

2011 Annual Action Programme
covered by the 2007-2013 Strategy Paper
for the Thematic Programme ‘Investing in People’ under the Development Cooperation
Instrument

1. IDENTIFICATION

Budget headings	21 05 01 Human and social development 21 05 01 01 Health 21 05 01 02 Education 21 05 01 04 Gender equality 21 05 02 Global Fund to Fight AIDS, TB and Malaria
Total cost	EU contribution: EUR 168970985
Legal basis	Regulation (EC) No 1905/2006 — Development Cooperation Instrument (DCI), OJ L 378, 18.12.2006, p. 41

2. THEMATIC BACKGROUND

This Annual Action Programme sets out measures to implement the ‘Investing in People’ programme set out in Article 12 of the Development Cooperation Instrument (DCI)¹ and detailed in the *Strategy Paper and Multi-annual Indicative Programme for 2007-2010* adopted in May 2007,² and the mid-term review of the programme, adopted in November 2010,³ in which priorities are set for 2011-2013.

There are four main themes: (1) Good health for all; (2) Education, knowledge and skills; (3) Gender equality; and (4) Other aspects of human and social development (covering employment and social cohesion, children and youth, and culture).

This thematic programme supplements country cooperation by providing support for global or regional partnerships, direct agreements with international organisations, and calls for tenders and proposals, mainly to support the development of innovative policy action, exchanges to promote good practice and capacity-building, the development and introduction of ‘global goods’, and specific pilot programmes. The overall aim is to create synergy between support for the various aspects of ‘Investing in People’, other thematic programmes and EU research framework programmes. ‘Investing in People’ will keep the Commission’s commitment to mainstream gender in implementing its policy areas.

¹ http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexplus!prod!DocNumber&type_doc=Regulation&an_d oc=2006&nu_doc=1905&lg=en.

² http://ec.europa.eu/development/icenter/repository/how_we_do_strategy_paper_en.pdf.

³ http://ec.europa.eu/europeaid/what/health/documents/investing_people_mid-term_review_en.pdf.

3. SUMMARY OF THE ACTION PROGRAMME

Theme 1: Good health for all

1.1 Strengthening health systems and services: EU response to the human resources crisis and emerging health problems

This sub-theme will cover **Strengthening of health systems and universal access to basic health care**, as defined in the mid-term review of the programme. Under the programming period in 2011 – 2013, work should focus on thematic action that adds value to country programmes in these areas. This should include specifically focusing on the financing of health systems and social protection in health.

In terms of delivery, the action should focus on:

- leveraging resources to strengthen health systems and provide universal coverage of health service delivery;
- promoting and supporting the application of innovative methods to address weaknesses in health service delivery and to improve the quality of care;
- supporting the role of civil society, professional associations and other stakeholders in advocacy, policy monitoring and providing health advice;
- supporting platforms for policy dialogue and exchange of good practices on different aspects of health at regional and global levels;
- supporting partner countries in the process of implementing international legal commitments in the area of health.

Identified actions:

- (1) A EUR 5 000 000 contribution agreement (joint management with an international organisation) will be signed with the World Health Organisation to help support policy dialogue on national health policies, strategies and plans in selected countries (Annex A).
- (2) A EUR 5 200 000 contribution agreement (joint management with an international organisation) will be signed with the World Health Organisation to help implement the World Health Organisation's Framework Convention on Tobacco Control (FCTC) (Annex B).

1.2 Confronting the main communicable (HIV/AIDS, tuberculosis and malaria), neglected and emerging diseases

The EU will continue to support efforts to reduce mortality rates and mitigate the impact of AIDS, tuberculosis and malaria by contributing annually to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). These three communicable diseases remain a major challenge for many of the EU partner countries in their efforts to achieve health-related Millennium Development Goals (MDGs) by 2015. While acknowledging the GFATM's (and other global health initiatives') contributions to increased service outputs, the Commission actively encourages them to follow the aid effectiveness principles and to strengthen country ownership.

Identified action:

- (3) A contribution of EUR 65 000 000 will be made to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) under a tripartite contribution agreement (joint

management with an international organisation) with the World Bank (WB) and the GFATM (Annex C).⁴

1.3 Implementation of the Cairo Agenda (on reproductive health)

Driven by the ambition to stimulate much faster progress towards achieving MDG 5, action under this heading should focus on interventions that leverage resources to improve access to reproductive health services through the uninterrupted availability of reproductive health commodities (RHC) in developing countries. The programme should consider financing RHC in situations where partner countries risk shortages due to health system weaknesses or insufficient national budgets to cover increasing demand. The programme should also consider supporting supply chain management and procurement capacity building within the wider framework of human resources development and health system strengthening for commodity security.

Identified action:

- (4) A EUR 24 358 000 contribution agreement (joint management with an international organisation) will be signed with the United Nations Population Fund (UNFPA), to help implement the global programme to enhance reproductive health commodity security (Annex D).

Theme 2: Education, knowledge and skills

2.1 Promoting equal access to quality education

Given the limited credits available under each theme or sub-theme of the programme, the *mid-term review* recommended not focusing on all four pillars simultaneously every year. Out of the 45 million available under the basic education sub-theme for 2011-2013, EUR 33 million will be frontloaded in 2011, and the majority will go to the Education for All (EFA) Fast Track Initiative (FTI).

Therefore, the EU will continue to support efforts to achieve equal access to quality education by contributing to the Education for All Fast Track Initiative (EFA-FTI), to speed up progress towards the core Education for All (EFA) goal of universal primary school completion.

The initiative is in line with the two main criteria defined in the *mid-term review* for the education component, i.e. action designed to:

1) impact on or carry forward the policy agenda in education, knowledge and skills, by giving the European Commission a clear voice in the international debate on educational policy; supporting established platforms of proven effectiveness which engage in region-wide exchanges or other forms of cooperation on education matters; supporting networks in developing countries for policy advice, implementation monitoring and providing technical expertise in education, or work with professional associations; supporting the work of international and regional bodies involved in education policy development;

⁴ This contribution is subject to the resumption of the Commission contributions to the GFATM (which were temporarily put on hold in the end of January 2011 due to reported fraud cases in Mauritania, Zambia, Mali and Djibouti). The resumption will be subject to the Commission's recommendations' being taken into consideration and additional reforms being in place to guarantee safe disbursement of grants. The Commission will carry out a second systemic audit of the Global Fund and of the Fund's activities in the four affected countries, with a focus on mechanisms at country level and GFATM's instructions and oversight of these country-level mechanisms.

2) add value to measures which support education, knowledge and skills and the delivery of education services under the EU's bilateral programmes, by providing support to test innovations in the sector, and scale up and disseminate innovations proven to be effective.

Identified action:

- (1) A EUR 31 800 000 contribution agreement (joint management with an international organisation) will be signed with the World Bank, consisting of a further contribution to the Education For All (EFA) Fast Track Initiative. This covers the full amount to be allocated to the EFA-FTI over the period 2011-2013 of the 'Investing in People' programme (Annex E).

2.2 Improving opportunities for technical and vocational education and skills training (TVET)

This sub-theme is intended to be covered under the 2013 Annual Action Programme for 'Investing in People'.

Theme 3: Gender equality

3.1 Gender equality and women's empowerment

In addition to continuing to support gender mainstreaming across all themes, the mid-term review of the programme identifies several priorities on gender issues for the period 2011-2013:

- 1) initiatives that focus on protecting and promoting women's rights and strengthening economic and social empowerment of women at national and local levels; and
- 2) developing and testing innovative approaches to mainstreaming gender equality and women's empowerment in policy development, planning and budgeting, including innovative tools to monitor the impact of such methods.

All credits currently available for the period 2011-2013 on gender equality will be allocated in 2011, to allow for maximum aid impact and resource efficiency.

Identified actions:

- (1) A call for proposals on 'Strengthening protection and promotion of women's rights and women's social and economic empowerment' will be launched in the second half of 2011 with a budget of EUR 30 000 000 (Annex F).
- (2) A EUR 6 500 000 contribution agreement (joint management with an international organisation) will be signed with the United Nations Entity for Gender Equality and the Empowerment of Women to increase the volume and effective use of aid and domestic resources to implement national commitments on gender equality and women's empowerment (Annex G).

Theme 4: Other aspects of human and social development (social cohesion, employment and decent work; children and youth; culture)

This theme is expected to be covered under the 2012 and 2013 Action Programmes.

4. PAST EU ASSISTANCE AND LESSONS LEARNT

The mid-term review of the ‘Investing in People’ programme, adopted in November 2010, confirmed the general objectives and priorities defined in the strategy document for the programme, as they still address the MDG-related needs identified under the human and social development areas covered by the programme.

Since the first projects financed under the programme became operational in 2008, very few have been completed and it is therefore difficult to draw lessons in terms of impact. However, evaluations of global initiatives co-funded under the programme, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as the Education for All Fast Track Initiative, have yielded positive results in terms of number of persons treated, tested and counselled, the increase in the number of children enrolled in schools and gender parity.⁵

As a result of the combined efforts of the GFATM and country support programmes, prevention work on HIV/AIDS, malaria and tuberculosis is proving successful. By December 2010, the Global Fund had approved a total of USD 21.7 billion to 579 grants in 144 countries and by January 2011 it had disbursed USD 13 billion to grant recipients. Of the approved grants, 62% were committed to AIDS programmes, 16% to tuberculosis and 22% to malaria. As of December 2010, GFATM grants have provided more than 3 million people with anti-retroviral (ARV) treatment for AIDS, 150 million counselling and testing sessions, 5 million orphans with medical services, education and community care, 1 million HIV-positive pregnant women with Prevention of Mother to Child Transmissions (PMTCT) treatment, 7.7 million people with new cases of infectious tuberculosis detection and treatment, 142.4 million with malaria treatment, and more than 160 million insecticide-treated mosquito nets to families.

The evaluation of the Education for All Fast Track Initiative (FTI) showed that FTI-endorsed countries generally perform better than non-endorsed countries. The number of children enrolled in schools in African FTI countries increased by 64% between 2000 and 2007, which is double the increase of non-FTI countries. FTI-supported countries have increased their own financing for education significantly faster than the rate of growth of their economies. Twelve FTI partner countries have also managed to achieve gender parity in the completion of primary education and another 15 are expected to do so by 2015. According to the EFA Global Monitoring Report 2010, primary school enrolment increased across all developing world from 80% in 1999 to 86% in 2007 and secondary school enrolment rose from 52% to 61% over the same time period. The global gender parity target of 2005 was missed, but there have been significant improvements in gender parity, with two out of three countries having achieved gender parity at primary level.

Experience in implementing the programme over the period 2007-2010 showed that, to have a more effective and visible impact, the programme should not support all four thematic areas every year, with limited resources for each intervention, but focus on fewer themes or sub-themes. This is a major shift, in particular for calls for proposals, allowing for a more critical mass of resources to be available for each call and therefore reduce the disparity between grant applications and projects funded.

Calls for proposals, with a high competitiveness rate and therefore high quality of selected proposals, have secured funding for projects with diverse aims, such as strengthening the capacities of civil society in the human and social development issues covered by the programme in terms of advocacy, awareness raising, networking, policy dialogue and monitoring, implementation of innovative action, research, improving information systems and knowledge sharing at regional and cross-regional levels.

⁵ See mid-term review of the Investing in People programme, point 4, p. 8-9.

5. COMPLEMENTARY ACTION

Action under this programme complements the various EU financial and technical cooperation instruments, including geographic and thematic programmes.

6. COMMUNICATION AND VISIBILITY

This action programme will be published on the website of EuropeAid Development and Cooperation once the Commission Decision on its adoption has been taken (around June 2011).

Projects selected under this programme must comply with the *Communication and Visibility Manual for EU External Actions*.⁶

⁶ http://ec.europa.eu/europeaid/work/visibility/documents/communication_and_visibility_manual_en.pdf.

7. COST AND FINANCING

Theme	Annex	Action	Amount (EUR)
Health			
	<u>A</u>	Supporting policy dialogue on national health policies, strategies and plans in selected countries (WHO)	5 000 000
	<u>B</u>	Supporting the implementation of the World Health Organisation's Framework Convention on Tobacco Control (WHO)	5 200 000
	<u>C</u>	Contribution to the Global Fund to Fight AIDS, TB and Malaria (WB)	65 000 000
	<u>D</u>	Support to the Global Programme to Enhance Reproductive Health Commodity Security (UNFPA)	24 358 000
	<u>H</u>	Support measures for health	364 919.52
		Sub-total for health	99 922 919.52
Education			
	<u>E</u>	Contribution to the Education for All Fast Track Initiative (WB)	31 800 000
	<u>H</u>	Support measures for education	248 065.68
		Sub-total for education	32 048 065.68
Gender			
	<u>F</u>	Call for Proposals 'Strengthening protection and promotion of women's rights and women's social and economic empowerment'	30 000 000
	<u>G</u>	EU/UN Partnership on Gender Equality: Increasing Accountability in Financing for Gender Equality (UN Women)	6 500 000
	<u>H</u>	Support measures for gender	500 000
		Sub-total for gender	37 000 000
		TOTAL	168 970 985

In addition to the specific actions detailed in section 3, EUR 1 112 985.20 have been allocated for support measures. This amount will be used for support measures such as audits, evaluations, monitoring, studies, conferences, publication and information. (Annex H)

Within the maximum indicative budget for all the specific actions, cumulative changes not exceeding 20% of the maximum EU contribution are not considered substantial, provided they do not significantly affect the nature and objectives of the Annual Action Programme. This may include an increase of up to 20% of the EU's maximum contribution.

The authorising officer may adopt such changes in accordance with the principles of sound financial management.

Out of the 2011 commitment appropriation of budget item 21.050102 (Education), an amount of EUR 1 000 000 will be committed separately later on in 2011, since a possible targeted action under

the Education component is still being identified. If the identification and formulation phases are concluded successfully, the action will be submitted as an addendum to this Annual Action Programme. Otherwise, the amount of EUR 1000000 will be added to the contribution to the Education for All Fast Track Initiative (Annex E).

ANNEX A

THEMATIC PROGRAMME *INVESTING IN PEOPLE*

THEME 1.1: *GOOD HEALTH FOR ALL*

STRENGTHENING HEALTH SYSTEMS, IMPROVING HEALTH SERVICES AND SUPPORTING CAPACITY OF PARTNER COUNTRIES TO CONFRONT HEALTH CHALLENGES

1. IDENTIFICATION

Title/Number	Supporting policy dialogue on national health policies, strategies and plans in selected countries DCI-SANTE/2011/261-054		
Total cost	Indicative total cost: EUR 5 183 000 EU contribution: EUR 5 000 000		
Aid method / Method of implementation	Project approach — <i>Joint management with an international organisation</i> (World Health Organisation)		
DAC-code	12110	Sector	Health policy and administrative management

2. RATIONALE

The thematic programme ‘Investing in People’ takes a broad approach to development and poverty reduction. Its general aim is to improve human and social development levels in partner countries in accordance with the *United Nations Millennium Declaration* and the Millennium Development Goals (MDGs). It is based on Article 12 of the Development Cooperation Instrument (DCI)⁷ and is detailed in the *Strategy Paper for the Thematic Programme 2007-2013*⁸ and the *mid-term review of the programme*.⁹ Under the theme ‘Good health for all’, it addresses four key health areas: human resources for health (HRH); poverty-related and neglected diseases; sexual and reproductive health and rights (SRHR); and a balanced approach to prevention, treatment and care.

