Value for Money and Policy Review of Irish Aid Support to HIV and AIDS, 2000–2007

A Value for Money Review

Irish Aid
Department of Foreign Affairs
An Roinn Gnóthaí Eachtracha

Front cover pic:
Fishing boat at Inhambane in Mozambique with HIV/AIDS awareness messages on the sail. Photography: Donal Murray

> The global impact of AIDS has already been so devastating that the United Nations Human Development Report, 2005, concluded that the HIV and AIDS pandemic has inflicted the single greatest reversal in human development.

Peter Piot, the then Executive Director of UNAIDS
and Under Secretary General of the UN, 2008

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Prologue

The VFM and Policy Review of Irish Aid's Response to the Global HIV and AIDS pandemic, 2000-2007, was prepared by the Department of Foreign Affairs' Evaluation and Audit Unit drawing on background research and a report by FGS Consulting. The Review was undertaken as part of the Department of Foreign Affairs' reporting obligations pursuant to the Government's Value for Money and Policy Review Initiative by means of an assessment of HIV and AIDS expenditure by Irish Aid over the period 2000 – 2007.

The Terms of Reference (TOR) for this review required an analysis of HIV and AIDS expenditure over the period in question to inform future decision-making and assist in the strategic prioritisation of future HIV and AIDS expenditure. It is intended that this report will inform both Irish Aid and the Oireachtas on the following:

» The overall quality of Irish Aid's HIV and AIDS response;

» The management of Irish Aid's HIV and AIDS expenditure in line with it's overall strategy; and

» The effectiveness, efficiency, relevance, impact/ contribution and sustainability of Irish Aid's response to the global HIV and AIDS pandemic.

In preparing their background report, FGS Consultants applied a range of quantitative and qualitative data collection and research methodologies, including the following:

» Desk-based research based in Dublin;

» Consultations with Irish Aid staff, management and advisors in Dublin and Limerick;

» Analysis of key financial data;

» Semi-structured interviews with key informants from a number of civil society and FBOs (faith-based organisations) based in Dublin; and

» Semi-structured interviews with key informants from a number of multilateral organisations based in Geneva.

In addition to these approaches, the terms of reference required fieldwork in Sub-Saharan Africa for the purpose of assessing how Irish Aid engages at regional and country levels; assessing how these engagements are achieving their stated objectives and assessing how coherent the engagements are with national and global policy.

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Treatment
CBO	Community Based Organisation
CCM	Country Coordination Mechanism
CF	Clinton Foundation
CNCS	National AIDS Council, Mozambique
CSO	Civil Society Organisation
CSP	Country Strategy Paper
GFATM	Global Fund to Fight AIDS, TB and Malaria
GHP	Global Health Partnership
HAPS	HIV and AIDS Partnership Scheme
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
IAVI	International AIDS Vaccine Initiative
IPM	International Partnership for Microbicides
LDC	Least Developed Country
M&E	Monitoring and Evaluation
MAP	Multi-Country AIDS Program
MISAU	Ministry of Health, Mozambique
NGO	Non-Governmental Organisation
OVC	Orphans and Vulnerable Children
PAC	Provincial AIDS Committee
PAEG	Project Appraisal and Evaluation Group
PEPFAR	Presidential Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother To Child Transmission
SWAp	Sector-Wide Approach
TAG	Technical Advisory Group
TOR	Terms of Reference
UN	United Nations
UNAIDS	Joint United Nations Programme for HIV and AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VfM	Value for Money
WFP	World Food Programme
WHO	World Health Organisation

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Executive Summary

1. Introduction

With 2 million deaths and an estimated 33 million people living with HIV worldwide in 2007, HIV and AIDS represents a global pandemic with its epicentre in Sub-Saharan Africa (UNAIDS 2008). Since its emergence in the early 1980s, HIV and AIDS has devastated families, communities and nations, killing many people in their most productive years and leaving millions of children orphaned. The United Nations Human Development Report of 2005 concluded that the HIV and AIDS pandemic has inflicted the single greatest reversal in human development.

In response to the epidemic, Ireland has made a high-level political commitment to combating HIV and AIDS as central to the promotion of poverty reduction and overall sustainable development. Irish Aid's HIV and AIDS strategy (2000) prioritised the fight against HIV and AIDS as fundamental to the reduction of poverty and vulnerability, whilst the White Paper on Irish Aid (2006) re-affirmed its centrality to Ireland's development cooperation programme.

2. Irish Aid's Response

The Irish Aid response to the HIV and AIDS challenge is multi-dimensional and is simultaneously delivered at global, regional and national levels via a range of modalities and organisations. These span support to a number of countries in Sub-Saharan Africa which are most affected by the pandemic, funding for NGOs, and multilateral cooperation through international organisations such as UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria. In addition, Irish Aid manages a regional HIV and AIDS programme in Southern and Eastern Africa, and supports UNICEF's HIV and AIDS programmes in Eastern Europe and in Ghana.

In the period covered by this review, 2000-2007, more than 3bn of Ireland's Official Development Assistance was channelled through Irish Aid. Of this, a total of €340m (10.8 per cent) was specifically dedicated to HIV and AIDS interventions. This included €90.2m in 2007, up from just €1.3m in 2000. This scale-up of funding in response to the HIV epidemic was guided by the Irish Aid 2000 HIV and AIDS Strategy which had three overarching Strategic Goals:

1. To improve awareness, responsiveness and effectiveness of Irish Aid to HIV and AIDS as a development issue.

2. To protect existing social and economic development gains from the adverse effects of HIV and AIDS and to promote further development in these areas.

3. To support sectoral policies, programmes and activities that impact on the pandemic at a national, community and individual level.

3. Findings

3.1 Relevance and Validity of the Irish Aid Response

This review finds that the Irish Aid response to the HIV and AIDS pandemic is not only a justified and valid application of public funds to help address a critical need, but the response is also characterised by a high degree of relevance and coherence. In particular, there is strong policy coherence between the HIV and AIDS strategies and objectives of Irish Aid and the commitment made by Ireland to achieving the UN Millennium Development Goals with regard to poverty reduction and reversing the spread of HIV and AIDS. This commitment is to be seen in the key principles of Irish Aid and in the HIV and AIDS related goals established for individual Irish Aid programmes.

In addition, there is strong coherence between the HIV and AIDS response and Irish Aid's broader approach to Official Development Assistance. Research has concluded that "the policies and principles underpinning the (Irish Aid) HIV/AIDS strategy have fit well with Irish Aid's development and partnership approach, and they have proven sound during a time of transformational change within the global HIV/AIDS response" (Scott, 2005).

3.2 Effectiveness and the Irish Aid Response

3.2.1 A Proactive Donor

Overall, Irish Aid has adopted a proactive approach to the HIV and AIDS pandemic and has participated fully in – and contributed to – the scale-up of the global response. This is evidenced by significant policy, technical and financial inputs provided by Irish Aid

3.2.2 Producing Results

Presented in chapter 5 of this report, evidence shows that the global scale-up, to which Irish Aid contributes, is producing significant results. There is the beginning of a levelling-off of the numbers of people living with HIV. There is a reduction in both the numbers of deaths annually from AIDS and in the numbers of new HIV infections annually. Very significantly, there is a reduction in HIV prevalence among adults (aged 15-49) in Sub-Saharan Africa, the region worst hit by the pandemic. This represents a clear sign of the beginning of a reversal of the once rapid spread of a disease that is incurable and which was in the period 1990-2003/4, spreading in an almost exponential fashion especially on the continent of Africa. Globally, progress in reducing prevalence is most notable in countries where, for nearly 10 years, there has been coordinated and concerted efforts to tackle the disease. However, progress has yet to be seen in some countries of Eastern Europe and Asia where the disease is newly spreading. An actual reversal in prevalence has also yet to occur in some Sub-Saharan countries, including Mozambique. In Mozambique, however, there has been recent, very significant progress in making treatment and prevention services available to people, not just in the urban centres, but also increasingly in rural areas. Though this rapid expansion of treatment and prevention services cannot be solely attributed to Irish Aid and its partners, Ireland's contribution has been substantial, both in monetary terms and in terms of taking a lead in helping maintain a focus on strengthening health systems as an essential element of the HIV and AIDS response.

3.2.3 Meeting Irish Aid's Strategic Objectives

Irish Aid has been effective in substantially realising its own specific objectives as outlined in its *HIV/AIDS Strategy for the Ireland Aid Programme (2000)*. Irish Aid has improved its own responsiveness to HIV and AIDS as a development issue, worked to protect social and economic development gains from the adverse effects of HIV and AIDS and supported a range of interventions to mitigate the impact of the pandemic. It has contributed towards improving the performance and coordination of Global Health Partnerships and Multilateral Organisations, and improving coordination among different stakeholders. It adopted mainstreaming as a strategy to ensure that HIV and AIDS was addressed as a cross-cutting issue for all Irish Aid programming. It contributed policy, technical and financial inputs to the Global Fund (see section 5.2) and UNAIDS, and played strategic roles in its Programme Countries. With respect to the latter, Irish Aid's contribution in Mozambique to help coordinate financial and technical support for the implementation of integrated HIV and AIDS treatment, care and prevention programmes (see section 5.4.1) exemplifies progress in realising both national and Irish Aid's objectives. In addition, there is clear evidence that the *HIV/AIDS Partnership Scheme* (HAPS, see section 5.5) was effective in helping NGOs mainstream HIV and AIDS throughout their programmes such that there was no continuing need for the scheme to operate as a separate funding mechanism. HIV and AIDS funding to NGOs through HAPS has since been integrated into other Irish Aid civil society funding mechanisms.

3.3 Efficiency and the Irish Aid Response

3.3.1 Resource Allocation

Irish Aid has channelled a significant proportion (more than 41%) of its funding for HIV and AIDS through multilateral and global agencies which have the capacity to use large amounts of funding effectively. The channelling of support through pooled-funding mechanisms reduces the duplication of programmes and helps ensure greater efficiencies in the allocation of resources.

The balance between Irish Aid's multilateral and bilateral funding changed over the period of this review. With the exception of Mozambique, bilateral aid to Programme Countries, though increased in real terms, has reduced as an overall percentage of Irish Aid's HIV and AIDS funding. This reflects a decision by Irish Aid to build capacity at country-level to absorb the large amounts of new funding coming from global initiatives.

There was, however, a shortcoming with regard to the use of the OECD-DAC code for the reporting of HIV and AIDS expenditures in Irish Aid's financial information management system. This code can include other types of expenditure, with the possibility that expenditures could be inconsistently classified.

3.3.2 Harmonisation

In keeping with the harmonisation and alignment principles of the Paris Declaration on Aid Effectiveness to which Ireland is a signatory, Irish Aid has sought to work in close co-operation with other donors and governments. This approach contributes to maximising efficiency. In Mozambique, for example, Irish Aid's partnership with the Clinton Foundation has helped focus the use of resources and helped make it possible to scale-up anti-retroviral treatment and other health-related services in a coordinated and cost efficient way (see section 5.4).

3.3.3 Mainstreaming

Irish Aid's emphasis on mainstreaming HIV and AIDS throughout all programming is consistent with international good practice and resulted in a strong Irish Aid institutional response to HIV and AIDS as a disease of poverty and inequality. In addition, the adoption of a holistic approach, embracing a range of complementary funding channels and modalities, constitutes a rounded approach to meeting needs at several levels in ways that help maximise efficiency and impact (i.e. investing in public health systems, building capacity, funding surveillance, promoting awareness, etc).

3.3.4 Management

Overseen by Irish Aid's Senior Management team, the response to HIV and AIDS is immediately managed by a small team at Irish Aid Headquarters (three staff covering both HIV and AIDS and Health), a consultant who manages the Southern and Eastern Africa Regional Programme, and seven HIV and AIDS advisors in each of the Programme Country Embassies. It is evident from people interviewed in the course of this review that Irish Aid is widely considered as a proactive and not uncritical participant in different initiatives, and has used its membership of committees to co-commission a number of reviews and to shape policy at the global level.

Robust arrangements are in place to ensure that HIV and AIDS funding proposals are thoroughly appraised and that the response to the pandemic remains appropriate and coherent. In this regard, the *Divisional Committee for HIV and AIDS and Communicable Diseases* has played a central role. However, the need to use this committee to approve certain HIV and AIDS expenditures is unclear. Incorporation of all HIV and AIDS proposals within the long established *Project Appraisal and Evaluation Group (PAEG)* structures and procedures would help Senior Management more efficiently provide oversight of a dynamic programme.

Irish Aid has continuously engaged consultants on a draw-down basis to fill the gaps in its own human resources and to provide additional specialist input in technical areas (see section 4.7). Over the period 2005-2007 there were, on average, six such consultants employed on a draw-down, part-time basis per year. They assisted the Senior Development Specialist with responsibility for HIV and AIDS issues by means of undertaking activities such as reviews, planning, training and representing Irish Aid at the various meetings and on committees - in one case chairing the audit sub-committee of the Board of one of the global HIV and AIDS initiatives. This represents an unusually high dependence on draw-down consultants to fulfil core strategic and management functions. Whereas Irish Aid has managed its HIV and AIDS response in an effective and efficient way, staffing levels are insufficient and the high dependence on outside consultants to fulfil key functions contributed little to building Irish Aid's institutional learning and human resource capacity and is unsustainable beyond the short-term.

3.3.5 Monitoring and Evaluation

Irish Aid's decision-making over the period of this review has been evidence-based and informed by strong analytical work often commissioned directly by Irish Aid. Irish Aid adopted a harmonised approach to monitoring and evaluation, using existing frameworks and drawing upon multiple sources (see section 4.8). Irish Aid has also been proactive in conducting studies and research. This work has complemented the lesson-learning information from other sources and has played a significant role in Irish Aid's decision-making. Consistently reliable and verifiable data returns from various authorities and National AIDS Councils (or their equivalent) are essential for future planning. It is widely recognised that the quality of this statistical information can be improved. Notwithstanding some shortcomings in the quality of statistical information it receives, overall, Irish Aid has taken an appropriate and efficient approach to its monitoring and evaluation. Irish Aid should continue to draw upon and work with the existing monitoring frameworks, and associated performance indicators, at global and country levels, though needs to strengthen the measurement of its own contribution to the global HIV and AIDS response.

4. Key Recommendations

1. Strategy Development

The 2000 Strategy for HIV/AIDS stood the test of time and provided guidance for the development of a large expenditure programme. The current revision of the strategy is timely and is fully endorsed by this Review. **It is recommended that it be completed and adopted as soon as is practicable.**

2. Staffing

Irish Aid has continuously engaged consultants on a draw down basis to fill the gaps in its own human resources and to provide additional specialist input in technical areas. The high dependence on external consultants to manage a large-scale programme is ultimately an unsustainable

arrangement, not least in that it does not serve to build Irish Aid's human resource capacity and that managing the consultants is itself time-consuming and diverts permanent staff time from programme management. The staffing deficit represents a risk to the effective management of the funding allocated and to the capacity to use and build upon lessons learned.

Within the context of the international aid effectiveness agenda, clear and acceptable mechanisms exist to provide funding in ways that are less demanding on staff time. As it is unlikely, given current public finance constraints, that Irish Aid will have additional staff in the immediate future, **it is recommended that Irish Aid management examines how the existing HIV and AIDS programme can be adapted to ensure that the programme is effectively managed by its current staff complement while reducing the dependency on external consultants.**

3. Funding Approvals

Robust arrangements are in place and are sufficient to ensure that funding proposals are properly appraised and that the response to the HIV and AIDS pandemic remains appropriate and coherent. In this regard, the Divisional Committee for HIV and AIDS and Communicable Diseases has played a central role. However, the need to use this committee to approve certain HIV and AIDS expenditures is unclear. The incorporation of all HIV and AIDS proposals within the Project Appraisal and Evaluation Group (PAEG) structures and procedures would ensure that Senior Management maintains a comprehensive overview and is fully aware of all funding proposals and resulting financial commitments. **It is recommended that the PAEG committee approves all HIV and AIDS funding.**

4. Measuring Performance

In its approach to monitoring and evaluation, Irish Aid has appropriately adopted harmonised approaches and has avoided putting in place parallel mechanisms. However, the 2000 strategy that guided Irish Aid's response did not have a performance measurement framework from the beginning, and only later did Irish Aid begin to develop such frameworks for the specific areas of its support. **It is recommended that Irish Aid continues to develop these further with special reference to core policy objectives of Irish Aid such as gender equality, food security and reduced vulnerability and that the new HIV and AIDS Policy and Strategy incorporates a clear monitoring and evaluation framework to ensure programme quality and assess performance.**

5. Managing Financial Information

Not unique to Irish Aid, it is noted that there are shortcomings with regard to the use of the OECD-DAC code for the reporting of HIV and AIDS expenditures in Irish Aid's financial information management system. Given the possibility that expenditures could be inconsistently classified, **it is recommended that Irish Aid examines how its financial management information system can better, and more efficiently, track its HIV and AIDS funding.**

6. Promoting Aid Effectiveness

In accordance with the Paris Declaration (and the 2008 Accra Action Agenda), there is a continuing need to promote harmonisation and to maintain a focus on "aid effectiveness" in all policy dialogue, planning and programme delivery. **It is recommended that in the context of its HIV and AIDS programme, Irish Aid should increase its efforts to promote aid effectiveness with its global and national partners and that the new HIV and AIDS policy has a strong focus in this area.**

7. Promoting Harmonisation and Alignment

Irish Aid has played an important role in the establishment of the Global Fund, which has had the effect of significantly scaling-up resources to fight HIV and AIDS. There are, however, certain problems of harmonisation and alignment of Global Fund activities with country processes, problems which still need to be fully addressed. **It is recommended that Irish Aid should continue to exert its influence to help ensure that Global Fund and other programme activities are harmonised and aligned with existing planning and management systems at country levels.**

1. Background and Methodology

1.1 Background

With 2 million deaths and an estimated 33 million people living with HIV worldwide in 2007, HIV and AIDS represents an urgent pandemic on a global scale with its epicentre in Sub-Saharan Africa (UNAIDS 2008). In response, Ireland has made a high-level political commitment to HIV and AIDS as central to the promotion of poverty reduction and overall sustainable development. Irish Aid's HIV and AIDS strategy (2000) prioritised the fight against HIV and AIDS as fundamental to the reduction of poverty and vulnerability, whilst the White Paper on Irish Aid (2006) re-affirmed its centrality to Ireland's development cooperation programme.

The Irish Aid response is multi-dimensional and is delivered at global, regional and national levels via a range of modalities and organisations. These span support to a number of countries in Sub-Saharan Africa which are most affected by the pandemic, funding for NGOs through a range of Civil Society funding schemes and multilateral cooperation through international organisations such as UNAIDS[1] and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). In addition, Irish Aid operates the Southern and Eastern Africa Regional HIV and AIDS Programme as well as supporting UNICEF's HIV and AIDS programmes in Eastern Europe and in Ghana.

In the period covered by this review, 2000-2007, more than €3bn of Ireland's Official Development Assistance was channelled through Irish Aid. Of this, a total of €340m (10.8 per cent) was specifically dedicated to HIV and AIDS interventions. This spend is included in an Irish Government commitment to spend €100 million annually on HIV and AIDS and other Communicable Diseases. It places Ireland in the top tier of OECD countries in terms of the proportion of its aid budget allocated to HIV and AIDS. Recent research notes that although the scale-up in international HIV and AIDS expenditure has tended to be driven by a subset of G8 members, Ireland actually accounted for a larger share than some G8 members (UNAIDS and Kaiser Family Foundation, 2007).

1.2 Focus and Methodology

In line with the TOR, this review assesses Irish Aid's HIV and AIDS expenditure over the period 2000 to 2007 whilst endeavouring to underline any cross-cutting issues and lessons to be learned. In doing so, the review team applied a range of quantitative and qualitative data collection and research methodologies, including the following:

- Desk-based research carried out in Dublin;
- Consultations with Irish Aid staff, management and advisors in Dublin and Limerick;
- Analysis of key financial data;
- Semi-structured interviews with key informants from a number of civil society and FBOs (faith-based organisations) based in Dublin; and
- Semi-structured interviews with key informants from a number of multilateral organisations based in Geneva.

In addition to these approaches, the TOR required that the review team undertake fieldwork in Sub-Saharan Africa for the purpose of assessing how Irish Aid engages at country and regional levels; how these engagements are achieving their stated objectives and how coherent the engagements are with global policies. An assessment of the Mozambique Country Programme response to HIV and AIDS was made. Mozambique was selected for a number of reasons. In the first instance, all of Irish Aid's various aid modalities are present in Mozambique thereby giving the reviewers an insight into all aspects of the work supported by Irish Aid. Moreover, Mozambique received the largest share of bilateral HIV and AIDS-related support from Irish Aid when compared to its other Programme Countries. The Mozambique programme is discussed in Chapter 5.

1 UNAIDS: The Joint United Nations Programme on HIV and AIDS

1.3 Scope

This review is specifically concerned with HIV and AIDS expenditure over the period 2000 to 2007 regardless of the type of modality and/or intervention concerned. The overarching objectives of this Review were set out by Irish Aid in line with the relevant Department of Finance template and are as follows:

- Identify programme objectives;
- Examine the current validity of these objectives and their compatibility with the overall HIV and AIDS strategy;
- Define the outputs associated with the programmes' HIV and AIDS-related activities and identify the level and trend of those outputs;
- Examine the extent that the programmes' HIV and AIDS-related objectives have been achieved, and comment on the effectiveness with which they have been achieved;
- Identify the level and trend of costs and staffing resources associated with programmes and thus comment on the efficiency with which they have achieved their objectives;
- Evaluate the degree to which the objectives warrant the allocation of public funding on a current and ongoing basis and examine the scope for alternative policy or organisational approaches to achieving these objectives on a more efficient and effective basis (e.g. through international comparison and best practice).
- Specify potential future performance indicators that might be used to better monitor the performance of the HIV and AIDS strategies.

As part of this work, the review team undertook an analysis of the available financial and management data and compiled a clear image of the flows of funds and information.

1.4 Report Structure

This report is structured as follows:

1. Background and Methodology
2. The Global HIV and AIDS Pandemic
3. Ireland's Overall Response to the Pandemic
4. Financial and Human Resources
5. Programme Achievements
6. Conclusions, Recommendations and Management Response

In addition, a number of annexes are provided. These comprise a management response to recommendations made in this report, the Terms of Reference, a bibliography and a schedule of the people and organisations consulted.

2. The Global HIV and AIDS Pandemic

2.1 The Pandemic

The global impact of AIDS has already been so devastating that the United Nations Human Development Report, 2005, concluded that the HIV and AIDS pandemic has inflicted the single greatest reversal in human development.[2] (Peter Piot, the then Executive Director of UNAIDS and Under Secretary General of the UN, 2008)

Since its emergence in the early 1980s, HIV and AIDS has devastated families, communities and nations, killing many people in their most productive years and leaving countless children to fend for themselves or in the care of extended family members such as grandparents. The 2008 Report on the Global AIDS Epidemic (UNAIDS 2008) finds that at the end of 2007 on a global scale, the HIV epidemic has stabilised although with an unacceptable level of HIV infections and AIDS deaths. According to the report

> Globally, there were an estimated 33 million people living with HIV at the end of 2007.

> The annual number of new HIV infections declined from €3 million in 2001 to €2.7 million in 2007.

> Overall, 2 million people died of AIDS-related illnesses in 2007 compared with an estimated 1.7 million in 2001.

> Sub-Saharan Africa continues to bear a disproportionate share of the global burden. It accounts for approximately 10% of the world's population but is home to 67% of all people living with HIV.

> Women account for half of all people living with HIV worldwide and nearly 60% of infections are in Sub-Saharan Africa. An estimated 370,000 children became infected with HIV in 2007. Globally, the number of children living with HIV increased from 1.6 million in 2001 to 2.0 million in 2007, almost 90% of them living in Africa.

> At the end of 2007, the target of the 3x5[3] campaign was reached with an estimated 3 million people receiving anti-retroviral therapy (ARV) in developing regions, up from a low base of 400,000 in 2003. This still only represents 28% of the estimated 7.1 million people in need.

