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# From 'Lead Agency' to 'Integrated Programming':

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## The Global Response to AIDS in the Third World

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HIV, the virus that causes AIDS, is today present in virtually all countries and has infected some 18 million adults and 1.5 million children. Now in its second decade, the HIV epidemic continues to grow at an estimated rate of 6,000 new infections each day. Developing countries bear the brunt of the pandemic. Whereas sub-Saharan Africa has by far the largest number of people living with HIV–AIDS, South and South-east Asia is the region where HIV is spreading fastest. Forecasts for the year 2000 vary between 40 and 100 million HIV-infected individuals, but agree that the Third World will account for more than 90 per cent of the cases.<sup>1</sup>

Ever since the extent of the epidemic in the developing world became apparent in the mid-1980s, the world community has provided various forms of AIDS-related assistance. The global response has involved several of the agencies of the UN family and a host of non-governmental organizations (NGOs) as well as individual donor countries in the rich world. This has raised thorny problems of international co-ordination, a perennial concern in the field of development assistance.

In the fall of 1987 the UN General Assembly designated the World Health Organization (WHO) as 'lead agency' in the global battle against the AIDS epidemic. WHO's Global Programme on AIDS (GPA) was to provide leadership and co-ordination to the joint efforts of the UN family, a central part of which was to provide assistance to the AIDS-stricken parts of the Third World. In the summer of 1994 the UN Economic and Social Council (ECOSOC) initiated a 'joint and cosponsored UN programme on HIV–AIDS', involving six specialized UN agencies. A new unit, called UNAIDS, is being organized and will become operational by 1996. This chapter traces the complex process by which the 'lead agency' approach to co-ordination gave way to the 'co-sponsor' notion. This specific case is illuminative of co-ordination difficulties in other global issue areas as well.

### Multilateralism versus Bilateralism

International co-ordination requires as a first step that states conclude that multilateralism is preferable to bilateralism. The preference for bilateralism which allows a greater measure of control over the resource flows has been an

obstacle to true international co-ordination in the field of development aid generally. Although multilateral aid grew significantly until the mid-1970s, about three-quarters of all government aid flows remained bilateral by the late 1980s.<sup>2</sup>

Foreign assistance to combat AIDS from the outset differed significantly from this pattern. For many donor countries, channelling financial resources through WHO offered a convenient way out of a political quandary. WHO Director-General Halfdan Mahler put it succinctly during an informal meeting on AIDS in connection with the fortieth World Health Assembly in May 1987: 'A number of major bilateral donors have stated clearly that their bilateral efforts to combat AIDS have been constrained by political sensitivities, and inadequate knowledge, expertise, experience, and financial and human resources. . . That is why [they] have decided to complement WHO's Programme and centrally-funded activities.'<sup>3</sup>

In short, the advantages of multilateralism seemed to outweigh the traditional attractions of bilateralism when it came to foreign assistance in the sensitive field of AIDS prevention. From 1987 to 1990 donors increased their funding commitments annually, so that the financial resources GPA commanded increased from \$US30.3 million in 1987 to \$US82.4 million in 1990. Until 1989 the ratio of multilateral to bilateral aid was approximately 60:40. About half of all aid flows were provided *to or through* WHO.<sup>4</sup> Multilateral assistance took the form of technical, operational, and financial support of national efforts to halt the spread of the epidemic and reduce the individual and social impact of AIDS.

GPA gave priority to stimulating the development of individual National AIDS Control Programmes (NAPs). By 1990 virtually every country in the world had established a programme.<sup>5</sup> By adopting a standardized and relatively uncontroversial approach, GPA was able to respond promptly to the multitude of requests from national governments for technical assistance.<sup>6</sup> GPA organized more than 1,300 consultant missions in 1988–9. Its support of NAPs went beyond traditional forms of technical assistance, ranging from equipment, training, and staff to laboratory, blood, and condom services.<sup>7</sup>

If WHO as a designated lead agency could take advantage of the initial fervour for multilateral approaches to deal with AIDS in the Third World, the organization could not direct the programmes of other agencies. Several other organizations had activities and initiated programmes relating to AIDS. A co-ordinated response to the epidemic thus required the participation of a growing number of intergovernmental organizations (IGOs) and non-governmental organizations (NGOs). Chronologically, the first problem was to achieve co-ordination within the UN family. But since reaching down to the community level is an essential aspect of combating AIDS in the Third World, the necessity of establishing links with various NGOs soon became obvious. While interlinked and simultaneous, the early efforts at co-ordinating the UN and the NGO response will be treated separately below.

