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Global Paper – Evaluation of Norwegian HIV/AIDS Responses

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Acronyms

ActAFRICA	AIDS Campaign Team for Africa
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
CCM	Country Coordinating Mechanism
CHAI	Clinton HIV/AIDS Initiative
DFID	Department for International Development
GFATM	The Global Funds for HIV/AIDS, Tuberculosis and Malaria
GHSS	Global Health Sector Strategy
GTT	Global Task Team
HIV	Human Immuno Deficiency Virus
IAVI	International AIDS Vaccine Initiative
ICASA	International Conference on HIV/AIDS and STIs in Africa
IPM	International Partnership for Microbicides
M & E	Monitoring and Evaluation
MAP	Multi-AIDS Programme
MDG	Millennium Development Goals
MFA	Ministry of Foreign Affairs in Norway
NAC	National AIDS Commission
NGOs	Non-governmental Organisations
Norad	Norwegian Agency for Development Cooperation
OECD DAC	Development Assistance Committee of the Organisation for Economic Cooperation & Development
PEPFAR	President's Emergency Program for AIDS Relief
PLHIV	People living with HIV
SRH	Sexual and reproductive health
TRIP	Trade-related intellectual property
TTR	Treat, Train and Retain
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
WB	World Bank
WHO	World Health Organisation
WTO	World Trade Organisation
WHA	World Health Assembly

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Executive Summary

Introduction

This report is a descriptive summary and overview of Norwegian support to the international AIDS architecture in the period 2000-2006. It has been written as a contributory part of an evaluation of response to Norwegian Support for HIV/AIDS in three African Countries. Information has been gathered from desk reviews, key informant interviews, email survey and telephone interviews.

In the year 2000, the HIV/AIDS challenge was made a priority for Norwegian Development Cooperation; the time coincided with the period that HIV/AIDS was given growing political attention with the adoption of Millennium Development Goals (MDGs) by World Leaders.

HIV/AIDS is seen as a long term emergency that demands new, strategic and effective approaches at both international and country levels, especially with the provision of social services using participatory approaches from international to community levels. This has led Norway to interact at all levels to contribute to the control of the epidemic. The Norwegian Agency for Development Cooperation (Norad) and Ministry of Foreign Affairs (MFA) channelled resources and support through a variety of organisations and programmes.

Norwegian main contributions

Norwegian contributions during the period 2000– 2006 include multilateral financing, support to development of international and national policies and institutional structures, and country level programmes to halt the epidemic. The document 'Policy positions to guide Norwegian participation in an intensified effort to combat HIV/AIDS' (2000) forms the main policy guidance for Norwegian contributions at that time. The main features were: international coordination with UNAIDS as the major agency; support to contextually developed national plans under national leadership and linking HIV/AIDS to national development planning across sectors and on all levels; donor coordination; public-private-civil society partnerships; addressing gender and age dimensions; and social exclusion.

Norway's contributions were in accordance with these positions when it comes to general policies and institutional set-up, especially playing proactive roles in attempting to build and shape the international aid architecture towards greater harmonisation. Norway has given relatively high priority to supporting multilateral institutions, in particular those of the UN.

Norway was active and played a visible role in many of the decisions and organisational reforms that led to improvements in the development aid architecture. Four aspects that stood out clearly of many roles played by Norway and explored further in the report include:

- Support for UNAIDS as the lead UN joint programme
- Support to the establishment and operational procedures of the Global Fund to Fight AIDS, Tuberculosis and Malaria
- Development of a pivotal sector policy for WHO
- Promotion of the concept of the Three Ones.

Possible outcomes

Norway's contributions were diverse and extensive, and review of three specific cases has shown specific examples of the processes involved and implications.

Norway has always worked in partnership with other donors towards the multilateral institutions. The actual outcomes of Norwegian contributions are in most cases neither possible nor feasible to document. Most of the ideas and initiatives that have come up in the international HIV/AIDS response during the period are believed to have developed in a range

of interactions between different institutions and persons of which Norway has often played a catalytic part. It is, however, clear that Norway has been part of the processes that led to major achievements during the period, including establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)[1], the Three Ones concept[2], the 3 by 5 initiative[3] and the Universal Access initiative[4], and in these cases have supported the processes without having any identifiable negative influence. In some cases it is likely that "seed funding" from Norway has led to other donors becoming involved and hence multiplying Norwegian efforts.

Norway's support was instrumental in generating the international legitimacy for the establishment of UNITAID. This is seen by many observers as having contributed to a more complex international architecture that contradicts the general approach taken in other aspects of Norwegian assistance.

Conclusion

The key issues emanating from this review reveal that Norway is seen as a donor with:

- Consistent, predictable high level sources of finance
- Active approach to policy engagement with institutions through participation in committees and chairing governing bodies
- Focused primary engagement but effective in the provision of technical support especially in providing speedy and high-quality comments to policy and strategic papers of development partners.

Flexible interaction and provision of advisory roles especially when it comes to linkages of global policies to country programmes for implementation.

Some of the major contributions by Norway may be seen as a result of Norway seeing needs, trends and initiatives and responding fast to them. Much of this arises from the relatively small number of personnel in Norad and MFA who have been involved in HIV/AIDS over many years and the unique ability of the Norwegian HIV/AIDS Ambassador to bring political, technical, policy and diplomatic skills to bear on the work. This has led to generally good linkages across the various actions and also across institutions. Norway seems to be consistent in working on the same issues in different institutions, and insisting on a coherent approach. This linkage is also reflected in the country level responses. For example, the Three Ones are operational in the three countries studied for the evaluation. Deviations from the policy paper are mostly in priorities, not in general policy choices and can be read as adaptation to a rapidly changing context.

1 the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was created to finance a dramatic turn around in the fight against AIDS, tuberculosis and malaria.

2 The Three Ones concept includes One National Coordinating Authority, One Strategic Framework for HIV/AIDS Action and One Monitoring and Evaluation Framework. The concept is aimed at achieving the most effective and efficient use of resources, and to ensure rapid action and results based management in response to HIV/AIDS.

3 The 3 by 5 initiative was launched by UNAIDS and WHO in 2003. It was a global target to provide three million people living with HIV/AIDS in low and middle-income countries with life prolonging antiretroviral treatment (ART) by the end of 2005. It was a step towards the goal of making universal access of HIV/AIDS prevention and treatment accessible for all who need them as a human right issue.

4 The Universal Access initiative extends the promise of 3 by 5 targeting universal access to treatment, care and prevention by 2010. It is aimed at scaling up HIV/AIDS prevention, treatment, care and support, and ensures equitable access to services and information by all people that need them.

1 Introduction

This report is a paper documenting Norway's HIV/AIDS contribution at the international level, comprising a descriptive summary and overview of Norwegian support to the international AIDS architecture in the period 2000-2006. It has been written as a contributory part of an evaluation of response to Norwegian support for HIV/AIDS in three African countries.[5]

HIV and AIDS have become an increasingly central theme in development with various changes over the years in the international institutional landscape to deal with the epidemic. In the year 2000, the HIV/AIDS challenge was made a priority for Norwegian Development Cooperation; the time coincided with the period that HIV/AIDS was given growing political attention with the adoption of Millennium Development Goals (MDGs) by World Leaders. MDG 6 focuses directly on HIV and AIDS and states that the spread of HIV/AIDS should be halted by 2015. Instructions were given to the development administration in Norway to contribute as far as possible to limit the spread of the epidemic, especially with the declaration of commitment from the UN General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001. That set out the principles for a programme of action and discussion. The subsequent meetings of the UN Security Council and G8 summits have placed HIV/AIDS firmly on the global agenda.

The Norwegian Agency for Development Cooperation (Norad) and Ministry of Foreign Affairs (MFA) channelled resources and support through a variety of organisations and programmes. HIV/AIDS is seen as a long term emergency that demands new, strategic and effective approaches at both international and country levels especially with the provision of social services. The response also requires integrated, inclusive and participatory approaches from international to community levels which has led to the need for Norway to interact at all levels to contribute to the control of the epidemic.

Norwegian aid in general during the period has gone through a range of reforms of which most are included in the concepts "new aid architecture", "new aid modalities" and later reflected in the Paris Declaration on aid effectiveness. Reforms include changes towards harmonization and donor coordination; focus on national ownership, planning and implementation; policy and sector reforms; budget support rather than project and programme support. Norway has been proactive internationally in implementing many of these reforms and relatively fast to adapt in its own development strategies. These reforms also affect the contributions towards HIV/AIDS. While the reforms supposedly lead to better outcomes and impact of the international efforts against HIV/AIDS, the same reforms make it difficult to precisely trace the actual outcomes of Norwegian contributions, as this report reflects.

The global paper is set out in four chapters. Chapter one covers the introduction, methodology used, justification for selection of methods and methodological challenges. Chapter two reviews contributions of Norway and various interactions at global level and international arena, including financial contributions. Chapter three presents selected sample case studies with discussion on the role of Norway, achievements and emerging issues. Chapter four concludes with discussion and analysis on linkages of the various actions taken and support provided during the period reviewed.

1.1 Methodology

Information was gathered through desk review of files and documents, key informant interviews, email survey and telephone interviews.

5 Reports of the Evaluation of the Norwegian Responses to HIV/AIDS in three African Countries – Ethiopia, Malawi and Tanzania.

Desk Reviews - Aside from documents that have been reviewed during the previous phases of this evaluation, various other documents were also reviewed which include, inter alia: documents from MFA, documents shared by the HIV/AIDS Ambassador - Dr Sigrun Møgedal, documents from the MFA and Norad archives, documents from the various agencies that were consulted including available annual reports, work programmes, project plans and reports, evaluation reports, Management Board minutes and reports, advisory forum minutes and sub group reports, internet site documentation, procedures manuals, and correspondence files.

These secondary data were valuable means of gathering information considering the periods covered by the evaluation and provided the foundation which subsequent interviews built on. Efforts were made to review and extract key information and findings both on how Norwegian support has contributed to the achievement of key outcomes at international arena. In addition, the findings from the desk review enabled us to review and refine questions for interviews and to triangulate with other sources.

Identification of Key Informants: The team worked with MFA, Norad and the HIV/AIDS Ambassador - Dr Sigrun Møgedal to develop a comprehensive list of stakeholders that have benefited from or worked with Norway during the period. Some were also identified from documents reviewed. Initial list developed was presented to Norad and agreed. This was subsequently built on in the process. The informants were contacted and a schedule was developed for the consultations. Where it was impossible to conduct face to face interviews, email survey and telephone interviews were conducted.

Key Informant Interviews: Face to face interviews were conducted with identified informants in institutions and agencies that Norway interacted with or supported during the period. Factual data about events, actions, achievements; and opinions and perceptions about why events occurred in the way they did and the outputs generated. The team used interview topic guides to guide the direction of the interviews.

The face to face interviews were conducted with key informants in multilateral agencies in Geneva – WHO, the UNAIDS Secretariat, UNITAID & GFATM, and UNICEF, UNDP and UNFPA in New York.

