Review of national AIDS councils in Africa: Findings from five countries

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Abstract

National AIDS councils (NACs) were established in many African countries to co-ordinate the multi-sectoral response to HIV/AIDS. Their main mandate is to provide strategic leadership and co-ordinate activities geared to fight against HIV/AIDS. This study sought to understand the extent to which NACs have achieved their goals and the challenges they face. Best practices were identified and shared among countries involved, so as to enhance their efforts. This review is crucial given that the fight against HIV/AIDS is far from being won. Data for this study were collected from five countries: Ghana, Tanzania, Kenya, Zimbabwe and Lesotho. A qualitative study approach was employed by conducting individual in-depth interviews with senior staff members of NACs. We also collected important NAC documents that are used in achieving their mandates. The NAC documentation seemed to be in order in all countries visited, and there was a good understanding of the NACs' mandate and their functioning. There were numerous constraints and challenges that need to be addressed in order to make NACs perform their activities better. NACs need to operate independently of the usual government bureaucracy. Additional work is still needed by governments in making NACs responsible for the multi-sectoral response in sub-Saharan Africa.

Keywords: National AIDS Council, HIV/AIDS, multi-sectoral response.

Résumé

Des conseils nationaux du SIDA (CNS) ont été créés dans de nombreux pays africains pour coordonner la réponse multisectorielle sur le VIH/SIDA. Leur principal mandat est de fournir un leadership stratégique et de coordonner les activités visant à lutter contre le VIH/SIDA. Cette étude cherche à saisir la mesure dans laquelle les CNS ont atteint leurs objectifs et les défis auxquels ils sont confrontés. Les meilleures pratiques ont été identifiées et communiquées entre les pays impliqués afin de renforcer les mesures. Cette revue est essentielle étant donnée que la lutte contre le VIH/SIDA est loin d'être gagnée. Les données de cette étude ont été rassemblées auprès de cinq pays: le Ghana, la Tanzanie, le Kenya, le Zimbabwe et le Lesotho. Une approche qualitative de l'étude a été adoptée en réalisant des entretiens approfondis individuels avec les cadres du personnel des CNS. Nous avons aussi réunis d'importants documents des CNS qui sont utilisés pour réaliser leurs mandats. Les documents des CNS semblent être en ordre dans tous les pays visités et il existe une bonne compréhension du mandat des CNS et de leur fonctionnement. Il existe de nombreuses contraintes et défis qui doivent être traités afin que les CNS réalisent mieux leurs activités. Les CNS doivent opérer indépendamment de la bureaucratie habituelle des gouvernements. Un travail supplémentaire des gouvernements est toujours nécessaire pour rendre les CNS responsables de la réponse multisectorielle en Afrique subsaharienne.

Mots clés: Conseil national du SIDA, VIH/SIDA, réponse multisectorielle.

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Introduction and background

The discovery of the first case of HIV and AIDS in Africa in the 1980s saw the beginning of a major tide in the disease burden facing Africa today. The succeeding years saw an unprecedented spread of HIV and AIDS, especially in sub-Saharan Africa. Today, of the estimated 38.6 million people living with HIV globally, two-thirds are in the sub-region, especially southern Africa (UNAIDS, 2006). The nature and required pace of the response to the scourge necessitated the establishment of co-ordinated structures and processes for a multi-sectoral response.

The first generation of national AIDS councils (NACs) was established in the early 1990s, with the facilitation of the Joint Programme of United Nations Programme on HIV and AIDS (UNAIDS) that developed guidelines on how to establish these under the 'Three Ones Principles', that is: one agreed HIV and AIDS action framework that provides the basis for co-ordinating the work of all partners; one national HIV/AIDS co-ordinating authority, with a broad-based multi-sectoral mandate; and one agreed country-level monitoring and evaluation system (UNAIDS, 2005). The NACs were established to co-ordinate the multi-sectoral response to the HIV/AIDS pandemic. In some countries, these roles were variously carried out by AIDS co-ordination units located in Ministries of Health (as was the case with Uganda) before the establishment of an NAC.