The *mid-term review of the Strategy Paper* cites the strengthening of health systems and universal access to basic health care as a possible overarching objective for the programming period 2011–2013. It advocates action in specific thematic areas that adds value to country programmes. The review also proposes ‘(...) that thematic funding should be used to support the International Health Partnership with the objective of providing assistance towards (...)’

⁷ Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation (OJ L 378, 27.12.2006, p. 41). Regulation amended by Commission Regulation (EC) No 960/2009 (OJ L 270, 15.10.2009, p. 8).

⁸ http://ec.europa.eu/development/icenter/repository/how_we_do_strategy_paper_en.pdf.

⁹ http://ec.europa.eu/development/icenter/repository/investing_people_mid-term_review.pdf.

exchange of experience in support to the development and implementation of feasible national health strategies’.

The Communication *The EU Role in Global Health* outlines that the preferred framework for providing EU support should be joint donor processes piloted by the International Health Partnership to assess comprehensive national health plans (through the Joint Assessment of National Strategies), funding one national health budget and one monitoring process. It stresses the need for the EU to increase support for the **full participation of all stakeholders** in the development, implementation and monitoring of national health and other relevant policies.

The finding of the European Court of Auditors report¹⁰ states that the ‘Commission has contributed significant funding to help launch the Global Fund but has not given the same attention to strengthening health systems, although this was intended to be its priority’. The Report recommends continuing to use a project approach, especially to support policy development and capacity building, pilot interventions and provide assistance to poorer regions. The report also recommends the EU to step up its work to develop well-defined health sector policies in beneficiary countries.

2.1. Sector context

The European Union supports health in low income countries in various ways. At country level, this is essentially through direct support to the health sector (where the county strategy defines health as a focal cooperation sector) and general budget support, including MDG contracts.¹¹ In these countries, the EU has a vital interest that national health policies, strategies and plans (NHPSP) reflect the joint EU-partner country values and follow the same direction.

Effective national health systems which achieve results require national health policies, strategies and plans that improve access to quality care, and promote equity and solidarity. WHO has received increasing requests for technical support to develop, negotiate, implement, monitor and evaluate NHPSP to make them more robust, comprehensive and better balanced between priorities. Given the growing buy-in into the Paris Declaration and the Accra Agenda for Action,¹² in particular for partner harmonisation and alignment, country ownership and mutual accountability, the requests for support are expected to continue to rise.

The International Health Partnership (IHP+), created in September 2007, is a global partnership that puts the Paris Declaration and the Accra Agenda into practice, with the aim of improving health services and health outcomes. The IHP+ mobilises partners around a single country-led health strategy, encourages increased support for one national health strategy and enhances harmonisation and alignment by developing ‘compacts’.¹³ At the IHP+ Ministerial Review Meeting of February 2009, partner countries and agencies committed to making NHPSP the basis for increased funding and to sharing processes to support NHPSP at country level. The IHP+ approach requires NHPSP to become more effective in achieving the stated goals of improving access to quality care, and enhancing equity and solidarity.

¹⁰ European Court of Auditors: Special Report No 10/2008.

¹¹ http://ec.europa.eu/development/how/aid/mdg-contract_en.cfm.

¹² http://www.oecd.org/document/18/0,3343,en_2649_3236398_35401554_1_1_1_1,00.html.

¹³ For further details on IHP+, see <http://www.internationalhealthpartnership.net/en/home>.

Improving national health planning processes is becoming a WHO corporate priority. In 2009, the WHO organised a *Global meeting on improving support to the development, implementation and monitoring of National Health Plans* in New Delhi. The purpose of the meeting was to prioritise and harmonise WHO and partners' technical support mechanisms to countries for supporting national health planning processes. The meeting assembled participants from all WHO regions and different technical areas, as well as 11 major partners, including GATES, UNICEF, UNAIDS, World Bank and the European Commission. A series of action points were recommended to guide improved joint support to countries in their national health planning processes in the future. These deliverables were discussed at two events by the Global Policy Group,¹⁴ in South Africa in April 2010 and again in Geneva in May 2010. The resulting framework¹⁵ for NHPSP was discussed at the regional committees in 2010 and forms the basis for a report to the WHO Executive Board in 2011. The framework provides guidance to the WHO in structuring its work on country policy dialogue on NHPSP and indicates how the WHO intends to help countries draft and improve their NHPSP. In the regional committees, Member States called for strengthening health systems based on the values of primary health care — equity, solidarity and social justice. Resolutions emphatically called on the WHO to work more proactively with Member States in developing and renewing National Health Policies, Strategies and Plans to improve health outcomes.

In June 2010, the WHO launched a large-scale learning programme to strengthen country office capacity to engage in meaningful policy dialogue on NHPSP. Nevertheless, the lack of dedicated staff for day-to-day follow-up and process management remains a real constraint, particularly in fragile states and in countries where the multiplicity of stakeholders and low management capacity constrain country ownership of the national policy dialogue. In the last nine months, WHO has also placed more emphasis on preparing guidance for the development of robust¹⁶ national health plans and for facilitating policy dialogue. Tools have been developed to help countries translate the primary health care (PHC) renewal agenda into action, taking into consideration country capacities, resources, constraints and financing, for example, the Country Planning Cycle Database¹⁷ and most recently, the WHO toolkit for building country health policies, strategies and plans.

This programme is part of the WHO's wider work to step up support for policy dialogue in countries. It comes at a time when the WHO is facing a period of intensive collaboration with more than 70 countries reviewing their national health strategic plans. The WHO provides support to countries in four ways: dedicated staff within countries; intermittent support from WHO HQ and regional offices; multi-country support through peer reviews and south-south exchange; and distance support (coaching, backstopping and e-support). This programme aims to enable the WHO to support capacity building in countries to develop, negotiate, implement, monitor and evaluate robust and comprehensive NHPSP to operationalise the IHP+ principles. It also aims to strengthen health systems based on Primary Health Care (PHC) renewal principles and to lead to partner harmonisation and alignment under the IHP+ framework.

¹⁴ GPG: WHO's Director General and Regional Directors.

¹⁵ Draft framework of June 3 2010:

http://new.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=7856&Itemid= .

¹⁶ Robustness: A robust NHPSP is defined as one that (i) satisfies the JANS attributes, and (ii) sets priorities and activities in terms of health challenges and health systems, building blocks in a balanced and coherent manner. The NHPSP robustness criteria will be fine-tuned as part of the activities of this proposal.

¹⁷ Can be accessed at the following link:

http://www.internationalhealthpartnership.net/en/news/display/country_planning_cycle_database .

2.2. Lessons learnt

A recent WHO review of 18 NHPSP showed that few currently live up to expectations. It found that comprehensiveness, coherence and balance are better addressed in a national strategy when based on a robust and comprehensive situation analysis covering the range of current and future health problems and aiming for the right balance between health priorities. The review also highlighted the need to synchronise programme planning cycles with national planning cycles, a significant problem, as illustrated by the Country Planning Cycle Database.

Another review of 4 NHPSP was carried out with regards to the four PHC policy directions: universal coverage, people-centred service delivery, health in all policies, and leadership and governance. The criteria comprising each of these policy directions were looked for in each of the national strategies under the following sections: situation analysis, priorities for action, proposed strategies, and implementation indicators. The review showed that the policy thrust underlying the plans systematically lacked strong strategic components to move towards universal coverage and people-centred care.

Country case studies in South East Asia identified key gaps and best practices in both national health planning process and content at a regional consultation in August 2010 in Indonesia. The recommendations of this consultation echo those of similar processes in the Americas, Africa and Western Pacific regions:

1. There is a need to refocus on the policy dialogue around national health policies and plans to consolidate national work in a multi-sectoral and multi-disciplinary environment.
2. Strategic use of technical information is critical to support dynamic planning, given the multi-sectoral influences and complex health systems involved.
3. Where evidence-based planning is institutionalised, it has added to MoH's credibility and leadership in health and has promoted health in the overall development agenda.
4. The pressure for immediate and visible results has significantly increased in recent years. While it is generally agreed that insistence on attribution has to be balanced with the Paris Declaration principle on alignment and country ownership, there is a real need for making sure that all stakeholders are held accountable for results. For the WHO, this means accountability for facilitation and effective support of national planning processes. For countries, it is accountability for translating better planning and policy making into improved service delivery. Documentation of the steps taken to improve planning and implementation of plans through improved service delivery is critical to ensure that all stakeholders are accountable and remain committed.

2.3. Complementary actions

The proposed action is complementary to: the EC/ACP/WHO Health MDG Partnership Programme, the EC/ACP/WHO Programme on access to medicines, the EC/WHO Programme 'Strengthening Health Workforce development and tackling the critical shortage of health workers', the EU policy and action to speed progress on the MDGs,¹⁸ the renewed call for PHC by Member States, the G8 agenda, the IHP+ partnership and related initiatives and the recently announced US Global Initiative (GHI). It will be a significant boost to the

¹⁸ A twelve-point EU action plan in support of the Millennium Development Goals:
http://www.europolitics.info/pdf/gratuit_en/270728-en.pdf.

WHO's ongoing work with a number of bilateral agencies, including from EU Member States.

Over the last five to six years, WHO has intensified its collaboration with the EU to improve health policies, strategies and plans, and on medicines and human resources for health. The EC/ACP/WHO Health MDGs Partnership is particularly related to this proposal as it aims to develop strategic planning activities at national or sub-national levels, boost capacity to engage in policy dialogue and help countries draft proposals to The Global Alliance for Vaccines and Immunisation (GAVI), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), as well as IHP+ compacts.

As expressed in the Paris Declaration on Aid Effectiveness,¹⁹ donors have committed to 'base their overall support — country strategies, policy dialogues and development cooperation programmes — on partners' national development strategies and periodic reviews of progress in implementing their strategies'. The rapidly increasing partners of the IHP+ (currently 49 members) reflect countries' and donors' interest in putting Paris and Accra principles on aid effectiveness into practice, by providing support to one national health plan. This project will enable the WHO to support the planning process to foster a successful IHP+ approach and the negotiations to align all stakeholders around NHPSP.

In its 2009 Communiqué, the G8 acknowledged specifically that 'In order to advance the goal of universal access to health services, especially primary health care, it is essential to strengthen health systems through health workforce improvements, encompassing both health professionals and community health workers, information and health financing systems including social health protection, paying particular attention to the most vulnerable.' The recently launched (26 June 2010) G8 Muskoka Initiative, *A comprehensive and integrated approach to accelerate progress towards MDGs 4 and 5*, is based on the principle of supporting country-led national health policies and plans and increasing coherence of development efforts through better coordination and harmonisation.

Recognising that health programmes and weak health systems in developing countries are 'not meeting the needs of their population', the US GHI²⁰ seeks to work closely with partner governments and civil society organisations to ensure that investments are aligned with national priorities, and to support partner government's commitment and capacity so that investments are maintained in the future. The partnership will be based on support for country-level processes of policy development and planning, along with the provision of technical assistance through a model of mutual respect, responsiveness to demand, and dedication to capacity development.

The EU and the US have agreed to 'promote synergies between the US GHI and the EU's policy on Global Health with an aim to accelerating progress on the health related MDGs'.²¹ In strengthening cooperation they both agree that 'it is up to each country to determine its own development strategy, how this strategy will lead to achieving the MDGs, and how to measure progress towards them.'

¹⁹ Paris Declaration on Aid Effectiveness:

http://www.internationalhealthpartnership.net/CMS_files/documents/paris_declaration_EN.pdf.

²⁰ Implementation of the GHI:

http://www.usaid.gov/our_work/global_health/home/Publications/docs/ghi_consultation_document.pdf.

²¹ EU-US Development Dialogue: Roadmap on the Millennium Development Goals in 2010-2011.

2.4. Donor coordination

Implementation of the Paris Declaration is at the core of this project. The WHO will continue to broker stakeholders to build confidence needed in NHPSP and provide guidance and support to MoH in drafting, implementing and following up NHPSP. The WHO will rely on existing health sector coordination mechanisms in countries (or help set them up, where needed). Taking full advantage of the potential of its country presence, the WHO will focus on improving the quality of NHPSP and on helping countries to negotiate the alignment of all stakeholders around these plans.

3. DESCRIPTION

3.1. Objectives

The overall objective is *improved health sector results in selected countries*. The WHO will draw on its global convening role, institutional capacity, experience and country presence (reinforced by posting long-term senior experts) to support selected countries²² where the national challenges to policy making and implementation of national plans are such that they cannot adequately be dealt with simply through back up by the regional offices, sub-regional offices and HQ teams, but require a full-time presence for day-to-day follow-up and process management of the policy dialogue. In these countries, the experts will provide sector-wide advice to facilitate national health policy dialogue across programmes and systems. To be well integrated, they will be placed within or as near as possible to the structures that conduct this sector-wide dialogue, depending on the local context. They will aim to achieve the following **three specific objectives (SO)**:

- I. Support for the development and implementation of robust²³ national health policies, strategies and plans is provided;
- II. Strengthen the capacity of national stakeholders to engage in effective and structured health policy dialogue;
- III. Encourage international and national stakeholders²⁴ to be increasingly supportive of result-oriented NHPSP.²⁵

Figure 1 (below), a graphical representation of the project's log frame, shows the links between the overall objective and the specific objectives, expected results and activities, with the relative weight and relations between project components designed differently in the different countries, depending on context and planning cycles.

