

“Making the money work”: Global AIDS actors and challenges towards coordination of HIV/AIDS programs in Africa

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Introduction

Recent years have witnessed a substantial increase in funding and activities related to global health, in particular in developing countries. Several new actors have entered the stage of global health, ranging from multilateral funding entities to private foundations and to large-scale bilateral programs, such as the President’s Emergency Plan for AIDS Relief. HIV/AIDS is an area where funding has increased manifold in recent years; it has quadrupled from 2001 to 2006². The rapid increase in funding channelled towards HIV/AIDS programs in Africa has resulted in “a crisis of implementation”, which is due to “national capacity gaps in areas such as programme management and service delivery” (UNAIDS 2005b).

Further, too little coordination between donors have been identified as a cause of the crisis, leading to national governments spending too much time on reporting to individual donors instead of implementing programs (see UNAIDS 2006). This crisis has been acknowledged by the main global actors funding HIV/AIDS programmes, such as the Global Fund, the World Bank, and UN organizations (see UNAIDS 2005b). The same actors have identified coordination and harmonization of their efforts as an important remedy to make the money work within HIV/AIDS (Global Task Team 2005; Sidibe et al. 2006; PEPFAR/WB/GFATM 2006). There are evidently other causes of the crisis than lack of coordination, but the heavy emphasis on lack of coordination as a cause justifies studying this issue among others in this paper. Coordination in bilateral and multilateral aid in general brings out additional questions of national ownership and external influence over national policies, because in many cases external funds far exceed governmental spending, which is the case for HIV/AIDS.

What are the challenges towards coordination among global HIV/AIDS actors? In this paper, three theoretical arguments said to represent hindrances towards horizontal coordination are applied to analyze the situation of coordination between global HIV/AIDS actors. These three arguments may be seen as independent variables having an impact on the outcome, e.g. the situation of coordination among the global actors analysed. An important policy response to the crisis of implementation was the joint

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² Funding increased from USD 2,1 billion to USD 8,9 billion (UNAIDS 2006b). The expectations for funding in 2007 are USD 10 billion (ibid.:224). This amount of funding is however far from the estimated funding needed to reach the Millennium Development Goals on HIV/AIDS (UNAIDS 2006b:224).

agreement on the Three Ones in 2003 by many bilateral and multilateral donors. *The Three Ones* stand for one national coordinating AIDS authority with a multisectoral mandate³ (NAC), one strategic HIV/AIDS framework for all actors at the country level, and one national monitoring and evaluation system (UNAIDS/WHO 2003). In the years following the Three Ones, several efforts towards coordination have been made at the global level, between the major actors involved in funding HIV/AIDS programs and at the national level, between these actors and the national government and other recipients of funds, such as NGOs.

The three theoretical arguments on coordination employed in this paper have been developed by Peters (1998). The arguments focus on *horizontal* coordination only, e.g. coordination taking place between actors situated at the same organizational (and territorial) level. Further, in the paper⁴, I only refer to three global actors funding HIV/AIDS programs in Africa: The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Multicountry AIDS program for Africa (MAP Africa), and the PEPFAR (World Bank 2007c). These actors are selected, because they are the three major global actors funding HIV/AIDS programs in African countries and may thus be expected to engage in coordination, which they currently are. It is further relevant to study these actors, since they represent different types of organizations.

The Global Fund is a public-private partnership, while the MAP Africa is a program within a multilateral institution, and the PEPFAR is a program of a bilateral donor, the U.S Government. In the analysis of the challenges these actors meet in trying to coordinate their efforts, I discuss the situation at both the *global* and the *national* level, but I do not make a strict separation in the discussion when dealing with these levels, because efforts at one level is closely connected to efforts at the other. At the national level, however, I also study the relation these actors enter in with the recipients of funding: African governments.

The first part of the paper introduces the theoretical arguments drawn upon and the overall theoretical tradition within which they have been developed. Secondly, I briefly outline the methods used, before I turn to a presentation of the three global actors. Then I outline the global policy context of coordination that the actors and their programs relate to in their work. The remaining part of the paper discusses the challenges the global actors and their programs meet by using the arguments on horizontal coordination by Peters.

Horizontal coordination: a theoretical outline

Coordination in general may be defined as “the attempt to optimize the coherence and consistency of political decisions as well as policy implementation across: -policies (in order to overcome the sectoral fragmentation of policies)

³ This coordinating authority is also referred to in some countries as The National AIDS Commission.

⁴ **Methods:** The paper is based on a document analysis of evaluation reports, project reviews, and policy documents of the three programs, as well as previous research conducted on the programs, which is limited, due to the recent origin of these programs. The literature used only briefly refers to examples from African countries, and does not provide a systematic analysis of one or several countries. Literature on related global health programs has also been drawn upon.

-across actors and stakeholders (in order to accommodate conflicts between actors
-across levels (to handle vertical fragmentation)” (Wollman 2006:594)

Being a problem that “seems endemic to all large organizations or collections of organizations, whether public or private” (Peters 1998:1) coordination has been widely discussed within theories of political science and in other disciplines for decades. Within political science, coordination has been discussed to a large extent within organization theory and in the more recent governance literature, in particular with reference to network governance.

Three ideal types of coordination are often referred to: markets, hierarchies and networks (Wollman 2004:595; Robinson et al 1999). Networks is a “pluricentric mode of coordination” (Sørensen and Torfing 2007:4). Given that the attempts towards coordination between the three global actors studied in this paper is horizontal in character, has a pluricentric character, with no hierarchical organization, and is not led by the market, I will argue that it comes closest to being coordination in networks. Various definitions of networks exist. Scharpf (1994: 42) has summed up some of the characteristics of networks that several definitions include as being: “the informal (non-organized), reciprocal (non-hierarchical) qualities of relationships among more than two actors that are relatively stable over time” (Scharpf 1994:42). In the paper, I am only discussing two networks:

- a) a network between the three global actors
- b) a network between the global actors together and the recipient government.

The theoretical arguments by Peters (1998) used in this paper are developed from network theory, but also from the strand of inter-organizational politics within organization theory. This combination of theoretical traditions in one approach makes his arguments relevant to use, because they bring forward problems of coordination as discussed widely in the literature on inter-organizational politics and combine them with coordination taking place in networks. A perspective strictly derived from inter-organizational politics would not be sufficient in this paper, because these theories do not deal with international organizations, only public organizations and non-governmental organizations (Egeberg 2006). Network theory, on the other hand, is open to studies of all types of organizations.