Many African countries responded positively to this initiative, as evidenced by NACs being highly placed in the government arena. The main mandate of NAC is usually to provide strategic leadership and co-ordinate activities that are geared to the fight against HIV and AIDS. However, some writers have suggested that some NACs in the sub-region are perhaps inefficient and ineffective, for a variety of reasons (Dickinson, 2006; England, 2006; Putzel, 2004). If this is true, then it means they are unable to fulfill their mandate unless something is done to reverse the situation. Clearly, the spread of the disease is continuing in the sub-region, with only a few countries such as Uganda and Zimbabwe recording a decline in HIV prevalence. The challenge of changing sexual behaviours in contexts of conflict, abject poverty, gender inequality and sometimes questionable governance is large.

A review of NACs in Africa was found necessary at this juncture of the pandemic's trajectory, in order to address the following pertinent issues. Firstly, to gauge the extent to which NACs have been able to fulfill their mandates. Secondly, to examine what needs to be done to strengthen NACs. For example, NACs are generally characterised by high staff turnover due to relatively low remuneration and lack of other staff incentives (Dickinson, 2006). Thirdly, NACs need to be empowered through comprehensive legislation that would make their co-ordination role more acceptable to diverse stakeholders. For instance, NACs' mandates need to be reviewed in order to capture issues of mandatory reporting of existing programmes and funding by all implementers in HIV and AIDS control. Fourth, NACs are not always utilising social science findings, and indeed not always expressing the need for social sciences research in addressing seemingly recalcitrant obstacles in multi-sectoral responses, community mobilisation, and in reducing vulnerability against HIV/AIDS. Lastly, the challenges posed by HIV and AIDS are dynamic and hence NACs need to constantly review their own strategies.

In the context of the aforementioned five critical issues for NACs, the paper is based on five country case studies in West, East and southern Africa. It seeks to highlight the specific mandate of each NAC in the selected countries; examines the links between NACs and stakeholders (in particular governments, funding agencies, and communities); governance aspects of the national response to HIV/AIDS and accountability to the general public; analyses the efficiency and effectiveness of NACs as co-ordinators and facilitators of HIV/AIDS related activities; and attempts to identify better practices which NACs should be encouraged to follow.

The first section provides the background and study rationale. The second section describes the materials and methods used in the study. The third section presents the results of the study broadly categorised as organisational structures of NACs, community programmes, and an assessment of their efficiency and effectiveness. The paper ends with a discussion, conclusion and recommendations.

Methods

The study employed a multi-country case study design with five purposely selected countries drawn from West, East Central and southern African regions. The selection was purposeful in that we wanted to cover the major regional blocks of Africa and also areas with known differences in HIV/AIDS prevalence. We only focused on five countries as part of this initial pilot study that will inform a much larger study, including a representative sample of countries in the sub-region. The five selected countries are somewhat diverse in their HIV prevalence levels and response dynamics, with southern African countries experiencing the highest disease burden.

The study employed two approaches to data collection: The first approach was a desk-top study whose main purpose was to establish the mandate, vision and objectives of NACs for

each individual country including existing programmes. The Council's strategic plans and other relevant documents, such as HIV and AIDS policies and monitoring and evaluation frameworks, were requested from NAC offices of the selected countries (e.g. Ghana AIDS Commission, 2005, ZNAC, 2006, Tanzania Prime Minister's Office 2001, SANAC 2007, Tanzania Commission for AIDS 2004). The documents were systematically reviewed, using thematic criteria that focused on issues such as the governance structure, mandate, vision, objectives, funding arrangements, existing community programmes and associated operational systems.

The second approach included in-depth interviews with senior NAC officials using a semi-structured interview guide. The key informants included functionaries of the NACs at various levels of management who were purposely selected for the interviews. The main thrust of the interviews was to explore and understand existing practical implementation issues for NACs and the extent to which they have been able to fulfil their mandate, including identifying obstacles faced. A total of 22 people were interviewed with at least four interviews per country (except Zimbabwe, where two people were interviewed), and these were audio recorded. The interviews were transcribed and entered into qualitative data analysis software – NUDIST. The data were categorised into *a priori* themes and analysed using content analysis to establish theme saturation and emergent issues. The validity of the results was assessed using participant feedback sessions. (The paper was presented at two regional meetings involving national AIDS councils in Africa and extensive feedback was obtained from that process.)

An additional potential source for assessing validity, which was not used but will be used in the larger study, is interviews with clients or agencies/donors working with NAC to get alternative views and achieve triangulation (Aguinaldo, 2004). The study was approved by the Human Sciences Research Council Ethics Committee, and as part of seeking permission for the country studies a copy of the proposal together with a permission letter were sent to the respective NACs before the study was conducted.