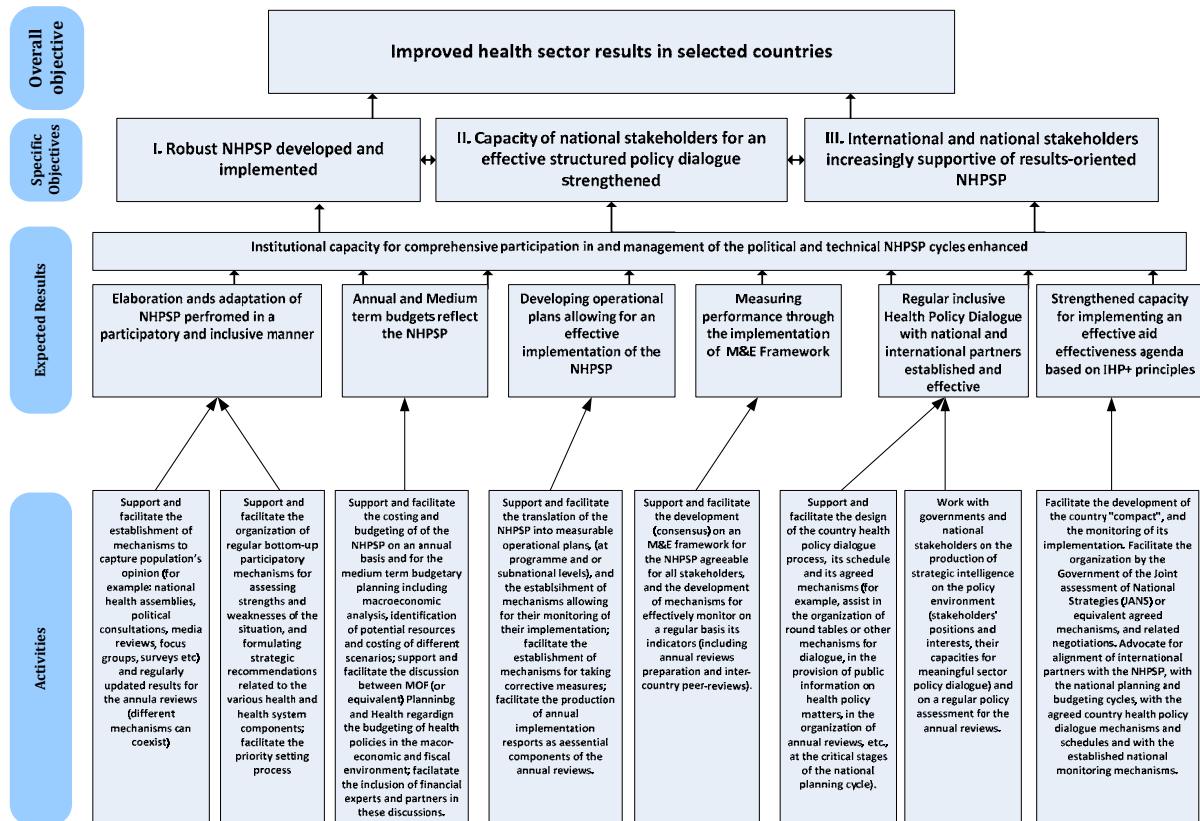
²² The number of countries to be selected is expected to be around five, depending on opportunities in countries and the 'density' of the required inputs in each setting.

²³ Robustness: A robust NHPSP is defined as one that (i) satisfies the JANS attributes, and (ii) sets priorities and activities in terms of health challenges and health systems building blocks in a balanced and coherent manner. The NHPSP robustness criteria will be fine-tuned as part of the activities of this proposal.

²⁴ The notion of national stakeholders encompasses institutions and groups outside the MoH including other ministries (MoF, civil service, decentralisation), and the spectrum of non-state actors: social partners (trade unions and employer associations), professional associations, service NGOs, advocacy NGOs, academia, etc.

²⁵ Please see EU definitions of harmonisation and alignment:
http://ec.europa.eu/development/geographical/cotonou_accra_en.cfm.

Figure 1: Overall objectives, expected results and activities



3.2. Expected results and main activities

The general expected result is: *Institutional capacity for comprehensive participation in and management of the political and technical NHPSP cycles enhanced.*

The section below presents the expected results for each of the specific objectives:

SO I: Support for the development and implementation of robust national health policies, strategies and plans is provided

Expected results:

Strengthened institutional capacity for:

- R.I.1 NHPSP are drafted and adapted in a participatory and inclusive manner.
- R.I.2 Annual and medium-term budgets that reflect the NHPSP are developed.
- R.I.3 Operational plans for effective implementation of the NHPSP are developed.
- R.I.4 Performance is measured by implementing an M&E Framework.

Key activities:

- A.I.1 Support and help set up mechanisms to capture the population's opinion, (for example: national health assemblies, political consultations, media reviews, focus groups, surveys.), and regularly update results to feed into the annual reviews. Support the organisation of regular bottom-up participatory mechanisms for assessing strengths and weaknesses of the situation, formulate strategic recommendations related to the health and health system components, and facilitate the priority setting process.

- A.I.2 Support and facilitate the costing and budgeting of NHPSP on an annual basis and for the medium-term budgetary planning, including macroeconomic analysis, identification of potential resources and costing of different scenarios. Support and facilitate discussions between ministries of finance (or equivalent), planning and health regarding health policy budgets in the macroeconomic and fiscal environment. Facilitate the inclusion of financial experts and partners in these discussions.
- A.I.3 Support and facilitate the translation of the NHPSP into measurable operational plans, (at programme and/or sub-national levels), and set up mechanisms to properly monitor implementation. Help set up mechanisms for taking corrective measures and help produce annual implementation reports as essential components of the annual reviews.
- A.I.4 Support and facilitate the development (consensus) of an M&E framework for the NHPSP agreeable for all stakeholders, and set up mechanisms to effectively monitor indicators on a regular basis (including annual review preparation and inter-country peer-reviews).

SO II: Strengthen the capacity of national stakeholders to engage in effective and structured health policy dialogue;

Expected results:

- R.II.1 Established, regular and inclusive health policy dialogue process with national partners.

Key activities:

- A.II.1 Support and facilitate the design of the country health policy dialogue process, its schedule and agreed mechanisms (for example, help organise round tables or other mechanisms for dialogue, provide public information on health policy matters and organise annual reviews at the critical stages of the national planning cycle).
- A.II.2 Work with governments and national stakeholders to produce strategic intelligence on the policy environment (stakeholders' positions and interests, their capacity for meaningful sector policy dialogue) and regular policy assessments for the annual reviews.

SO III: Encourage international and national stakeholders to be increasingly supportive of result-oriented NHPSP

Expected results:

- R.III.1 Strengthened capacity for implementing an effective aid effectiveness agenda based on IHP+ principles.

Key activities:

- A.III.1 Facilitate the development of the country 'compact' and facilitate monitoring of its implementation. Help the government organise the Joint assessment of National Strategies (JANS) or equivalent agreed mechanisms, and related negotiations. Advocate for aligning international partners with the NHPSP, national planning and budgeting cycles, the agreed country health policy dialogue mechanisms and schedules and with the national monitoring mechanisms.

Inception phase

Given the differing country contexts and planning cycles, an inception phase (length depending on speed of country demand) will be organised for each country to undertake the following:

1. Agreement with national authorities of each selected country on the principle of posting an expert to reinforce national planning processes, following a formal demand from the country to receive such support.
2. Initial policy dialogue with national stakeholders to transform the generic log frame into a national log frame that sets the direction of the work to be undertaken, in alignment with the country's health development policy.
3. Agreements with the Ministry of Health and other national stakeholders, WHO country office and the EU Delegation on operational aspects of implementation:
 - a. specific expected results and action for each country;
 - b. means and cost of implementation;
 - c. institutional arrangements to be put in place;
 - d. timeline;
 - e. objectively verifiable indicators and baselines to monitor progress and evaluate outcome and impact.

The country operational plans must be drafted to serve as a basis for regular triangular monitoring and consultation between the Ministry of Health, the WHO country office and the EU Delegation.

Criteria for country selection

The selection of countries will be based on a broad consultation of the EU Delegations, the WHO country offices and the Ministries of Health in potential beneficiary countries. The criteria that can be used for country selection include:

- scope for WHO Country Offices and EU Delegations to support efforts in improving health sector results, including existing EU health sector support (e.g. where there is specific cooperation in the health sector, and/or where there is a specific interest in health sector follow up in the context of General Budget Support or MDG Contracts);
- strong country interest;
- potential for improving or adding value to country coordination and dialogue mechanisms;
- avoidance of duplication where major bilateral donor support pursues a similar aim;
- ability to demonstrate the impact of support and develop lessons learned.

3.3. Risks and assumptions

- Political continuity in the country;
- Paris Declaration agenda endorsed and supported by the government;
- The stakeholders accept and follow IHP+ principles, including joint assessment of national strategies (JANS) and country compacts;

- Regular exchanges between ministries of finance, planning and health or equivalent are, or can be, established.
- Political will to engage with all stakeholders;
- All stakeholders agree with the principle of policy dialogue, including parliament, private sector, NGOs, donors, government members and ministers.

3.4. Crosscutting Issues

- Sound and robust NHPSP and coordination mechanisms are key to ensuring **good governance**, sustainable priorities and policy continuity.
- A robust and comprehensive situation analysis shared by all stakeholders covers, in addition to health problems and health systems problems, key issues such as **gender and human rights**.
- National policy dialogue on national health policies, strategies and plans is **inter-sectoral** and involves all stakeholders, including ministries of finance and social affairs.

3.5. Stakeholders

The main stakeholders are those involved in the health sector coordination group at national level, which includes: ministries of health, development and finance, all other relevant ministries, community and civil society groups, district associations, healthcare facilities and hospitals, WHO collaborating centres, academia, social partners, professional associations, bilateral and multilateral donors and all relevant partners present at country level.

Key beneficiaries of the action are:

- Communities, who will gain better access to quality services;
- Civil society organisations, including consumer organisations and health committees with community representatives;
- Policy makers: increased capacity for dialogue and coordination of partners, better understanding of the importance of HSS and improved accountability for results;
- Health managers: increased capacity to plan, implement and monitor health service delivery;
- Professional staff: improved competence and performance;
- Health development partners: greater partner coordination and alignment with national priorities, increased harmonisation with national systems and lower transaction costs.

4. IMPLEMENTATION ISSUES

4.1. Method of implementation

The project will be implemented in joint management with the World Health Organisation, through the signature of a standard contribution agreement.

4.2. Procurement and grant award procedures

All contracts implementing the action are awarded and implemented in accordance with the procedures and standard documents laid down and published by the International Organisation concerned.

4.3. Budget and calendar

Budget Items (Preliminary Indicative Budget)	Total €
Human Resources	3 043 692
Support services*	879 561
Travel	306 824
Situation analysis/baseline surveys	171 821
Equipment and supplies	73 638
Operational cost	245 459
Evaluation and audit	81 820
Visibility	40 910
Subtotal	4 843 724
Indirect costs — 7 %	339 061
GRAND TOTAL (rounded)	€5 183 000**

*This includes technical support services, workshops, etc.

**This amount is co-financed: €5 million from EU and €183 000 from the WHO.

The proposed project will be implemented over a three-year period with an indicative start date of July 1 2011.

4.4. Performance monitoring

The WHO will closely monitor achievement of the action points at different levels of the organisation (country, regional, HQ) on the basis of the activities agreed between national authorities, the WHO and EU delegations during the country inception phases.

Performance will be assessed by examining country results based on logical framework indicators, baselines and targets, as set out in the action description and defined during the country inception phases.

The senior experts will have weekly meetings with the WHO representative in countries. Meetings will also be organised regularly, e.g. on a monthly basis, with the EU Delegation in countries. Request for back up from sub-regional offices, regional offices or HQ will be made following WHO working methods, i.e. through the WHO representative. There will be a designated focal point at HQ for each of the selected countries who will be responsible for following progress, backing up and documenting the lessons learnt and results achieved. In order to capitalise on the lessons learnt, special emphasis will be placed on continuous analysis of experiences, progress and results. Ownership of lessons learnt will be sought by sharing the analysis and validating the lessons learnt with all stakeholders. Experience and knowledge gained will be fed back into the measures.

Once a year there will be an inter-country peer review and exchange, bringing together WHO and EU experts.

4.5. Evaluation and audit

In accordance with WHO monitoring and evaluation processes, the plan is to produce a mid-term monitoring report and a final evaluation report.

The outline of the mid-term monitoring report will be agreed upon with the EU in advance. The report will be prepared and submitted accordingly. The EU's comments will be sought and taken into account in implementing residual action.

The terms of reference of the final evaluation will be jointly prepared by the EU and WHO. The final evaluation report will also be evaluated jointly.

Audits will be carried out according to standard WHO rules and procedures laid down in the financial regulations and in the WHO's rules and directives.

4.6. Communication and visibility

Focus will be placed on communication and visibility of the action. All project communications will comply with the *Communication and Visibility Manual for EU External Actions*²⁶ and the *UN-European Commission Joint Action Plan on Visibility*.²⁷

All communication and visibility work will be carried out in collaboration with the European Commission. The European Commission will be kept informed of developments and activities. The European Commission will be kept involved, including through EU Delegations at country-level, especially in critical policy events.

²⁶ http://ec.europa.eu/europeaid/work/visibility/documents/communication_and_visibility_manual_en.pdf.

²⁷ http://ec.europa.eu/europeaid/work/procedures/implementation/international_organisations/other_documents_related_united_nations/document/joint_visibility_guidelines.pdf.

ANNEX B**THEMATIC PROGRAMME *INVESTING IN PEOPLE*****THEME 1.1: *GOOD HEALTH FOR ALL******STRENGTHENING HEALTH SYSTEMS, IMPROVING HEALTH SERVICES AND SUPPORTING CAPACITY OF PARTNER COUNTRIES TO CONFRONT HEALTH CHALLENGES*****1. IDENTIFICATION**

Title/Number	Supporting the implementation of the World Health Organisation's Framework Convention on Tobacco Control (FCTC) DCI-SANTE/2011/261-053		
Total cost	Indicative total cost: EUR 7 400 000 EU contribution: EUR 5 200 000		
Aid method/Method of implementation	Project approach — <i>Joint management with an international organisation</i> (WHO — FCTC Secretariat)		
DAC-code	12110	Sector	Health policy and administrative management

2. RATIONALE

The thematic programme 'Investing in People' pursues a broad approach to development and poverty reduction, with the general aim of improving human and social development levels in partner countries in accordance with the *United Nations Millennium Declaration* and the Millennium Development Goals (MDGs). It is based on Article 12 of the Development Cooperation Instrument (DCI),²⁸ and is detailed in the *Strategy Paper for the Thematic Programme 2007-2013*.²⁹ Under the theme 'Good Health for all', it addresses four key health areas: human resources for health (HRH); poverty-related and neglected diseases; sexual and reproductive health and rights (SRHR) and a balanced approach to prevention, treatment and care. *The Mid-term Review of the Strategy Paper* adopted on 5 November 2010³⁰ states that

²⁸ Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation (OJ L 378, 27.12.2006, p. 41). Regulation amended by Commission Regulation (EC) No 960/2009 (OJ L 270, 15.10.2009, p. 8).

²⁹ http://ec.europa.eu/development/icenter/repository/how_we_do_strategy_paper_en.pdf.