In addition to using the theoretical arguments by Peters (1998), I have added the theoretical aspect of network management in order to provide a more thorough theoretical framing of the challenges towards horizontal coordination that I find in the analysis. Two overall strategies for network management exist: Process design and institutional design (Klijn and Edelenbos 2007: 200). While process design and management is concerned with the interaction taking place in the policy process, the institutional design concerns the changing of the institutional structure of the network, e.g. “the actors’ positions, the entry rules, etc” (ibid.:201). An underlying assumption in network management and in the theoretical arguments employed in this paper is that networks require “substantial accommodation” (Peters 1998:302) between the actors engaged and horizontal coordination in networks is thus per se difficult to achieve. As the analysis below will

show, the three global actors try to manage the networks they engage in through both policy processes and changes in the institutional structure.

Peter's (1998) arguments on horizontal coordination

The three theoretical arguments that will structure the analysis of the challenges that the global actors face in horizontal coordination are the following:

1st Argument:

Two or more organizations “perform the same task (redundancy)”(Peters 1998:303).

2nd Argument:

Horizontal coordination is hindered when “no organization performs a necessary task. (Lacunae is present) (ibid.).

3rd Argument:

Co-ordination is difficult to achieve when there is “incoherence” in aims and “requirements” (ibid.).

On the three global actors

Global HIV/AIDS funding is not easily mapped, due to the rapid increase in funding and actors in recent years, as well as the gap between *commitments* and actual *disbursement* of funds (Bernstein and Sessions 2007). There has been a large gap between commitments and disbursement, but the gap has been closing in since about 2006 (ibid.). As the executive director of UNAIDS has stated, “the global architecture for HIV/AIDS is a mess” (quoted in World Bank 2007c: 11). Being “a mess”, the challenges in achieving coordination within HIV/AIDS are evidently great. Nevertheless a mess or not, one may, in the words of Swidler (2006) describe global HIV/AIDS funding as having a hierarchical structure, with a number of multilateral organizations, foundations and bilateral donors at the top, followed by numerous international NGOs.

At the country level, the national and local governments and country-based civil society organizations add up to this picture, including community-based organizations and faith-based organizations. UNAIDS is the Joint United Nations programme on HIV/AIDS. The program was established in 1995 to ensure coordination on HIV/AIDS among UN member countries and within the UN system. It thus has a central role to play in facilitating coordination globally. The Three Ones as already introduced, was initiated in the frame of UNAIDS and the program has taken a lead in the follow-up, such as with the Global Task Team and the work established after this team.

The World Bank Multicountry HIV/AIDS Program for Africa (MAP Africa)

History. The MAP Africa was established in 2000 and is part of the total MAP portfolio that includes countries outside Africa. The MAP further only represents one part of the total HIV/AIDS assistance that the World Bank provides globally. Until 2006, two phases of the program have been entered into. MAP I was a USD 500 million grant approved in September 2000, while MAP II was approved in 2002. These two grants were to finance assistance until 2006. A third phase of MAP started in 2007, which is to run until 2011.

Principles. The main principles of the MAP I was essentially to build up national institutions for a national response towards HIV/AIDS in African countries (NACs) and to “scale up prevention, care, support and treatment programs” OED 2005:43). The second MAP was to strengthen the assistance already channelled. In addition, all countries were to have their own specific goals outlined in a national strategic plan for HIV/AIDS.

Organization. The MAP Africa is managed by the Act Africa Team in the World Bank, and one or more advisors are responsible for each country to which assistance is provided. Some of the advisors are working from Washington D C while others are present in the countries.

Funding. The MAP Africa funding has until 2007 been provided as an additional grant that African countries may apply for, implying that the funding available for the MAP has not competed with other issues for funding applied for within the IDA system. Four eligibility criteria had to be met in order for countries to gain access to these funds: a) having a strategic national approach towards HIV/AIDS, developed in a participatory manner, or a participatory strategic planning process underway”, b) having a national coordinating authority, c) “government commitment to quick implementation arrangements, including channelling grant funds directly to communities, civil society, and the private sector”, d) diverse actors must be engaged in implementation of funds, including private sector actors, NGOs, and community-based organisations (OED 2005:44).

The MAP is to continue until 2015, but from 2007, the funds available for the program is substantially reduced, because the funds have to be taken from the IDA loans of the Bank, in which the MAP competes with a range of other issues for funds (WB 2007). The new Agenda for Action from the MAP administration in the World Bank thus identifies a changing role of the MAP from 2007-2011, from being a financial contributor to being one of facilitating technical expertise at the country level (see World Bank 2007). It is too early to say however to what extent the decrease in funds available will make the MAP lose its role as one of the three major global actors in African countries. Until the end of 2006 at least they were classified as being one of these three.

The Global Fund is an independent public-private partnership and a funding entity and has no country presence (see GFATM 2007b). The Global Fund was established in 2002. At the G8 meeting in Genoa in 2001, these countries decided to set up and channel funding to such a fund. The Global Fund was established as a mechanism for providing more rapid disbursement of funds towards HIV/AIDS than the UN and World Bank system had been able to channel (Poku 2002).

Operating principles/Objectives. The Global Fund is to work to raise available funds for HIV/AIDS assistance among private and public actors and channel these funds raised to countries with HIV/AIDS pandemics.

Organization. The Global Fund is managed by an elected board. A number of bilateral donors, multilateral organizations, private foundations and companies, as well as civil society representatives are on the board. It is assisted by a permanent secretariat in Geneva. In the recipient countries, the Global Fund has no own presence, but has in most cases established a Country Coordinating Mechanism (CCM) which is responsible for

administering and assisting in the development of grant proposals from a wide variety of actors. The CCM has representatives from the government, civil society and businesses in the country. After grant approval, the CCM oversee progress during implementation” (GFATM 2007a).

In addition, all countries receiving funds have a Local Funding Agent, which makes an annual performance review of each Principal Recipient of funds. These Principal Recipients may be national government ministries, consortiums of NGOs, etc. The Local Funding Agent is in most cases an international auditing firm.

Funding. The Fund receives donations from a large scale of actors, such as the Gates Foundations and the PEPFAR. The Fund has a small secretariat in Geneva, and channels its fund through reviewing applications by civil society organizations, NGOs and governments. In the case of civil society organizations and NGOs, they have to cooperate and send in one application together at the country level. Applications are only to be sent in after call for applications have been made by the Global Fund Board. Until 2007, there have been 6 rounds of applications.

The PEPFAR program was launched by President Bush in 2003 to provide a unified response to AIDS by the U.S Government and is “the single umbrella program for all existing and new USG international HIV/AIDS assistance” (OGAC 2005:1). The program is thus to coordinate all AIDS funding by the US Government through various agencies into one joint response (OGAC 2004).

Operating principles/objectives. The operating principles and priorities in the PEPFAR have been set by the U S Government through various amendments and laws passed in Congress, such as the Leadership Act. The Act further states that no organization funded can be obligated to follow the multisectoral approach (ibid.:52). The Act also says that out of the PEPFAR funding towards prevention, 33% of the funds are to be targeted for “Abstinence-until-marriage programs” (ibid.:52, quoting from the Leadership Act 108-25: 746)⁵.