Results

Desktop findings

Each of the participating countries has at least three documents that describe the position of the NAC. The first and foremost is the national HIV/AIDS policy. The national policy on HIV/AIDS provides the general framework for collective and individual responses to the HIV/AIDS epidemic. Each country presents a clear need to have a national multi-sectoral approach towards HIV/AIDS. Furthermore, the policy states a need for the establishment of the NAC and its institutional and organisational structure. The NAC is supposed to co-ordinate and give leadership in the multi-sectoral response. In other words, the policy is the first step for the government to show its commitment towards the fight against HIV/AIDS, and to outline the pertinent issues in the national response.

The second document which is prepared by the NAC for a specified period, usually 4 - 5 years, is the national HIV/AIDS strategic plan. The strategic plan's main aim is to operationalise the national policy. For instance, the second Kenya national HIV/AIDS strategic plan 'provides the action framework for the national response to HIV/AIDS and the context within which all stakeholders will develop their specific strategies, plans and budgets to make responses'.

The third document is the national HIV/AIDS monitoring and evaluation framework. The monitoring and evaluation framework is prepared such that it harmonises all sectoral monitoring and evaluation efforts, and monitors the impact of the HIV/AIDS epidemic and the effectiveness of the national response. It therefore guides collection, analysis, use and dissemination of information that enables the tracking of progress made in response to HIV/AIDS and enhances informed decision-making.

In addition to enhancing a common goal of fighting against HIV/AIDS, these documents also have in common the fact that they were developed through joint efforts of a wide range of stakeholders including the NAC itself, development partners and funding agencies, civil society organisations (CSOs), faith-based organisations (FBOs), community-based organisations (CBOs), local non-governmental organisations (NGOs) and international NGOs.

Findings from in-depth interviews

Mandate of NACs

In all the five countries visited during the review (Ghana, Lesotho, Kenya, Tanzania and Zimbabwe) a strong foundation now exists on which to build an effective HIV response, with increasing political commitment and partner co-ordination at country level. The review showed that to a large extent, NACs have been very successful in fulfilling their mandate. However, this may be considered to be self-evaluation, as the only respondents of this study were NAC senior officials.

The mandate of NACs can be classified into four categories, viz. policy formulation, co-ordinating the national response, resource mobilisation, and monitoring and evaluation of the national response to HIV/AIDS. Participants in the review

concurred that NACs are not implementing organisations. Instead there was general consensus in that the mandate of NAC is to co-ordinate and monitor the national response to the HIV/AIDS pandemic in the respective countries.

To this end a NAC director said: *'Our major focus is that of co-ordination in terms of what the various players are doing…using the 3 in 1 concept, that is one co-ordinating authority, one strategic plan and one monitoring and evaluation.'*

Another NAC manager added that the mandate of NAC encompassed social mobilisation: *'We want to establish a policy framework that will guide all stakeholders in the fight against HIV/AIDS, go outside and ensure that as many people as possible are informed about HIV/AIDS and study the socio-economic impact of HIV/AIDS and provide a co-ordination framework for stakeholders.'*

Location of NACs

In four of the countries visited, the NACs are under the highest government office in the country. In Ghana and Kenya, the NACs are located in the President's office. The Lesotho National AIDS Commission and the Tanzania Commission for AIDS are located in the Prime Minister's office. The Zimbabwe National AIDS Council is located in the Ministry of Health and Child Welfare.

Funding of NACs

It emerged from the review that there have been significant advances in recent years with regard to financing AIDS globally. The global funding mechanism called for in the Declaration of Commitment on HIV/AIDS resulted in the launch of the Global Fund to Fight AIDS, Tuberculosis and Malaria in December 2002. The Global Fund and the World Bank are also significant external funders of NACs. The US President's Emergency AIDS Relief has also been a substantial addition to the AIDS funding arena, providing intensive funding to NACs. In order for NACs to be effective in leading the national multi-sector response to HIV/AIDS in sub-Saharan Africa, national governments and international donors should significantly increase financing for AIDS by strengthening and fulfilling existing commitments, fully supporting the Global Fund, and supporting other innovative financing mechanisms.

Innovative approaches to securing sustainable long-term funding for the AIDS response, including proposals for new international financing mechanisms, deserve serious consideration, as do any other proposals that will help to stabilise funding for a greatly enhanced response to the epidemic in sub-Saharan Africa, which has the highest HIV prevalence in the world. Furthermore, an NAC member shared the view that they were suffering from dwindling international funding due to constrained political relations between the country and the international donor community. This had adversely affected approval of community-based programmes. Again, because the majority of NACs are set up by an Act of Parliament, they are consequently viewed by external funders as another arm of government, and this further compounds the dire funding situation.

