Harmonizing International Support
Towards Universal Access

How donors can deliver to the One Program

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International support – who are the donors?

- Donors are a *diverse* group of *public and non-state* partners, but *largely public support*

- The *same group of OECD donors* are engaged in multiple ways of providing support (surprisingly non-coherent)

- International *non governmental organizations* who act as donors does to a large extent also receive public funds in addition to funds raised

- Multilateral financial support through the UN is a combination of assessed and voluntary contributions from member countries (public)

- Financial support through the MDB/IFI is also based on public finance from shareholders

- *Private sector* works through foundations, donations and corporate social responsibility + *in kind* contributions (technical or material - have limitations)
Value basis: Equity

Universal access

Value basis
Shared interest

External policy environment. TRADE. TRIPS. Personnel

Health workers
Procurement

Information as basis for setting priorities and for following results

Basic services

YOUTH
TB/AIDS

PMTCT

SRHR

HBC

Basic needs
Knowledge
Advocacy
Demand
Coping
Information
Organization
Democratic oversight

At centre: PLWHAP
Empowered civil society

National ownership

National budget
National priorities

Political basis

Multilateral actors
Bilateral actors
Non-state actors
Regional actors

Research

Industry

Global Initiatives

Empowered civil society

POLITICAL LEADERSHIP
What are critical bottlenecks?

1. **Blurred boundaries** makes alignment a theoretical issue
2. **Diverse Perceptions** of Realities – the need for constructing a shared reality
3. **Unpredictable** domestic and external finance
4. **Lack of Fit**, Financing Instruments
5. Human Resource Shortages (*critical capacity*)
6. **Overloaded Procurement** Systems further fragmented by donor approaches
7. **Governance issues** – donors impact on the capacity for inclusive management of diversity – representation, transparency, accountability
8. Donor processes are in a **development mode**, not an emergency mode

Civil society, PLWHA networks and households not included in mainstream donor dialogue on “effective aid”
Blurred boundaries and lack of focus

1. The boundaries for the One Framework are necessarily interwoven with development, but the “constituencies” do not link up
2. The One Framework can accommodate any external contribution – lack of focus
3. The One Framework does not “speak to power” in ways that confront and call for necessary system change
4. Dealing with gaps: No agreement/compact on shared responsibility and mutual accountability for meeting the bottom line

Diverse Perceptions of Realities

1. Different views on the nature, size and impact of the epidemic among country actors, including donor partners
2. Too much or too little available finance for HIV and AIDS?
Domestic and External Finance

1. Unpredictable and insufficient **domestic allocations**; lack of clarity in the budget structure for finance towards The One Framework (Health/AIDS; Multi-sector/AIDS) - issues of fungibility

2. **Incomplete information** about external resource flows (off budget/on budget discussion; NGO finance etc)

3. Finance towards the fully costed One Framework should reflect **in-country “standard” expenditure** (including value of standard drugs), with agreement about how to factor in “cost to donor”

4. The need for multi-year commitments. Making a multi-partner deal around the “bottom line” **Watch risks**!

5. Finding the **match** between flexible funding and earmarked funding rather than arguing that all funding should be the same.
Lack of “fit”, Financing Instruments

1. **GFATM funding** for HIV and AIDS needs to be discussed in relation to the total funding of the One Framework; ie need an arena for making the fit which is better informed

2. **PEPFAR funding** and other **project funding** in a similar way need to be related to the total cost and the need for matching the “bottom line”

3. **NGO funding** needs to ensure complementarity and arrangements for broad inclusion as well as linking up

4. **Basket and budget funding** need to be followed with indicators that demonstrate consistency and predictability in allocations to AIDS and critical sectors for universal access (ref health)
Human Resource Shortages; Health Workers

1. An urgent need for bringing all partners together (Country Action Teams) to establish common reality and deal with bottom line issues
   - public sector partners
   - NGO partners
   - professional associations, academic institutions, private sector

2. PE/GDP ratio as a focus for political commitment

3. Fair and “accountable” competition for scarce resources as a focus for international partners – need accountability mechanisms for shared responsibility

4. Distribution and Retention. Salary and work place issues, and overcoming public/private barriers, gaps and overlap. “Package” response to bottom line needs

5. Alternative service providers/ linking up and allowing diversity. Inclusion PLWHA with fair remuneration

6. Training of skilled workers

7. “Poach one – train three” – compensation arrangements

8. Global and regional issues of migration (brain circulation and brain drain)
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