> The magnitude of the problem is growing with 4.3 million newly infected people in 2007 and only 700,000 receiving treatment for the first time. This demonstrates the urgent need to intensify prevention efforts, which remain the cornerstone of HIV control.

The 2008 report provides epidemiological data enabling the examination of some trends relating to Ireland's Programme Countries in Sub-Saharan Africa. The following tables illustrate the different manifestations or stages of the pandemic in different countries, even between those in the same region. Indications of the pandemic's stabilisation can be seen in (a) the decline in the rate of increase in numbers of people living with HIV in Ethiopia, Lesotho, Uganda and Tanzania and (b) the declining number of deaths in Ethiopia, Uganda, Tanzania and Zambia which can largely be attributed to the widening availability of anti-retroviral treatment.[4] With the exception of Uganda, the numbers of children who have lost one or both parents to AIDS rose significantly between 2001 and 2007 (see figure 2.1).

2 AIDS: From Crisis Management to Sustained Strategic Response, Peter Piot, Lancet Volume 368, August 2006.

3 An initiative of 2003 committing the global community to providing three million people living with HIV in low and middle-income countries with life-prolonging anti-retroviral treatment by the end of 2005

4 Drug treatment that helps prevent the HIV virus developing into full-blown AIDS

Figure 2.1: HIV/AIDS Data relating to Irish Aid Programme Countries

Country	People Living with HIV		Deaths from AIDS		Number of Orphans	
	2001	2007	2001	2007	2001	2007
Ethiopia	920,000	980,000	70,000	60,000	310,000	650,000
Lesotho	250,000	270,000	13,000	18,000	37,000	110,000
Malawi	850,000	930,000	60,000	68,000	240,000	560,000
Mozambique	1,000,000	1,500,000	47,000	81,000	120,000	400,000
South Africa	4,700,000	5,700,000	180,000	350,000	400,000	1,400,000
Uganda	1,100,000	940,000	120,000	77,000	1,200,000	1,100,000
Tanzania	1,400,000	1,400,000	110,000	96,000	610,000	970,000
Zambia	940,000	1,100,000	78,000	56,000	390,000	600,000

Source: 2008 Report on the global AIDS epidemic, UNAIDS/WHO, July 2008.

Gender inequality and power imbalances between men and women are resulting in the increasing feminisation of HIV and AIDS. As noted earlier, women account for 50% of infections globally but in Sub-Saharan Africa young women between the ages of 15 and 24 are around three times more likely to be infected than their male counterparts as evidenced by the data below for Irish Aid's Programme Countries.[5]

Figure 2.2: Infection rates among 15-24 year olds

Country	% of 15 – 24 year olds infected with HIV	
	Women	Men
Ethiopia	1.5	0.5
Lesotho	14.9	5.9
Malawi	8.4	2.4
Mozambique	8.5	2.9
South Africa	12.7	4.0
Uganda	3.9	1.3
Tanzania	0.9	0.5
Zambia	11.3	3.6

Source: 2008 Report on the global AIDS epidemic, UNAIDS/WHO, July 2008.

Finally, while all income groups are susceptible to HIV and AIDS infection, the poor are more likely to die from the disease because of poor nutrition and lack of access to health care and anti-retroviral treatment.

5 Countries in which Irish Aid has specific bilateral assistance programmes

2.2 The HIV and AIDS Pandemic's Impact on Development

It is recognised internationally that the pandemic is not only a major public health challenge in many countries – particularly in the Least Developed Countries (LDCs) – but also poses a simultaneous challenge to all current endeavours to tackle global poverty by reducing debt and building economic capacity. When one considers that young people accounted for 40 per cent of all new HIV infections in 2007 – with children under 5 years alone accounting for 20 per cent – the centrality of the HIV and AIDS response to all other development aid efforts is abundantly clear. The scale of this challenge is most acute in Sub-Saharan Africa with more than 68 per cent of all adults and nearly 90 per cent of all children globally infected with HIV living in this region and more than 76 per cent of all AIDS deaths occurring there in 2007 (UNAIDS, 2008).

As noted in the opening quotation of this chapter, HIV and AIDS is responsible for the greatest ever reversal in human development. It is the single biggest cause of stagnation or decline in health and development indices and, in the worst affected countries, life expectancy has fallen by up to 20 years. Gains to education and literacy are also threatened as countries struggle to train replacement teachers, and children, especially girls, are kept home from school to care for the sick. Most of those who die are at the prime of their life and their deaths deprive communities and families of carers, food producers, teachers, doctors, nurses and engineers – skills that are expensive to develop and in short supply in developing countries.

HIV and AIDS has a terrible impact on children. Over 11 million children in Africa alone have lost one or both parents to AIDS. Apart from the psychological trauma involved, children are deprived of the transfer of household and farming skills that naturally occurs between parents and children. This in turn has implications for economic and social development. Most children orphaned by AIDS live with relatives, mainly elderly grandparents.

Members of a youth club promoting HIV and AIDS awareness in Soweto, South Africa. Photo: Donal Murray

Some of the most severe developmental impacts can be seen in the impact of HIV and AIDS on already poorly developed health systems. There is an increased demand for health services because of the epidemic and changes in the disease profile suggest the need for different types of services. Simultaneously, the epidemic is decreasing the number and productivity of health service providers as they are lost to their own illness and death as well as factors such as stress and demands from family members suffering and dying from the disease.[6] (Tawfik and Kinoti, 2003)

6 The Impact of HIV/AIDS on Health Systems and the Health Workforce in Sub-Saharan Africa. Linda Tawfik and Stephen N. Kinoti, USAID, June 2003.

The epidemic also has clear implications for agricultural and food production through the loss of family labour, the failure of inter-generational transfer of skills, switching to less labour-intensive methods, and the production of less nutritious crops just when nutrition is most crucial to people living with HIV and AIDS.

2.3 Conclusion

Despite recent positive trends showing some stabilisation of the epidemic, HIV and AIDS continues to devastate families, communities and nations in Sub-Saharan Africa. It threatens to wipe out past development gains and, in terms of developing the work force needed for future development, many countries are fighting just to stay still, not to speak of increasing the supply of crucial, skilled personnel such as teachers, nurses, doctors, agriculturalists and engineers. HIV and AIDS has a huge human cost and is a threat to past and future development. Ireland has prioritised the fight against HIV and AIDS at both a political and operational level and provided significant resources in recent years (see chapters 3, 4 and 5).

Jordan from Northern Province in Zambia employs five staff in his electrical repair shop and is on life saving ARV drugs since 2006. Photo: Daniel Rowan

3. Ireland's Overall Response to the Pandemic

3.1 Introduction

Ireland's response to the global HIV and AIDS pandemic is framed against the backdrop of a number of international agreements. Guiding all development efforts are the UN Millennium Development Goals (MDGs) which include the halving of extreme poverty (MDG # 1) and halting the spread of HIV and AIDS (MDG # 6), all to be achieved by the target date of 2015. The 2001 UN General Assembly Special Session (UNGASS) on HIV and AIDS led to the agreement and signing of a Declaration of Commitment on HIV and AIDS which forms the international framework for the global response to this pandemic. It sets out a comprehensive list of time-bound targets to support the achievement of MDG # 6 by 2015. The World Health Organisation (WHO) launched its 3x5 Initiative in 2003 committing the global community to providing three million people living with HIV in low and middle-income countries with life-prolonging anti-retroviral treatment by the end of 2005. A review of progress in meeting the targets in the 2001 UN Declaration of Commitment on HIV/AIDS led to a Political Declaration at the UN High Level Meeting on HIV/AIDS in June 2006. This Declaration commits Member States to contribute to achieving Universal Access to comprehensive HIV prevention, treatment and care by 2010. Furthermore, the Paris Declaration (2005) and the subsequent Accra Agenda for Action (2008) on aid effectiveness[7] are major elements in the changing context of development assistance, and commits the signatories (including Ireland) to managing aid in harmonised ways to optimize the effectiveness and sustainability of the support provided.

3.2 Aims and Objectives

Over the course of the period covered by this Review, Irish Aid's response to HIV and AIDS has been guided by the "HIV and AIDS Strategy for the Ireland Aid Programme" (2000). This strategy identified HIV as a disease of poverty, driven by gender inequality and abuse of human rights. It articulated the need for a broad-based, long-term development response to the pandemic and aimed at intensifying Irish Aid's response to HIV and AIDS in a coherent way across the Irish Aid development programme.

7 See www.oecd.org/document/18/0,2340,en_2649_3236398_35401554_1_1_1_1,00.html for the full text of the Paris Declaration. In summary, it encourages donors to work better together (harmonisation), to support developing country priority programmes and help strengthen and use their financial and management systems (alignment) and to focus on results in an effort to maximise the effectiveness of aid.

The 2000 HIV and AIDS strategy sets out the aim, strategic goal and strategic objectives of Irish Aid's response to the pandemic. It provides clear strategic direction and guidelines in that its "strategic objectives", give quite detailed guidance as to the activities Irish Aid might undertake or support. The overall aim can be summarised as follows:

To support the prevention of HIV/AIDS and the reduction of its impact in developing countries.

This aim encapsulates the two-fold thrust of Ireland's strategic approach – (1) support to a range of prevention initiatives, including education and awareness raising, and the financing of research on microbicides and vaccines to prevent the transmission of HIV, and (2) reducing or mitigating the disease's impact. The latter encompasses the strengthening of health systems to deal with an increased workload due to opportunistic infections related to HIV and AIDS, and the treatment of the disease itself. Mitigating the disease's impact also involves a range of other strategies, including the provision of home-based care and the care of children affected by HIV and AIDS; capacity building and addressing the human rights of people infected and affected by the disease.

Three Strategic Goals supplement the overall aim of Irish Aid's HIV and AIDS strategy:

Strategic Goal 1: To improve awareness, responsiveness and effectiveness of Irish Aid to HIV/AIDS as a development issue

The 2000 strategy's Executive Summary describes this goal as "the institutional response" and it clearly refers to the steps required to improve Irish Aid's own capacity to respond better to the pandemic. Activities identified in the strategy to be undertaken under this strategic objective included:

> Promoting a two-pronged approach, reducing the spread of the disease on the one hand and mitigating its impact on the other;

> Taking the HIV and AIDS issue to the highest political level so that it can be prioritised to reflect the impact on development gains;

- Heightening Irish Aid staff awareness of HIV and AIDS as a development issue;
- Strengthening the capacity of partner organisations supported by Irish Aid to respond to HIV and AIDS;
- Ensuring consultants and contracted staff are aware of the HIV and AIDS strategy;
- Nominating HIV and AIDS focal persons at HQ, regional and country level;
- Developing an appropriate policy for dealing with HIV and AIDS in the workplace;
- Adopting a mainstreaming approach, ensuring HIV and AIDS is considered in all programming documents;
- Encouraging and helping design specific HIV-related indicators in the programmes and sectors we support, including with Irish and international NGOs;

Strategic Goal 2: To protect existing social and economic development gains from the adverse effects of HIV and AIDS and to promote further development in these areas.

The 2000 strategy's Executive Summary describes this strategic goal as "the broad-based response". Its intention is to highlight the danger HIV and AIDS represents to development gains at the international level and to promote the inclusion of HIV and AIDS considerations in all programming. Activities identified in the strategy to be undertaken included:

- Increasing the priority accorded to HIV and AIDS on national and international agendas, particularly with regard to the poor and marginalised;
- Maintaining an active role in international fora through participation in working groups, membership of executive boards of UN Agencies and through the work of the Permanent Mission to the United Nations;
- Promoting a multisectoral response to HIV and AIDS, especially through Irish Aid-supported area based programmes;
- Promoting financing and actively participating in multisectoral strategic initiatives across all branches of government;
- Supporting the International AIDS Vaccine Initiative;
- Encouraging NGOs, training institutions, development education organisations and APSO to incorporate HIV and AIDS into their work;

Strategic Goal 3: To support sectoral policies, programmes and activities that impact on the pandemic at a national, community and individual level.

Described in its executive summary as "the specific response", the 2000 HIV and AIDS strategy seeks to tackle the immediate and the root causes of HIV and AIDS while at the same time supporting care and coping strategies to address the immediate needs of individuals and communities. Activities identified in the strategy which could be supported included:

- Ireland will continue, through its multilateral and bilateral aid programme, to support the development and implementation of HIV and AIDS strategic plans.;
- Irish Aid will ensure that all initiatives and organisations we support are part of a national strategic framework and are coordinated with national efforts;
- Irish Aid will continue to support the development of equitable health care systems;
- Irish Aid will support programmes which improve the availability of clinical laboratory supplies and essential drugs to diagnose and treat clinical manifestations of HIV and AIDS;
- Support will be provided for the development of reproductive health, laboratory services and national tuberculosis programmes;
- Prevention programmes, including behaviour change strategies, condom distribution, HIV and AIDS testing, education campaigns for safe sex and other measures, will be supported;
- The early diagnosis and treatment of sexually transmitted infections is recognised as an effective intervention with both preventive and care benefits and will be supported;

The 2000 strategy continued to guide Ireland's response to HIV and AIDS over the entire period under review. A process to revise and update the strategy started in 2007 and a new HIV and AIDS policy is currently waiting approval. During those seven years as the programme developed and the international context evolved, the overall strategy was supplemented by specific policies, strategies and guidelines, some of a technical and others of an institutional nature. They include:

Institutional Strategies/Guidelines	Technical Strategies/Guidelines
> Support for Global Health Partnerships Strategy, 2005 > Support for engagement with and funding to the Global Fund to fight AIDS, TB and Malaria, 2008-2010 > Multi-annual Partnership Strategy between UNAIDS and Irish Aid (2006-2010) > Strategy for Irish Aid's HIV and AIDS Regional Programme for Southern and Eastern Africa (2006-2010) > Individual Programme Country-level HIV and AIDS strategies	> Guidelines for HIV Treatment in Resource Limited Setting, 2003, revised 2005 > Guidelines to address HIV and AIDS in the Workplace, 2003 and revised 2007 > Guidelines to address HIV and AIDS in the Education sector, 2008 > Guidelines for the Health Sector Response to HIV and AIDS, 2007 > Mainstreaming Strategy, 2007-2009 > Guidelines for addressing the needs of children living in the context of HIV and AIDS, 2008

Underpinned by this extensive framework of Irish Aid policies, strategies and guidelines, each expenditure programme is supported by a programme document that, amongst other things, sets out how the programme relates to the overall HIV and AIDS strategy. A programme document sets out specific programme objectives and describes how the programme will operate, be monitored and evaluated. Programme documents also include details of Irish Aid's input, both financial and technical. (The details of some programmes will be elaborated in Chapter 5 below). Irish Aid does not itself implement these programmes and is usually one of many co-funders contributing to the overall cost of specific programmes, giving input to the approach and detailed design of the programmes concerned. It is Irish Aid policy, in line with the Paris Declaration on Aid Effectiveness, to contribute to the development of and subscribe to the objectives, targets and indicators of the partner government-led programmes it supports and to strengthen and rely on the programmes' monitoring and evaluation frameworks and systems rather than impose its own parallel system. This is in line with international best practice and is reflected in the UNAIDS' "Three Ones" principle to which Ireland fully subscribes. These are:

> One agreed AIDS Action Framework that provides the basis for coordinating the work of all partners;

> One National AIDS Coordinating Authority with a broad-based multi-sector mandate;

> One agreed country-level Monitoring and Evaluation System.

In response to the HIV and AIDS pandemic, Irish Aid's overall aim and its three strategic goals provided a framework for the development of Irish Aid's response to the global pandemic. Though the strategic objectives are broad and cast at a high level, this was appropriate given Irish Aid's partnership approach and Ireland's commitments to work within the global structures put in place to coordinate a response to the pandemic. Guided by the specific activities linked to each of the three strategic goals of its HIV and AIDS strategy, Ireland clearly responded to an urgent need (see chapter 2). The approach adopted by Irish Aid is in line with international best practice in development and public health medicine and the strategies adopted by Irish Aid – strengthening its internal capacity to respond to HIV and AIDS; mainstreaming HIV and AIDS across its development programme; engaging and influencing policy; and providing large-scale financing for specific programmes - remain very relevant given the devastating impact of HIV and AIDS in both human and developmental terms.

However, the 2000 strategy that guided Irish Aid's response did not have a performance measurement framework from the beginning. Recognising this shortcoming, Irish Aid has subsequently worked to put in place such frameworks. For example, Irish Aid's new strategy for engagement with the Global Fund to fight AIDS, TB and Malaria specifies measurable indicators. In addition, as part of a results-based management approach to programming, new Irish Aid Country Strategy Papers now have results frameworks that include quantifiable targets in relation to HIV and AIDS funding.

3.3 The Changing Global Context for addressing HIV and AIDS

The global aid architecture has changed considerably since Irish Aid adopted its 2000 HIV and AIDS strategy. Not only have the number of organisations focusing on HIV and AIDS increased, but new funding mechanisms have emerged which have required greater efforts to improve the harmonisation and coordination of international and domestic efforts to fight the epidemic.

Coordinating the response of 10 UN agencies, UNAIDS has succeeded in putting HIV and AIDS higher up on the global agenda. It has provided leadership in advocacy, coordination and mobilisation throughout the UN. Considerable efforts are being made to prioritise country level work, bolster technical expertise provided at country level and to address some of the UN system issues inhibiting effective coordination. Following the recommendations of a Global Task Team on improving the coordination of multilateral AIDS initiatives, UN agencies and other global HIV initiatives are working to agree clear technical and funding mandates in support of country level priorities and planning. Furthermore, it is envisaged that countries will move towards the development of a single UN country support programme on AIDS.

Three new funding mechanisms have emerged over the past six years and now constitute the top three providers of external financing for HIV programmes in low and middle-income countries - the Global Fund to fight AIDS, TB and Malaria (GFATM), the World Bank Multi-Country AIDS Programme (MAP) and the US Presidential Emergency Plan for AIDS Relief (PEPFAR). In addition, private foundations, including the Gates, Rockefeller and the Clinton Foundations, have given greater attention and funding to AIDS. Funding from these sources is often earmarked for specific aspects of HIV control. A challenge for countries is to ensure a balanced approach to HIV prevention, treatment, care and support, while, in the health sector, continuing to tackle other major and related diseases.

The emergence of public private partnerships - like the International AIDS Vaccine Initiative (IAVI) and the International Partnership for Microbicides (IPM) – has mobilised resources for the research and development of new products for HIV prevention. In addition, the past year has seen the emergence of further new innovative funding mechanisms such as UNITAID (the International Drug Purchase Facility) that allocates funding from additional taxes on air travel to the purchase of drugs to tackle the major diseases of HIV, TB and Malaria. All these mechanisms and initiatives are competing for resources. The global HIV and AIDS-related architecture is complex and performance metrics to ascertain the relative value of investment in different initiatives have yet to be developed.

In addition to providing 28% of global resource needs for HIV and AIDS, bilateral agencies, like Irish Aid, play a significant role in the global AIDS response. Through their political leadership and technical engagement, bilateral agencies have been instrumental in shaping the international response to focus on the needs of countries and in promoting the needs of vulnerable populations. They also provide much needed technical support and funding to government and civil society organisations.

Lab testing facilities at district Health Centre in Mwanza, Tanzania. Photo: Daniel Rowan

3.4 Putting the Irish Aid Strategy into Operation

Ireland's Commitment to HIV and AIDS
Ireland's commitment to addressing HIV and AIDS is widely recognised and demonstrated at the highest political levels through the leadership of the former Taoiseach, Minister of Foreign Affairs and the Minister of State for Development Cooperation. They have repeatedly endorsed and supported the priority given to HIV and AIDS in Ireland's development policies and programmes and ensured the allocation of high levels of financial resources to HIV and AIDS. They have advocated for greater attention to be given to the AIDS epidemic through their participation in the United Nations, European Union and other international forums.

The then Taoiseach was the only European Prime Minister to participate in both High-Level UN meetings on HIV and AIDS in 2001 and 2006. In his address to the UN General Assembly Special Session held in 2001, he announced the establishment of a new HIV and AIDS Fund within Irish Aid, with an initial budget of €30 million. At the 2005 UN Summit on the Millennium Development Goals, the Taoiseach announced that *`Ireland will double its spending on the fight against HIV and AIDS to €100 million … to put the battle against HIV and AIDS at the very centre of our programme'*.[8] These additional resources are to cover HIV and AIDS and other communicable diseases,[9] and include a stated commitment for 20% of the increased resources to be allocated to interventions that will benefit children affected by HIV and AIDS and other communicable diseases.

The evolution of Irish Aid's Programme Focus on HIV and AIDS
Informed by the 2000 strategy and based on high-level political and institutional commitment, Irish Aid has focused on strengthening comprehensive and broad-based country responses to HIV and AIDS. Irish Aid adopted a partnership approach and supported interventions by a range of agencies at global, regional, national and sub-national levels.

8 An Taoiseach at the Millennium Review Meeting at the United Nations General Assembly, 14 September, 2005
9 For ease of reference, this report will hereafter refer to this additional commitment as the "Taoiseach's Initiative"

3.4.1 Irish Aid and the Multilateral Response

Irish Aid's global response to HIV and AIDS is embedded in advocating for a sustained and resourced response to HIV and AIDS, strengthening leadership at all levels and improving coordination and planning. Ireland has advocated and supported a stronger response by the United Nations to HIV and AIDS. It supports specific programmes implemented through UN agencies such as UNICEF, UNFPA, UNDP and WHO in addition to core support for the work of UNAIDS.

Irish Aid Support to UNAIDS
In recognition of the pivotal role played by the Joint United Nations Programme on HIV and AIDS (UNAIDS), Ireland has increased ten-fold its annual contribution during the period 2003-2007. UNAIDS was established in 1996 and is one of the key UN agencies supported by Irish Aid. UNAIDS provides global leadership for the response to HIV and AIDS. It consists of members from 10 UN funds and programmes and its primary focus is to bring greater coherence and harmonisation to the HIV and AIDS-related work of its member agencies.

In supporting the work of its UN member agencies, UNAIDS advocates for political commitment by donor and recipient countries and provides strategic advice at global and country levels. It also advocates for a multi-sectoral response to the pandemic and provides technical guidance to ensure that the response is mainstreamed across all other sectors including education, environment, agriculture, social welfare, governance, civil rights and ethics. Moreover, UNAIDS also plays a key role with regard to surveillance and monitoring.

Irish Aid has been a firm supporter of UNAIDS and has significantly increased its HIV and AIDS-specific funding to UNAIDS over the past 7 years and provided €7m in 2007 (or the equivalent of 8 per cent of Irish Aid's total HIV and AIDS spend in that year). Moreover, Irish Aid has greatly increased its engagement with UNAIDS at both global and country levels. Ireland has been represented at all UNAIDS Board meetings since it started funding the organisation and held a Board seat in 2003 and 2008. Ireland has agreed a programme of support to UNAIDS and an enhanced policy agenda which includes; supporting the UNAIDS' global leadership role, strengthening its capacity to respond to the needs of individual countries, a strong focus on a balanced approach to HIV prevention, treatment, care and support, ensuring technical guidance to address the gender dimensions of the HIV pandemic and support for guidance and quality standards.

Irish Aid Support to UNICEF

UNICEF works in over 150 countries and territories to help children survive and develop from early childhood through adolescence. The world's largest provider of vaccines for developing countries, UNICEF supports child health and nutrition, safe water and sanitation, quality basic education, and the protection of children from violence, exploitation and HIV and AIDS.

UNICEF received nearly €30m in total contributions from Irish Aid in 2007. Most of this was core funding – non-earmarked donations allowing flexibility in delivering assistance on the ground – and funding for humanitarian assistance in response to specific emergencies. In addition, €2.6m was provided for two HIV and AIDS specific programmes in Ghana and in Central and Eastern Europe, CIS and the Baltic States, the latter in recognition of the fastest growing HIV and AIDS epidemic in Eastern Europe and the Commonwealth of Independent States and in response to the Dublin Declaration on HIV and AIDS (2004). Covering six countries, this programme is developing targeted interventions for those most vulnerable and at risk of HIV infection in the region – injecting drug users, men who have sex with men and sex workers. The Ghana programme also has a strong HIV prevention focus and is providing prevention services particularly for women and adolescents.