³⁰ http://ec.europa.eu/development/icenter/repository/investing_people_mid-term_review.pdf.

'interventions to reduce the main modifiable factors for non-communicable diseases in low- and middle-income countries should be considered for further support under 'Investing in People', including technical and financial support for the ratification and implementation of the World Health Organisation (WHO) Framework Convention on Tobacco Control (FCTC)'.

2.1. Sector context

The spread of the tobacco epidemic is a global problem with serious consequences for public health that calls for the widest possible international cooperation to deliver an effective, appropriate and comprehensive international response.

It is estimated that tobacco use is one of the leading global causes of preventable death, killing more than five million people worldwide each year. Most of these deaths are in low- and middle-income countries and the gap in deaths between these and high-income countries is expected to widen further over the next several decades. If current trends persist, the annual death toll could rise to 8 million by 2030, with more than 80 % of premature deaths occurring in low- and middle-income countries.³¹

The means to curb tobacco consumption and exposure are within the international community's reach. The WHO Framework Convention on Tobacco Control (FCTC), an evidence-based international treaty negotiated under the auspices of the World Health Organisation, is the basis for governments worldwide and other key international actors to implement and manage effective tobacco control policies.³²

Main challenges

With more than 170 Parties covering 86 % of the world's population,³³ the WHO FCTC represents a milestone for the promotion of public health as it provides new legal dimensions for international health cooperation.³⁴ While the negotiating process leading to the adoption and consequent ratification of the FCTC was smooth, shortcomings and difficulties are being encountered in a number of signatory countries, particularly in the developing world, with regard to implementation of the legal obligations laid down in the Framework Convention.

Major barriers to effective FCTC implementation in low- and middle-income countries are:

- lack of public and government awareness of the burden posed by non-communicable diseases and tobacco use, as well as on the potential of the FCTC as a global good for public health;
- lack of prioritisation of tobacco control issues at political level, often resulting in no legal framework on tobacco control or ineffective implementation and enforcement mechanisms;

³¹ Cf. *WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments*. The full report is available at: <http://www.who.int/tobacco/mpower/2009/en/>.

³² Cf. *WHO Framework Convention on Tobacco Control*, Geneva, World Health Organisation, 2003. The text of the Convention can be found at: http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf.

³³ At present, the Convention has 171 Parties. Afghanistan, Cote d'Ivoire and St. Vincent and the Grenadines are latest Parties to ratify the Convention. A list of all Parties is available at: http://www.who.int/fctc/signatories_parties/en/index.html.

³⁴ The role of the WHO FCTC and other international agreements and public-private partnerships (such as the International Health Regulations and the Global Fund to Fight AIDS, TB and Malaria) in responding to the challenges in global health is expressly recognised in the *Strategy Paper for the Thematic Programme Investing in people 2007-2013*. .

- lack of financial resources for developing national mechanisms to implement tobacco control measures as required by the FCTC;
- capacity deficit at administrative and technical level.

Responding to the challenges

Action is therefore needed to assist Parties in developing and transitional economies in implementing effective tobacco control measures at country level, as required by the Convention.

The FCTC Secretariat plays an essential role here, as one of its core institutional functions is to help Parties fulfil their legal obligations under the Convention. The Secretariat promotes multi-sectoral comprehensive tobacco control policies at country level (in particular Articles 5, 22, 24 and 26 of the FCTC) and close coordination with international and intergovernmental organisations (Articles 23, 24 and 25 of the FCTC).

Assistance to developing and transitional signatory economies focuses, in accordance with the decisions of the Conference of the Parties (COP), on the following aspects: needs assessment and sharing of best practices; support to project and programme development to address identified needs; advice and promotion of access to available resources; awareness raising and communication on the implementation of the Convention; promotion of transfer of technical, scientific and legal expertise and technology; compilation and communication of information on Treaty matters; south-south and triangular cooperation and coordination with international organisations.

Decisions taken by the Conference of the Parties (COP) in recent years have repeatedly called for needs assessment assistance to be given to Parties with low resources, with the objective of enabling the Parties to integrate tobacco control policies into their national health programmes and strategies. In response, the Convention Secretariat, in consultation with the Bureau of the Conference, is developing a pilot programme for carrying out joint need assessment exercises with governments and international partners in low resource settings, to promote the FCTC in countries that lag behind in the implementation process due to capacity and resource constraints, but that show strong political commitment to achieving full implementation of the Convention.³⁵

The proposed action enables the European Commission to make a significant contribution by scaling up work undertaken in the pilot phase on joint needs assessment, capacity building of Convention Parties in developing countries and enhancing international cooperation. The suggested project contributes to the objectives of the FCTC to facilitate technical, scientific and legal cooperation and to raise financial resources to achieve implementation of the Convention.

³⁵ So far, seven countries belonging to different WHO regions have been selected for the pilot phase: Bangladesh, Ghana, Guatemala, Jordan, Lesotho, Papua New Guinea and the Republic of Moldova.

2.2. Lessons learnt

The recent global summary reports on implementation of the Convention³⁶ were based on reports sent by the Parties. It revealed that only a handful of Parties were able to make a systematic assessment of their needs in implementing the Convention, and that the lack of resources is seen as the most prevalent obstacle by lower resource countries in fully meeting their treaty obligations.

During the pilot phase of needs assessments facilitated by the Convention Secretariat, it has been observed that necessary stakeholder coordination can be achieved under the United Nations Development Assistance Framework (UNDAF)³⁷ at country level. This approach, which aims to coordinate donors and avoid duplicating implementation assistance, is being taken in some countries covered in the pilot phase of needs assessment and is so far considered acceptable and desirable by the national authorities, the WHO Representative and the UN Resident Coordinator.

Experience so far in implementation clearly shows the need to identify country, sub-regional and regional level best practices and challenges, and the need for broader exchange among Parties, particularly through sub-regional and regional intergovernmental workshops.

The regular implementation reports sent by the Parties have proved to be a valued and sought-after source. Tools are needed to analyse them and create a meaningful exchange of information among Parties and stakeholders in line with Article 21 on ‘Reporting and exchange of information’ of the Convention.

2.3. Complementary action

EU Member States and the EU Budget³⁸ fund approximately half of the core budget of the WHO FCTC (budget for 2012-2013 is 9.107 million USD). This proposed action is complementary to activities funded by the core budget.³⁹

The action will be coordinated with tobacco control projects selected under the ‘Investing in People’ call for proposals on *Supporting prevention and control of non-communicable diseases in developing countries*.

In line with the Communication ‘The EU Role in Global Health’, the aim will be for the action to be included in national health plans and other national development plans, avoiding a vertical project approach and, given its multi-sectoral nature, to ensure coherence on relevant matters, such as trade-related issues.⁴⁰

The action is also in line with the following initiatives:

³⁶ http://apps.who.int/gb/fctc/PDF/cop4/FCTC_COP4_14-en.pdf and <http://www.who.int/fctc/FCTC-2009-1-en.pdf>.

³⁷ <http://www.undg.org/?P=232>.

³⁸ Support to the FCTC Secretariat core budget contributing to the two-year Secretariat work programme is provided as a voluntary assessed contribution (VAC) by the Directorate General for Health and Consumers.

³⁹ For instance, working group on Article 17 and 18 on sustainable development and working group on Articles 9 and 10 on product regulation funded under the core budget contribute to strengthening the capacity of countries to promote sustainable development and regulate tobacco products.

⁴⁰ http://ec.europa.eu/development/icenter/repository/COMM_PDF_COM_2010_0128_EN.PDF.

- *The 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non Communicable Diseases* implemented by the WHO;⁴¹
- WHO Tobacco Free Initiative (WHO TFI) work on tobacco control, which supports WHO FCTC implementation at country level, in certain specific areas such as Article 6 on taxation, Article 8 on protection from exposure to tobacco smoke, Article 11 on packaging and labelling and Article 20 on surveillance. WHO TFI is also invited by the Convention Secretariat to participate and provide technical input to needs assessment missions;⁴²
- General Assembly Resolution A/RES/64/265 calling for States to address key risk factors for NCDs, including implementation of WHO FCTC;
- Individual WHO country cooperation strategies;⁴³
- Thematic areas under the country-specific United Nations Development assistance Framework;⁴⁴
- Key initiatives, such as increase of tobacco taxes as an innovative mechanism for financing of health systems by the World Bank.

Civil society organisations, such as the international NGO Framework Convention Alliance and its national affiliates, are observers to the Convention and are invited with national governments to participate in needs assessments and certain Convention meetings.

The Convention Secretariat coordinates with research institutes and networks such as the International Agency for Research on Cancer, The World Lung Foundation and the International Association of National Public Health Institutes (IANPHI).

During the joint needs assessments, the Secretariat takes into account the available expertise within WHO and international agencies and any complementarities relevant to implementing the Convention at country level. The action will be implemented in close coordination with donor support for comprehensive national health policies, strategies and plans (NHPSP, e.g. in the context of IHP+) and — where health is a focal sector for the EU — in close cooperation with the EU Delegation.

2.4. Donor coordination

Given the multi-sectoral nature of WHO FCTC and the implementation requirements, a detailed country assistance profile is prepared in the pre-joint needs assessment phase in coordination with the beneficiary country. The profile examines existing development partner work that is relevant to tobacco control. In compliance with the principles of aid effectiveness, existing mechanisms such as national health coordination forums and ‘One UN’ are used to coordinate with the national authorities leading the process, supported by the WHO Representative and the UN Resident Coordinator.

The Convention Secretariat aligns closely with the WHO TFI to avoid duplicating work in tobacco control activities and to harmonise donor policies and measures at country, regional and global levels.

⁴¹ Available at <http://www.who.int/nmh/publications/9789241597418/en/index.html>.

⁴² For further details, please see http://apps.who.int/gb/fctc/PDF/cop4/FCTC_COP4_3-en.pdf.

⁴³ WHO Country Cooperation Strategy is a medium term vision for cooperation with a particular country and NCDs are part of those strategies. Further information at www.who.int/countryfocus/en.

⁴⁴ UNDAF guidelines: <http://www.reliefweb.int/unpm/documents/509UNDAFGuidelinesEnglish.pdf>.

3. DESCRIPTION

3.1. Objectives

The **overall objective** is to improve the health of populations by helping selected Convention Parties in developing countries to meet their WHO FCTC obligations.

The **specific objective** is to strengthen the capacity of developing countries which are Parties to the WHO FCTC so that they can meet their obligations under the Convention.

3.2. Expected results and main activities

Expected results

1. Needs, existing gaps and priorities identified and technical and legal assistance provided in line with needs identified for WHO FCTC implementation, in approximately 30 countries Parties to the WHO FCTC.
2. Greater international multi-sectoral coordination and assistance for implementation of the treaty at national, regional and global level. This will be achieved by establishing regional knowledge and capacity building hubs,⁴⁵ regional or sub-regional workshops, promoting exchange of evidence-based best practices, treaty-specific expertise and technology and south-south and triangular cooperation between the Parties.
3. Improved documentation and knowledge exchange among the Parties and stakeholders. This will be achieved by creating an open source, web-based information exchange platform on treaty implementation matters.

Main work and outputs expected

1.1. For approximately 30 selected FCTC Parties, the needs, existing gaps, priorities, and related costs of FCTC implementation will be properly assessed. Technical and legal assistance will be provided in compliance with time-bound measures under the WHO FCTC. Treaty implementation focal points will be established or strengthened at national level and national multi-sectoral coordination mechanisms will be established or strengthened;

1.2. As part of the assessment undertaken (output 1.1), an overall plan or strategy will be drafted, setting out the future implementation steps for meeting the FCTC obligations;

1.3. Specific additional requests will be coordinated through the main institutions, such as the World Bank, in taxation matters and in other areas through regional organisations and other specialised agencies of the United Nations. Long-term needs will be promoted to be met subsequently as part of the national integrated health policy, and where appropriate the UNDAF, which will incorporate implementation of the WHO FCTC.

⁴⁵ The knowledge and capacity building hubs will be established at national level, after a due process of expression of interest by the national governments and selection based on the existing capacity and willingness of the national government to put in collateral resources for regional/sub regional benefit, and in consultation with the WHO regional/national structures, who will also be expected to provide further support. .

2.1. It is expected that six south-south and triangular cooperation projects will be standardised and completed;

2.2. It is expected that six regional or sub-regional knowledge hubs for WHO FCTC implementation will be identified and activated in cooperation with WHO regional or country offices;

2.3. It is expected that five matrices of cooperation will be developed and agreed with like-minded international organisations. The intergovernmental and United Nations system will be explored and a mechanism for cooperation and coordination put in place to deliver and consolidate a comprehensive response to tobacco control at country level.

3.1. A web-based portal will be developed to provide the following specific features: a) support to the Parties and stakeholders in obtaining and sharing information, b) assistance to implement Convention Articles 20, 21 and 22 and c) identification and dissemination of best practices in general;

3.2 Assistance will be provided for hosting satellite web pages, e.g. to support guidelines on various Articles of the Convention, as requested by the Conference of the Parties.

Country selection criteria

Based on demand and response from the countries (indicatively), up to 30 Parties to the WHO FCTC will be selected out of the countries eligible for external assistance under the thematic programme 'Investing in People', upon request or with the consent from the concerned Party, in accordance with the principles of country ownership and aid effectiveness. Need and demand will also be assessed using reports by the country to the Conference of the Parties, through the Convention Secretariat under Article 21 of the Convention, the political commitment to tobacco control measures, and the extent of the burden of tobacco consumption in the country.

3.3. Risks and assumptions

Governments remain committed to implementing the FCTC and incorporating it in national health and development strategies and the UNDAF.

The socio-economic, political and cultural climate at country level does not impede implementation of the FCTC.

Skilled and dedicated human resources are available to implement the recommendations from the needs assessment missions, if need be assisted by external technical expertise.

Countries have the capacity and willingness to dedicate resources for regional knowledge hubs.

Donors and partners remain willing to provide Convention-related funding and technical support to facilitate the continued implementation of the Convention commitments.

Good coordination and cooperation between UN agencies, including a strong understanding that the Convention commitments are relevant to the work of several agencies.

3.4. Cross-cutting issues

The proposed set of activities are in line with the structure of the Convention and will tackle several cross-cutting issues pertaining to environmental sustainability and sustainable development (Preamble of the Convention and Articles 17 and 18 of the Convention), gender equality (Convention lays specific emphasis on protection of vulnerable groups including women and young girls), and a multi stakeholder and multi-sectoral implementation mechanism for implementing the Convention (Article 5).

The Convention also highlights and advocates a human rights-based approach, with specific reference to the Covenant on Social, Economic and Cultural Rights, the Convention on Elimination of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child.

