Multisectoral Coordination of HIV/AIDS Programmes. A Study of Tanzania.

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Dissertation submitted for the degree of Ph.D. in Political Science, Department of Political Science, University of Oslo.

Series of dissertations submitted to the
Faculty of Social Sciences, University of Oslo
No. 331

ISSN 1504-3991

Cover: Inger Sandved Anfinsen.
Printed in Norway: AIT Oslo AS.

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Preface

This Ph.D. project would probably never have been pursued if it had not been for the acknowledgement among medical researchers of the need to study the political, financial and institutional context of HIV/AIDS programmes in Sub-Saharan Africa. Due this rightfully perceived need, Professor Knut Fylkesnes, Center for International Health (CIH), University of Bergen, approached the Norwegian Institute for Urban and Regional Research (NIBR) to join an application for a component to an existing research project titled 'Searching for effective HIV/AIDS prevention and care in Sub-Saharan Africa. Focusing on local contexts'. As NIBR and CIH were awarded funding from the GLOBVAC programme in the Research Council of Norway, this Ph.D. project was secured funding. I am truly grateful for having been given the chance to participate in this broad multi-disciplinary project. Fylkesnes, the overall project leader, deserves thanks for inviting NIBR to participate in the project.

Many people have helped me in various ways throughout this Ph.D. project. First of all, I have benefited greatly from critical comments and advice from my two supervisors, Professor Olle Törnquist (main supervisor) and Assistant Professor Jan Froestad (co-supervisor). I am grateful to both of you for supervision in the various stages of this project—you devoted more time to comment upon my work than could have been expected. Olle's focus on the importance of understanding and critically analysing the political context in which global ideas and policies unfold at national and local levels in developing countries has inspired my work. Likewise, I have appreciated Jan's work and knowledge in the field of governance networks.

Secondly, I would like to express my gratitude to Berit Aasen who has been the project leader for the NIBR component of the joint NIBR-CIH project in which this Ph.D. has been part. Your input at all stages of the work with this dissertation has

been invaluable and much more than expected of a project leader, Berit. Thank you so much for your kind assistance! Further, I would like to thank Arild Schou, the third NIBR project team member, for reading and commenting on most of my work.

Peris Jones— another (former) NIBR researcher—deserves thanks for input on parts of the dissertation and for the knowledge he has shared from his own research on HIV/AIDS. Thanks also to Aadne Aasland at NIBR for comments and good discussions on comparative aspects of HIV/AIDS programmes in Eastern Europe and African countries and to NIBR colleague Einar Braathen for inputs on Tanzanian politics and decentralisation. Moreover, I have been lucky to have Marit Haug as head of the Department for International Studies at NIBR where I have worked. Marit deserves thanks for her kind support and for reading and commenting upon several pieces of this dissertation.

Furthermore, I would like to thank the rest of my former and present colleagues in the Department of International Studies and some in other departments at NIBR who have provided theoretical, empirical or practical inputs and support for my work. Thanks to (in alphabetical order): Inger Balberg, Mikkel Berg-Nordlie, Arne Dalfelt, Jane Vogt Evensen, Daniela Orge Fuentes, Hege Hofstad, Stig Jarle Hansen, Jørn Holm-Hansen, David Jordhus-Lier, Darley Kjosavik, Gro Sandkjær-Hanssen, Arne Tesli, Trond Tjerbo, Trond Vedeld, Inger-Helene Wang Andresen, Henrik Wiig and Guro Aandahl.

A final note on the articles is needed as well. Article 1: Hellevik SB (2009) Making the Money Work: Challenges towards HIV/AIDS Coordination in Africa. In: MacLean S, Brown S and Fourie P (eds) *Health for Some: The Political Economy of Global Health Governance.* Houndmills: Palgrave Macmillan, 145-164, has been reproduced with permission from Palgrave Macmillan. Article 2: Hellevik, SB (forthcoming) Governing through coordination? Multisectoral HIV/AIDS Coordination in Tanzania, has been reproduced with permission of International Review of Administrative Sciences/SAGE Publications. The article is to be published in *International Review of Administrative Sciences,* Vol. 78 (3) September 2012. Article 3: Hellevik SB Coordination of HIV/AIDS services through multilevel governance in Tanzania? was under review in *Public Administration and Development* at the time of

submitting the dissertation, but at the time of printing this dissertation, the article is under review in *Journal of HIV/AIDS and Social Services*.

Turning to the field in Tanzania, I am indebted to all those interviewees who generously shared their time answering my questions and providing documents. My hope is that the findings of this dissertation may help you to improve HIV/AIDS programmes in Tanzania. Moreover, I express my gratitude to Professor Kamuzora at Institute for Development Studies, University of Dar es Salaam for finding research assistants to accompany me. I would also like to thank Claudius Ngindo, Langa Sarakikya and Aggrippina Mosha for assisting me on field work. In addition, many people have commented upon my work or provided useful inputs and ideas at conferences, seminars and on other occasions in Norway and abroad and deserve thanks (in alphabetical order): Astrid Blystad, Sherri Brown, Morten Bøås, Tom Christensen, Dag Harald Claes, Øyvind Eggen, Stephan Elbe, Maria Gjølberg, Silje Hagerup, Wolfgang Hein, Moritz Hunsmann, Marte Jürgensen, Juri Kasahara, Carl Henrik Knutsen, Gro Lie, Franklyn Lisk, Sandra McLean, David McLean, Desmond McNeill, Karen Marie Moland, Francis Namisi, Lot Nyirendra, Anne Pitcher, Ruth Prince, Gyda Marås Sindre, Anne Pitcher, Anna Schönleitner, the late Mai Bente Snipstad, Ellen Stensrud, Lars Svåsand, Kristin Ingstad Sandberg, Ingvild Fossgaard Sandøy, Nils Gunnar Sogstad, Dag Einar Thorsen, Torunn Tryggestad, Mary Tuba, Alexander Vadala, Gill Walt, Annika Wetlesen and Maren Aase. Furthermore, thanks to the SUM Ph.D. School for providing a great environment for presenting and discussing work in progress. I am also indebted to Monica Djupvik, Sigrun Møgedal, Ingvar Theo Olsen and Anne Skjelmerud at Norad/Norwegian Ministry of Foreign Affairs for having generously invited NIBR to meetings with the Global Fund and having answered my questions and showed interest in my work.

Finally, I am grateful for the support of family and friends throughout these years. Thanks to Hanne, Solveig, Maria, Elisabeth and Susanne for friendship, interest and talks along the way. Thanks to my parents for teaching me the joy of hard work, the value of commitment, giving me mental support and for babysitting. Thanks to my sisters, Elise and Maria, my brothers- and sister-in-law, Bjørn-Eirik, Peter and Synnøve, for encouraging words—and not the least—for babysitting when I was

travelling and at other times. Moreover, in particular, I am indebted to my parents-in-law—Hanna Elise and Per Jarle—for your help in babysitting, often several times a week, which made it possible to travel and complete this Ph.D. and several other research projects on reasonable time without exhausting the family. Finally, I am grateful for the support of the three most important people in my life: Petter, Sofia and Linnea. To Sofia and Linnea: Thanks for smiles, hugs and time spent together that has given me healthy breaks from work. Many thanks to Petter for your commitment, encouragement, mental support, patience and inspiration throughout these years—all are vital factors that have enabled me to pursue and complete the Ph.D.

Abbreviations

AB	Abstinence and Behaviour Change Programmes
AIDS	Acquired immune deficiency syndrome
AMREF	African Medical and Research Foundation
ARVs	Anti-retroviral drugs
ASAP	AIDS Strategy and Action Plan Service
BAKWATA	The Muslim Council of Tanzania
CBO	Community-Based Organisation
CCM	Country Coordinating Mechanism
CHAC	Council HIV/AIDS Coordinator
CHAT	Country Harmonization and Alignment Tool
CIDA	Canadian International Development Agency
CMAC	Council Multisectoral AIDS Committee
CoATS	Coordinating AIDS Technical Technical Support database
CSSC	Christian Social Services Commission
CTU	Care and Treatment Unit
DHAC	District Health AIDS Coordinator
DPG AIDS	Development Partners' Group on AIDS
FBOs	Faith-based organisations

FHI	Family Health International
GAVI Alliance	Global Alliance for Vaccination Initiative
GFCCP	Global Fund Country Coordinated Programme
GF/GFATM	The Global Fund to fight AIDS, Tuberculosis and Malaria
GHI	Global Health Initiative
GIST	Global Joint Problem-Solving and Implementation Support Team
GTT	Global Task Team
GTZ	Deutsche Gesselschaft für Technische Zusammenarbeit
ICAD	Interagency Coalition on AIDS and Development
ICASO	International Council of AIDS Service Organisations
ICTC	Integrated Counseling and Testing Centre
HIV	Human immunodeficiency virus
HSSP	Health System Strategic Programme
INGOs	International Non-governmental Organisations
MOH	Ministry of Health
MAP	Multi-Country HIV/AIDS Programme for Africa
M&E	Monitoring and Evaluation system
MOEC	Ministry of Education
MOF	Ministry of Finance
MOHSW	Ministry of Health and Social Welfare
NAC	National AIDS Commission/National AIDS Coordinating authority
NACP	National AIDS Control Programme
NCTP	National Care and Treatment Programme

NGOs	Non-governmental organisations
Norad	Norwegian agency for development cooperation
NSEP	Needle and Syringe Exchange Programmes
PEPFAR	The American President's Emergency Plan For AIDS Relief
PMO-RALG	Prime Minister's Office Regional Administration and Local Government
PLWHA	People Living With HIV/AIDS
PPP	Public-Private Partnership
PSI	Population Services International
RFAs	Regional Facilitating Agencies (under T-MAP)
RNE	Royal Netherlands embassy
SARS	Severe Acute Respiratory Syndrome
Sida	Swedish international development agency
SWAp	Sector Wide Approach programme
TACAIDS	Tanzania Commission for AIDS
T-MAP	Tanzania Multisectoral AIDS Programme
TNCM	The Tanzanian National Coordinating Mechanism
TSF	Technical Support Facility
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNDG	United Nations Development Group

UNICEF	United Nations Children's Fund
US	United States of America
USAID	United States Agency for International Development
WB T-MAP	The World Bank Tanzania Multi-sectoral AIDS Programme
WHO	World Health Organisation
3/5	The 3 by 5 campaign by WHO (3 million on ARV treatment by 2005).

1 Introduction

1.1 Introducing the Dissertation

This dissertation studies the multisectoral[1] coordination of HIV/AIDS as a social issue. Until 2000, HIV/AIDS[2] was mainly regarded as a health issue. The national HIV/AIDS programmes that appeared in the 1980s in countries with large-scale HIV epidemics were health-oriented (Barnett and Whiteside, 2006). HIV/AIDS is not only a health issue, but also a social issue. Many different aspects of HIV/AIDS make it a social issue, spanning from specific health sector work to mitigation work, such as assistance to orphans and home-based care for people living with HIV/AIDS. Other aspects of HIV/AIDS as a social issue[3] relate to the importance of addressing it in schools and workplaces as a form of preventive work. There are also political and economic factors involved in embracing HIV/AIDS as a social issue—such as the negotiations on anti-retroviral drugs.

This dissertation focuses on multisectoral coordination of HIV/AIDS as a social issue in Tanzania, one of the countries with a large-scale HIV/AIDS epidemic. It is in these countries that HIV/AIDS is one of the greatest social issues that need to be coordinated through governmental action (UNAIDS, 2010). The current study

[1] As this dissertation studies multisectoral coordination of HIV/AIDS, it does not include a separate analysis of the health sector coordination of HIV/AIDS.

[2] The human immunodeficiency virus (HIV) that causes acquired immune deficiency syndrome (AIDS) was first described as a disease/virus in 1981, but had most likely existed in parts of sub-Saharan Africa for several decades (Chin, 2006; Iliffe, 2006). Approximately 33.3 million people are living with HIV/AIDS—22.4 million of them in sub-Saharan Africa (UNAIDS, 2010).

[3] There is an extensive literature covering social issues of HIV/AIDS (e.g. Auerbach et al., 2011; Bertozzi et al., 2008; Gupta et al., 2008; Parkhurst, 2010; Stillwaggon, 2006). For a discussion of specific political aspects related to HIV/AIDS, see e.g. Altman (2006); De Waal (2005); Gaurie and Lieberman (2006); Parkhurst (2005); Poku et al. (2007); Seckinelgin (2008).

focuses on identifying the patterns and challenges in multisectoral coordination and explaining why these patterns and challenges have occurred. This is done through an examination of the strategy and formal government coordination structures set up to address HIV/AIDS as a social issue. More specifically, the strategy selected for governing HIV/AIDS as a social issue—multisectoral coordination—implies that sectors outside the health sector will be involved in HIV/AIDS work in addition to non-state actors, such as civil society organisations and the private sector. Multisectoral coordination has been a donor-driven strategy (Harman 2009b, d). It is important to study such coordination because African countries have adopted it as the strategy and structure for coordination of HIV/AIDS programmes in these countries.

Furthermore, to ensure multisectoral coordination, starting around 2000, most countries with large-scale epidemics (e.g. African countries) began to establish formal national and local government coordination structures. The national coordination structures included the National AIDS Commission/Council (NAC) and a country coordinating mechanism (CCM), and the local coordination structures were a local government HIV/AIDS committee and a local government HIV/AIDS coordinator (see articles 1-4). These formal government structures are studied in this dissertation. The coordination structures emerged around 2000; thus, this dissertation examines the 2000 through 2010 period. The dissertation limits its focus to donor-funded HIV/AIDS *programmes* as governments and non-state actors[4] take part in multisectoral coordination of HIV/AIDS work through programmes.

African countries have received funding from the World Bank Multi-Country HIV/AIDS Programme for Africa (MAP) to assist in setting up NACs and local committees, while the Global Fund to Fight AIDS, Tuberculosis and Malaria has supported the CCMs, as these were solely designated to coordinate Global Fund funding. Little development aid was provided for HIV/AIDS work until the MAP was established. The United Nations declared HIV/AIDS 'a global emergency' in

[4] With the exception of the national and local government bodies that are involved in HIV/AIDS work, all other organisations are only studied as they participate in such coordination through the global programmes from which they receive funding. See Seckinelgin (2008) for a comprehensive analysis of NGOs' work on HIV/AIDS.

2001 (UN 2001:1). After this declaration, funding from bilateral and multilateral donors increased rapidly, from $300m in 1996 to $15,9b in 2009[5] (UNAIDS, 2010). Funding came mostly from global programmes established around 2000[6] (see articles 1 and 2). These programmes have funded HIV/AIDS work within and outside the health sector. Countries that received the funding (mostly African countries) soon experienced significant problems of fragmentation as many actors with differing priorities became involved in the work. In addition, limited absorptive capacity emerged as a problem in countries receiving the funding because most donor programmes increased funding rapidly and funded work by numerous state and non-state organisations at various levels (local, regional, national). These problems led to calls for improved coordination among the global programmes, as well as among these programmes and existing government coordination structures. In 2004, several multilateral and bilateral donors formally committed to support the already established coordination structures and improve coordination among donors. This commitment to coordination is referred to as the Three Ones principles (UNAIDS/WHO, 2004) (see article 1).

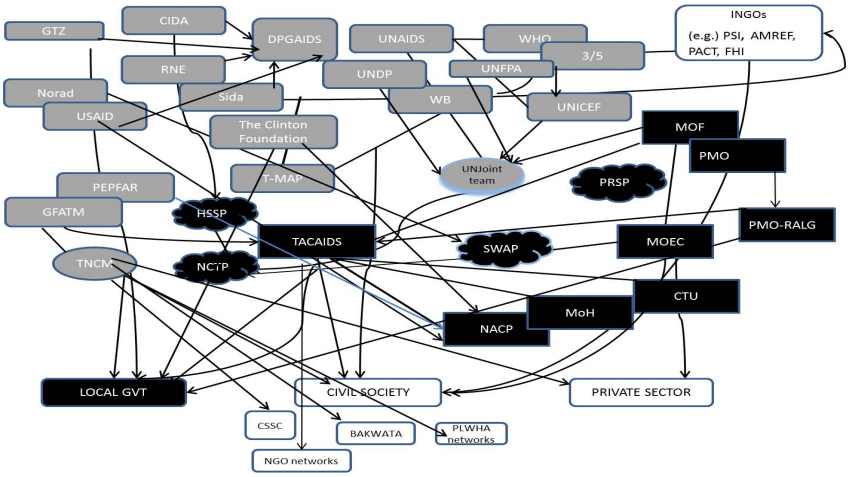
This dissertation examines the coordination structures set up through making use of the case study as a research design. The dissertation is a multilevel study which includes case studies of national (in article 2), national–local and local-level multisectoral HIV/AIDS coordination (in article 3), with Tanzania Mainland as the primary case (see section 1.3). The HIV/AIDS prevalence rate is 5, 7 per cent in Tanzania (GOT, 2008). Figure 1 demonstrates how complex the coordination of HIV/AIDS programmes has been over the last decade in Tanzania. The actors marked in grey are the bilateral and multilateral donors/programmes, the actors marked in black are the Tanzanian government ministries/agencies/units and the

[5] There is an ongoing debate about what impact the high levels of HIV/AIDS funding has had on the health systems in countries that receive funding. See, for instance, Biesma et al. (2009), England (2007), Levine and Oomman (2009), Rabkin et al. (2009), Sridhar and Batniji (2008), WHO (2009).

[6] Funding came in particular from three global health/HIV/AIDS programmes, the programmes that are studied in this dissertation: The MAP, the Global Fund (I only study its HIV/AIDS component) and the American President's Emergency Plan for AIDS Relief (PEPFAR). HIV/AIDS is part of the global health arena and has received a large share of available funding for global health in the 2000s (Hein et al., 2007a; Piva and Dodd, 2009). Although this dissertation sees HIV/AIDS within this overall context of global health, it is the specific HIV/AIDS work upon which the dissertation is focused.

actors marked in white are the non-state actors. The private sector is outside the scope of this study because the focus is on government coordination structures, but also, due to the need to limit the study.