Structures in place for implementation of programmes

There are functional and well laid-out structures at national, provincial and district levels to co-ordinate implementation of programmes in the NACs. In Tanzania there are eleven regional facilitating agencies (RFAs), one for every two regions, except Dar es Salaam. In Kenya there are 71 district technical committees (DTCs) and 210 constituency AIDS control committees (CACCs). In Lesotho there is the National Partnership Forum, which has a broad constituency representation and systematic teams and technical working groups. In Ghana there are ten regional focal persons, one in each of the ten regions. There are also HIV/AIDS committees in all 138 districts. In Zimbabwe there are ten provincial and 52 district secretariats in place. There are also 52 HIV/AIDS focal persons, one in each of the 52 districts.

Link between NAC and stakeholders

There was consensus that NACs work within a multi-sectoral partnership with other stakeholder organisations. An NAC programme manager commented: *'The multi-sectoral response is a direction that we are taking and there is a positive indication in terms of the response we are getting from our getting from our stakeholders.'*

The NACs concurred that they recognised the health sector as a technical partner, since the NAC's expertise lay in the co-ordination and management of the HIV/AIDS response. Hence the health sector was an integral organ of the HIV/AIDS stakeholder forum. The NACs have forums for co-operating with other countries. Largely cited were the annual meetings of the directors of NACs in the SADC region to share experiences at country level. Also, NACs co-operate at country-to-country level through exchange visits to share best practices. Best practices that have been shared through such inter-country visits include exchange visits to study monitoring and evaluation systems and the decentralised structures in the districts and provinces.

Procedures for approving community-based programmes

To a large extent the NACs have clear systems in place for approving community-based programmes. We learnt from the review that one of the most effective ways of approving community-based programmes was that the districts submitted

district plans constituting community needs. In another country there is a grants management facility within the NAC which is largely funded from government resources and donors. Interested stakeholders have to submit their proposals to the NAC for approval of funding for their activities and programmes.

However, a rather different picture emerged from those NACs experiencing funding constraints, as they were operating below capacity regarding approval of community-based programmes: *'Our approval rate of community-based projects is currently very low because of funding constraints. We currently have a huge backlog of proposals for funding submitted by the districts'.*

It emerged from the review that to a large extent, NACs prefer funding programmes that speak to issues articulated in their respective strategic planning documents. It was therefore emphasised that stakeholder buy-in of the strategic plans is crucial to effective programming and implementation of HIV/AIDS interventions.

Existing monitoring and evaluation systems

In all countries visited, there was a document specifically detailing monitoring and evaluation (M & E) systems in place, so on paper everything is fine! Monitoring and evaluation activities in NACs to date have focused largely on developing indicators and establishing systems for monitoring. In line with the *'Three Ones'* principle that guides their operations, NACs regard monitoring and evaluation as central to the success of the implementation of their mandate.

However, some of the participants were not quite happy with the way M & E activities are conducted: One participant from NAC commented: *'Monitoring and evaluation of HIV and AIDS activities is an area that has lagged among the three components of the "Three Ones" principles apparently because many agencies implementing various activities have no legal requirement to report to the National AIDS Council and multiple powerful donors require different monitoring and evaluation reports.'*

Another participant from another NAC stated: *'Many stakeholders still consider that monitoring and evaluation for HIV programmes is the prime responsibility of a national co-ordinating body. However, the implementation of the M and E framework will require the mobilisation of resources at all levels and amongst many stakeholders: this includes the M and E capacity of civil society and faith-based organisations as well among relevant government departments and ministries.'*

The review showed that surveillance for HIV infection is still insufficient. It records infections that have already taken place, but does not give early warning of the potential for new infection. Thus, it does not monitor behaviour that may put people at risk (e.g. unprotected sex with multiple partners and use of contaminated or non-sterile injecting equipment), other biological markers (e.g. the presence of sexually transmitted infections), and knowledge or lack of knowledge about how HIV is transmitted. This is an area that developing countries, particularly in sub-Saharan Africa, need to improve as an integral component of programme monitoring and evaluation.