### **Co-ordinating the UN Family**

The UN General Assembly resolution of 1987 requested the Secretary-General to provide a co-ordinated UN response to AIDS, while recognizing WHO as the established leader in health matters. In 1977 the goal of WHO had been defined as 'health for all by the year 2000'. This represented a redirection away from a technical approach towards a focus on health care and its role in development. WHO initiated its own development programmes and served as executing agency for UNDP (UN Development Programme) projects and joint projects with other agencies. Yet WHO officials had little experience in leading co-ordination of the UN system but had traditionally 'taken the position that their organization ought to have special dispensation to execute public health projects solely on the basis of their professional judgments'.<sup>8</sup>

At the UN headquarters level, the Secretary-General formally designated the Department of International, Economic, and Social Affairs (DIESA) as a focal point for AIDS-related activities of all UN agencies. DIESA, in turn, established a Steering Committee on AIDS, which at first included only major UN departments and United Nations Children's Fund (UNICEF), the UN Population Fund (UNFPA), and UNDP. The Steering Committee, which had largely informational functions, organized a Standing Committee as a working-level body to co-ordinate UN agencies in New York. At first, WHO was not represented, but later, as suggested from Geneva, an official from its New York liaison office attended meetings. This structure could develop material for adoption by the Administrative Committee on Co-ordination (ACC), the primary intersecretariat co-ordinating body, and so touch the entire UN system.

The Director-General of WHO, for his part, set up an Interagency Advisory Group with largely overlapping

objectives. Made up of representatives of all UN agencies interested in AIDS, this body included the World Bank, which did not attend Steering Committee meetings in New York. The Interagency Advisory Group was clearly a device to protect WHO centrality as well as to stimulate AIDS programmes in other agencies. As GPA furnished the secretariat that organized the meetings, it could offer up-to-date information and shape the discussions. This body soon overshadowed the New York structures.

In addition, GPA established a Global Management Committee (GMC), including representatives of donor and recipient governments as well as representatives of major UN agencies contributing to GPA. GMC functions as a reviewing body, reporting formally to the WHO Director-General. It covers financing, long-term action plans, progress toward goals, and co-ordination with other agencies.

One limitation in WHO's ability to fulfil its co-ordinating role in foreign assistance is that, as an IGO, it has governmental agencies as its national counterparts. In the Third World national health ministries are notoriously weak and inefficient. GPA therefore first turned to UNDP to improve its access in developing countries, forming the WHO-UNDP 'Alliance to Combat AIDS' in March 1988. The purpose was to take advantage of UNDP's socio-economic expertise and presence in most Third World countries via the organization's resident representatives. These were authorized to co-ordinate all external assistance to National AIDS Programmes at country level.

### **Forging Links with NGOs**

NGOs can be seen as essential links between global and local levels. They are vitally important in efforts to reach beyond national governments to the community level. The potential role of NGOs in the global response to AIDS was explicitly referred to in policy documents, such as the UN General Assembly resolution of 1987 and the London Declaration on AIDS Prevention of January 1988, issued by a world summit of ministers of health from 148 countries. And WHO's global strategy for 'health by all by the year 2000' spoke of a partnership among governments, WHO, and NGOs. Yet organized GPA liaison with NGOs was initially overshadowed by efforts at co-ordination within the UN family.