Figure 1 Actors and Programmes[7] Involved in Multisectoral Coordination of HIV/AIDS Programmes in Tanzania (Hellevik's updated version of UNAIDS, 2005: 19).



This dissertation's purpose is to provide a critical analysis of the actual patterns, challenges and explain why the patterns and challenges that have occurred in Tanzania. The dissertation consists of an introductory chapter and four articles. This

[7] AMREF= African Medical and Research Foundation, BAKWATA= The Muslim Council of Tanzania, CIDA= Canadian International Development Agency, CSSC= Christian Social Services Commission, CTU= Care and Treatment Unit, DPGAIDS=Development Partners' Group on AIDS, FHI= Family Health International, GFCCP= Global Fund Country Coordinated Programme, GFATM/Global Fund=The Global Fund to fight AIDS, Tuberculosis and Malaria, GTZ= Deutsche Gesselschaft für Technische Zusammenarbeit, HSSP= Health System Strategic Programme, MOEC= Ministry of Education, MOF= Ministry of Finance, MOH=Ministry of Health (and Social Welfare (but in this dissertation only the Ministry of Health is examined), NACP= National AIDS Control Programme, Norad= Norwegian agency for development cooperation, NCTP= National Care and Treatment Programme PACT= an international NGO, PMO= Prime Minister's Office, PMO-RALG= Prime Minister's Office Regional Administration and Local Government, PRSP= Poverty Reduction Strategy Paper, RFAs=Regional Facilitating Agencies (under T-MAP) TACAIDS=Tanzania Commission for AIDS, SWAp= Sector Wide Approach Programme, PEPFAR= The American President's Emergency Plan for AIDS Relief, PLWHA=People Living With HIV/AIDS, RNE= Royal Netherlands Embassy, Sida= Swedish International development agency, TACAIDS= Tanzania Commission for AIDS, TNCM= Tanzania National Country Coordinating Mechanism, UNAIDS= Joint United Nations Programme on HIV/AIDS, UNDP= United Nations Development Programme, UNFPA= United Nations Population Fund, UNICEF=United Nations Children's Fund, USAID= United States Agency for International Development, WB T-MAP=The World Bank Tanzania Multisectoral AIDS Programme, WHO= World Health Organisation, 3/5= The 3 by 5 campaign by WHO.

introductory chapter has so far introduced the main theme of this dissertation: multisectoral coordination of HIV/AIDS as a social issue. Theoretical perspectives on coordination and governance are outlined in the next section. Then the research methods and data collection are described, before I present a summary of the findings of the articles. The last section of this introductory chapter discusses the findings from the articles included in this dissertation. The dissertation will address the following main research questions in this introductory chapter and in the four articles:

-What structural patterns and challenges of coordination emerge from coordination efforts among the government structures and global programmes involved at the various levels? (articles 1, 2, 3, 4)

-How do formal government coordinating structures and global programmes shape the efforts at multisectoral coordination at the global, national and local levels as well as across these levels? (articles 1, 2, 3, 4)

-How can we explain the structural patterns and challenges to multisectoral coordination at the global, national and local levels as well as across these levels? (articles 1, 2, 3, 4)

-How consistent are the structural patterns and challenges of coordination with the general pattern and challenges of aid coordination in Tanzania? (article 4)

Article 1 addresses all but the last question through an analysis of global-level coordination pattern and challenges among the global HIV/AIDS programmes and among them and African governments. More specifically, the article examines how redundancy, lacunae (i.e. that no organisation performs the necessary tasks required for coordination) and incoherence in aims and requirements among the global programmes and among them and African governments hinder coordination. Moreover, the article discusses how far these programmes and governments have come in developing a global governance network of HIV/AIDS and to whom the global programmes are accountable in their efforts at coordination.

Article 2 reveals the pattern and challenges to national-level coordination in Tanzania within the government (internal) and between the government and global

programmes and other actors (external), along the vertical and horizontal dimensions. The article then discusses how the pattern and challenges unveiled and the influence of the global programmes in this coordination can be explained by the political economy of the policy sector in which such coordination takes place.

Article 3 provides a study of the patterns and challenges to multilevel coordination between national and local levels and local-level coordination in Tanzania. The local-level coordination is examined through a case study of Ilala municipality. The article assesses how transparent and accountable the national and local-level coordination structures are in coordinating across levels. In addition, the article assesses how representative and participatory the local government coordination committee is in its work. Furthermore, the article discusses how the global programmes contribute to and influence the national–local and local-level government coordination in Tanzania.

Article 4 addresses the fourth question by using findings from the three preceding articles and other scholarly literature to discuss and explain how challenges in the multisectoral coordination of HIV/AIDS programmes are part of the general aid coordination challenges in Tanzania.

1.2 Theoretical Perspectives

The dissertation makes use of theoretical perspectives on coordination from organisation theory and supplements this with perspectives from governance theory. This section outlines the key elements of these theoretical perspectives. The theoretical propositions applied in the four articles of this dissertation are founded on these theoretical perspectives. This section thus serves as a general introduction to the specific discussions of the theoretical propositions in the four articles.

1.2.1 Theoretical Perspectives on Coordination

Definitions and Forms of Coordination

The limited scholarly literature that exists on coordination of HIV/AIDS programmes has been concerned with empirical descriptions of coordination and not

with discussions of coordination in theoretical terms (e.g. Harman, 2007, 2009b, 2009c; Morah and Ihalainen, 2009; Putzel, 2004; Spicer et al., 2010; see articles 1-4). The wider literature on global health governance also discusses coordination of HIV/AIDS programmes in light of general challenges to global health programmes (e.g. Gostin and Mok, 2007; Hein et al., 2009; Sridhar, 2009, Walt et al., 2009; see also article 2). This literature has mainly been concerned with empirical descriptions of the new global health programmes that have emerged in recent years. This literature has also discussed the role of these programmes in governing the global health domain amidst nation states and long-established international organisations, such as the World Health Organization (WHO). Some contributions in this literature make general reference to governance theory (e.g. Hein et al., 2009; Bartsch et al., 2009; Gostin and Mok, 2009). Hence, at least to my knowledge after an extensive literature review, neither the literature on HIV/AIDS coordination nor the broader global health governance literature makes any reference to the theoretical literature on coordination within political science.

In political science, most theoretical perspectives on coordination have been developed within the field of public administration—more specifically, within organisation theory and the sub-field of inter-organisational coordination[8]. The scholarly literature reviewed for this dissertation mostly discusses national coordination. However, the theoretical frameworks applied from this literature include non-state actors who may exist at other government levels, such as global programmes (see article 2).

Coordination has been defined in various ways in the literature, with different understandings of what coordination implies. Some reserve the notion of coordination for hierarchical structures while others include 'mutual adjustment' that may not involve any formal structures of coordination. Mutual adjustment may only

[8] Within organisation theory, Benson (1982) stated that some of the early analyses of interorganisational relations claimed that this was a separate field and not part of organisation theory. This dissertation does not view inter-organisational theory as a separate field, but as part of organisation theory because two of the three theoretical frameworks applied from organisation theory (i.e. Benson, 1982; Christensen and Lægreid, 2008) adopt the instrumental-structural perspective within organisation theory as the underlying theoretical foundation of their frameworks.

imply that an organisation changes its policies or makes decisions by taking into account the action or decisions of other organisations (Mulford and Rogers, 1982).

The definition of coordination in this dissertation focuses on multisectoral coordination, as this type of coordination is the subject of this study. Furthermore, the definition of such multisectoral coordination should take into account that the coordination is to occur through formally established government coordinating structures. The definition should also consider the political and administrative context of the African countries in which such coordination takes place, where informal politics are important in addition to formal politics and the administration of the government.

I am inspired by the scholars who have focused on inter-organisational coordination as a process and as mutual adjustment, for instance Mulford and Rogers (1982), Warren et al. (1974) and Wollmann (2003)[9]. I am also inspired by those scholars who recognise that structure, in addition to process, is important for studying coordination (Alexander, 1995; Christensen and Lægreid, 2008; Lie, 2010). Hence, I define multisectoral coordination as taking place when there is a recognised interdependence of two or more organisations (inter) or within different units of an organisation (intra) that make them come together in formal coordinating structures to solve a common problem that spans several sectors and levels, or when organisations/units within organisations mutually adjust to one another based on common decisions. These decisions may have been agreed to in negotiations or other formal arenas of decision-making. The decisions have created a division of labour for the agreed-upon work (Alexander, 1995; Benson, 1982; Jacobsen, 1993; Lie, 2010; Mulford and Rogers, 1982; Sørensen and Torfing, 2007; Wollmann, 2003).

Given the broad definition of coordination as outlined above, it is pertinent to differentiate among the various forms of coordination that such multisectoral coordination involves in a multilevel study. The coordination studied in this

[9] I am well aware of the contributions by Aligica and Boettke (2008), Landau (1963) and Scott (2000) that have a positive view of overlap among organisations (redundancy), but there is no room for further discussion of these arguments in the dissertation as this dissertation discusses how the actual attempts at coordination work out.

dissertation is both inter-organisational (between organisations) and intra-organisational (within organisations). The dissertation focuses on the aspects of this definition of coordination that concern the structural forms of coordination to identify the patterns of coordination at the various levels. Moreover, the dissertation focuses on the elements of interdependence and interaction among the government coordination structures and global programmes through formal arenas (e.g. meetings, agreements) (see in particular article 1). Hence, the discussion on mutual adjustment is limited to addressing the alignment of global HIV/AIDS programmes to national policies, budgets and plans, but also the harmonisation among the global programmes in priorities and requirements (see articles 1-4).

Furthermore, the coordination has a horizontal dimension, as it is to take place among organisations (and their programmes) at the same territorial and/or organisational level. The coordination also has a vertical dimension in that it is to be pursued among organisations (and their programmes) at different territorial and/or organisational levels. Inter-organisational coordination has been subject to much analysis in the scholarly literature and many definitions exist. This dissertation examines both inter-organisational and intra-organisational coordination, as well as the vertical and horizontal dimensions of this coordination. Thus, I only focus on the scholarly contributions that have discussed these dimensions and do not provide a comprehensive discussion of the fields of inter- and intra-organisational coordination.

Christensen and Lægreid (2008) outlined four different forms of coordination inspired by Gulick's (1937) seminal work on specialisation and coordination (see article 2). These four forms are drawn upon in article 2 in this dissertation to identify the pattern and challenges of multisectoral coordination of HIV/AIDS programmes at the national level in Tanzania. According to Gulick (1937), there is a dynamic relationship between specialisation and coordination. As Christensen and Lægreid (2008: 101) put it: 'the more specialization in a public organization, the more pressure for increased coordination, and vice versa'. Specialisation may be horizontal and/or vertical. Gulick (1937) outlined how organisations may be specialised horizontally (at the same level). He established a link between organisational specialisation and

coordination, stating that 'the major purpose of organization is co-ordination' (Gulick, 1937: 33). He outlined four principles of horizontal specialisation by which an organisation may be structured: purpose, process, clientele and geography (Gulick, 1937: 15). Structuring an organisation according to purpose implies that the organisation has one overriding purpose for its work (e.g. a ministry of health).

Structuring an organisation according to process implies that the organisation is responsible for a particular field, such as for planning or implementation. The specialisation principle of clientele means that an organisation is structured to meet the needs of a particular clientele, such as a department for orphans of AIDS victims. Specialisation by geography refers to the organisation on the basis of the territorial boundaries of a state. Vertical specialisation is the division of labour among units at different levels within a hierarchy and may be seen in actual forms as 'decentralization, devolution, delegation, agencification, outsourcing and even privatization' (Verhoerst et al., 2007: 327). Within an organisation all the specialisation principles may exist, but one is often dominant[10].

Christensen and Lægreid (2008) proposed that coordination may take four different forms along two organisational dimensions (i.e. vertical/horizontal and internal/external). One form is horizontal internal coordination—namely, 'coordination between different ministries (and agencies) or policy sectors' (Christensen and Lægreid, 2008: 102). Another form is vertical internal coordination, which refers to 'coordination between parent ministry and subordinate agencies and bodies in the same sector' (Christensen and Lægreid, 2008: 102). A third form is vertical external coordination, defined as the coordination between the government and '(a) upwards to international organizations or, (b) downwards to local government' (Christensen and Lægreid, 2008: 102). Finally, horizontal external coordination implies coordination between national government and 'civil society organizations/private sector interest organizations' (Christensen and Lægreid, 2008: 102).

[10] Simon (1947) criticised these principles of specialisation for being ambiguous and for not having been adequately empirically founded. Hammond (1990) argued that Gulick's (1937) principles were useful to apply in analysing coordination. Several other scholars have also applied Gulick's (1937) principles, such as Verhoest et al. (2007) and Christensen and Lægreid (2008).

As to the multisectoral part of coordination, no scholarly literature discussing coordination in general terms applies the term multisectoral coordination. The closest the literature comes to a discussion of this is a reference to 'cross-sector problems' (Christensen and Lægreid, 2008: 101). Christensen and Lægreid (2008: 101) said that cross-sector problems are in focus if one specialises tasks in public administration according to purpose, because then the different organisations are separated according to sectors and their coordination would involve cross-sectoral problems.

Christensen and Lægreid (2008) put these four forms of coordination within the instrumental-structural perspective in organisation theory. This theoretical perspective states that 'the formal structure of public organizations will channel and influence the models of thought and the actual decision-making behaviours' (Christensen and Lægreid, 2008: 101). As a result, applying this perspective means that one anticipates that formal organisational structures will shape coordination. The inter-organisational coordination of HIV/AIDS work in Tanzania is formal as it involves a formal government structure that has been set up to ensure coordination of all organisations involved.

Application of theoretical perspectives on coordination to Tanzania

Many actors participate in coordination of HIV/AIDS programmes at several levels in Tanzania and at the global level. These actors include the national and local government coordination bodies, the global HIV/AIDS programmes and many civil society organisations. Some explanations for the patterns and challenges involved in coordinating HIV/AIDS work are thus likely to stem from this myriad of actors which operate at and across levels. As the focus is on formal government structures of coordination in this dissertation, it is pertinent to depart from a theoretical perspective that takes structural dimensions into account. Therefore, the instrumental-structural perspective is applied (see previous section for elaboration). The efforts at multisectoral coordination studied in Tanzania have both horizontal and vertical dimensions and are within organisations as well as between organisations. Consequently, the four forms of coordination as outlined in the

previous section enable an analysis of all the different forms of coordination that multisectoral coordination includes. The dissertation therefore uses these forms to analyse multisectoral coordination (see article 2).

Moreover, both vertical and horizontal specialisation has taken place in Tanzania. For instance, the horizontal specialisation principles of purpose and process are both present in Tanzania. The separate HIV/AIDS coordinating unit within the government of Tanzania called the Tanzania AIDS Commission (TACAIDS) has been set up as a specialised body to ensure that the purpose of multisectoral coordination of HIV/AIDS programmes is fulfilled. However, in order to pursue its work, TACAIDS is dependent upon the HIV/AIDS work by several government units. Hence, the horizontal specialisation principle process has also been applied, as TACAIDS works to ensure coordination across ministries and across the government and other non-state programmes, such as PEPFAR and the Global Fund.

In addition, the horizontal specialisation principle of geography has been applied to create a division of labour for multisectoral coordination of HIV/AIDS work among local government structures in Tanzania. This specialisation has a relationship with the vertical external coordination of national and local governments, where local government HIV/AIDS committees are to ensure that multisectoral coordination is pursued at the local level. There is also vertical specialisation in Tanzania as the coordination takes place both in national and local government structures.

Furthermore, the vertical external coordination form includes actors outside the public administration. Therefore, Christensen and Lægreid's (2008) four forms of coordination are relevant to the current context, given that many actors take part in multisectoral coordination of HIV/AIDS programmes at the national level in Tanzania. Christensen and Lægreid (2008) assumed that in vertical external coordination among governments and international organisations, the international organisations dominate the coordination. I expect that the coordination pattern and challenges found at one level in Tanzania may influence the coordination pattern and challenges found at other levels. I thus assume that the coordination pattern at the global level and the role that global HIV/AIDS programmes like PEPFAR and the

Global Fund play at the global level influence the patterns and challenges to coordination at the national and local levels in Tanzania. Likewise, I assume that the coordination pattern and challenges within the government of Tanzania as well as between the government and global programmes at the national level influence the coordination pattern at the local level. Moreover, I do not a priori assume that the formal government coordinating structures, TACAIDS and the local government HIV/AIDS committees influence the coordination that actually takes place more than other actors that are external to the government of Tanzania. I cannot make this assumption due to the political context in which multisectoral coordination is studied (see section 'good governance' in 1.2.2).

There are three elements that that separate this study from studies of coordination in industrialised democracies that Christensen and Lægreid (2008) referred to in their assumptions. The first element is that multisectoral coordination is a donor strategy. The significant dependence on development aid makes such donor strategies important in most African countries, including in Tanzania, one of the most aid-dependent countries in Africa (Wangwe, 2010). The World Bank encouraged countries to pursue multisectoral coordination as it had interpreted such coordination to be one of the main components of the perceived successful case of fighting HIV/AIDS in Uganda. The World Bank had, however, misinterpreted the Ugandan government's multisectoral coordination approach as it was based on coordination by the Ministry of Health and not by a separate commission outside the Ministry of Health (Putzel, 2004b). Multisectoral coordination in the way the World Bank interpreted it was promoted as a good idea for all countries and was implemented in Tanzania. The multisectoral coordination strategy thus represents what Røvik (2007) called a decontextualised idea. A decontextualised idea is an idea that has been taken from one context, generalised and then used in other contexts where it may not be a good fit.