Email / Web Survey – We utilized email survey to gather opinions and perceptions of stakeholders in agencies and institutions that could not be reached for face to face interview using concise and limited set of questions. The responses from the email survey were analysed and information were used to buttress and triangulate information synthesized from documents reviewed and key informant interviews conducted. Twenty – seven respondents were reached using the email survey covering the multilateral and bilateral agencies, private institutions working and supporting HIV/AIDS responses, educational institutes and non-governmental organizations.

Telephone Interviews – For flexibility reasons, we requested stakeholders that cannot respond to the email survey to contact us for telephone interviews. Telephone interviews were also conducted for a number of stakeholders who preferred to talk to us rather than responding to the email survey.

The mix of methods utilized for the review were selected carefully in order to reach the key stakeholders that would provide us with the necessary information to ensure conduct of an objective and independent review.

1.2 Methodological Challenges

No single source of information was able to provide a coherent overview, so it was challenging to review hundreds of documents made available from various sources and synthesise appropriate information useful for the study. At an early stage it was clear that the nature of work that Norway has engaged with at this level required sensitive approaches of diplomacy and advocacy, and such efforts in most cases are not documented. The evaluator has to rely on oral information from the key persons involved and the team triangulated such information with other sources for confirmation. In addition, there are few or no systematic

procedures for reporting (annual, program report) like in other development cooperation because of the nature of the work in this context.

Movement of key informants from one agency to another or out of the system also posed some challenges. To overcome this, the informants were followed up to the new agencies where they currently serve in order to reach them for face to face interview or email surveys. Those who have moved out of the system were reached through their personal email contacts or telephone numbers that were made available to the team. In terms of getting the necessary documents as promised by the informants, the team was persistent in following up with the required agencies on many occasions to obtain the documents.

2 Norwegian Main Contributions

Norwegian contributions during the period 2000–06 include multilateral financing, support to development of international and national policies, and country level programmes to halt the epidemic. The 'Policy positions to guide Norwegian participation in an intensified effort to combat HIV/AIDS' (2000) forms the main policy guidance for Norwegian contributions throughout the period. The main features of the policy were: international coordination with UNAIDS as the major agency; support to contextually developed national plans under national leadership and linking HIV/AIDS to national development planning across sectors and on all levels; donor coordination; public-private-civil society partnerships; addressing gender and age dimensions; and social exclusion.

The actual contributions by Norway during the period have generally been in accordance with these positions when it comes to general policies and institutional set-up. Although the policy paper also mentions affordable treatment and drug prices, its priority at the time was on prevention, care and coping; during the period there has been much more focus on treatment and on health systems capacity, in particular health personnel more recently. These changes can be seen as reflecting adaptation to global developments rather than a shift in policies.

Norwegian contributions on harmonisation and coordination have perhaps also changed in some forums during the period, from a policy focus to more technical approach, which may also be seen as adaptation to a changing context; during the latter part of the period the need for harmonisation and coordination was acknowledged by most other institutions and agreed in the Paris Declaration.

During the period under evaluation, Norwegian contributions to the global HIV/AIDS response may be characterised by relative generosity compared to own GDP; medium absolute volume of financial support compared to other donors; more flexibility than most other donors; and a very proactive role in attempting to build and shape the international aid architecture towards greater harmonisation. Towards some institutions, like UNAIDS and WHO, Norway is among the major donors.

2.1 Reference to Timelines

Annex 3 presents a timeline of major events concerning the global fight against HIV and AIDS. Only major initiatives are shown, but even so, the diagram conveys how much effort has been made by international institutions, both directly, such as the creation of the Global Fund and promotion of the Three Ones and in support, such as the declaration of access at the World Trade Organisation (WTO) Doha round.

2.2 Financial Contributions

Norway has been a substantial financial contributor to international organisations with programmes to tackle HIV and AIDS. Owing to the ways in which expenditure is categorised and the fact that programmes to tackle HIV/AIDS are often subsumed within broader programmes of the multilateral organisations, it is not easy to get a single overall summary of the resources that have been committed. The tables in Annex 4 present the information made available by the Ministry of Foreign Affairs, from three complementary but overlapping perspectives for the period from 2000-2006:

- Expenditure to support multilateral organisations, part of which was used to fight HIV/AIDS
- Expenditure categorised by DAC Sector code, relevant to HIV/AIDS
- Expenditure that was coded as having a main or significant objective to fight HIV/AIDS

The findings from those tables are summarised here in Table 1.

Table 1 Summary of Norwegian development assistance expenditure by various recipients and programme categories 2000-2006

			NOK '000
Expenditure on multilateral organisations			6,922,661
	Of which major contributions to:[6]		
	African Development Bank		
	World Bank		
	World Health Organisation		
	UNAIDS		
Expenditure by objective to tackle HIV/AIDS			925,560
	Significant objective to tackle HIV/AIDS	27%	
	Main objective to tackle HIV/AIDS	73%	
	Of which:		
	UNICEF	19%	
	Global Fund to fight HIV/AIDS, TB and Malaria	15%	
	UNFPA	12%	
Expenditure by DAC Sector code for SRH and HIV/AIDS[7]			366,114
	Of which:		
	UNICEF	26%	
	UNFPA	24%	
	IPM - International Partnership for Microbiocides	15%	
	IAVI - International AIDS Vaccine Initiative	11%	

The information in Annex 4 shows some clear trends. Firstly, that total expenditure to multilateral organisations for broadly HIV/AIDS and closely related purposes over the period has been high, in excess of the NOK 7 billion shown in the table. Expenditure has been concentrated in four organisations with a clear emphasis on Africa and health. Almost NOK 1 billion in programme expenditure was marked as being directed towards HIV/AIDS as a main or significant programme objective. Of this, close to half (46%) was to just three organisations: UNICEF, the Global Fund and UNFPA. Funding categorised by DAC sector code shows again the concentration of funding, with 50% split between UNICEF and UNFPA, and 26% to the specialist programmes IPM and IAVI.

2.3 Norway's Support to and Engagement in International AIDS Architecture

Aid architecture could be defined as the set of rules and institutions governing aid flows to developing countries. While aid has architecture, it has no single architect.[8] Aid architecture has evolved over time, much of it without a pre-defined blue print. Burall et al (2006) noted that one of the key features of the international aid architecture is that there is no forum that brings together all of the key players to discuss and ultimately make binding decisions. But the situation has changed as there have been a number of developments that offered some opportunities to advance the debate and increase political pressure on the different actors in the system.

The Paris declaration for aid effectiveness offers perhaps the most potential for short term improvements to the way aid is delivered; and the process of UN reform is moving towards the stage of UN system-wide coherence in the areas of development assistance, aiming to streamline the UN's development architecture. Reform of the international aid architecture requires the active engagement and agreement of many different actors, bilateral and

6 Exact details have not been made available. The data in Annex 4 Table 3 omits some channels of support such as IDA replenishment and is not comprehensive. The total quoted is a guide only.
7 DAC – Development Assistance Committee of the OECD, which has the lead role in documenting and reporting flows of development assistance.
8 International Development Association Resource Mobilisation (2007) AID Architecture: An Overview of the main trends in ODA flows.

multilateral donor agencies as well as national governments within the donor and recipient nations. In addition, for reform effectiveness and legitimacy, civil society and the private sector will have to understand and agree with the proposed direction, thus presenting problem of a complex collective – action, especially on building consensus and trust that would allow significant and meaningful reform to happen.

To move this forward especially in relation to HIV/AIDS, Norway played a significant role in building consensus at international and national level – in efforts to ensure that various flows of aid yield impact required in halting the epidemic. Diagrams showing three time periods are presented below to illustrate the evolution of the global AIDS architecture in relation to HIV/AIDS (Figures 1, 2, & 3).

Figure 1 AIDS architecture prior to creation of UNAIDS

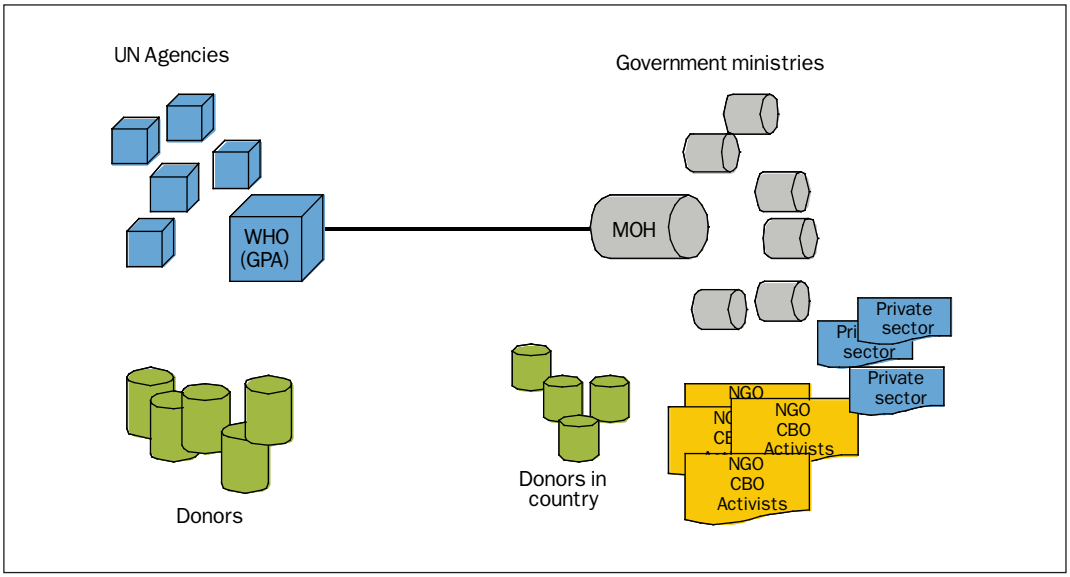
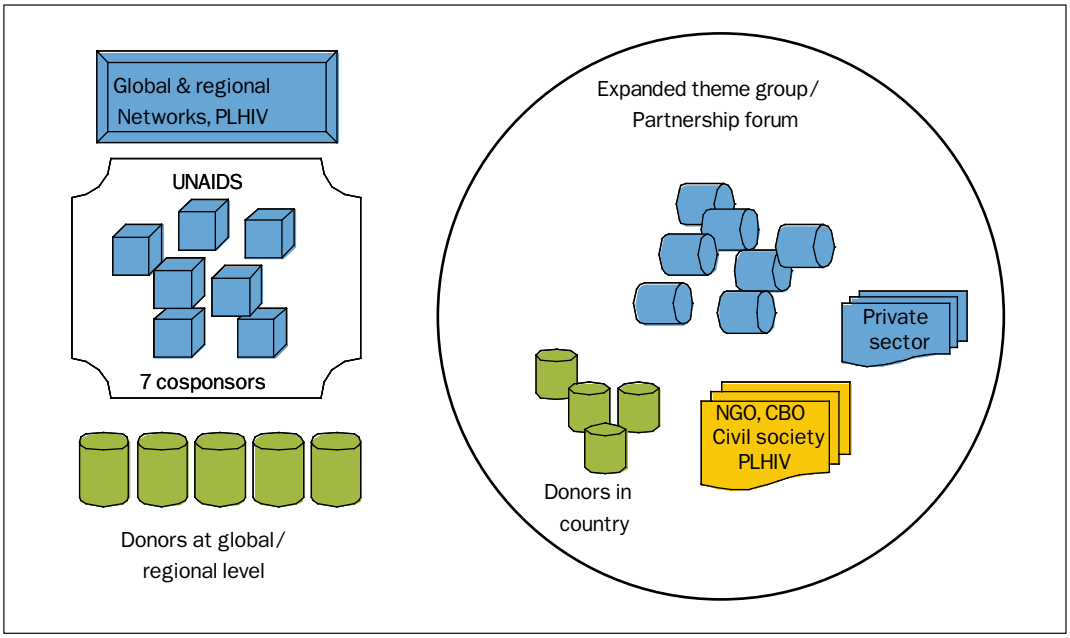


Figure 1 shows that prior to the creation of UNAIDS the response was fragmented with the strongest links between WHO and national Ministries of Health through the Global Programme on AIDS (GPA). Other government ministries were not on board and rarely were there multisectoral responses, although the impact of AIDS was felt in other sectors such as education, agriculture, etc. There was little coordination and limited involvement of non-governmental organisations and the private sector. Response was delivered unilaterally as the situation arose.