To coincide with the Irish launch of the UNICEF Unite for Children, Unite against AIDS campaign, in 2005 the then Taoiseach committed Ireland to investing additional resources to interventions that benefit children. Since then, Irish Aid has intensified its response to children infected and affected by HIV and AIDS. Irish Aid has worked closely with UNICEF in supporting and advocating for; the extension of social protection mechanisms to benefit children, the extension of the availability of services to prevent the transmission of HIV from mother to child, the extension of the coverage of HIV prevention and treatment services for children and the strengthening of the capacity of agencies to respond to the needs of children affected by the pandemic.

3.4.2 Irish Aid and the Global Response

Informed by an analysis of the opportunities and challenges of supporting newly emerging global HIV initiatives, Irish Aid selected a limited number of global initiatives to fund including the Global Fund to fight AIDS, TB and Malaria, and two research initiatives focusing on the identification and development of new HIV prevention technologies.

Irish Aid Support to the Global Fund

The Global Fund to fight AIDS, TB, and Malaria (GFATM) was established in 2002 as part of the global response to three of the world's most serious health problems that cause 6 million deaths per year as well as huge suffering and economic losses. The objective of the Global Fund is to provide extra global resources to combat the three diseases, ensuring resources are spent in areas of greatest need and ensuring effective use of resources. To date, US$10.7 billion worldwide has been committed by the Global Fund to 136 countries with approximately 60% of this allocation targeted at HIV and AIDS in Africa whilst the remainder is split between TB and Malaria. Since its foundation, the Global Fund has saved an estimated 1.8 million lives and an estimated 1.1 million patients are on anti-retroviral treatment (ART) supported by the Global Fund (The Global Fund, Results at a Glance, 2008).

Irish Aid decided to participate in the Global Fund from the outset and was an important player in supporting the establishment of the Fund and in the development of guidelines for its operation. Between 2002 and 2007, Ireland provided more than €84 million to the fund (€19.9m in 2007). The Global Fund is the single largest recipient of Irish Aid HIV and AIDS funding and will be discussed in more detail in Chapter 5 below.

Irish Aid Support to the International AIDS Vaccine Initiative (IAVI)

The International AIDS Vaccine Initiative (IAVI) was founded in 1996 and Irish Aid has provided €22,931,103 in funding since 2001 (€5,000,000 in 2007). With its strong focus on prevention, the activities of IAVI fit well in the context of Irish Aid's mission. IAVI concentrates on research for an effective HIV preventive vaccine. This is done through the identification of possible vaccine candidates, testing them through various stages of clinical trials, providing capacity support for clinical trials sites and working on legal, ethical and human rights issues.

A review of IAVI was undertaken by Irish Aid in 2003.[10] The review recommended that Irish Aid should continue support because vaccine development is a core HIV prevention activity complementing other preventive strategies and anti-retroviral treatment. A decision to continue supporting IAVI was made as a result of the evaluation.

10 International Initiatives in HIV Vaccine Development, Diarmuid O'Donovan, 2003

Irish Aid support to the International Partnership for Microbicides (IPM)

The International Partnership for Microbicides (IPM) was established in 2002 and has subsequently become a prominent player in the microbicides field. The goal of the IPM is to accelerate the development of and access to effective microbicides for women living in the world's poorest settings. Irish Aid has been a principal donor to the IPM (along with other bilateral agencies, private philanthropy foundations and for-profit private companies) and recently took the lead in a joint donor evaluation of IPM.[11] Between 2003 and 2007 Irish Aid provided funding of €18,100,000 (€5,100,000 in 2007).

IPM is a not-for-profit organisation that applies a business/private sector approach to its work. Product 'donation' agreements have been made with Tibotec Pharmaceuticals Ltd., Merck & Co. Inc., Gilead Sciences Inc., and Bristol-Meyers Squibb. In opting to contribute to the IPM, Irish Aid seeks to fulfil its own commitments to both ensuring improved access to HIV and AIDS prevention commodities, especially for women, and to the development of innovative approaches to combating HIV and AIDS. It is important to note that while there is no certainty of success in both the vaccine and microbicide fields and that results so far have been disappointing, it is widely recognised that continued investment in bio-medical research is essential as there continues to be no cure for AIDS.

3.4.3 Irish Aid's Regional Programme on HIV and AIDS

Southern and Eastern Africa Regional HIV and AIDS Programme

Regional programmes complement engagement at the national and global levels by facilitating the exchange of information between national authorities and making it possible to address cross-border issues such as the links between migration and the spread of HIV. Recognising that the countries of Southern and Eastern Africa are the hardest hit by HIV and that this region covers most of Irish Aid's country programmes, the central purpose of the Irish Aid programme is *'to promote and strengthen the regional response to prevent the spread of HIV and AIDS and reduce its impact in Eastern and Southern Africa in a manner that is consistent with the Irish Aid HIV and AIDS strategy'*.

The regional programme provides a vehicle through which Irish Aid has formed strategic partnerships with a range of organisations. These include national and international networks, intergovernmental organisations, multilateral organisations and regional NGOs. Irish Aid and other like-minded donors fund these organisations through joint-financing arrangements that are intended to harmonise activities and ensure that the priority issues of each donor are addressed. The organisations, in turn, must comply with the reporting requirements specified by the donors and submit both financial accounts and qualitative reports.

In the early phase of the regional response to HIV and AIDS (2002-2006), Irish Aid opted to fund seven organisations working in the fields of HIV prevention (including communications), mitigation and care, human rights and operations research.[12] During its first 3 years of operations, the programme accumulated a range of notable achievements, including: the development of a Regional Code on HIV and Gender; the establishment of model demonstration sites for HIV Treatment; the establishment of more than 80 Networks of people living with HIV; the provision of care to more than 23,000 people living with HIV; the delivery of HIV-related training to organisations working in 10 countries; and assessments in four countries of programming and legislation for children affected by HIV and AIDS.

A comprehensive review of the first phase of Irish Aid's regional HIV and AIDS programme was commissioned in 2005. This review highlighted the key achievements made in the first phase with recommendations that included developing strategic partnerships with inter-governmental regional bodies such as the Southern African Development Community (SADC); strengthening regional networks of civil society organisations focused on HIV advocacy and working with other donors to strengthen the harmonisation of regional initiatives. The review also recommended that Irish Aid re-orient the regional programme to complement its global and country programmes and invest further in ensuring better communication. The current strategy for the regional programme (2006-2010) has adjusted its objectives to ensure a `truly regional approach', strengthening linkages and coherence with Irish Aid's global and country-level supports and helping ensure added value and clearer results. The regional programme response needs to be strategically situated

11 International Partnership for Microbicides: Evaluation Report, FSG and HLSP, 2008

12 Save the Children UK,, AIDS and Rights Alliance for Southern Africa, Regional AIDS Training Network, Southern Africa Information Dissemination Services, Soul City, African Medical Research Foundation, International Federation of the Red Cross.

within the forthcoming revised HIV and AIDS policy to ensure maximum results and linkages with country and global programmes.

3.4.4 Irish Aid's Response in Programme Countries

Tackling the AIDS epidemic successfully depends on well managed and well resourced national responses. Through its work in developing countries, Irish Aid aims to strengthen government capacity to respond to the disease and to support district and NGO responses at local and community levels. Most of the countries targeted by Irish Aid's development assistance are hugely affected by HIV and AIDS. South Africa has the highest number of people living with HIV in the world while Lesotho has the third highest adult HIV prevalence rate (23%) in the world. Other countries such as Malawi and Mozambique have prevalence rates of 12% and 16% respectively.

Over the period covered by this review, increasing volumes of resources have been allocated to country HIV programmes (see Chapter 4) and staff capacity has been strengthened to provide support and direction to effectively respond to the challenge of HIV. Informed by Irish Aid's overall strategy for HIV and AIDS, all Irish Aid Programme Countries have developed specific country HIV strategies and programmes that are integral to the Country Strategy Paper (CSP) for each country. In the planning of successive CSPs, Irish Aid reviews the outcomes of the preceding plan in addition to undertaking sector-specific analysis and planning and identifying clear cross-sectoral synergies, opportunities and challenges. Irish Aid engages at policy and technical levels as well as providing specific funding. Irish Aid ensures a strong focus on mainstreaming HIV and AIDS throughout its CSP as well as providing funding for specific programmes and interventions. These programmes and interventions range from addressing local institutional capacity constraints; supporting the planning and delivery of essential HIV prevention, treatment and care services, focusing on those most in need; supporting children affected by AIDS; supporting organisations and networks of people living with HIV; upgrading health care facilities and training for health workers in HIV drug administration and management. A range of other initiatives is supported at community level. In Chapter 5, the case of Mozambique will be examined to illustrate the approach to addressing HIV and AIDS in Irish Aid Programme Countries.

Irish Aid Support Under the Clinton Foundation Partnership

Irelands' partnership with the Clinton Foundation has enabled it to scale up funding for specific country responses in Mozambique and Lesotho.
In 2002, Ireland entered into a partnership with the Clinton Foundation to coordinate support for HIV and AIDS initiatives. Since 2003, this partnership has supported the Governments of Mozambique and Lesotho to scale up comprehensive HIV prevention, treatment, care and support programmes. The partnership has played a significant role in supporting the government-led HIV and AIDS plans of the Ministries of Health in both countries, thereby helping to ensure that HIV and AIDS is dealt with as a core priority within the Health Sector Wide Programmes and not as a stand-alone issue. To date, Irish Aid has allocated approximately €45m to the countries under the Clinton Foundation partnership agreement.[13] Irish Aid's partnership with the Clinton Foundation will be further discussed in Chapter 5 below.

3.4.5 Support for Non-Governmental Organisations

Irish Aid provides significant funding to civil society organisations in recognition of their critical role in the global response to HIV and AIDS. The volume of HIV and AIDS funding channelled through NGOs has grown since 2000 when HIV and AIDS funding to civil society organisations totalled less than €140,000. In 2007, such funding had increased to nearly €13m. Whereas initial funding was project based, Irish Aid soon recognised the need for a more strategic, programmatic approach that would bring additional benefit to both those infected and affected by HIV and to the NGOs themselves. With a view to promoting such a programmatic approach, Irish Aid established the HIV and AIDS Partnership Scheme (HAPS). Operating between 2003 and 2006, HAPS was designed to function until such time that HIV and AIDS funding to NGOs could be incorporated into all aspects of an NGO partner's work. The HAPS scheme will be discussed in more detail in Chapter 5 below.

All civil society organisations applying for funding through Irish Aid's Multi-Annual Partnership Scheme (MAPS) are required to demonstrate how they prioritise HIV and AIDS in their programmes, and HIV and AIDS is one of four thematic priorities in Irish Aid's Civil Society Fund. In addition, both regionally and through Irish Aid country programmes, support is provided to national

13 Expenditure related to the Clinton Foundation is disbursed by Irish Aid directly to the country programmes and this is reflected in Figure 4.6

NGOs and NGO networks for policy development, advocacy, information and communication, organisational capacity building and HIV service delivery. Irish Aid also promotes the inclusion of civil society in global and national level policy forums, and programme design and implementation. In particular, promoting the rights of people living with HIV and AIDS is a core element of Irish Aid's programme response. Support has focused on building the capacity of these networks, as well as ensuring that people living with HIV and AIDS are represented in policy dialogue, programme development and implementation.

Civil society organisations are important partners for Irish Aid in both its regional and country level responses to HIV and AIDS. As funding for HIV grew, Irish Aid increased its funding to civil society organisations. However, experience has demonstrated that engaging with and funding a large number of civil society organisations incurs considerable transaction costs in terms of the amount of management and administration involved in covering a range of organisations. The emergence of umbrella NGOs and network organisations will provide a channel for future funding and could also facilitate improved coordination and capacity building for civil society organisations.

Irish Aid has documented lessons learned in supporting NGOs, but these have not been systematically shared across the organisation. Systematic processes for learning and documenting lessons should be explored, especially in line with key priorities that would contribute to strategic and operational coherence in the funding of NGOs.

3.4.6 Mainstreaming HIV and AIDS

Irish Aid has placed much emphasis on mainstreaming as a core strategy of its response to HIV and AIDS. This approach has committed the organisation to ensuring that HIV and AIDS is addressed across its programme. Mainstreaming means that all programmes and initiatives have to consider the effects the pandemic has on their work, the impact of their work on the spread of HIV and AIDS and how best the specific programme or initiative can respond. Irish Aid intensified its approach to mainstreaming from 2003 onwards and initiated a series of training workshops for all staff at programme country level to build understanding and capacity to ensure a strong, broad-based response to HIV and AIDS. Key Irish Aid policy and planning processes were adjusted to take into consideration HIV and AIDS. Guidelines for the development of Country Strategy Papers were revised to include consideration of HIV and AIDS. HIV now features strongly in guidelines for civil society funding mechanisms, and new policies for health, education, environment etc. have reflected their specific response to HIV and AIDS in a comprehensive way.

Central to its mainstreaming strategy, Irish Aid prioritised the development of a HIV and AIDS workplace policy for its employees in Programme Countries. This policy, published in 2003 and revised and upgraded in 2007, addresses advocacy, education, prevention, testing, care, treatment and support. As Irish Aid employs over 200 people in its Programme Countries, the implementation of its HIV and AIDS workplace policy is an important HIV intervention in itself ensuring that its staff have access to core HIV services.

In addition, Irish Aid has advocated for a strong response to HIV and AIDS with key international and country partners. The identification of strategic entry points, including international events like the Presidency of the European Union (2004); engagement with national development planning processes and sector specific planning and programming have all provided opportunities for Irish Aid to promote a broad-based development response to HIV and AIDS. Furthermore, a number of Programme Countries advanced mainstreaming in their development programmes. Of particular note is progress in mainstreaming HIV and AIDS in the health and education sectors in many countries through policy dialogue, funding impact assessments; support for strategic planning and strengthening of internal ministry capacity to address HIV and AIDS, as well as the provision of funding for specific interventions.

Implementation of Irish Aid's mainstreaming strategy will require continued attention to broad-based organisational commitment and to developing capacity both at HQ and at Programme Country levels. In addition, it will be critical to ensure a strong monitoring framework with clear indicators in order to review and evaluate the impact of this approach on Irish Aid's overall development objectives.

3.4.7 Policy Engagement

Cutting across all of the mechanisms briefly described above is a commitment by Irish Aid to engage with the institutions financed in the development of institutional policies, strategies and *modus operandi*. Irish Aid uses whatever mechanisms exist to facilitate donor participation, e.g. membership of Boards, task forces or sub-committees and/or attendance at annual meetings and bilateral consultations. In doing so, Irish Aid seeks to promote policy positions it considers critically important.

These policy positions can be summarised as:

> Poverty and human rights focus – ensuring that the poorest countries are prioritised and that the response to the pandemic is grounded in the promotion, protection and fulfilment of human rights. Within the poorest countries, Irish Aid advocates for the needs of the poorest and those most vulnerable to HIV to be given priority, in particular women, children and people living with HIV.

> Aid Effectiveness – ensuring that support to countries for HIV and AIDS is harmonised with other aid mechanisms and is aligned with effective country systems. Ireland has consistently promoted the concept of a single, national HIV and AIDS coordinating authority and the other elements of the "Three Ones" Principle (See section 3.2 above)

> Comprehensive approach – promoting and supporting a multi-sectoral response to HIV and AIDS based on its mainstreaming strategy, its focus on responding to specific country contexts and strengthening country-level responses to HIV and AIDS.

> Equitable, integrated and balanced approach to HIV service delivery: prioritising HIV prevention as the core of the HIV response while ensuring comprehensive HIV treatment and care services are available to those most vulnerable

> Partnership – to help build effective partnerships between governments, donors, civil society groups and other representatives of disease-affected communities, in particular people living with HIV

> Coherence - ensuring the coherence of Irish Aid's support and the dissemination of lessons learned for decision making at global, regional and country level. The multi-level engagement of Irish Aid, from local development to the Boards of global entities, is considered a strength which can enable grass roots experience to inform policy and strategy formulation at other levels.

To inform its participation and its promotion of these policy positions, Irish Aid has commissioned reports on various aspects of HIV and AIDS and the global response, carried out reviews and evaluations of all components of its programme and commissioned operational research. The results of these studies, as well as reports of meetings attended by HQ staff, are circulated widely amongst Irish Aid Development Specialists and HIV and AIDS advisors at country level. In addition, regular meetings of all those working in Irish Aid on HIV and AIDS are held to ensure the lessons of country experience are captured to facilitate cross learning and to inform policy development and advocacy.

Evidence of achievements in relation to the promotion of these policy positions includes:

Poverty Focus and Vulnerable Groups: Irish Aid itself has focused much attention on the issue of gender equality in recent years and was instrumental in having both UNAIDS and the Global Fund adopt comprehensive gender policies. Irish Aid was the first agency to develop a policy on HIV and AIDS and children and advocated on behalf of children on the boards of both organisations.

Equitable, Integrated and Balanced Approach to HIV Service Delivery: Irish Aid was instrumental in ensuring a balanced approach to HIV prevention, treatment, care and support in the development of Mozambique's health sector strategic response to HIV and AIDS. (This will be illustrated further in chapter 5). Irish Aid consistently advocates for evidence-based HIV prevention prioritising HIV prevention as the core of the HIV response while ensuring comprehensive HIV treatment and care services are available to those most vulnerable

Aid Effectiveness: Irish Aid has influenced both the Clinton Foundation and the Global Fund to align with country-led programmes and to use their systems (see section 5.3 below). The Irish Embassy in Uganda successfully led efforts to establish a single basket funding mechanism supporting the work of NGOs in HIV and AIDS. The regional HIV and AIDS programme for Southern and Eastern Africa has participated in the development of eight Joint Financing Agreements with other regional donors and is currently leading on three of these.

Partnership: Ireland has been instrumental in the adoption by the UN in some countries of a unified, single response to HIV and AIDS by all UN Agencies. Uganda is a case in point where Ireland is also co-funding the unified programme together with the UK's Department for International Development (DfID). In addition, the Stamp Out Stigma Campaign co-funded by Irish Aid and the Department of Health and Children is an example of a unique partnership between statutory bodies and civil society organisations. Both domestic and international NGOs involved in HIV and AIDS are part of the campaign along with representatives from government aiming to address the irrationality of HIV-related stigma and discrimination.

Comprehensive Approach: Irish Aid has demonstrated leadership in Uganda as the focal donor on HIV in the education sector while supporting and funding the provision of technical assistance to the Ministry of Education and Sports to develop and implement its own strategic approach to HIV and AIDS. Irish Aid was instrumental in strengthening the response to HIV and AIDS in Humanitarian and Emergency Situations working with its partner humanitarian organisations to ensure that prevention and protection are at the core of design and implementation of emergency programmes.

Coherence: Five Irish Aid HIV and AIDS Advisors' meetings held during 2000-2007 focused on advancing the overall implementation of Irish Aid's policies on HIV and AIDS and promoting best practice, cross-country learning and increased coherence. Irish Aid identified and funded strategic research such as the *Joint Learning Initiative on Children and HIV* and the *Global HIV and AIDS Initiatives Network*. The outputs from both research initiatives continue to inform Irish Aid's policy development and programme implementation and its engagement in global forums focusing on these issues.

Home Based Carers for Households in Distress, an NGO Supported by Irish Aid in Mbala, Zambia. Photo: Daniel Rowan

3.5 Conclusion

The objectives of Irish Aid's HIV and AIDS response are consistent with Irish Aid's overarching objective to help reduce poverty and are part of a dynamic and changing global HIV and AIDS response to the epidemic. The strategy and objectives are evidence based, they are a response to an urgent need and they are supported by specific policies and guidelines, some of a technical and others of an institutional nature. Detailed and quantified objectives and targets are set out at the expenditure programme level by the organisations in receipt of funding (see section 4.8 and Chapter 5 for examples). However, the 2000 strategy that guided Irish Aid's response did not have a performance measurement framework from the beginning. Recognising this shortcoming, Irish Aid subsequently worked to put in place such frameworks. There is a continuing need to develop further these frameworks, thereby better enabling Irish Aid to measure objectively the results of its support.

Ireland's support to and engagement with both global and multilateral HIV and AIDS initiatives forms a critical component of its overall HIV response. It has enabled Ireland to play an important role in their evolution and influence their strategic direction while advancing its own policy goals. They provided a strategic opportunity for Irish Aid when it had a growing budget and a comparatively limited number of technical staff; and their impact is seen in their contribution to an increasing number of men, women and children accessing HIV prevention, treatment, care and support services. Irish Aid's allocations to new global and multilateral initiatives are informed by agreed principles of engaging with Global Health Partnerships[14] and its Strategy for engagement with the UN.

The growth and scale of Irish Aid's country level commitments has meant that country offices have tended not to be strategically engaged with global initiatives. Given the scale of Irish Aid's investment in these initiatives, their impact at country level and the value of bringing national experience into international policy dialogue, more attention needs to be given to strengthening country offices capacity to be more strategically involved in monitoring and influencing how initiatives operate at national level. Furthermore, the increase in the number of actors and availability of resources at country level provides an opportunity for Irish Aid to consider focusing on and ensuring quality and impact in fewer areas. This would enable Irish Aid to uses its resources more intensively for achieving and measuring sustainable outcomes; to build capacity in a defined number of areas; to ensure learning across the organisation and to facilitate coherence in its HIV and AIDS response.

New approaches, technologies and mechanisms have emerged within the period under review and Irish Aid has adapted well to these changes. In addition, Irish Aid has worked in accordance with its commitments to the 2005 Paris Declaration on aid effectiveness (reinforced subsequently by the 2008 Accra Agenda for Action). The use of harmonised pool-funding arrangements helps avoid duplication, minimise risk and thus help better assure Value for Money. Through the organisations it has supported, Irish Aid has evidently given due attention to its objective of helping reduce the spread of the disease on the one hand and mitigating its impact on the other. While prioritising prevention, Irish Aid has ensured a response that also provides essential anti-retroviral drugs and appropriate palliative care to people suffering from AIDS. Despite the high-level nature of objectives stated within Irish AIDS HIV and AIDS strategy, overall, the strategy, its objectives and its approaches are valid and appropriate and a justifiable response to an epidemic that threatens past and future development.

14 GHP Strategy 2006-10

4. Financial And Human Resources

4.1 Introduction

For the purposes of this study, an in-depth examination was undertaken of the data captured in Irish Aid's financial management information system in order to identify HIV and AIDS expenditure relating to the period 2000 - 2007. This examination extracted all expenditure; – whether coded and/or described by programme/project – specifically related to the HIV and AIDS response. As HIV and AIDS is a cross-cutting issue, some expenditure on HIV and AIDS-related activities is embedded within support to other sectors such as Health and Education and thus will not necessarily be captured in the HIV and AIDS-specific data below[15].

4.2 Overarching Resource Context

As illustrated in the following table, Ireland's development aid grew at a significant rate over the period under review.

Figure 4.1: Change in Overseas Development Aid, 2001-2007 (€ Millions)

Year	2001	2002	2003	2004	2005	2006	2007	% Change 2001-2007
International Cooperation Budget (for Irish Aid)	235.6	342.9	371.7	395.6	465.5	595.4	725.8	+208
Total Overseas Development Aid (TODA)	319.9	422.1	445.7	488.9	578.5	813.9	870.9	+172
TOTAL as % of GNP	.33	.41	.40	.39	.43	.54	.55	

Source: Table compiled by FGS based on data provided by Irish Aid

15 For example, Irish Aid provides core funding to the World Health Organisation (WHO). Though the WHO operates HIV and AIDS-specific programmes, Irish Aid's general funding of the WHO is not ear-marked for HIV and AIDS and is not considered a HIV and AIDS-specific expenditure.