The second element that separates this study from the studies of coordination in industrialised democracies is that the vertical external coordination and the influence of global programmes on vertical internal and horizontal internal coordination are more complex to study than vertical external coordination in industrialised

democracies. Such a study is more complex because the global programmes operate through many layers of recipient organisations at both national and local levels, making it difficult to trace which organisations actually participate in coordination. In addition, the global programmes that provide the funding are hybrid structures and/or receive funding from many different governments and non-state actors (see article 1). The numbers of programmes, their thematic focus and the amount of funding from the various programmes have also changed rapidly (see article 2).

The third element is that the political context of Tanzania is different than in industrialised democracies. African states, including Tanzania, are weak and operate differently than industrialised democracies: In Africa, a state model built on Western tradition (i.e. the Weberian legal-rational state) co-exists with weak state capacity to make plans and budgets match. Consequently, implementation of public policies suffers from lack of budget discipline and unrealistic plans. Moreover, patrimonial practices such as the use of public office to gain private benefits prevail (e.g. Bayart, 1993; Chabal and Daloz, 1999; Hydén, 2008; Hydén and Mmuya, 2008; Kelsall, 2002, 2008; Therkildsen, 2005, 2006).

Given this political context in Tanzania and the limited research on formal multisectoral coordination structures, it is necessary to focus on identifying *how* the formal HIV/AIDS coordination structures work. Furthermore, it is pertinent to study what actors are involved in coordination at global, national and local levels and across these levels. A gap exists in knowledge on how national–local and local-level coordination of HIV/AIDS work is pursued as the study by Spicer et al (2010) is the only existing study that has looked at the coordination at/across these levels, including the role of the three global programmes of PEPFAR, the Global Fund and World Bank MAP in this coordination (see article 2 for details). Spicer et al.'s (2010) study only includes two countries from Africa, Mozambique and Zambia. Hence, this dissertation will contribute valuable knowledge by its multilevel analysis of multisectoral coordination of HIV/AIDS programmes. In all, as this dissertation focuses on the formal coordination structures, the instrumental-structural perspective within organisation theory as introduced in this section is a relevant point of departure.

1.2.2 Theoretical Perspectives on Governance and 'Good Governance'

Governance theories–a general outline

Governance theories are a relevant supplement to theories on coordination. Governance theories emanate from the literature on public administration, but governance is also a concept increasingly used and developed within the field of international relations (i.e. global governance) (Hirst, 2001; Kjær, 2004a; Pierre, 2000; Rosenau, 2005; Sørensen and Torfing, 2007). Governance is a broad theoretical concept. A common element for most definitions is that governance is the steering of a society by government and non-state actors.

A general argument in the governance literature is that there has been a change from government to governance in most societies over the last decade or so, where actors outside governments have come to take part in governing societies. These actors may be organisations, informal groups, networks, corporations and other types of actors. While most scholars agree that this change has taken place, there is disagreement over the role of the government in this new governance of society: Is the government best regarded as only one of several governing actors or has the government the lead role in governing? (Peters, 2001; Pierre, 2000; Pierre and Peters, 2000). Despite disagreement on the answer to this question–the role of government and the novelty of the concept–some changes did, however, take place in the 1980s and 1990s that paved the way for new governance forms, and governments have indeed lost 'some policy autonomy' to non-state actors (Peters, 2001:1).

Osborne (2010) separates between three fields of governance theory. Public governance is one of these three fields and includes theoretical perspectives on socio-political governance, public policy governance, administrative governance, contract governance and network governance[11] (2010: 5-6). 'Corporate governance', i.e. 'the

[11] Socio-political governance refers to perspectives that discuss the overarching institutional relationship with society (e.g. Kooiman, 1999). Public policy governance refers to how policy elites interact in policy networks (e.g. Hanf and Scharpf, 1978; Klijn and Koppenjan, 2000). Administrative governance includes approaches discussing public policy implementation and public service delivery,

internal systems and processes that provide direction and accountability to any organisation', (2010) and 'good governance' (see next section) are the two other fields of governance literature. In this dissertation, it is the perspectives on network governance and good governance that are discussed. Network governance is discussed in the next section on the linkages between governance and coordination. Good governance is discussed in the section thereafter.

The linkages between governance and coordination

Boukaert et al. (2010) and Wollmann (2003) see network as one of three types/strategies of coordination. The other two types are hierarchy and market (Bouckaert et al., 2010; Wollmann, 2003). The network type of horizontal coordination has been subject to much analysis in the governance literature (Osborne, 2010; Peters, 2008; Pierre, 2000). Coordination may be seen as a form of governance that governments often employ in addition to other instruments for governing, such as regulation. However, coordination is also a strategy or form of organisation that non-state actors may use to govern or that the state may use to govern in collaboration with non-state actors. Such horizontal coordination is often referred to as a network. Governance and coordination are thus interlinked.

Sørensen and Torfing's (2007: 9) theoretical propositions on governance networks applied in article 1 sum up the scholarly literature in the theoretical field of governance networks. First, a governance network exists if there is interdependence of actors. These actors 'interact through negotiations' while these negotiations 'take place through regulative, normative, cognitive and imaginary frameworks' (Sørensen and Torfing, 2007: 9). Such a network is 'self-regulating within limits set by external agencies' and 'contributes to the production of public purpose' (Sørensen and Torfing, 2007: 9). Scholars in governance network theory note that this research field builds upon insights from theoretical perspectives on coordination within

while contract governance discuses practices related to NPM (e.g. Kettl, 2000). Network governance is discussed in this section and needs no further outline here but Osborne (2010) referred to Rhodes (1997), among others. Network governance and governance networks are used interchangeably in the scholarly literature and this dissertation also treats them as interchangeable terms.

organisation theory (see Sørensen and Torfing, 2007: 5). Hence, they make a link between coordination and governance. In addition, governance network theory is inspired by policy analysis (implementation studies and studies of decision-making) (see Sørensen and Torfing, 2007: 3), and by empirical observations and 'widespread recognition of the increasingly fragmented, complex and dynamic character of society' (Sørensen and Torfing, 2007: 5). Governance network scholars argue that the novelty of governance network theory is that 'political theorists and central decision makers to an increasing extent tend to view governance networks as both an effective and legitimate mechanism of governance' (Sørensen and Torfing, 2007:4).

Application of Theoretical Perspectives on Governance to Tanzania

This dissertation applies perspectives from organisation theory and governance theory (see articles 1, 3, 4). The theoretical perspectives on governance and on coordination applied include analysis of actors outside government. The overall argument for applying both is that governance theory contributes to developing the discussion that organisation theory initiated on how actors within and outside government interact and shape the arenas in which they interact. The dissertation thus uses a complementary strategy of theory, which is a constructive strategy when 'we aim to understand and explain as much as possible on a specific case, and not to choose among theories' (Roness, 2006: 50).

In many studies, a combination of different theoretical perspectives may be problematic as they may be contradictory. The theoretical perspectives and their propositions applied in this dissertation are complementary, as the brief outline above has shown and do not contradict one another, making it possible to combine them. Roness (2006: 50) stated that a complementary strategy is used when theoretical perspectives applied are seen to 'contribute to a better understanding than each theory can do on its own' (Roness, 2006: 50).

First of all, this dissertation applies a complementary strategy because governance is a broader theme, as coordination is only one of several strategies a government may use to govern. In this dissertation it is important to discuss multisectoral

coordination as an overall governing strategy by government, as government multisectoral coordinating structures are supposed to govern all HIV/AIDS work in Tanzania. Likewise, multisectoral coordination is the overriding strategy for global programmes that have committed to coordinate their HIV/AIDS work.

A second argument for applying governance theory is that it enables an analysis of a 'wicked problem' such as HIV/AIDS. A wicked problem is a problem that is complex because it cuts across several policy sectors and is 'often found at the boundaries of natural and social systems' (Bueren et al., 2003, referring to Dryzek, 1997: 8). Wicked problems create cognitive, strategic and institutional uncertainties according to Bueren et al (2003). Cognitive uncertainty exist when there is limited knowledge of how to solve a problem. Strategic uncertainty exists when many actors are involved, with different views on the problem and how to solve it (Bueren et al., 2003). Institutional uncertainty exists when 'decisions are made in different policy arenas in which actors from various policy networks participate' (Bueren et al., 2003: 194).

HIV/AIDS is a wicked problem that has significant uncertainty attached to it. Cognitive uncertainties exist with regards to HIV/AIDS because there is no vaccine or cure for HIV/AIDS and scholars disagree on how to best fight it (Bertozzi et al., 2008). Furthermore, there are several strategic uncertainties tied to HIV/AIDS, with many actors involved in programmes at different levels. The institutional uncertainties of HIV/AIDS exist as HIV/AIDS work involves many actors in different sectors. Wicked problems such as HIV/AIDS must be analysed by use of theoretical perspectives that accommodate roles for many actors. In all, HIV/AIDS is a wicked issue that cuts across organisational boundaries, levels of the government, and public and private sectors.

A third argument for the use of governance theory relates to the application of a specific theoretical perspective called the global health governance regime (see article 3). Application of this perspective within the governance literature is useful as it outlines with specificity the role and influence that global health/HIV/AIDS programmes may have in coordination of HIV/AIDS in a country. The global health governance regime perspective (see article 3) is part of the global health literature that

has emerged in recent years, in which governance of global health/HIV/AIDS programmes is a topic discussed. The literature examines how such programmes influence the governance of measures to curb established and emerging diseases (e.g. avian flu) in addition to states and inter-governmental organisations (see, for instance, Buse et al., 2009; Fidler, 2003, 2007; Hein et al., 2007a, 2007b; Kickbusch, 2009; Walt et al., 2009).

A gap in this literature still exists regarding how the global health/HIV/AIDS programmes influence HIV/AIDS coordination at national and local government levels (Spicer et al., 2010). Biesma et al. (2009), Harman (2007; 2009a; 2009b), Morah and Ihalainen (2009), Putzel (2004b) have provided empirical analyses that identify national level coordination challenges in African countries, but did not address the efforts at national–local government coordination or coordination at the local government level[12]. Harman (2009c) studies the role of community-based organisations in HIV/AIDS work funded by the World Bank and briefly discusses national–local government coordination in relation to the work by such organisations in Uganda, Tanzania and Kenya but only in the period 2004-2006. This dissertation builds on the literature listed above and thus makes a contribution to this literature (see articles 1-4).

Despite the relevance of a complementary strategy of theory in this dissertation, there are also potential weaknesses of such a strategy. One weakness is that we may 'stick to some theories rather than to others' (Roness, 2006: 59). Roness (2006: 51) suggested that one tries to overcome this weakness by selecting theories that 'make different, though not necessarily incompatible, predictions'. This dissertation seeks to accommodate this weakness. The national-level study employs two theoretical frameworks that both take the instrumental-structural perspective within

[12]Sundewall et al. (2009) and Sundewall (2009) studied district health sector aid coordination in Zambia, the first study of such coordination undertaken, according to the authors. They concluded that there was weak district health sector coordination (see also Sundewall, 2009). The studies by Sundewall et al. (2009) and Sundewall (2009) was limited to the health sector coordination. Hence, these studies did not include the multisectoral HIV/AIDS work that takes place outside the health sector on which this dissertation focuses.

organisation theory, but supplement one another as they focus on different aspects related to coordination (see article 2). Another weakness of complementing theories is that it is difficult to generalise from studies using this strategy as one does not test theories to see which theory has more explanatory power, that is, has the closest relationship between predictions and observations. This dissertation's aim is to understand one single case and not to test different theories. Still, this aim does not imply that one cannot discuss the explanatory strengths and weaknesses of each theory on which the dissertation has drawn.

On Good Governance and its Application to Tanzania

The last two arguments for applying governance theory relate to the application of theoretical perspectives on good governance. Firstly, the political context is likely to affect the process and structures of coordination (Lie, 2010). Therefore, this dissertation analyses coordination within the broader political context at the global, national and local level as well as across these levels. In Tanzania, HIV/AIDS coordination is taking place in the political context of public sector reforms, including decentralisation by devolution, initiated as part of a donor-driven 'good governance' agenda. Recent studies of coordination in several industrialised democracies have discussed coordination in relation to New Public Management (NPM) reforms and the effects of these reforms in terms of spurring new efforts at horizontal coordination (e.g. Bogdanor, 2005; Bouckaert et al., 2010; Christensen and Lægreid, 2008; Hood, 2005; Verhoerst et al., 2007).

The discussion of multisectoral coordination of HIV/AIDS programmes should be set in light of efforts at reforms in African countries. These efforts at reform are best discussed by referring to good governance. Good governance measures were introduced after donors, including the World Bank, realised that their structural adjustment programmes of the 1980s had largely failed to improve the economy of African countries, including Tanzania (Bangura and Larbi, 2006). They acknowledged that it was important to strengthen government institutions; hence, good governance measures were introduced. Such measures were actually mostly reforms aimed at improving government. These reform measures were built on NPM reform measures

in industrialised democracies, including deregulation of service delivery, decentralisation by devolution and creation of agencies (public, semi-public, private). Industrialised democracies have included diversity in how effective widespread reform efforts have been (Christensen and Lægreid, 2005; Hood and Peters, 2004; Kettl, 2000). The Tanzanian government introduced NPM measures, such as a decentralisation reform. In addition, good governance measures focused on improving transparency, accountability, popular participation, rule of law and protection of political and civil rights as well as the inclusion of civil society organisations in policy-making processes.

The policies related to multisectoral coordination of HIV/AIDS programmes focus on many of the elements of good governance[13], such as the inclusion of civil society organisations in policy-making and service provision. In this dissertation, vertical external coordination between national and local governments is discussed by reference to the good governance elements that concern this coordination, namely the elements that have accompanied decentralisation[14] reforms (GOT, 1998; see article 3).

Since HIV/AIDS coordination is a multilevel issue, it is important to conduct a multilevel study of global, national, and local-level efforts in the coordination of HIV/AIDS programmes. For instance, the two multilateral and bilateral organisations/programmes that provide the most funding for HIV/AIDS work in developing countries—PEPFAR and the Global Fund—are often described only as global actors/programmes in the scholarly literature. However, they are also present at national and local levels (see articles 1-4). As the articles in this dissertation and this introductory chapter together represent a multilevel analysis of the multisectoral coordination of HIV/AIDS programmes, one could have expected this dissertation

[13] See Harman and Lisk (2009) for several contributions that discuss good governance and HIV/AIDS in a broader perspective than this dissertation attempts to do.

[14]Many multilevel governance perspectives exist. Piattoni (2010: 27) summed up the variation in the scholarly literature on multilevel governance as she outlined 'multilevel governance's analytical space', i.e. the 'center-periphery dimension, the domestic-international dimension and the state-society dimension'. These dimensions include both multilevel governance perspectives that have evolved in the study of relations between the European Union and its member-states (e.g. Bache and Flinders, 2005; Piattoni, 2010), studies of transnational organisations and globalisation (e.g. Rosenau, 2005) and governance network literature (Peters and Pierre, 2005).

to apply multilevel governance perspectives. Multilevel governance perspectives provide a source of inspiration for this dissertation because they make the analytical distinction between separate levels of governance, including government levels, as well as by their assumption that actors may take part in or indirectly influence governance at more than one level (Peters and Pierre, 2005). However, as the dissertation is focused on the political context in which coordination takes place and this context is the ongoing decentralisation reform in Tanzania, it is more relevant to apply perspectives on decentralisation within the good governance literature than multilevel governance theory. Furthermore, multilevel governance theory is used to study relationships between the European Union and its member states.

The second reason for including good governance perspectives is that the motive for studying this multisectoral coordination strategy and system lies in the assumptions that donors have made regarding the benefits of multisectoral coordination. One such assumption is that a multisectoral coordination structure (i.e. the NAC) would strengthen political commitment to HIV/AIDS from African political leaders and, in particular, from central governments. This assumption relates to the understanding that a government coordinating body placed within the highest or next-to-highest level of government would imply that the president/prime minister demonstrates political commitment to fight HIV/AIDS. With this position within the highest echelons of central government, the NAC would be assured the political authority needed to coordinate all government work on HIV/AIDS.

Another assumption related to multisectoral coordination is that it would improve planning and implementation of programmes. Improvement was expected as donors committed to work with the NAC, improve their alignment to the priorities set out in the government HIV/AIDS strategy, harmonise among themselves and rely on the common government monitoring and evaluation system for reporting. These measures were together assumed to ease the administrative burden on central and local government in dealing with numerous programmes, all with different priorities and reporting systems. As a result, implementation was expected to improve (see e.g. article 1; GTT, 2005).

1.3 Research Methods and Data Collection

1.3.1 Research Design

This dissertation is a study of multisectoral coordination of HIV/AIDS programmes in Tanzania. Given that global HIV/AIDS programmes are key actors in this coordination, the dissertation also includes a study of the coordination of HIV/AIDS programmes at the global level. As the aim of this dissertation is to identify the patterns and challenges to multisectoral coordination through studying several levels, it is necessary to limit the study to one country. Furthermore, it is pertinent to study a country in sub-Saharan Africa as this continent has 70 per cent of people living with HIV/AIDS. In addition, most activities/services of the global HIV/AIDS programmes are in Africa. This dissertation studies Tanzania Mainland as the overall case and studies of national, local and national–local coordination efforts are sub-cases of this overall case (in articles 2 and 3). The local-level case is Ilala Municipality, a municipality in Dar es Salaam.

Tanzania has a large-scale HIV/AIDS epidemic. In addition, Tanzania is a relevant case because all three major global health/HIV/AIDS programmes—PEPFAR, the Global Fund and the MAP—have funded HIV/AIDS work at these levels in Tanzania for several years. Most other studies on multisectoral coordination of HIV/AIDS programmes have focused on African countries where these programmes operate as major funders; to relate to these studies, it is pertinent to find a country in which these programmes operate and have operated for some time. Tanzania has been the subject of several studies on national reforms, decentralisation and popular participation at the local level; such literature offers good contextual insights that can be used for preparing the data collection and analysis of findings.