All five NACs visited during the review collect monitoring and evaluation data on comprehensive indicators which include data on prevention of mother-to-child transmission (PMTCT), voluntary counselling and testing (VCT), ARV treatment, orphans and vulnerable children (OVC) programmes, youth in school and out of school, and behaviour change. The indicator system used largely borrows from the United Nations General Assembly (UNGAS) system.

A number of standard monitoring and evaluation indicators have been developed, but there is still much work to be done by the NACs in harmonising and simplifying the indicators used by the many different stakeholders involved in the AIDS response in the countries. Sometimes monitoring and evaluation indicators are wrongly interpreted. For example, in Kenya there was much talk about the success story of a drop in HIV prevalence – but it is only from 6.1% to 5.9%. This may not necessarily mean that there is an actual decline, as the margin is too small, especially because the estimates are based on surveys.

Best practices

Best practice is understood as the continuous process of learning, feedback, reflection and analysis of what works and does not work in the HIV/AIDS response, and why. Drawing on practical experiences from countries around the world and within the country itself, effective approaches, policies, strategies and technologies are identified as best practice.

Perhaps the most notable best practice identified was that of Zimbabwe being able to raise their own funds: there is a 3% levy from each corporate and individuals for the national AIDS council which goes into a national AIDS trust fund. One best practice shared by all five countries visited was the successful stakeholder participation and the success of the multi-sectoral approach to HIV/AIDS. In Kenya, for example, they have a monthly meeting for the Consultative Steering Committee chaired by the head of Public Service.

Another best practice was the 'Know Your Status' campaign in Lesotho, which sought to encourage persons to test for HIV. The 'Know Your Status' campaign was kick-started by the Prime Minister of Lesotho, Honourable Pakalitha Mosisili, testing for HIV in public. The same commitment was shown by several

other countries, e.g. Tanzania. The political commitment and financial support shown by the highest office in the land in this campaign is a key motivator for the general population to test for HIV. The effective decentralised nature of the NAC at every level of governance system in the country was another best practice. This was shown to exist in all five countries visited. Decentralisation served as an effective opportunity to scale up HIV/AIDS activities in the country.

Challenges and constraints

The review revealed that many countries in sub-Saharan Africa still fail to carry out surveillance that would tell them which populations are most in need of services, and even when data from such surveillance are available, many countries still fail to select such populations as beneficiaries of services. Often this is a result of the difficulty of accessing the key populations at higher risk, and the weaknesses in policies (including human rights legislation) and procedures that ensure the delivery of services to people most in need of services. Clearly, one way round this constraint is to manage and target the flow of limited resources so that they go to where they are most needed, but in some cases government and donor policies intervene to the extent that some key populations that are at higher risk are hardly served at all.

Another key challenge identified by all five NACs lay in the shortage of skilled workers, which inevitably leads to poor surveillance, planning and administration; bottlenecks in the distribution of funds; failures in the implementation, monitoring and evaluation of activities; and inadequate provision of services. In addition, there is high staff turnover at the NACs due to poor remuneration packages. Obviously if key staff keep changing in an organisation, this can weaken performance and create lack of continuity. Dickinson (2006) has reported that in some countries, such as Malawi, NACs are attempting to develop a market-related salary structure so that they can retain their employees. One respondent lamented the exodus of skilled staff due to low remuneration as a key challenge to its activities: *'The NAC being a parastatal cannot determine remuneration packages for its own staff – they have to be approved within the government. We want to reward our staff accordingly so that we can retain them.'*

Furthermore, participants shared that work at NAC offices is overwhelming. Understaffing, shortage of skilled workers and lack of office space are other day-to-day challenges faced in the NAC.

Other accompanying challenges are problems of implementation, capacity and good governance at grassroots level. For instance, it has been reported that some RFAs in Tanzania are too weak to assess proposals, capacitate CBOs, or to deal with the heavy workload. As a result of this the regions are at different levels of implementation, depending on how efficient and effective their RFA is. It was noted that there are regions which are not doing much in terms of implementation of HIV/AIDS programmes.

Working under the highest office in the land is a further challenge, as the NAC has to follow the government procedures. For example, NACs cannot recruit as they wish even if they have the necessary funding. They have to obtain approval first. Furthermore, the conditions given by donors are a challenge. For example, participants noted that sometimes they fail to access donor funds because of failing to meet certain obligations. In one country the fact that donor partners perceive the HIV/AIDS epidemic as a *concentrated* epidemic, while NAC sees it as a *generalised* epidemic, is causing disharmony in programme formulation and implementation. This has implications for types of strategy and resources.