Organization. In the U.S, the Office of the Global AIDS Coordinator (OGAC), a unit within the Department of State manages the PEPFAR program (Sepulveda 2007:52). The number of staff in the OGAC is small, and consists mainly of staff from the U S implementing agencies. The two main implementing agencies are the USAID and the Centers for Disease Control and Prevention (CDC) (ibid.:68). In addition, the OGAC “has relied heavily on numerous interagency coordinating committees, task forces, and working groups to address the challenge of bringing together the many disparate implementing agencies” (Sepulveda et al 2007:68). In the recipient countries, PEPFAR Country Teams have been established, coordinated by the U. S Embassy (OGAC 2004). The Country Teams consists of representatives from all the agencies working on HIV/AIDS in the country.

Funding. President Bush promised USD 15 billion of funding over five years, but in reality only 9 billion out of the 15 billion were “fresh” money (Africa Action 2006). The remaining 7 billion had already been allocated as other bilateral funding (ibid.). In May 2007, President Bush announced that he will extend the program for another 10 years and

⁵ This act was passed in Congress and made a law by Bush on May 27, 2003, called the Public Law 108-25, “The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003” (ibid.:52).

disburse an extra USD 30 billion, starting from 2008, pending on Congress' approval (White House 2007).

The new funding is to secure a “transitioning from an emergency to a sustainable response for treatment, prevention and care” (ibid.:1). PEPFAR employs a partnership approach and channels money to international NGOs, national governments and American organizations and universities that engage with partners in the recipient countries. PEPFAR supports HIV/AIDS programs in 123 countries, but 2/3 of the funds are channelled to 15 focus countries (Sepulveda 2007:48, 60). Out of the 15 focus countries, 12 are in Africa⁶. The rest of funds are allocated to other countries and the Global Fund, to which PEPFAR is “the largest contributor nation” (PEPFAR/WB/GFATM 2006:4).

The global policy context of coordination: The Three Ones

Coordination is not a new phenomenon within bilateral or multilateral aid. Coordination has been “a key form for organizing development practice; co-ordination between government, NGOs and donors have been important for a long time” (Robinson et al 1998?:7). In an increasingly globalized world, global goals are set, and coordination of HIV/AIDS programs are no exception to this development (Whiteside 2006:328). The overall global framework of coordination within HIV/AIDS is the Three Ones Principles as already mentioned.

The Three Ones advocate for a joint multisectoral approach towards HIV/AIDS in all countries. While the Three Ones were launched by the WHO and UNAIDS in 2003, the aspect of multisectoralism was present in the MAP of the World Bank from the start of this program in 2001 (WB 2007b). Having a multisectoral approach implies that all relevant sectors should be involved in staking out the response and HIV/AIDS is thus not only to be considered an issue of health. Thus, ministries of health do no longer necessary have the upper hand on HIV/AIDS interventions. The National Aids Coordinating Authority is to guide HIV/AIDS services and provide capacity building to implementing actors and ensure that there is country ownership of these services.

The NAC was embraced as the leading coordinating unit by both African governments, multilateral and bilateral partners with the acceptance of the Three Ones in 2003. NACs have been established, in most cases under the Prime Minister's Office (Futures group 2005:1; UNAIDS 2006). 95% of all countries having reported to the UNAIDS by 2006 had such NACs. The World Bank has made establishment of a NAC as a condition for being considered eligible for MAP assistance (World Bank 2000). Further, the Three Ones principles embrace the idea of public-private partnerships, through including private actors as representatives in the NACs.

The Three Ones are by far the policies that all the three global actors looked at in this paper relate to in their efforts towards coordination (WB/GFATM 2006:3). But “none of the ones have been easy to implement”, especially not in African countries (Lele et al 2005: 29). In 2005, UNAIDS organized a number of meetings on how to put the Three

⁶ These African focus countries are: Botswana, Côte d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia.

Ones in action and as a follow up to the Paris Declaration. The result of these meetings was among other the establishment of the “Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT)” (HLSP 2007:2, see Global Task Team 2005). This committee had representatives from UN organizations, the Global Fund, the World Bank and several bilateral donors and partner countries. The Task Team came up with a number of recommendations for how to improve coordination in line with the Three Ones, launching their report on June 14, 2005. The Task Team focussed on coordination in four areas:

- Empowering inclusive national leadership and ownership
- Alignment and Harmonization
- Reform for a more effective multilateral response
- Accountability and oversight

Their recommendations were endorsed by the World Bank, the Global Fund and the PEPFAR. However, the follow-up of the recommendations has been managed separately by bilateral and multilateral donors. The UN organizations, including the World Bank and to some extent the Global Fund has set up a number of measures to strengthen coordination at the country level through providing technical support to the NACs and other units. The World Bank and the Global Fund has, in line with the GTT recommendations strengthened their coordination through information sharing, joint missions and reviews, but the extent to which this takes place vary from one country to another. Bilateral donors, including the PEPFAR funding, have no obligations to follow the Task Team recommendations and do so to a varying degree at the country and global levels (Attawell and Dickinson 2007:39).

Horizontal coordination between HIV/AIDS programs

In this section, I will employ the three arguments on hindrances to horizontal coordination in inter-organizational politics in order to structure the analysis and see whether they hold ground in the context of coordination between HIV/AIDS programs. As already mentioned, I discuss coordination at both the global level, between the three actors/programs, and at the national level, between the three actors/programs and the government in the recipient countries (African governments). However, no strict separation of these levels is made in the discussion, because they are connected to each other. The coordination between the three actors in this paper involves both types of network management; processes of policy design and interacting to form or change institutional structures within the network.

An underlying assumption by Peters is that horizontal coordination is more difficult to achieve than vertical coordination, because getting engaged in networks involves a give and take process, where all actors have to compromise their interests in order to get a functioning network. Moreover, there are differences as to how easily a network coordinates actions, According to Peters (1998: 302) networks that are “less pluriform are less likely to co-ordinate than others”. We might thus hypothesize that the three global actors/programs are difficult to coordinate, due to working on the same issue: HIV/AIDS. To the extent that coordination then takes place according to the argument, there has to be benefits of participating in the coordination structure institutionalised, in terms of

financial carrots or simply having created a community worth belonging to which might generate material or immaterial benefits in times to come. Otherwise, vertical coordination is much more tempting to go for, due to being easier to steer. Going on from the underlying assumption that horizontal coordination is difficult to achieve in networks, the three hypotheses that are discussed below are outlined.