4.3 Irish Aid's Expenditure on HIV and AIDS

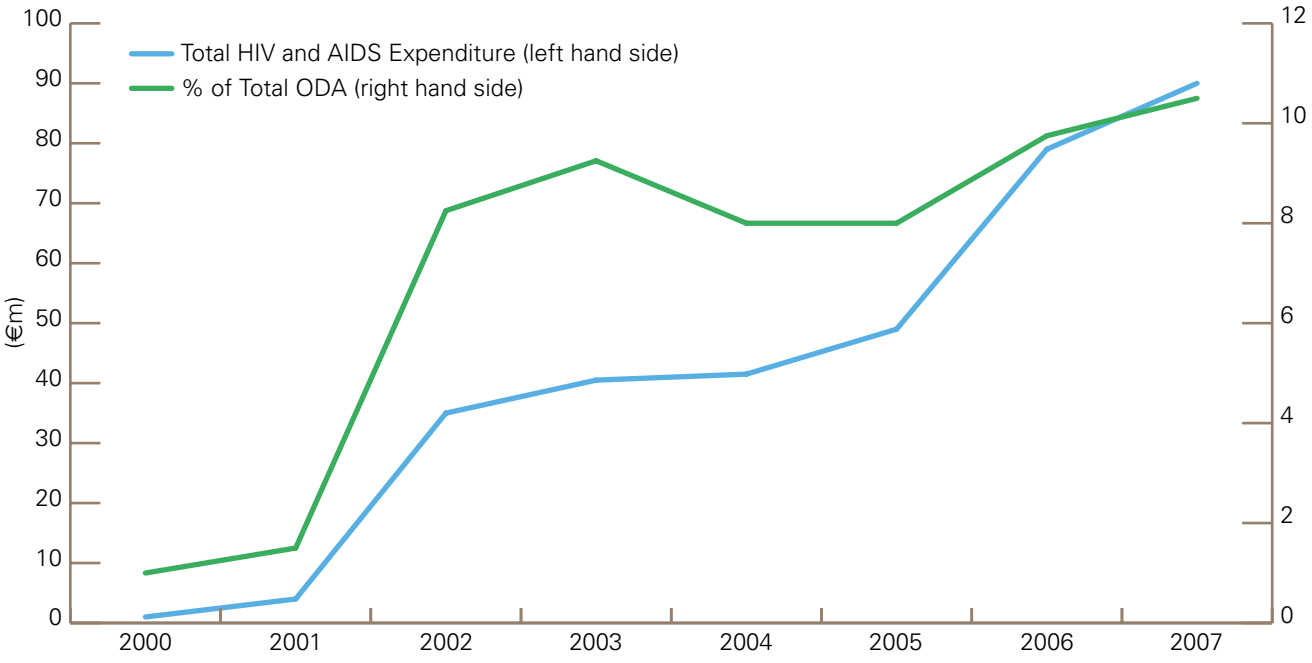
In the period covered by this review, 2000-2007, just over €340m was provided by Irish Aid to fund the programmes outlined in the previous chapter. This represents approximately 10% of the €3.13bn total provided by Irish Aid for international development assistance over this period. The level of HIV and AIDS-related expenditure has increased very significantly since the start of the decade with the total annual spend increasing from €1.3m in 2000 to €90.2m in 2007, a period of just 8 years. This funding has been channelled through a range of organisations – multilateral, bilateral and Civil Society - reflecting Irish Aid's objective of strengthening interventions at global, regional and national levels.

The expenditure has principally occurred at three levels. Firstly, there is the main global HIV and AIDS budget line managed at Irish Aid HQ in Ireland. This, generally, comprises Ireland's contributions to global, multilateral and regional agencies (i.e. the Global Fund, UNAIDS, etc). Secondly, there is the bilateral HIV and AIDS expenditure managed at the Programme Country levels. Thirdly, there is funding for Civil Society organisations, funding that is managed at HQ, regional and country levels.

4.4 Trends in HIV and AIDS Expenditure

The expenditure trend illustrated in the table below can be broadly divided into three phases. In the first instance, expenditure accelerated rapidly over the period 2000 to 2002 before stabilising at around €40 million in 2003. Thereafter, expenditure began to grow strongly from 2005 onwards as the proportionate rate of year-on-year increase jumped from 1 per cent in 2004 to 18 per cent and 61 per cent in 2005 and 2006 respectively and to 14 per cent in 2007. As a result, almost 50 per cent of the entire HIV and AIDS spend in the period 2000 – 2007 was expended in just 2 years, 2006 and 2007 (see figure 4.3).

Figure 4.2: Trends in Irish Aid HIV/AIDS Expenditure, 2000-2007



Source: Table compiled by FGS based on data provided by Irish Aid

Figure 4.3: HIV and AIDS Expenditure, 2000-2007

	€	% Year-on-Year Increase in HIV and AIDS Expenditure	% of Total HIV and AIDS Expenditure 2000-2007
2000	1,316,305	-	0.4%
2001	4,825,164	267%	1.4%
2002	34,198,701	608%	10.1%
2003	40,870,248	20%	12.0%
2004	41,314,710	1%	12.1%
2005	48,755,891	18%	14.3%
2006	78,622,158	61%	23.1%
2007	90,224,902	14%	26.5%
	340,128,079		**100%**

Source: Table compiled by FGS based on data provided by Irish Aid

The significant Irish Aid funding (€340million) for HIV and AIDS initiatives illustrates Ireland's commitment to the scale-up of the global HIV and AIDS response.

The recent rise in HIV and AIDS expenditure reflects the announcement of the then Taoiseach's Initiative on HIV and AIDS and other Global Communicable Diseases[16] at the United Nations whereby Irish Aid undertook to double expenditure on HIV and AIDS and other communicable diseases from €50 million in 2005 to €100 million in 2006. This initiative focused on tackling the major diseases affecting developing countries, including HIV and AIDS, Malaria, TB, and other preventable diseases such as Polio. The additional resources made available were directed to the following important activities:

1. Increased financial contributions to a number of global funds, including the Global Fund to fight AIDS, TB and Malaria
2. Expanded levels of support for research aimed at the development of new drugs and vaccines relevant to the health needs of poorer countries
3. Increased funding for regional initiatives in Africa and Asia that will enhance country efforts to tackle the major communicable diseases
4. Expanded country programme responses to HIV/AIDS, TB and malaria
5. Additional investments in the strengthening of health systems to more effectively prevent and treat communicable diseases.
6. Additional resources allocated in response to the needs of children affected by HIV and AIDS and to addressing gender inequalities compounding women's vulnerability to HIV and AIDS.
7. Investment in operational research to monitor how global initiatives are working in practice, and guide more effective action especially at country level.

Figure 4.4, on the following page, illustrates where funding has increased, 2001-2007. It also illustrates the commitment to increased HIV and AIDS funding outlined in the Taoiseach's Initiative.

16 The "Taoiseach's Initiative"

Figure 4.4: Annualised Average Increase in HIV and AIDS Expenditure, 2001-2007

	€ 2001	€ 2007	% Increase since 2001
Multilateral Aid	**2,162,647**	**39,614,594**	**1,732**
Civil Society	**198,765**	**12,888,589**	**6,384**
Regional Programme	**0**	**3,753,192**	
Bilateral Aid	**2,463,752**	**33,968,527**	**1,379**
Ethiopia	393,754	2,038,903	418
Lesotho	459,998	4,773,916	938
Mozambique	258,915	13,964,886	5,294
South Africa	471,971	1,000,277	112
Tanzania	74,886	1,335,171	1,683
Uganda	343,112	4,213,290	1,128
Zambia	287,081	3,607,845	1,157
Zimbabwe	174,035	3,034,239	1,643
Total	**4,825,164**	**90,224,902**	**1,770**

Source: Table compiled by FGS based on data provided by Irish Aid

4.5 Funding Allocations

Expenditure on HIV and AIDS increased substantially in all programme areas over the period covered by this review. As shown in Figure 4.5 on the following page, nearly 38 percent of HIV and AIDS funding was provided in direct bilateral HIV and AIDS-related support to Programme Countries in Sub-Saharan Africa. The balance is accounted for as funding for Global and Multilateral aid and, to a lesser extent, funding to various Civil Society organisations. Irish Aid made substantial progress towards meeting the expenditure targets under the Taoiseach's Initiative given that HIV and AIDS expenditure alone rose to €79m in 2006 and €90m in 2007. However, the increase in expenditure has differed across aid modalities reflecting shifting balances in resource allocations. In gross terms, the increased HIV and AIDS funding is most notable in relation to Global, Multilateral and Civil Society funding. With the exception of Mozambique (see Figure 4.6), bilateral aid to Programme Countries, though increased in real terms, has reduced as an overall percentage of Irish Aid's HIV and AIDS funding (see Figure 4.5). This reflects a decision by Irish Aid not to risk over-burdening country-level programmes or institutions, recognising capacity limitations to absorb effectively large amounts of new funding. It should be noted that the significantly increased level of funding in Mozambique is a result of the partnership with the Clinton Foundation (see chapter 5). By 2007, this latter partnership accounted for 86 per cent (or €12m) of Irish Aid's bilateral HIV and AIDS funding to Mozambique and more than 15% of all HIV and AIDS funding, 2000- 2007 (see Figure 4.6).

Figure 4.5: HIV and AIDS Expenditure disaggregated by Aid Modalities, 2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
Bilateral Aid	€	%	€	%	€	%	€	%	€	%	€	%	€	%	€	%
Programme Countries	879,825	66.8	2,463,752	51.0	7,622,194	22.3	14,181,464	34.7	18,636,233	45.1	25,008,935	51.3	28,728,684	36.5	33,968,527	37.6
		66.8		**51.0**		**22.3**		**34.7**		**45.1**		**51.3**		**36.5**		**37.6**
Multilateral Aid																
Global Fund	-	-	-	-	12,900,000	37.7	12,100,100	29.6	5,000,000	12.1	14,000,000	28.7	20,500,000	26.1	19,900,000	22.1
UNAIDS	-	-	222,040	4.6	5,100,000	14.9	1,325,514	3.2	2,310,210	5.6	2,500,000	5.1	6,000,000	7.6	7,000,000	7.8
UNICEF	298,388	22.7	-	-	500,000	1.5	2,535,056	6.2	1,019,000	2.7	1,000,000	2.1	2,754,210	3.5	2,614,594	2.9
IAVI	-	-	1,940,607	40.2	2,952,300	8.6	2,500,000	6.1	5,038,196	12.2	500,000	1.0	5,000,000	6.4	5,000,000	5.5
IPM	-	-	-	-	-	-	2,500,000	6.1	2,500,000	6.1	3,000,000	6.2	5,000,000	6.4	5,100,000	5.7
Other	-	-	-	-	-	-	-	-	-	-	200,000	0.4	-	-	-	
		22.7		**44.8**		**62.7**		**51.2**		**38.7**		**43.5**		**50.0**		**44.0**
Civil Society and other Organisations																
MAPS	-	-	-	-	-	-	-	-	-	-	-	-	5,095,374	6.5	9,358,578	10.4
HAPS	-	-	-	-	1,951,654	5.7	2,718,423	6.7	3,224,766	7.8	1,065,572	2.2	-	-	-	-
Other CS Partners	32,367	2.5	50,790	1.1	496,080	1.5	499,512	1.2	227,372	0.6	36,276	0.1	1,473,067	1.9	1,484,690	1.6
Other Organisations	105,725	8.0	147,975	3.1	1,696,473	5.0	378,840	0.9	1,071,684	2.7	287,266	0.6	1,020,669	1.3	2,045,321	2.3
		10.5		**4.2**		**12.2**		**8.8**		**11.1**		**2.9**		**9.7**		**14.2**
Regional Programming																
Southern and Eastern Africa Programme	-	-	-	-	980,000	2.9	2,131,339	5.2	2,287,249	5.5	1,157,842	2.4	3,050,154	3.9	3,753,192	4.2
		0.0		**0.0**		**2.9**		**5.2**		**5.5**		**2.4**		**3.9**		**4.2**
Totals	**1,316,305**	**100**	**4,825,164**	**100**	**34,198,701**	**100**	**40,870,248**	**100**	**41,314,710**	**100**	**48,755,891**	**100**	**78,622,158**	**100**	**90,224,902**	**100**

Source: Table compiled by FGS based on data provided by Irish Aid

Figure 4.6: Bilateral HIV and AIDS Expenditure by Country and Year, 2000-2007

	2000	2001	2002	2003	2004	2005	2006	2007		
	HIV and AIDS €	HIV and AIDS €	HIV and AIDS €	HIV and AIDS €	HIV and AIDS €	HIV and AIDS €	HIV and AIDS €	HIV and AIDS €	Total Bilateral Spend 2000-2007	% Total HIV and AIDS Spend 2000-2007
Ethiopia	191,512	393,754	753,918	1,257,394	1,002,900	1,442,019	2,045,593	2,038,903	9,125,993	2.7%
Lesotho	382,578	459,998	653,711	795,000	996,851	1,008,654	2,360,795	4,773,916	11,431,503	3.4%
Mozambique	112,314	258,915	1,364,730	3,838,694	8,342,164	12,452,122	13,873,971	13,964,886	54,207,796	15.9%
South Africa	0	471,971	644,375	1,183,941	1,915,534	1,915,534	646,675	1,000,277	7,778,307	2.3%
Tanzania	82,516	74,886	393,286	931,572	1,237,200	2,025,210	2,323,263	1,335,171	8,403,104	2.5%
Uganda	57,928	343,112	677,024	2,450,875	1,322,689	1,774,333	2,548,365	4,213,290	13,387,616	3.9%
Zambia	52,977	287,081	2,292,204	3,256,925	2,853,343	3,446,191	3,422,718	3,607,845	19,219,284	5.6%
Zimbabwe	0	174,035	842,946	467,063	965,552	944,872	1,507,304	3,034,239	7,936,011	2.3%
Totals	**879,825**	**2,463,752**	**7,622,194**	**14,181,464**	**18,636,233**	**25,008,935**	**28,728,684**	**33,968,527**	**131,489,614**	**38.6%**

Note: The figures for Mozambique and Lesotho include bilateral expenditure under the Clinton Foundation partnership.

4.6 Governance Structures

With the rapid increase of HIV and AIDS funding in 2002 and the establishment of a HIV Fund at headquarters, a divisional committee was established comprised of representatives from most sections within Irish Aid. This committee, the *Divisional Committee on HIV and AIDS and Communicable Disease* (hereafter in this report referred to as, the Divisional Committee), was tasked with overseeing the allocation of the additional HIV and AIDS resources at global, regional, national and community levels and with providing policy oversight and strategic direction and the monitoring and review of programmes. As part of its remit, the Divisional Committee approves global HIV and AIDS funding, while all other funding – country and regional levels - is approved by the *Projects Appraisal and Evaluation Group (PAEG)*. In earlier years, some specific programmes have been directly approved by the Minister of State.

With the then Taoiseach's announcement in 2006 of a doubling of funding for HIV and AIDS and other communicable diseases from €50 million to €100 million, the terms of reference for the Divisional Committee were reviewed. At this time the Divisional Committee was made a sub-committee of PAEG, its remit was expanded to cover additional programme areas supported under the Taoiseach's Initiative, and membership of the Divisional Committee was expanded to include representatives from all sections in Irish Aid. In addition, three sub-committees[17] were established to support the work of the Divisional Committee. Again, drawing representation from across Irish Aid, these committees provide technical appraisal of funding proposals prior to submission to the Divisional Committee for consideration and they act as reference groups for key policy issues under development or review.

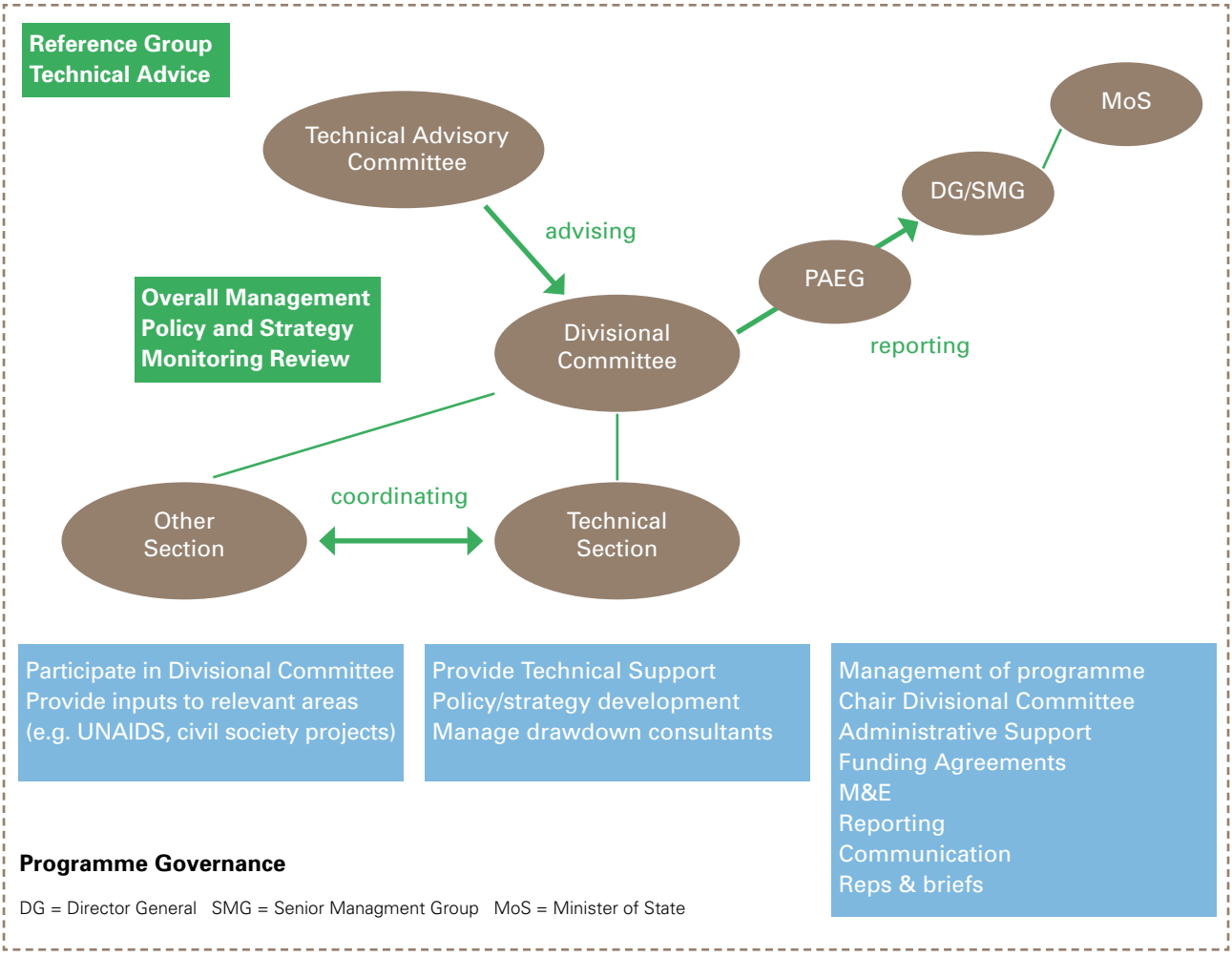
To strengthen links with scientific and technical expertise in Ireland, a *Technical Advisory Group (TAG)* was established in 2006. With membership from academia, government, civil society and the private sector, the TAG acts as an independent body and provides technical and strategic guidance on the future direction of Irish Aid's response to HIV and AIDS and other communicable diseases. Its main function is to advise the Minister of State and the Divisional Committee, and to provide technical guidance on effectiveness, coherence and quality of support. Since its inception, the TAG has added technical rigour to Irish Aid's HIV and AIDS response and has proven a valuable resource.

Maintaining effective, functioning governance structures and ensuring programme quality is a continuing challenge. Cross-divisional support for the HIV and AIDS programme is critical. The different sections in headquarters all have a key role in ensuring the effective implementation of Irish Aid's HIV and AIDS policy and strategy. Each section needs to maintain and develop further its capacity on HIV and AIDS as it relates to their area of work. Section planning needs to ensure consideration of responsibility for implementing the HIV and AIDS policy and strategy.

17 One on policy and strategy; one on Global Health Partnerships and one on Regional, Country and Civil Society Initiatives.

For the period covered by this review, 2000-2007, the overall governance structure is illustrated in figure 4.7 below. However, a new Policy and Planning Unit in Irish Aid has recently been created (2008) and will now take on the responsibility for HIV and AIDS policy and oversight of Irish Aid's mainstreaming strategy. Another new Unit, the Special Programmes Unit, will take over responsibility for the management of the HIV and AIDS and other communicable diseases programme. These recent changes on policy oversight and programme management provide the opportunity for Irish Aid to review its governance structures to ensure broad institutional engagement, coherence and programme quality.

Figure 4.7: Irish Aid's HIV and AIDS Governance Structures



4.7 Staffing Resources

As a broad organisational strategy, Irish Aid recognised the need for investment in capacity and institutional structures and systems to support the implementation of the HIV and AIDS strategy. With the approval of an Irish Aid HIV and AIDS strategy in 2000, the then Irish Aid Senior Health Advisor took on the additional responsibility for overseeing its implementation.

At Programme Country level, following an initial workshop to roll out the HIV and AIDS strategy, both programme and advisory staff took on the additional responsibility for HIV and AIDS related activities. Country HIV strategies were developed and HIV programmes were submitted to the Project Appraisal and Evaluation Group (PAEG) to be considered for funding. HIV and AIDS focal persons were tasked in each Programme Country to provide technical input on HIV and AIDS and to take a lead on building staff capacity to mainstream HIV and AIDS. As the programme grew, it was clear that there was a need for additional technical input and many programme countries recruited full time HIV and AIDS advisors whose role covered programme management, mainstreaming of HIV and AIDS, and technical advice. At the end of 2007 there were seven full time local HIV and AIDS advisors employed in Irish Aid Programme Countries in Sub-Saharan Africa.

With the launch of the regional HIV programme in 2002, a Southern Africa regional HIV and AIDS advisor position was created to manage and oversee its implementation. Due to restrictions on staff numbers in Irish Aid, this position was initially and continues to be, filled on a consultancy basis.

With the growth in the HIV and AIDS programme and the availability of additional resources, one full-time staff position on HIV and AIDS, a Senior Development Specialist, was created at headquarters in 2003. Working in collaboration with other specialists, this position was tasked with providing policy and technical input on HIV and AIDS, supporting HIV and AIDS mainstreaming, programming the funding earmarked for HIV and AIDS, engaging with international, regional and country partners and programme monitoring.

In addition, over the period of this review Irish Aid headquarters engaged consultants to supplement, on a draw-down basis, its own human resources and to provide additional specialist input in technical areas. This staffing trend started in 2001 and with a doubling of funding to the HIV and AIDS programme it increased during the period 2005-2007 as indicated in the table below. During this time there was on average 5.6 consultants employed on a draw-down, part-time basis each year covering, in total, an additional 222 working days (see Figure 4.8). One full time consultant was employed in 2006 to assist with the large increase in the workload precipitated by the doubling of funding available for HIV and AIDS. The consultants were managed by the Senior Development Specialist (HIV and AIDS) and were involved in undertaking programme reviews, strategic planning exercises, mainstreaming training for all Irish Aid Programme Country teams and some HQ sections, and representing Irish Aid at a range of international meetings and on Boards of multilateral organisations and, in one case, chairing a Board's audit sub-committee.

Child being weighed at a PMTCT clinic, Maxixe, Mozambique. Photo: Donal Murray

Figure 4.8: Trends in HIV and AIDS Staffing

Staffing / Year	2001	2002	2003	2004	2005	2006	2007
HQ Advisor	½	½	1	1	1	1	1
Consultants (full-time)						1 (220 days)	
Consultants (part-time)	3 (80 days)	3 (80days)	3 (100 days)	2 (80 days)	8 (253 days)	4 (164 days)	5 (250 days)
Regional HIV and AIDS Advisor			1		1		1
Local Country HIV and AIDS Advisors	1	2	5	7	7	7	7

Source: Irish Aid Records

A key component of the management of the HIV and AIDS response is the engagement with international mechanisms, like-minded donors and national governments in the countries targeted by Irish Aid in order to provide the required oversight of the funding provided, to learn from the work of others and to optimise Ireland's influence over high level decision-making. Most staff time is absorbed in engaging with the organisations financed by Irish Aid and in trying to influence the development of policies and approaches. Based on available evidence and wide consultations undertaken in the course of this review, it appears that staffing levels are insufficient, that the high dependence on outside consultants to fulfil functions is ultimately unsuitable, and that the prevailing position is unlikely to be sustainable beyond the short-term. The 2007 review of staffing for HIV and AIDS and other communicable diseases commissioned by Irish Aid's Technical Advisory Group (TAG)[18] noted that the Irish Aid staffing situation was at a critically low level and voiced concerns in relation to the current capacity to manage effectively, to optimise the benefits associated with the increasing expenditure and to make Ireland's voice heard on the international stage. Moreover, the review noted that staffing levels compared unfavourably with similar donors (i.e. the Netherlands, Sweden, etc).

