstrated by Jonathan who has just showed us the spaghetti of harmonization, and for any of you who have had to explain

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to somebody new in the field about the aid architecture, about principle recipients and LFAs, and whether we're talking about cops or whatever, it's a complex architecture. And we have an issue of money-money everywhere, but in Zambia we have an issue, I'm not going to talk about Zambia the whole time, I promise. But in Zambia we have an issue at the moment where the Ministry of Finance says you've got loads of money, you've got Global Fund, you've got PEPFAR, you don't need additional resources, and this is a challenge. We have partners that are financing this part of the plan, another partner is funding that part of the plan, but there are gaps and there are bad gaps being created. I do believe that by looking at our global architecture and by focusing on country plans, we can do more to get over these displacements in franks, and ensure that we don't have the gaps in the plans. But we do need flexible financing.

In terms of the complex aid architecture, we have the GTT, that's a very welcomed development, but can UNAIDS hold the co-sponsors to account, are there incentives for the co-sponsors, and at the country level what are those incentives. In terms of the complex architecture, we've also got issues of funding cycles, this has been discussed many times at this meeting. If we are to have country operational plans on an

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annual basis, and yet the financiers run at different levels, we have a challenge.

In terms of health systems strengthening, I've been struck by how much that has been discussed at this meeting as well. But there's no magic bullet for solving health system strengthening, there's many different parts. Yes, human resources is one of the critical issues, but there are many other parts. In terms of human resources, we're loading our health workers more and more, we knew we had very few, we have an elastic band I heard it described as the other day, and we're stretching it and we're stretching it and we're giving them more, and at some point that band will not hold. That's one of our priorities, but health systems, there's no magic bullet.

I think there was an assumption at one point if we put more and more resources into HIV or into some of the vertical programs, there will be some trickle down. Well, for those who know about trickle down, unless you make a proactive effort to ensure that we're strengthening the systems, it will not necessarily happen.

And finally in terms of monitoring and evaluation, another issue that's been coming up, yes, many countries do have a common set of indicators that each partner is evaluative, that's an enormous step forward, but there's very

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heavy reporting requirements by many partners and the transaction costs are heavy.

So, as a harmonization-aholic, I'm going to give you ten top tips. And please, I don't have to go through these in an enormous amount of depth because most of them, or many of them have been covered by others. But number one is the government lead, and we've seen that in the government Rwanda, and I'm seeing that in the government of Zambia, that they are taking the whole country plan in terms of donor harmonization seriously. But we need to make sure that we have a good strong credible plan. But it's more than just saying government led, we need to be able to, as partners, as donors, allow governments to say no, this is not the way that we want to work.

The second thing, I think we've grown up, I don't think this is an issue, of finger pointing, anymore.

FEMALE SPEAKER: Time is over.

JANE MILLER: Okay. I'll just go very quickly. It's not an issue of finger pointing anymore. We need to focus on the things that join us rather than those things that between partners separate us. Focus on impact and accountability.

Number three, there has to be a genuine desire by the individuals and by the organizations that harmonization is

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important, and that's at all levels, at headquarter level, and incentives for partners to coordinate.

Number four, there needs to be trust. In other words, not micromanaging the situation, we have to be working together. And not flying the flag. And I've been impressed at this meeting how together the focus has been on partnerships.

Number five, Jonathan mentioned this, formal mechanisms and good [inaudible] to coordination, for communication, and for transparency.

Number six, make time. Harmonization is not simple and it does require an investment.

Number seven, evaluate ourselves. Have a look at ourselves, we spend a lot of time looking at governments and looking at partners, we need to evaluate ourselves. Challenge norms to say my organization doesn't do it this way, we have to challenge that. Avoid the idea of magic bullets, because no one size fits all.

And finally, I think this is important, is harmonization is more than just harmonization just between partners, it's also what we're hearing in Nigeria, it's also about harmonizing between different groups, harmonization with civil society, and at different levels.

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So what are we doing next? If anybody would like to contribute to DFIDs future-

FEMALE SPEAKER: Time.