Moreover, Tanzania is an interesting overall case as donors regard it as 'a champion of structural reforms' and a pioneer country in aid coordination efforts (Havnevik and Isinga, 2010: 1; see also Harrison et al., 2009; Hydén and Mmuya, 2008; article 4). Despite this perception of Tanzania, it is not to be regarded as a critical case as this is a donor perception which is not agreed upon by researchers (Harrison et al., 2009; Hydén, 2008; Hydén and Mmuya, 2008). However, scholarly literature on the

coordination of HIV/AIDS programmes has not discussed Tanzania with the exception of Harman (2009b; 2009c). In this dissertation, the study of multisectoral coordination of HIV/AIDS programmes in Tanzania is a single embedded case study that incorporates three sub-cases:

-National multisectoral coordination of HIV/AIDS programmes in Tanzania.

-Local multisectoral coordination of HIV/AIDS programmes in Tanzania.

-National–local multisectoral coordination of HIV/AIDS programmes in Tanzania.

In addition, the dissertation provides an overall qualitative analysis of the wider context in which the coordination efforts at the national level take place. This overall analysis includes two parts: one examining the global-level pattern of coordination (article 1) and one outlining how the specific coordination pattern and challenges with regards to HIV/AIDS programmes can be seen as consistent with aid coordination challenges (article 4) within which coordination takes place. The overall analyses in articles 1 and 4 are not to be considered as case studies, only general analyses. Yin (2009: 18) defined case study as 'an empirical enquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between the phenomenon and context are not clearly evident'. Based on this definition, the case study is the appropriate research design for the study of multisectoral coordination in Tanzania for several reasons.

First, the overall 'distinctive need for case studies arises out of the desire to understand complex social phenomena' (Yin, 2009: 4). Multisectoral coordination of HIV/AIDS programmes constitutes a complex social phenomenon that makes the case study an appropriate research design. Multisectoral coordination is complex because it involves a wide range of services in different sectors and thus coordination includes different programmes/actors within and outside government and at various levels. A second and related reason for selecting the case study as the research design for the study of national, national–local and local-level multisectoral coordination is that case studies constitute the best research design for bringing out the context and where 'questions require an extensive and "in-depth" description of some social

phenomenon' (Yin, 2009: 4). Third, a case study is pertinent when 'the boundaries between the phenomenon and context are not clearly evident' (Yin, 2009: 18). The case of multisectoral coordination in Tanzania and the three cases within this overall case (see articles 2 and 3) as well as the general analysis (in article 4) represent such a situation, as multisectoral coordination takes place within general government-donor coordination efforts.

Case studies are also appropriate when dealing with a small N (Ljiphart, 1971; Yin, 2009), such as in the current study, where N represents multisectoral HIV/AIDS coordination in Tanzania. A small N is necessary given the limited information about multisectoral coordination practices—particularly at the national–local and local levels. This limited available information is another reason for using the case study. The case study is the best research design for analysing data from empirical contexts in which little is known about the object studied from earlier studies. In such situations, the nature of the study is exploratory. Several research designs are adequate for exploratory studies, but the combination of giving an in-depth account of a social phenomenon studied and the existence of limited information makes the case study design particularly relevant (Gerring, 2004).

While several types of case studies exist, from single entities to the comparison of several cases, a single embedded case study is appropriate in this dissertation as it is used when there is 'more than one unit of analysis' and 'when, within a single case, attention is also given to a subunit or subunits' (Yin, 2009: 50). This dissertation has several units of analysis, such as the national government coordination structure called the Tanzania Commission for AIDS (TACAIDS), the district HIV/AIDS committee, international and local non-governmental organisations (NGOs), the Ministry of Health, and three global health/HIV/AIDS programmes. The local NGOs can be seen as sub-units of the global health/HIV/AIDS programmes because they receive funding from these programmes to implement services. The district HIV/AIDS committee can be seen as a sub-unit of local government as it constitutes one of several standing committees in the local government system in Tanzania. With the exception of TACAIDS, I only study these units as they participate in the multisectoral coordination and I therefore do not provide

organisational analysis of them. Although many global health/HIV/AIDS programmes operate in Tanzania, the current dissertation focuses only on the MAP (called T-MAP in Tanzania), PEPFAR, and the Global Fund. I focus on these programmes because they have set the structural, economic and policy premises for global as well as national HIV/AIDS coordination in sub-Saharan African countries with large-scale epidemics, including in Tanzania (see article 2).

Even if we cannot generalise statistically from a case study, such an approach offers 'an intensive study of a single unit for the purpose of understanding a larger class of (similar units)' (Gerring, 2004: 342). In studies incorporating concepts from previous studies, as this dissertation does (in articles 2 and 4), 'each case study and unit of analysis either should be similar to those previously studied by others or should deviate in clear, operationally defined ways' (Yin, 2009: 33). This study is similar to other studies in that it focuses on an African country with a large-scale HIV/AIDS epidemic. The absence of scholarly literature on local government HIV/AIDS work makes it important to select a case in which some information has already been collected. The availability of some information about the Ilala municipality and its initial attempts to create an HIV/AIDS multisectoral committee made it a good case for this dissertation. This information came from the Formative Research Process project (see REPOA, 2010).

Another reason for selecting Ilala was that it is one of the Tanzanian districts/municipalities in which all three global health/HIV/AIDS programmes operate. Ilala has also had access to funding for a longer time than most other districts in Tanzania (since 2004). Furthermore, the Ilala municipality is one of the few municipalities where information on service delivery development after the decentralisation reform was implemented in Tanzania existed at the time of this dissertation (see REPOA, 2010). This information is important for considering the overall political context in which multisectoral HIV/AIDS coordination takes place and for answering the question of how transparent, accountable, representative and participatory the local government multisectoral HIV/AIDS coordination is. The case study of local government HIV/AIDS coordination in Ilala municipality (article

3) only focuses on the district/municipal level because districts/municipalities have substantial responsibility within service delivery.

1.3.2 Data Collection and Use

The documentation of the 'chain of evidence' (i.e. the link from the questions to data collection to interpretation of findings) is important in case studies (Yin, 2009: 99). A major strength of case study methodology is that it allows for the use of different data that together contribute to a triangulation of data that enhances the reliability of the data collected. Data triangulation in the current dissertation was achieved using three types of data: documents, interviews and scholarly literature. The data sources drawn upon vary with regards to the different articles included in the dissertation. The triangulation was also used to compensate for the challenge of this dissertation, which is that with the exception of Harman's (2009b; 2009c) analyses of the World Bank MAP in Tanzania in the early period (2004-2006), no peer-reviewed scholarly study exists on national and local government multisectoral coordination in Tanzania during the period studied. This dissertation thus addresses a gap in the scholarly literature.

One type of data used in all articles included in this dissertation is scholarly literature (see articles 1-4). A second type of data used is documents. I collected and reviewed a variety of documents from the Tanzanian government, such as minutes and reports from meetings, as well as project documents, progress reports, quarterly reports, reviews and evaluations from and of PEPFAR, the Global Fund and the MAP. The third type of data collected and drawn upon is interviews. The use of interviews varies from study to study. In article 1 on global coordination, I only use a few interviews conducted in 2007 in Tanzania and Norway with people who have worked on global-level coordination as background information. In the three other articles, interviews are widely drawn upon in analysis. The author conducted 72 semi-structured interviews (see articles 2 and 3; annex 1). A few interviews were conducted in 2007, but most were conducted in three consecutive periods throughout 2009. Fieldwork in three consecutive periods enabled the author to subsequently return to several interviewees to conduct additional interviews or just to check for progress on development of policies and other issues. This extensive follow-up enhanced the

reliability of the data and made it possible to better crosscheck data and verify information from earlier fieldwork periods[15].

The interviews[16] were with key stakeholders within the Tanzanian government, donor representatives from PEPFAR and the World Bank and recipients of funding from PEPFAR, the Global Fund and T-MAP. Recipients of funds from these programmes interviewed included several international NGOs, some national NGOs and some regionally based NGOs. Furthermore, I conducted interviews with a number of bilateral and multilateral donor representatives who funded HIV/AIDS work in Tanzania. In addition, I interviewed representatives of other organisations and government staffs who did not receive funding from these three programmes, but who were involved in HIV/AIDS work or had been involved as former TACAIDS staff or a similar position in recent times. All interviewees were asked about coordination at the level in which they worked as well as at government and administrative levels other than the ones in which they worked. For instance, national-level stakeholders were asked about local-level coordination and thus the interviews provided a broad picture of national–local coordination and local-level coordination for the entire country, not just the Ilala municipality.

As the data protocols were carefully prepared after an extensive document analysis, the questions were both follow-up questions to document processes in more detail and problems of coordination described in documents. In addition, a number of more exploratory questions were necessary to include in the data protocols to identify how coordination actually takes place, as many of the documents considered were government documents and donor reviews and there were few independent

[15] Where these consultations were formal interviews, they have been counted as interviews above, but there were several brief consultations with people that have not been counted as interviews.

[16] All interviewees received an introductory letter. The author sought consent from all interviewees to use the information they provided through referring to them in general terms ('donor', 'government employee', etc) in the text to protect their identity. Confidentiality was thereby maintained. The interviews were not recorded, but in addition to the author taking notes, another person took part in all interviews to take notes to make sure that all information provided by the interviewees was noted. In about two-thirds of the interviews a research assistant participated and took notes in addition to the author. In the remaining interviews, the senior researcher who participated in the multilevel part of the project was present. Interview notes were compared and discussed afterwards. All interview transcripts were read and discussed with the senior researcher. To accommodate potential bias or other limitations of the study, drafts of the articles have been presented in various forums.

evaluations of the coordination patterns and challenges. As I am concerned with these problems, I draw upon the information in the interviews that describe how the actual coordination takes place in terms of the formal elements, such as reporting within government.

I also use information that several of the interviewees provided regarding how these formal structural elements work in practice. On most questions asked, the interviewees had similar reflections. However, in some cases, the description of the challenges differed. For instance, some central–government interviewees described policies and government actions for the local level as if they had already been implemented. It took considerable time and effort to establish that they had not in fact been implemented at that point. The measures whose status I was not able to verify were left out of the analysis.

Two independent, thorough reports on the issue of national and local HIV/AIDS coordination in Tanzania published after the fieldwork (OIG, 2009; TACAIDS, 2010) confirmed the findings of this dissertation; one also included a case study of the Ilala municipality (i.e. TACAIDS, 2010). These reports strengthen the reliability of the findings in this dissertation because they come to the same conclusions. In addition, the reliability of the data suggests that the validity of the current study is good with regards to the questions posed and selection of interviewees. Validity has been maintained in this study by consistently finding theoretical frameworks that are sufficiently specific to enable a good analysis of the empirical context.

1.4 Summary of Articles

Article 1: Hellevik SB (2009) Making the Money Work: Challenges towards HIV/AIDS Coordination in Africa. In: MacLean S, Brown S and Fourie P (eds) *Health for Some: The Political Economy of Global Health Governance*. Houndmills: Palgrave Macmillan, 145-164.

This article discusses the global-level and global-national multisectoral coordination among the global HIV/AIDS programmes and between them and African governments. First, the article identifies the patterns of coordination using Peters'

(1998) theoretical propositions on the hindrances to horizontal coordination, i.e. redundancy (e.g. parallel/overlapping institutions, policies), lacunae (i.e. that no organisation performs the necessary tasks required for coordination) and incoherence in aims and requirements. The article conveyed that global programmes have made some achievements in reducing redundancy, but several overlaps in operational work and institutional mechanisms still exist within these programmes. Regarding lacunae (i.e. that no organisation performs the task required for coordination), the article found it to be present, while incoherence exists in the aims and requirements among the programmes. These hindrances to coordination thus present us with an overall pattern of coordination among the global programmes and between them and African governments in which they have managed to improve coordination somewhat, but several challenges remain.

The article then turned to determining whether the patterns of coordination unveiled imply that the global programmes and African governments are in the process of forming a network for governing the HIV/AIDS work. Sørensen and Torfing's (2007) theoretical propositions as part of their governance network definition are used to determine whether such a governance network has been established. First, a governance network exists if there is interdependence of actors. These actors 'interact through negotiations' while these negotiations 'take place through regulative, normative, cognitive and imaginary frameworks' (Sørensen and Torfing, 2007: 9). Such a network is 'self-regulating within limits set by external agencies' and 'contributes to the production of public purpose' (Sørensen and Torfing, 2007: 9).

The data indicate that the three global HIV/AIDS programmes are in the process of forming an HIV/AIDS governance network together and with African governments. They are in this process because a number of the defining aspects of such a network are being formed or in place. For instance, negotiations have taken place, and a framework has been established to contribute to the production of public purpose (i.e. improved governance of HIV/AIDS measures). However, a skewed interdependence is forming in this network: African governments are more dependent on the global programmes than vice versa. The question of interdependence as well as the need to address the question of power relations in

networks led to the question of to whom the global health/HIV/AIDS programmes and African national governments are accountable. The article asserted that the accountability relationships are diffuse and indirect with regards to the World Bank MAP and the Global Fund as industrialised democracies and non-state actors fund these programmes, meaning recipients must be accountable to them, through the Global Fund and the World Bank. PEPFAR has a more direct relationship of accountability as it is a bilateral programme accountable to the United States Congress. However, this accountability relation is also a hindrance to coordination, because the priorities that emanate from the United States influence PEPFAR's attempts to coordinate with African governments.

In conclusion, this article found that Peters' (1998) theoretical propositions on hindrances to horizontal coordination are descriptive of the patterns and challenges that global HIV/AIDS programmes and African governments encounter in trying to pursue multisectoral coordination. Some of the governance network's theoretical propositions materialised, thereby indicating that the programmes and African governments are in the process of forming a global governance network related to HIV/AIDS. Furthermore, the accountability of the actors in this network contributes to hindering coordination as global programmes are upwards accountable to their funders rather than to African governments. The explanation as to why the patterns and challenges of coordination emerge lie in the overall skewed interdependence of the global programmes and African governments, in which the African governments are more dependent on the global programmes than vice versa. Consequently, the global programmes may dominate this pattern and the challenges to the coordination.

Article 2: Hellevik, SB (forthcoming) Governing through coordination? Multisectoral HIV/AIDS Coordination in Tanzania. Accepted for publication in *International Review of Administrative Sciences*.

This article identified the pattern of national multisectoral coordination of HIV/AIDS programmes in the case of Tanzania to explain why this pattern has emerged. The identification of the pattern was based on the theoretical propositions on coordination that Christensen and Lægreid (2008) outlined. The explanation for

why this pattern emerged stems from Benson's (1982) theoretical propositions on the 'policy sector as an interorganisational political economy'. The analysis was based on the triangulation of different data sources, such as documents, a literature review and 59 interviews with key stakeholders working on national HIV/AIDS coordination in Tanzania. Both applied theoretical frameworks adopt as their point of departure the instrumental-structural perspective of organisation theory. The instrumental-structural perspective implies formal structures are important in how organisations perform. This perspective is relevant because the policy of multisectoral HIV/AIDS coordination focuses on formal structural elements as the pillars of this coordination.

Christensen and Lægreid (2008) distinguished four forms of coordination along the vertical/horizontal and internal/external dimensions (see definitions in 1.2.1 and in article 2). Based on their propositions, a theoretically informed research question was developed: Which of the four possible forms of coordination (i.e. vertical internal, horizontal internal, vertical external and horizontal external) are present and form the pattern of national coordination of HIV/AIDS programmes in Tanzania?

To answer this question, it was necessary to develop an assessment framework that was based on the four forms of coordination and operationalise these forms by including elements found in the literature. I included elements found by reviewing literature on multisectoral coordination experiences that existed before fieldwork was conducted in 2009 (e.g. Ainsworth et al., 2005; Attawell et al., 2007; Dickinson et al, 2008; Harman, 2007; Putzel, 2004). I also conducted an extensive review of Tanzanian policy documents to identify the main components of the Tanzanian coordination approach. These policy elements include, for instance, global programmes' alignment and harmonisation and the central government's alignment. Hence, all elements used are deductive and most of them constitute formal structural elements that the Tanzanian government has endorsed to provide the multisectoral national coordination of HIV/AIDS.

Applying this assessment framework to national coordination of HIV/AIDS programmes in Tanzania demonstrated that the coordination policies reflect the instrumental-structural theoretical perspective. The policies reflect this perspective as

donors and recipient countries anticipated that, by setting up formal structures of coordination (e.g. the NAC, the common multisectoral HIV/AIDS strategy, the common Monitoring and Evaluation system), coordination would be improved. More specifically, all the four forms of coordination have been attempted and have contributed to shaping the pattern of coordination. However, some actors are more dominant than others in shaping the forms of coordination and the pattern of coordination that subsequently emerge. These more dominant actors are the Ministry of Health (related to horizontal internal coordination) and the global health/HIV/AIDS programmes (related to vertical external coordination).

In general, Christensen and Lægreid's (2008) theoretical propositions were useful for identifying the pattern of coordination in Tanzania. This pattern constitutes a politics of coordination containing two paradoxes: 1) high formalisation of coordination in structural/organisational terms (with a separate coordination structure, TACAIDS, placed in the prime minister's office) → low formalisation of coordination in practice; and 2) the global programmes' parallel support of a multisectoral approach and scale-up of funding towards anti-retroviral treatment and related health sector services, which has led to the health sector approach being strengthened over the multisectoral approach.