As Irish Aid's commitment to HIV and AIDS increased over the years, individual sections within Irish Aid also began to engage more strategically with HIV and AIDS. Notable among these were the Civil Society and Multilateral sections. With the establishment of the HIV and AIDS Partnership Scheme (HAPS) in 2002, the Civil Society section of Irish Aid engaged in administering and monitoring the funding under this scheme. The UN Multilateral section prioritised HIV and AIDS in their engagement and funding to UN Programmes, and strategically engaged in policy dialogue on HIV and AIDS and in ensuring HIV and AIDS was on the agenda of key international UN events.

Seminars for Irish Aid programme and advisory staff engaged in HIV and AIDS have been instrumental in building capacity, learning from programme implementation, promoting best practice, keeping staff updated on policy changes and debating emerging issues. Four such organisation-wide seminars, bringing together technical, advisory and programme staff across HIV and other sectors, have been held over the past six years.

18 (Technical Advisory Group, 2007; unpublished)

4.8 Monitoring and Evaluation

4.8.1 International Framework

Referred to earlier (see section 3.2), the UNAIDS' "Three-Ones" initiative was developed in 2004 as the principles for the co-ordination of national AIDS' responses. Agreed by most development partners, including Ireland, one of the three principles is that there should be only one agreed country level monitoring and evaluation (M&E) system. In addition, a number of international monitoring guidelines have also been established for the evaluation and performance measurement of HIV and AIDS activities. Though performance is commonly measured with reference to epidemiological indicators such as the incidence of new infections and deaths from AIDS, other indicators are also used. Figure 4.9 gives an example of quantified monitoring information in respect of a Global Fund supported programme in Zambia, one of Irish Aid's Programme Countries.

Figure 4.9: Global Fund Progress Report for CHAZ, Zambia

Progress report on Global Fund support to the Church Health Association in Zambia (CHAZ), August 2008 (4th quarter 2007). "Scaling-up of Ant-Retroviral Treatment (ART) for HIV in Zambia"		
Quantifiable Indicator	**Target**	**Result**
Number of health service providers retained to provide care, support and treatment to clients	953	951
Number of ART adherence supporters retained to provide care and client follow-up at community levels	3,045	3,500
Number of health service providers trained to provide ART services	1,876	1,528
Number of community adherence supporters trained to provide ART services	10,229	8,297
Number of people reached by treatment awareness campaigns	326,577	229,767
Number of people from the media trained in ART	258	196
Number of faith-based health facilities assessed, equipped and stocked with drugs to provide ART	30	34
Number of people receiving ART	14,099	12,219
Number of people living with HIV enrolled in ART programmes served with nutritional supplements	17,214	23,720
Number of people treated for opportunistic infections	10,131	15,858
Number of persons trained in Monitoring and Evaluation	44	24

Source: The Global Fund

Performance is also monitored with reference to the indicators of the various national monitoring and evaluation (M&E) frameworks. Through its commitment to the Three-Ones, Ireland has actively collaborated in developing these national M&E frameworks and has strategically engaged at the international level in promoting harmonised approaches to M&E. The use of single, country specific monitoring frameworks reduces inefficiencies and avoids unnecessary transaction costs associated with multiple reporting systems.

4.8.2 Monitoring and Evaluation by Irish Aid

Irish Aid's approach to monitoring and evaluating of its HIV and AIDS policy and programme has been informed by the principles of the Paris Declaration (2005) on Aid Effectiveness and the "Three-Ones" principles. As such, Ireland monitors its support for HIV and AIDS initiatives, both globally and in the Programme Countries, using existing monitoring and evaluation frameworks, but focusing on the indicators that relate to its core policy priorities.

However, and in addition, Irish Aid has developed M&E strategies for its engagement with the global and multilateral organisations that it supports. The monitoring of its global partners is undertaken through reviewing annual reports (both financial and narrative); engaging in governance structures including board membership; discussions with other board members regarding performance against agreed targets; holding bilateral consultations with agencies funded; and, where appropriate and opportune, undertaking project site visits to meet with programme staff and beneficiaries.

Letters of Agreement, and more recently strategic framework agreements, signed prior to the commencement of funding clearly outline key objectives and expected outcomes, disbursement procedures and reporting requirements. These agreements guide Irish Aid's monitoring and engagement with the partners and funding disbursements are tied to the receipt of satisfactory reporting.

Irish Aid also engages with independent evaluations of these global initiatives. The results of the first five year evaluation of UNAIDS finalised in 2002 informed Irish Aid's continued engagement with the agency and led to the focus on building country systems and capacity to respond to the HIV and AIDS pandemic.

The global organisations supported by Irish Aid, such as UNAIDS, have well-established and well-documented systems for evaluation, audit and financial management. Moreover, these organisations also collate baseline and tracking data (i.e. surveillance data) and set targets and performance indicators for specific programmes. In view of assisting country level institutions and the tracking of performance, UNAIDS has developed a number of M&E tools illustrated in the Figure 4.10 below.

Getting accurate surveillance data can be difficult, particularly from rural areas. This is not surprising when one considers the often very limited technical capacity that is available to gather data and the low base from which many countries have started. Less than optimal data make it difficult to set targets and to track progress subsequently. Despite shortcomings, improvements continue to be made in the quality of HIV and AIDS data. UNAIDS and the World Health Organisation have contributed significantly to these improvements. In Figures 5.1 to 5.7 in the following chapter, it can be seen that the variations in the accuracy of statistical information is reducing year on year, indicating improvements in accuracy and quality. Recognising the importance of accurate data for planning that maximises the effective use of limited resources, many donors and agencies have made statistical capacity building a priority so that the allocation of scare resources might be better planned.

Figure 4.10: Monitoring and Tracking Performance at UNAIDS

UNAIDS supports global reporting and facilitates the systems' development and capacity building at the country level. In particular, UNAIDS has rolled out the **Country Response Information System (CRIS)** which was developed by UNAIDS' Monitoring and Evaluation Division. CRIS facilitates the collection, reporting and analysis of project, financial and indicator data.

In addition to CRIS, UNAIDS uses its **Estimation and Projection Package (EPP)** to estimate and project adult HIV prevalence and incidence from surveillance data. The EPP uses surveillance data from various sites and in different years. This surveillance data is collected from sentinel sites in urban and rural areas allowing national data to be extrapolated from these figures. The projections produced are then used by national authorities and donors to inform policy-making and target-setting. The 2009 version of EPP uses ART data to improve the estimation of incidence from the prevalence over time. The national prevalence and incidence projections produced by EPP can be used to calculate the number of people living with HIV, new HIV infections, AIDS cases, AIDS deaths, treatment needs, AIDS orphans, and other variables.

UNAIDS has also developed a large global database called the **Global Response Database (GRD***)*, which serves as the main data repository for UNGASS 2003, 2005 and 2007 country data. The UNGASS indicators are used to monitor progress towards achieving universal access to prevention, treatment and care services in 2010 and towards reaching the Millennium Development Goal of arresting and halting the spread of HIV by 2015.

As improvements are being made in the reporting process in terms of the quality of data, civil society participation, number of reports and the data analysis capacities, it is possible to get a much clearer picture of the world's response to the epidemic. An improved reporting process also means countries themselves can better "know their epidemic" enabling them to target their strategic response accordingly. The GRD allows better analysis of the global response, country by country and region by region.

– Source: UNAIDS

In its Programme Countries, Irish Aid seeks to align each Country Strategy Paper (CSP) with National Development Plans and the National HIV and AIDS Strategy for the relevant country[19] and, thereafter, reports against the targets agreed for that country[20]. Moreover, specific HIV and AIDS-related targets are agreed between Irish Aid and its partners and Irish Aid monitors progress against these over time (including the use of regular technical and monitoring visits from HQ). As part of its promotion of a results' focused approach to programme management, CSPs are moving to include quantifiable indicators of Irish Aid's performance, including indicators in relation to HIV and AIDS.

In tandem with its increased HIV and AIDS funding for NGOs and Civil Society organisations[21], Irish Aid has developed new performance measurement systems and procedures for these partners. These changes include the introduction of a more robust appraisal and monitoring mechanism in order to improve accountability, enhance risk management and provide a better impact tracking mechanism.

In addition to its overall monitoring work and use of information generated by global agencies such as UNAIDS and the Global Fund, Irish Aid also takes a proactive role in terms of commissioning research and evaluation studies to complement the work of other organisations. Since 2000, Irish Aid has undertaken (or initiated) a substantial body of evaluation and research work (see Figure 4.11 below). This work has played a significant role in Irish Aid's decision-making.

19 The methodology used by the various Ministries of Health and National AIDS Councils in setting targets tends to be similar and has been in place since the early part of this decade. The UNAIDS Estimation Projection Package (EPP) is used to estimate and project adult HIV prevalence from sentinel surveillance data.

20 An example of country level targets monitored by Irish Aid is provided in Figure 5.14 in Chapter 5.

21 NGO funding significantly increased from €3m in 2005 to €10m in 2007.

Figure 4.11: Summary of Evaluation and Research undertaken/initiated by Irish Aid, 2000-2007

Reviews and Evaluations
> Improved Potential of Development Cooperation Ireland Zimbabwe to Respond to Current Food Insecurity (HIV and AIDS related), Report to Development Cooperation Ireland, Bronagh Carr, 2003
> International Initiatives in HIV Vaccine Development, Report of a short-term consultancy assignment, Diarmuid O'Donovan, November 2003
> Development Cooperation Ireland, end of Project Evaluation of the District HIV and AIDS Programme, Final report, Makerere Institute of Social Research, Kampala, Uganda, 2004
> Evaluation of Development Cooperation Ireland's Support to HIV/AIDS Activities in Zimbabwe, Diarmuid McClean, 2005
> Mapping of Irish Aid's response 2001-2004, Anne Scott, John Snow International, May 2005
> Global Health Partnerships, Engagement with and support to Global Health Partnerships, A Review for Development Cooperation Ireland, Ruairí Brugha, 2005
> Review of the Irish Aid Regional HIV/AIDS Programme in Southern and Eastern Africa, 2005
> Review of Development Cooperation Ireland's support to the UNICEF HIV/AIDS Programme in Ghana, 2005
> Mid-Term Review of Development Cooperation Ireland's support to UNICEF's HIV/AIDS Programme in Central and Eastern Europe, CIS and the Baltics, Áine Costigan, 2005
> Evaluation of DCI Uganda's HIV/AIDS Programme 2002-5, 2005
> DCI Zambia, Support to HIV/AIDS Activities in Zambia, 2003-5 Programme Review, 2005
> Review of the Irish Aid-Clinton Foundation Partnership in Mozambique, 2006
> Irish Aid NGO HIV/AIDS Partnership Scheme, Joint Review, 2006
> Review of Specialist Support for HIV and Health in Irish Aid and Taoiseach's Initiative, Technical Advisory Group on HIV/AIDS and other Global Communicable Diseases (TAG), August 2007
Research Initiatives
> The Global Fund four country Tracking Study, 2003-2005
> UNAIDS AIDS in Africa: Scenarios for the Future, 2005
> Cost effectiveness of three ART regimes to reduce MTCT in Malawi, 2005
> Global HIV/AIDS Initiatives Network, 2006-2008
> Joint Learning Initiative on Children and AIDS, 2007-2008
> Regional Network on AIDS and Livelihoods, 2006-2008
> Health, Economics and HIV/AIDS Research Division, 2006-2010
> Impact of adolescent sexual and reproductive health interventions, MkV, Tanzania (2006-2008)

4.9 Conclusion

In the period under review, Irish Aid's HIV and AIDS expenditure grew significantly in response to the emerging gravity of the HIV and AIDS epidemic and Ireland's commitment to tackling the disease following the UN General Assembly Special Session (UNGASS) in 2001. The former Taoiseach's Initiative on HIV and AIDS and Other Communicable Diseases, 2005, later reinforced this commitment.

Irish Aid's response was harmonised closely with the global initiatives promoted and encouraged by the UN and subscribed to by the international community. Irish Aid chose to support a balanced and interrelated range of initiatives thereby spreading risk and helping maintain a focus on critical aspects of the global response. Irish Aid also built upon its existing relationships with national partners in its Programme Countries by providing both additional funding and technical expertise. These additional resources, however, were provided commensurate with the capacities to effectively use additional funds. In gross terms, global initiatives capable of absorbing additional finance received a large share of Irish Aid's funding.

In providing this funding, Irish Aid engaged closely with its global partners and helped influence on-going development of initiatives such as the Global Fund.

A range of actors both within and without Irish Aid has governed Irish Aid's HIV and AIDS response. In terms of Irish Aid itself, all business units have been involved in some degree or another, whilst the Technical Advisory Group has provided external scientific and technical advice. Robust arrangements are in place to ensure that funding proposals are properly appraised and that the response to the HIV and AIDS pandemic remains appropriate and coherent. In this regard, the *Divisional Committee for HIV and AIDS and Communicable Diseases* has played a central role. However, the need to use this committee to approve certain HIV and AIDS expenditures is unclear. In addition, despite the continuous support of draw-down consultants, it is notable that there was only one full-time Irish Aid staff member dedicated to the immediate oversight of the HIV and AIDS response. While the use of drawn-down consultants represented a valid short-term solution to staffing constraints, it is inherently unsustainable, represents a medium-term risk to effective programme management and fails to maximise Irish Aid's corporate learning and memory.

Teboho Kori, a garment worker in Lesotho, receives ARV drugs at work via ALAFA, an NGO supported by Irish Aid. Photo: Daniel Rowan

The different sections in headquarters all have a key role in ensuring the effective implementation of Irish Aid's HIV and AIDS policy and strategy. Each section needs to maintain and develop further its capacity in relation to HIV and AIDS as it relates to their area of work. Section planning needs to ensure consideration of responsibility for implementing the HIV and AIDS policy and strategy.

In its approach to monitoring and evaluation, Irish Aid has appropriately adopted harmonised approaches and has avoided putting in place parallel mechanisms. By availing of the monitoring and progress reports of its global partners, by its close monitoring at Programme Country level and by its conducting of complementary studies, Irish Aid has taken an efficient and effective approach to tracking progress, to minimising risk, and thus helping better assure value for money. It is appropriate that Irish Aid should continue to draw upon and work with the existing monitoring frameworks, and associated performance indicators, at global and country levels. However, there has been no overarching monitoring and evaluation framework for the HIV and AIDS strategy. As part of the current revision of the HIV and AIDS Strategy, a clear monitoring and evaluation framework should be developed.

5. Programme Achievements

5.1 Introduction

In Chapter 3, a brief overview was given of the different ways Irish Aid has supported the global response to the HIV and AIDS epidemic while chapter 4 presented analysis of Irish Aid's institutional response to HIV and AIDS and the levels and trends in resources allocated to the HIV and AIDS programme. It is beyond the scope of this report to describe in detail the achievements of every initiative supported by Irish Aid. Therefore, in looking at the achievements of Irish Aid's HIV and AIDS programme, this chapter highlights key areas of progress in the global response and then examines three core components of Irish Aid's response. These components are significant both in terms of the volume of funding provided by Irish Aid and of their strategic importance. They are also representative of the different levels at which Irish Aid has responded to the epidemic – the global/multilateral, country and Civil Society levels. In particular, this chapter examines Ireland's support to the Global Fund, to Irish Aid's bilateral programme in Mozambique and to the *HIV and AIDS Partnership Scheme* (HAPS) for the funding of civil society organisations.

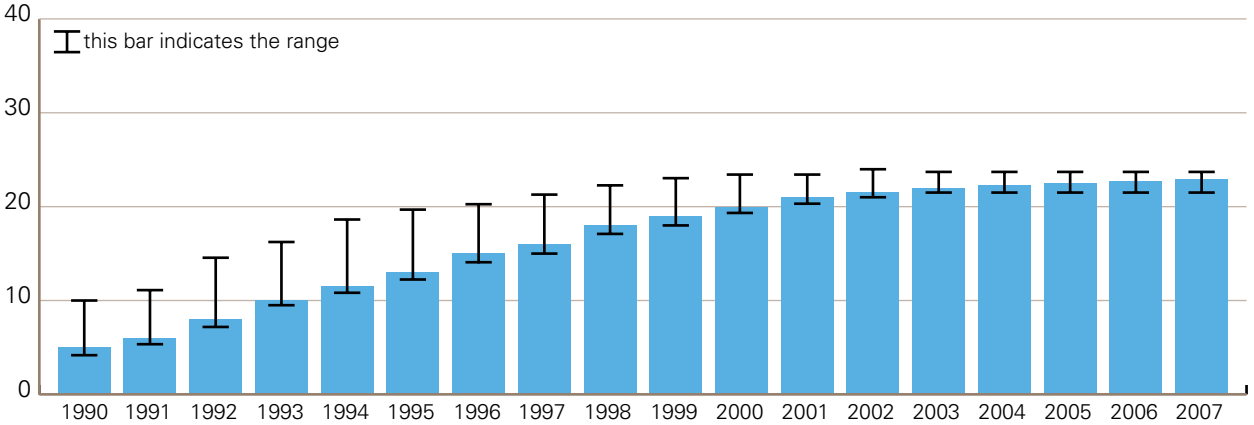
5.2 Global Achievements

Recent data (UNAIDS 2008) estimate that, globally, of all people in need of anti-retroviral treatment about one third, or 1.4 million people, are now receiving the treatment and that 33.5 million people are being provided with HIV counselling and testing. In addition, care and support is being provided to 2.1 million children, out of the estimated 15 million, who have lost one or both parents to AIDS. The impact of HIV and AIDS on the lives of both those living with HIV or AIDS and the affected, their families and communities, will be long lasting. The available evidence shows that the number of people living with HIV in Sub-Saharan Africa is beginning to level-off (see figure 5.1) and that there has been a reduction in the number of deaths from AIDS both globally and in Sub-Saharan Africa where the pandemic has been most acute (see figures 5.2 and 5.3).

Further evidence of progress is seen in the reduction of new HIV infections among children (see figure 5.4 below). Most such infections are transmitted from mother to child before birth. The reduction points to the increased availability and efficacy of efforts in the Prevention of Mother to Child Transmission (PMTCT) that includes drug treatment during pregnancy to avoid infecting the unborn child. However, there are still only a third of women who are in need of PMTCT services, accessing it.

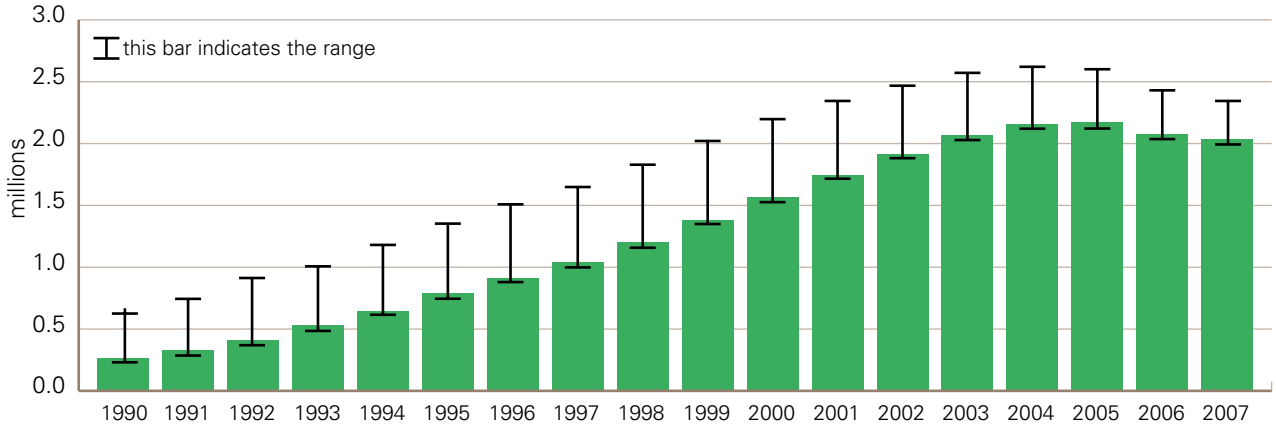
Perhaps of greater significance in terms of progress towards reducing the spread of the disease is the measure of prevalence. Whereas the number of people living with HIV has yet to decline (Figure 5.1), evidence shows that the numbers of new infections annually is declining (see Figure 5.5) as is the prevalence rate in Sub-Saharan Africa (see Figure 5.6).