JANE MILLER: -strategy, we have outside a desk straight at coffee if you want to hear, just beside the postal room. Thank you very much. [Applause]

FEMALE SPEAKER: Thank you very much. And I like you appetite to do more. Is there any question of clarification? No. Let's go straight to Dr. Mosa from the Global Fund.

DR. MILASOA MOSA: First of all, thank you very much for the opportunity and privilege to stand before you. I would first just like to introduce this book, it's called, "Patronizing Impact". It's a result reports outlining the progress made by the Global Fund, your Global Fund, as of December of 2006.

In looking at this report, one particular point that stands out is the fact that approximately three thousand lives are saved a day as a result of the collective investment of the Global Fund, your Global Fund, and the efforts of principle recipients, some recipients' partners, whether technical, bilateral, or multilateral in concept with the country coordinating mechanism. Your collective efforts is what has helped to achieve this dramatic number of lives saved every day.

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As my colleagues have mentioned, the country level has to be the place, it has to be the proven ground for coordination and also in the generation of results. For the Global Fund as a public private partnerships, all aspects of its architectural places very, very high premium on coordination with particular emphasis on skillful and effective interaction of actors on the ground, especially around the notion of results.

On the subject of this particular panel, taking donor coordination to the next level, the three themes, three messages I would like to stress on, some of which you've already heard. The first and foremost, to you who are from the countries, country delegates, for you to take the lead. Take the lead and be the leader of donor coordination in your country. Dr. Inez gave a very powerful statement a few days ago at the World Bank map meeting, and she was very, very eloquent in communicating directly to country delegates that it is your imperative, it is your responsibility to seize the leadership as far as donor coordination is concerned. In so doing, it also means that the country should define the results with help, but own the results, but also use the results as a foreground for driving a donor coordination.

The second message is actually for donors, technical partners and bilateral partners, and that is to, for us to

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continue to assist and support countries in the exercise of their leadership role in so far as our donor coordination is concerned. And I'll touch on this a little bit more when we talk about flexibilities.

And the third, is that for donor coordination to really work, it needs to be grounded and needs to be concrete and needs to be centered around people of the results.

Three days ago we had a joint UNAIDS, PEPFAR, Global Fund, and World Bank meeting and I think you've heard some of the findings from there. I would just stress three particular items that came out from that. One of the areas that countries are speaking about extensively is the need for you to know your programs as you go, and this lightly hinges on generating information and evidence to drive decision making. And it comes in different forms, and countries like Ethiopia and Tanzania are examples in this particular area.

The other example is countries wanting to build on gains from improved CCM governments, largely true reforms, and we have examples of Nigeria, you just had about Angola, Zambia, and a few others. We know that when CCMS perform better, their oversight grows, grants form better.

And then the third one is focus in on coordinated action planning, and I think we've heard a little bit about that. Just two particular trends that I see as very striking

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that would be very useful for us to build on. The first is the exercise of flexibility by donors, we have seen more and more of a train of exercise of flexibility and I think as we move forward in this uncharted territory of donor coordination, flexibility is actually very, very important.

And then the second trend, again if we want to talk about issues of going to scale, is how do we capture the voices of the community, how do we capture, how do we include the community as we think about making these programs work. Rwanda has offered, you know, leadership in this area, and Tanzania is thinking about this area as well, as this is certainly an area we'd like to see as we move forward in the context of scale up and donor coordination.

Let me just conclude by saying that the Global Fund is inherently flexible as we join with other donors and as we join with countries in this quest for getting as much results to people wherever they are, we will work very hard with you to exercise our flexibility and we look forward to receiving guidance and hearing of views on how we can make this work better. Thank you. [Applause]

FEMALE SPEAKER: Thank you Dr. Mosa. I think we have heard a lot from country perspective, from coordination perspective, and for donor perspective. In my, we have also hear that inside coordination is something we need to do

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before thinking about coordination of the donors. At country level we need good plans and we need good liaison among institution. That is good. We have hear that the donors have commitments, they have also an appetite to do more. What is fantastic, what I can say from my own experience you have here around the table the major donors, flexibility is not an issue. They are all flexible in Rwanda, so why are they not flexible in other countries. This is my question. We have no problem with PEPFAR, we have no problem with Global Fund, we didn't have any problem with World Bank. We didn't have any problem, major problem, with DFID as well. So, what is the true problem? The floor is yours.