To further explain why this pattern of coordination emerges in Tanzania, Benson's theoretical propositions were relevant to apply as they focus on the need to study the entire policy sector and its interorganisational political economy to understand how coordination unfolds. The political economy of HIV/AIDS is considered important as the first part of the analysis found that the global programmes have a major influence on the coordination pattern in Tanzania. Benson (1982: 148) defined the policy sector as 'a cluster or complex of organizations connected to each other by resource dependencies and distinguished from other clusters or complexes by breaks in the structure of resource dependencies'.

Benson's (1982) first proposition is that a policy sector consists of the policy paradigm employed, administrative arrangements/division of labour, interorganisational dependencies among organisations participating in coordination, the interest power structures and rules of structure formation (Benson, 1982: 149).

The rules of structure formation are omitted as they are beyond the scope of this study. The discussion of the administrative arrangements was previously outlined while using Christensen and Lægreid's (2008) framework. According to Benson (1982), the interest power structures are assembled in different groups: 'demand groups', 'support groups', 'administrative groups', 'provider groups' and 'coordinating groups' (Benson, 1982: 154-60). In the case of Tanzania, the relevant groups are support groups, administrative groups and coordinating groups. Support groups include the donors, because they 'provide resources—financial and political—for the organizations in the policy sector' (Benson, 1982: 155).

The article found that the politics of coordination stem from interorganisational dependencies and the structured interests of the various organisations involved in coordination. These dependencies and interests shape the national coordination pattern as they 'constitute power structures in place, which constrict the range of potential paradigms and administrative structures' (Benson, 1982: 151). Reorganisations are often attempted to break interdependence and existing interest power structures (Benson, 1982). Moreover, governments seek to reorganise policy sectors when one policy paradigm dominates and the interdependence relation is skewed towards one or a few dominating organisations (Benson, 1982). The establishment of the multisectoral coordination structure in Tanzania and other African countries can be seen as an attempt to reorganise the HIV/AIDS work to break the interdependence relation and dominance of the health sector and Ministry of Health in HIV/AIDS work.

Nevertheless, this article demonstrated that—given donors' strong support in contributing the most funding for health sector work—this reorganisation has not changed the policy paradigm towards a multisectoral approach, but rather reinforced the health sector approach. In many instances, reorganisation processes do not lead to change, but 'simply reproduce the dominance of these units in new forms' (Benson, 1982: 152). This reproduction explains the predominance of the health sector approach to HIV/AIDS instead of the multisectoral approach in Tanzania. Due to this predominance of the health sector approach, horizontal internal coordination remains weak. Horizontal internal coordination is weak because the

most important ministry working on HIV/AIDS does not coordinate its work with TACAIDS and thus TACAIDS is not able to ensure multisectoral coordination of HIV/AIDS work within the government.

Article 3: Hellevik SB Coordination of HIV/AIDS services through multilevel governance in Tanzania? Submitted to *Public Administration and Development.*

This article examined the cases of national–local and local-level multisectoral coordination of HIV/AIDS programmes in Tanzania. In addition, how the global health/HIV/AIDS programmes contribute to and influence the multilevel and local-level coordination of HIV/AIDS programmes was examined, primarily through the strategies of surveillance, rule-making and financial and material assistance. Finally, how the national–local and local-level government coordination occurs and is accountable, transparent, representative, and participatory was explored. The findings were based on the triangulation of data that included an extensive document analysis and 72 semi-structured interviews conducted in Tanzania (see article 3 and section 1.3.2).

By applying the theoretical propositions from the global health governance regime theory, the role and influence of the global health/HIV/AIDS programmes was discussed: this governance regime is established if actors/programmes are able to exercise influence through the political strategies of surveillance, rule-making and financial and material assistance. This theoretical perspective is relevant as it focuses specifically on the role of such actors and enables a specific analysis of their role at the national and local levels. The examined programmes exercise all three strategies of surveillance, rule-making and financial and material assistance; thus, they are seen to form a global health governance regime in Tanzania. The rule-making, represented by the earmarking and priorities, influences the national–local and local-level HIV/AIDS coordination as the earmarking and priorities determine what services are provided in Tanzania as well as which actors are allowed to deliver these services. The financial and material assistance also influence this coordination in that these programmes contribute 90 per cent of all available funds for HIV/AIDS work in Tanzania. Moreover, global health/HIV/AIDS programmes contribute to weakening

local government's efforts to be accountable and transparent as they fund international and local NGOs that provide services. The Ilala municipality discussed in this article as well as a number of other districts studied in another work (TACAIDS, 2010) have found it difficult to track these services.

Based on these findings, the article concluded that the lack of political authority in the national and local coordinating bodies stems from the depoliticisation[17] of HIV/AIDS in Tanzania. Such depoliticisation reflects one of the two theoretical propositions regarding depoliticisation (i.e. a process from politics to administration). HIV/AIDS is depoliticised at the local level because—although it seems that multisectoral HIV/AIDS work enjoys high political commitment with a separate designated committee for HIV/AIDS coordination—multisectoral HIV/AIDS work remains underfunded and does not receive much attention within local governments. This depoliticisation reflects the wider problem of depoliticisation or separation of government and politics at the local level, as revealed in other contributions on Tanzania (Harrison, 2008; Kelsall, 2002). Furthermore, HIV/AIDS is depoliticised at the national level as the coordinating authority has only symbolic power as part of the prime minister's office. However, in practice, TACAIDS does not enjoy political backing from this position to engage other ministries in national–local coordination of HIV/AIDS work.

Article 4: Hellevik SB Multisectoral HIV/AIDS Coordination in the Context of Aid Coordination. A study of Tanzania. Submitted to *Development Policy Review.*

This article started by summing up the findings from the three other articles describing the patterns and challenges of multisectoral coordination of HIV/AIDS programmes from the global to the local level. Then the article applied two of Hydén and Mmuya's (2008: 95) general explanatory arguments on aid coordination in

[17] Several scholars have argued that depoliticisation has occurred in recent years in developing countries (Ferguson, 1993; Harris, 2002; Harris et al., 2004; Hout and Robison, 2009; Houtzager and Moore, 2005). The two main theoretical arguments of this literature are that 1) depoliticisation takes place if an issue moves from being treated as a political issue to being treated as an administrative issue and 2) depoliticisation takes place if an issue moves from being publicly governed to privately governed (i.e. in a setting not open to the public).

Tanzania to see how consistent they are with the specific HIV/AIDS coordination challenges and explanations rendered in the second and third articles. There are two reasons why such a study is fruitful to pursue.

First, the field of multisectoral coordination and aid coordination has been subject to little theorisation and there is a need to build on what exists in the literature. Second, multisectoral coordination builds on the same principles as aid coordination practices do (see article 1) and, hence, it is possible and relevant to compare the specific findings from the studies of HIV/AIDS coordination with the more general studies of aid coordination. This article was thus a comparative assessment of the empirical findings regarding HIV/AIDS coordination and general aid coordination and the explanatory arguments used should not be regarded as general theoretical arguments, but only confined to Tanzania.

Hydén and Mmuya's (2008) explanatory arguments aimed to explain why aid coordination meets challenges in Tanzania: a) 'Power is centralised when it comes to agenda setting and policy formulation', i.e. the donors are the agenda-setters; and b) 'Power is dispersed but ineffective when it comes to policy implementation' (Hydén and Mmuya, 2008: 95; also Hydén, 2008). The article found that these more general explanations are consistent with the explanations of challenges to multisectoral HIV/AIDS coordination in Tanzania.

As to the first explanatory argument—power is centralised with regards to policy-making and donors are the agenda-setters—this explanation fits with the explanations that articles 2 and 3 made regarding HIV/AIDS coordination in Tanzania. These explanations are that global programmes constitute a global health governance regime in practice (article 3) and that coordination takes place in the political economy of the policy sector (article 2). The donors' role as agenda-setters is seen both in their earmarking of the funds for health sector services and in their preference for funding international and local NGOs over local governments—what was referred to as a global health governance regime in article 3. On the second explanatory argument—lack of internal central government coordination—article 2 on national HIV/AIDS coordination demonstrated that this was present between the prime minister's office and TACAIDS as well as between the Ministry of Health

and TACAIDS. Additionally, as the donors set the agenda and the health sector policy approach dominates, TACAIDS' ability to ensure internal government coordination is limited.

To sum up, the article found that Hydén and Mmuya's (2008) explanations regarding aid coordination—donors are agenda-setters, power is dispersed and there is weak internal government coordination—are consistent with the explanations of the challenges to multisectoral HIV/AIDS coordination in Tanzania. Hence, our explanations of the specific challenges to multisectoral coordination have been strengthened through reverting to explanations on challenges to aid coordination in Tanzania.

1.5 Discussion of the Findings of the Dissertation

This section sums up and discusses the articles and their findings. I first compare the theoretical perspectives applied by discussing their strengths and weaknesses. I then discuss observations from the global, national and local levels when I juxtapose them: What are the similarities and differences among the patterns and challenges observed at and across these levels? What elements are present across the levels and can explain in particular the patterns and challenges identified? By the discussion of the findings in the following sections, I provide an overall analysis of the four main research questions presented in 1.1. Finally, I provide overall conclusions referring to these main research questions.

1.5.1 Theoretical Perspectives Applied: A Discussion

The dissertation has applied theoretical perspectives on coordination from organisation theory and perspectives from governance theory. What are the similarities and differences among the theoretical perspectives applied? In discussing this question, I also outline the strengths and weaknesses of the theoretical perspectives applied. Governance theory and theoretical perspectives on coordination are similar in that governance theory builds on insights from theoretical perspectives on coordination from organisation theory, such as the importance of

interdependence and negotiations in interaction among organisations. Moreover, both theoretical fields are open for analysis of government and non-state actors.

One of the differences between these two fields of theory—and thereby also an argument for applying both—is their focus on various aspects of coordination. Christensen and Lægreid's (2008) four forms of coordination applied were useful in identifying the patterns of coordination as they make it possible to separate among various forms of coordination in which different programmes and actors participate (article 2). If I had only applied a network governance perspective, I would not have been able to outline and differentiate among these four structural forms of coordination.

Also, the instrumental-structural perspective, on which the four forms of coordination build, was a valuable point of departure for discussing multisectoral HIV/AIDS coordination as the multisectoral coordination strategy reflected this perspective. Multisectoral coordination reflected the instrumental-structural perspective as it is assumed that the formal structures of coordination will facilitate coordination. As I found that the vertical external coordination influences in particular the horizontal internal coordination, Christensen and Lægreid's (2008) perspective made it possible to differentiate among various forms of coordination and outline how some forms are more important than others in shaping the pattern of coordination at the national level in Tanzania.

Theoretical perspectives of governance were applied in the analysis after the pattern and challenges of coordination had been identified in articles 1 and 3. One added value of bringing in theoretical perspectives on governance was related to the particular perspective of network governance. As the global-level analysis showed (article 1), the common challenges to horizontal coordination that organisation theory has identified (i.e. Peters, 1998) among actors at the same level appeared among the global programmes. Network governance assisted in further discussing the nature and type of governance the efforts at horizontal coordination among the global programmes produces. A network governance perspective thus assisted in explaining how the domination of the global programmes shaped the patterns and challenges to coordination among them and national African governments as well as

at the local level. A network governance theoretical perspective was also relevant to apply as it enables an analysis of complex, wicked problems such as HIV/AIDS. HIV/AIDS is a wicked issue as there is no agreed-upon solution as to how to fight it most effectively and no agreement on which institutions should be involved and what strategies to use (see 1.2).

Another added value of applying governance theory—this one related to the global health governance regime perspective applied—was that it enabled a discussion directed towards the specificities of global health governance. These specificities were brought to light as this perspective outlines three political strategies that global health/HIV/AIDS programmes may use to contribute to governance of this domain: surveillance, financial and material assistance and rule-making. The strategies fit with the practices of these programmes in Tanzania (at national and local and across national–local levels).

The third added value of bringing in theoretical perspectives on governance—namely, from the field of good governance—related to the political context of decentralisation in which multisectoral coordination structures were established and were to work. In particular, it was pertinent to address good governance principles such as decentralisation in studying the vertical external coordination between central and local government in Tanzania.

1.5.2 Similarities in Observations of Findings

One similarity across the articles is that the global HIV/AIDS programmes are more dominant than other actors in multisectoral coordination. This domination points to one of the defining features of coordination as outlined in 1.2, namely interdependence. The article on global-level coordination described the dominance of the global programmes as an evolving global governance network. A skewed interdependence exists among these programmes and African governments in this network (see article 1). As global programmes fund most HIV/AIDS work in African countries, the African governments are more reliant on the programmes.

Meanwhile, the article on national coordination described this domination by demonstrating that health sector coordination is more important than multisectoral

coordination as the global programmes provide more funding to the health sector work on HIV/AIDS. The article on national–local and local-level coordination (article 3) described the pattern of coordination as dominated by the global programmes, characterising their domination as an unveiled global health governance regime. The fourth article showed that the domination of global programmes/donors was also seen in general aid coordination in Tanzania. Donors are agenda-setters in policy-making and country ownership of development policies is thus limited (Harrison et al., 2009; Hydén and Mmuya, 2008).

Furthermore, similarities were identified among the challenges to multisectoral coordination at different levels. One challenge present in all the articles is the incoherence in aims and requirements, as referred to in the global-level article, which is described as differences in earmarks and priorities in the other articles. At the global level, this incoherence or differences in earmarks and priorities found among the global programmes affected their ability to coordinate with other global programmes and with African governments in general. For instance, at the national level, this challenge is reflected in the fact that the Global Fund and PEPFAR do not align their programmes to the government's budget cycles and plans in practice. At the local level and between the national and local levels, the Global Fund's non-alignment is an example of incoherence that creates challenges to coordination as it is difficult for local governments to plan the utilization of these funds.

One main similarity in the articles as to why the patterns and challenges to coordination have emerged relates to the domination by global programmes and the challenges that result from this domination as they have a contradictory way of engaging in coordination. This contradictory approach to engagement in HIV/AIDS work refers to the fact that global programmes support coordination, while at the same time, hinder coordination. Their contradictory approach demonstrates that one of the defining aspects of coordination, mutual adjustment, has not been met by the programmes. Hence, despite joint decision-making having taken place, which is another of the defining aspects of coordination, the failure of the programmes to meet the other defining aspects of coordination means that coordination is far from achieved.

The global-level article explained this domination by applying governance network theory, thereby demonstrating that the global programmes and African governments are in the process of forming a governance network in which the global programmes dominate. Numerous constitutive elements of a governance network are already in place. The constitutive elements include a regulatory framework (i.e. multisectoral coordination), negotiations that have taken place and the existence of interdependence among the actors involved. However, a problem with this network is that the interdependence among the programmes and African governments participating in the network is skewed because the African governments are more reliant on global programmes than the other way around. Thus, the skewed interdependence provides an explanation for this domination by the programmes. Due to the skewed interdependence, the global programmes may continue to pursue their contradictory approach of support to multisectoral coordination. Simultaneously, they may pursue their own priorities, making coordination difficult to achieve.

In the national-level article, this skewed interdependence and the resulting contradictory approach were explained in similar terms by applying the theoretical framework of the political economy of the policy sector. Using this framework, the article explained that the global programmes dominate the policy sector of HIV/AIDS work with their priorities for health sector HIV/AIDS work. They contribute to reproducing the existing policy paradigm—namely, the health sector approach towards HIV/AIDS. As a result, the health sector approach presents challenges to coordination and determines the national coordination pattern in Tanzania.

In the national–local and local-level article, this domination of the programmes is explained in a similar way—namely, as constituting a global health governance regime. As the global programmes manage to draw upon the constitutive elements of this regime (i.e. surveillance, rule-making and financial and material assistance) to dominate the pattern and challenges to national–local and local-level coordination, these elements explain why these patterns and challenges emerge.

The fourth article found that the explanations rendered for the domination of the global programmes in the other articles on Tanzania are consistent with the broader aid coordination pattern and challenges, which include donors as agenda-setters in policy-making, power being dispersed and weak internal government coordination. Furthermore, the explanatory arguments applied demonstrate that the contradictory approach to coordination by the donors found in HIV/AIDS coordination appears to be a general feature of aid coordination in Tanzania. Donors focus on national ownership, alignment to national strategies and harmonisation among themselves in various ways. At the same time, they actively influence national policy-making in Tanzania, therefore demonstrating their contradictory approach to coordination.

1.5.3 Differences in Observations of Findings

One difference among the observations studied at the different levels is that the pattern of coordination that demonstrates the contradiction between the health sector and the multisectoral approach is not apparent in the efforts to coordinate at the global level, yet it is present at the national and local levels in Tanzania. In addition, it is depicted as a general problem in the article analysing HIV/AIDS coordination in light of aid coordination (i.e. in the latter article exemplified by the general weak internal government coordination). A related difference concerns the domination of the global HIV/AIDS programmes, which was identified as one similarity in all articles in the preceding section. However, when it comes to the specific influence this domination has on the government's internal coordination capacity, it was only revealed in the articles on national-level coordination and national–local and local-level coordination.

More specifically, the articles on national, national–local and local-level coordination reveal the particular patterns and challenges that this practice creates. The global-level study only demonstrated that these programmes challenge the coordination efforts by following their own aims and requirements. The specific pattern and challenge revealed in the national, national-local, and local-level articles referred to how the Ministry of Health gains from the global programmes' domination in shaping the coordination. With only a global-level analysis, I would not have been able to demonstrate how the Ministry of Health benefits from the dominance of the

global programmes. In addition, the global-level article confined the issue of global programmes' dominance to a discussion of the skewed interdependence in this global governance network forming among the global programmes and African governments, highlighting that problems of accountability exist as the global programmes are not accountable to the populations in African countries that receive their funding. A study of only local-level coordination would not have demonstrated in such detail how the weak internal central government coordination influences local government's ability to ensure multisectoral coordination. Consequently, a study that focused only on the local-level actors participating in HIV/AIDS work would have omitted the role of the global programmes in determining the pattern and challenges to coordination at the local level.

