

## **Side Event of Second Committee**

**Wednesday, 9<sup>th</sup> November 2005**

### **“The Global Task Team: A Model for Reform of Operational Activities for Development”**

#### **Introduction**

Michel Sidibe, the UNAIDS Director of Country and Regional Support and Lennarth Hjelmaker, the HIV Ambassador of Sweden, made a presentation on the Global Task Team (GTT). Minister in the Brazilian Mission to the UN, Frederico Meyer, provided a country perspective with reference to Brazil, and Deputy Executive Director of UNFPA, Kunio Waki, provided an agency perspective, speaking also as a member of the UN Development Group and of the GTT. An open discussion followed.

#### **Background leading to formation of the Global Task Team**

The operational landscape is changing. Available resource and the number of actors are growing rapidly. The challenge is to manage numerous organizations with differing mandates and objectives, within national frameworks. Failure to do this had led to scattered dispersal, weakened national planning and priority setting, and problems with fragmented monitoring and evaluation processes. This resulted in slow implementation.

The GTT was requested to make recommendations on the institutional architecture necessary to tackle these challenges. The process was a participatory one, involving a wide cross section of actors.

Three principles guided discussions and the recommendations: 1) ensuring sustainability and continuity of services for the long term, 2) inclusiveness at national level, ensuring importantly that there were opportunities for NGOs to interact with governments, while governments remain central to the discussion, and 3) reduction of duplication of effort.

#### **Recommendations of the Global Task Team**

National governments must be able to define their priorities and organize the systems and procedures to provide transparent leadership. Civil society representatives provide a key role in strengthening, facilitating and presenting national plans.

Funding of operational activities need to be aligned with national priorities. Spending on development affects national economies and macroeconomic leadership is needed.

A clearer division of labour is required placing specific agencies as lead on specific responsibilities based on comparative advantage. The mandate of the UN itself should be clearly identified as one single consolidated plan.

Member states should also adopt simpler working methods in support of national governments. A “dual accountability” system is needed, requiring accountability in donor as well as recipient spending. One reporting framework is required which would increase capacity for implementation.

### **Progress towards implementation**

The GTT is based on the “three ones” agreed in 2003: one framework with the country in the driving seat, one coordinating body, and one monitoring and evaluation system. Recommendations of the GTT are all within a framework of what all actors already wish to achieve.

Institutional progress has been made. The Executive Boards of UNDP and UNFPA, and UNICEF have each endorsed the GTT recommendations and requested a progress report by January. The recommendations have also been endorsed by the Global Fund, the World Bank and the UNAIDS CCO.

Action at country level, to turn endorsement into results, is the next remaining challenge. Guidelines have been produced, which identify ten countries for accelerated implementation and a division of operational responsibilities within the system. Progress reports are expected by May.

### **Implications for Operational Activities for Development**

The GTT currently reflects the best model for improving the international system, and providing a coherent system of accountability and oversight. The UN could provide leadership in facilitating government led participation in countries. Relations with bilaterals and the way they do business at country level remains a challenge.

Countries recognized the GTT experience as a valuable one which could be a model for dealing with other operational activities for development. The key is how it works in practice when results can be shown in the ten pilot countries.

The process must be country driven, and according to national priorities. Cultural differences, even within countries, should be taken into account.

### **The Brazilian Experience**

The key to success in Brazil lay in accepting the problem as it really is. Free anonymous testing is provided in Brazil. People living with HIV and AIDS had been promoted as major actors in the campaign to fight AIDS. Four hundred million condoms had been distributed freely in prisons and schools. Brazil was among the first to offer free medication in the 1990s, at a time when AIDS was controversial.

Today Brazil’s AIDS programme costs around \$700 million. Economic and social savings amount to \$1.2 million. Brazil is making efforts to assist other countries in Latin America and also in Africa, while realizing each country is different.