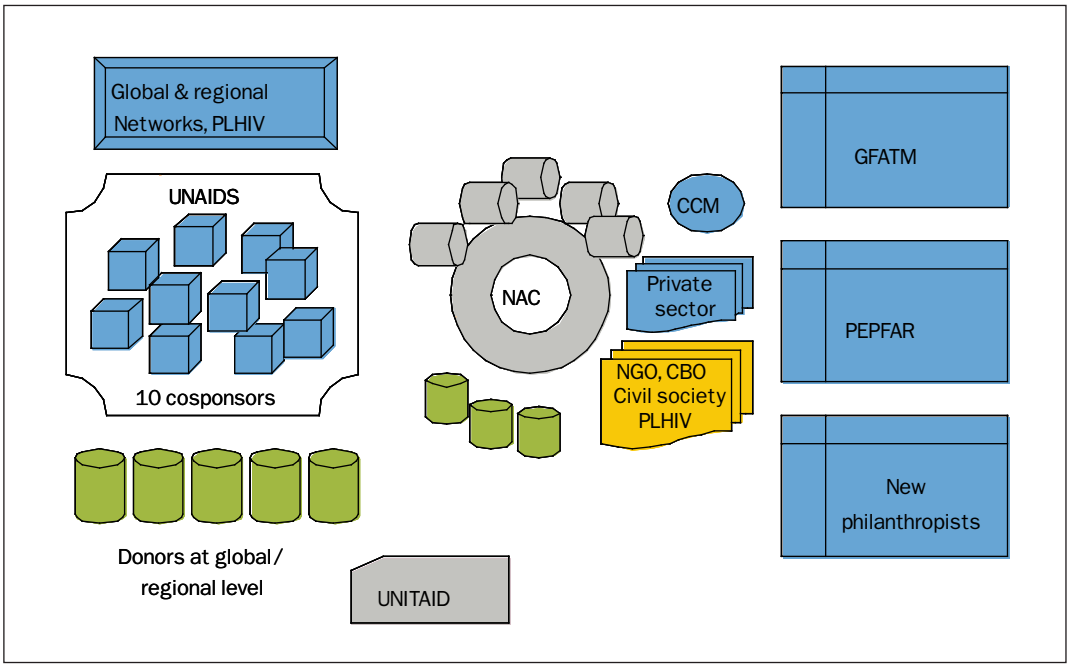
Figure 2 AIDS architecture circa 2001



A major change came during the first five years of UNAIDS as donors unified behind the joint UN programme. An expanded response started to develop around better coordination in country, increasing involvement of non-governmental partners including PLHIVs, and the UN cosponsors started to adopt a more coherent approach (Figure 2). UNAIDS helped achieve a critical mass of consensus towards an expanded approach but major weaknesses remained. Core problems included:

- A massive shortfall in funding, especially for treatment and care
- Poor planning and coordination at national level
- Overlaps in the work of international agencies
- Crises in health care systems amid the pressure to cope with vertical programmes

Figure 3 AIDS architecture after 2001



These issues have to a large extent been tackled, if not fully resolved, such that by the time portrayed in Figure 3 UNAIDS has an expanded complement of cosponsors, country programmes have largely adopted the NAC structure with the implementation of the Three Ones concepts – one coordinating body, one national framework and one monitoring and evaluation. New large scale funding has becomes available through global funds and with active involvement of the private sector, new philanthropists and emergence of bodies such as UNITAID.

Norway had a visible and active role in many of the decisions and organisational reforms that led to these improvements. It is impossible to list all the actions that were taken, but four stands out and are explored further in later sections of this report:

- Solid support for UNAIDS as the lead UN joint programme
- Support to the establishment and operational procedures of the Global Fund
- Development of a pivotal sector policy for WHO
- Promotion of the concept of the Three Ones

The next sections look at aspects of Norway's support to specific organisations and to some important themes.

2.3.1 UNAIDS

Norway has been a key donor since the beginning of UNAIDS and board member of UNAIDS Programme Coordinating Board from 2000 to 2002 and from 2006 onwards. Norway also seconded personnel to UNAIDS head office and has also frequently engaged through participation as member and chair in committees and working groups, and roles as facilitator to various processes, including the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, and the Global

Steering Committee on Scaling up Towards Universal Access (including chair of subgroup on health personnel and capacity).

From 2002-2004, Dr. Sigrun Møgedal[9] was seconded as Senior Policy Adviser on a part-time basis to the UNAIDS Secretariat with responsibility for the country level coordination of the HIV/AIDS response. In particular, Dr. Møgedal was in charge of a broad consultation process in a range of countries, that contributed to the establishment of the Three Ones concept, whose principles have later dominated the AIDS architecture at international as well as national level in most countries (see separate case study in Chapter 3).

The Norwegian positions and inputs in UNAIDS have been characterised by:

- A focus on national coordination and ownership;
- Donor coordination;
- Marginalised groups, scientific and evidence based (rather than normative and ideological) approach to prevention in controversial issues;
- The links between AIDS and health sector capacity in general;
- Universal access to treatment; and
- Keeping a focus on prevention when the international effort shifted towards treatment.

2.3.2 The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

Following the initiative for a global fund, Norway has, in addition to funding, contributed to the institution since prior to establishment through the transitional working group, in which Norwegian inputs reflect an insistence on harmonisation. Subsequent formal involvement has been via board membership as part of the Point 7 group (of countries aiming to provide more than 0.7 percent of GDP in aid). Norway represented the Point 7 group as alternate board member in 2005-2006, and before that time played an active role in developing the positions of the Point 7 group representative in board. Furthermore, Norway has been member, chair or co-chair of various working groups. Among the interests that Norway has focused on through Point 7 board representation or working groups are that: GFATM should focus on targeting the poorest and most affected countries; coordinate with other funding mechanisms; adhere to the Three Ones concept by supporting one national strategy with one set of indicators and pool resources on country level; and closely integrate with health sector and development strategies in general. Norway has also engaged in procurement and supply management (including key role in formulating procurement policies) issues and the monitoring system (by chairing the M&E and finance committee), and generally in organisational and governance issues. Among the specific Norwegian positions are that GFATM should not broaden its role but continue as a funding mechanism only; not establishing representation in recipient countries.

Although Norway's financial contributions to GFATM are relatively small (around 1.5 percent according to an internal note from MFA, sources indicate that Norway has had a role in mobilising resources from other donors, in part because of the active involvement, commitment and direct participation of Norwegian political leaders (including the Prime Minister) in fundraising (replenishment), which lead to a more positive climate among public donors and private sector that may have led to more financial contributions from others.

2.3.3 Norway's contributions and support to other multilateral agencies.

Norway is generally one of the top five most important donors to the World Health Organisation. In addition to funds earmarked for HIV/AIDS, Norway was engaged with WHO on issues relating to HIV/AIDS including TRIPS and the WHO Global Health Sector Strategy for HIV/AIDS 2003-2007 (see separate case study in Chapter 3).

Norway worked since early in the period with the World Bank to put HIV/AIDS on the agenda. Measures include setting up a Trust Fund that supported AIDS Campaign Team for Africa (ActAfrica), which was crucial in establishing and enabling support for the Multi-Country AIDS Program (MAP) launched in 2000. ActAfrica also served to mainstream the World Bank's operations in various sectors and countries. Norway has also supported some country level monitoring and support to ActAfrica, and direct support to MAP. Norway used

9 Dr Sigrun Mogedal was seconded as a Policy Advisor to UNAIDS in 2002, and UNAIDS requested for a year extension in February 2003.

various occasions on different levels in the World Bank to highlight the links between HIV/AIDS and development.

Norway has supported follow-up of the Security Council Resolution 1308 on HIV/AIDS in peace keeping programmes, and supported the follow-up by UNAIDS of the resolution.

Norway took an active part in the UNGASS 2001 and follow-up meetings in 2006. Norway has also supported and funded UN agencies - UNDP, UNICEF, UNFPA at country level to support implementation of the national plans.

Norway had key roles in the processes that led to the establishment of the Global Health Workforce Alliance, e.g. in hosting two conferences prior to start-up and funding other conferences, in joining the Alliance from the start; and in committing to funding operational costs for the first year (USD 3.5 mill).

Norway has also engaged with WTO regarding the TRIPS agreement, arguing that life threatening diseases like TB and AIDS justifies exemptions from patent rules. A conference hosted by Norway in Oslo in 2001 raised the issue through participation in WTO negotiations.

Norway has provided financial support to research on vaccines through IAVI and development of prevention options for women through IPM. These institutions have, however, been given less priority in policy dialogue and technical assistance.

2.4 Cross-Institutional Support to Specific Objectives

Norway has, in addition to engaging widely with the various institutions, applied a thematic approach that has also contributed to cross-institutional cooperation in general. These are described below (with some overlap to the text above).

2.4.1 Drug prices

During first parts of the period under evaluation, Norway was engaged in the challenges of TRIP and other trade related agreements affecting patent issues, which had led to higher prices on antiretroviral drugs. Initiatives were taken in WTO, and Norway hosted a conference in 2001 with WTO and WHO, considering the importance of linkage of these institutions and putting the issue on the agenda. After the patent issue was partly resolved, another issue related to affordable drugs was financing, for which Norway engaged with other institutions, in particular GFATM. Towards the end of the period, it was internationally recognised that functioning drug purchase mechanisms were lacking, and Norway engaged with other four countries to come up with the International Drug Purchase Facility which subsequently led to the establishment of UNITAID (see case study in Chapter 3).

