



Chapter 7

Role of NAC and NAS

1. Why is this chapter important?

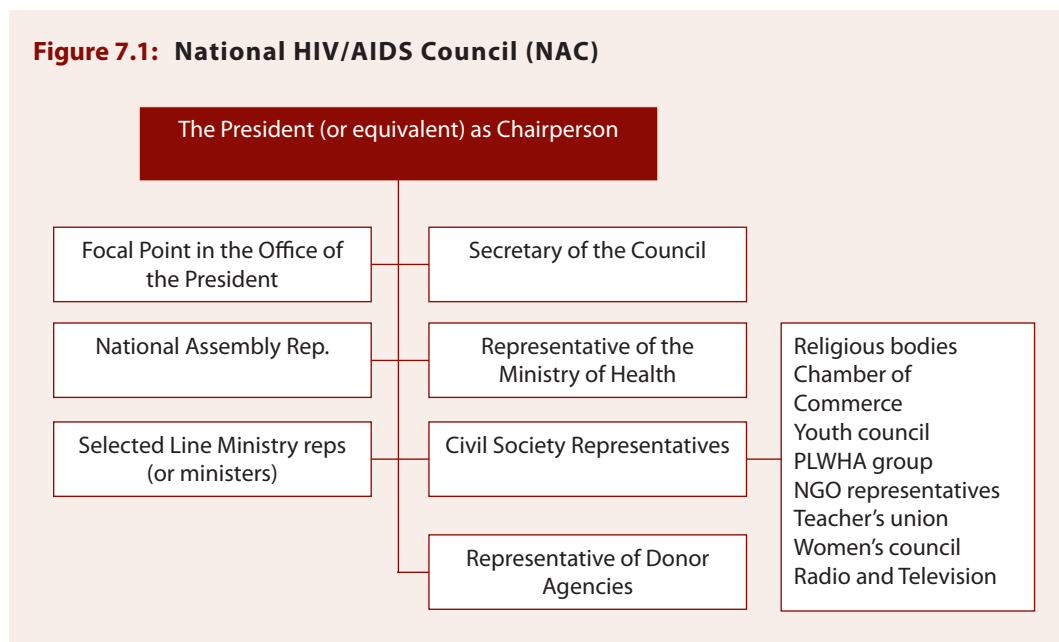
To participate in the MAP, every country has established a high-level HIV/AIDS coordinating body with broad stakeholder representatives and developed a strategic, multi-sectoral approach to HIV/AIDS. Creating a high-level body has been relatively straightforward. Defining its role and making it operational have been more difficult. Similarly, national policies and strategies have been drafted, but translating these principles into an implementation program empowering implementing agencies from the village to the nation has proven to be a major challenge.

This chapter offers practical suggestions on the role for a National AIDS Council (NAC) and the National AIDS Secretariat (NAS), and their roles in converting the strategy into concrete project implementation.

2. What are the typical roles of the NAC and its Secretariat?

(a) The role of the National AIDS Council (NAC)

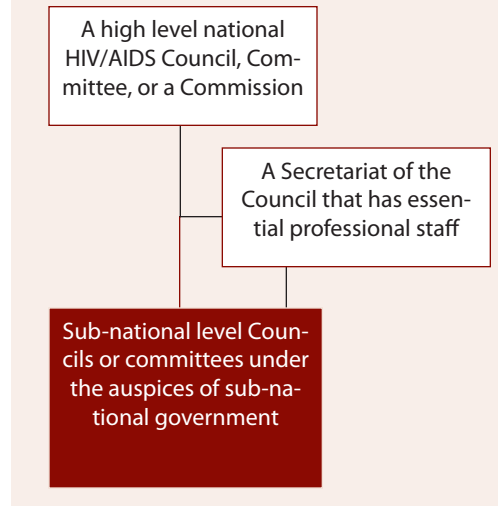
In each MAP country, a high-level body has been created to oversee the national multi-sectoral HIV/AIDS program. The NAC includes representation from all principal stakeholders concerned with the epidemic--public sector organizations, private business, NGOs, FBOs, CBOs, people living with HIV/AIDS—and headed by the head of state, prime minister or other senior public official above the ministerial rank. (See Figure 7.1.)