From the beginning of his tenure as head of GPA in 1987, Jonathan Mann demonstrated a conviction that co-operation with NGOs would prove a key element in building the GPA programme. However, most GPA staff members had little experience in working with NGOs outside the public health and medical sectors, and no consensus existed within GPA concerning the proper role of NGOs. The difference hinged mainly on the degree of influence NGOs should be given in GPA policy and programme discussions. One group wanted

NGOs mainly to help GPA with the execution of programmes and with information-gathering. Another group, including Mann, wanted to include AIDS service organizations and AIDS-related NGOs in all aspects of the policy process. Determination to build up GPA to a dominant position on anything to do with AIDS prevailed among key staff members.<sup>9</sup>

Many AIDS service organizations pressed for official acknowledgement of their legitimacy and competence, and for representation on AIDS-related bodies. In addition, they sought material support. In 1991 GPA officially recommended that National AIDS Programmes (NAPs) commit at least 15 per cent of the funds channelled through WHO to support NGO AIDS activities. In reality, however, collaboration between NAPs and NGOs remained limited and resource flows to NGOs through the NAPs were small.<sup>10</sup> GPA also initiated a Partnership Programme to distribute 'seed' grants directly to NGOs for specific projects. To qualify, projects had to be carried out jointly by transnational and local NGOs and required the approval of both national governments and NAPs.

In addition, GPA assisted NGOs in coming together, to network among themselves and to develop co-ordinating mechanisms. The notion of an NGO umbrella organization was making the rounds of some NGO leaders with whom GPA developed contacts. GPA encouraged the establishment of ICASO (International Council of AIDS Service Organizations) in 1991. It responded to demands from within WHO and elsewhere for more bureaucratic tidiness. However, the idea of an umbrella organization did not have universal support among NGOs. Many, especially in the Third World, felt that the structure of ICASO was being forced on them without prior consultation. In effect, ICASO has played a modest role, and regional councils of AIDS service organizations have become the main co-ordinating structures. Yet on the whole NGOs have taken great pride in their independence.

The question of formal representation of NGOs came up in connection with the GMC. At first, NGOs were limited to observer status at GMC meetings, which were not open to the public. As early as January 1988 some NGOs requested representation in GMC. Anticipating fruition of the plans to create an umbrella organization, GMC accepted one NGO representative as full member. With the controversial nature of ICASO, it proved difficult to represent the varied perspectives and interests of NGOs, and the presence of a full NGO member was postponed while a growing number of NGOs came to participate as observers.

## The Global Programme on AIDS under Scrutiny

Around 1989–90 a turning-point appears to have occurred as far as AIDS-related foreign assistance is concerned. First, there was a shift toward bilateral funding. Since bilateral aid tended to be highly geographically focused; some countries, primarily in North Africa, the Middle East, Asia, and Latin America, received less external support. Moreover, in 1991, contributions to GPA declined for the first time, while total contributions (bilateral and multilateral) for AIDS prevention and care in the Third World decreased.<sup>11</sup> This shift coincided with signs of 'donor fatigue' in general. Demands for assistance multiplied with the crumbling of the Soviet bloc, as supply dwindled with the incipient recession among major donor countries. In addition, there was growing uneasiness among representatives of donor governments about co-ordination within the UN system generally.

In November 1989 the bilateral donors and UN agencies represented on the Management Committee decided to commission an external review of GPA. While this conformed to the usual practice for WHO's special programmes, there were cumulating signs of dissatisfaction with the way GPA performed its co-ordinating role. The external review was carried out by a committee of ten members, representing the five major donor countries and five recipient countries. The committee presented its findings to the GPA Management Committee in November 1991 and finalized its report in January 1992.

The review made it clear that little initiative came from the UN co-ordinating structures, which met infrequently and spent much time on a specific research project on the socio-economic implications of AIDS, from which little seemed to have emerged. The few meetings of the Interagency Advisory Group focused largely on non-discrimination in cases of HIV infection for employees of the UN system. 'UN agencies', reported the review committee, 'have not systematically shared information or co-ordinated the development of their AIDS policies and programmes'.<sup>12</sup>

The review was also critical of the WHO–UNDP alliance. The idea of combining WHO's strength as co-ordinator of international health policy with UNDP's leadership in socio-economic development, while sound in theory, worked less well in practice. The envisaged collaboration was encumbered by duplication and turf battles.