Argument 1: Redundancy- when two organizations perform the same task

The first argument made which represent a hinder to horizontal coordination is that two or more organizations “perform the same task (redundancy)”. According to Peters (1998), this should be the easiest co-ordination problem to solve” (ibid.:303).

The PEPFAR, MAP and the GFATM clearly have similar tasks or issues that they deal with, and thus horizontal coordination may thus be hypothesized to be difficult. On the other hand, the fact that these actors all have a joint focus on halting and reversing the spread of HIV/AIDS in accordance with the MDGs, makes the potential challenges in coordination seem likely to be solvable as Peter argues. Based on findings from the literature reviewed, there seems to be two elements that hinder horizontal coordination relating to the aspect of redundancy:

- 1) the focus on results of specific programs rather than on joint results within a country
- 2) the diverging views among the three global actors on how to fight HIV/AIDS

The first hindrance to horizontal coordination is the focus on results obtained by one specific program, rather than country-level results. PEPFAR is a case in point here. The focus on results of PEPFAR only disbursement is evident by looking at their web-site which lists specific goals of their funds, such as that the 5 year goal of the programme was to treat 2 million people, prevent 7 million new infections and care for 10 million people (“2-7-10 goals”) (PEPFAR 2006). The goals from 2008-2018 include to sustain treatment for the 2 million people being provided with treatment under the first five years of PEPFAR funding, adding 500000 people to the treatment program, prevent 5 million from infection, and give 2,3 million more people care in addition to continue assistance to the 10 million caretakers (ibid.:2). The 2007 evaluation of the PEPFAR states that the focus on assessing the specific results deriving from the PEPFAR funding “creates disincentives for international coordination among donors and harmonization at the country level” (Sepulveda et al 2007: 81). The evaluation team recommends that the PEPFAR concentrates on assessing how its country teams coordinate with the national government and other actors at the national level (ibid.).

The second element that hinders coordination is the diverging views among the three global actors on how to fight HIV/AIDS. All three actors have the same goal in mind: halting and reversing the spread of HIV/AIDS. All three actors have also in recent years, extensively scaled up funding towards ARV treatment. But, there are still differences within this consensus on reversing the HIV/AIDS pandemic when broken down to specific policies. While the MAP and the Global Fund support a wide variety of measures on treatment, prevention and care, the PEPFAR has given more emphasis to *abstention* within prevention than the other actors. While most donors have a balanced focus on different ways to promote prevention of HIV/AIDS from spreading, the PEPFAR has

made abstention a key priority. The recent evaluation undertaken of the PEPFAR program demonstrates that this priority-setting from the side of PEPFAR has hindered a suitable response adapted to local realities in the countries they operate and the coordination with the government (Sepulveda et al 2007:67). Some members of the country teams of PEPFAR have expressed their frustration over the PEPFAR policies, such as on prevention, because they believe that these are not adequate for the situation in the country (ibid.:71).

Successful attempts towards coordination have been seen in Nigeria, where the US Embassy set up a PEPFAR coordinator who was to facilitate harmonization of implementation of funds among PEPFAR funded partners and the government, such as for instance between the CCM and the PEPFAR (Attawell and Dickinson 2007: 38).

In the discussion on how to scale-up treatment to reach universal access that all these three actors have engaged in together with numerous other organizations and donors, the issue of harmonisation as a necessary prerequisite to achieve the goal has been largely absent (Buse 2006:1854). In all, the two elements outlined here implies that there seems to be a problem of redundancy present, but which only to some extent hinders coordination between the three global actors at the global level, and between the three global actors and the government at the national level. At the global level, the differences in the policies and priorities of the programs is a component obstructing coordination.

Network management in terms of process design, e.g. formulating joint policies is thus deterred. In particular, the PEPFAR program may seem to hinder coordination by its conditionalities related to abstention, the use of generic drugs, etc. At the national level, these same policies may make the best contextually-adapted response difficult to obtain. However, there seems to be a move towards better network management in terms of strengthened joint policy processes and commitment to support joint institutional structures to handle coordination, as seen in the many recent attempts following the Global Task Team recommendations.

Argument 2: Lacunae as a challenge to coordination

The second argument presented as a hindrance horizontal coordination is that “no organization performs a necessary task (Lacunae)”. Lacunae for instance in the case of absence of policies, may take place in organizations, because they believe that it is more costly to deal with the task than not, according to Peters (1998). If these organizations however perceive that they may gain from handling the task, they will take it on board (ibid.). Reviewing the literature on HIV/AIDS programs, it seems as horizontal coordination has been regarded as more and more important as time has passed from the first commitments of funding until the last few years. An increasing number of attempts and initiatives on coordination have surmounted since the Three Ones were launched in 2003.

At a first glance, there does not seem to be a problem of lacunae within HIV/AIDS, because there is at least one organization that is supposed to be in charge of horizontal coordination in most African countries, the National AIDS Coordinating Authority

(NAC) (often called National AIDS Commission or Council). As already mentioned, the World Bank, the Global Fund, the PEPFAR and African governments have committed themselves to use the NAC as the coordination body for HIV/AIDS assistance at the country level. Thus, given the role that NACs have been granted to be the horizontal coordination mechanism at the country level, it is to be expected that lacunae does not exist. However, in order to really assess whether lacunae is not present, it is necessary to critically question *to what extent the NACs actually work as a horizontal coordination mechanism?*

In general, there are great differences in the efficiency of the work of NACs around the world (UNAIDS report, 2006; OED 2005) and NACs thus seems to work as *the* national coordinating body in some cases, while in others not. Having reviewed evaluation literature dealing with NACs in African countries, the NACs seems to be have challenges in acting as the horizontal coordinating unit, due to two main reasons:

- 1) uncertainty about NAC's mandate
- 2) little technical capacity in the NACs.

The first factor hindering horizontal coordination by the NACs is uncertainty about its mandate. A recent UNAIDS report (2006: 19) states, the NACs thus in reality lacks the “mandate to coordinate AIDS responses across many sectors, do not have multisectoral boards that meet regularly” The mandate given to NACs as a national coordinating *authority* is not easy to claim, among powerful sector ministries and global actors. NACs are thus advised to coordinate in terms of facilitating the sharing of information among actors involved in the HIV/AIDS fight and not so much on their overall authority to coordinate all actors (ibid.:2).

Moreover, The Futures Group (see 2005:2), a consultancy firm which assists NACs in several countries, state that NACs have a difficult job, due to that the framework for coordination is in several cases poorly defined, and the staff of the NACs may thus be unclear about what the goals of their commission is. Only one out of all existing NACs in the world have been rated as having sufficiently capacitated technical staff to ensure the mandate of coordination by NACs is fulfilled. As a consequence, the NACs have in several African countries served as an implementing agency rather than as a unit for strategic horizontal coordination of all HIV/AIDS programs in the country (World Bank 2005).