In principle, NACs are responsible for: (i) guiding the elaboration, approval, and revision of the national HIV/AIDS strategy and action plan, (ii) defining policies, (iii) approving large projects with a national scope, (iv) reviewing and approving annual work programs and global budgets, (v) reviewing progress in the implementation of the program, and (vi) serving as the lead advocate for attention to the HIV/AIDS epidemic

In reality, its role is often ill-defined. The Council may meet regularly but infrequently, particularly if chaired by the President or the Prime Minister, and its members may have little training in their responsibilities. Most NACs have not yet played a role in approval of programs or oversight of the MAP itself. In most countries, NACs are supported by a Technical Advisory Committee that provides advice on professional matters.

Figure 7.2

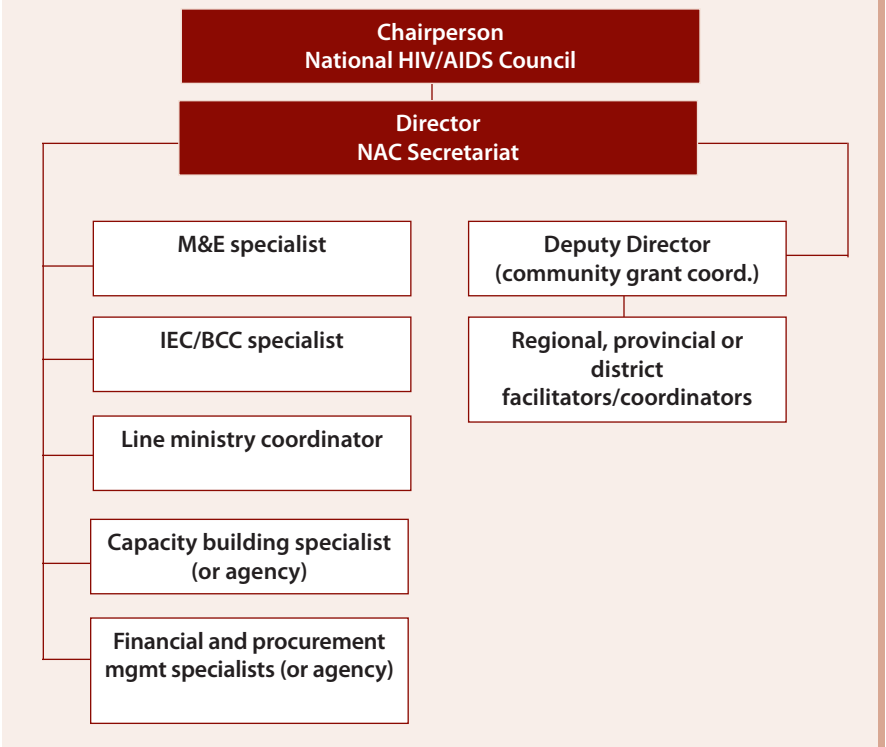


(b) The role of the secretariat supporting the NAC (NAS)

The NAC is served by a secretariat or a coordinating unit (in some countries it is a special secretariat¹⁰ within a Ministry, or a separate Project Coordination Unit¹¹) responsible for the day-to-day business of the national HIV/AIDS program, the “NAS”. From country to country NAS takes different forms, uses different nomenclature, and has different responsibilities.