2.4.2 Harmonisation and coordination

A major priority of Norway has been harmonisation and coordination at national and international level. Norway's support for development of the Three Ones initiative is a particular case (see case study). Norway has also contributed to harmonisation through its involvement in the various institutions, normally insisting on coordination between international agencies and supporting development of mechanisms to enable better coordination at national level (e.g. harmonised reporting systems). Several of the processes in which Norway has been a key agency have also served to link various multilateral organisations closer to each other. Examples include World Bank and UNAIDS through ActAfrica; UNAIDS and UN Security Council through UN Office on AIDS, Security and Humanitarian Response, UNAIDS and WHO on Health Sector and most institutions through Three Ones.

2.4.3 Health systems strengthening

In the area of health systems strengthening Norway has worked within a range of institutions. The challenge of strengthening health systems were put on the international agenda through, amongst others, the G8 (in 2003 and 2005) and later UNGASS 2006, and it became the explicit priority under the international commitment for Universal Access. Norway took a proactive role on one of the components; health personnel. An "Oslo consultation" hosted by Norway in February 2005 may be seen as one of the starting points for a broad engagement

involving a wide range of institutions, and for which Norway was one of the catalysers. The issue of health personnel was linked to and integrated in various other international structures and initiatives including WHO, MDGs, World Bank, GFATM and others. The Global Health Workforce Alliance was established, in which Norway joined and supported the first year of operations. Within WHO Norway worked with the departments of HIV/AIDS and health systems cluster, promoting an awareness of the issues to ensure both had a shared agenda. Within GFATM Norway was among those pushing for the GFATM to support strengthening of health systems in addition to directly targeting the three diseases. The principle was agreed, although applicants to GFATM grants must justify that strengthening health systems is effective in combating one of the three diseases.

Summary of Norwegian main contributions

- Norwegian contributions during the period under evaluation include multi-lateral financing, support to the development of international and national policies, and country level programmes to halt the epidemic.
- Total expenditure to multilateral organisations for HIV/AIDS and closely related issues over the evaluation period is in excess of NOK 7 billion.
- About NOK 1 billion was expended on programmes marked HIV/AIDS as significant, 46% of the fund was directed to UNICEF, UNFPA and the GFATM.
- Norway played a significant role in global aids architecture through building consensus at international and national level. This has resulted in unifying efforts of stakeholders to coordinate responses to HIV/AIDS to yield the impact required, although there are still challenges.
- Norway's active involvement in many decisions and organisational reform that resulted in improved global aid architecture include solid support to the establishment and operational procedures of UNAIDS and the GFATM, promotion of the Three Ones concept and support to pivotal sector policy in WHO.

3 Presentation of Sample Case Studies

Norway was involved in many international actions as stated in the previous chapter. Three sample case studies have been selected to illustrate Norway's contribution and they include the Three Ones, Global Health Sector Strategy (GHSS) and the establishment of UNITAID. The justifications for the selection of these three cases out of many others are:

- The three occupied key milestones in the period reviewed. For example, the Three Ones discussion started in 2002, GHSS was approved in 2003 with other updates arising from it and UNITAID was established in 2006.
- The Three Ones concept has contributed immensely in shaping the development aid architecture for HIV and AIDS, and the role of Norway is well recognized by stakeholders at international and country levels.
- The GHSS is unique for WHO and vital considering the role of the health sector within the multisectoral response, and the emergence of PEPFAR and other targeted programme initiatives.
- UNITAID is about drug purchase to respond to the three key diseases – Malaria, HIV/AIDS and Tuberculosis. UNITAID was formed at the latter period of the evaluation and has received criticisms from many informants to this study. Hence the need to consider the value added and any lessons learned.

The three case studies follow in the subsequent sections.

3.1 Development of the "Three Ones" Concept

3.1.1 Background

The initiative of developing the concept of the Three Ones[10] was first presented at a side meeting to the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) in Nairobi in 2003.[11] The ICASA side meeting was a follow-on to the meeting held in July 2002 at the International AIDS Conference in Barcelona which focused on National AIDS Councils (NAC) and the coordination of national responses to HIV/AIDS.[12] Stakeholders at the Barcelona meeting requested the UNAIDS Secretariat and the World Bank to harmonise their efforts and activities in strengthening NACs. In addition, they also requested UNAIDS to develop guidelines that could be used by countries as they establish their national coordination structures and mechanisms, especially given that Country Coordination Mechanisms (CCMs) were being introduced by the Global Fund (GFATM). Based on these demands, UNAIDS Secretariat, World Bank and Global Fund worked with UNDP to prepare for the ICASA side meeting. Prior to this meeting, a survey of country experiences in relation to National HIV/AIDS responses was prepared as background material.

The side meeting at ICASA reaffirmed that the initiative was not about creating new structures, but to ensure that existing structures are utilised effectively, considering the environment in which there was substantially more funding becoming available and a growing interest in public/private partnerships. Hence, the need for more effective and efficient coordination of national responses to avoid duplication, confusion and wastage of resources. The meeting noted the opportunities and challenges of a growing diversity of funding mechanisms and partnerships for HIV/AIDS action, and also underlined the need to understand coordination challenges at many levels, the urgency of the local action and the imperatives of an enabling policy environment.

10 A note from Sigruns archive: The Three Ones Concepts and the Global Task Team Recommendations – Fostering Country Ownership and Leadership: From ICASA 2003 to Rio 2005,
11 ICASA side meeting report: The Coordination of National Response to HIV/AIDS – Sunday, 21st September, 2003
12 Report, Satellite Meeting on National Aids Commissions, Barcelona, July, 2002

Six key principles were presented and deliberations led to strong consensus over three key and urgent messages emanating to all stakeholders at country level:

- One national authority, with a broad-based multi-sector mandate
- One agreed HIV/AIDS Action Framework that drives alignment of all partners
- One agreed country level Monitoring and Evaluation System.

The principles were later endorsed at a Washington Consultation on Harmonization of International AIDS Funding, in April 2004. In addition, the London high level meeting of March 2005 that established the Global Task Team on improving AIDS coordination also further promoted the development and implementation of the Three Ones.

The Three Ones came about owing to the marked shift in global response to the crisis of AIDS, new acknowledgement of urgency and stronger and more consistent actions required to fight the epidemic, the need to deal with and manage risks of duplication, overlap and fragmentation of the response, particularly where the capacity to coordinate is weak.

3.1.2 Role of Norway

The Policy Advisor seconded by Norway to the UNAIDS Secretariat from 2002 to 2004 played a central role taking forward the various tasks of making the Three Ones a reality. The Policy Advisor led the country level consultations and synthesised the outcomes in the form of the six key principles presented at ICASA. The Three Ones have now become the guiding principles used worldwide in organising national responses to HIV/AIDS. It is fair to say that the Three Ones to a large extent benefitted strongly from Norway's contributions to UNAIDS. Norway also actively promoted the endorsement of the Three Ones concept, among others in preparation for the Washington Consultation.

3.1.3 What has been the effect of the Three Ones on country level responses?

In all the three countries studied for this evaluation, it is very clear that the Three Ones are operational and supported by stakeholders involved. If the Three Ones had not been in place, the scenario at country level with the proliferation of funding could have been chaotic. The national coordinating authority is in place coordinating the responses and unilateral framework to guide responses across all sectors. In other words, the establishment of Three Ones has been a direct boost to the implementation of true multisectoral responses. Most donors including Norway also structure their financial support behind the implementation of the national framework – hence the framework acts as a road map to guide responses in the countries. Implementation is not without problems and in general terms countries have faced a bigger challenge to establish one Monitoring and Evaluation system (M&E). But, despite challenges with the implementation, the M&E framework is contributing to the visibility of achievements and progress recorded in many countries today and stakeholders are working with partners to see how this could be made more functional.

The Three Ones has enabled donor governments and other external partners to have a major role in ensuring that their funding and support enables a nationally owned and led AIDS response. The Three Ones concept for coordination have achieved effectiveness, speed and results that could be a showcase for efforts put into HIV and AIDS and also is a practical manifestation of the principles of the Paris Declaration on Aid Alignment and Harmonisation.

3.2 The WHO Global Health Sector Strategy (GHSS) for HIV/AIDS 2003-2007

3.2.1 Background

The need to define and strengthen the health sector in responding to HIV and AIDS within the broad multi-sectoral response informed the World Health Assembly (WHA) resolution in May 2000. This requested WHO to develop a Global Health Sector Strategy (GHSS) for responding to the epidemics of HIV/AIDS and sexually transmitted infections as part of the United Nations system-wide effort to combat the epidemic. This mandate resulted in wider consultations amongst stakeholders involving the regional offices of WHO and significant number of countries. For the first time in WHO, the GHSS stated the action points specific for the health sector in responding to the epidemic. The GHSS document was endorsed by the World Health Assembly (WHA) in May 2002. It has four core components:

- Prevention and Health Promotion
- Treatment
- Health Standards and Health Systems
- Informed Policy and Strategy Development

In addition, the GHSS document contains explicit strategies and key action points for WHO and Health Ministries for the implementation of the core components.

Development of the GHSS responded to a clear need at country level and some countries adopted the use of the GHSS even before final endorsement by WHA. Tanzania, for example realized at the consultation stage that the GHSS was a pillar and the guide needed for the implementation of the health sector response especially the AIDS treatment programme. The example of Tanzania was reinforced during interviews with stakeholders consulted during the field visit for the evaluation in Tanzania.[13]

"We have started the plan for treatment programme before the commencement of 3 by 5 initiative here in Tanzania, but the initiative only pushed forward the momentum on ground" – NACP & WHO, Tanzania.

In May 2003, the leadership in WHO changed. Momentum was retained in driving forward the health sector response to HIV and AIDS and to push the balance between prevention and treatment, especially in Sub-Sahara Africa. As a way of implementing the treatment component of GHSS, the 3 by 5[14] initiative was launched with clear reference to the strategy.[15] The 3 by 5 initiative contributed to and served as the spring board for Global Fund focus on treatment as requested by countries and which subsequently led to the 2005 commitment to Universal Access to HIV prevention, treatment, care and support by 2010.

Subsequently, various other sub-components of the strategy were picked for implementation but the strategy was never implemented in a holistic way. Also, to address the implementation, some advocacy efforts were embarked on to call global attention to the human resource crisis which was clearly documented in the GHSS and resulted in the establishment of the Global Health Workforce Alliance. The issues at country level still remain owing to weakness in the health system and have resulted in a strategic approach adopted by GFATM in collaboration with WHO in approving funds for health system strengthening to enhance the productivity and performance of GFATM grants at country level.

Efforts are now being directed at reclamation of HIV-positive health workers and creation of incentives to retain them, thus resulting in another initiative of Treat, Train and Retain (TTR). Norway provided financial and technical support to the development of the TTR guideline and to build on this, the US government has announced $1.2 billion to implement the TTR initiative in 15 PEPFAR countries.