While most UN agencies had developed AIDS policies and programmes and while there were good examples of bilateral co-operation with GPA, the overall assessment of IGO co-ordination was bleak: 'Collaboration and co-operation through these joint projects have not always been easy or entirely successful. Moreover, some UN agencies have developed unilateral programmes and activities which have duplicated those of WHO/GPA and other agencies...

Duplication of effort and territorial rivalries threaten to weaken the global response to AIDS.<sup>13</sup>

In addition, the review pointed to problems in GPA's relations with NGOs. While praising the far-sightedness of recognizing the importance of NGOs in early policy documents, the review also stated that 'a number of NGOs felt that GPA was attempting to mediate and control their initiatives'.<sup>14</sup>

The overall picture emerging from the review is one of active attempts by GPA at global co-ordination of assistance for the prevention of AIDS in the Third World, taking place against the backdrop of unprecedented programme growth. Launched in a mood of emergency, these efforts initially enjoyed widespread support, but increasingly proved problematic and controversial. In addition to criticizing GPA's approach to co-ordination, donor countries began to question the effectiveness of the aid flows channelled through GPA. In particular, some of them sought detailed information on how their funds were spent and an analysis of broad cost-effectiveness. They did not always get the information they wanted.<sup>15</sup>

The critical report of the external review committee included recommendations that a new global co-ordinative mechanism be set up and that the association with NGOs be deepened.<sup>16</sup> GMC, however, was not yet ready for radical reform, so the result was another study, this time by an *ad hoc* working group under the chairmanship of the Swede Ulf Rundin. He had a background as director of the Nordic UN Project, which had proposed reform of the UN system in the economic and social fields.

The working group recommended that an AIDS Co-ordination Forum be established, including representatives of the UN system agencies, bilateral donors, and NGOs. It would have its own secretariat and a steering committee which would be dominated by the UN agencies and the major donors.<sup>17</sup>

The report led to further study in subcommittees of GMC and to interagency consultations. These only reiterated continuing dissension, especially between WHO and UNDP, over the appropriate co-ordinative structures and participation. What emerged still left the participants unsatisfied.

In connection with an extraordinary GMC meeting in November 1992, donor agencies expressed disappointment and uncertainty concerning the dual proposals. Some representatives wanted to postpone a decision; others felt that the issue brooked no further delay. The British representative, speaking on behalf of the EC, stated that 'none of the options proposed so far reflects what was requested at the last GMC meeting'. NGO representatives made a joint statement in which they welcomed the idea of a global mechanism on certain conditions. One concerned

representation: NGO representatives from both developing and industrialized countries should participate in all phases of developing the forum, and people living with HIV should be represented. Another condition was that the secretariat ought to be based somewhere other than WHO.

## In Search of New Solutions

The lack of enthusiasm for the proposals threatened to lead to indecision. In that situation, a smaller working group was appointed which worked in parallel with the GMC session. It managed to produce a proposal which was unanimously adopted by the GMC.<sup>18</sup>

The proposal called for a GMC Task Force consisting of three representatives each of recipient governments, donor governments, the UN family, and NGOs. The task-force idea emanated from an official at the Swedish permanent mission in Geneva, Nils-Arne Kastberg, who sat on the Swedish delegation to the GMC. Primarily a development expert, he had prior experience of UN co-ordination issues, had field experience, had participated in the Nordic UN Project, and had taken active part in the reorganization of UN disaster relief and the establishment of a new UN Department of Humanitarian Affairs.

The GMC Task Force on HIV-AIDS Co-ordination, brought into existence by the November 1992 meeting, was assigned to identify interagency co-ordination issues of urgent concern at country, regional, and global levels and recommend appropriate action. Intended to function as a link between the Interagency Advisory Group and the GMC, the Task Force was to report to the GMC.