Little technical capacity to act as a National AIDS Coordinating Authority is the second factor hindering horizontal coordination. One important reason for the lack of capacity is that “[T]he availability of technical assistance has not kept pace with the increase in resources for AIDS programmes” (UNAIDS 20005b:13). Little technical capacity was identified as a major hindrance to coordination and implementation of the Three Ones by the Global Task Team (GTT) in 2005 and also in other reports (see for instance Mc Kinsey and Company 2005). Scaling up technical capacity has thus been a major priority in the follow-up of the GTT work within the UN system (including the World Bank and to some extent the Global Fund). One may thus characterize these efforts as taking place within one network, that of the UN organizations. At the national level, national

governments have also been involved in the carrying out in the implementation of the new measures. Network management in this network has been characterized both by developing process design, e.g. policies to enhance technical capacity, and changing institutional structures.

Among the efforts to scale up technical assistance that represent a change, or rather an addition to institutional structures, is the establishment of a Global Joint Problem-Solving and Implementation Support Team (GIST). The GIST is to “resolve implementation bottlenecks” (UNAIDS 2006a:11). The GIST is a committee at the global level, with representatives from multilateral organizations and national AIDS coordinating authorities. These are to “help diagnose national technical support needs, address urgent implementation issues, and ensure the deployment of UN support is well-coordinated within the framework of the UNAIDS Division of Labour and Consolidated Plan for Technical Support” (UNAIDS 2005:5). The GIST has to some extent been successful in terms of giving joint technical support from the World Bank, the Global Fund and the UN system organizations to a number of countries since 2005 (ibid.:28). There have however, been varying “perceptions about its technical support role” among the organizations participating in the unit, e.g. whether it is to be a mechanism for assisting with “implementation problems at country level” or “systemic issues at global level that impact on country implementation” (ibid.:28).

In addition, there have been problems of countries not acknowledging the need for assistance from the GIST, as well as the lack of commitment on some of the GIST partners, seen through “non-participation in meetings, inadequate reporting and lack of follow up action, and limited financing for GIST actions are also challenges” (ibid.:29). Being a mechanism at the global level, the GIST does not have country presence, which might have eased the problems referring to above. Originally, the plan was to establish country level support teams, CISTs, but this has only happened in a few countries. There has been scepticism towards establishing CISTs within the UN system, because of fear that such teams would create additional layers of UN mechanisms trying to coordinate efforts within AIDS, due to the existence of the Joint UN Team on AIDS and the UN Theme Group that exist in most countries. These two latter mechanisms do however not deal with the relationship to the Global Fund as is the case for the GIST and was to be for the CISTs (ibid.:28).

GIST is only one of the measures to enhance coordination mentioned in The UNAIDS Technical Division of Labour plan. This is the follow-up plan for the UN system (including the World Bank) on the recommendations from the Global Task Team. The plan identifies which organization is to be lead on different issues and which other organizations are to be involved. In this plan, all relevant UN organizations involved have been assigned particular responsibility (identified as “lead organizations”) for one of the 17 areas identified as being necessary to focus on. For this paper, it is only one of the three global actors discussed that has been assigned any tasks, the World Bank. The World Bank is in charge of “ support to strategic, prioritized and costed national plans; financial management; human resources; capacity and infrastructure development; impact alleviation and sectoral work” (UNAIDS 2005b: 34).

It is interesting to note that although the U. S government along with several other governments were involved in the Global Task Team work, the division of labour is strictly with regards to UN organizations. The fact that the Global Fund is left out on this detailed plan of division of work (except for being represented in the GIST committee) may be a problem concerning horizontal coordination, I will argue, since it is to be involved in other measures towards coordination, such as with the World Bank (joint missions, reviews, information sharing and support to NACs) (Global Task Team 2005).

Recent attempts towards coordination in the area of technical support has however been made by all three actors, such as the inclusion of PEPFAR on the GIST committee (OGAC 2007). This inclusion thus represents a form of network management, namely the changing of institutional structures to enhance coordination. PEPFAR also provides funding directly to the Global Fund for developing technical capacity at the country level (OGAC 2007:192). 5% of total PEPFAR funding to a country may be used for technical capacity building, but a premise is that the funding is “demand-driven”, e.g. that the demand for assistance must come from the CCMs or the main receivers of Global Fund grants in the country (OGAC 2007: 191). The demand-drivenness is also a condition in the GIST mechanism. Also, in other areas, the three actors have committed themselves to coordination after the Joint Meeting they held in January 2006 in Washington D. C. (see PEPFAR/GFATM/WB 2006). In this meeting the three actors committed themselves to set up a procurement working group to streamline planning and implementation between the three actors, as well as conducting joint annual implementation reviews and develop plans for each of the three programs to see what they may contribute to in terms of coordination.

Still, considering that the coordination efforts in which the PEPFAR is involved is in most cases only with the Global Fund (to which it is the major bilateral donor), I will argue that the argument that no organization performs the necessary task of coordination is a challenge to horizontal coordination for the three global actors at the country level. Moreover, as the evaluation literature on the NACs performance in African countries show, there are considerable challenges as to NACs’ function as the coordinating body at the national level and the argument is thus found to be descriptive of the situation concerning horizontal coordination at the national level in African countries.

At the global level, these hindrances are also present, because they have to be faced and handled among the global actors. The actions of the plan for technical capacity building, the establishment of the GIST mechanism and the efforts towards coordination between the three actors through joint reviews and assessments all demonstrate that lacunae is an issue present at the global level as well. However, the recent attempts towards network management, both in terms of process design, e.g. the plans for strengthening technical capacity, and in terms of changing institutional structure, that is the establishment of the GIST, demonstrate that lacunae may be a hindrance that may be overcome as these efforts are further developed.

Argument 3: Incoherence in aims and requirements?

Co-ordination is difficult to achieve when there is “incoherence” in aims and “requirements” (ibid.:303).

Peter states that “[I]ncoherence may be the most difficult co-ordination problem to address effectively. Each organization has a rationale for its action and is linked to a clientele. There might be no easy bargaining solution for a problem of this nature, especially when the client bases are, or are perceived to be, different” (ibid.:303). The clientele may in some cases be the same (such as the entire population), while it may in other cases at least be perceived to be different from the view of the organization itself (Peters 1998:303). Peters discusses this problem of incoherence in relation to the first argument of redundancy and so will I.

The discussion of argument number 3 will thus be in light of the discussion of the first argument. Peters discusses the third argument in relation to situations where organizations work within the same policy area (argument 1), and argues that organizations working within the same policy area but having different ideas and goals of their work within this area have greater problems in attempting to coordinate their actions, than organizations working in different policy areas. He refers to the situation of public service delivery after New Public Management reforms. These reforms dissolved the hierarchical structure of provision of services and coordination within the state by letting services be provided by new, private actors (both for-profit and not-for profit organizations).