The TTR is in line with the international consensus that without urgent improvements in the performance of health systems, including the significant strengthening of human resources for health, the world will fail to meet the MDGs for health or to achieve universal access to HIV services by 2010[16]. The TTR includes a task shifting approach that involves a rational redistribution of tasks among health workforce teams whereby specific tasks are moved where appropriate, from highly qualified (and more scarce) health workers to health workers with shorter training and fewer qualifications in order to make more efficient use of available human resources. The task shifting approach is expected to represent a return of the core principles of health services that are accessible, equitable and of good quality.

Although the four core components of the GHSS have not been comprehensively implemented, the strategy is good and comprehensive in addressing HIV/AIDS and related issues within the health sector and some of the components have been led forward through other institutional settings.

13 The comment boxed in the paragraph was made by senior officials interviewed in NACP and WHO Dar es Salaam office.
14 The 3 by 5 initiative means having 3 million people on treatment by 2005. This is WHO initiative to address mortality resulting from AIDS by improving access to treatment.
15 Discussion with Dr. Winnie Mpanju – Shumbusho, Senior Adviser to the Assistant Director General HIV/AIDS, TB, Malaria and Neglected Tropical Diseases – April 30 2008.
16 WHO (2008) TTR Task Shifting – Global Recommendations and Guidelines.

3.2.2 Role of Norway

Norway provided leadership to the development of GHSS. The sound technical knowledge of Norway's representative and her ability to influence other donors and countries contributed to the success of the development of the strategy. It is not clear how much money Norway put into this, but the Norwegian representative chaired the Global Reference Group[17] and participated in the wide regional consultations for the development of the document. In terms of implementation, Norway also played a key role in the sub-components that have been picked for implementation especially the 3 by 5 and the TTR initiatives.

3.2.3 Emerging issues

The GHSS is a comprehensive and well accepted document especially at global level with the endorsement of WHA. But there are issues and challenges with implementation at a full scale as contained in the strategy. Considering Norway's recognition as one of the five leading donors supporting WHO, the leadership role that Norway played and the amount of time invested in getting this strategy developed, it is unclear why Norway did not direct the weight of it's influence, as acknowledged amongst stakeholders, in ensuring implementation of the strategy irrespective of change in leadership of WHO.

In addition, opportunities appear to have been missed for better interaction among organisations. Norway also serves on the board of the Global Fund and it might have been expected that the GHSS would have been the basis for support to achieve health system strengthening at country levels to effectively address the three diseases from the inception. The GHSS was a pivotal exercise for WHO and the process was valuable to the member countries, but it is not clear why only sub-components have been selectively picked and promoted. The extent to which the strategy has had an impact is not possible to judge at the present time, but clearly this important initiative merits a comprehensive and independent evaluation.

3.3 Establishment of UNITAID

3.3.1 Background

A group of 44 countries agreed in September 2004 on the need for additional stable resources to deliver the three health goals in the MDGs as a way of eradicating poverty, through commitment to working on innovative funding mechanisms. Two years later France, Brazil, Chile, Norway and United Kingdom decide to create an international drug purchase facility which subsequently informed the establishment of UNITAID[18] that will be financed with sustainable predictable resources. The need to get drugs to the world's poorest people was identified as a primary target especially in scaling up access to medicines and diagnostics facilities for HIV/AIDS, TB and Malaria. Hence the birth of UNITAID was to fill a critical gap in the global health landscape using purchasing power and an understanding of the market to drive long term reduction in prices of drugs and diagnostics. The establishment draws funds primarily from a levy on air tickets.

The mission of UNITAID is to reinforce access to treatments against HIV/AIDS, malaria and tuberculosis for the poorest populations in developing countries by reducing prices of quality medicines and diagnostics and speeding up their availability.

The justifications for the establishment of UNITAID were to:

- Address issues of making medicines available for children and provision of second line treatments for HIV/AIDS
- Provide support to the worst affected and most vulnerable countries through operation of a global forecasting that ensures comprehensive approach to addressing demand and supply factors
- Use innovative mechanisms for financing treatment that is long term and attractive to the drug manufacturers
- Adopt multi-dimensional approaches to address quality, regulation, IPR, pricing, and provide support to in-country supply systems

17 Email correspondence between WHO and Sigrun Møgedal, June 10 2002.

18 UNITAID is an international drug purchasing facility established to provide long-term, sustainable and predictable funding to increase access and reduce prices of quality drugs and diagnostics for the treatment of HIV/AIDS, malaria and tuberculosis in developing countries.

3.3.2 Achievements

UNITAID is currently housed in WHO, managed by a small secretariat and has an independent executive board. UNITAID works through partners, namely GFATM, RBM, WHO, Stop TB, Global Drug Facility, UNICEF, UNAIDS, and Clinton HIV/AIDS Initiative (CHAI)[19] to provide drugs, diagnostics and treatment to those in need. UNITAID tries to play a role in influencing manufacturers and has been able to achieve the following:

- In 2006 the first significant price reductions of 30–65% on ARVs for positive children were achieved. This was done in collaboration with CHAI.
- UNITAID has provided support to 53 recipient countries on paediatric ARV, second line ARV and PMTCT, 22 countries have received Malaria ACT drugs and 58 recipient countries have received first line TB drugs, paediatric TB drugs and MDR-TB.
- Improvements to enable user-friendly medicines to reflect the situations in recipient countries. For example, dosages adapted for children's use, fixed dose combination of drugs, heat stable products and avoidance of dilution with water considering poor access to drinkable water in some countries.

In response to this progress, the donors to UNITAID have grown from the initial five founding countries to 27 member countries plus the Gates Foundation. Three countries aimed to implement budget contributions and 23 countries adopted implementation of taxes.

3.3.3 Norway's role and support to UNITAID

Norway is one of the founding countries of the initiative of International Drug Purchase Facility (IDPF) now transformed to UNITAID and provides financial support for the implementation of the initiative. Norway serves on the board of UNITAID and UNITAID has enjoyed political support from Norway. This was demonstrated by the attendance of the Norwegian Prime Minister at the launch of UNITAID in New York in September 2006. The presence and active participation of Norway on boards of other agencies or as chair in other committees in agencies such as the GFATM, WHO, UNAIDS, have added value in the direction to which UNITAID should be committed and implementation of the initiatives. In addition the UNITAID board benefits from the technical and political expertise of Norway's representative.

3.3.4 Emerging issues

The establishment of UNITAID has proved to be one of the innovative approaches in improving access to essential medicines especially with increase in funding through the Global Fund to address the three diseases.

The need for the functions performed by UNITAID was long acknowledged[20] and the various prior initiatives talked about the need for such a facility. But there is no evidence of an institutional appraisal to demonstrate the need for a new organisation. During interviews for this review, respondents repeatedly questioned the wisdom of creating a new organisation rather than providing a new facility to an existing body.

Arguments have been heard that without Norway's support the initiative would have stayed a 'French' facility, but Norway's early participation and promotion gave it much broader and better legitimacy as an international initiative. To the extent they are true the outcome of Norway joining and supporting the initiative at an early stage may have had the outcome of transforming an otherwise smaller initiative by France and a few other countries into being a global and multilateral mechanism.

Participation of Norway in the board membership of UNITAID has raised some criticisms that Norway is very loyal to France as a board member, e.g. in not supporting requests by NGOs to elect a non-French chair. The issue of conflict of interest has also been raised considering Norway's role as board member of both GFATM and UNITAID, and concerns about objectivity in taking decisions as regards the two organisations. Although, respondents recognise the potential for complementarity and connectedness that might have arisen which ordinarily would be expected to enhance achievement of results.

19 The purpose of establishing CHAI is to expand access to life-saving medicines and help developing countries systematize their approach to HIV/AIDS treatment.

20 Keith A. Bezanson : Replenishing the Global Fund: An Independent Assessment. GFATM (2005)

UNITAID was established during a period when most donors and development agencies were committed to harmonisation and coordination, and repeated warnings were heard against competition and overlap of roles between institutions. There are of course arguments to establish UNITAID as a separate institution – just as there are similarly arguments for almost any other single-purpose missions to be anchored in a separate institution. There is however a degree of overlap in functions with other institutions, mainly GFATM, WHO and Clinton Foundation (although none of these carry all the functions of UNITAID) and the functions could be carried out by other institutions (as suggested for GFATM as late as January 2006[21], only few months before launching UNITAID).

The question of whether the benefits of establishing UNITAID as a separate institution outweigh the costs of adding another body to the already too complicated international AIDS architecture, is beyond the mandate and data availability of this study. However it is difficult to reconcile Norway's support against the otherwise active role of Norway over years in insisting on harmonisation, coordination and in effect simplification of international aid. One may read some of UNITAIDS work and communication as an indication that the institution itself is concerned about its own role in a context in which other institutions provides overlapping functions, and some observers have made reference to UNITAID as having an "identity problem". If this is true, it may also be seen as an indication that the need for a separate institution is not fully justified and believed.

Summary on presentation of sample case studies

- Norway was involved in many international actions shaping HIV/AIDS responses as reflected in the three sample cases studied. They include the Three Ones, the Global Health Sector Strategy (GHSS), and the establishment of UNITAID.
- The three cases occupied key milestones in the period reviewed.
- Norway played a central role in making the Three Ones a reality as the guiding principle in organising national responses. Without the concept of the Three Ones guiding responses at country level, the scenario would have been chaotic with proliferation of funds meant for tackling HIV/AIDS.
- Norway was also active in the development of the GHSS which has four components namely: prevention and health promotion, treatment, health standards and health systems, informed policy and strategy development.
- Although the GHSS was not fully implemented, but implementation of some of the sub-components served as springboard for the 3 by 5 and Treat, Train and Retain (TTR) initiatives.
- The establishment of UNITAID is an innovative approach in improving access to essential medicines in tackling HIV/AIDS, Tuberculosis and Malaria. Despite the acknowledgement of functions performed by UNITAID, the organisation lacked evidence of an institutional appraisal to demonstrate the need for a new establishment especially at a period when most donors are committed to harmonisation and coordination, as their functions overlap with other existing agencies.

21 Alexander Shakow: Global Fund – World Bank HIV/AIDS Programs Comparative Advantage Study, GFATM and World Bank, January 2006.

4 Possible Outcomes

This short paper has shown that Norway has supported the global development assistance architecture to fight HIV/AIDS in several ways: partly through financial support, but mainly through policy and technical advisory support. Norway's contributions have been diverse and extensive, and review of three specific cases has shown specific examples of the process and implications.

As there are several agencies involved in all the processes and Norway has never worked alone towards the multilateral institutions, the actual outcomes of Norwegian contributions are in most cases neither possible nor feasible to document. Most of the ideas and initiatives that have come up in the international HIV/AIDS response during the period are believed to have developed in a range of interactions between different institutions and persons of which Norway has been a part, often a catalytic part, but where it is impossible to point to one particular origin. It is, however, clear that Norway has to a greater or lesser extent been part of the processes that have led to the major achievements throughout the period, including establishment of the GFATM, the Three Ones, 3 by 5 and Universal Access, and in these cases have supported the processes without having any identifiable negative influence.