At its first meeting in February 1993 the Task Force appointed the 'outsider' Kastberg as chairperson for one year. At the same time, initiatives were taken elsewhere. In late March 1993 Western donors held an informal consultative meeting in London in preparation for the forthcoming World Health Assembly. The Americans, in particular, were disgruntled by the re-election of the controversial Hiroshi Nakajima as Director-General of WHO in January and feared that GPA would receive less support and perhaps be separated from WHO. Part of the meeting was devoted to inconclusive discussions of a Canadian idea of a joint and co-sponsored UN programme on AIDS.

No records were kept, and no resolutions taken at the London meeting. But at the World Health Assembly in May the Canadians, to general surprise, tabled a formal proposal for a joint and cosponsored programme. WHO representatives were up in arms, according to one participant at the session. Kastberg, who had also participated in the London meeting, talked with Michael Merson, who in 1990 had succeeded Jonathan Mann as GPA Director. Merson, in turn, consulted Nakajima. The upshot was a re-formulation

of the Canadian idea, requesting the WHO Director-General to work out a proposal for a joint and co-sponsored UN programme on HIV–AIDS in close consultation with the executive heads of UNDP, UNICEF, UNFPA, UNESCO, and the World Bank. A crucial feature of the proposal, which was eventually adopted as a World Health Assembly resolution,<sup>19</sup> was that several options should be developed in order to avoid watered-down consensus formulations.

As a result of this new turn of events, the GMC Task Force had to direct its primary attention to UN co-ordination. In fact, the Task Force, and its chairperson in particular, came to be an informal yet important participant in the interagency bargaining-process. Three different options were outlined, proposing different balances between a central secretariat and the co-sponsors. The involved UN agencies made no firm commitments. In late October the UN Secretary-General convened the executive heads of the six potential co-sponsors in order to ensure the support and participation at the highest levels of these organizations. At the same time, he expressed his unequivocal support of Option A, the most far-reaching alternative, which was in line with his ideas about UN reforms. The GMC Task Force also voiced its preference for Option A.<sup>20</sup>

The requested study was published in late December 1993. Consensus was reported among the secretariats of five of the six participating organizations around Option A, while the World Bank called for a more detailed analysis of relative costs and other administrative mechanisms of the three options.<sup>21</sup>

The preferred option envisaged a programme director to be supported by a secretariat which would largely take over the global functions of all the co-sponsors in the AIDS field. The governing function was entrusted to a programme co-ordinating board, composed of the co-sponsors as permanent members, and an agreed proportion of donor and recipient governments as well as NGOs and other IGOs contributing funds to the programme.<sup>22</sup>

This option was designed to underscore the ‘co-ownership’ of the programme and implied dissatisfaction with WHO’s role as ‘lead agency’. Yet Director-General Nakajima, in his publicized report to the WHO Executive Board, stated that the new programme would be ‘administered and located in WHO’ and that it was to be expected that WHO representatives would chair the envisaged national committees on HIV–AIDS, which ‘would strengthen the role played by WHO in relation to both the national government and to other organizations in the United Nations system’.<sup>23</sup> His choice of words created a certain amount of irritation among the other co-sponsoring agencies.

In January 1994 the joint and co-sponsored UN programme was brought before the Executive Board of WHO, where it was greeted with some scepticism. Yet in the end option A

was endorsed by the Executive Board.<sup>24</sup> This signified a firm WHO commitment to a new co-ordinating structure, and as a consequence GPA did not renew any contracts for its personnel beyond December 1995. Also, GPA staff were instructed to invite partner organizations to all meetings and events of potential interest.

The Executive Board of WHO, in its resolution, referred the final responsibility for initiating a joint and co-sponsored UN programme on HIV–AIDS to ECOSOC. The ensuing interagency bargaining-process therefore aimed at producing a formal proposal to the July 1994 ECOSOC meeting. Differences remained, and pitfalls appeared along the way.