Is there any question?

LISA FITZPATRICK: Hi. It's on. Good afternoon, Lisa Fitzpatrick, Caribbean Regional Office CDC. And I want to thank the program coordinators for putting this session on the agenda, it was very helpful for me. I have three questions, and two are very easy. The first one, how do we request assistance from GIST, the second one has to do with our partners in the Caribbean who often complain about reporting burden and as about a unified reporting format so I'm wondering, given the commitments to the three ones, how realistic is it, or is there any discussions about a unified reporting format for countries, particularly in the areas of

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M and E [misspelled?]. And then finally, I need to seek advice on a concrete donor coordination challenge that we have in the Caribbean. We have a coordinating body called The Pan Caribbean AIDS Partnership, and their responsible for coordinating the regional response for HIV/AIDS, and then also information sharing throughout the region. And I think their success is greatly dependent on the donor agencies because they're 100 percent donor supported. And they are supported by all of the donor agencies represented on the panel today. So as we learn more about the realities in the region and the gaps in the region-

FEMALE SPEAKER: Okay, that's good. Shorten the question because there will be no time to answer them.

LISA FITZPATRICK: Oh, well the question for that, for the last question, for the last situation is, is there discussion about flexibility in parameters in funding and reporting, because if our funding is earmarked we have no flexibility to change with the needs in the region.

FEMALE SPEAKER: Thank you. Who wanted to take this one?

TEGUEST GUERMA: I can just respond on the quick GIST question and I will let the others respond on the other question. Your question was how can we get assistance from the GIST, what mechanism should we use? You should address

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your requests to the UN country team and if you have a UNAIDS coordinator in your country you can go through him or her, or you can go directly to the UN country team and the request will come to us. And if you don't get this throughout, you can also go through your CCM chair to the GIST chair.

FEMALE SPEAKER: Thank you. Somebody has an answer to the flexibility?

DR. MILASOA MOSA: To respond, thank you very much for the questions. There was a question about reporting burden, from the point of the view, from the perspective of the Global Fund, what we encourage grant recipients to do, as much as possible, utilize their own, your own country indicators, your own national indicators as a basis for measuring progress in your grants. And then one of the things that we've also done is to allow grants to invest between five and ten percent of your grant funds to support improved monetarily evaluation systems. With these two elements with enclosed partnerships with in close collaboration from partners from the grant, we expect to be able to see more and more flexibility in this area. On the issue of the Caribbean AIDS Partnership Group, in our budget allows for flexibility provided there is a basis for us to follow through with that. The one caveat is that the flexibility requirement causes a material and significant

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change in the program itself additional approvals. But from this perspective I think we see space for collaboration and for flexibility.

FEMALE SPEAKER: Thank you. Jonathan, quickly.

JONATHAN BROWN: I think we have to realize the reality of the world in which we live and that it is more, it is easier for the multilaterals, like the Global Fund and the World Bank, to be very flexible just because of the way that we're governed. And it is less easy for the bilateral. And this means there's a special responsibility for the multilaterals to fill the gaps and certainly in the World Bank, even though our funding is not increasing for HIV/AIDS, what we've said to our board is that we will finance countries, stakeholder groups, vulnerable groups, and activities that other donors may not for a variety of reasons be able to fund. But when you look at flexibility, the fact that there has been such a substantial increase in funding and the promises both by the American government and in the Global Fund funding, probably there's going to be a lot more money available for HIV/AIDS and I think that's the most important element of flexibility. Because it's easier to be flexible if you have more money than if you have less.

FEMALE SPEAKER: Thank you and I think the session should be over. We have two person waiting for questions,

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can I propose you to identify the person you want to talk to and go and take a cup of coffee with that person. I think that's the only thing that we can do because we have to leave this room for another session. I thank all the speakers and presenters, Dr. Caroline, Dr. Teguest, Dr. Warren, Dr. Tom, Jonathan, Jane, and Dr. Mosa. We didn't finish the subject but we can continue, we still have one day for that. It was very interesting, the last question of flexibility is crucial. The way we have to do our homework as recipient countries is also a big issue. I thank you. [Applause]

[END RECORDING]

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