There is also little doubt that Norway's active contributions towards greater harmonisation has led to better effectiveness and efficiency of the global HIV/AIDS response in general; although the actual contributions cannot be measured precisely. Consequently it can be said that Norway, in addition to making own funds available, has served to better outcomes of most other international funds made available for HIV/AIDS.

Some contributions by Norway have led to little or no direct outcome so far, including the support to research on vaccination or biocides. This is a well known risk in support to research and development and the lack of positive outcomes does not mean that the research was not worthwhile.

Other contributions have led to lower outcomes than anticipated, including the WHO Global Health Sector Strategy for HIV/AIDS, from which only a few sub-components have been implemented. Some of the outcomes are not yet seen, such as most of those related to health sector strengthening; while a strengthening of the health sector is seen in some countries with Norwegian bilateral support, the outcomes of the international focus is still probably relatively small, but likely to grow significantly in future.

In some cases it is possible to see that "seed funding" from Norway has led to other donors taking over and hence multiplying Norwegian efforts. One example is that Norway is one of the donors that financed the "Treat, Train, Retain" (TTR) guideline developed by WHO, following which upon completion and presentation, the US government announced $1.2 billion to scale-up in 15 PEPFAR countries.

The establishment of UNITAID, of which the international legitimacy may be attributed to the early support from Norway, may be seen as having contributed to a more complex international architecture that may serve to undermine outcomes from other Norwegian contributions.

4.1 Review and Discussion about Linkages Across the Various Actions

The Norwegian contributions are generally well connected and in line with a consistent policy as reflected in the 2000 policy paper. Deviations from the policy paper are mostly in priorities, not in general policy choices and can be read as adaptation to a rapidly changing context.

As shown in Chapter Two on Norwegian contributions, there are generally good linkages across the various actions and also across institutions. Norway seems to be consistent in working on the same issues in different institutions, and insisting on a coherent approach. This linkage is also reflected in the country level responses. For example, the Three Ones are operational in the three countries studied for the evaluation. The national strategic framework is the pillar to which the evaluation of Norwegian responses to HIV/AIDS was anchored in Malawi and Tanzania because of the nature of support provided in these countries. The World Bank MAP and the GFATM were identified as two major resources financing HIV/AIDS at country level. Aside the above, Norway also channelled resources through the multilaterals, government and Norwegian NGOs to implement interventions in line with the country HIV/AIDS national strategy.

Norwegian contributions are in most cases consistently aligned to multilateral processes and Norway can be seen as operating on a mandate by the multilateral system. For example, development of the Three Ones was mandated by the International AIDS Conference in Barcelona, and the WHO Health Sector Strategy for HIV/AIDS was mandated by the World Health Assembly; and Norway was requested by WHO to take a leading role.

A relatively small number of personnel in Norad and MFA have been involved in HIV/AIDS during many years. This is atypical in Norwegian development cooperation, which is otherwise characterised by relatively frequent shifts in tasks and functions. The stability in personnel is perhaps one factor behind the seeming consistency in the HIV/AIDS approach and linkages of the various actions to achieve maximum impact on the epidemic.

A particular case is Dr. Sigrun Møgedal who has been the key person during the period. She has been involved in Norad, MFA, and the government as state secretary, and later as Norwegian HIV/AIDS Ambassador. She has been closely involved in a major proportion of Norwegian HIV/AIDS contributions variously as politician, technical expert, policy adviser, and diplomat. While this anchoring in one particular person undoubtedly has led to better consistency and linkages in Norwegian efforts, it also involves substantial risk, and some sources have suggested that Norway should consider delegation of the role to a wider group of people to help create the capacity to meet all the expectations from partners.

4.2 Conclusion

The key issues emanating from this review revealed that Norway is seen as a donor with:

- Consistent, predictable high level sources of finance
- Active approach to policy engagement with institutions through participation in committees and chairing governing bodies
- Focused primary engagement with stakeholders and effective in the provision of technical support especially in providing speedy and high-quality comments to policy and strategic papers of development partners
- Flexible interaction and provision of advisory roles especially when it comes to linkages of the global policies to country programmes for implementation

Norway's efforts have been relevant against what is needed in the international architecture as acknowledged as acknowledged by the institutions themselves or as considered by the team. Having stated the above, some of the major contributions by Norway may be seen as a result of Norway seeing needs, trends and initiatives and responding fast to them. Norway rarely launch its own initiatives, but quickly follows up when others do (and is probably also part of the processes that lead to others launching initiatives).

Some of Norway's success can hence be explained by ability to:

- identify needs arising on national level and the international context (arising from a mixture of technical and political skills, and resources to monitor),
- provide the necessary inputs to relevant institutions in developing ideas and initiatives (depends on good diplomatic relations), and
- quickly support initiatives when launched (depends on flexibility as donor)

Furthermore, the fact that Norway does not claim the "honour" of initiatives itself probably makes it easier for others to take initiatives and allow more ownership to other institutions.

Many of the contributions and their outcomes can be explained by the role played by Norwegian representative. The excellent personal qualifications as a technical expert and good politician of the representative – and in particular the fact that she is both technically and politically skilled and able to communicate well with both technical and political issues - are probably one but not necessarily the key reason for the success. In some cases the personal qualifications and the ability to influence may be the main factors for her involvement in the roles she has played.[22] In other cases the success is better explained by her association to Norway, known as a generous donor and occasionally demonstrating high level political commitment.

Most of the leaders do not understand the technical components of these issues, so her participation at high levels fora enhanced such discussion as she was able to explain the technical issues. Based on this, she commands a lot of respect and they listen to her. Such steps would have guided some of the decisions at such high level fora. - WHO

Summary of possible outcomes

- The global development assistance architecture to fight HIV/AIDS was supported by Norway through financial, technical and advisory support.
- Actual outcomes of Norway's contributions are in most cases not possible to document as Norway has never worked alone towards multilateral institutions.
- Norway's active contributions towards greater harmonisation have resulted in better effectiveness and efficiency of the global HIV/AIDS response. Although some have resulted in little or no direct outcome. Example includes support to research on vaccination and biocides.
- There is good linkage in Norway's support across institutions and various actions as Norway is consistent in working on the same issues in different institutions and insist on a coherent approach.
- Key issues emanating from the review revealed that Norway is a consistent donor, active in their approach to policy engagement with institutions including provision of technical support, and flexible in their approach to achieve results.

22 The comment boxed in the paragraph was made by senior officials interviewed in WHO.

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WHO (2003) Global Health Sector Strategy for HIV/AIDS 2003 -2007: Providing a framework for Partnership.

WHO (2006) Scaling UP HIV/AIDS prevention, treatment and care: A report on WHO support to countries implementing "3 by 5" initiative 2004 – 2005.

WHO (2007) Strengthening Health Services to fight HIV/AIDS

WHO (2007) The Global Fund Strategic Approach to Health Systems Strengthening: Report from WHO to the Global Fund Secretriat.

WHO (2008) Treat, Train and Retain – Task Shifting Global Recommendations and Guidelines.

Annex 2: List of Stakeholders Consulted

NO	NAME	DESIGNATION	ORGANISATION	CONTACT
1.	Sissel Hodne Steen	Norway's delegation to Geneva		
2.	Dr Winnie Mpanju-Shumbusho	Senior Adviser to Asst. DG HIV/AIDS, TB, Malaria & Neglected Tropical Diseases	World Health Organisation	+41227914645 mpanjuw@who.int
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4.	Dr. Badara Samb	Advisor Health Systems Partnership and Coordination	World Health Organisation	+41227914452 sambb@who.int
5.	Kebe Mohammed Amine	Planning, Resources Coordination and Performance Monitoring.	World Health Organisation	kebea@who.int
6.	Morten Ussing		UNAIDS	ussingm@unaids.org
7.	Luiz Loures		UNAIDS	louresl@unaids.org
8.	Christoph Benn	Director, External relations	GFATM	christoph.benn@theglobalfund.org
9.	Silvia Ferazzi	Manager, Donor Relations	GFATM	Silvia.Ferazzi@theglobalfund.org
10.	Pauline Mazue	Special Assistant to the Director of External Relations	GFATM	Pauline.Mazue@theglobalfund.org
11.	Philippe Duneton	Deputy Director	UNITAID	dunetonp@who.int
12.	Gavin McGillivray	Head, Global Funds & Development Finance Institutions Department	DFID	G-McGillivray@dfid.gov.uk +44 (0)20 7023 0155
13.	Carole Presern		DFID/GAVI	cpresern@gavialliance.org
14.	Gargee Ghosh	Senior Program Officer, Global Health Policy & Finance	Bill & Melinda Gates Foundation	Gargee.Ghosh@gatesfoundation.org; +1 - 202.662.8114
15.	Susan Stout		World Bank	sstout@worldbank.org
16.	Jim Kolker	Head, HIV/AIDS Department UNICEF		Jkolker@unicef.org
17.	Purnima Mane	Deputy Executive Director (Programme)	UNFPA	pmane@unfpa.org 212-297-5115
18.	Carlton P Evans	Policy and Programme Manager Global Funds and DFIs Department	DFID	c-evans@dfid.gov.uk +44 (0) 207 023 0937
19.	Dr Doreen Mulenga,	Senior Adviser, HIV and AIDS	UNICEF	
20.	Jessica Koehs	Project Officer PARMO	UNICEF	
21.	Henriette Ahrens	PARMO	UNICEF	

NO	NAME	DESIGNATION	ORGANISATION	CONTACT
22.	Mary Otieno		UNFPA	motieno@unfpa.org
23.	Kebedech Ambaye Nigussie		UNFPA	knigussie@unfpa.org
24.	Gary Conille		UNFPA	gconille@unfpa.org
25.	Alain Sibenaler		UNFPA	asibenaler@unfpa.org
26.	Dr. Mohga Kamal-Yanni	Senior Advisor, Health & HIV Policy	Oxfam GB	mkamalyanni@oxfam.org.uk

Annex 3: Timeline

Institution	2000	2001	2002	2003	2004	2005	2006
GAVI	GAVI launched						
GFATM	G8 proposal for a global fund		Global fund established	(Norwegian work on procurement system)	(Norway Chair, M&E&Audit) (TERG)		
IAVI					Improved focus on advocacy for mobilisation		
IPM			IPM established				
Other		WTO Doha declaration of access			Clinton foundation-Norwegian cooperation		
UN	Security council addresses AIDS in military	UNGASS w/ declaration			Joint UN programme launched		UN programme operational. UNGASS follow-up
UNAIDS				Three Ones developed	Three Ones approved Global coalition on women and AIDS	Global Task Team established (Norway Chief Facilitator)	
UNICEF						Children Unite Against AIDS	
UNITAID							UNITAID established
WB/MAP	MAP established ACT Africa	(Seed money & Norwegian Trust Fund)					
WHO	Accelerated access initiative		Guidelines for ARV (Health sector & AIDS Strategy)	3 by 5 initiative	High Level Forum on MDGs 2004-05		

Only major events or clear shifts in the various institutions listed (gradual changes not mentioned).