A WHO press release maintained that the new programme would be ‘administered and located in WHO’.<sup>25</sup> This rekindled lingering suspicions among the other participating agencies that the new programme would be a WHO-led rather than a joint venture after all. For instance, UNICEF continued to express doubts about WHO’s role at an interagency meeting on the eve of the ECOSOC discussion.<sup>26</sup>

Yet consensus gradually emerged on the need for ‘integrated programming’, implying that officials of all participating organizations would need to consult each other in each step of assistance projects. On 20 July 1994 ECOSOC endorsed the proposal for a joint and co-sponsored UN programme on HIV–AIDS,<sup>27</sup> noting that WHO was to be ‘responsible for the administration in support of the programme, including during the transition period’ and encouraging ‘the active involvement of the Task Force on HIV/AIDS Co-ordination during the programme’s detailed development phase’. The resolution called for the full implementation of the programme by no later than January 1996.

The new programme, which has adopted the acronym UNAIDS, will be located in Geneva and have a permanent staff of some fifty persons. In December 1994 UN Secretary-General Boutros Boutros-Ghali appointed Dr Peter Piot to be director of UNAIDS. A Belgian physician and scientist, Piot participated in *Projet SIDA* in Zaïre, the first international AIDS project in a developing country, an experience he shared with Jonathan Mann. As President of the International AIDS Society from 1991 to 1994, he had organized international and regional AIDS conferences. In 1992 he joined GPA as research director. Piot was recommended by the six co-sponsoring agencies after broad consultations with governments and NGOs.<sup>28</sup>

The activities of GPA are continuing during the transition period, but Michael Merson left his position as head of GPA in April 1995. In July elections of the new Programme Co-ordinating Board were completed. In addition to the six members of the Committee of Co-sponsoring Organizations, twenty-two states will be represented on the board: five each from Africa and Asia, two from Eastern Europe, three

from Latin America and the Caribbean, and seven from 'Western European and other states'. At the same time, the process of hiring staff was initiated.<sup>29</sup> When UNAIDS becomes operational on 1 January 1996, the transition from lead agency to integrated programming will be complete.

Whereas the original plan for a joint and co-sponsored programme envisaged collaboration with 'non-governmental organizations, community-based organizations and groups of people living with HIV and AIDS',<sup>30</sup> this became secondary to UN co-ordination in the interagency bargaining-process. Confronted by a *fait accompli*, NGOs were generally wary of the new co-ordination scheme. In the GMC Task Force NGO members pointed out that they can be accountable to their respective constituencies but not to governments via ECOSOC. Accordingly, they saw limited value in the proposed NGO membership in the Programme Co-ordinating Board and wanted to explore alternative mechanisms for collaboration with the UN programme.<sup>31</sup> Later, they proposed the establishment of a Community Liaison Committee to interface with the programme's governing body. Selected in a manner similar to that used to choose NGO Task Force members, the five NGO representatives would participate in the governing body as 'non-voting members'.<sup>32</sup>

Eventually, ECOSOC in early July 1995 adopted a resolution inviting five NGOs to take part in the new Programme Co-ordinating Board, three of which would come from developing countries. The selection 'would be carried out by the NGOs themselves'. The resolution explicitly stated that the NGOs on the board would not be able to make statements, would have no negotiating role, would have no right to vote, and would not participate in decision-making.<sup>33</sup>

## Conclusions

One common denominator of most efforts to achieve co-ordination among the variety of national and international agencies concerned with global issues is the search for formal mechanisms which introduce an element of *hierarchy*. The 'lead agency' concept within the UN family represents a manifestation of this belief in hierarchical solutions. When WHO was designated lead agency in the combat against AIDS, the degree of conflict and the variety of agencies concerned with AIDS were probably underestimated. Many of the proposals for new co-ordinating mechanisms have rested on a critical attitude to WHO's predominant role, yet have offered alternative hierarchies as solutions.

The problem is that even hints of centralization tend to invite controversy: everyone wants co-ordination, but no one wants to be co-ordinated. This applies, *a fortiori*, to the international arena, which is populated by sovereign states that do not recognize any authority above and beyond

themselves, and other actors that are not hierarchically ordered.