Figure 5.1: Estimated number of People Living with AIDS, Sub-Saharan Africa 1990-2007



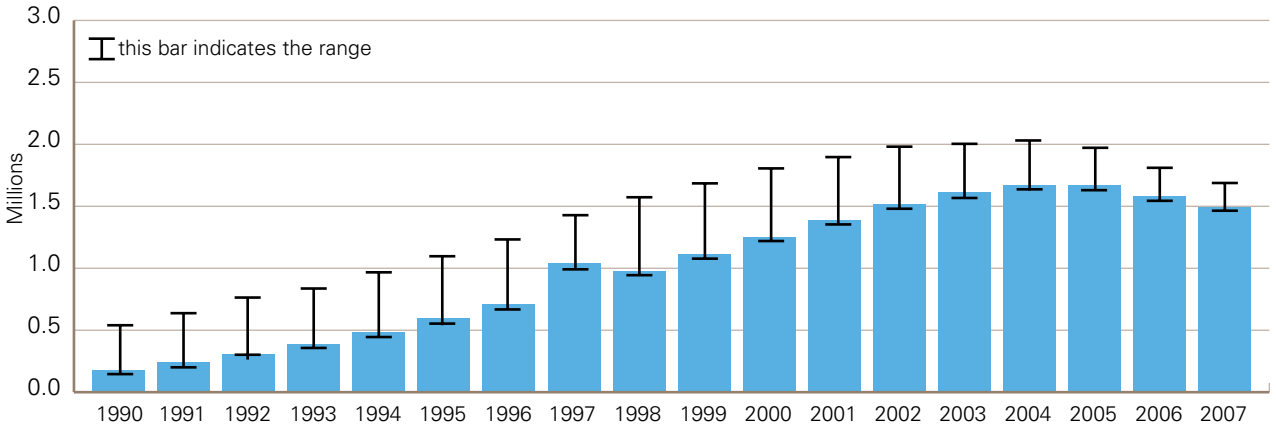
Source: 2007 AIDS Epidemic Update (UNAIDS/WHO)

Figure 5.2: Estimated number of AIDS Deaths globally, 1990-2007



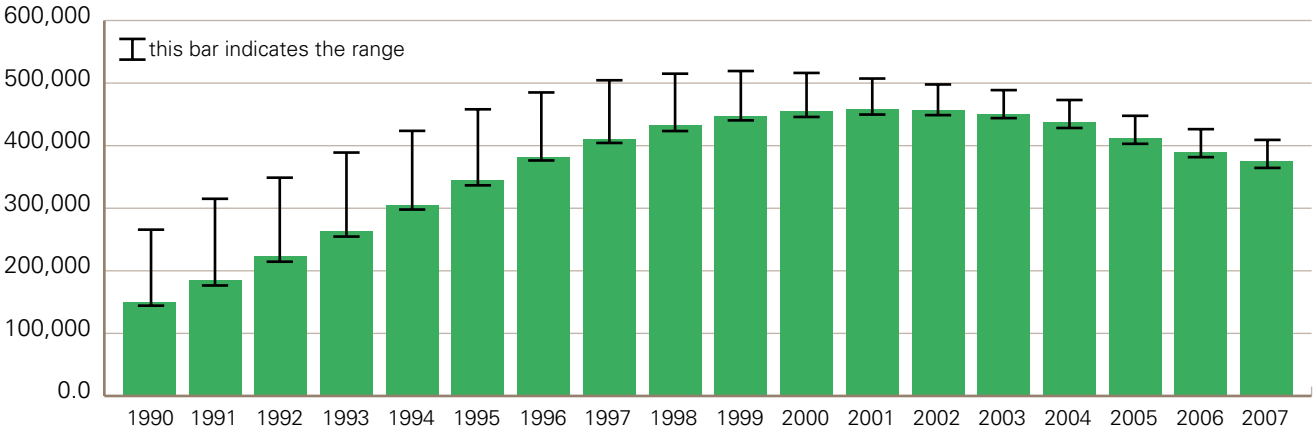
Source: 2008 Report on the Global AIDS Epidemic (UNAIDS, 2008)

Figure 5.3: Estimated number of AIDS Deaths in Sub-Saharan Africa, 1990-2007



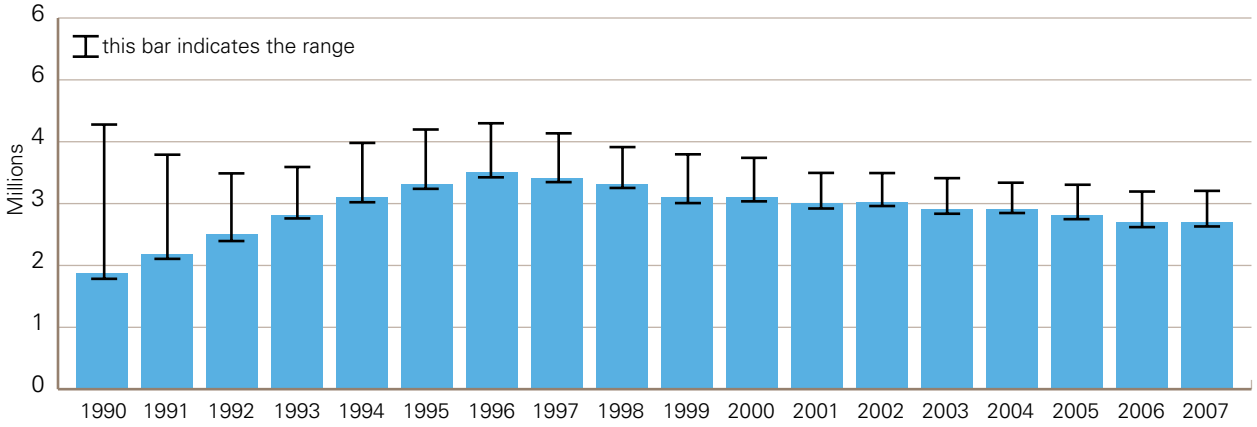
Source: 2008 Report on the Global AIDS Epidemic (UNAIDS, 2008)

Figure 5.4: New HIV infections among Children, 1990-2007



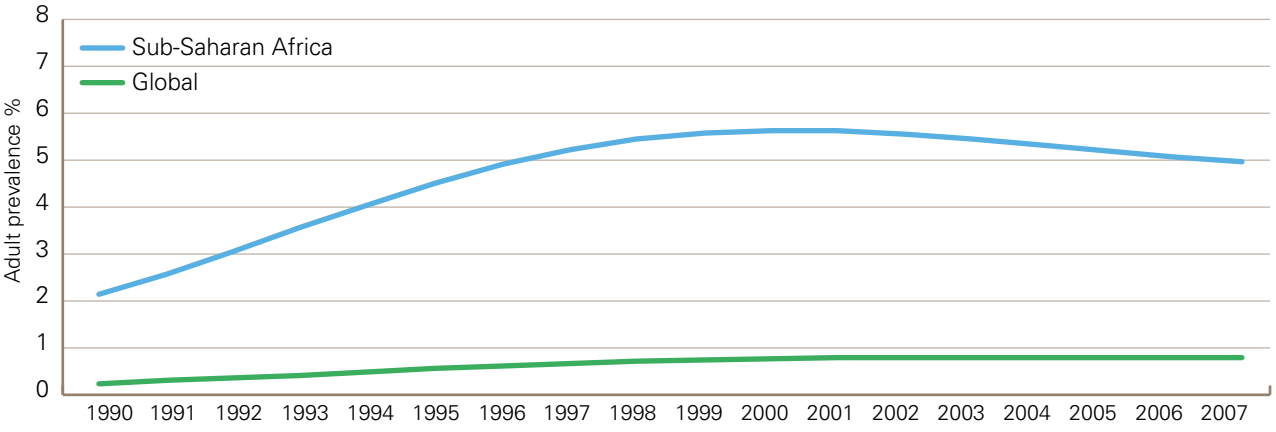
Source: 2008 Report on the Global AIDS Epidemic (UNAIDS, 2008)

Figure 5.5: Estimated number of People newly infected with HIV globally, 1990-2007



Source: 2008 Report on the Global AIDS Epidemic (UNAIDS, 2008)

Figure 5.6: Estimated Adult (15-49 years) HIV prevalence in Sub-Saharan Africa, 1990-2007



Source: UNAIDS, Report on the Global AIDS Epidemic, 2008

Thus, though the gross numbers of people living with HIV continue to rise slowly (reversing in some countries) the overall prevalence among 15-49 year olds has begun to drop. This trend is very significant. The fact that the overall proportion of people (aged 15-49) infected with HIV has begun to fall rather than continue to rise in an almost exponential fashion, is a strong indication of progress towards reversing the pandemic.

Overall, the evidence indicates that the global efforts to combat HIV and AIDS are having an impact and that progress, though uneven, is being made towards achieving the Millennium Development Goal # 6: *"To have, by 2015, halted and begun to reverse the spread of HIV/AIDS"*. It is also indicative of success in meeting the Irish Aid strategic objective of, *"To support sectoral policies, programmes and activities that impact on the pandemic at a national, community and individual level"*.

Figure 5.7: Sub-Saharan Africa: Recent epidemiological trends

Most epidemics in sub-Saharan Africa appear to have stabilized, although often at very high levels, particularly in southern Africa. In a growing number of countries, adult HIV prevalence appears to be falling. For the region as a whole, women are disproportionately affected in comparison with men, with stark differences between the sexes in HIV prevalence among young people.

In southern Africa, reductions in HIV prevalence are especially striking in Zimbabwe, where HIV prevalence in pregnant women attending antenatal clinics fell from 26% in 2002 to 18% in 2006. In Botswana, a drop in HIV prevalence among pregnant 15–19-year-olds (from 25% in 2001 to 18% in 2006) suggests that the rate of new infections could be slowing. The epidemics in Malawi and Zambia also appear to have stabilized, amid some evidence of favourable behaviour changes and signs of declining HIV prevalence among women using antenatal services in some urban areas. HIV data from antenatal clinics in South Africa suggest that the country's epidemic might be stabilizing. The estimated 5.7 million South Africans living with HIV in 2007 make this the largest HIV epidemic in the world. Meanwhile, the 26% HIV prevalence found in adults in Swaziland in 2006 is the highest prevalence documented in a national population-based survey anywhere in the world. In Lesotho and parts of Mozambique, HIV prevalence among pregnant women is increasing. In some of the provinces in the central and southern zones of the country, adult HIV prevalence has reached or exceeded 20%.

HIV prevalences in the comparatively smaller epidemics in East Africa have either reached a plateau or are receding. After dropping dramatically in the 1990s, adult HIV prevalence in Uganda has stabilized at 5.4%. However, there are signs of a possible resurgence in sexual risk-taking that could cause the epidemic to grow again. For example, the proportion of adult men and women who say they had sex with a person who was not a spouse and did not live with the respondent has grown since 1995 (from 12% to 16% for women and 29% to 36% for men). Most of the comparatively smaller HIV epidemics in West Africa are stable or are declining. In Côte d'Ivoire, HIV prevalence among pregnant women in urban areas fell from 10% in 2001 to 6.9% in 2005. The largest epidemic in West Africa—in Nigeria, the continent's most populous country—appears to have stabilized at 3.1%.

Source: Report on the Global AIDS Epidemic, UNAIDS, 2008 and UNAIDS Estimation Reports, 2009

5.3 Multilateral Support

5.3.1 The Global Fund to Fight AIDS, TB and Malaria

The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) was established in 2002 as a mechanism to channel much-needed additional funds to the control of these diseases. This was the result of commitments, made by 189 countries at the United Nations General Assembly Special Session on HIV/AIDS in 2001, to tackle the major diseases of poverty. The then Taoiseach represented Ireland at this high-level meeting.

The Global Fund is a financing mechanism, not an implementing agency. It has no country offices and relies on country partnerships for its ground level functioning. The Global Fund operates in partnership with Country Coordination Mechanisms (CCMs) that are responsible for submitting proposals to the Global Fund and for the oversight of grant implementation. In addition, international financial service companies such as PricewaterhouseCoopers, KPMG, Deloitte, are contracted by the Global Fund as independent Local Fund Agents to oversee and ensure financial accountability and probity.

A typical proposal is approved for a period of five years, divided into a first phase of two years and a second phase of generally three years. Grants are then disbursed in a phased way that is directly linked to performance. Essentially, funding is not guaranteed, but released incrementally based on demonstrated results against agreed targets with an analysis of what has worked and what can be improved. Evidence must also be given that resources already given have been spent according to agreements. This approach is central to the "learning by doing" character of Global Fund programmes. If grant funded programmes are being implemented slower than planned, funds can be reduced and reallocated to other grants, or even suspended. If implementation is faster than planned, funds can be accelerated. Essentially, funding is geared to the pace of implementation, not to a fixed calendar.

The recipients of grants ("Principal Recipients") include Ministries of Health and other government bodies including National AIDS Councils (60% of funds allocated to date); Civil society and multilateral organisations account for the balance. The civil society recipients are primarily Faith-Based Organisations and NGO umbrella bodies. A significant percentage of the global funding has gone to countries in Sub-Saharan Africa (57%). Not surprisingly, Irish Aid Programme Countries are benefiting substantially given the magnitude of the HIV and AIDS epidemic in those countries.

Figure 5.8: Global Fund Disbursements to Irish Aid Programme Countries

Country	Total Funding to Date for HIV, TB and Malaria US$ Equivalent (Nov 2008)
Ethiopia	450,065,439
Tanzania	367,467,923
Lesotho	38,043,054
Malawi	193,762,188
Zambia	241,509,436
Timor Leste	5,904,889
Vietnam	44,558,941
Uganda	158,150,025
Mozambique	116,140,175
Total	**1,615,602,070**

Source: The Global Fund, 2008

Overall, Global Fund grants have been allocated for HIV and AIDS (61%), TB (14%) and Malaria (25%); for treatment (44%), prevention (33%), care and support (7%), administration (11%), and health systems strengthening (6%). Nearly half (48%) of grant commitments go to purchasing drugs and commodities and under a quarter (22%) go to human resources and training (Source: The Global Fund, 2008).

Figure 5.9: Anti-Retroviral Treatment (ART)

The HIV virus destroys the immune system such that an infected person becomes highly susceptible to a variety of infections and cancers which result in death, usually very quickly. Antiretroviral (ARV) drugs are medications for the treatment of infection by retroviruses, primarily HIV. Standard anti-retroviral therapy (ART) consists of the use of at least three ARVs to suppress the HIV virus, thereby stopping the progression of the disease. As a result of ART, there have been very significant reductions in deaths and suffering from AIDS. Though remaining infected by the HIV virus, a person successfully treated with ARVs can usually live a perfectly normal and healthy life with a greatly extended life expectancy.

Figure 5.10: Percentage of Adults and Children with Advanced HIV Infection receiving Anti-Retroviral Treatment in Irish Aid Programme Countries in Sub-Saharan Africa, 2004-2007

Country	% 2004	% 2005	% 2006	% 2007
Ethiopia	4	7	15	24
Lesotho	4	11	22	26
Malawi	5	11	21	35
Mozambique	3	7	12	24
South Africa	4	15	21	28
Uganda	12	21	27	33
Tanzania	1	5	14	31
Zambia	7	16	26	46
Zimbabwe	1	4	11	18

Source: UNAIDS Epidemiological Data, April 2009

5.3.2 Irish Aid and the Global Fund

The Global Fund to fight AIDS, TB and Malaria is a key partner of Irish Aid. Irish Aid's funding to, and engagement with the Global Fund is guided by its overall HIV and AIDS strategy and the principles outlined in its Global Health Partnerships Strategy (2005). This latter strategy provides for:

(i) Supporting global health programmes (GHP) for the timely delivery of effective interventions that tackle the major diseases of poverty

(ii) Maximising Irish Aid's policy influence at the global level to ensure optimal GHP performance and coordination

(iii) Promoting best practice in country-level performance of GHPs, in line with Irish Aid principles

(iv) Ensuring coherence between Irish Aid's support to GHPs and the different modalities of Irish Aid's support to its programme countries

Irish Aid was represented on a Transitional Working Group which designed the Global Fund and drafted its governing Framework Document (2001), and was then one of the earliest donors to fulfil its initial pledge of funds to enable it begin functioning. The Global Fund is now the single biggest recipient of Irish Aid's HIV and AIDS support, accounting for nearly 25% (€84.4m) of total Irish Aid HIV and AIDS expenditure, 2000-2007. This level of funding reflects the importance Irish Aid attaches to this partner and to addressing HIV and related diseases. With other like-minded donors including the Netherlands, Sweden, Denmark, Norway and Luxembourg, Irish Aid shares a seat on the Board of the Global Fund. As a proactive member of the Fund, Irish Aid has chaired – through an external consultant – its finance and audit committee.

Irish Aid has continued to engage very closely with the Global Fund, its Board and its sub-committees, not least because of Irish Aid's stated objective to influence policy at the global level to help assure optimal performance and coordination in tackling the major diseases of poverty. At programme country level there is also a close engagement with the Global Fund by Irish Aid Development Specialists and advisors. In all of the Irish Aid Programme Countries in Sub-Saharan Africa, Irish Aid staff members are either members of the Global Fund's in-country coordination mechanisms (CCM), or are members of donor coordination groups represented on the CCMs. This involvement at country level permits Irish Aid to bring the experience of operations on the ground, especially partnerships with local governments, into high-level discussions with the Global Fund.

In its engagement with the Global Fund, Irish Aid has prioritised a number of key areas for policy engagement and monitoring. These include ensuring that the Global Fund harmonises its approach with that of other donors and aligns its processes with those of country recipients; that the poorest countries and those with the highest disease burden are prioritised in the allocation of resources; that those vulnerable to HIV and other diseases, and in particular women and children, are prioritised in service delivery; and that the Global

Fund strengthens its approach to partnership with all stakeholders including civil society.

In 2002, Ireland instigated a study to track the effectiveness of the Global Fund in beneficiary countries. This study, co-funded with the Netherlands, UK and Denmark, focused on the process of application for funds and implementation of activities in four Irish Aid programme countries, namely Uganda, Tanzania, Zambia and Mozambique. The results of this study indicated that the Global Fund has helped to increase the profile of, and strengthen planning in relation to each of the three disease; is facilitating the participation of a range of stakeholder groups in planning processes; and has improved coordination between different government departments and institutions[22]. The study also pointed to the need for further alignment of Global Fund processes with those at country level and more attention to be paid to monitoring the impact of Fund decisions. This initial study is being followed up by further research[23] in a larger number of countries looking at the impact of the Global Fund and other major global HIV and AIDS Initiatives on health systems in recipient countries.

5.3.3 The Global Fund: Progress and Achievements

Preliminary findings from the draft synthesis report (not yet published) of the *Five-Year Evaluation of the Global Fund* (an external evaluation currently in progress, April 2009) concludes that the programmes supported by the Global Fund are showing major changes in the availability and coverage of HIV and AIDS related services and a consequent reduction of disease burden[24]. The draft report adds that the more than 550 grants provided by the Global Fund have probably mobilised existing capacities to the maximum extent possible. Weaknesses in existing health systems are critical limiting factors to what potentially can be achieved. However, an increasing focus on strengthening health systems offers the Global Fund and its partners new opportunities to extend the availability and coverage of HIV and AIDS related services.

Results from Global Fund's own assessments, as of the 1st June 2007, show that the programmes it finances have significantly expanded key services (see Global Fund, *Results at a Glance,* 2008). For example, by mid-2007 around 1.1 million people were receiving anti-retroviral treatment (a 100% increase over one year, though only 89% of the original target), 17.8 million had been reached with HIV counselling and testing (102% of the target), and 1.7 million children affected by HIV and AIDS were receiving basic care and support (120% of the target).

Global Fund evaluations of the performance of its grants against country-set targets showed that 75 per cent are performing adequately or excellently, 21 per cent were showing potential though yet to perform as anticipated, and 4 per cent showed unacceptable performance. Of 215 assessments of the Global Fund's first phase grants, 94 percent had achieved their top programmatic targets (Global Fund, *Partners in Impact – Results Report,* 2007) with targets exceeded for HIV counselling and testing, care services for children affected by HIV and AIDS, TB treatment and training for health care workers. Shortcomings were identified in the areas of malaria treatment, multi-drug-resistant tuberculosis treatment and the prevention of mother-to-child HIV transmission (PMTCT). Though the increase in HIV and AIDS expenditure has produced a notable expansion in the range and volume of services delivered, the actual coverage attained (i.e. proportion of each target population which has access to services) is far from complete despite the significant and rapid progress from a very low baseline. In addition, there are imbalances in the delivery of services between urban and rural areas. For example, although coverage in Mozambican cities and principal provincial urban centres can be described as good, the same cannot be said of more isolated rural areas where coverage is often very low. These facts point to the need to intensify efforts, efforts that will need continued substantial funding.

Many key services are delivered through non-governmental organisations (NGOs), faith-based organisations (FBOs) and community-based organisations (CBOs), often in very difficult situations. The Global Fund performance measurements show that Civil Society organisations are generally strong performers, with 83 per cent of civil society grants rated by the Global Fund assessments as "performing adequately or excellently" (Global Fund, *Results at a Glance*, 2008). This highlights the important role of civil society alongside government in addressing the HIV and AIDS epidemic. Not only do civil society organisations make available additional capacity, they can improve the speed by which necessary resources are made available for critical service delivery. However, there is a continuing need for Global Fund grants to make adequate provision for the strengthening of the civil society organisations themselves, and for improved

22 Global Fund Tracking Study Country Reports: Zambia, Uganda, Tanzania and Mozambique and Cross Country Synthesis Report (draft), January 2005
23 See the Global HIV and AIDS Initiatives Network, GHIN, www.ghinet.org
24 The external evaluation has sampled 24 countries, seven of which are Irish Aid Programme Countries

coordination between organisations, so as to ensure that community services are effective and sustainable.

Overall, the Global Fund's performance measurements show that countries with weaker health systems do not have significantly poorer performing grants (see Global Fund, *Partners in Impact – Results Report,* 2007). Indeed, the poorest third of countries did not have worse performance ratings than wealthier countries, with only 9 percent of funds approved for programmes in the poorer countries needing to be reallocated due to inadequate performance, whereas the overall reallocation rate (all countries) was 13.5%. However, the poorer countries do have fewer top rated grants (those that have met or exceeded targets).

Challenges remain, particularly in terms of the capacity of partners to manage services. In addition, though the Global Fund focuses on working through local structures, it nonetheless has accounting and auditing requirements that do not always harmonise with country procedures. In the case of Tanzania, the 2007 OECD-DAC joint evaluation of the health sector observed that Global Health initiatives, including the Global Fund, have injected huge and much-needed resources into diseases that are national priorities, but they remain largely outside existing planning and management systems[25]. Furthermore, organisations in some countries, especially local NGOs and faith-based organisations (FBOs), can find it difficult to get proposals to the Global Fund beyond the initial stage, and, when successful, it can be difficult for them to draw down disbursements and/or they can encounter delays when doing so. Despite shortcomings yet to be fully addressed, the Global Fund is widely considered as an effective funding mechanism with an independent Board awarding untied grants based on merit.

Figure 5.11: The Global Fund in Mozambique

In keeping with its strategy of working through existing structures, the Global Fund's grant to the Government of Mozambique has been incorporated into both the Health SWAP and the Health Common Fund since 2004, demonstrating how a disease-specific funding mechanism can be harmonised with country systems. Although the conditions that enable such harmonisation depend on the specific country context, the ongoing Mozambique experience shows the potential of country-led aid systems to achieve aid harmonisation and alignment.

25 Joint External Evaluation the Health Sector in Tanzania, 1999-2006

5.4 Country-Level Support: Mozambique

The overall goal of the Irish Aid Mozambique HIV and AIDS programme has been to reduce the transmission and minimise the impact of HIV/AIDS in Mozambique.

↘ Specific objectives are:

- To Support the National AIDS Council in implementation of the National HIV/AIDS Strategy and fulfilling its mandate
- To support the Provincial AIDS Councils in Inhambane and Niassa in implementation of their Provincial HIV/AIDS Plans and fulfil their mandates
- To support NGOs and CBOs and specific programmes within the two focal provinces

5.4.1 Areas of Support

In Mozambique, Irish Aid's support for HIV and AIDS initiatives, 2000-2007, has been provided at a number of levels and through a number of key partnerships:

- The National AIDS Council (CNCS[26])
- The Ministry of Health (MISAU[27])
- Provincial AIDS Committees (PAC)
- Support to Non-Governmental Organisations

Between 2000 and 2007, Irish Aid has committed more than €54m for HIV and AIDS interventions in Mozambique. Initially, support for HIV and AIDS activities was relatively small, with funding focused on the activities of the Provincial AIDS Committees (PAC) in Inhambane and Niassa Provinces. From 2002 onwards, Irish Aid began scaling up its HIV and AIDS funding in response to an evidently worsening crisis. Irish Aid began funding the HIV and AIDS plans of the National AIDS Council (CNCS) and the Ministry of Health (MISAU), in addition to continued funding for the two Provincial AIDS Committees.

26 Conselho Nacional de Combate ao SIDA (CNCS)
27 Ministério da Saúde (MISAU)

Support to the National AIDS Council (CNCS)
The National AIDS Council (CNCS) was established in 2000 by the Government of Mozambique to coordinate and facilitate a coherent national response to the HIV and AIDS epidemic. Strategically, Irish Aid was among the first bilateral agencies to provide funding to the newly created CNCS. This funding focused on building CNCS' capacity to coordinate the implementation of Mozambique's first *National Strategic Plan to combat HIV and AIDS*, 2000-2004. In successive Irish Aid Country Strategy Papers, support to the CNCS was given with the objective of strengthening the capacity of the CNCS to coordinate the national HIV and AIDS response. In particular, Irish Aid, along with others, contributes to the Common Fund of the CNCS[28], a core funding mechanism of the CNCS that provides grants to national and local organisations, including the private sector, for the implementation of HIV and AIDS focused initiatives. These initiatives range from support to children affected by HIV and AIDS, to the provision of Home Based Care, to fighting stigma and discrimination, to providing treatment. Between 200 and 300 such initiatives are now being supported each year and this is expected to increase as capacity is expanded.

Support to the Ministry of Health's HIV and AIDS Plan
In Mozambique, all ministries and provincial governments are required to have HIV and AIDS operational plans to support the implementation of the overarching national plan to combat the disease. Guided by the national policy on HIV and AIDS, the Ministry of Health (MISAU) developed its own health sector HIV and AIDS plan known as the PENSAUDE[29]. Essentially a sub-strategy within the overall health sector strategy, the PENSAUDE focuses on four areas, each with quantifiable targets[30]:

1. The provision of Anti-Retroviral Treatment (ART)
2. Prevention of Mother To Child Transmission (PMTCT)
3. Counselling and Testing
4. The provision of Home-Based Care (HBC)

Building on its existing supports for the health sector in general, Irish Aid provided funding for the PENSAUDE through a joint funding arrangement with MISAU and other donors. In providing its support, Irish Aid took an innovative approach in partnership with the *Clinton HIV and AIDS Initiative* (CHAI) of the Clinton Foundation. Prior to 2002, both Irish Aid and the Clinton Foundation had been providing support to the health sector in Mozambique, though using different funding arrangements. In view of improved coherence and complementarity, Irish Aid and the Clinton Foundation adopted a partnership approach with the aim of providing coordinated financial and technical support to assist in the preparation and implementation of integrated HIV and AIDS treatment, care and prevention programmes, and to mobilise additional resources. The Clinton Foundation was well positioned to complement the support from other donors because the "treatment" component of the PENSAUDE, then being developed by MISAU and donor partners including Irish Aid, was largely informed by the Clinton Foundation's HIV and AIDS business plan which emphasised the importance and need for HIV treatment services.