3.5. Stakeholders

The main stakeholders include national governments, ministries and departments that have a direct role in facilitating implementation of the Convention. Other stakeholders include the UN and specialised agency structures at national, regional and global levels, EU Delegations and development agencies. Civil society, including stakeholder groups representing women, youth, adolescent and children, will be involved in the proposed action to promote transparency and an objective approach, particularly in the needs assessment and in monitoring and evaluating the implementation process, through the national government and its multi-sectoral coordination and implementation mechanisms.

EU Delegations in the selected countries will be closely involved in policy dialogue led by the WHO FCTC Secretariat, deriving from or related to the action. EU Delegations will also be kept duly informed of the work undertaken at country level.

4. IMPLEMENTATION ISSUES

4.1. Implementing method

The project will be implemented in joint management with the World Health Organisation. A standard contribution agreement will be signed in favour of the FCTC Secretariat hosted by WHO for the period 2011-2014.

4.2 Procurement and grant award procedures

All contracts implementing the action are awarded and implemented in accordance with the procedures and standard documents laid down and published by the International Organisation concerned.

4.3. Budget and timetable

The expected duration of the EU contribution agreement will be 36 months, starting indicatively in July 2011.

Provisional budget breakdown

The estimated total cost of EUR 7.4 million is indicatively broken down as follows:

DESCRIPTION	PERCENTAGE OF TOTAL BUDGET
Human Resources	42 %*
Travel	15 %
Equipment and local office supplies	9 %
Other costs, services	27 %
Administrative costs	7 %
Total	100 %

The WHO FCTC Secretariat contribution will be approximately EUR 2.2 million in terms of human resource costs (approximately 71 % of the human resource budget line and 30 % of the total budget).

The maximum EU contribution will be EUR 5.2 million.

4.4. Performance monitoring

Performance monitoring will be built into all activities, including the joint needs assessment where the time line will depend on the extent of gaps identified and the corresponding plan of action. For other activities, a detailed monitoring and evaluation plan will be prepared.

4.5. Evaluation and audit

Evaluation of the implementation of deliverables will be jointly agreed with the beneficiary Parties, WHO FCTC Secretariat and the European Commission. Specific evaluation criteria will be set out in the detailed project description.

The action may also be examined by EuropeAid — Development and Cooperation's Results Oriented Monitoring programme, either during implementation or after completion.

4.6 Communication and visibility

There will be an emphasis on communication and visibility of activities. All project communication will comply with the *Communication and Visibility Manual for EU External Actions*⁴⁶ and the *UN-European Commission Joint Action Plan on Visibility*.⁴⁷

All communication and visibility activities will be carried out in collaboration with the European Commission. The European Commission will be kept informed of developments and activities. The European Commission and EU Delegations at country-level will be involved, especially in critical policy events.

⁴⁶ http://ec.europa.eu/europeaid/work/visibility/documents/communication_and_visibility_manual_en.pdf.

⁴⁷ http://ec.europa.eu/europeaid/work/procedures/implementation/international_organisations/other_documents_related_united_nations/document/joint_visibility_guidelines.pdf.

ANNEX C

THEMATIC PROGRAMME *INVESTING IN PEOPLE*THEME 1.2: *GOOD HEALTH FOR ALL*

CONFRONTING MAIN COMMUNICABLE (HIV/AIDS, MALARIA AND TUBERCULOSIS), NEGLECTED AND EMERGING DISEASES THROUGH THE SUPPORT OF ACCESS TO PREVENTION, CARE, TREATMENT AND SUPPORT

1. IDENTIFICATION

Title/Number	2011 Annual contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) ⁴⁸ DCI-SANTE/2011/ 262-496		
Total cost	EU contribution: EUR 65 000 000		
Method/ Management mode	Project approach — Joint management with an international organisation (World Bank — the Global Fund to Fight AIDS, Tuberculosis and Malaria)		
DAC code	12250	Sector	Infectious disease control

2. RATIONALE

The thematic programme ‘Investing in People’ pursues a broad approach to development and poverty reduction, with the general aim of improving human and social development levels in partner countries in accordance with the *United Nations Millennium Declaration* and the Millennium Development Goals. It is based on Article 12 of the Development Cooperation Instrument (DCI),⁴⁹ and is detailed in the *Strategy Paper for the Thematic Programme 2007-2013*.⁵⁰ Under the theme ‘Good Health for all’, it addresses four key health areas. One is the need to strengthen Europe’s role in addressing the main poverty-related diseases, such as HIV/AIDS, malaria and tuberculosis, which severely undermine general human and social development work.

⁴⁸ This contribution is subject to the resumption of the Commission contributions to the GFATM –which were temporarily put on hold in the end of January 2011 due to reported fraud cases in Mauritania, Zambia, Mali and Djibouti. The resumption will be subject to the Commission’s recommendations’ being taken into consideration and additional reforms being in place to guarantee safe disbursement of grants. The Commission will carry out a second systemic audit of the Global Fund and of the Fund’s activities in the four affected countries, with a focus on mechanisms at country level and GFATM’s instructions and oversight related to these country level mechanisms.

⁴⁹ Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation (OJ L 378, 27.12.2006, p. 41). Regulation amended by Commission Regulation (EC) No 960/2009 (OJ L 270, 15.10.2009, p. 8).

⁵⁰ http://ec.europa.eu/development/icenter/repository/how_we_do_strategy_paper_en.pdf.

The mid-term review of the Strategy Paper adopted on 5 November 2010⁵¹ confirms this need, stating that health action in 2011-2013 should continue to provide support to initiatives that have proved successful or appropriate, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), which has delivered impressive results for malaria and tuberculosis in a number of countries.

In 2011, the GFATM will enter into its third cycle of financing (2011-2013). However, it faces a growing demand from countries and price increases for second-line HIV/AIDS drugs. Given these constraints and the need to ensure continuity, it is proposed to allocate EUR 65 million to the fund in 2011, which is EUR 15 million more than the usual EUR 50 million allocated to this specific budget line.⁵²

2.1 Sector context

Tackling HIV/AIDS, malaria and tuberculosis remains a major challenge for many developing countries in their work to achieve the health-related Millennium Development Goals (MDGs) by 2015. These diseases severely undermine general human and social development work. In 2000, the EU redefined its role and accelerated its response to fight HIV/AIDS, malaria and tuberculosis in a coherent and comprehensive framework.⁵³ Based on this framework, in 2001 the European Commission adopted a Programme for Action⁵⁴ to improve the effectiveness of existing initiatives targeting the major communicable diseases and poverty reduction, make pharmaceuticals more affordable and support research and development into global public goods to tackle these diseases.

The EU policy on HIV/AIDS, malaria and tuberculosis is spelled out in the communication adopted in October 2004 *A coherent European policy framework for external action to confront HIV/AIDS, malaria and tuberculosis (TB)*.⁵⁵ In April 2005, the European Commission adopted *A European programme for action to confront HIV/AIDS, malaria and tuberculosis through external action 2007-2011*⁵⁶, which proposes a series of actions at both country and global levels. Country-level action includes capacity building, increasing human resource capacity to mitigate the brain drain, broad cooperation between stakeholders, investing in social services and surveillance, monitoring health outcomes and boosting local capacity to produce pharmaceutical products. Proposed global-level action covers five areas: affordable pharmaceutical products, increasing regulatory capacity in developing countries; developing new tools and interventions, strengthening partnerships with multilateral agencies and other institutions, and maintaining a strong European voice at G8 and EU summits. A major objective of the programme is to invest more in scaling up the schemes that have delivered results.

⁵¹ http://ec.europa.eu/development/icenter/repository/investing_people_mid-term_review.pdf.

⁵² These additional credits come on top of the global allocation to the Investing in People programme.

⁵³ *Accelerated action targeted at major communicable diseases within the context of poverty reduction* (COM(2000) 585).

⁵⁴ *Programme for action on communicable diseases in the context of poverty reduction* (COM (2001) 96).

⁵⁵ COM (2004) 726 final. Point 4.2.2 clearly states: 'The EC will increase funding support to confronting the three diseases through innovative action. The global fund has proven to be a comparatively fast way of channelling EC funds into confronting the three diseases at country level and has already shown key results'.

⁵⁶ COM/2005/179 final.

The Programme of Action underwent a mid-term review in 2009.⁵⁷ The Council conclusions adopted on November 19th 2009⁵⁸ then reiterated the EU commitment to combating the diseases. The Council conclusions also urge the Commission and Member States to deepen policy dialogue and collaboration with partner countries and other development partners, including private sector actors, with a view to developing a long-term response to the three diseases, achieving universal access to HIV prevention, treatment, care and support by 2010 and hitting the MDG targets related to HIV/AIDS, malaria and tuberculosis by 2015.

Tackling HIV/AIDS and other poverty diseases, such as malaria and tuberculosis, is a major part of the EU development agenda, as outlined in the European Consensus on Development and in the Joint Statement signed on 20 December 2005,⁵⁹ which states that the EU will support the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM).

In line with the Programme of Action, the European Consensus and the Joint Statement, the thematic programme 'Investing in People' will channel health sector support in 2011 to programmes and initiatives to improve access to prevention, treatment, care and support around the world. It will do this by making a financial contribution to the GFATM.

The Fund is a public-private partnership and a global financial instrument designed to make available and leverage additional financial resources to fight HIV/AIDS, tuberculosis and malaria.

2.2. Lessons learnt

As of December 2010, GFATM grants have provided more than 3 million people with anti-retroviral (ARV) treatment for AIDS, 150 million counselling and testing sessions, 5 million orphans with medical services, education and community care, 1 million HIV-positive pregnant women with Prevention of Mother to Child Transmissions (PMTCT) treatment, 7.7 million people with new cases of infectious tuberculosis detection and treatment, 142.4 million with malaria treatment, and more than 160 million insecticide-treated mosquito nets to families.

By December 2010, the Global Fund has approved a total of US\$21.7 billion to 579 grants in 144 countries and by January 2011 disbursed US\$13 billion to grant recipients. Of the approved grants, 62 % were committed to AIDS programmes, 16 % to tuberculosis and 22 % to malaria.

Between 2007 and 2008, the Global Fund underwent a five-year evaluation organised into three areas: organisational efficiency and effectiveness of the Global Fund, effectiveness of the Global Fund partner environment and impact on HIV, tuberculosis and malaria.

⁵⁷ Commission's staff working document 'Progress Report on the European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007- 2011)' (SEC (2009)748 final).

⁵⁸ Council conclusions on Progress on the European Programme for Action to confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2011), 2974th External Relations Council meeting, 17 November 2009.

⁵⁹ Joint Statement by the Council and the representatives of the Government of the Member States within the Council, the European Parliament and the Commission on European Union Development Policy: 'The European Consensus', adopted by the General Affairs and External Relations Council on 22 November 2005 (OJ C 46, 24.2.2006, p. 1).

The evaluation⁶⁰ confirmed that the Global Fund does play an important role in the global development architecture and merits continued support from multiple development actors involved in combating HIV/AIDS, tuberculosis and malaria. The Fund has contributed to significant progress and achievements in the fight against AIDS, tuberculosis and malaria and has laid the foundation for continued, successful scale-up. However, not all the original expectations of the Global Fund have been met. A concerted effort is still needed to continue revising and refining the Global Fund's principles, systems and practices in order to increase funding for scaling up, especially given the current financial climate. The key messages from the evaluation highlight the urgent need to focus on principles of mutual accountability in partnerships, review and reinforce the performance-based funding system to secure its integrity, and step up the fight against the three diseases by strengthening health systems.

The Global Fund Board and Secretariat have responded to recommendations from the five-year evaluation. Several initiatives are now underway in line with the evaluation findings and recommendations. These include increasing involvement of the Global Fund in health systems strengthening, an implementation plan for the gender strategy, a revised grant rating system, a partnership strategy and the development of a risk-management framework. A new architecture for the grant system of the Global Fund has been introduced including regrouping of grants (single stream funding) and scope to make national policy applications. The new architecture reduces the administrative burden on countries, principal recipients and secretariat when more than one grant is approved for the same disease in a country, and allows for more flexibility in aligning reporting and review time-frames and indicators with the national calendar. The GFATM Secretariat recently undertook an ambitious 'Reform agenda for a more efficient and effective global fund' with three dimensions: organisational reforms (equipping the Secretariat for change); operational reforms (building better programs) and optimising value for money.

Following fraud cases reported by the Office of Inspector General in four recipient countries (Mauritania, Zambia, Mali and Djibouti), the Global Fund announced on 4 February 2011 that a number of measures would be put in place by June 2011 to reinforce its financial safeguards, in order to further increase its capacity to prevent and detect fraud and misuse of grants. The measures to strengthen financial safeguards announced include:

- Expanding the mandate of firms that monitor expenditure in countries to improve fraud prevention and detection;
- Strengthening the role of country coordinating bodies in grant oversight;
- Performing additional scrutiny of activities considered at higher risk of fraud, such as training;
- Redirecting a proportion of all grants to assess and strengthen financial controls at country level;
- Increasing the number of the Fund's staff responsible for financial management;
- Doubling the budget of the Fund's independent Inspector General.

The Fund is also setting up a high-profile panel of international experts to review its systems and ensure that its approaches to fraud prevention are among the strongest in the world. The panel is expected to report to the Board in June –July 2011.

⁶⁰ Technical Evaluation Reference Group Summary Paper: Synthesis Report of the Five-Year evaluation of the Global Fund:
http://www.theglobalfund.org/documents/terg/TERG_Summary_Paper_on_Synthesis_Report.pdf.

The EU considers the main challenges to improve the Global Fund's performance and results to be:

- The Global Fund should align more on countries' national priorities and simplify its procedures, which have become very complex. Programmes supported by the GFATM should be more integrated in national health strategies, and look at synergies between disease-specific interventions and system building. This would improve the response capacity of health systems as a whole and would help avoid bottlenecks and the diversion of scarce resources to specific diseases.
- The EU Delegations and European donors present in country should follow-up discussions within the Country Coordination Mechanism (CCM) and ensure more complementarity and coherence between each of the Global Fund proposals, health national strategies and the Commission's / Member States' initiatives at country level, while taking account of action by other donors.
- Financial oversight of the grants should be improved, with a clearer role for the CCM and a greater mandate for the Local Fund agent (LFA) to track diversion of funds. The Office of the Inspector General, acting independently from the Secretariat and referring directly to the Board, is key to the credibility of the GFATM. To this end, the Commission will carry out a second systemic audit of the Fund in its country-level activities in four countries: Mauritania, Zambia, Mali and Djibouti. The purpose is to assess whether the recommendations of the 2009 Commission audit have been implemented, whether systems have been put in place to prevent misuse of funds and whether adequate mechanisms are in place to ensure full recovery of funds from any identified fraud cases.