Annex 4: Financial Resources

Tabell 1 Multi-bilateral bistand med DAC-sektor 130.40 og 160.64 fordelt på avtalepartner, 2000-2006

DAC Main sector (code+na	DAC Sub sector (code+name)	Agreement partner	2000	2001	2002	2003	2004	2005	2006	Total	%
130 - Population policies/ programmes and reproductive health	40 - STD control including HIV/AIDS	IAVI - International AIDS vaccine initiative					15,000		25,000	40,000	11%
		IBRD - International Bank for Reconstruction and Development	5,679	8,252						13,932	4%
		IDB - Inter-American Development Bank		848						848	0%
		IPM - International Partnership for Microbicides					10,000	20,000	25,000	55,000	15%
		PAHO - Pan American Health Organisation	1,586	4,222	1,607					7,414	2%
		UNAIDS - UN Programme on HIV/AIDS	1,485	500	2,300	2,183	6,148	-350		12,266	3%
		UNDP - UN Development Programme			7,700		5,000		1,500	14,200	4%
		UNFPA - UN Population Fund	202	18,695	17,250	19,400	8,497	11,771	10,604	86,419	24%
		UNHCHR - Office of the UN High Commissioner for Human Rights	750	750						1,500	0%
		UNHCR - UN Office of the UN High Commissioner for Refugees		1,000						1,000	0%
		UNICEF- United Nations Children's Fund	6,050	26,915	8,538	9,160	10,161	11,129	23,105	95,059	26%
		WB/IBRD							5,000	5,000	1%
		WFP - World Food Programme					638	738		1,377	0%
		WHO				2,800	2,000	2,600		7,400	2%
130.40 Total			15,752	61,182	37,395	33,543	57,444	45,888	90,210	341,414	93%
160 - Other social infrastruc	64 - Social mitigation of HIV/AIDS	UNICEF- United Nations Children's Fund			10,000		7,700	4,000	3,000	24,700	7%
160.64 Total					10,000		7,700	4,000	3,000	24,700	7%
Grand Total			**15,752**	**61,182**	**47,395**	**33,543**	**65,144**	**49,888**	**93,210**	**366,114**	100%

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Tabell 2 Multi-bilateral bistand med Policy makrer HIV/AIDS fordelt på avtalepartner, 2000-2006

PM - HIV/Aids	Agreement partner	2000	2001	2002	2003	2004	2005	2006	Total	%
Main objective										
	CGIAR - Consultative Group on International Agricultural Research				1,000				1,000	0%
	FAO - Food and Agricultural Organization of the United Nations			575	4,501	1,850	3,600		10,526	1%
	GAVI - Global Alliance for Vaccines and Immunization			862					862	0%
	GFATM - Global Fund to Fight AIDS, Tub and Malaria				138,300				138,300	15%
	IAVI - International AIDS vaccine initiative				12,500	15,000		25,000	52,500	6%
	IBRD - International Bank for Reconstruction and Development	5,679	8,252						13,932	2%
	IDB - Inter-American Development Bank		848						848	0%
	IOM - International Organisation for Migration			1,093					1,093	0%
	IPM - International Partnership for Microbicides					10,000	20,000	25,000	55,000	6%
	PAHO - Pan American Health Organisation	1,586	4,222	9,607	7,417	7,021	8,837	8,632	47,320	5%
	UNAIDS - UN Programme on HIV/AIDS	1,485	3,863	2,300	2,745	6,148	5,850	500	22,891	2%
	UNDCP - UN Drug Control Programme			385	500	665			1,550	0%
	UNDP - UN Development Programme		1,139	9,069	5,000	5,000		2,000	22,208	2%
	UNFPA - UN Population Fund	202	18,695	35,550	19,400	8,497	14,771	10,604	107,719	12%
	UNHCHR - Office of the UN High Commissioner for Human Rights	750	750						1,500	0%
	UNHCR - UN Office of the UN High Commissioner for Refugees		1,000						1,000	0%
	UNICEF- United Nations Children's Fund	6,050	32,065	39,738	25,780	25,361	21,779	26,105	176,879	19%
	UNIFEM - UN Development Fund for Women			1,500	1,500	1,500			4,500	0%
	WB/IBRD							5,000	5,000	1%
	WFP - World Food Programme		207			638	738		1,584	0%
	WHO				5,238	2,000	2,600		9,838	1%
	World Bank							15	15	0%
	Main objective Total	15,752	71,042	100,679	223,881	83,679	78,176	102,856	676,064	73%
Significant objective	EBRD			637					637	0%
	FAO - Food and Agricultural Organization of the United Nations				4,500		3,270	2,000	9,770	1%
	IBRD - International Bank for Reconstruction and Development		8,500		11,500	0	3,391	4,515	27,906	3%
	ILO - International Labour Organisation			3,000					3,000	0%
	IOM - International Organisation for Migration				275	52			327	0%
	UN - Dept of Political Affairs			6,000					6,000	1%
	UN diverse					20			20	0%
	UNAIDS - UN Programme on HIV/AIDS		603						603	0%
	UNDCP - UN Drug Control Programme				4,000				4,000	0%
	UNDP - UN Development Programme			30,700	1,500	8,000	8,500	12,300	61,000	7%
	UNFPA - UN Population Fund			10,000	11,500	7,000	1,500		30,000	3%
	UNHCR - UN Office of the UN High Commissioner for Refugees				6,000	4,000			10,000	1%
	UNICEF- United Nations Children's Fund		4,500	18,529	4,012	11,470	500	2,000	41,011	4%
	UNIFEM - UN Development Fund for Women							4,000	4,000	0%
	UNO - UN Organisation						1,300		1,300	0%
	UNOCHA - UN Office of Co-ordination of Humanitarian Affairs			10,000	7,700		9,961		27,661	3%
	UNODC - United Nations Office on Drugs and Crime					1,940			1,940	0%
	WFP - World Food Programme						4,000	15,000	19,000	2%
	WHO				350	971			1,321	0%
	Significant objective Total		13,603	78,866	51,337	33,453	32,422	39,815	249,496	27%
Grand Total		**15,752**	**84,645**	**179,545**	**275,218**	**117,133**	**110,597**	**142,671**	**925,560**	100%

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Tabell 3 Multilateral bistand fordelt til utvalgte organisasjoner, 2000-2006 (NOK 1000)

Agreement partner	Agreement title	2000	2001	2002	2003	2004	2005	2006	Total	%
AFDB - African Development Bank	1st contribution the 10th replenishment Afr DF						443,436		443,436	6%
	2nd Contribution:10th Replenishment, Afr Dev Fund							443,436	443,436	6%
	3rd Instalment Afr. Development Bank					346,000			346,000	5%
	5th Capital Replenishmnt of Afr. Dev. Bank						5,862		5,862	0%
	5th General Capital AfDB					5,561			5,561	0%
	Afrikas Developent Fund				346,149				346,149	5%
	General Contribution	303,650	303,500	322,000					929,150	13%
	QMA/The African Development Bank, 8th instalment.							5,619	5,619	0%
AFDB - African Development Bank Total		303,650	303,500	322,000	346,149	351,561	449,298	449,056	2,525,214	36%
GFATM	Global Fund, Fight Aids, TB & Malari					125,000			125,000	2%
GFATM - Total						125,000			125,000	2%
IBRD - International Bank for	Add Contribution to HIPC TF IDA						114,400		114,400	2%
Reconstruction and Development	Consultative Group to Assist the Poor CGAP III						3,000		3,000	0%
	Contribution to HIPC Trust Fund						44,300		44,300	1%
	Contribution to HIPC Trust Fund IDA						65,310		65,310	1%
	Contribution to IDA Debt Reduction Facility						89,397		89,397	1%
	Dept Sustainability IBRD					7,000			7,000	0%
	Gender mainstreaming in WB			4,000					4,000	0%
	General contribution WB GEF II	57,335	37,080	42,810					137,225	2%
	Global Fund, Fight Aids, TB Malaria			130,000					130,000	2%
	Global Fund, Fight Aids, TB & Malaria						151,541	271,041	422,582	6%
	Grant to the World Bank, The Norweg			5,000					5,000	0%
	Multilateral Debt Relief - regional creditors-IBRD							40,000	40,000	1%
	Multilateral Debt Relief IDA 14 period - IBRD							65,310	65,310	1%
	Norway´s CG contribution 2003				9,941				9,941	0%
	PRGF HIPC	14,075	163,102	200,000					377,177	5%
	TF for Private Sedctor/Infrastructur				50,166				50,166	1%
	Trust Fund Env./Soc. Sustainable Dev				101,000				101,000	1%
	WBI Governance Prgm			2,819					2,819	0%
IBRD - International Bank for Reconstruction and Development Total		71,410	200,182	384,629	161,107	7,000	467,948	376,351	1,668,627	24%
UNAIDS - UN Programme on HIV/AIDS	Additional contribution to UNAIDS							40,000	40,000	1%
	Efforts impl Sec Council Res 1308			7,946					7,946	0%
	General Contribution	70,800	112,374	100,000					283,174	4%
	UNAIDS Core contrib. 2006							160,000	160,000	2%
	UNAIDS Norwegian Annual Contribution				100,000	115,000	125,000		340,000	5%
	UNAIDS Security/Human Respons				7,500				7,500	0%
UNAIDS - UN Programme on HIV/AIDS Total		70,800	112,374	107,946	107,500	115,000	125,000	200,000	838,620	12%
World Bank	ABCDE Conference			5,784					5,784	0%
	African Prog for Onchocerciasis ctl			6,200					6,200	0%
	CGAP - Phase 2			3,000					3,000	0%
	Developmen of Education in Africa			56,500					56,500	1%
	Environment and social dev			42,000					42,000	1%
	MUL-participants High Level Forum Aid Effetivenes						350		350	0%
	Private dev sectors and infrast			53,000					53,000	1%
World Bank Total				166,484			350		166,834	2%
WHO	Assessed Contribution to WHO							14,124	14,124	0%
	Contribution IPCS 2002			4,200					4,200	0%
	GAVI (Glob Alliance Vaccin & Immun)	10,000	20,000	20,000					50,000	1%
	General Contribution	15,620	16,330	16,839					48,789	1%
	Global Fund for AIDS TB and Malaria		1,209		11,922				13,131	0%
	Norw.contb. to WHO				20,000				20,000	0%
	Norwegian progr. support 2003				214,500				214,500	3%
	Research TDR and HRP	36,500							36,500	1%
	Voluntary contribution WHO 2006-2007							215,500	215,500	3%
	WHO		160,990	215,500	991	229,150	248,272		854,902	12%
	WHO GAVI activites 2005						20,000		20,000	0%
	WHO Programmes and initiatives	86,720							86,720	1%
	WHO/GAVI: Global Alliance for Vacc.					20,000			20,000	0%
WHO Total		**148,840**	**198,529**	**256,539**	**247,413**	**249,150**	**268,272**	**229,624**	**1,598,366**	23%
Grand Total		**594,700**	**814,585**	**1,237,598**	**862,168**	**847,711**	**1,310,869**	**1,255,031**	**6,922,661**	100%

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Annex 5: Email Survey Questions

ITAD has been contracted by Norad to evaluate Norway's support for HIV/AIDS in Ethiopia, Malawi and Tanzania. As part of that study, we have also been asked to prepare a paper describing Norway's contribution at global level to the institutions and approaches being used. This part of the work is intended to complement the country studies already conducted and explain Norway's work at global level.