Moreover, the articles differed in their explanations of why these patterns and challenges emerged. In the article on national–local and local-level coordination (article 3), I explained that the domination of the global programmes, through the global health governance regime and the Tanzanian government's limited political commitment to enforce coordination, was due to HIV/AIDS being depoliticised. No similar explanations occur in the other articles. Additionally, article 4 includes a novel explanation: HIV/AIDS coordination challenges can be explained as part of the wider aid coordination challenges that Tanzania faces.

1.5.4 The Multilevel Aspects of the Findings

Having teased out the similarities and differences in patterns, challenges and explanations as to why these patterns and challenges have emerged as discussed in the four articles, it is pertinent to sum up this discussion by pointing to two aspects that exist across the levels and at these levels, explaining why the patterns and challenges emerge. These aspects include: (i) the vertical specialisation (in global programmes) that co-exists with efforts at vertical internal, horizontal internal, horizontal external and vertical external coordination and (ii) the Tanzanian government's lack of political will and limited capacity to ensure the vertical internal and horizontal internal coordination.

Vertical Specialisation and Horizontal and Vertical Coordination: a Contradictory Approach

The global HIV/AIDS programmes represent vertical specialisation of HIV/AIDS work as they are vertical, disease-specific programmes with their own priorities for their work. Vertical specialisation in general is an element included in most NPM reforms, and this is also true in Tanzania. One example of vertical specialisation is the creation of separate agencies to handle specific government tasks. With such vertical specialisation, scholars have noted that fragmentation of the public sector has become a problem (Bouckaert et al., 2010; Christensen and Lægreid 2008; Verhoerst et al., 2007). Such fragmentation has also been described with regards to HIV/AIDS and global health and has been attributed to the increasing vertical specialisation of HIV/AIDS, represented by establishment of global health/HIV/AIDS programmes. For instance, Gostin and Mok (2009: 12) stated that there are 'rampant problems of fragmentation and duplication in the sea of funding, programmes, and activities that span the global health domain'.

To cope with problems of fragmentation, several industrialised democracies have made attempts at horizontal coordination in recent years (Bouckaert et al., 2010; Christensen and Lægreid, 2007; Pollitt, 2003). Hence, such horizontal coordination has been described initially as 'joined-up government'. Joined-up government was introduced by Blair's government in the UK in 1997 as an attempt to 'get a better grip on the "wicked" issues straddling the boundaries of public sector organizations, administrative levels, and policy areas' (Christensen and Lægreid, 2007: 1060). Later, the 'whole-of-government' approach has largely replaced joined-up government as the term used, but with the same content (Christensen and Lægreid, 2007). Both approaches are 'new labels for the old doctrine of coordination in the study of public administration' (Christensen and Lægreid, 2007: 1060, referring to Hood, 2005).

A lesson learned from the application of these approaches is that it is important to consider whether such approaches will add value or merely increase costs. This consideration is important because engaging in whole-of-government initiatives is costly and may create conflicts (Bakvis and Juillet, 2004; Christensen and Lægreid, 2007). Consequently, Gulick's (1937) general argument about the 'dynamic

relationship between specialization and coordination' seems to hold: 'the more specialization in a public organization, the more pressure for increased coordination' (Christensen and Lægreid 2008: 101). Although the government coordination structures for HIV/AIDS appeared before donors realised that fragmentation was a problem, the call for coordination of HIV/AIDS was reinforced after the vertical specialisation appeared as a problem for donors, around 2004 (see article 1). This coordination was not only horizontal, but also vertical as the global programmes represent major actors involved in this coordination.

At a general level, the co-existence of vertical specialisation and coordination in all its forms thus reflect the same observation as the scholarly literature on industrialised democracies—that elements of NPM co-exist with efforts at the whole-of-government approach. In this dissertation, such co-existence has revealed a general contradictory pattern of coordination, and this pattern has presented several challenges. The contradictory pattern is seen at all levels studied. At the global level, the contradictory pattern is that the vertical specialisation of global HIV/AIDS programmes (e.g. their own priorities, designs and earmarks) contradicts their overall global commitment and support for horizontal coordination at the country level. Hence, their aims and requirements appear incoherent, structures and strategies overlap and there is little collective responsibility for coordination; all these problems create challenges in coordination.

At the national level this contradiction leads to two separate policy approaches towards HIV/AIDS: one multisectoral and one in the health sector. These two approaches may co-exist in the global programmes and, as a result, vertical specialisation dominates the attempts at vertical external coordination. Consequently, the contradiction between the overall support for multisectoral coordination and the real funding levels directed towards the health sector's HIV/AIDS work creates challenges for national-level coordination by TACAIDS, the National AIDS Commission in Tanzania. In all, the contradictory nature of multisectoral coordination is that the government has been allocated a central role in coordination, while at the same time the global HIV/AIDS programmes channel a substantial amount of funding outside the government, directly to non-state actors. One reason

for channelling funding outside the government is the mistrust that several donors have in African governments' ability to use the funding effectively and efficiently (Doyle and Patel, 2008). Another reason for channelling funding to non-state actors is that they seem to be closer to local communities. The donor mistrust in governments, on one hand, and efforts to support the same governments, on the other, has made it pertinent to pursue this study of how coordination actually unfolds in practice. Moreover, given this contradictory pattern, it is pertinent to discuss the Tanzanian government's lack of political will and limited capacity to coordinate HIV/AIDS work as found in articles 2 and 3.

The Lack of Political Will and Limited Capacity to Coordinate

The government coordinating structures for multisectoral HIV/AIDS coordination were established in the early 2000s to make African governments demonstrate the political will and commitment to fight HIV/AIDS. It was assumed that placing the main coordination structure, the National AIDS Commission, in the president's/prime minister's office would lead to political backing from the government and also that a politically elevated position would enable horizontal internal government coordination. The patterns and challenges to coordination, as demonstrated in the articles as well as in other scholarly literature cited and relied on here suggest that this assumption has been far from realised. Apart from the explanations rendered so far, three broader reflections may assist in explaining this lack of political will and limited capacity to coordinate from the national and local government coordination structures in Tanzania.

One such reflection relates to the fact that multisectoral coordination was and is a donor-driven strategy. As the global programmes have provided funding for both actual HIV/AIDS work and government coordinating structures for HIV/AIDS, the government of Tanzania and other African governments have not developed their own coordination structures or prioritised HIV/AIDS work in their budgets. Hence, an explanation as to the lack of political will may lie in multisectoral coordination representing a decontextualised idea (see section 1.2.1). As a decontextualised idea initiated and funded by external actors, multisectoral coordination encountered

problems as it conflicted with the established, contextualised response to HIV/AIDS in the Ministry of Health. Multisectoral coordination folds into the many decontextualised ideas that Tanzania has adopted in the form of public sector reforms and policies over the last 20 years (see article 3).

A second and related reflection that may assist in explaining the lack of political will and limited capacity to coordinate centres in the broader public sector reform context in which multisectoral coordination was attempted in Tanzania. Tanzania has implemented public sector reforms over the last 20 years, driven by and funded by donors. Patterson (2008) argued that HIV/AIDS was poorly responded to by African governments because it emerged as a widespread problem right after most developing countries had downsized their public sectors, including the health sector, as part of the structural adjustment programmes of the 1980s. Consequently, there was a severe shortage of medical personnel when HIV/AIDS emerged and governments lacked capacity to handle HIV/AIDS.

In addition, the decentralisation reform took place at the same time as HIV/AIDS coordination was attempted. The national–local and local-level article demonstrated that weak local government coordination of HIV/AIDS was just one of the challenges to local government work as documented in other studies (e.g. Green, 2010; Marsland, 2006). General challenges to local government work include, for example, limited capacity of local governments to deliver services and problems of accountability and transparency (Green, 2010; Harrison, 2008; Kessy and Mc Court, 2010; Lange, 2008; Marsland, 2006; Venungopal and Yilmaz, 2010).

Furthermore, the reflection on the public sector reform context points to the third reflection, which is on the broader political context regarding government-donor relationships in Tanzania. The HIV/AIDS coordination efforts took place in the context of the wider aid coordination efforts in Tanzania as in many other African countries. The main idea of aid coordination was that, with donors aligning their plans to the governments' own plans and harmonising among themselves, the country ownership of development aid would be strengthened. Therkildsen (2006), Harrison et al. (2009) and Hydén and Mmuya (2008) have questioned the national ownership and reform willingness of the government. Rather, it is the donor funding

and the clientelistic politics surrounding the ruling party that set priorities for how the Tanzanian government develops its policies (Harrison et al., 2009; Hydén, 2008; Hydén and Mmuya, 2008). Article 4 applied Hydén and Mmuya's (2008) explanatory arguments that see such weak political willingness to aid coordination as stemming from the patronage government that exists in Tanzania where the political elite in the ministries benefit more from direct project funding from donors than from coordinated funding from all donors. Consequently, elites in Tanzanian ministries do not have an interest in strengthening the horizontal internal government coordination. I cannot conclude that patronage government is the overall explanation for the weak internal government coordination in Tanzania.

Nevertheless, I have demonstrated that the HIV/AIDS coordination patterns and challenges are consistent with Hydén and Mmuya's (2008) two explanatory arguments that I apply herein. As the specific HIV/AIDS coordination patterns and challenges are consistent with the general patterns and challenges in aid coordination, the general argument of patronage government underlying Hydén and Mmuya's (2008) two explanatory arguments is likely to hold for the lack of political will to engage in HIV/AIDS coordination evident in Tanzania. Several other general studies of Tanzanian politics and government have found such a patronage government to exist, although they label it in somewhat different ways (see, for example, Kelsall, 2002, 2008; Kjær, 2004b; Therkildsen, 2006).

1.6 Final Conclusions

To sum up the findings, it is pertinent to revert to the four main research questions posed at the beginning of this introductory chapter. The first three questions are best discussed together in this section. The first question concerned the patterns and challenges of coordination at the three levels as well as across these levels. The second question regarded how the formal coordination structures and global programmes shape the coordination. The third question related to how one can explain the patterns and challenges that have emerged.

One general finding regarding the patterns of multisectoral coordination is that the global HIV/AIDS programmes are more dominant than other actors in determining

the patterns of coordination at all levels. In addition, the patterns differ. The patterns differ as the global-level coordination pattern does not unveil the contradiction between the health sector and the multisectoral approach found in the national and local-level patterns of coordination.

Moreover, one main finding that represents a challenge to coordination is the contradictory approach of the global programmes to coordination. On one hand, they support coordination while on the other they pursue their own priorities and requirements. At the global level, this contradictory approach hinders coordination among the global programmes as well as between them and African governments. At the national level and across national–local levels, this contradictory approach to coordination makes it difficult for the Tanzanian government's coordinating body, TACAIDS, to ensure multisectoral coordination, as it depends on funding from these programmes. At the local level, the contradiction creates challenges for local government coordination. For instance, the performance-based funding model of the Global Fund makes it an unstable funding source for local governments' multisectoral HIV/AIDS work.

Regarding the research question on the influence on the various actors in shaping the coordination, the domination of the global programmes and the Tanzanian government's weak coordination are two important factors highlighted in all four articles. The global-level article explained this domination by applying governance network theory. The article determined that the global programmes dominate in this emerging governance network as they are less reliant on the African governments than vice versa for ensuring coordination; therefore, they may pursue their own approaches in addition to supporting multisectoral coordination. These approaches, which differ substantially, create challenges in coordination among the programmes themselves and with African governments.

At the national level, the domination of the global programmes and the weak Tanzanian government coordination were explained by these programmes being the main actors in the political economy of the HIV/AIDS policy sector as they financed most of the HIV/AIDS work, ultimately prioritising the health sector. As a result, the health sector dominated the HIV/AIDS policy sector in practice, which

explained the challenges for TACAIDS in ensuring horizontal internal government coordination.

At the local level, the domination of the global programmes was explained by seeing them as exercising a global health governance regime. They exercised such a regime as their earmarks, priorities and funding made up most of the funds for HIV/AIDS work in Tanzania. This funding went mainly to the health sector; the multisectoral work remained poorly funded and the multisectoral coordinating body at the local level was weak. However, despite this domination of the global programmes, a common finding of the case studies on Tanzania was that the Tanzanian government lacks political will to engage in measures to improve coordination and thus is also responsible for the pattern and challenges to coordination found in the articles. The Tanzanian government is responsible because it did not ensure that TACAIDS was able to coordinate within the central government or down the line to local governments.

The fourth article addressed the fourth question, namely—how consistent the HIV/AIDS coordination patterns and challenges are with the general aid coordination patterns and challenges. The article demonstrated that the patterns and challenges of national, national–local and local-level HIV/AIDS were consistent with the general aid coordination pattern and challenges in Tanzania as Hydén and Mmuya (2008) described them. These general patterns and challenges were characterised by donors being the agenda-setters and weak internal government coordination. The domination of the global programmes in determining the patterns and challenges to HIV/AIDS coordination at various levels in Tanzania as well as their domination at the global level (in the form of dominating an emerging governance network) suggests that country ownership is far from being achieved in HIV/AIDS coordination.

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Article 1: 'Making the Money Work'[18]: Challenges towards Coordination of HIV/AIDS Programmes in Africa

This article was published as Hellevik SB 2009: 'Making the Money Work': Challenges towards Coordination of HIV/AIDS Programmes in Africa. In: MacLean S, Brown S and P. Fourie (eds) *Health for Some: The Political Economy of Global Health Governance*. Houndmills: Palgrave Macmillan, 145-164.

Introduction

Several new actors are now funding global health. In HIV/AIDS funding, these actors range from multilateral organizations to private foundations and large-scale bilateral programmes, such as the President's Emergency Plan for AIDS Relief (PEPFAR). HIV/AIDS funding globally has seen 'a six-fold increase' from 2001-2007 (UNAIDS 2008a: 3).[19] This rapid increase in funding has resulted in 'a crisis of

[18] 'Making the Money Work' was the theme of a follow-up meeting called 'The Global Response to AIDS: "Making the Money Work", The Three Ones in Action', in London on 9 March 2005, in which 'leaders of government, civil society, UN agencies, and other multinational institutions met' and decided to set up the 'The Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors' (see GTT 2005: 9). The phrase is also the sub-title of the 2006 UNAIDS Annual Report as well as being part of the title of the 2006-2007 Consolidated UN Technical Support Plan for AIDS outlining the UN organizations' response towards the acknowledged 'crisis of implementation' within HIV/AIDS programmes, including the UN Division of Labour. The phrase has since been used in several documents as a popular proxy indicating what coordination is to contribute.

[19] Funding increased from US$1.67 billion in 2001 to US$10 billion in 2007 (UNAIDS, 2008a: 188).

implementation' due to 'national capacity gaps in areas such as programme management and service delivery' (UNAIDS, 2005b: 14). The crisis is exacerbated by insufficient donor coordination, which creates redundancies in programming. It is exacerbated also by divergent aims and distinctive programming of the different actors (Bernstein and Sessions, 2007; McKinsey and Company, 2005).

The main global actors funding HIV/AIDS programmes, such as the Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM), the World Bank and various UN organizations, have identified coordination and harmonization of their efforts as important in 'making the money work' within HIV/AIDS (PEPFAR et al., 2006; Sidibé et al., 2006; UNAIDS, 2005b) One effort to enhance coordination and harmonization was the Paris Declaration on Aid Effectiveness, which was signed 2 March 2005 by more than 100 countries as well as several international organizations (DCD-DAC). The Declaration is a general commitment to 'ownership, harmonization, alignment, results, and mutual accountability' of all development aid and it has made coordination a top priority (OECD, 2005).

Another policy response, this one specific to increased coordination around HIV/AIDS, was the joint agreement in 2004 of most bilateral and multilateral donors and recipients of HIV/AIDS funding on the 'Three Ones' principles. These principles state that each recipient country should institutionalize its response by establishing one national AIDS coordinating authority (NAC)[20] with a multisectoral mandate, one strategic HIV/AIDS framework for all actors at the country level, and one national monitoring and evaluation system (UNAIDS/WHO, 2004). In the years following the adoption of the Three Ones principles, several efforts towards coordination have been made at global level and national levels (see Attawell and Dickinson, 2007; GTT, 2005; Sepulveda et al., 2007; UNAIDS, 2006a).

In this chapter, I evaluate the progress made in coordination among the three global actors that are the major funders of HIV/AIDS programmes, according to the World Bank (World Bank, 2007c). These are: the GFATM, a public-private partnership (PPP); the World Bank Multi-Country HIV/AIDS Program for Africa

[20] These are sometimes referred to as National AIDS Councils or National AIDS Commissions.

(MAP), a multilateral organization; and the PEPFAR, a bilateral programme of the US government. One dimension of the coordination project is horizontal. While coordination may be defined as 'the attempt to optimize the coherence and consistency of political decisions as well as policy implementation' (Wollman, 2006: 594), *horizontal coordination* implies coordination taking place between actors situated at the same organizational (and territorial) level. Such horizontal coordination may be termed a governance network,[21] as defined by Sørensen and Torfing (2007). According to these authors, a governance network is: '1. a relatively stable horizontal articulation of interdependent but operationally autonomous actors; 2. who interact through negotiations; 3. which take place through regulative, normative, cognitive and imaginary frameworks; 4. that is self-regulating within limits set by external agencies; and 5. which contributes to the production of public purpose' (Sørensen and Torfing, 2007: 9).

To analyze the progress on horizontal coordination of the three programmes, I draw on the theoretical framework of Guy Peters (1998). Peters (1998: 303) identifies three main problems with horizontal coordination: (1) two or more organizations 'perform the same task (redundancy)'; (2) 'no organization performs a necessary task'; and (3) there is 'incoherence' in aims and 'requirements'.