2.3. Complementary actions

Support for the Global Fund to Fight AIDS, Tuberculosis and Malaria is in addition to a contribution from the European Development Fund (EDF). The EU intends to continue contributing EUR 100 million annually until 2013, shared equally between the thematic programme 'Investing in People' and the 10th EDF Intra-ACP funds. A further EUR 15 million are added from the 'Investing in People' specific Global Fund budget line in 2011.

Between 2001 and 2010, the EU disbursed EUR 922.5 million in payments to the GFATM, of which EUR 480 million came from the EDF and EUR 442.5 million from the EU budget.

In addition to financial support to the Global Fund, the European Commission (in joint management with the World Health Organisation) supports capacity building in six ACP countries to scale up national work to provide universal access to HIV/AIDS prevention, care and treatment by improving implementation of national AIDS responses, including Global Fund grants.

The Fund complements the ongoing and often substantial investment by bilateral and multilateral donors and development banks. In sub-Saharan Africa, the Fund may contribute a large proportion of the total in-country investment, particularly for malaria and tuberculosis. Donors will continue to help improve outcomes for the three diseases in various ways, including technical assistance, targeted projects and budgetary support. Country proposals for financing from the Fund are submitted through the Country Coordinating Mechanism, which groups all stakeholders involved in combating the three

diseases. This maximises the Fund's potential to support additional investment, fills gaps in the national responses and complements other work.

2.4. Donor coordination

The Global Fund has signed the Paris and Accra Declaration on Aid Effectiveness. It harmonises donor contributions to a common, untied fund at international level, and reflects many of the Paris principles in its founding documents. The Global Fund, with other global initiatives, tracks indicators related to the Paris principles and learning lessons from putting the principles into practice. The Global Fund is fully committed to this effort by:

- working with the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD) to develop and implement the survey instrument to track progress in reaching the Paris Declaration targets;
- representing global initiatives in the Paris process, including the Global Alliance for Vaccines and Immunisation (GAVI) Alliance, the Global Environment Facility (GEF), and the Education for All-Fast Track Initiative (EFA-FTI);
- publishing baseline data and monitoring Global Fund results and 2010 targets; and
- participating in the Measurement Working Group.

As a financing mechanism, the Global Fund works closely with other multilateral and bilateral organisations involved in health and development issues to ensure that newly funded programmes are coordinated with existing ones. In many cases, these partners participate in country coordinating mechanisms, providing important technical assistance to develop proposals and implement programmes.

The Global Fund is increasingly involved in work to strengthen health systems, in cooperation with GAVI, the World Bank and the WHO. A new architecture for grant funding to facilitate alignment and harmonisation with national and other international funding was operational on a voluntary basis in 2010 and for all new grants as from 2011.

The European Commission has coordinated a supportive European stance towards the Fund and held the seat of Vice-Chair of the Board from March 2006 to March 2007. It is currently represented in the Board by the Directorate-General for Development and Cooperation EuropeAid. In addition, it is a member of the Board's Policy and Strategy Committee and represented in the Portfolio Committee by a member (Belgium) of the constituency formed together with Portugal, Belgium and Finland. Other EU Member States are represented on the Board through constituencies formed with their partners. All views expressed by the Commission on the Board are closely coordinated with constituency members; the Commission organises regular consultations with all EU donors to the GFATM in advance of Board meetings or other important events.

3. DESCRIPTION

3.1. Objectives

The overall objective of this action is to contribute to achieving the Millennium Development Goals (1, 4, 5 and 6)⁶¹ by reducing the number of cases of ill-health, death and disability due to HIV/AIDS, malaria and tuberculosis and hence their impact on society.

The specific objective is to mitigate the impact of HIV/AIDS, tuberculosis and malaria.

3.2. Expected result and main activities

The Fund provides resources to enable beneficiary countries and their development partners to scale up defined national responses to the three diseases.

The expected result is:

- Increased coverage and utilisation of effective interventions and greater commodity security to fight the three diseases in the poorest developing countries.

The GFATM is a financial instrument, not an implementing entity. It makes available and leverages additional financial resources to fight HIV/AIDS, tuberculosis and malaria by supporting programmes that reflect national ownership and respect country-led formulation and implementation processes.

The GFATM Secretariat launches calls for proposals on a regular basis, and awards and manages grants according to a transparent process, following the guidance and decisions of the Fund's Board.

The Fund has defined a set of eligibility criteria, including the disease burden for HIV/AIDS, tuberculosis and malaria and poverty indicators. It encourages new and innovative alliances between partners in recipient countries and seeks to actively involve local representatives of civil society and the private sector in the CCM. The Fund encourages interventions focused on strengthening national, sub-national and community systems to increase the demand for, access to, and the quality of, services, as well as equal access to services by women and men of all ages and by key affected populations and sexual minorities. This approach fosters effective disease-specific strategies and support efforts to strengthen underlying health systems in recipient countries, consistent with national strategic plans.

Under the proposal, the grantee is expected to indicate baseline data, targets and key indicators. The Global Fund requires principal recipients (organisations in the CCMs) to report results on a regular basis, and these reports are verified by independent consultants known as Local Fund Agents (LFAs). This enables the Global Fund to ensure that funds channelled through the Fund Trustee reach those for whom they are intended and are spent efficiently. This system of performance-based funding also allows the Global Fund to react quickly should problems arise. It acts as an important signal to industry of commitment to

⁶¹ MDG 1: Eradicate extreme poverty and hunger
 MDG 4: Reduce child mortality
 MDG 5: Improve maternal health
 MDG 6: Combat HIV/AIDS, malaria and other diseases (see <http://www.un.org/millenniumgoals/bkgd.shtml>).

purchase, which gives industry the incentive to develop new commodities and make price reductions.

Activities that may be supported by the Fund include: increased access to health services; provision of critical health products including drugs (like bed nets, condoms, antiretrovirals, anti-tuberculosis and antimalarial drugs, treatment for sexually transmitted infections, laboratory supplies and materials, and diagnostic kits); training of personnel and community health workers; behaviour change and outreach; and community-based programmes including care for the sick and orphans.

3.3. Risks and assumptions

The Fund seeks to minimise transaction costs while maintaining adequate safeguards to ensure that funds are used effectively and achieve results. The Fund provides resources for the first two years of what will normally be a five-year programme. This is subject to arrangements in place for local fiduciary procedures, procurement and monitoring. The provision of resources for the third year and beyond is subject to the demonstration of results and the ability to absorb available resources.

3.4. Cross-cutting issues

The Fund is increasing interventions targeting women and children, who are particularly vulnerable to HIV and malaria infections. Mother/child transmission together with social norms and behaviours and the persistence of gender inequalities have a major impact on the spread of these diseases, in particular HIV/AIDS, which need to be addressed by the Fund through specific measures.

The Global Fund recognises that gender issues play an important role in the fight against HIV/AIDS, tuberculosis and malaria and is putting in place a programme to sharpen its gender focus in the Secretariat's internal mechanisms and operations. The programme includes developing a gender policy and appointing a gender focal point to implement and monitor the policy. The policy focuses on systematic training on gender issues linked to the three diseases for all Secretariat staff to heighten awareness. Gender expertise within Global Fund structures has also been strengthened, for example through revised composition guidelines for the Country Coordinating Mechanisms and a review of the Technical Review Panel's membership. There is also a need to strengthen and mainstream gender in the Global Fund Secretariat's operations. In this regard, and in the light of country-level evidence, strategic partnerships are being scaled up and innovative approaches to more comprehensive sexual and reproductive health and rights and family planning programmes are being encouraged. Additional criteria for grant eligibility, monitoring and evaluation are being developed to measure gender awareness, and additional guidelines on indicators to address gender equality and sexual and reproductive health will be included in the Monitoring and Evaluation Toolkit.

3.5. Stakeholders

The Fund is governed by an international **Board** consisting of nineteen voting members and four non-voting members. Voting members include government representatives from donor and recipient countries and representatives of affected communities, private sector businesses, philanthropic foundations and NGOs. Representatives of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO) also participate as *ex-officio* (non-voting) members, as does the World Bank, which serves as

the Fund's trustee. The Board is advised by a number of committees set up to address specific areas of difficulty or complexity that may arise. Currently, they include committees on Ethics, Policy and Strategy, Finance and Auditing, and Management of the Portfolio. The European Commission is directly and substantially involved with the Board Committee on Policy and Strategy (in a constituency with Portugal, Belgium and Finland).

The Fund's **Secretariat** is responsible for day-to-day operations, including mobilising resources from the public and private sectors, managing grants, providing financial, legal and administrative support, and reporting on the Fund's activities to the Board and the public.

To support the Fund in financing effective programmes, the Board relies on an independent panel of international experts on health and development. **The Technical Review Panel (TRP)** reviews eligible grant proposals on grounds of technical merit (soundness of approach, feasibility and potential for sustainability). Based on this review, the TRP recommends proposals for funding to the Board.

The **Partnership Forum** meets every two years, assembling a broad range of global stakeholders to discuss the Fund's performance and to make recommendations on its strategy and effectiveness.

The **Office of Inspector General (OIG)** operates as an independent unit of the Fund, reporting directly to the Board. The overall and primary purpose of the OIG is to provide the Fund with independent and objective oversight to ensure the integrity and effectiveness of its programmes and operations, including compliance with policies and procedures. The OIG assists the Fund in protecting assets and preventing and detecting fraud, waste, abuse, malfeasance or mismanagement. The OIG has two specific responsibilities: investigation of potential fraud, abuse, misappropriation, corruption and mismanagement of funds; and audit and inspection of activities and transactions to assess the effectiveness of internal controls and to identify areas that will enable the Fund to achieve better results.

The **Technical Evaluation Reference Group (TERG)** is an advisory body providing independent assessment and advice to the Board on issues that, in its view, require the Board's attention. The Board also directs the TERG to examine specific programming aspects of the Fund, as appropriate. The TERG advises the Secretariat on evaluation approaches and practices, independence, reporting procedures and other technical and managerial aspects of monitoring and evaluation at all levels. The members of the TERG are drawn from a range of stakeholders, including practitioners, research institutions, academics, donor and recipient countries, and non-governmental organisations. They are nominated and confirmed by the Board.

Country Coordinating Mechanisms (CCMs) are central to the Fund's commitment to local ownership and participatory decision-making. These country-level partnerships develop and submit grant proposals to the Fund based on priority needs at national level. After the approval of grants, they oversee progress during implementation.

The CCMs include representatives from both the public and private sectors, including governments, multilateral or bilateral agencies, non-governmental organisations, academic institutions, private businesses and people living with the diseases.

EU Delegations are in a number of cases members of CCMs, playing a very active role in certain countries, in collaboration with the Member States.

For each grant, the CCM nominates one or more public or private organisations as the **Principal Recipient**.

The Fund does not have a country-level presence beyond its offices in Geneva, Switzerland. Instead, it hires **Local Fund Agents** (LFA) to oversee, verify and report on grant performance. LFAs are selected through a competitive bidding process.

The Fund normally has one LFA in each country where it has approved a grant. This gives it access to local knowledge that may be relevant to grant performance. There are some cases, however, where it is not possible to have a LFA in the country. In these cases, the LFA is based in a nearby country and flies in from time to time to verify grant implementation.

4. IMPLEMENTATION ISSUES

4.1. Implementation method

The contribution to the Global Fund to fight AIDS, Tuberculosis and Malaria involves joint management with an international organisation (World Bank), under Articles 53 and 165 of the Financial Regulation⁶² and Article 43 of the Implementing Rules.⁶³

4.2. Procurement and grant award procedures

All contracts implementing the action must be awarded and implemented in accordance with the procedures and standards as laid down and published by the Fund.

Grants will be awarded by the Fund to the selected projects following international calls for proposals and approval by the Board of the Fund.

4.3. Budget and calendar

A budgetary commitment will be made for the EUR 65 million contribution, which will be disbursed in one or two payments to constitute part of the pool of financial resources of the Fund.

As detailed in footnote 1, the payment of the contribution will be subject to the resumption of Commission support to the GFATM.

The indicative duration of execution of the contribution is 12 months.

4.4. Performance monitoring

The performance of the Fund is monitored at six-month intervals by assessing the results against a set of indicators agreed by all stakeholders. The top ten service indicators used for

⁶² Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002 on the Financial Regulation applicable to the general budget (OJ L 248, 16.9.2002, p. 1).

⁶³ Commission Regulation (EC, Euratom) No 2342/2002 of 23 December 2002, laying down detailed rules for the implementation of the Financial Regulation applicable to the general budget (OJ L 357, 31.12.2002, p. 1).

routine reporting include: the number of people currently receiving antiretroviral (ARV) therapy, the number of new tuberculosis cases detected,⁶⁴ successfully treated or enrolled for multidrug-resistant treatment, the number of insecticide-treated bed nets distributed to people, the number of people receiving anti-malaria treatment, the number of people counselled and tested for HIV, including provision of results, the number of HIV-positive pregnant women receiving a complete course of ARV prophylaxis to reduce mother-to-child transmission, the number of condoms distributed to people, the number of people benefiting from community-based programmes, the number of people receiving treatment for infections associated with HIV and the number of service deliverers trained.

The Global Fund has also adopted some impact indicators to be used mainly for medium-term reporting (one to five years). These indicators include: the percentage of people aged 15-24 who are HIV-infected (HIV prevalence) applicable to most-at-risk populations in concentrated/lower epidemics; the percentage of people still alive 12 months after initiating ARV treatment (reduced mortality); the percentage of infants born to HIV-positive mothers who are HIV-infected (reduced mother-to-child-transmission); the percentage of people aged 15-24 who had sex with more than one partner in the last year; the percentage of people aged 15-24 with no regular partner in the last year who used consistently condoms; the percentage of people aged 15-19 who never had sex (primary abstinence) or aged 15-24 who had no sex in the last year (secondary abstinence); the tuberculosis detection rate and tuberculosis treatment success rate; the estimated number of active tuberculosis cases per 100 000 people (TB prevalence rate); the number of malaria-associated deaths and the incidence of clinical malaria cases.

Individual funded projects are monitored regularly. Performance monitoring begins when the grant agreement is signed, when targets and indicators are agreed upon between recipients and the Global Fund. Only grant recipients that can demonstrate measurable and effective results from the funds received will be able to receive additional funding.

4.5. Evaluation and audit

The individual grant projects are evaluated as part of the contract agreements between principal recipients and the Fund. The Fund also commissions independent evaluations of the project, and it is evaluated itself at five-year intervals.

The Global Fund underwent a five-year evaluation in 2007-2009. The detailed evaluation findings, recommendations and the response from the TERG (technical evaluation committee) are found in the Synthesis Report.⁶⁵

The Fund's accounts are audited annually by independent auditors.

⁶⁴ Indicators are classified according to the Fund's classification and differ in some extent from those of the European Commission. For example TB detection rate is an outcome indicator under the Commission's classification.