Peters argues that coordination has become a problem after such reforms, due to that the actors compete over the same resources and in some instances also the same clientele (ibid.:304). However, hindrances towards coordination may also be present when organizations have different clienteles. With this third argument, Peters opposes other theorists, such as Haas (1992) who argues that organizations that work in the same policy area are more likely to make coordination work than those working in different policy areas, because the first ones may form “an epistemic community”. Peters (1998:304) argue that a situation of turf-fighting may occur, e.g. the organizations fight over resources and clienteles.

Turning to the HIV/AIDS programs of the three global actors, the question is *to what extent the programs reflect different interests? To what extent does the clientele of the actors impact on efforts towards coordination?*

I will argue that it seems that there are two elements present among the programs that show that there are actually different interests coming to play at the national and global scene. The various interests are reflected in the following two elements:

- 1) the existence of parallel structures at the national level set up by the global actors themselves;
- 2) the lack of harmonization with existing policies, programs, etc at the country level.

First, however, it is important to remind ourselves of the fact that the funding by the three global actors far exceeds government budgets on HIV/AIDS in all African countries, and

as such one may expect these actors' priorities to be influential in all these countries receiving funding.

1) Parallell structures- a hindrance towards coordination?

The first element that may deter horizontal coordination is the existence of parallel structures of assistance at the national level. The problem of parallel institutions or duplication is addressed in the Paris Declaration on Aid Effectiveness and Donor Harmonisation (OECD 2005) and was one of the reasons for the establishment of the Global Task Team on how to improve coordination (see Global Task Team 2005:9). The co-existence of the Global Fund Country Coordinating Mechanism (CCM) in addition to the NAC is mentioned as an example of duplicative efforts in the report, because it is noted as a problem in several countries (Global Task Team 2005:10).

The Three Ones. The Three Ones was to ensure that all actors committed themselves to *one national coordinating authority*. One of the main background factors for launching the Three Ones was actually the existence of the Country Coordinating Mechanism (CCM) (Global Task Team 2005:10). In line with the idea that the Global Fund was to be a more effective disbursement mechanism for funding towards HIV/AIDS, tuberculosis and Malaria, a Country Coordinating Mechanism (CCM) was established in recipient countries. Rapid disbursement was seen to be more likely to be carried through if they had their own structures of organization and funding. However, the GFATM and the CCM at the national level is only a funding mechanism and it thus has to rely on other development partners for assistance in implementation of funds and for capacity building in recipient countries in order for organizations to apply for funding from the GFATM (WB/GFATM 2006: 4-5). It has been criticized for not assisting in building capacity among potential grantees (ibid.; Shakow 2006). However, some processes towards funding capacity building has taken place in recent years, through other international organizations (ibid.:35).

Examples of hindrances: The Global Fund and the NAC. The problems of parallel institutions have been complained about in Tanzania, Swaziland, Mozambique and Malawi (UNAIDS 2005c:3). In addition, in only one third of the African countries, the NAC has representatives in the CCM (Attawell and Dickinson 2007:41). Shakow (2006:25) states that in many countries, the CCM has become "a new and separate channel which competes with and confuses the role of other bodies, such as the National Advisory Councils (NAC) formed by governments under the Bank's MAP and other programs".

There have been efforts towards coordination between the CCM and the NAC, through joint missions and reviews (Shakow 2006; Attawell and Dickinson 2007). Nevertheless, I believe that the continuing existence of the CCM seems to be hindering horizontal coordination, given that issues concerning the Global Fund grants are handled by the CCM in most cases and not the NAC (see also Lele et al 2005:29). In the last Global Fund report on results from 2006 (see GFATM 2006:35), the Fund itself opens up for the use of "existing coordination structures", but these have to "meet CCM requirements".

As a result of among other the existence of the CCMs, only 38% of the GFATM and MAP funding is managed by the same unit of coordination (World Bank 2007:6). As a consequence of the country structure of the Global Fund, it “has also led to considerable duplication in requirements, procedures, and institutional arrangements at the country level” (Lele et al 2005:33). Due to the problems of duplication, a report commissioned by the Global Fund and World Bank on their comparative advantages recommended that they see into this parallel structure of the CCM (Shakow 2006).

The MAP Africa, on the other hand, being the programme that funds the running of the NACs actively support this structure for horizontal coordination.

Examples of hindrances: the PEPFAR. Moreover, the actual establishment of PEPFAR may be interpreted to some extent as showing an unwillingness of the U.S. Government to coordinate its HIV/AIDS assistance with other development partners. Although the PEPFAR is to be an umbrella organization, a joint program through which all U S Government funding already provided before PEPFAR was launched is to be channelled, I will argue that it represent a new entity that the recipient has to deal with in addition to other US agencies. PEPFAR is a new entity, because it has channelled additional funding to the existing one provided. According to PEPFAR, channelling money through bilateral programs is the more effective (OGAC 2007: 191).

As the Annual Report of 2007 shows, this bilateral approach is something that it shares with a number of other donors to HIV/AIDS programs (OGAC 2007; Kates and Lief 2006). The report demonstrates that countries such as the UK, Sweden and the Netherlands channel between 80 and 93% of their funding towards HIV/AIDS bilaterally, but bilateral funding in the report includes funding to UN organizations. PEPFAR is thus no exception in this regard, according to the 2007 PEPFAR Annual report. Nevertheless, in my view, the question seems rather to be *which partners receive the money and what is their relative share of the money*; Do national governments and other country-based partners get the larger share *or* external NGOs and agencies from the country in which funding originates? I will not make a comparison here between different bilateral donors and the PEPFAR, because it is outside the scope of this paper, but only consider PEPFAR funding.

Many of the organizations receiving support for their work from PEPFAR are American organizations and universities, a fact which makes it adequate to question whose interests are promoted with this aid. In 2005, 59, 5% of all principal organizations receiving funds from the PEPFAR were non-locals, e.g. coming from outside the country in which they worked. PEPFAR is clearly seen to be important in putting American interests on the map; as the 2007 Annual Report (OGAC 2007:9) states, the PEPFAR is part of the wider “transformative diplomacy” of the U.S. According to this report, the partnership approach that PEPFAR according to which the program works, implies that the donor-recipient dichotomy is transcended, because partnerships “means honest relationships between equals based on mutual respect” (ibid.:9). I will however argue that equality is hard to achieve as long as the funding flows from one side and has conditionalities attached to it

as the PEPFAR funding does on a number of issues (abstention, no support to clean needles, only use of generic drugs, etc).