Assuming NAC is chaired by the head of state or prime minister, NAS operates under their offices. NAS is composed of a limited core staff which manages contracting services for both administrative and programmatic aspects, and is complemented by sectoral focal points (see Figure 7.3). Generally NAS is the principal administrative and technical support to the National HIV/AIDS Council and is the main coordinator and facilitator of the national multisectoral HIV/AIDS program, whether funded by the World Bank or other donors. The NAS is typically responsible for: (i) supporting multi-sectoral HIV/AIDS program planning and implementation, training, research, monitoring and evaluation; (ii) stimulating HIV/AIDS responses within line ministries as well as at sub-national levels (regional, district, municipalities), NGOs and other partners so as

Figure 7.3: Illustrative NAS Structure and Staffing



¹⁰ For example Mozambique

¹¹ For example Uganda

to enhance coordination; (iii) reviewing annual work plans and budgets developed by ministries, regions, and municipalities for presentation and approval by the NAC; (iv) managing the national HIV/AIDS program in accordance with an administrative, financial, and procurement operations manual; (v) monitoring and evaluating HIV/AIDS programs at all levels; (vi) compiling and providing regular reports to the NAC (whether monthly/quarterly/annual); and (vii) liaising with donors.

For both the NAC and the NAS the critical task is to monitor and evaluate the national response. The contribution of a strong M&E effort cannot be under-emphasized and needs to be underscored regularly. Chapters 23-24 treat M&E and social impact monitoring in detail.

3. NAC/NAS and the Country Coordination Mechanism

In some countries where NAC/NAS is established and has sufficient management capacity, it also carries out the responsibilities as the Country Coordination Mechanism for the Global Fund against HIV/AIDS, TB and Malaria (GFATM) (for example The Gambia). In another case, for example in Angola (under preparation) CCM is going to be responsible for the oversight role of the MAP support.

Such arrangements ensure that the government institutions are not over burdened with unnecessary coordination responsibilities to achieve the same objectives.

4. Lessons learned and recommendations

- **NAS can sometimes become a bottleneck to effective activity implementation.** The intent of the MAP approach was to have a “light” unit in the NAS which would guide programs and facilitate implementation, contracting services for many of its specialized activities. The basic rule is that NAS should only have the minimum staff it needs to manage contracting services. In reality, some NAS units are emerging as government bureaucracies, creating “in-house” capacity and “empowering” themselves rather than empowering implementing agencies in ministries, civil society and communities. Some NAS themselves as implementation units with “command and control” authority. Also, in some countries the entire MOH staff dealing with HIV/AIDS was moved to the NAS, thereby weakening the health sector and diminishing the multi-sectoral nature of the NAS. The tendency of some NASs to move from “coordination and facilitation” to “command and control” may represent the single greatest danger for the national multi-sectoral HIV/AIDS program to implement rapid and sustainable action. This tendency can be avoided by:
 - Contracting services to carry out functions such as financial management, procurement, M&E, IEC/BCC, capacity development, and elements of program approval and disbursement of funds. Experience indicates contracting services is more efficient and effective than NAS staffing itself to perform such functions;
 - Close oversight of the national response by the NAC, with annual work programs, service standards and performance reviews for NAS and its staff;
 - NAS staff need to be few in number but highly qualified and recruited not only from the public service but also from the private sector and civil society. NAS staffing should not result in weakening the already limited capacity of the Ministry of Health to carry out its functions;
 - Secondment of private sector and NGO staff to the NAS for high-priority activities; and
 - Separating the two key functional areas of the NAC and NAS: (i) Program aspects including preparation, approval and coordination, monitoring and evaluation, advocacy. (ii) Program administration - the actual disbursement of funds, financial management, procurement. All program administration and many program aspects can be provided by contracted services from the public or private sector so that NAC does not become a cumbersome bureaucracy.