The idea of a joint and co-sponsored UN programme on AIDS can be viewed as an attempt to avoid the problems associated with hierarchy in general and the lead-agency approach in particular. The explicit aim was to create a new structure *between* rather than *above* existing agencies. Seeking to avoid 'verticalization' of AIDS issues, the advocates of the new programme promoted a multisectoral approach. Via 'integrated programming', officials of all the participating organizations will be forced to interface and consult each other in all phases of assistance projects. The new secretariat is supposed to reflect the 'co-ownership' of the programme. All the participating UN agencies are expected to second staff from their secretariats.

The arduous search for a co-ordination structure on the AIDS issue also demonstrates how important it is to meet the participating organizations' need to preserve their *identity*, which is often endangered by hierarchical co-ordination designs. This is especially important for organizations, such as UNICEF, which have national voluntary constituencies.

Problems of *representation* are inescapable facts of international co-ordination. Formal structures for co-ordination typically limit the number of organizations represented. Related to the question of which organizations should be represented in co-ordinating structures is that of who they represent. To what extent do a few selected organizations represent others?

In the case of the Task Force, for instance, donor countries agreed that their three members would represent (1) the EC countries, (2) Scandinavia and the EFTA countries, and (3) North America, Japan, and Australia. This division was obviously based on contributions to AIDS-related assistance. For recipient countries, Botswana, Bulgaria, and India were selected in connection with the GMC meeting in November 1992, which meant that Latin America remained without representation. Among the three represented IGOs from the UN family, one was WHO *ex officio*; the other two, selected by the Interagency Advisory Group, were UNDP and the World Bank.<sup>34</sup>

In contrast to the more informal Task Force, the new Programme Co-ordinating Board of UNAIDS, in order to cover all regions of the world, tends to be cumbersome large. This is typical of the governing bodies of UN programmes. Effective governance, on the other hand, ostensibly requires smaller executive bodies.<sup>35</sup> In short, the issue of representation in international co-ordination can be formulated as a dilemma: effective bodies are usually not representative enough, representative bodies are usually not effective enough.

NGO representation presented special difficulties throughout the quest for co-ordination structures. The GMC decision in November 1992, for example, envisaged that the selection of three NGO representatives to the Task Force was to be made by 'appropriate NGO co-ordinating bodies'.<sup>36</sup> In the absence of an official, commonly accepted NGO forum, this deliberately vague formulation left the selection procedure open. An informal caucus of NGO representatives at the GMC meeting decided that three types of NGOs were to be represented on the Task Force: one development agency, one AIDS service organization, and one representing people living with HIV–AIDS.

As there was no time for a long selection process, the NGO caucus immediately selected the obvious Global Network of People Living with HIV–AIDS for the last category. At the same time, it decided to solicit nominations via existing NGO links and networks for the development and AIDS service organization categories. A small group of key individuals was appointed to review the nominations. Eventually, the Amsterdam-based AIDS Co-ordination Group and ENDA-Tiers Monde (Environment and Development in the Third World) with a base in Senegal were selected. This was largely a selection of trusted persons rather than organizations. From the Amsterdam group, Maria de Bruyn had a central role in European development-oriented networks. From ENDA-Tiers Monde, El Hadj As Sy had been pivotal in linking African AIDS service organizations, although his organization, founded in 1972 with support from the UN Environmental Programme, had little claim to be a key actor in the AIDS field.

This specific episode illustrates the general dilemma of how a few organizations can be representative of the variegated NGO community in any co-ordinating body. State representation and regional representation are unproblematic comparatively speaking: the constituencies are known and generally accepted, and there are legitimate bodies entitled to select representatives. By contrast, no one knows exactly the size of the NGO community, and there is no legitimate umbrella organization for the nomination and selection of NGO representatives in co-ordinating bodies. This is the dilemma that has haunted all efforts to date to formalize NGO participation in AIDS co-ordination, and that will have to be faced by the new Programme Co-ordinating Board.

## Notes and References

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