Handling the problem: The example of Tanzania. Turning to the example of Tanzania, the problem of parallel institutions has been present (Hutton 2004; Lake 2004). For instance, “GFATM proposals have been developed in parallel to existing strategies and ongoing activities” (Lake 2004:ix). However, since 2005 attempts towards more horizontal coordination by the Global Fund has been seen in Tanzania. In this year, the CCM and other coordination mechanisms for the three diseases of HIV/AIDS, Tuberculosis and Malaria joined forces and formed a joint Tanzanian National AIDS Coordinating Authority (TNCM) (GOT 2006; Global Fund 2005a:16). The TNCM has representatives from various ministries, the bilateral partners, WHO, civil society, the private sector, and the media. However, there are still two coordinating mechanisms in the country, one for national government coordination, the TACAIDS and one for coordinating external funding, the TNCM.

Handling the problem: Other examples. There are other examples of efforts towards coordinating external funding in African countries, such as through pooled funding and Sector-Wide Approches (SWAP). In Mozambique, the “CCM has been restructured so it is aligned with government mechanisms for AIDS coordination”, but it has not become one institution of coordination. In the other African countries various types of coordination measures have been put in place between the Global Fund and the World Bank, but these amount more to joint planning of procurement and harmonization of reviews and not to institutional coordination under the umbrella of the NAC (See Attawell and Dickinson 2007; Shakow 2006).

On a general basis as well, the Fund seems to move towards more horizontal coordination with the two other actors both at country level and at the global level. The Global Fund has together with PEPFAR and MAP made promises towards more horizontal coordination through the work in the Global Task Team. The commitments by the three actors as laid down in the final document from the Global Task Team is a step in direction of less emphasis on internal coordinating of Global Fund country funding and more on coordination with other global actors. The follow-up of these recommendations has been done through among others the Joint Meeting in 2006, as mentioned earlier in the paper. However, it remains to be seen to what extent these efforts actually lead to a coordinated approach with the NACs as well.

An important hindrance to coordination from the PEPFAR side, it seems, is that their Country operational plans are not open to donors before they are launched. They are not disclosed, because they are “procurement sensitive” and only recently an insensitive version has been made public and revealed to other donors (Sepulveda et al 2007:72).

2) Difference in interests among global actors and the national government authorities- a hindrance towards coordination?

The second element that is likely to have deterred horizontal coordination is the difference in interests between the global actors engaged in the NACs and the national

government authorities also being represented in the NACs. As Ollila (2005:3) comments with regards to global health funding in general: “national priorities often differ from the global priorities”.

NAC and the Ministry of Health. Putzel (2003; 2004) questions whether the NACs represent a new structure that may be aligned to country priorities or just another reform imposed from the outside by external donors. In his analyses of national AIDS commissions in several African countries (Senegal, Botswana, Uganda and Zambia) he finds that the attempt towards coordination in NACs has led to marginalisation of the Ministry of Health in these countries. A concern for marginalization of ministries of Health was also voiced in the 2002 meeting of Commonwealth Ministers of Health. Likewise, other reviews have found that NACs have contributed to leave the ministries of Health on the side (see OED 2005:56; Swidler 2006:273). The OED (2005) evaluation of the first four years of MAP Africa assistance even stated that ministries of Health had been “disengaged from the response” towards HIV/AIDS in the country as a result of the establishment of the NACs. This marginalisation of the ministries of Health points to the question of whether national ownership of external HIV/AIDS funding has been secured⁷. The OED report (2005:56-57) further stresses that global experience on effective HIV/AIDS responses reveal that these ministries have a pertinent role to play in assuring engagement across sectors.

Different project cycles and reporting among the global actors. Several African countries have also experienced difficulties in making donors move towards harmonization of projects or even in “agreeing to use a common set of procedures or indicators or to work within the same fiscal cycle” (Attawell and Dickinson 2007:39). In Tanzania, for instance, the government remarked recently that it was in particular difficult to get donors to work within an HIV/AIDS SWAP (ibid.). The study of commitments and disbursements of HIV/AIDS funds from the three major global actors by Bernstein and Sessions (2006) clearly shows the problems of national governments, having to relate to three different systems of budget cycles and disbursement periods. Also, a study of the Global Fund funding in Uganda, Kenya, Zambia and Mozambique revealed that the governments face severe difficulties in aligning Global Funds funding with SWAPs and other mechanisms already existing (Radelet and Caines 2005).

Different priorities in channelling funds. As a recent report to the UNAIDS Programme Coordinating Board states, the CCM for instance demonstrates its priorities by the decisions over which applications are granted funds and not, that is both in terms of the different areas of work (care, treatment, prevention) and the organisations to which it channels grants (UNAIDS 2006c:7; Mc Kinsey & Company 2005). Similar arguments may be made relating to the two other global actors, but in particular the PEPFAR which has earmarked 1/3 of its funding on prevention towards abstinence programmes (PEPFAR).

⁷ Other studies point to the difficulty of integration of HIV/AIDS funding in general with existing national systems of health, such as with the Sector Wide Approaches (SWAPs) (Radelet and Caines 2005). The SWAPs represent another initiative within the development agenda of increased coordination at national level through Joint Assistance Funding Strategies (JAS).

A review of Global Fund support to Malawi, Ethiopia and Benin revealed that the GFATM funding was by and large in line with the national government strategy. However, the paper nevertheless found that in the three countries national ownership was seen as limited, because the room for independent decisions on spending of fund was interpreted as restricted (ibid.:xix). The Mc Kinsey & Company report on global health partnerships came to the same conclusion in 2005.

Also, the Global Fund grants has in some cases created problems with regards to national governments and between different ministries, because some health ministers have used these funds “as a source of extra-budgetary funds, by-passing finance ministry decisions” (Shakow 2006:25). According to Shakow (2006), these and other problems were perceived among donors in the early years of Global Fund existence, according to Shakow (2006). In recent years, the problem illustrated here and others have been taken seriously by the Global Fund Board through endorsing the Three Ones principles and other measures to improve national cooperation with NACs and other actors (Shakow 2006:25).

The example of Tanzania: coordination within ARV. There are, however, positive signs of overcoming the problems of diverging interests which may rather be termed cooperation than signs of horizontal coordination as the example of Tanzania shows. In the case of ARV treatment, the PEPFAR, the Global Fund and the Tanzanian government have engaged in cooperation in which PEPFAR provides funds for “first-line antiretroviral therapy (ART) and the government, funded by Global Fund, provides second-line ART (Global Fund 2005:16). The reason for classifying this example as more a type of cooperation rather than coordination is that it does not imply that their funds have to be coordinated in any way, they are just funding what they see as important priorities and do not have to cooperate in order to provide their share of funds.