In addition to horizontal coordination, these three organizations also coordinate with African governments. In considering this level of coordination, I will focus mainly on the National AIDS Coordinating Authority (NAC), since this entity was developed to coordinate HIV/AIDS responses in African countries. Overall, coordination for delivering AIDS programming involves coordination at the *international* and the *national* level, as well as at the intersection of these levels. Given that the global actors and the governments that are studied in this chapter operate at different levels, the global and the national, one may argue that they form what Anthony McGrew (2002: 279) calls a 'transnational policy network'. McGrew (2002: 279) states that: 'A proliferation of transnational policy networks and multilateral institutions give form and substance to global governance and are central to the formulation and

[21] Three 'ideal types' of coordination have been described: market, hierarchy and networks (Wollmann 2006: 595; Robinson et al., 2000).

implementation of effective and legitimate global public policy.' My analysis, therefore, is an attempt to look in detail at the problems and possibilities involved in developing more effective global governance in HIV/AIDS.

On the Three Global Actors

Global HIV/AIDS funding is not easily mapped, due to the rapid increase in funding and actors in recent years. Also, there is a gap between *commitments* and *disbursement* of funds, although this gap has been closing since about 2006 (Bernstein and Sessions, 2007). The challenges of coordination are evidently great. Indeed, 'according to Peter Piot, the Executive Director of UNAIDS, the global aid architecture for HIV/AIDS is a "mess" ' (World Bank, 2007c: 11). Nevertheless, a mess or not, according to Swidler (2006) global HIV/AIDS funding has a hierarchical structure, with the UNAIDS at the top, followed by a number of multilateral organizations, foundations and bilateral donors, and after these, numerous international NGOs. At the country level, the national and local governments and country-based civil society organizations, including community-based organizations and faith-based organizations add to this picture. MAP, the Global Fund and PEPFAR are three of the main actors among the diverse group of actors mentioned in this section, and they are described briefly below.

The World Bank Multi-Country HIV/AIDS Program for Africa (MAP)

MAP Africa was established in 2000 and it represents one part of the total HIV/AIDS assistance that the World Bank provides globally. 'The overall development objective of the MAP is to dramatically increase access to HIV/AIDS prevention, care, and treatment programmes, with emphasis on vulnerable groups' (World Bank, 2007b).The four eligibility criteria that had to be met in order for countries to gain access to these funds were: having a 'strategic approach to HIV/AIDS'; having established a NAC; 'government commitment to quick implementation arrangements'; and 'agreement by the government to use multiple implementation agencies, especially NGOs/Community Based Organizations'

(World Bank, 2007b). In 2007, MAP Africa entered its third phase, and the funds were substantially reduced (World Bank, 2007c). In line with the reduced funding**,** the role of MAP is envisaged to change from providing substantial financial contributions to facilitating technical expertise at the country level (World Bank, 2007c). It is too early to say whether, or to what extent, the decrease in funds available will reduce MAP's role as one of the three major global actors in African countries.

The Global Fund

The Global Fund is an independent public-private partnership established in 2002 as a mechanism for providing more rapid disbursement of funds towards HIV/AIDS than the UN organizations and the World Bank had been able to channel (GFATM, 2007b; Poku, 2002). The Fund receives donations from many sources, including the Gates Foundation and several countries, with the US as 'the largest contributor nation' (PEPFAR et al., 2006: 4).

In order for countries to apply for funding from the Global Fund, Country Coordinating Mechanisms (CCMs) had to be established (GFATM, 2008b). These CCMs are 'public-private partnerships' responsible for administering and assisting in the development of grant proposals from different actors, such as NGOs and national governments (GFATM, 2007c). In most cases, the CCM has representatives from the government, civil society and businesses in the country, as well as 'people living with and/or affected by the diseases' (GFATM 2007c: 4). After grant approval, the CCMs 'oversee progress during implementation' (GFATM, 2007a). In addition to the CCM, all countries receiving funds have a Local Funding Agent that completes an annual performance review of each Principal Recipient of funds (for example, national government ministries or consortiums of NGOs).

The PEPFAR Programme

PEPFAR was launched by the US government in 2003 to provide a unified response to AIDS and thus to coordinate all US AIDS funding (OGAC, 2005). The US Government, through various amendments and laws passed in Congress, has set the operating principles and priorities of PEPFAR. The Office of the Global AIDS Coordinator (OGAC) manages the PEPFAR programme (Sepulveda et al., 2007: 66). PEPFAR employs a partnership approach and channels money to international NGOs, national governments and American organizations and universities that engage with partners in the recipient countries. In the recipient countries, country teams have been established, coordinated by the US Embassy (OGAC, 2005). PEPFAR supports HIV/AIDS programmes in 123 countries, but two-thirds of the funds are channelled to 15 focus countries (Sepulveda et al., 2007: 58, 64, 66)[22]. Following an original $15 billion[23] expenditure, the Reauthorization Act signed on 30 July 2008 provided for another US$39 billion of funding to be spent from 2009 to 2013 (OGAC, 2008).

Coordination Policies among the Three Global Actors

Coordination is not a new phenomenon within bilateral or multilateral aid, but has been 'a key form for organizing development practice for a long time' (Robinson et al., 2000: 7). With the acceptance of the Three Ones principles as the overall global framework of coordination within HIV/AIDS, the NAC was embraced as the leading coordinating unit by African governments, multilateral and bilateral partners (PEPFAR et al., 2006: 3). By 2008, 92 per cent of all reporting countries had established NACs (UNAIDS, 2008a: 206). But 'none of the "ones" has been easy to implement, even in the few countries where governments have taken charge of their

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

[23] In reality, according to Africa Action, 'Of the total, only $9 billion was new money, to be added to $5 billion in old bilateral assistance programs. In addition, only a portion of that money was to be dedicated to fighting HIV/AIDS in Africa, despite the President's original promise that the initiative would focus on the HIV/AIDS crisis in Africa and the Caribbean' (Africa Action, 2006).

national strategies' (Lele et al., 2005: 154), and, therefore, in 2005 The Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT) was formed to improve coordination (Attawell and Dickinson, 2007; GTT, 2005). Later that year, this Task Team came up with a number of recommendations, focusing on four areas: (1) 'empowering inclusive national leadership and ownership'; (2) 'alignment and harmonization'; (3) 'reform for a more effective multilateral response', and; (4) 'accountability and oversight' (GTT, 2005). These recommendations were endorsed by the United Nations General Assembly in 2005 (UN General Assembly, 2005).

Perspectives on Horizontal Coordination

In this section, I will discuss the efforts towards horizontal coordination among the three HIV/AIDS programs with regards to the general theoretical problems that may occur in such efforts according to Guy Peters (1998). The three problems introduced and discussed below are: (1) redundancy; (2) lacunae; (3) incoherence in aims and requirements. The three problems are dealt with in separate sections, but they are all discussed with reference to the four areas of improvement of coordination as identified by the Global Task Team recommendations (see section above). The UN system (including the World Bank) made a follow-up plan based upon the recommendations from the GTT, the UNAIDS Technical Division of Labour plan. In this plan, each of the relevant UN organizations involved ('lead organizations') has been assigned particular responsibility for one of the 17 areas identified as being necessary to focus on. Although the US government, along with several other governments, was involved in the GTT work, the division of labour involves only UN organizations, including the World Bank (UNAIDS, 2005b: 34).

Being a financing entity and not an implementing agency, The Global Fund is left out of this detailed plan of division of work, except for being represented in the Global Joint Problem-Solving and Implementation Support Team (GIST) committee (see UNAIDS, 2005b: 34). Still, the Global Fund is involved in other measures of coordination with the PEPFAR and the World Bank, as well as the UNAIDS, which may compensate for its minor role assigned in the UN Division of Labour. In this

chapter I deal only with the efforts that concern the three actors, but in most of them the UNAIDS also plays a part.

Problem 1: Redundancy

The first problem that may appear in efforts towards horizontal coordination is that two or more organizations 'perform the same task (redundancy)' (Peters, 1998: 303). The PEPFAR, MAP and the Global Fund clearly have similar tasks or issues that they deal with, and thus horizontal coordination among these actors can be expected to be difficult. On the other hand, the fact that these actors all focus on halting and reversing the spread of HIV/AIDS in accordance with the Millennium Development Goals (MDGs) makes the potential challenges in coordination seem likely to be solvable. According to Peters (1998: 303), 'redundancy should be the easiest co-ordination problem to solve'. This problem goes into the discussion of efforts towards harmonization and alignment of the HIV/AIDS programs, one of the four themes of the GTT recommendations.

At the international level, 'the UNAIDS Programme Coordinating Board, UNAIDS Secretariat and Cosponsors have taken steps to support implementation of the GTT recommendations on harmonisation and alignment within the UN system' (Attawell and Dickinson 2007: 34). Several measures have been put in place, such as Joint UNAIDS Teams and Joint UN Programmes,[24] and some of the measures include the three global actors discussed in the chapter. However, according to the GTT report and the Paris Declaration as well as several observers (Sepulveda et al., 2007; Attawell and Dickinson, 2007; Shakow, 2006), one form of redundancy, in particular, hinders both horizontal coordination among the three global actors and vertical coordination

[24] A Joint UN Programme 'is a set of activities contained in a common work plan and related budget, involving two or more UN organization and (sub-) national partners. The work plan and budget will form part of a joint programme document, which will also detail roles and responsibilities of partners in coordinating and managing the joint activities. The joint programme document is signed by all participating organizations and (sub-) national partners' (UNDG, 2006: 7, quoting UNDG, 2003: 5). The formation of Joint UN Teams and Programmes was suggested in the GTT recommendations as well as the Paris Declaration (see UNDG, 2006). According to UNDG (2006: 3), 'The purpose of the Joint UN Team on AIDS is to promote coherent and effective UN action in support of an expanded national response to HIV'.

with African governments. This is the existence of parallel structures for implementation and coordination of programmes in recipient countries.

The existence of parallel structures and duplication of assistance at the national level was one of the reasons for the establishment of the GTT (GTT, 2005: 9). The GTT report mentions 'the Global Fund CCM in addition to the NAC as an example of duplication' (GTT, 2005: 10), that is, redundancy, to use Peters's (1998) term. On a general level of development aid, the Paris Declaration deals with the problem of what it calls 'parallel implementation units' and a specific goal is set for reducing the number of such units by 2010 (OECD, 2005: 1). On the problem within the area of HIV/AIDS, Shakow (2006: 25) states that, in many countries, the CCM has become 'a new and separate channel which competes with and confuses the role of other bodies'. For instance, the CCM and the NAC represent duplicating structures in many countries, having 'competing roles' (Shakow, 2006: 7; see also UNAIDS, 2006b: 4).

Moreover, '[w]hile providing much needed funding for the AIDS response, parallel mechanisms like the Global Fund Country Coordinating Mechanism (CCM) can lead to a confusion of roles when it comes to policymaking' (UNAIDS, 2006b: 4). As a consequence, the country structure of the Global Fund has 'led to considerable duplication in requirements, procedures, and institutional arrangements at the country level' (Lele et al., 2005: 160). According to a recent Global Fund report (GFATM, 2008a: 55), 'an examination into the reasons why most countries chose to form separate CCMs as opposed to building upon pre-existing structures could prove to be instructive'. Nevertheless, until such an examination is completed, 'anecdotal evidence suggests that many countries created CCMs as distinct entities, because this is what they thought the new donor required' (GFATM, 2008a: 55). Another reason given by some countries was that the NACs were not operational when Global Fund funding was granted (GFATM, 2008a).

The problems of parallel institutions have been complained about in Tanzania, Swaziland, Mozambique and Malawi (UNAIDS, 2005a, c). However, the complaint from Tanzania that 'GFATM proposals have been developed in parallel to existing strategies and ongoing activities' (Lake 2004: ix) has motivated some action. Since

2005, the Global Fund has attempted to move towards more horizontal coordination through the merger of CCM and other coordination mechanisms for the three diseases of HIV/AIDS, Tuberculosis and Malaria with the Tanzanian National AIDS Coordinating Authority (TNCM) (GFATM, 2005: 16; TACAIDS, 2006;). However, there are still two coordinating mechanisms in the country, one for national government coordination and one for coordinating external funding (TNCM). In Mozambique, there has been some progress in that the 'CCM has been restructured so it is aligned with government mechanisms for AIDS coordination' (Attawell and Dickinson, 2007: 41). There has also been progress in 'joint reporting' in Mozambique and Swaziland (Attawell and Dickinson, 2007: 36). Further, in Swaziland, Malawi and Mozambique, the Global Fund now 'participates in pooled funding arrangements' (Attawell and Dickinson, 2007: 36).

Nevertheless, 'there is consensus that more needs to be done to harmonise NACs and CCMs' (Attawell and Dickinson, 2007: 41), and in several African countries various types of coordination measures have been put in place – between the CCM and the NAC in countries and between the Global Fund and the World Bank on the global level – through joint missions and reviews (Attawell and Dickinson, 2007; Dickinson et al., 2008; Shakow, 2006). The Global Fund has attempted to harmonize its procurement policy with receiving countries (Ryan et al., 2008: 114) through efforts in joint planning, procurement, reporting procedures and reviews. Despite this, institutional coordination under the umbrella of the NAC remains underdeveloped (see Attawell and Dickinson, 2007; Shakow, 2006). Only 38 per cent of the Global Fund and MAP funding is managed by the same unit of coordination (World Bank, 2007b: 6). In addition, in only one-third of the African countries do NACs have representatives in the CCM (Attawell and Dickinson, 2007: 41).

Due to these problems of parallel institutions and duplication, Shakow (2006: 49) suggested the merging of the NAC and CCM 'wherever possible'. He added that the two actors should consider having 'a common procurement system as well as a common monitoring and evaluation system' (Shakow, 2006: 49). According to Attawell and Dickinson (2007: 36), 'the recommendations of this review have not been fully accepted or taken forward'. Still, the Global Fund has recently opened up

for the use of 'existing coordination structures', but these have to 'meet CCM requirements' (GFATM, 2006: 35). MAP Africa, on the other hand, being the program that funds the running of the NACs, actively supports the latter structure for horizontal coordination.

There have been several efforts to harmonize and align the CCM with the NAC and other donors, including the forming of joint management units between the World Bank and the Global Fund in Rwanda and Chad, as well as joint procurement planning of these and the PEPFAR in Mozambique and Rwanda (Attawell and Dickinson, 2007: 8, 36).

To conclude, it seems as if the existence of parallel institutions, that is, the CCMs and NACs, has created redundancy in some African countries. However, several efforts have been launched in recent years to improve this situation. The Fund seems to move towards more horizontal coordination with the two other actors both at country level and at the global level. Nevertheless, the continuing existence of the CCM seems to be hindering horizontal coordination, given that issues concerning the Global Fund grants are handled by CCMs in most cases and not by NACs (Lele et al., 2005: 156).

Problem 2: Lacunae

The second possible problem of horizontal coordination is that 'no organization performs a necessary task (lacunae)' (Peters, 1998: 303). According to Peters (1998: 303), lacunae in policies, for instance, may take place in organizations because policymakers believe that it is more costly to deal with the task than not. Although most African countries and the three global actors have attempted to reduce lacunae by establishing and supporting the National AIDS Coordinating Authority (NAC) (alternatively called Commission or Council) as the body for horizontal coordination, it is questionable whether NACs live up to expectations as national AIDS coordinating authorities. While most countries have established a NAC and have a national plan/framework, the 2008 UNAIDS report states (UNAIDS, 2008a: 209) that 'these achievements are more evident on paper than in practice'. It is important

to remember that NACs are 'relatively new organisations' (Dickinson et al., 2008: 9). In general, there are great differences in the efficiency of the work of NACs around the world, and NACs thus seem to work as *the* national coordinating bodies in some cases, while not in others (UNAIDS, 2006c; Ainsworth et al., 2005; Dickinson et al., 2008). Lacunae are thus more of a problem in some countries than others.

The specific lacuna discussed here is the lack of capacity in the NACs, which makes it difficult for a NAC to act as the horizontal coordinating unit (UNAIDS, 2006c; Dickinson et al., 2008; Ainsworth et al., 2005). Lacunae in capacity are present in several African countries; 'capacity constraints undermine the functioning of the AIDS coordinating entities and inhibit their effectiveness' (UNAIDS, 2006b: 7).

NACs have a difficult job because the framework for coordination is, in several cases, poorly defined and the staff of the NACs may thus be unclear about what are the goals of their commissions (Mackay and Laurence, 2005: 2). The functioning of the NAC as a coordinating entity is touched upon in all of the GTT recommendations, such as through the focus on the need for national strategic AIDS plans, the alignment of donors to national plans, and ensuring technical assistance to the NAC and other country institutions to make such plans and build up capacity to handle 'implementation bottlenecks' (GTT, 2005: 23). For instance, planning is the major issue in the GTT recommendations on 'empowering inclusive national leadership and ownership'. Improving planning is important, given that, of the 41 reporting African countries to the UNGASS in 2008, only about 50 per cent had 'a quality national strategy'[25] (UNAIDS, 2008a: 28)[26].

Furthermore, turning to the GTT recommendations on alignment and harmonization, Attawell and Dickinson (2007) observe that donors have improved their alignments with national plans. However, while the Global Fund and the World

[25] 'A quality national strategy' is defined as having 'one national multisectoral strategy and operational plan with goals, targets, costing, and identified funding per programmatic area, and a monitoring and evaluation framework' (UNAIDS 2008a: 28).

[26] Ninety-seven per cent of all reporting countries to the UNAIDS in 2008 had national AIDS plans/strategic frameworks, but only 69 per cent had had these strategies 'translated into costed operational plans with programme goals, detailed programme costing, and identified funding sources' (UNAIDS, 2008a: 206).