The other challenge participants cited was working with people who are not directly under the NAC, including staff in other government departments. There is no obligation for submission of important data into the M & E system. Another challenge raised was that the health sector budget is currently overwhelmed by the demand for other services (particularly with regard to TB and malaria, and provision of ART) because of the HIV/AIDS epidemic: *'As NAC our challenge is to see what we can do to reinforce and assist people build their own capacities and mobilise resources so that we can effectively respond to the epidemic.'*

The other challenge was that the NAC has to ensure that HIV/AIDS interventions in the country should be driven through local initiatives and not by donors, in order to ensure sustainability of projects and programmes. The following are some few sentiments shared around programme financing and sustainability:

'All projects and programmes need to come under NAC co-ordination so that we can determine which ones are coming to an end, and if so, how do we continue to fund or support such a programme.

We have also learnt that some of the resources that are pledged are not here when we need them and this constraints programme activities. We have had as NAC to provide bridging finance in such cases.

We have therefore learnt that we need our own funding as a country to finance the national response to HIV/AIDS to ensure sustainability of our programmes.'

We identified from the review that the key challenge around use of monitoring and evaluation data was that historically many factors have restricted a country's capacity to use data for improving monitoring and evaluation. These include limited human and financial resources, multiple reporting demands from stakeholders (including donors), and the lack of a national information system for data related to HIV. Programme managers find themselves having to report similar data in many different formats, while at the same time these data are seldom used at the national level as a basis for programme refinement and improvement. Even within and between national government departments and ministries, there is poor sharing and co-ordination of data.

A software programme, the Country Response Information System (CRIS), has been developed to assist in addressing these problems. In countries that have already embraced it, this constraint has largely been addressed by the CRIS program. CRIS provides the platform for a database to support monitoring and evaluation. More specifically, it provides countries with the ability to store and analyse indicator, project and research data, and to exchange data with those from other systems.

Discussion

The formation of NACs in the early eighties was a fundamental acknowledgement that HIV/AIDS was a huge challenge, with significant implications for the socio-economic development of many developing countries. The expected roles of NACs are well defined (see Dickinson, 2006). However, the councils in different countries have had different experiences, with some achieving significant impact in successfully co-ordinating the pandemic and others having mixed experiences. The Senegalese and Ugandan experiences are African success stories in reversing the course of the disease, which is partly attributed to a highly co-ordinated multi-sectoral response by civil society, private sector and government, and political leadership (Mohiddin & Johnston, 2006; Parkhurst, 2002: Slutkin *et al.*, 2006). Uganda is the first country in Africa that had a single fund and single body that was responsible for co-ordinating HIV and AIDS control activities. The other factors noted in Ugandan's success are political leadership coupled with increased donor funding and improved programming of HIV prevention activities. South Africa's National AIDS Commission (SANAC) has recently demonstrated its ability to co-ordinate multi-sectoral efforts in the production of the National Strategic Plan for HIV and AIDS and STI (2007 - 2011) through strong political leadership (SANAC, 2007). However, there are many African countries that are considered unsuccessful in mounting meaningful mitigation response to the HIV and AIDS pandemic (Mohiddin & Johnston 2006). The reasons are numerous, ranging from lack of political will, weak institutions and capacity of the state, lack of co-ordination, to different levels of government, and many others.

The challenge posed by the disease, particularly in sub-Saharan Africa, cannot be addressed by governments alone, given the generalised nature of the epidemic, the huge resource requirements, and lack of state capacity and sometimes political will to comprehensively combat it. Governments in many African countries are overwhelmed by the increasing burden of the disease on the health care system, and its impact on households and the economies generally is large. Clearly, the need for multi-sectoral co-ordination is still critical today as it was in the 1980s when the majority of NACs were established.

Although NACs from the five selected countries were largely successful, the global picture is different. The reasons why NACs globally may have not faired too well are numerous. Firstly, others argue that NACs were set an impossible task of multi-sectoral co-ordination in contexts where government departments have traditionally responded incisively to other epidemics (England, 2006). Multiple stakeholders in the HIV and AIDS arena continuously fight for space, with governments sometimes becoming obstacles instead of enablers. The private not-for-profit sector is argued to have been able to respond much more rapidly to the demand for treatment and care in most parts of the world including Asia (Godwin, O'Farrell, Fylkesnes & Misa, 2006). The UNAIDS survey of the 'Three Ones' showed that while 80% of countries had NACs which were recognised as the main co-ordinator, 'with a clear mandate to co-ordinate", only 41% had 'authority to allocate resources' (UNAIDS, 2006). This was largely explained by lack of capacity and skills, and this surely undermines the multi-sectoral co-ordination capacity. None of the five African countries studied experienced this fundamental problem.