⁶⁵ Technical Evaluation Reference Group Summary Paper: Synthesis Report of the Five-Year evaluation of the Global Fund:
http://www.theglobalfund.org/documents/terg/TERG_Summary_Paper_on_Synthesis_Report.pdf.

4.6. Communication and visibility

The EU's visibility, pivotal leadership, and fund mobilisation and monitoring role in the GFATM is strengthened through active participation in the Board, in the Board's Policy and Strategy Committee and in the Country Coordination Mechanisms of individual countries.

ANNEX D**THEMATIC PROGRAMME *INVESTING IN PEOPLE*****THEME 1.3: *GOOD HEALTH FOR ALL***

IMPLEMENTATION OF THE CAIRO AGENDA, INCLUDING PROVISION OF COMMODITIES AND SUPPORTING CIVIL SOCIETY ORGANISATIONS IN THE COUNTRIES WITH THE WORST INDICATORS

1. IDENTIFICATION

Title/Number	Support to the global programme to enhance reproductive health commodity security DCI-SANTE/2011/ 261-051		
Total cost	Indicative total cost for the period 2012-2013: EUR 150 000 000 EU contribution: EUR 24 358 000		
Aid method / Method of implementation	Project approach — <i>Joint management with the United Nations Population Fund (UNFPA)</i>		
DAC-code	13010	Sector	Population policy and administrative management

2. RATIONALE

The thematic programme ‘Investing in People’ pursues a broad approach to development and poverty reduction, with the general aim of improving human and social development levels in partner countries, in accordance with the *United Nations Millennium Declaration* and the Millennium Development Goals (MDGs). It is based on Article 12 of the Development Cooperation Instrument (DCI),⁶⁶ and is detailed in the *Strategy Paper for the Thematic Programme 2007-2013*.⁶⁷ Under the theme ‘Good Health for all’, it addresses four key health areas: human resources for health (HRH); poverty-related and neglected diseases; sexual and reproductive health and rights (SRHR) and a balanced approach to prevention, treatment and care.

The mid-term review of the Strategy Paper adopted on 5 November 2010⁶⁸ recognises that progress towards the health-related MDGs remains off track in a large number of developing countries due to a combination of factors — high disease burden, weak underfinanced health systems, lack of public health technical capacity, and low political commitment to address the

⁶⁶ Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation (OJ L 378, 27.12.2006, p. 41). Regulation amended by Commission Regulation (EC) No 960/2009 (OJ L 270, 15.10.2009, p. 8).

⁶⁷ http://ec.europa.eu/development/icenter/repository/how_we_do_strategy_paper_en.pdf.

⁶⁸ http://ec.europa.eu/development/icenter/repository/investing_people_mid-term_review.pdf.

societal, cultural or life-style-related factors of poor health. This action aims to address these factors, in a way that complements the EU country programmes.

Global indicators on SRHR are not improving. The needs gap regarding modern contraception remains high, and adolescents — both girls and boys — remain largely underserved, despite the fact that they are mostly already sexually active and that they represent future generations. Sexual and reproductive health (SRH) is not consistently addressed in healthcare programmes, nor is it linked to HIV/AIDS programmes in developing countries.

2.1. Sector context

The Programme of Action of the 1994 Cairo International Conference on Population and Development (ICPD) called on all countries to take steps to provide universal access to a full range of safe and reliable family-planning methods and related reproductive health services.⁶⁹ The ultimate aim is to assist couples and individuals to achieve their reproductive goals and give them the opportunity to exercise the right to have children by choice. In addition, it was recognised that meeting the reproductive health needs of the population is critical to achieving the Millennium Development Goals.

Although some countries have made much progress in reducing maternal mortality, new estimates show that the rate of reduction is still well short of the 5.5% annual decline needed to meet the MDG target. Although the contraceptive prevalence rates for modern methods in countries most in need of assistance continue to improve, progress has been slow. Furthermore, there is a high unmet need for contraceptives, which suggests that more focus should be placed on expanding the scope of programme activities to improve availability and access to reproductive health commodities.

Availability and access to reproductive health (RH) commodities are critical to improving health outcomes, such as maternal health and HIV prevention, and to allowing individuals to plan the size of their families. Estimates have indicated that, by preventing pregnancies and unsafe abortions, reliable access to quality family planning services and information can reduce maternal deaths by one third, which equates to saving the lives of 100 000-175 000 women each year.⁷⁰ Reproductive health commodities, including HIV test kits and diagnostics, are critical for successful HIV prevention strategies and programmes and so are male and female condoms, which can reduce risk of sexually transmitted infections (STIs), including HIV. For these reasons, the United Nations Population Fund (UNFPA) is committed to working with other agencies to prioritise gender and sexual and reproductive to combat HIV and AIDS, and to make contraceptives available to all who need them to space or limit the number of children they will have.

At global and regional levels, various initiatives and declarations have called for concerted action to invest in sexual and reproductive health programmes. On 22 September 2010, the UN Secretary-General, Ban Ki-moon, officially launched a new Global Strategy for Women's and Children's Health.⁷¹ The strategy seeks to build upon existing commitments to women and children's health and to secure new commitments from a range of influential partners. It

⁶⁹ See Paragraph 7.16 of the ICPD PoA at

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/icpd_eng.pdf.

⁷⁰ Donor Support for Contraceptives and Condoms for STI/HIV Prevention 2008 at http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/2008_donor_support_report.pdf.

⁷¹ <http://www.un.org/sg/globalstrategy.shtml>.

aims to complement existing regional and country strategies for achieving the MDGs. Most recently, in June 2010,⁷² the G8 leaders pledged to work with multiple partners worldwide to achieve the targets set in 2001 for MDGs 4 and 5: reduce by two-thirds the under-five mortality rate, reduce by three-quarters the maternal mortality ratio between 1990 and 2015; and to achieve, by 2015, universal access to reproductive health. In July 2010⁷³ African leaders, during the 15th Ordinary Session of the African Union, reaffirmed the importance of strengthening health systems to provide comprehensive care, integrating maternal, newborn and child health-care services, in particular, providing primary health care by repositioning family planning, including reproductive health commodity security and developing infrastructure and appropriately skilled and located human resources.

All these commitments by world leaders underpin the importance of scaling up efforts to improve maternal health by providing quality reproductive health services and well-timed interventions. This is critical because failure to take action will result in hundreds of thousands of preventable deaths each year.⁷⁴ Ensuring that a reliable and consistent supply of sexual and reproductive health commodities is available to those who need them is a key strategy for preventing maternal deaths and ensuring that every pregnancy is wanted and every birth is safe.

Since 2007, the Global Programme to enhance Reproductive Health Commodity Security (GPRHCS), developed by UNFPA and partners, has helped the organisation work with national governments to carry out the diverse and multi-faceted work needed to achieve Reproductive Health Commodity Security (RHCS) built upon the reliable and consistent supply of sexual and reproductive health commodities. Reproductive Health Commodity Security is achieved when all individuals can obtain and use affordable, quality reproductive health commodities⁷⁵ of their choice whenever they need them.

UNFPA developed the Global Programme specifically to help countries assess and address their own needs regarding RHCS. Previous efforts to help countries were bedevilled by too little funding available over too short a timeframe responding to legitimate but ad-hoc requests from countries for technical assistance and supplies. This approach failed to generate country-driven, sustainable approaches to commodity security.

The Global Programme takes its guiding principles from the Paris Declaration on Aid Effectiveness (ownership; alignment; harmonisation; managing for results and mutual accountability). Providing limited multi-year technical and financial resources, the programme is designed to be a catalyst (tailored to each country's situation and possibilities) to help mainstream reproductive health commodity security into national health policy, programmes, plans and budgets. Therefore the focus, scope, objectives and progress vary from country to country.

⁷² See The G8 Muskoka Initiative (Annex D): Maternal, Newborn and Under-Five Child Health of the G8 Muskoka Declaration; Recovery and New Beginning, June 2010 at <http://g8.gc.ca/g8-summit/summit-documents/g8-muskoka-declaration-recovery-and-new-beginnings/>.

⁷³ African Union; Action on Maternal Health, Newborn and Child Health and Development in Africa by 2015, 15th Ordinary Session, Kampala, Uganda, 25 – 27 July 2010.

⁷⁴ Millennium Development Goals Report, 2010.

⁷⁵ Reproductive health commodities, in this discussion, are made up of equipment, pharmaceuticals and supplies for: obstetric and maternal health care; the prevention, diagnosis and management of reproductive tract infections and sexually transmitted infections; and contraceptive supplies, including male and female condoms.

Since its inception in 2007, the Global Programme has expanded. It benefited a total of 73 countries in 2009; up from 54 in 2008. The programme funded a doubling of spending on reproductive health commodities from USD 34 million in 2008 to USD 70 million in 2009. As a result, countries are beginning to move towards more predictable, planned and sustainable country-driven approaches to securing essential supplies and ensuring their use.

At country level, the Global Programme provides an additional and targeted complement to UNFPA's broader development mandate. Critically, it provides strong foundations for work promoting gender equality, women's empowerment and the rights and needs of youth.

The European Commission has been a long-term partner of UNFPA regarding RHCs. From May 2006 to December 2009, the European Development Fund (EDF) funded Joint ACP/UNFPA/EU programme of support to 17 ACP 'conflict and post-conflict' countries⁷⁶ most in need of improving RHCS, providing reproductive health commodities to millions and helped to save countless lives.

2.2. Lessons learnt

In recent years, UNFPA's work to help countries improve RHCS — specifically, the Global Programme to enhance RHCS and the Joint ACP/UNFPA/EU programme — has served as a major catalyst to support concerted, multi-year action to implement country-defined, country-owned and country-driven RHCS strategies. This work, with sustained partnerships and strong government leadership, is helping to increase the contraceptive prevalence rate and to lower the rate of unmet needs within a short period of time.

At country level, the establishment and work of National RHCS Coordination Committees continues to play an important role in attaining key programme outputs, including RHCS situation analyses and National RHCS Strategic Plans. However, the work of the coordinating committees and implementation of RHCS strategic plans require further capacity strengthening and support to build on achievements and secure their long-term viability.

Sustained advocacy initiatives in countries where GPRHCS is implemented have resulted in the creation of line items in national budgets for the procurement of reproductive health commodities (see footnote 9 above). This helps to make supplies available and avert shortages of life-saving maternal/reproductive health medicines and contraceptives. It is a powerful indicator of a country's commitment to RHCS.

Improving the logistics management systems of countries is also key to improving the provision of supplies to service delivery points and making information easily available and accessible for decision making. Despite some progress, national partners continue to struggle to adapt and institutionalise Logistics Management Information Systems (LMIS) software. At national level, improving LMIS and increasing national capacity is still needed to help national work to forecast, procure and distribute the RHCs required to meet users' needs.

Significant technical and financial resources are needed to build and strengthen the capacity of governments to play a leadership role in RHCS. This calls for all partners to continue to

⁷⁶ The beneficiary countries were: Angola, Burundi, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, Haiti, Guinea-Bissau, Liberia, Mozambique, Rwanda, Sierra Leone, Somalia and Sudan.

work together to provide technical and financial inputs, especially in the weakest partner countries (including conflict and post-conflict countries).

Key to enhancing national capacity for RHCS is the creation of regional and sub-regional pools of experts in the UNFPA geographic regions to respond to technical assistance needs as and when required. For example, in Africa, the pool of RHCS technical experts has provided much-needed support for programme implementation. This is an example of South-South cooperation.

The Joint European Commission/UNFPA evaluation of the ACP/UNFPA/EU RHCS programme (carried out in May-August 2009) recommended that the EU continue to programme support for RHCS as: 1) demand for RHCs ‘will remain very high and indeed increase over time’; 2) demand for RH services including family planning services will rise; 3) national spending on RH remains way below rising needs; and 4) national health systems remain very weak.

The evaluation also recommended that the EU contribute to the pooled funding mechanism of the Global Programme to enhance RHCS — which already receives very significant support from EU Member States, in particular the Netherlands and the United Kingdom. This optimises the use of EU funds, with no additional transaction costs.

2.3. Complementary actions

The Reproductive Health Supplies Coalition (RHSC) is a high-level global partnership of public, private, and non-governmental organisations of reproductive health supply donors and stakeholders dedicated to increasing resources, strengthening systems and ensuring that people in low-income and middle-income countries have access to and use affordable, high-quality supplies for better reproductive health. The coalition brings together more than 100 member organisations (including multilateral and bilateral organisations, private foundations, governments, civil society, and private-sector representatives) with critical roles in providing reproductive health supplies. The European Commission and UNFPA have been active members of the coalition since it was set up in 2004 and both are members of the coalition’s 13-seat executive committee.

UNFPA, the European Commission and a number of partners from the supplies coalition helped develop a new innovative mechanism called AccessRH to expedite procurement and increase the availability of reproductive health commodities in developing countries. AccessRH is funded by the EU (DCI-SANTE/2009/200-336), the German Federal Ministry for Economic Cooperation and Development (BMZ), the United States Agency for International Development (USAID) and UNFPA.

AccessRH is an innovative procurement mechanism designed to: i) improve access for a range of users to quality, affordable contraceptives with favourable delivery terms; ii) enhance supply chain visibility; and iii) promote country ownership. To ensure long-term sustainability, stability, and reliability of AccessRH, it is to be an integral part of UNFPA’s procurement service, offered in addition to existing procurement services for contraceptive products and other reproductive health commodities.

UNFPA and the GPRHCS will also collaborate and seek synergy with the recent EC/UNFPA/UNAIDS programme ‘Linking HIV and Sexual and Reproductive Health and

Rights in Southern Africa' (DCI-SANTE/2010/248-682). The programme will enable Botswana, Lesotho, Malawi, Namibia, Swaziland, Zambia and Zimbabwe to strengthen health systems and increase access to and use of a broad range of quality services. This will help them achieve the goals of universal access to reproductive health (MDGs 3, 4 and 5) and HIV prevention, treatment, care and support (MDG 6) by 2015, while linking up with the education, gender and legal sectors.

2.4. Donor coordination

The Global Programme to enhance Reproductive Health Commodity Security has a donor coordination mechanism which works with UNFPA to provide guidance and advice on the management and strategic direction of the programme. An annual GPRHCS donors' meeting takes place in the second quarter of the year, during which a draft of the previous year's progress report is discussed. Inputs are then provided and the Annual Progress Report is finalised.

At national level, UNFPA works with donors and other development partners to strengthen the overall system of aid coordination mechanisms and to help countries manage external assistance, including improving management and accountability of funds. Under the Global Programme, UNFPA works with donors and other development partners to ensure that family planning comes under a broader sexual and reproductive health package, and that equitable access to family planning services is increased.