We have worked closely with Dr Sigrun Møgedal on the assignment and your name has been given to us as a key informant who is thought to be familiar with Norway's contribution and can help us document and understand the contribution that has been made. This questionnaire will only take a short amount of your time and will be a valuable contribution to the study.

With the agreement of Norad we have decided to concentrate on (3) key issues where we know Norway has played a distinctive role. These are:

- Support to UNAIDS/ The Three Ones/ GTT
- The WHO Global Health Sector Strategy for HIV/AIDS 2003-2007
- The establishment of UNITAID

First of all, could you indicate which, if any of these you feel you are in a position to comment about? Then for each one please answer the following questions.

(If you would prefer to talk to us rather than write a response, please reply to this email with your contact number and indicate a date and time between receipt of this message and close of business on Wednesday 14th May when we could telephone you).

1. In what ways did Norway interact and provide support for this specific issue? For example, was it mainly financial, political interaction at a high level, work through committee structures, appointment of a special adviser, funding technical assistance? etc.

2. What was the level of effort - routine donor interaction or something out of the ordinary? How did Norway engage with and interact with other development partners.

3. Are there any distinctive characteristics of Norway's support, such as harmonisation with other development partners, advocacy of a human rights perspective, gender awareness, involvement of people living with HIV/AIDS, etc. which make Norway's contribution different from other donors?

4. What was the outcome of Norway's contribution? Was the original problem adequately tackled or resolved? Has the outcome made a difference to the global aid architecture to fight HIV/AIDS?

5. Lastly, please add any further general comments that you think might be relevant to our study.

Thank you for your assistance. Your contribution will be acknowledged in a list of respondents but individual replies will be treated anonymously in the report.

EVALUATION REPORTS

2.94 Evaluation of the Norwegian Junior Expert Programme withUN Organisations
1.95 Technical Cooperation in Transition
2.95 Evaluering av FN-sambandet i Norge
3.95 NGOs as a Channel in Development aid
3A.95 Rapport fra Presentasjonsmøte av «Evalueringen av de Frivillige Organisasjoner»
4.95 Rural Development and Local Govemment in Tanzania
5.95 Integration of Environmental Concerns into Norwegian Bilateral Development Assistance: Policies and Performance

1.96 NORAD's Support of the Remote Area Development Programme (RADP) in Botswana
2.96 Norwegian Development Aid Experiences. A Review of Evaluation Studies 1986–92
3.96 The Norwegian People's Aid Mine Clearance Project in Cambodia
4.96 Democratic Global Civil Governance Report of the 1995 Benchmark Survey of NGOs
5.96 Evaluation of the Yearbook "Human Rights in Developing Countries"

1.97 Evaluation of Norwegian Assistance to Prevent and Control HIV/AIDS
2.97 «Kultursjokk og Korrektiv» – Evaluering av UD/NORADs Studiereiser for Lærere
3.97 Evaluation of Decentralisation and Development
4.97 Evaluation of Norwegian Assistance to Peace, Reconciliation and Rehabilitation in Mozambique
5.97 Aid to Basic Education in Africa – Opportunities and Constraints
6.97 Norwegian Church Aid's Humanitarian and Peace-Making Work in Mali
7.97 Aid as a Tool for Promotion of Human Rights and Democracy: What can Norway do?
8.97 Evaluation of the Nordic Africa Institute, Uppsala
9.97 Evaluation of Norwegian Assistance to Worldview InternationalFoundation
10.97 Review of Norwegian Assistance to IPS
11.97 Evaluation of Norwegian Humanitarian Assistance to the Sudan
12.97 Cooperation for Health DevelopmentWHO's Support to Programmes at Country Level

1.98 "Twinning for Development". Institutional Cooperation between Public Institutions in Norway and the South
2.98 Institutional Cooperation between Sokoine and Norwegian Agricultural Universities
3.98 Development through Institutions? Institutional Development Promoted by Norwegian Private Companies and Consulting Firms
4.98 Development through Institutions? Institutional Development Promoted by Norwegian Non-Governmental Organisations
5.98 Development through Institutions? Institutional Developmentin Norwegian Bilateral Assistance. Synthesis Report
6.98 Managing Good Fortune – Macroeconomic Management and the Role of Aid in Botswana
7.98 The World Bank and Poverty in Africa
8.98 Evaluation of the Norwegian Program for Indigenous Peoples
9.98 Evaluering av Informasjons støtten til RORGene
10.98 Strategy for Assistance to Children in Norwegian Development Cooperation
11.98 Norwegian Assistance to Countries in Conflict
12.98 Evaluation of the Development Cooperation between Norway and Nicaragua
13.98 UNICEF-komiteen i Norge
14.98 Relief Work in Complex Emergencies

1.99 WID/Gender Units and the Experience of Gender Mainstreaming in Multilateral Organisations
2.99 International Planned Parenthood Federation – Policy and Effectiveness at Country and Regional Levels
3.99 Evaluation of Norwegian Support to Psycho-Social Projects in Bosnia-Herzegovina and the Caucasus
4.99 Evaluation of the Tanzania-Norway Development Cooperation1994–1997
5.99 Building African Consulting Capacity
6.99 Aid and Conditionality
7.99 Policies and Strategies for Poverty Reduction in Norwegian Development Aid
8.99 Aid Coordination and Aid Effectiveness
9.99 Evaluation of the United Nations Capital Development Fund (UNCDF)
10.99 Evaluation of AWEPA, The Association of European Parliamentarians for Africa, and AEI, The African European Institute
1.00 Review of Norwegian Health-related Development Cooperation1988–1997
2.00 Norwegian Support to the Education Sector. Overview of Policies and Trends 1988–1998
3.00 The Project "Training for Peace in Southern Africa"
4.00 En kartlegging av erfaringer med norsk bistand gjennomfrivillige organisasjoner 1987–1999
5.00 Evaluation of the NUFU programme
6.00 Making Government Smaller and More Efficient.The Botswana Case
7.00 Evaluation of the Norwegian Plan of Action for Nuclear Safety Priorities, Organisation, Implementation
8.00 Evaluation of the Norwegian Mixed Credits Programme
9.00 "Norwegians? Who needs Norwegians?" Explaining the Oslo Back Channel: Norway's Political Past in the Middle East
10.00 Taken for Granted? An Evaluation of Norway's Special Grant for the Environment
1.01 Evaluation of the Norwegian Human Rights Fund
2.01 Economic Impacts on the Least Developed Countries of the Elimination of Import Tariffs on their Products
3.01 Evaluation of the Public Support to the Norwegian NGOs Working in Nicaragua 1994–1999
3A.01 Evaluación del Apoyo Público a las ONGs Noruegas que Trabajan en Nicaragua 1994–1999
4.01 The International Monetary Fund and the World Bank Cooperation on Poverty Reduction
5.01 Evaluation of Development Co-operation between Bangladesh and Norway, 1995–2000
6.01 Can democratisation prevent conflicts? Lessons from sub-Saharan Africa
7.01 Reconciliation Among Young People in the Balkans An Evaluation of the Post Pessimist Network

1.02 Evaluation of the Norwegian Resource Bank for Democracyand Human Rights (NORDEM)
2.02 Evaluation of the International Humanitarian Assistance of theNorwegian Red Cross
3.02 Evaluation of ACOPAMAn ILO program for "Cooperative and Organizational Support to Grassroots Initiatives" in Western Africa 1978 – 1999
3A.02 Évaluation du programme ACOPAMUn programme du BIT sur l'« Appui associatif et coopératif auxInitiatives de Développement à la Base » en Afrique del'Ouest de 1978 à 1999
4.02 Legal Aid Against the Odds Evaluation of the Civil Rights Project (CRP) of the Norwegian Refugee Council in former Yugoslavia

1.03 Evaluation of the Norwegian Investment Fund for Developing Countries (Norfund)
2.03 Evaluation of the Norwegian Education Trust Fund for Africain the World Bank
3.03 Evaluering av Bistandstorgets Evalueringsnettverk

1.04 Towards Strategic Framework for Peacebuilding: Getting Their Act Togheter.Overview Report of the Joint Utstein Study of the Peacebuilding.
2.04 Norwegian peacebuilding policies: Lessons Learnt and Challenges Ahead
3.04 Evaluation of CESAR´s activities in the Middle East Funded by Norway
4.04 Evaluering av ordningen med støtte gjennom paraplyorganiasajoner. Eksemplifisert ved støtte til Norsk Misjons Bistandsnemda og Atlas-alliansen
5.04 Study of the impact of the work of FORUT in Sri Lanka: Building CivilSociety
6.04 Study of the impact of the work of Save the Children Norway in Ethiopia: Building Civil Society

1.05 –Study: Study of the impact of the work of FORUT in Sri Lanka and Save the Children Norway in Ethiopia: Building Civil Society
1.05 –Evaluation: Evaluation of the Norad Fellowship Programme
2.05 –Evaluation: Women Can Do It – an evaluation of the WCDI programme in the Western Balkans
3.05 Gender and Development – a review of evaluation report 1997–2004
4.05 Evaluation of the Framework Agreement between the Government of Norway and the United Nations Environment Programme (UNEP)
5.05 Evaluation of the "Strategy for Women and Gender Equality inDevelopment Cooperation (1997–2005)"
1.06 Inter-Ministerial Cooperation. An Effective Model for Capacity Development?
2.06 Evaluation of Fredskorpset
1.06 – Synthesis Report: Lessons from Evaluations of Women and Gender Equality in Development Cooperation

1.07 Evaluation of the Norwegian Petroleum-Related Assistance
1.07 – Synteserapport: Humanitær innsats ved naturkatastrofer:En syntese av evalueringsfunn
1.07 – Study: The Norwegian International Effort against Female Genital Mutilation
2.07 Evaluation of Norwegian Power-related Assistance
2.07 – Study Development Cooperation through Norwegian NGOs in South America
3.07 Evaluation of the Effects of the using M-621 Cargo Trucks in Humanitarian Transport Operations
4.07 Evaluation of Norwegian Development Support to Zambia (1991 - 2005)
5.07 Evaluation of the Development Cooperation to Norwegion NGOs in Guatemala
1.08 Evaluations of the Norwegian Emergency Preparedness System (NOREPS)
1.08 Study: The challenge of Assessing Aid Impact: A review of NorwegianEvaluation Practise
1.08 Synthesis Study on Best Practise and Innovative Approaches to Capasity Development in Low Income African Countries
2.08 Joint Evaluation of the Trust Fund for Enviromentally and Socially Sustainable Development (TFESSD)
3.08 Mid-term Evaluation the EEA Grants

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