Bank have made some improvements on alignment to national plans, the PEPFAR 'remains largely external to harmonisation and alignment processes and this undoubtedly presents coordination challenges for the NACs' (Attawell and Dickinson, 2007: 10-11). PEPFAR is weak on alignment with country structures, because it 'manages its funding outside of government frameworks through cooperating partners and contractors' (Dickinson et al., 2008: 11).

In addition to the focus on planning, the GTT (2005) recommendations on 'reform for a more effective multilateral response' also deal specifically with lack of capacity in the NACs in suggesting the strengthening of technical support. Improving technical capacity in recipient countries to plan, implement and coordinate programmes seems to be high on the agenda for bilateral and multilateral actors within HIV/AIDS, identified as a major hindrance to implementation of the Three Ones and addressed in a number of initiatives in recent years (Attawell and Dickinson, 2007: 29; McKinsey and Company, 2005; World Bank, 2007c).

An important reason for the lack of capacity is that 'the availability of technical assistance has not kept pace with the increase in resources for AIDS programmes' (UNAIDS, 2005b: 13). Thus, several African NACs have served as implementing agencies rather than as horizontal coordination units of all HIV/AIDS programmes in the respective countries (Ainsworth et al., 2005). Consequently, more attempts towards horizontal coordination could have been made, and the ones that exist could probably have been improved, if the NACs had not had such problems with lack of capacity and thus fulfilling their mandates.

Major institutions and initiatives set up to strengthen technical capacity by means of funds and/or human resources include the Global Joint Problem-Solving and Implementation Support Team (GIST)[27], the Technical Support Facilities (TSFs) by UNAIDS, the Country Harmonization and Alignment Tool (CHAT), WHO 'regional knowledge hubs', AIDS Strategy and Action Plan Service (ASAP), Joint UNDP, World Bank, UNAIDS Poverty Reduction Strategy Mainstreaming

[27] The members of the GIST are the following: The Global Fund, UNAIDS, UNFPA, UNICEF, WHO, the World Bank, UNDP, GTZ, the US Government, the AIDS Alliance, ICASO, ICAD, and ICTC of Brazil (UNAIDS 2008a: 199).

Programme, and the Coordinating AIDS Technical Support database[28] (CoATS) (Attawell and Dickinson, 2007: 29; UNAIDS, 2008a: 29-30; UNAIDS, 2008d; World Bank, 2008a). The GIST is a committee at the international level, with representatives from UN organizations and major bilateral and multilateral actors funding HIV/AIDS, which is to 'help diagnose national technical support needs, address urgent implementation issues, and ensure that the deployment of UN support is well-coordinated within the framework of the UNAIDS Division of Labour and Consolidated Plan for Technical Support' (UNAIDS, 2005b: 5).

The Technical Support Facilities assist the Global Fund in 'grant implementation' (UNAIDS, 2007; UNAIDS, 2008a; UNAIDS, 2008b: 30). The Aids Strategy and Action Plan (ASAP) 'helps clients develop well-prioritized, evidence-based, results-focused and costed AIDS strategies and action plans', and since its inception in 2006 it has assisted 21 African countries (World Bank, 2008a, World Bank, 2008b: 2).

The GIST has to some extent been successful in terms of giving joint technical support to a number of countries since 2005 (Attawell and Dickinson, 2007: 28). There have, however, been 'differing perceptions about its technical support role' among the organizations participating in the unit, for example, whether it is to be a mechanism for assisting with 'implementation problems at country level' or 'systemic issues at global level that impact on country implementation' (Attawell and Dickinson, 2007: 28). In addition, there has been lack of commitment on the part of some of the GIST partners (Attawell and Dickinson, 2007: 29).

Both UNAIDS through the TSFs and PEPFAR are to assist the Global Fund in developing technical capacity at the country level (OGAC, 2007: 192; UNAIDS, 2008c). The TSFs, the GIST, and PEPFAR assistance all base their support on 'demand-drivenness', that is, the demand for assistance must come from the recipients of funding (OGAC, 2007: 191, UNAIDS, 2006c; UNAIDS, 2008c). Attawell and Dickinson (2007: 27, 29, 33) list several challenges to date that confront this approach at the country level: little knowledge of the existence of these

[28] This measure was established on 3 October 2008, so it is too early to assess its impact on strengthening technical capacity at the country level.

mechanisms in several countries; where knowledge does exist, 'national governments and agency field offices do not always alert the GIST to problems'; and/or there is in some cases 'unwillingness to acknowledge the need for technical support'.

Turning to the international level, UNAIDS is to be the coordinating body. However, UNAIDS cannot adequately address the problem of lacunae, because it is dependent on the willingness of the three major global HIV/AIDS actors to coordinate their work. This willingness is seen in the global actors' initiatives to coordinate their work better in response to the GTT recommendations on harmonization and alignment, as well as the many efforts on facilitating joint technical assistance as already described. Additional measures include joint meetings, country visits, joint procurement planning and joint procurement (Global Fund and World Bank). Also, focusing on giving more technical assistance seems to be an efficient strategy for 'making the money work', and hence reducing lacunae at the national level as well, because in the cases where this has been done already (outside the GIST) access to grants has improved and implementation has speeded up considerably (see examples, UNAIDS, 2005: 15, 16).

Finally, the Coordinating AIDS Technical Support (CoATS) database, launched in 2008, is to provide information on all technical support activities so that duplication is hindered (UNAIDS, 2008d). However, it remains to be seen how CoATS will work in practice. Also, as Attawell and Dickinson (2007: 27) demonstrate, the many recent efforts towards enhancing technical capacity also create challenges in coordination and ensuring that the initiatives are smoothly run and do not create duplicating mechanisms.

Problem 3: Incoherence in Aims and Requirements

According to Peters (1998: 303), horizontal co-ordination is difficult to achieve when there is 'incoherence' in aims and 'requirements' (Peters, 1998: 303). In his words, 'Incoherence may be the most difficult co-ordination problem to address effectively', due to, among other things, that 'each organization has a rationale for its action and is linked to a clientele' (Peters, 1998: 303). In this section I argue that incoherence in

aims and requirements is a problem for the three actors examined in this chapter, in terms of their relations with national governments (that is, vertical coordination) as well as with each other (that is, horizontal coordination). All three actors work for halting and reversing the spread of HIV/AIDS, but there are differences among the three actors in aims when broken down to specific policies. Also, there is a tendency among the individual actors to focus on the results of their own specific programmes within countries rather than the joint results of the three actors and their programmes.

PEPFAR, in particular, focuses on its own initiatives as much as or more than on joint ones and its aims have often appeared to be at odds with the other HIV actors (Patterson, 2006; Dickinson et al., 2008). While the MAP and the Global Fund support a wide variety of treatment, prevention and care initiatives, the Congress Leadership Act of 2003 required PEPFAR to earmark its spending by using '55% of its global funding on treatment, 20% on prevention, 15% on care, and 10% for orphans and vulnerable children[29] (US Congress, 2003: 746). Further, out of the 20 per cent on prevention, the Leadership Act stated that 33 per cent was to be spent on abstinence and fidelity (AB) programmes (US Congress, 2003)[30].

Other policies that have made PEPFAR different from the other actors include the prostitution pledge, which is the requirement for organizations to certify that they have a 'policy explicitly opposing prostitution and sex trafficking' in order to receive funding (US Congress, 2003: 734), and the policy on injecting drug users, which states that 'Emergency Plan funding may not be used to support needle or syringe exchange programs (NSEP)' (OGAC, 2006: 2; Sepulveda et al.: 124-25). PEPFAR's policy priorities have been out of alignment with recipient countries' priorities and have impeded coordination with recipient governments (Dickinson et al., 2008: 10-12; GAO, 2008; Oomman et al., 2008: 6; Patterson, 2006; Sepulveda et al., 2007: 82).

[29] The degree to which the earmarking has been seen as mandatory has changed over the years: 'the earmarks for prevention and care are "soft" earmarks, meaning that they are suggested. The earmarks for treatment and orphans and vulnerable children became mandatory in fiscal 2006' (Oomman et al., 2008: 6).

[30] According to the United States Government Accountability Office, 'since January 2004, the OGAC has defined abstinence-until-marriage spending programs as comprising both activities promoting abstinence (A) and activities promoting fidelity (B)' (GAO, 2008: 2).

Funding allocations based on these policy priorities have 'limited PEPFAR's ability to tailor its activities in each country to the local epidemic and to coordinate with the level of activities in the countries' national plans' (Sepulveda et al., 2007: 82). Also, as Sepulveda et al. (2007: 101) assert, PEPFAR's focus on specific results 'creates disincentives for international coordination among donors and harmonization at the country level'. 'By far the most often-cited obstacle to harmonization, however, is the requirement that US funds be used only for medications that have received approval from the US Food and Drug Administration' (Sepulveda et al., 2007: 88). To some extent, this requirement has been superseded by 'work-around arrangements' at the country level, but the latter have been 'difficult to administer, reducing the ability of PEPFAR and the host countries to use funds in the most cost-effective manner possible' (Sepulveda et al., 2007: 88).

Concern has been voiced by both global health experts and activists[31] regarding the effect of PEPFAR earmarking on 'country ownership' of the anti-HIV/AIDS strategies. In response, the United States Government Accountability Office recommended in 2008[32] that PEPFAR lift the spending directives in favour of 'a more country-based and evidence-based approach' (GAO, 2008: 37). The Office of the Global AIDS Coordinator (OGAC) responded that country ownership and an evidence-based approach have been practiced from the very start of the PEPFAR programme in 2003 (GAO, 2008: 53-60). Nevertheless, the reauthorization of the PEPFAR from 2008[33] has changed the AB policy somewhat; now, countries with a generalized epidemic spending less than 50 per cent of the funding allocated towards 'prevention activities' on AB programmes have to notify the Global AIDS Coordinator, who then has to report to Congress on this matter (Brown, 2008: 1; United States Congress, 2008: 49).

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[31] See, for instance, the Africa Action's Campaign Against HIV/AIDS in Africa, in which one of the goals is 'Pressuring the next president to work with congress to pass legislation to address the deficiencies in the Reauthorization Act' (Africa Action, 2008: 2).

[32] Increased PEFAR funding from 2008 (OGAC, 2008) has been announced to meet the '2-7-10 goals', that is, 'treating two million people, preventing seven million new infections and caring for ten million people' throughout the program period (PEPFAR, 2006).

[33] The new goals for PEPFAR until 2013 are to support 'treatment for at least 3 million people, prevention of 12 million new infections, and care for 12 million people, including 5 million orphans and vulnerable children' (PEPFAR, 2008).

PEPFAR's earmarking has created challenges to coordination among the three global actors and with national governments and thus has impeded fulfilment of the GTT (2005) recommendations on 'harmonization and alignment' and 'reform for a more effective multilateral response'. Yet, PEPFAR has made several efforts at coordination both with recipient governments and with the Global Fund and the MAP. In Nigeria, for instance, a PEPFAR coordinator position was created to facilitate harmonization of implementation of funds among PEPFAR-funded partners and the government (Attawell and Dickinson, 2007: 38). Also PEPFAR has coordinated with the two global actors through joint meetings in 2006, 2007 and 2008[34], in the GIST committee and in planning (HIV Implementers, 2007, 2008; Sepulveda et al., 2007: 88). Finally, the recent changes in PEPFAR's mandate (United States Congress, 2008), although minimal, do herald a move towards greater coordination and greater coherence in the deepening global governance network on HIV/AIDS.

Governance Network and Accountability

The difficulties that the three major HIVAIDS donors have in establishing effective coordination among themselves (horizontal coordination) and with African governments (vertical coordination) indicates some of the problems inherent in creating effective global governance networks on HIV/AIDS. The definition of governance networks by Sørensen and Torfing (2007) that was introduced at the beginning of the chapter suggests that such arrangements exist where there is 'a relatively stable horizontal articulation of interdependent but operationally autonomous actors', working in a particular area, who interact through negotiations that take place through 'regulative, normative, cognitive, and imaginary frameworks' and 'contribute to the production of public purpose' (Sørensen and Torfing, 2007: 9). Having assessed the efforts towards coordination among the three international actors, they seem to be in the process of forming such a governance network. They

[34] The Joint Meetings of 2007 and 2008 referred to here are 'The Implementers Meeting' in Kigali, Rwanda on 16-19 June 2007 and in Kampala, Uganda in 3-7 June 2008. In these meetings, however, many other stakeholders also participated. See http://www.hivimplementers.org/.

are autonomous yet interdependent organizations contributing to 'the production of public purpose' (Sørensen and Torfing, 2007: 9) by working to combat the societal problem of HIV/AIDS. All of the actors have acknowledged that, in order to solve the crisis of implementation and '[make] the money work', they need to coordinate their actions, thus deepening the network structure of global health governance.

As concerns negotiations and frameworks, I argue that the work on HIV/AIDS coordination has moved forward through negotiations and these have taken place through previously established frameworks, starting with the Abuja and UNGASS Declarations of 2001 (Patterson, 2005: 182).The Three Ones Principles followed in 2004, established through negotiations in the UN. While the Abuja Declaration may be seen as a normative framework, the UNGASS Declaration and the Three Ones have to some extent been regulative and institutional frameworks. The UNGASS is regulative through its system for reporting on progress adhered to by an increasing number of countries; from 126 countries in 2006 to 146 in 2008 (UNAIDS, 2008a). The Three Ones is a regulative and most of all an institutional framework, but has only been partly implemented.

Further, the many efforts resulting from the GTT negotiations and final report may be seen to be an institutional framework, which again has spurred the establishment of several institutional frameworks/mechanisms/tools for work in particular areas, especially on scaling up technical capacity in recipient countries, through, for instance, the GIST, the TSFs, and the CHAT. Given that donors engage in these structures and agreements, I argue that they represent limits for self-regulation. But, as the efforts towards coordination assessed in the chapter reveal, the frameworks do not yet set sufficiently *effective* limits to self-regulation, because coordination efforts are being challenged by the three actors, through, among other things, the presence of parallel structures and the special goals and interests by the PEPFAR programme. Nevertheless, the many efforts taking place to improve harmonization and alignment among the three actors as well as to strengthen NACs' capacity to coordinate seem to indicate a developing global governance network on HIV/AIDS coordination. However, it is far from being effective yet. What still needs to be developed in order to make such a developing network effective? In line with Patterson's (2006) more

general argument that African politics has to institutionalize the fight against AIDS in order to make an effective response to it, I argue that the African states and donors must make sure that the Three Ones Principles are put into practice. Given recent 'focus on providing technical assistance to scale up NACs' capacity, one may expect that their capacity to fulfil their mandate will improve in years to come. However, there are more general impediments to the efforts launched towards coordination, in terms of a general 'lack of state capacity' in African countries (Patterson, 2006: 21-5), as well as patron-client relationships dominating politics in several states (Patterson, 2006; Chabal and Daloz, 1999), and relationships between members of the NAC Board and the Prime Minister or President seem in some cases to be imperative for a NAC to have 'power, authority and legitimacy' (Dickinson et al. 2008: 6).

Further, when dealing with governance networks, an important question is to whom are these actors accountable? The GTT recommendations addresses the issue of accountability by suggesting that the global actors, among other things, improve information regarding financial commitments to national governments, as well as assist NACs in making assessments of the 'performance of multilateral institutions, international partners, and national stakeholders' (GTT, 2005: 24). The CHAT is an instrument for NACs to hold donors to account, assessing their efforts on harmonization and alignment at the country level. Early results from pilots show that it can 'strengthen engagement from partners', but that it 'will only be effective if ... multilateral and bilateral development partners respond to their findings' (Attawell and Dickinson, 2007: 42).

The question of accountability is complex in the context of development aid, because the relationships of accountability are to some extent diffuse and indirect. For instance, while the national governments that receive HIV/AIDS funding clearly have to be accountable to their populations, The Global Fund and the World Bank MAP are exempted from this accountability relationship, because relations of accountability are indirect, given that governments in the North channel money to be spent on programmes in African countries. The PEPFAR has a more direct relation of accountability, considering that it has to report to the US Congress. However,

such a direct relation of accountability, it seems, has also created problems in recipient countries, as seen by the earmarking of funds.

The wider issue of accountability brings forward the question of power distribution among the donors and the recipient countries. As Patterson (2006: 143) states, the focus on numerical results by PEPFAR in particular 'reinforces the understanding of AIDS as an emergency, instead of viewing AIDS as a reflection of uneven global development, gender inequalities, or human right inequities'. HIV/AIDS is a disease that exacerbates the already existing inequality between the North and the South, since its losses are mainly in the South.

Conclusions

In this chapter I have identified and discussed some of the hindrances towards horizontal coordination that the three major global actors and their HIV/AIDS programmes meet in relating to each others' programmes and recipient countries by using three general problems of horizontal coordination described by Peters (1998) to structure and guide the analysis. These general problems were strikingly descriptive of the challenges that the three global actors face. The problem of redundancy (in the existence of parallel institutions and duplication of assistance) might be solvable in the near future, as reforms of the CCM are occurring or have already taken place. Moreover, there is reason to believe that lacunae in capacity in recipient countries and incoherence in the aims and requirements of donors may also in years to come become less prevalent. Overall, the situation of coordination is improving within the HIV/AIDS network, given the cooperative efforts taking place, for instance, in technical assistance, joint meetings, procurement planning, and reporting.

Of all the efforts towards coordination, increasing technical capacity in countries receiving aid seems to be key to 'making the money work'. However, governance capacity is also critical. Given that the political situation differs among African countries, coordination efforts such as the initiatives described in this chapter are likely to result in different outcomes at the country level. Moreover, horizontal as well as vertical coordination is inherently about attempts towards collectively

governing a sector or issue area. Such coordination is challenging given the unequal power distribution among different actors engaged in the evolving global HIV/AIDS governance network. Addressing coordination given these different sets of inequalities is a difficult but critical challenge in constructing an effective global governance network for fighting HIV/AIDS.

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