Secondly, the discordance between the structure and roles of NACs is arguably a problem. NACs are usually run by a committee made up of commissioners who are appointed or selected by government and whose role is both representation and governance (Dickinson, 2006). The key governance question is: how can appointed commissioners also provide own oversight without creating opportunities for perverse activities? In addition, the majority of these commissioners tend to be former senior bureaucrats whose expertise and experience is sectoral.

Thirdly, NACs have not faired well because of the general confusion created by multiple co-ordination and reporting structures. While NACs have been principally established to

co-ordinate country multi-sectoral responses, agencies such the Global Fund to Fight AIDS, Tuberculosis and Malaria have not only increased resources available to fight AIDS but also set-up new mechanisms -- the so-called Country Co-ordinating Mechanism. The new mechanisms, while well intentioned, are yet to be institutionalised, and therefore create problems of duplication of planning, co-ordination and reporting (England, 2006; Godwin *et al.*, 2006).

Fourthly, the capacity of NACs has been undermined by lack of funding, high staff attrition levels due to low salaries and incentives, bureaucratic and in some cases political interference. These factors contribute to the operational challenges highlighted in this study, which are broadly related to the translation of health policies and national AIDS frameworks into effective country programmes at all administrative levels of government and community level.

Clearly, the responsibility of co-ordinating without the authority to control and ensure co-ordination is meaningless (Godwin *et al.*, 2006). However, the outright call to abolish NACs and shift power and resources back to health ministries or recast them as fund managers, as argued by other commentators (England, 2006), is a radical idea that needs to be contextualised. Co-ordination of multi-sectoral activities is indeed complex, but that in itself is not reason enough for abolishing NACs. Sector ministries such as health do not have the mandate and authority over other sector ministries, let alone the private sector including civil society. The principal basis for establishing NACs still holds; what is required is that each country reconfigures its NAC to suit its local circumstances. Clearly, the idea that institutions that work in one country are easily transferable to another (one size fits all) is rather naïve.

Conclusions and recommendations

Although this pilot review focused on only five countries, a number of issues have come to the fore that require attention by individual countries, bi-and multilateral agencies, and other funding agencies. We acknowledge that while the data sources were appropriate, the list of respondents should have included some programming/control outfits or even donor agencies. The study could also further have covered the regional and district committees on the ground. However, the review has shown that NACs have to a large extent been very successful in fulfilling their mandate – that is, co-ordination of the HIV/AIDS response in the country. The multi-sectoral approach of the response coupled with the existence of effective implementation structures going right down to the lowest administrative levels of the country have aided NACs in successful co-ordination of HIV/AIDS programmes and activities. NACs still face limitations, chief among them staff turnover (and some with limited skills) due to low remuneration of staff, supportive legislation to make it mandatory for organisations to report data for M & E, and the location of the NAC in government structures (for some NACs).

We therefore recommend the following:

- NACs should continue to be in the highest office in the country; but there should be a way to make the NAC work independently of the government bureaucracy.
- Most NACs (except for Zimbabwe) depend on donor funding to a large extent. There is a need to establish public funding with long-term implications.
- NACs, working with all partners and stakeholders, must develop or adapt prioritised and costed AIDS plans that are ambitious, feasible and aligned with national development plans.
- The 'Three Ones' principles, which calls for the co-ordination of a national AIDS response around one agreed AIDS action framework, one national co-ordinating authority, and one agreed country-level monitoring and evaluation system, are designed to increase effectiveness in prioritising activities and targeting resources to achieve the greatest good for people in need. These principles should be embraced by all countries and translated variously depending on the country circumstances.
- Countries should ensure the accountability of all partners through transparent peer review mechanisms for public monitoring of targets and regular reporting of progress.
- The review should be extended to a greater number of countries in sub-Saharan Africa, in order to obtain a more comprehensive understanding of the functions and constraints of NACs.
- The next phase of this study should include respondents from CBOs, NGOs, development partners and officials from other government departments.

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