Under MISAU leadership, it was agreed that additional support from the Irish Aid/Clinton Foundation partnership would use the structures of MISAU, and that the HIV and AIDS Strategic Plan (PENSAUDE) would be the basis for cooperation[31]. The additional funding was channelled through existing pooled-funding arrangements. Thus, all Irish Aid funds under the Clinton Foundation partnership have been directed through the Irish Aid office in Mozambique and managed by MISAU in accordance with the conditions specified in the pool-funding arrangements for donors supporting the Ministry's plans. With the availability of additional funding, lowered prices for anti-retroviral drugs and growing external support, ambitious targets were set by the Ministry of Health – over 20,000 people on HIV treatment and 24 integrated networks to be established and providing HIV treatment by the end of 2005, this rising to 132,280 people on treatment by end 2008.

Irish Aid, strengthened by additional specialised staff, played a very active role in providing policy and technical input to the development of the PENSAUDE, prioritising HIV prevention, treatment, care and support. From the outset, Irish Aid advocated strongly for a balanced approach in the PENSAUDE, recognising that a coordinated focus on treatment could significantly enhance a comprehensive, broad-based approach to HIV and AIDS in the health sector. Irish Aid continued to be integrally involved in providing policy input, tracking the flow of funds, and promoting the

28 Irish Aid was the first bilateral donor to contribute to the CNCS
29 While the CNCS is responsible for the overall coordination of the national response, MISAU remains responsible for all health facility based initiatives. Thus, CNCS mostly coordinates and provides funding to the non-health sector initiatives, such as those of civil society, private sector and public sector other than MISAU.
30 See figure 5.14 below
31 In the PENSAUDE, the model adopted for HIV services centres on an Integrated Health Network approach, and is based on a referral link from Voluntary Counselling and Treatment centres (VCT) and other health facilities, to a Day Hospital which provides all HIV services. Links to communities are established through home based care programmes mainly implemented by NGOs.

harmonisation of donor support, including chairing the donor coordination group supporting the whole health sector. On its part, the Clinton Foundation supports MISAU in addressing implementation bottlenecks and gets favourable prices for generic anti-retroviral drugs (ART), diagnostics and test kits that are 50-90 percent lower than full market rates. This has made it more affordable for the Ministry of Health to scale-up access to HIV treatment services and has enabled IA for its part to participate in and benefit from the much lower ART prices negotiated by the Clinton Foundation and thus achieve far more for the money spent than would otherwise be the case. Since 2005, the Clinton Foundation has also promoted the provision of anti-retroviral treatment for children, and HIV and AIDS care to people in rural areas. This focus on rural services and on the treatment of children closely reflects Irish Aid's (Mozambique) strategic objective of, "Pro-poor targeting of services provided by the public sector" (Mozambique *Country Strategy Paper, 2007-2010).*

Support to Provincial AIDS Committees

Since they were first established in 2000/01, Irish Aid has supported the Provincial AIDS Committees (PAC) in Inhambane and Niassa Provinces, areas supported by Irish Aid since the 1990s.

The funding to the two PACs has focused on enabling NGOs and civil society organisations to implement HIV and AIDS initiatives at community level. These local organisations implement components of the provincial HIV and AIDS plans, plans into which communities themselves have had input. Irish Aid has also provided technical assistance and funding to build the planning and monitoring capacities of the PACs concerned such that HIV and AIDS can be mainstreamed throughout the work of the Provincial Governments.

Support to Non-Governmental Organisations

In addition to its support for statutory institutions, Irish Aid has funded a number of NGOs, both national and international. These supports have been targeted either at gaps in service delivery, or in strengthening the capacity of civil society umbrella organisations that represent and seek to empower people affected by HIV and AIDS.

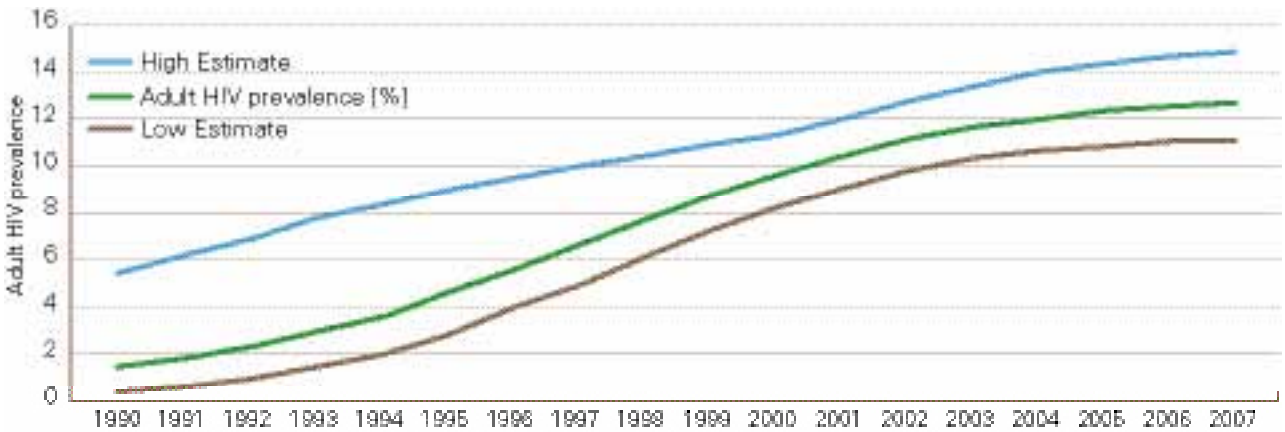
As regards helping meet gaps in service delivery, since 2003 support has been provided to Médecins Sans Frontières, Switzerland (MSF) for the implementation of a HIV and AIDS care and treatment programme in Niassa Province. As planned, this will be handed over to the provincial directorate of health by the end of 2008.

As regards civil society umbrella organisations, support is provided to two networks, MONASO (network of national NGOs working in the area of HIV and AIDS) and RENSIDA (network of organisations of people living with HIV and AIDS) with the overall objective of developing their advocacy skills and strengthening their capacity to monitor the government's response to HIV and AIDS to help ensure that quality services are equitably provided.

5.4.2 Mozambique: Progress and Achievements

The 2008 Mozambique progress report to the UN General Assembly Special Session on HIV and AIDS (UNGASS) noted that, *"Mozambique has in the past decade made great strides in curbing the spread of HIV and AIDS which threatens to undermine economic achievements gained over this period"*. Available evidence shows that the rapid rise in the prevalence of HIV in Mozambique has begun to stabilise, suggesting that the concerted efforts of the country's HIV and

Figure 5.12: Estimated Adult (15-49) HIV Prevalence (%) in Mozambique, 1997-2007



Source: UNAIDS, Epidemiological Fact Sheet, Mozambique

AIDS response is having a positive effect (see figure 5.12 above). In the north and central regions of the country, the evidence from sentinel surveillance data shows that there is now a small decline in the prevalence rate. However, in the south the prevalence rate continues to rise, though at a reduced rate.

More detailed evidence of progress and achievement is available from the Mozambican Ministry of Health (MISAU) and the National Institute for Statistics (INE). This data reports on the progress made against the targets of MISAU's HIV and AIDS Strategic Plan (see Figure 5.13 below) to which Irish Aid made contributions of more than €37 million, 2002-2007.

As can be seen from the table below, most of the PENSAUDE targets have been achieved and in a number of cases they have been exceeded. There have been very significant increases in the number of people on anti-retroviral treatment (ART) from just over 10,000 in 2004 to almost 90,000 by the end of 2007, and the number of health centres providing Prevention of Mother to Child Transmission services (PMTCT) increased to 386 by December 2007, up from 51 in 2004. Thus, with almost 800 health centres in Mozambique providing antenatal care services, almost half are now offering PMTCT services. The number of women receiving drugs to prevent mother-to-child transmission of HIV (prophylaxis) is nearly double its 2007 target. The integration of ART services with other health services has significantly facilitated increased access to HIV treatment. The training of a broader cadre of health workers also contributed to expanding the number of people receiving ART.

In addition to the HIV and AIDS-specific medical and care services, the scale-up in Mozambique has also produced institutional improvements through its investment in capacity building (policy analysis, statistics, planning, financial management, etc) that complements preventative and treatment services. Capacity strengthening is also necessary to underpin the sustainability of service delivery and to ensure that it is appropriately targeted and delivered in an efficient and effective manner.

Figure 5.13: Progress in Implementation of the PENSAUDE Targets, 2004-2007

	2003	2004		2005		2006		2007	
		Actual	Target	Actual	Target	Actual	Target	Actual	Target
Antiretroviral Treatment (ART)									
Health Units providing ART		12	17	38	24	50	112	211	112
People on ARVs	< 2000	10,494	7,924	19,779	20,885	44,100	40,000	88,221	96,420
Prevention of Mother to Child Transmission (PMTCT)									
Health Units with PMTCT	9	51	60	83	120	222	200	386	250
Women counselled & tested	24,260	46,583	35,858	74,958	50,734	194,000	67,209	372.397	85,394
Women who received prophylaxis	877	3,182	Targets not set	7,690	Targets not set	12,150	16,000	44,795	22,500
Counselling and Testing									
Health Units with PMTCT	9	51	60	83	120	222	200	386	250
VCT Centres		113	50	191	76	355	192	***	260
people receiving VCT		194,000	72,000	270,000	135,000	394,373	384,000	383,301[1]	540,000
Home-Based Care									
Health Units linked to HBC services		79	60	100	120	156	225	180[2]	225
beneficiaries of HBC		17,790	11,355	29,640	27,582	48,000	67,371	76,000[1]	80,428

1 As of September 2007
2 As of July 2007
*** aggregate data not available as yet

Initially, the availability of anti-retroviral treatment (ART) was largely confined to the urban centres. With improved facilities and the training of a broad range of health workers, ART is now available in more than 70% of all districts. However, despite substantial progress in the last four years, retaining sufficient numbers of trained health personnel will be a challenge to the maintenance and scaling up of HIV and AIDS treatment in Mozambique.

Irish Aid has provided support to the Ministry of Health for the development of a human resource strategy to plan for the training, recruitment and retention of front-line health workers. In addition, there is strong political commitment at the highest levels and there is recognition by government of civil society organisations (CSO) as valid partners in the response to HIV and AIDS and of the important role they play. Many CSOs are already grant-funded by the National AIDS Council's *Common Fund* to which Irish Aid contributes[32].

There has been some dissatisfaction to date with the grant management system of the CNCS' *Common Fund*. However, though perceived by some as overly bureaucratic with delays in grant approvals and disbursements[33], the operation of the Common Fund is nonetheless recognised as having contributed to maintaining a focus on prevention and the involvement of communities as critical elements of the HIV and AIDS response in Mozambique.

In its support to the Ministry of Health's and to the CNCS, Irish Aid has been active in making the principles of the "Three Ones" a reality. This is exemplified by Irish Aid's partnership with the Clinton Foundation that was instrumental in focusing donor efforts and funding within a single framework led by the Ministry of Health. *"This is a significant achievement in the light of broader information that the implementation of global initiatives within countries has at times led to the creation of parallel systems, which create an additional management burden for government and can undermine common positions and approaches"* (Scott Report, 2005). Irish Aid's approach of working within a common framework would appear to have served well in avoiding duplication and maximising efficiency.

Figure 5.14: Progress in Mozambique

The significant focus on HIV and AIDS as a development issue in Mozambique has provided the Ministry of Health and its partners with the opportunity to strengthen the health system across the board. Ongoing efforts are being made to integrate HIV and AIDS care and treatment with other relevant programmes and to ensure that HIV and AIDS financing is fully included as a central part of the overall Government budget. There has been a tremendous expansion in the number of health units providing ART corresponding to 70% coverage of all districts, while access to treatment has rapidly expanded. Human resource constraints continue to be a major challenge to scaling-up services. Certain responsibilities are being transferred to lower-level but qualified medical staff wherever possible, including an amendment in 2006 to allow for the provision of anti-retroviral treatment by health technicians. Programmes are being implemented to allow non-medical staff to carry out non-medical, but essential, HIV and AIDS related activities including counselling and testing, and the prevention of mother-to-child transmission. There is growing recognition of the need to better address most-at-risk groups and several activities are underway or planned, including a behavioural surveillance survey to monitor and assess baseline information in HIV-related knowledge, attitudes, and behaviours among key risk groups.

Source: Progress Towards Universal Access Mozambique, UNAIDS 2009

32 Other contributors are, DFID, Danida, SIDA, CIDA, the World Bank and the Global Fund

33 The grant management system is currently under review by the CNCS

5.5 HIV/AIDS Partnership Scheme (HAPS)

5.5.1 HAPS: An Irish Aid Initiative

Non-Governmental Organisations and other civil society organisations play a major role in the global response to HIV and AIDS. Given their close links to communities, they have a potential to respond to needs in ways that statutory agencies cannot, particularly in the areas of care and support, prevention, and impact mitigation.

The HIV/AIDS Partnership Scheme (HAPS) was developed by Irish Aid in 2002 as a mechanism for NGOs to access Irish Aid funds to support them in their responses to HIV and AIDS. The core objectives of the HAPS Scheme directly echo Irish Aid's HIV and AIDS strategy, namely:

> To improve awareness, responsiveness and effectiveness of Irish Aid to HIV and AIDS as a development issue.

> To protect existing social and economic development gains from the adverse effects of HIV and AIDS and to promote further development in these areas.

> To support sectoral policies, programmes and activities that impact on the pandemic at a national, community and individual level.

Recognising that NGOs require assistance in building their own strategic capacity to respond to HIV and AIDS, the HAPS had the following additional specific partnership objectives:

> To provide funding to NGOs to promote flexibility within their own programme frameworks, visions and strategies in relation to HIV/AIDS responses;

> To support and encourage mainstreaming of HIV/AIDS within NGO organisational responses;

> To facilitate NGOs to provide an effective response and to develop more innovative and/or long-term approaches for HIV/AIDS with national, regional and local partners;

> To enhance and strengthen dialogue and mutual learning between Irish Aid and the NGOs in matters relating to HIV/AIDS strategies, approaches and the adoption of best practices;

> To promote and support sustainability within NGO HIV/AIDS programme responses.

Eight organisations qualified for funding under the HAPS. Each organisation was required to demonstrate its ability and capacity to move towards a programmatic response to HIV and AIDS building institutional policy and systems to support mainstreaming as well as specific initiatives. Initiatives funded covered all types of projects ranging from prevention to care. In addition to funding targeted interventions, support was given for the purposes of achieving institutional strengthening, providing it was in the context of HIV/AIDS programme effectiveness. The HAPS scheme explicitly promoted the mainstreaming of HIV and AIDS within the overall strategies of HAP's partners, encouraging a move away from standalone, sometimes ad hoc, projects towards demand-driven longer term programmatic approaches.

Irish Aid engagement with HAPS partners was managed by its civil society section with technical input provided by the Senior Development Specialist for HIV and AIDS. Each organisation was required to submit six monthly reports that formed the basis for programme monitoring meetings. Sixteen such meetings were held each year during which progress was presented; issues raised and discussed and lessons shared. These monitoring meetings provided the opportunity for considerable cross-organisational learning.

From the outset, it was envisaged that the HAPS scheme would only function until such time that funding for HIV and AIDS initiatives was mainstreamed into the other NGO funding mechanisms operated by Irish Aid. The scheme operated between 2002 and early 2006 when, following a comprehensive review of the HAPS scheme it came to an end and Irish Aid HIV and AIDS related funding for NGOs was mainstreamed into Irish Aid's other mechanisms for funding civil society organisations.

5.5.2 HAPS: Progress and Achievements

With funding from Irish Aid, the NGOs participating in HAPS, alongside their own partners, have implemented HIV and AIDS initiatives in more than 40 countries. These range from community-based care (e.g. Action Aid, Concern, Oxfam, Trócaire), to prevention (e.g. Concern, Trócaire, Action Aid, Christian Aid, Tearfund), to promoting sexual and reproductive health (e.g. Action Aid, GOAL, Oxfam), to overcoming stigma and discrimination (e.g. Christian Aid, Oxfam), to livelihoods promotion and food security (e.g. Oxfam, Christian Aid, Concern), to support to children affected by HIV and (e.g. GOAL, Christian Aid,

Mother and child at Maxixe, Mozambique. Photol: Donal Murray

Trócaire, Concern, Oxfam), to voluntary counselling and testing (e.g. Concern, GOAL), to advocacy and legal rights (Trócaire, Oxfam, Health and Development Networks). Aside from specific HIV and AIDS interventions, all of the HAPS partners demonstrated that they have, in varying degrees, mainstreamed HIV and AIDS into their non-HIV specific programmes. Thus, HAPS funding also supported components of initiatives focused on other sectors, such as water and sanitation (Concern) and education (GOAL)[34].

A review of the HAPS scheme was conducted in 2006. It concluded that the programme was an innovative scheme that successfully emphasised HIV programming and mainstreaming. The scheme was seen by most recipients as accelerating the momentum towards a programmatic approach to HIV and provided a basis for strategic responses to complex issues. The review highlighted a number of strategic institutional achievements, achievements with benefits beyond the life of the HAPS scheme:

> All agencies developed clear HIV strategies and workplace policies

> All agencies benefited from having put in place specialist HIV advisors to steer their organisation's response.

> Most agencies demonstrated a shift to a more strategic approach to HIV with high-level management commitment.

> Several agencies adopted a clear advocacy role. Most of the advocacy work supported by HAPS was undertaken at local level. A few organisations drew on their experiences at community level to influence Governments and policy makers.

> Most HAPS recipients felt that their agencies are now firmly engaged with HIV programmatically and as a mainstreamed issue

> Substantial progress has been made in mainstreaming HIV within the organisations themselves (e.g. putting in place workplace policies) and within the organisations they support.

Finally, the evidence from the 2006 review shows that HAPS was strongly focused on recognising, adopting, learning from and promoting best practice and that some of the NGOs went on to document and disseminate casestudies of good practice for the benefit of other agencies.

34 Sources: Reports to Irish Aid from HAPS partners and the review of HAPS, 2006

5.6 Conclusions

In an effort to drill down through many programmes and projects financed through Irish Aid's HIV and AIDS programmes to demonstrate what is actually done with the money and what its impact is, a sample representing the global, country and Civil Society levels has been examined in some detail. Evidence at both the global and Sub-Saharan levels indicates that the global response to the HIV and AIDS pandemic is beginning to produce significant results. There is the beginning of a levelling-off of the numbers of people living with HIV. There is a reduction in both the numbers of deaths annually from AIDS and in the numbers of new HIV infections annually. Very significantly, there is a reduction in the HIV prevalence in Sub-Saharan Africa. This represents the reversal of the once rapid spread of a disease that is incurable and which was, in the period 1990-2003/4, spreading in an exponential way through the continent of Africa, its countries and people.

Regardless of global and regional epidemiological trends, it is the people infected or affected who immediately avail of and experience the outputs and impacts of the global response. It is the case, for example, that more than 1 million globally are benefiting from life-preserving anti-retroviral treatment (with subsequent social and economic benefits) and that more than 2 million children orphaned by AIDS are receiving care and support. It is also the case, for example, that in 2007 in Mozambique 44,795 pregnant women received prophylaxis against HIV (thus helping prevent the transmission of the disease from the mother to the unborn child), that 76,000 people affected by HIV and AIDS received Home Based Care and that the Ministry of Health has been able to achieve, in some cases exceed, its HIV and AIDS related targets. These and other results could not have happened without the concerted action of the global response and the funding, policy and technical support that was provided by donors, including Irish Aid.

Challenges remain. The progress towards reversing the pandemic is not even and there is the risk that gains made in different countries could be lost. In terms of service delivery, for example, there is the challenge to retain trained health care workers, and much has yet to be done to extend HIV and AIDS services to the rural areas – Mozambique is a case in point. Irish Aid has played an important role in the establishment of the Global Fund, which has had the effect of significantly scaling-up resources to fight HIV and AIDS. There are, however, certain problems of alignment and harmonisation of Global Fund activities with country processes, problems that still need to be fully addressed.

Overall, Irish Aid's partners have contributed significantly in providing HIV and AIDS related prevention, treatment, care and support. Targets have been substantially met and these have contributed in varying degrees to the progress made in beginning to reverse the HIV and AIDS pandemic. In addition, an added value of Irish Aid's contributions at the global level include the country level 'reality checks' that it brings to high level dialogue and decision making, its focus on policy, its promotion of gender equity and partnership building at all levels, as well as its support to the principles of systems strengthening, harmonisation and alignment.

6. Conclusions, Recommendations and Management Response

6.1 Conclusions

6.1.1 Relevance and Continuing Validity of Objectives

The aim of Ireland's response to HIV and AIDS is "to support the prevention of HIV and AIDS and the reduction of its impact in developing countries". This aim along with its three strategic goals (see chapter 3) provided a strong strategic framework for the development of Irish Aid's response to the global pandemic over the period of this review. The approach adopted by Irish Aid is in line with international best practice in development and public health medicine, and the strategies adopted by Irish Aid - of mainstreaming; engaging at policy level; and providing large scale financing for specific programmes - remain very relevant given the devastating impact of HIV and AIDS in both human and developmental terms.

In its response to HIV and AIDS, it is important to acknowledge that Irish Aid has not been static but rather has proved responsive to changing thinking and practice and the emergence of new technologies and medical advances. At the beginning of the period under review (2000), the cost of anti-retroviral treatment (ART) for one person was about $10,000 per year and the prospect of providing access to anti-retroviral drugs to large numbers of people in developing countries could not even be contemplated. Today in Mozambique, anti-retroviral drugs can be provided for around $150 per person per year (excluding the time of health care professionals). In addition, the Global Fund to fight HIV and AIDS, TB and Malaria did not exist in 2000, and the Paris Declaration on Aid Effectiveness was adopted only in 2005, thus giving a new impetuous for a more coordinated and harmonised approach to tackling the disease.

Irish Aid responded quickly and comprehensively to these rapidly changing circumstances. In response to significantly reduced ART costs, it developed Policy Guidelines on HIV and AIDS treatment in developing countries and channelled significant funding to treatment through its association with the Clinton Foundation and the Global Fund. Irish Aid is one of almost fifty countries that pledged support to the Global Fund and by 2006 was one of the Global Fund's top 20 donors. In addition to its financial contributions, it is evident from people interviewed in the course of this review that Irish Aid is widely considered as a proactive and not uncritical participant in different initiatives, and has used its membership of committees to co-commission a number of reviews and to shape policy at the global level. However, in accordance with the Paris Declaration (and the subsequent Accra Action Agenda of 2008), there is a continuing need to promote harmonisation and to maintain a focus on "aid effectiveness" in all policy dialogue, planning and programme delivery. In the case of its partnership with the Global Fund, there is a continuing opportunity for Irish Aid to exert its influence to help ensure that Global Fund activities are aligned and harmonised with existing planning and management systems at country levels. Furthermore, while the coverage of prevention, treatment and care services have greatly improved, significant gaps remain. It is likely that, globally, the commitment of considerable resources to tackle the HIV and AIDS pandemic will continue to be necessary for the foreseeable future.

Adopting a programme, rather than a project approach can carry risks (see Figure 6.1). However, Irish Aid has shown a commitment to counteract such risks particularly in terms of an emphasis upon capacity strengthening (including human resource capacity) and on its proactive approach to policy dialogue, planning and monitoring.

