

# AUSTRALIAN MULTILATERAL ASSESSMENT

Note that these comments have been received from our country program offices and may vary in style despite efforts to edit.

## UN AGENCIES

### HIV

Burnet's experience working with UN entities on responses to the HIV epidemic has mostly been good. There have been many occasions where Burnet has conducted consultancy work for UNAIDS, WHO, UNDP, UNICEF and UNFPA. This work has mostly been productive and our relationships have been good, in many countries and regions.

In the HIV field, the different responsibilities of UNAIDS and all its co-sponsors have been clarified during the last six years, so that the competition between them has diminished to some extent. There are, however, still occasions where the competition between them is obvious and irritating to others, including country partners and international partners including Australian NGOs.

We are concerned that some of the UN entities involved in HIV are now diverting their attention almost entirely to assisting countries to apply for funding from donors, particularly the Global Fund, or to account for their use of donor funds. This applies to many of the UN entities, but particularly to UNAIDS and UNICEF.

We are also concerned that some of the UN entities are applying global targets and methods to their work in all countries, regardless of the country situations or capacities. This is most obvious in the work of UNICEF, which is increasingly obsessed with minimising mother to child transmission of HIV, even in countries with very low prevalence of HIV in the whole population. This leads to a distortion of priorities, so that countries are spending huge amounts of money on testing and counselling all pregnant women, even when they find very small numbers of women infected with HIV. In Fiji, for example, around 19,000 pregnant women are tested for HIV each year, even though in recent years less than ten women, and in some years no women, have been found to be HIV positive. The opportunity cost is enormous, but UNICEF continues to promote even more testing, and want to extend the testing to women in remote areas.

On the negative side, the level of competition between UN agencies in the Pacific - particularly UNICEF and UNAIDS - has the potential to undermine the regional partnerships that have been built over the last ten years in the HIV & STI sector under the Pacific Regional HIV & STI strategy - this partnership has been critical to attracting funds of approx \$65m (through AusAID and NZAID's Pacific HIV & STI Response fund, as well as Global Fund) because of the way people have coordinated and worked together in the past. The competition and dare we say, sniping and blaming, apparent even at public events, has reduced communication and trust between partners.

## UNICEF

While our experience as consultants with UNICEF has been positive, we find that this UN agency is very reluctant to sub-contract to NGOs to implement activities funded by external donors, such as AusAID. In the rare cases that UNICEF does sub-contract (eg, to Burnet in Mozambique), this is on an annual basis, which does not allow for longer term planning and programming.

## UN AGENCIES IN INDONESIA

1. Successful at building government relations and working with government however they do not engage sufficiently with civil society.
2. Criticized for implementing programs directly with limited staff – UNICEF and UNFPA especially – result is often poor planning, tight schedules and poor quality of programs.
3. Others such as UNAIDS seem to have an excess of staff and few programs.
4. Always have very plush offices and seem to continually be attending retreats, workshops and meetings – all talk and little action.
5. Salary / Per diem scales are much higher than even bilateral scales which impacts on local market rates and increases considerably the cost of implementing programs and leads to participants prioritizing UN activities so as they can receive higher transport money.
6. Procurement process for technical assistance is not clear.
7. Needs to be an increased focus on gender issues (not only focusing on improving "access" of women and children, but addressing how the power relations between men and women can be more balance/equal) and how to mainstream gender in their projects.

8. Perception from some government departments that funds are wasted through multilaterals – high cost low impact.
9. WFP – are also heavily criticized for creating dependency, treating all situations as an emergency and not looking at longer term sustainability issues.

## WHO IN PNG

- The partnership between WHO and Burnet enabled very targeted work on new ideas around health service delivery, rated as some of the most important areas of health systems research.
- The partnership is likely to have had rapid impact through uptake into national health policy and practice due to close engagement with national department of health.
- Because of the added value of working with WHO, the work was achieved at a low cost with contributions of all partners, so high value for money.
- Close alignment with Australia's priorities because the work is about MDGs 4 and 5 and in PNG.