The example of Rwanda: Coordination due to strong national leadership. The three actors put forward Rwanda as an example of successful coordination between the three global actors and the national government (see PEPFAR/GFATM/WB 2006:6). The noted success is due to “strong government leadership and a joint focus on results and outcomes” by all the actors (ibid.). One of the causes of the success is that all three actors have joined forces in the ARV treatment program, according to the report (ibid.). Discussions between the three global actors on their first Joint Meeting in 2006 concerned several issues of coordination. One important tool in order to facilitate coordination was to provide more pooled funding, such as in terms of a Sector-Wide approach towards HIV/AIDS (SWAP). Such SWAPs are currently being implemented within other sectors in a number of African countries.

PEPFAR and its criteria for funding. The PEPFAR funding demonstrates the difference between global priorities by one actor and national interests. The focus on abstention by the PEPFAR is clearly to be interpreted as pursuing the Bush government’s interests and not the interests of receiving countries or other global actors. The focus on abstention has actually made 9 out of 15 countries in Africa receiving funds from the PEPFAR to lower their own national government spending on prevention in favour of mother and child

spending (Africa Action: 2). Also, in treatment, PEPFAR has a policy countering the Global Fund and other major funders of ARV treatment in only financing the use of generic drugs approved by the U. S Food and Drug Administration. This policy has made the PEPFAR funds being used less effectively than could have been the case if the program allowed use of other drugs in treatment (Sepulveda 2007:71).

Other examples of discrepancy between government priorities and the PEPFAR include that the PEPFAR program restricts funds from being used in teaching prevention methods other than abstinence in schools. Moreover, the funds are not possible to use to support clean needles (Sepulveda et al 2007:71). At the same time, the Act points to the need to coordinate with other actors at the international, national and local levels (ibid.).

In all, it appears as incoherence is a problem concerning the horizontal coordination at the global and the national level. However, what about the clientele of these organizations? Peter starts off stating that coordination is hindered when organizations have the same clientele, but later in the text he also argues that coordination may be a problem when the organizations have different clienteles. The situation of turf-fighting occurs which may even create conflicts over clienteles, but this later argument is not discussed in this paper, because there are not documents available on this issue.

The clienteles of the actors. All three actors have different groups which make up their clientele, but also at least two groups of clientele in common: the population in African countries and the national governments in the countries where they work. As previously argued, evaluations show that the different interests of the three global actors have hindered coordination, and in particular with reference to the priorities of the PEPFAR program. Part of the explanation for the hindrance is one of the groups of clienteles that PEPFAR has: the conservative, mainly Republican wing of the U.S. Congress. As already described, the PEPFAR program has several conditions attached to it that has been decided by the U.S. Congress. These conditions, it seems, have hindered coordination with the other three global actors, and the explanation lies partly in that this program serves the group of clientele in the Congress more than its other groups of clienteles. The PEPFAR has of course other groups of clienteles as well, such as all American citizens.

Concerning the MAP Africa, the clientele is the funders of the program which are a number of OECD countries. The Global Fund has another group of clientele in addition to OECD countries, the private sector funders, such as foundations. Being a public-private partnership, it is a structure which has a mixed clientele. Critiques of public-private partnerships argue that this mixed public-private clientele makes it difficult to assess whether the entities such as the Global Fund are accountable and serve the interests of private actors or that of the larger public (see Buse 2006).

In all, the assessment of the relevance of the argument on incoherence in aims and requirements creating hindrances towards coordination seems to be descriptive of the situation that the three global actors face in trying to coordinate at the global level as well as at the national level. At both global and national levels, these hindrances demonstrate

that the two networks that the actors engage in are not managed well enough. There are problems both to management of policies and institutional structures. There are, however, signs of improvement given the recent years institutionalized efforts towards coordination.

Accountability in networks? Still, following the discussion of the clientele of the three global actors, an important question remains: to whom are these actors accountable to as a network?

This network was formed to increase efficiency, e.g. making the money work in the HIV/AIDS programs of the three actors by the means of horizontal coordination. As such, the network, or the sum of all the efforts towards coordination may be seen as positive initiatives, aiming towards increased coordination. A by-product is expected to be a strengthened national ownership of external HIV/AIDS funding, due to that many efforts focussed on improving the national government's ability to manage HIV/AIDS programs.

The potential problems of accountability in networks have been raised in political science, in the literature on networks in recent years (Sørensen and Torfing 2007; Kettl 2000). One argument is that it is not easy to identify who is responsible for political outcomes when policies have been made in networks (Esmark 2007, Kjær 2004). Another factor impeding on accountability is that networks may be closed, which implies that participation is not open to all and decision-making processes may not be public (Heinelt and Haus 2005).

It may be argued that these aspects are even more complex in the context of development aid, because the relationships of accountability are to some extent diffuse and indirect. For instance, while the national governments that receive HIV/AIDS funding clearly have to be accountable to its population, the three global actors are exempted from this accountability relationship. Their relations of accountability are however to the populations that finance the programs, but in the case of the multilateral programs, the Global Fund and the MAP Africa, these relations are indirect. The relations are indirect due to that governments in the North channel money to these programs which again spend them on programs in African countries.

Moreover, the issue of accountability brings forward the question of power distribution within the network. Networks have in recent years been promoted politically as a panacea for solving the problems of coordination in both public and private sectors (cf. The UK Joined-Up Government). An assumption is made that the participants take part on an equal footing. Analyzing power distribution within the network that has been established between the global actors on coordination and with the national governments is too demanding for this paper, so I only bring forward some of the questions that need to be posed in future research. Given that most funding towards HIV/AIDS in African countries are coming from external sources, what does this do to the relative power distribution within the network of coordination between national governments and the global actors? What is the space of manoeuvre for national governments in the context of the coordination policies coming from the global level, such as the Three Ones?

Conclusion

In this paper I have identified some of the hindrances towards horizontal coordination that the three major global actors and their HIV/AIDS programs meet in relating to each others programs and recipient countries. I employed the hypotheses and theory of horizontal coordination as outlined by Peters (1998) in order to structure the analysis. The arguments were to a large extent descriptive of the challenges that the three global actors face. However, there is reason to believe that the situation of coordination is improving within HIV/AIDS, and these hindrances may in years to come be less prevalent.

Nonetheless, if effective coordination is strengthened in years to come and the money is to a large extent made to work, there is reason to study the efforts towards coordination between these global actors and with African governments with a critical eye. The actors may be said to constitute networks, and the theoretical discussion on networks bring forward important questions to have in mind concerning networks: To whom are these accountable? Who participates and what is the power distribution between the different actors?

Relating to these issues, an important question concerning the horizontal coordination taking place between the global actors and African governments is to what extent national ownership and leadership is ensured in efforts towards coordination? Coordination policies within HIV/AIDS and within the larger frame of bilateral and multilateral aid (for instance the Paris Declaration) aim towards increasing national ownership through coordination. The question still remains to what extent this is being achieved and may be achieved in the future.

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