Figure 6.1: Comparative Advantages and Disadvantages of Programme Support

Advantages	Disadvantages
Aid that is better aligned with Government strategies and greater coherence across modalities	Higher fiduciary risk
Provides strong incentive for rational, policy-driven resource allocation	Makes heavy demands on a narrow band of senior mid-level public servants
Government has a better handle on external resources	Problematic unless macroeconomic stability and elementary fiscal discipline have been established
Designed to strengthen the planning, allocation and operational efficiency of public expenditure	Displaces Government funding

Source: Mozambican National AIDS Spending Assessment: 2004-2006, (from *Joint Evaluation of GBS 1994-2004 – When and how to use budget support*, International Department of the University of Birmingham) on its proactive

Overall, Irish Aid's scale-up of HIV and AIDS expenditure was based upon clear evidence of an ongoing need for public sector intervention was justifiable, and Irish Aid's overarching objective, individual strategic goals and approach were relevant and valid notwithstanding a need to revise the HIV and AIDS strategy given the changing nature of the global response.

6.1.2 Programme Scope and Coherence

As outlined in sections 3.2 and 3.4 above, Ireland's response to the HIV and AIDS pandemic has been very broad, ranging from the global to the local levels and delivered through multilateral, bilateral and civil society mechanisms and covering prevention, treatment and on-going care. It encompassed significant funding and policy engagement. Processes were put in place to link the various modalities, to help ensure that the lessons of local engagement informed international policy dialogue and influenced the policies and approaches of the partners funded. The influence Irish Aid brought to bear at policy level was consistent with its own commitments to maintaining a focus on the poor and vulnerable, to aid effectiveness, and to partnership.

In each of the years covered by this study, Irish Aid has opted to distribute funding through different funding mechanisms, although the proportionate allocation to the different mechanisms has changed over time. Figure 4.5 (page 39) shows the pattern of funding in the period under review. The very limited funding provided in 2000 was mainly channelled through Country Programmes (67%) with a further 22% going to UNICEF for its programme in Ghana. As HIV and AIDS expenditure grew, the absolute amount channelled through programme countries also grew but declined as a proportion of total expenditure while amounts going through multilateral and civil society channels grew rapidly.

Allocative decisions were informed by detailed studies and reviews. For instance, prior to making a decision to finance global initiatives in 2002, a detailed assessment of the opportunities and challenges was carried out by Professor John Kevany (R.I.P.) of Trinity College. In addition to identifying the challenges and opportunities, Professor Kevany set out principles to guide Irish Aid's involvement and identified some issues to be advanced in policy dialogue. He stressed the need to maintain a balance in the funding provided through various channels. This work was later reviewed and updated in 2005 and led to the development of Irish Aid's current Strategy for engagement with and funding to Global Health Partnerships. By 2007, and with far larger funds involved, programme countries accounted for 38% of expenditure while multilateral and civil society programmes absorbed 44% and 14% respectively.

Funding decisions were also informed by knowledge of the situation in Irish Aid's partner countries and their capacity to effectively absorb additional funds. As more funding became available, this was increasingly directed through the global and multilateral mechanisms which were able to channel funding to many other countries in which Ireland was not active and in which needs were also great. Irish Aid's HIV and AIDS response was characterised by a high degree of coherence and the choices made reflected local knowledge, careful study and international best practice, practice shared by like-minded donors such as the Netherlands, the UK, Norway and Sweden who have opted for a similar approach.

6.1.3 Effectiveness

In assessing the effectiveness of Irish Aid's HIV and AIDS response, two complementary elements need to be considered. Firstly, was Irish Aid effective in realising its own strategic objectives of improving the responsiveness of Irish Aid to HIV and AIDS as a development issue; ensuring optimal performance of its partners; and improving coordination in view of efficiencies and effectiveness? Secondly, were the various Irish Aid funded programmes effective?

In terms of the first question above, this review finds that Irish Aid has been effective in substantially realising its own strategic objectives. This is evidenced by, among other things, its influencing of policy (see section 3.4.7), the institutionalisation of HIV and AIDS as a cross-cutting issue for all Irish Aid programming (see section 3.4.6); by the contributions of Irish Aid (policy, technical and financial) to the Global Fund (see section 5.3) and UNAIDS (see section 3.4.1); and by the role played by Irish Aid in Mozambique to help coordinate financial and technical support for the implementation of integrated HIV and AIDS treatment, care and prevention programmes (see section 5.4). In addition, it is evident that the HAPS scheme was effective in helping NGOs mainstream HIV and AIDS throughout their programmes, such that there was no longer a need for the scheme to continue as a separate funding mechanism (see section 5.5).

In terms of the second question above, a large percentage of Irish Aid's total HIV and AIDS funding focused on supporting initiatives at the Programme Country level (38.7%) and at the Global level (41.2%), with 14.2% to civil society organisations in 2007 – see figure 4.5 earlier.

In measuring the effectiveness and impact of complex programmes with many variables at play, it is usually not possible to attribute successful outcomes (or failures) entirely to particular interventions. Thus, in terms of the HIV and AIDS's programmes supported by Irish Aid, this report can only speak of the contribution they have made.

The recent progress in helping reduce, for examples, both the annual number of deaths from AIDS and the global rate of new infections (see section 5.2), is a result of a large variety of factors. These factors include the critical areas of scaling-up anti-retroviral treatment (ART), the prevention of mother-to-child transmission (PMTCT), strengthened health systems, political leadership, greater awareness, and behavioural change, including the use of condoms. Different interventions and programmes implemented by a variety of agencies have contributed to what has been achieved to date (see sections 5.2 and 5.3 above)[35]. However, regardless of the type of intervention and the organisations involved in implementation, the financing of the various initiatives has been crucial. Without the very substantial funding provided by the Global Fund ($14.9billion, 2002-2008) and other global initiatives[36], the rollout of ART and PMTCT services, for example, would not have happened. Through its funding of the Global Fund and its influence on policy, Irish Aid contributed to these results.

The achievements of the global response to HIV and AIDS are not simply a result of financing. Ultimately, successes are a product, among other things, of political and personal commitments, improved institutional and individual competencies and capacities, evidence based planning, and coherence between areas of intervention. Irish Aid made a significant contribution through its high level political commitment and engagement; the development and implementation of evidence-informed policies and programmes; clear strategic objectives and targeted interventions. UNAIDS, supported by Irish Aid from an early stage (see section 3.4.1), has provided global leadership and advocacy and has focused on improved coordination in the global scale-up through, for example, the principles of the "Three-Ones". UNAIDS has supported the development of capacities and the coordination of efforts in more than 80 countries, helping bring together both statutory and civil society organisations. In partnership with the WHO, UNAIDS has worked to harmonise and improve monitoring and surveillance approaches at global, regional and country levels. Again, through its funding and policy engagement, Irish Aid has contributed to these achievements.

In Mozambique, Irish Aid's significant financial and technical contribution to the development and implementation of the Ministry of Health's HIV and AIDS strategic plan has led to major progress in making treatment and prevention services available to people (see figure 5.13), not just in the urban centres, but also in rural areas.

Overall, the evidence shows that Irish Aid adopted a proactive approach to the HIV and AIDS pandemic, that it made good strategic choices in its selection of partners, and that through them Irish Aid's technical and financial support has contributed to the scale-up of the global response and the resultant progress in helping begin to reverse the spread of the disease.

6.1.4 Efficiency

Irish Aid has directed a significant proportion (more than 41%) of its funding for HIV and AIDS through multilateral and global agencies which are able to absorb large amounts of funding. The use of harmonised pool-funding arrangements, coupled with Irish Aid's close monitoring at country level and its conducting of tracking studies, when taken together, helped avoid duplication, minimise risk and thus help better assure Value for Money. The alternative approach of a range of Irish Aid-specific projects and/or programmes would not have provided the same level of assurance.

In keeping with the harmonisation and alignment principles of the Paris Declaration, Irish Aid has sought to work in close co-operation with other donors and governments. This approach contributes to maximising efficiency. In Mozambique, for example, Irish Aid's partnership with the Clinton Foundation has helped focus the use of resources and helped make it possible to scale-up anti-retroviral treatment and other health related services in a coordinated and cost efficient way.

The emphasis upon mainstreaming HIV and AIDS throughout all programming is consistent with international good practice. In addition, the adoption of a holistic approach, embracing a range of complementary funding channels and modalities, constitutes an efficient way to meeting needs and maximising impact at several levels (i.e. investing in public health systems, building capacity, funding surveillance, promoting awareness, etc).

35 See also the 2008 UNAIDS Report on the Global AIDS Epidemic

36 In terms of the volume of finance provided, PEPFAR (the US *President's Emergency Plan for AIDS Relief* - $18.8billion, 2003-2008) is the other global programme that compares with the Global Fund. However, as PEPFAR only funds NGOs and chooses not to fund certain types of intervention, the Global Fund is the largest direct financier of country-led responses to HIV and AIDS.

6.1.5 Management

Appraisal Processes

Robust arrangements are in place to ensure that HIV and AIDS funding proposals are thoroughly appraised and that the response to the pandemic remains appropriate and coherent. However, the logic for using a separate structure, the Divisional Committee for HIV and AIDS and Communicable Diseases, to approve certain HIV and AIDS expenditures is unclear. Incorporation of all HIV and AIDS proposals within the long established Project Appraisal and Evaluation Group (PAEG) structures and procedures would help Senior Management more efficiently maintain a comprehensive overview of a dynamic, if complex, programme.

Tracking Expenditure

Whereas Irish Aid funding has been appropriately allocated across a range of complementary interventions using different funding modalities, it is noted that there is a shortcoming with regard to the coding of HIV and AIDS expenditures in Irish Aid's financial information management system. HIV and AIDS expenditures are ordinarily reported under an OECD-DAC code that could include other types of expenditure, with the possibility that expenditures could be inconsistently classified. Though not material, this situation required, in some instances, the retrospective identification of the HIV and AIDS expenditure covered by this review. There is a need to examine how Irish Aid's financial management information system can better, and more efficiently, track its HIV and AIDS funding

Monitoring and Evaluation

In its approach to monitoring and evaluation, Irish Aid has appropriately adopted harmonised approaches and has avoided putting in place parallel mechanisms. By availing of the monitoring and progress reports of its global partners, by its close monitoring at programme country level and by its conducting of complementary studies, Irish Aid has taken an efficient and effective approach to tracking progress, to minimising risk, and thus helping better assure value for money. Rather than develop parallel systems, it is appropriate that Irish Aid should continue to draw upon and work with the existing monitoring frameworks, and associated performance indicators, at global and country levels. However, the 2000 strategy that guided Irish Aid's response did not have a performance measurement framework from the beginning. Though Irish Aid subsequently worked to put in place such frameworks, there is a continuing need to develop these further, thereby better enabling Irish Aid to measure objectively the results of its support.

It is recognised that the quality of statistical information, and its management, can much improve. Consistently reliable and verifiable data returns from various authorities and National AIDS Councils (or its equivalent) are essential for future planning. Given the importance of building statistical capacity, Irish Aid should continue to actively engage with developing such capacity.

Staffing

A key component of the management of the HIV and AIDS response is the engagement with international mechanisms, like-minded donors and national governments in the countries targeted by Irish Aid in order to provide the required oversight of the funding provided, to learn from the work of others and to optimise Ireland's influence over high level decision-making. A range of actors both within and without Irish Aid has governed Irish Aid's HIV and AIDS response. In terms of Irish Aid itself, all business units have been involved in some degree or another, whilst the Technical Advisory Group has provided external scientific and technical advice. Most staff time is absorbed in engaging with the organisations financed and in trying to influence their policies and approaches. Despite the continuous support of draw-down consultants, it is notable that there was only one full-time Irish Aid staff member dedicated to the immediate oversight of the HIV and AIDS response. While the use of drawn-down consultants represented a valid short-term solution to staffing constraints, this situation is unlikely to be sustainable beyond the short-term. Overall, the general staffing deficit represents a significant risk to the effective management of Irish Aid's HIV and AIDS response and does not help the development of Irish Aid's corporate learning and memory. Options such as limiting engagement through "Division of Labour" arrangements or "silent partnerships" are possible mechanisms for supporting initiatives in ways that are less demanding on staff time. However, these would imply a reduced emphasis on direct policy engagement. Strategic choices are required in this regard.

6.2 Recommendations

6.2.1 Strategy Development

The 2000 Strategy for HIV and AIDS stood the test of time and provided guidance for the development of a large expenditure programme. The current revision of the strategy is, however, timely and is fully endorsed by this Review. **It is recommended that it be completed and adopted as soon as is practicable.**

6.2.2 Staffing

Irish Aid has continuously engaged consultants on a draw-down basis to fill the gaps in its own human resources and to provide additional specialist input in technical areas. The high dependence on external consultants to manage a large scale programme is unsuitable, not least in that managing the consultants is itself time-consuming and diverts permanent staff time from programme management. This staffing deficit represents a significant risk to the effective management of the funding allocated and to the capacity to disseminate lessons learned.

Within the context of the international aid effectiveness agenda, clear and acceptable mechanisms exist to provide funding in ways that are less demanding on staff time. As it is unlikely, given current public finance constraints, that Irish Aid will have additional staff in the immediate future, **it is recommended that Irish Aid management examines how the existing HIV and AIDS programme can be adapted to ensure that the programme is managed by its current staff complement while reducing the dependency on external consultants.**

6.2.3 Funding Approvals

Robust arrangements are in place and are sufficient to ensure that funding proposals are properly appraised and that the response to the HIV and AIDS pandemic remains appropriate and coherent. In this regard, the Divisional Committee for HIV and AIDS and Communicable Diseases has played a central role. However, the need to use this committee to approve certain HIV and AIDS expenditures is unclear. The incorporation of all HIV and AIDS proposals within the Project Appraisal and Evaluation Group (PAEG) structures and procedures would ensure that Senior Management maintains a comprehensive overview and is fully aware of all funding proposals and resulting financial commitments. **It is recommended that the PAEG committee approves all HIV and AIDS funding.**

6.2.4 Measuring Performance

In its approach to monitoring and evaluation, Irish Aid has appropriately adopted harmonised approaches and has avoided putting in place parallel mechanisms. However, the 2000 strategy that guided Irish Aid's response did not have a performance measurement framework from the beginning, and only later did Irish Aid begin to develop such frameworks for the specific areas of its support. **It is recommended that Irish Aid continues to develop these further with special reference to core policy objectives of Irish Aid such as gender equality, food security and reduced vulnerability and that the new HIV and AIDS Policy and Strategy incorporates a clear monitoring and evaluation framework to ensure programme quality and assess performance.**

6.2.5 Managing Financial Information

It is noted that there are shortcomings with regard to the coding of HIV and AIDS expenditures in Irish Aid's financial information management system. In keeping with reporting commitments to the OECD-DAC for Official Development Assistance, Irish Aid uses DAC reporting codes. However, there has been no dedicated DAC "HIV and AIDS" code. HIV and AIDS expenditure is ordinarily reported under a DAC code that could include other types of expenditure, with the possibility that expenditures could be inconsistently classified. In addition, at the outset of Irish Aid's response to HIV and AIDS there was no clear definition of what constituted HIV and AIDS expenditure. Though not material, this situation required, in some instances, the retrospective identification of the HIV and AIDS expenditure covered by this review. **It is recommended that Irish Aid examines how its financial management information system can better, and more efficiently, track its HIV and AIDS funding**

6.2.6 Promoting Aid Effectiveness

In accordance with the Paris Declaration (and the 2008 Accra Action Agenda), there is a continuing need to promote harmonisation and to maintain a focus on "aid effectiveness" in all policy dialogue, planning and programme delivery. **It is recommended that in the context of its HIV and AIDS programme, Irish Aid should increase its efforts to promote aid effectiveness with its global and national partners and that the new HIV and AIDS policy and strategy has a strong focus in this area.**

6.2.7 Promoting Harmonisation and Alignment

Irish Aid has played an important role in the establishment of the Global Fund, which has had the effect of significantly scaling-up resources to fight HIV and AIDS. There are, however, certain problems of harmonisation and alignment of Global Fund activities with country processes, problems which still need to be fully addressed. **It is recommended that Irish Aid should continue to exert its influence to help ensure that Global Fund and other programme activities are harmonised and aligned with existing planning and management systems at country levels.**

6.3 Management Response to the Recommendations

Strategy Development

Recommendation
It is recommended that the current revision of the 2000 Strategy for HIV and AIDS be completed and adopted as soon as is practicable.

Management Response
Irish Aid intends to complete the new HIV/AIDS strategy by the end of March 2010.

Staffing

Recommendation
It is recommended that Irish Aid management examines how the existing HIV and AIDS programme can be adapted to ensure that the programme is managed by its current staff complement while reducing the dependency on external consultants.

Management Response
The Division has already reorganised its human resource team, including strengthening the Health and HIV/AIDS components of Irish Aid's overall programme. Initially there was only one specialist covering HIV and AIDS issues, with contracted consultants providing additional support. Now there are three full time specialists (experienced Public Health specialists) dedicated to HIV and AIDS issues. Dependency on external expertise has thus largely been greatly reduced, and there has been no need to recruit any consultants in 2009.

Funding Approvals

Recommendation
It is recommended that the PAEG committee approves all HIV and AIDS funding.

Management Response
The Divisional Committee for HIV and AIDS and Communicable Diseases has been discontinued and, since 2008, all Irish Aid HIV an AIDS proposals are approved by the Project Appraisal and Evaluation Group committee.

Measuring Performance

Recommendation
It is recommended that Irish Aid continues to develop performance measurement frameworks further with special reference to core policy objectives of Irish Aid such as gender equality, food security and reduced vulnerability and that the new HIV and AIDS Policy and Strategy incorporates a clear monitoring and evaluation framework to ensure programme quality and assess performance.

Management Response
The new Irish Aid HIV/AIDS Policy will have a performance assessment and results framework that can monitor and evaluate performance against goals, outcomes and objectives. Reinforcing this is the work underway to build more robust results-based programming at all levels in Irish Aid. This centres on concerted efforts to keep expected results at the heart of all programming, implementation, monitoring and evaluation. In keeping with Irish Aid's focus on managing-for-development-results, Programme Countries in their quarterly and annual reports and Mid-Term Reviews, will use the their results-based frameworks to report on the key achievements of the programme

Managing Financial Information

Recommendation
It is recommended that Irish Aid examines how its financial management information system can better, and more efficiently, track its HIV and AIDS funding

Management Response
Important improvements to the financial management information system are being made, particularly since 2006. These changes have included an improved internal coding structure which helps ensure that Irish Aid can now track HIV and AIDS expenditure at sector and detailed project level across the entire programme. Irish Aid will continue to implement improvements to the coding system to provide more detail and analysis of expenditure while ensuring comparability with prior years. Notwithstanding shortcomings in the DAC codes in relation to tracking HIV and AIDS related expenditure, as a member of the OECD-DAC Irish Aid will also continue to report ODA expenditure under the DAC directives and definitions. DAC codes are now used to provide supplementary information to Irish Aid's internal programme and project codes established to track its HIV and AIDS expenditure.

Promoting Aid Effectiveness

Recommendation

It is recommended that in the context of its HIV and AIDS programme, Irish Aid should increase its efforts to promote aid effectiveness with its global and national partners and that the new HIV and AIDS policy and strategy has a strong focus in this area.

Management Response

In accordance with its commitments to the Paris Declaration and the 2008 Accra Agenda for Action, Irish Aid will continue to promote a harmonised approach to national HIV and AIDS responses by development partners, and to promote the use of country systems for planning, programme delivery, monitoring and evaluation at all levels. Promoting partner country ownership and mutual accountability for results in its HIV and AIDS programme will continue to be a key element of the revised Irish Aid HIV and AIDS policy.

Promoting Harmonisation and Alignment

Recommendation

It is recommended that Irish Aid should continue to exert its influence to help ensure that Global Fund and other programme activities are harmonised and aligned with existing planning and management systems at country levels.

Management Response

Irish Aid will intensify its engagement with the Global Fund over the next four years. Between 2009 and 2011, Irish Aid will acting as vice-chair of one of the constituencies of the Global Fund board. This will be followed by taking up the chair of the constituency and a full seat on the board from 2011 to 2013. Irish Aid will be in a very strong position to leverage actions of reform within the Global fund in line with commitments to the Paris Declaration and the Accra Agenda for Action to maximise aid effectiveness. A specific priority action that Irish Aid will undertake during its term on the Board is to ensure the Global Fund remains accountable to these commitments at country level, especially in Irish Aid Programme Countries. This will include the Global Fund's commitment to health systems strengthening.

Malawian farmer with groundnuts. Photo: Daniel Rowan

Appendices

Appendix A: Terms of Reference

Terms of Reference for a Value for Money and Policy Review Study in Irish Aids HIV / AIDS expenditure

The evaluation of the support for Irish Aid's HIV / AIDS 2000-07 expenditure is part of the Value for Money and Policy Review process of the Department of Foreign Affairs. It is a study of the practical operation of the programme since 2000. The *Public Service Management Act,* 1997 and the *Comptroller and Auditor General (Amendment) Act,* 1993, set the background for this review as regards the achievement of economy, efficiency and effectiveness and the maintenance of adequate systems, practices and procedures for the purpose of evaluating effectiveness (VFM).

The Terms of Reference for this review are based on the Department of Finance template for Value for Money and Policy Reviews. The review will:

1. Identify the programme objectives.

2. Examine the current validity of these objectives and their compatibility with the overall strategy of the Department responsible for the implementation of the HIV / AIDS Strategy. In particular:

   – Evaluate if the Policies, Strategies and Approaches were appropriate and coherent to attaining the objectives of Irish Aid's policies;
   – Assess if they were evidenced based, appropriately responsive to changes (political and international) that occurred during the period and if they reflected international best practice;
   – In view of the above, ascertain to what extent the expenditure was compatible with the Policies, Strategies and Approaches of Irish Aid;
   – Analyse expenditure patterns in relation to stated objectives.

3. Define the outputs associated with the programme activity and identify the level and trend of those outputs. In particular:

   – Identify critical outputs achieved at the various levels (Global, Regional and Country) using primary and secondary sources;
   – Analyse expenditure patterns in relation to outputs.

4. Examine the extent that the programme's objectives have been achieved, and comment on the effectiveness with which they have been achieved.

5. Identify the level and trend of costs and staffing resources associated with programme and thus comment on the efficiency with which it has achieved its objectives.

6. Evaluate the degree to which the objectives warrant the allocation of public funding on a current and ongoing basis and examine the scope for alternative policy or organisational approaches to achieving these objectives on a more efficient and effective basis (e.g. through international comparison and best practice). In particular:

   – Ascertain, the impact and contribution of the intervention / expenditure at the various levels[37] where possible and, in the case of one country study[37] with respect to an Irish Aid Country Priority Programme intervention.
   – Assess if, based on existing levels, managements arrangements to ensure programme quality are sustainable.

7. Specify potential future performance indicators that might be used to better monitor the performance of the HIV / AIDS Strategy.

37 At Global and Regional levels and where appropriate, it will be acceptable to use secondary sources to come to broad conclusions.

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Appendix C: Consultations

Ireland	Name	Position	Organisation
	Prof. Samuel J. McConkey	Head and Associate Professor	Department of International Health & Tropical Medicine Royal College of Surgeons Ireland
Mozambique	**Name**	**Position**	**Organisation**
	Luc Pimcince	First Secretary	Government of Canada High Commission of Canada
	Humberto Cossa	Senior Health Specialist	Mozambique Country Office The World Bank
	Mauricio Cysne	Country Coordinator	UN AIDS Mozambique
	Sabine Rens	Country Director	Clinton Foundation Mozambique
	Diogo Milagre	Deputy Executive Secretary	National AIDS Council Mozambique
	Jonas Chambule	Health Advisor	Embassy of Ireland Mozambique
Geneva	**Name**	**Position**	**Organisation**
	Lina Nkanen	Human Rights Programme Officer	Human Rights and Law Unit Evidence, Monitoring and Policy Department UN AIDS Geneva
	Mariangela Bavicchi-Lerner	Chief	Resource Mobilization UN AIDS Geneva
	Merle Wangerin	External Relations Officer	Resource Mobilization Partnerships and External Relations UN AIDS Geneva
	Dr Teguest Guerma	Associate Director	Department of HIV / AIDS World Health Organisation Geneva
	Christophe Benn	Director	External Relations The Global Fund Geneva
	Shahnaz Kianian-Firouzgar	Deputy Regional Director	United Nations Children's Fund Geneva

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