## GLOBAL FUND

### INDONESIA

1. A number of CCM members are Primary Recipients and / or Sub Recipients of the Global Fund Program in -country. This has raised serious concerns especially from civil society regarding the accountability of CCM and ability to oversee the implementation of Global Fund projects.
2. There is a need to strengthen the CCM secretariat and the CCM itself to enable them to function as expected. This includes ensuring the role of the Technical Working Groups is understood. The CCM and secretariat need to better understand Global Fund requirements and to manage themselves better. Currently the CCM rarely meets but there are regular TWG meetings, which are always called at the last minute, very time consuming and disorganized attended at members own cost.
3. Currently the membership of CCM and TWG is very political (eg. chosen by government institutions/CCM secretariat/NAC) - it prevents a meaningful participation of civil society to contribute to this important oversight body.
4. Indonesia AIDS Coalition (a national NGO) which recently conducted a study on CCM

roles and functions in collaboration with a local University highlighted that there is a need to review the current funding mechanism for 'Country Proposals' based on Indonesia's experience. Initially when developing the so-called country proposal - all elements of society are requested to participate in developing and designing the intervention for the Country. However, later once the proposal is accepted and funded by Global Fund, it is reduced through development of agreement between the Primary Recipients and Global Fund. It is therefore not clear what the role is of the CCM once the project is being implemented, because the PR can deal directly with Global Fund. This reduces the role of / ownership of the "country" in taking outside design stage.

5. Other issues include:

- Poor capacity of some PR's especially in management
- Programming too prescriptive and target oriented
- Cumbersome reporting
- Limited resources making it difficult for organizations to cover costs
- Expectation that other donors – USAID / AusAID / EU will provide TA to Global Fund instead of costs being covered under GF itself
- No clear exit strategy being developed and implemented to ensure that the program is sustainable after the project ends

## **Lao PDR**

Global Fund project implementation is obsessed with meeting target numbers with inadequate attention to quality.

Too much bureaucracy resulting in delays in funds released to SRs for implementation. Staff from many organizations have not received their salary for few months and some have had to leave. However this was not taken into consideration and GF Geneva still demands to see the outputs according to plan!

M&E budget is way too small and it is very difficult for the SRs to do good routine monitoring.

The LFA has not been helpful and does not seem to understand the situation in the country. There are a lot of delays because the SRs have to respond to unnecessary questions on very minor activities/budget from the LFA. The LFA needs to try to understand the context better.

There are certain areas where GF Geneva could take action but they seem not to be able to. For example, there is only one PR (Ministry of Health), which is very weak and explains why there are always delays in grants signing, fund release, reporting. Now, the country risks losing its GF funding just because the PR cannot perform. The Lao Government has refused to accept dual track financing.

The proposal writing process is functioning like a club; if you miss a meeting you risk being squeezed out of the group. It's very political too. The CCM ignores this.

### **Small Pacific Countries**

The M+E requirements are so onerous that smaller countries may well do better to seek funding elsewhere. In the Solomon Islands and Vanuatu malaria staff have been conducting unnecessary activities such as distribution of bed nets out of season for the sole purpose of meeting a target that was set in Geneva without consultation with the countries. The national teams have also had to use non-GF money to employ staff to conduct survey work to collect data for the GF M+E.

The submission requirements are so detailed that a small industry has sprung up for consultants to complete them for the countries.

### **ASIAN DEVELOPMENT BANK (BASED ON EXPERIENCE WITH ROAD 3 AND ROAD 6 EXPERIENCES IN LAO PDR):**

The design of the regional HIV and Infrastructure program seems to be very comprehensive but not realistic for a sub-project to achieve within two years.

There is no continuity between the pre, during and post road construction phases. Each phase has a different contractor (INGO) to implement the sub-project in their own way; for example, the Road 3 project was in the post construction phase but Burnet had to start from scratch with capacity building for government counterparts.

If all three phases of the HIV & Infrastructure project were put together and if ADB had a competent INGO to implement the project through the three phases, this provide plenty of time (at least 6 years) to work with the government counterparts to achieve sustainability and capacity building.



There is too much bureaucracy in the financial management aspects of the program. The demands for budget reconciliation are more demanding than any other donor.

Micro-management by project officers in Manila with regards to the details of implementation is a major problem. The consultant (Burnet) has to spend a lot of time to justify why we did certain activities. Once a contract is competitively awarded, ADB should trust the consultant (INGO) and give them time to focus on planning and implementation instead of answering very detailed questions/comments.