- **Contracting for services is both efficient and effective.** As HIV/AIDS overwhelms public systems, contracting for services is a way of bringing in reinforcements. By involving more people and organizations in the struggle, it reduces the work that any one of them has to bear. It also builds interest within the private sector to engage more closely in addressing HIV/AIDS. It is, therefore, desirable in and of itself. It also provides several functional advantages:
 - Contracting promotes an efficient division of labor. Many tasks are so specialized or repetitive that they are best carried out by entities that have developed expertise in them. Most of these having nothing to do with HIV/AIDS; they include such detailed (and mundane) tasks as collecting program data, financial management and procurement. Delegating this work to those who know it best liberates public officials to perform the HIV/AIDS-specific functions that they alone can fulfill (such as setting policy).
 - Private contracting of such services also tends to be less expensive. Competition in tendering will produce the best available price, and in the course of the contract the firm will look for the most cost-effective means of fulfilling its obligations.
 - NAS officials sometimes fear that contracting for services will mean a loss of control. In fact, the opposite is true. Contracting actually increases NAS's control. When a NAS purchases services from a contractor, it can specify in the contract precisely the nature, level, mix, and standards of services it expects. The contractor has an incentive to perform well, both to ensure renewal of the contract and to enhance its commercial reputation, given the high profile of national HIV/AIDS programs. If the contractor fails to perform, it can be held legally compelled for any resulting delay or damages, and NAS can terminate the contract. By contrast, when a NAS depends on public sector providers, there are generally no service standards, and NAS has neither legal recourse for substandard performance nor authority to terminate the provider. Given the rigidity of most civil service systems, this leaves NAS at the mercy of a single provider.
- **NAC should be a national, multisectoral, multi-stakeholder body, located at the highest executive level of Government, endorsed by the legislative branch.** Given the developmental nature of the HIV/AIDS problem, NAC ownership should be cross-sectoral, inclusive rather than exclusive. NAC should be the channel for donor and other partner dialogue and commitment. NAC composition, size and functions will reflect the country's situation but in any case should be located in the highest government level which can provide the necessary authority and sustained commitment to action to carry out a successful program.
- **NAC must have a clear mandate to function effectively.** NAC and its supporting secretariat (NAS), must have their roles, functions and responsibilities well defined. This is particularly important with respect to any coordinating functions, and the relationship with focal points (especially line ministry focal points who represent their Ministers). The effectiveness of NAC is widely perceived to rest more on its advocacy¹², policy, resource mobilization, and monitoring functions than on direct intervention. NAC/NAS mandates and priorities must be clear so that partner agencies in both the public and private sector and civil society understand, cooperate, and support NAC/NAS. To be credible and effective NAC members will need to devote time to capacity building and training. This is not always easy given the high level positions and standing of NAC representatives. In some countries such as Kenya, NACs have established sub-committees to focus on specific aspects of the MAP program, as indicated in Box 7.1.

Box 7.1: NAC Sub-Committees

In Kenya the National AIDS Council has established sub-committees to handle specific responsibilities, each headed by a specialist (such as the representative of the private sector on finance):

- Finance
- Monitoring and evaluation
- Program management
- Institution building

In addition, it has created a National Executive that acts on behalf of the NAC between meetings.

¹² NACs often hire specialized firms to establish and operate a communications strategy both for advocacy and to publicize the many HIV/AIDS activities that can be, or are, funded.

- **Training needs of NAS and implementing entities need to be better focused and coordinated.** In contrast to the lack of training for NAC representatives, there has often been too much “training” of NAS staff from a myriad of donor and technical agencies. The training has not always been focused on the right issues. NAS ought to have a systematic and coordinated training program for itself and its associated implementation entities, focused on: (i) facilitation, coordination and communication skills; (ii) updated technical knowledge on HIV/AIDS prevention, care and support and impact mitigation; (iii) management skills, including developing realistic work plans, financial management and computer skills; and (iv) monitoring and evaluation.
- **Work programming needs to be stronger.** One of the most difficult tasks of project management is to translate strategies and plans into effective action. NAS units are charged with the responsibility to coordinate the development and aggregation of annual work plans from cooperating agencies. While criteria for project selection have been developed, they are not always shared with ministerial focal points. In the future, arguably the single-most important role for a NAS will be to develop an integrated, fully-costed annual project implementation plan for approval by the NAC, with clear definition of responsibilities, outputs and budgets.
- **Contracting of services should be the rule.** The goal of having a “light” NAS structure and avoiding a new bureaucratic structure will only be accomplished with extensive contracting of services, rather than expanding NAS permanent staff. This is true for both administrative and technical responsibilities.



See Annex 7 (CD-ROM) for further references