In line with the country-level focus of the Global Programme, national governments and national stakeholders are at the centre of the decision-making process and define and drive programme implementation. In each country, the activities funded contribute to the achievement of national priorities and the objectives of the ICPD Programme of Action. Broadly speaking, the Global Programme provides a catalyst (tailored to each country's situation and possibilities) to mainstream Reproductive Health Commodity Security into national health policy, programmes, plans and budgets by strengthening health systems.

At regional level, UNFPA collaborates with organisations such as the African Union Commission, the Southern African Development Community (SADC), the Intergovernmental Authority on Development (IGAD) and the Economic Community of West African States (ECOWAS) to achieve regional and sub-regional health development goals, within the framework of the mandate of each organisation. At country level, UNFPA as an agency and as part of the UN Country Team is highly active in working with governments to enhance aid effectiveness and help them achieve their development goals under the ICPDs and MDGs.

At global level, UNFPA has worked with key bilateral and technical agencies and non-governmental organisations (NGOs), including UN sister agencies such as WHO, UNICEF, UNHCR, WFP and the World Bank; donor partners such as Canada, Cyprus, Denmark, Estonia, Finland, France, Germany, Ireland, Luxembourg, Netherlands, Portugal, Spain, Spain (Catalonia), Sweden and United Kingdom and NGOs such as John Snow Inc. (JSI) and International Planned Parenthood Federation (IPPF) to agree on financing mechanisms and principles of managing for results through an agreed-upon reporting, monitoring and evaluation mechanism and results framework. In addition, UNFPA, through the GPRHCS, plays a key role in the joint commitment to collaborate in accelerating maternal health, formalised in 2008 by UNFPA, WHO, UNICEF and the World Bank, known as the H4. The four UN agencies have agreed to enhance their support to countries with the highest maternal

mortality and to help them make progress towards achieving MDG 5. Lastly, as mentioned in section 2.3, UNFPA continues to play a lead role in the Reproductive Health Supplies Coalition.

3. DESCRIPTION

3.1. Objectives

The action contributes to the ongoing Global Programme for Reproductive Health Commodity Security. The overall objective of the GPRHCS is to boost Reproductive Health Commodity Security at national level by improving the availability, access and use of RHCS for voluntary family planning, HIV/STI prevention and maternal health services.

The specific objectives of the action are to:

- Ensure the consistent availability of the key reproductive health commodities required by each beneficiary country for voluntary family planning, HIV/STI prevention and maternal health services;
- Support governments and their partners in developing, coordinating and implementing country RHCS strategies and plans;
- Advocate for and mobilise political and financial support for RHCS;
- Strengthen capacity and systems for RHCS as part of overall and integrated health systems strengthening.

3.2. Expected results and main activities

While the specific focus and strategy are tailored to each country, the Global Programme is designed to yield the following results:

At national level:

- Reproductive health commodity needs met consistently and reliably for all who need them;
- Strong inter-linkages between RHCS and national reproductive health and HIV/AIDS programmes and policies;
- Enhanced capacity of national stakeholders and improved systems;
- Mainstreaming of RHCS through gradual increases in government-controlled funding to finance capacity and system enhancement and planned commodity provision;
- Increased national ownership and management of all aspects of RHCS.

At international level:

- Regular and dependable funding flows necessary to implement multi-year plans of action;
- More strategic international support for RHCS;
- Better collaboration among UN Agencies and better integration of RHCS in the context of joint country level work;
- Stronger strategic partnerships among global development partners through work with the global Reproductive Health Supplies Coalition and development of stronger links with international funds such as the Global Fund for AIDS, Tuberculosis and Malaria and the Global Alliance for Vaccines and Immunisation (GAVI), as part of ensuring the full range of essential drugs and supplies.

Expected outcome:

- Improved availability, access and utilisation of RHCS for voluntary family planning, HIV/STI prevention and maternal health services thereby contributing to sustained Reproductive Health Commodity Security at national level.

The main activities are not explicitly set out in advance in line with the country-driven nature of the programme, since decisions on specific activities are taken at country level according to the needs. Beneficiary countries will have to demonstrate progress annually against indicators set under the Monitoring and Evaluation Framework.

Activities will indicatively fall into the following categories:⁷⁷

- (1) develop, coordinate and implement country RHCS strategic plans by government with their partners;
- (2) enhance political and financial commitment for RHCS;
- (3) strengthen capacity and systems for RHCS;
- (4) mainstream RHCS into UNFPA core business (UN reform environment).

Three streams of funding:

The global Programme targets results by making three streams of funding available, for which developing countries are invited to apply.

Stream 1: Guaranteed finance for five years to support development and implementation of a national action plan for an integrated approach to RHCS.

Stream 2: Guaranteed financing for one, two or three years to support implementation of a transitional national action plan to scale up the national response to a number of specific RHCS-related issues. More than one country can apply for Stream 2 finance to fund a regional initiative. It is expected that Stream 2 funds will be used by some countries to prepare a more integrated approach to RHCS to be financed at a later date under Stream 1.

Stream 3: An emergency fund to provide RH commodities to prevent shortages. Countries receiving Stream 3 funds are encouraged to take complementary action to build and demonstrate national commitment to move towards a more strategic approach to RHCS.

⁷⁷ For instance in 2009, the GPRHCS worked in Ethiopia under Ethiopia's successful Health Extension Worker Programme to jump start a major initiative to scale up the availability of Implanon (contraceptive inserted under skin). The programme funded 520000 sets of Implanon and trained over 600 community health workers to provide Implanon service delivery and counselling. In Mongolia, Niger and Madagascar, demand generation was the priority activity in 2009. In these three countries, the Global Programme facilitated collaboration with local NGOs to launch behaviour change communication campaigns in the community. In Madagascar, the Global Programme collaborated with an NGO (Marie Stopes International) to conduct market research into contraceptive availability and use. The Programme also supported the development of a mobile movie screening unit in Madagascar. The unit was developed to deliver advocacy films and family planning information to adolescents in rural communities. In Nicaragua, 512 doctors and nurses were trained on the use of female condoms and the insertion of intrauterine devices (IUD).

3.3. Risks and assumptions

The assumptions for implementing the action are as follows:

- Governments remain committed to implementing RHCS action plans and provide increasing resources in national budgets that are dedicated to achieving RHCS;
- The socio-economic, political and cultural climate in the country does not impede implementation of RHCS interventions;
- Donors and partners remain willing to provide RHCS-related funding/support to facilitate the continued development of an enabling environment and strengthen country capacity to achieve RHCS;
- RHCS coordination committees are committed to working to achieve RHCS in their respective countries;
- Supply chain bottlenecks are resolved and RH commodities are available at service delivery points (SDPs);
- Skilled and dedicated human resources are available to address RHCS issues on a day-to-day basis in government agencies;
- Good coordination and cooperation among UN agencies, including a clear understanding that RHCS is relevant to the work of all agencies.

3.4. Cross-cutting issues

The programme will emphasise the rights of individual women and men, as underpinned by the ICPD Programme of Action which guides UNFPA's work. The programme will therefore provide support for more equitable access to reproductive health, including family planning services, condoms for HIV prevention, emergency obstetric equipment and other essential RH supplies. It aims to cater for all categories of people regardless of socioeconomic status, gender, ethnicity, disability or age to fulfil their fundamental human right to attain the highest possible standard of health. The programme will be closely linked to global, regional and national action to integrate and scale up SRH and HIV interventions. Due consideration will be given to addressing the special needs of women to have access to reproductive health and family planning services and enable them to space and prevent pregnancies and enjoy better reproductive health. In support of the right of young people to information and services, the programme will strive to ensure that RH commodities are available and accessible to meet the needs of young people.

3.5. Stakeholders

UNFPA will work with regional and national organisations to promote understanding of RHCS and facilitate its mainstreaming into national (and, where appropriate, regional) health policies, programmes, budgets and plans. At country level in particular, UNFPA will seek to work strategically with the EU Delegation and other donors and partners in the country on coordination, harmonisation and alignment structures. This will include work to raise awareness and understanding of RHCS and ensuring that RHCS is adequately prioritised in national health policies, programmes and budgets.

Government agencies will be supported in their key leadership roles to ensure that work is geared towards sustainable systems and favourable outcomes. The work of all stakeholders will be coordinated to achieve maximum results and impact of the planned interventions.

At global level, the EU and EU Member States contributing to the Global Programme will constitute important stakeholders working jointly with UNFPA to raise knowledge and awareness of Reproductive Health Commodity Security as a cornerstone of work on Sexual and Reproductive Health. This is crucial for progress towards achieving MDG 5. UNFPA will facilitate implementation of the Global Programme by promoting better integration of RHCS and related issues in the context of joint actions among UN agencies. Special steps will be taken to cultivate strong strategic partnerships, focusing on the different comparative advantages of the various global bodies, such as the partnership under the Reproductive Health Supplies Coalition.

EU Delegations will be closely associated to policy dialogues led by the UNFPA related to the action. They will also be kept informed of the activities undertaken at country level.

Other development partners, including UN agencies such as UNICEF, WHO and the World Bank, will be key stakeholders, especially in developing and implementing harmonised strategies to support national RHCS priorities. Other stakeholders will include NGOs, civil society organisations, the private sector, technical institutions and research agencies.

4. IMPLEMENTATION ISSUES

4.1. Method of implementation

Joint management through the signature of an agreement with an international organisation. A standard contribution agreement (FAFA) will be signed with the United Nations Population Fund.

4.2. Procurement and grant award procedures

All contracts implementing the action are awarded and implemented in accordance with the procedures and documents published by the international organisation concerned.

4.3. Budget and calendar

The expected duration of the EU contribution agreement will be 30 months, starting indicatively from June 2011. The contributions will be used for commodities and related activities to be budgeted for 2012 and 2013.

The indicative budget breakdown detailed below comprises: direct support to implement the Global Programme to enhance RHCS (including purchase of RH commodities such as contraceptives, essential life saving medicines and maternal and reproductive health supplies; costs to cover capacity building for RHCS), overheads and a contingency fund for 2011-2013.

DESCRIPTION	AMOUNT IN EUROS (€)
Direct support to implement UNFPA's Global Programme to enhance RHCS	139 500 000
Overheads	10 500 000
TOTAL	150 000 000

Direct support to implement the Global Programme will be indicatively distributed between the programme components as follows:

Stream	Capacity and systems enhancement	RH commodities	Total
1	40-60 %	40-60 %	100 %
2	40-60 %	40-60 %	100 %
3	0 %	100 %	100 %

The estimated funding need between countries and components is:

Stream	Description	Estimated costs	Share of total funds
1	High-emphasis countries	75 000 000	50 %
2	Other countries	25 000 000	17 %
3	Urgent RH commodity shortfalls	50 000 000	33 %
	Total	150 000 000	100 %

The maximum EU contribution will be EUR 24 358 000.

4.4. Performance monitoring

UNFPA regularly monitors implementation of the Global Programme. Under the conditions set out in UNFPA's Thematic Trust Fund guidelines, UNFPA produces an annual narrative and financial progress report, focusing on the countries' achievements and indicators. The annual report includes a review of the previous year's achievements and expenses and provides an overview of the work plan and indicative budget for the following year. On-going performance monitoring follows UNFPA procedures (in compliance with the FAFA). Monitoring of the Global Programme is based on the programme's Global Performance Monitoring Framework. Evaluations are carried out periodically and scheduled and agreed upon during the annual GPRHCS donors' meetings. A mid-term evaluation of the Programme was planned in late 2010.

The Global Programme's Global Performance Monitoring Framework, updated as part of the annual progress report, details the comprehensive monitoring and reporting plan with baseline and target value indicators, complete with updated data to monitor results and outputs. The Global Performance Monitoring Framework also includes provisions for taking corrective action where evidence indicates that objectives are not being achieved.

4.5. Evaluation and audit

An independent external evaluation will be conducted at the end of the implementation period. It will assess progress, the pertinence of the initiative, explore emerging issues and identify lessons learned. It will also make recommendations on the future of programme.

The action may be examined by the Commission Results Oriented Monitoring programme during implementation or after completion.

4.6. Communication and visibility

Adequate visibility for the EU contribution will be provided as part of the visibility and communication strategy designed for the overall initiative, in line with the *Communication and Visibility Manual for EU External Actions*⁷⁸ and the *UN-European Commission Joint Action Plan on Visibility*.⁷⁹

All communication and visibility work will be carried out in collaboration with the European Commission. The European Commission, through the EU Delegations at country-level, will be kept involved, especially in critical policy events.

The European Commission and EU Delegations will be kept informed of developments and activities.

⁷⁸ http://ec.europa.eu/europeaid/work/visibility/documents/communication_and_visibility_manual_en.pdf.

⁷⁹ http://ec.europa.eu/europeaid/work/procedures/implementation/international_organisations/other_documents_related_united_nations/document/joint_visibility_guidelines.pdf.

ANNEX E**THEMATIC PROGRAMME *INVESTING IN PEOPLE*****THEME 2.1: *EDUCATION, KNOWLEDGE AND SKILLS******PROMOTING EQUAL ACCESS TO QUALITY EDUCATION FOR ALL*****1 IDENTIFICATION**

Title/Number	Contribution to the Education for All (EFA) Fast Track Initiative (FTI) DCI-EDUC/2011/261-278		
Total cost	EU contribution: EUR 31 800 000		
Method/ Management mode	Project approach — Joint management with an international organisation (World Bank)		
DAC code	11110	Sector	Education policy and administrative management

2. RATIONALE

The thematic programme ‘Investing in People’ pursues a broad approach to development and poverty reduction, with the general aim of improving human and social development levels in partner countries in accordance with the *United Nations Millennium Declaration* and the Millennium Development Goals (MDGs). It is based on Article 12 of the Development Cooperation Instrument (DCI)⁸⁰, and is detailed in the *Strategy Paper for the Thematic Programme 2007-2013*.⁸¹ The second theme of the programme — ‘Education, knowledge and skills’ — focuses on promoting universal access to quality basic education by boosting enrolment rates and promoting equal access among boys and girls and children from hard-to-reach groups. *The mid-term review of the Strategy Paper* adopted on 5 November 2010⁸² confirmed that there is still a long way to go to achieve completion of primary school education. Although there has been progress on achieving the education MDG, some regions are still far from gender parity in school enrolments and school completion. There is a need to improve the quality of basic education services and to raise the quality and quantity of teachers.

Given the limited credits available under each theme or sub-theme of the programme, the *mid-term review* recommended not focusing on all four pillars simultaneously every year. Out of the EUR 45 million available under the basic education sub-theme for 2011-2013, EUR 35 million will be frontloaded in 2011, the majority of which will go to the Education for All (EFA) Fast Track Initiative (FTI). This is in line with the two main criteria defined in the mid-term review for the education component, i.e. action designed to:

⁸⁰ Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation (OJ L 378, 27.12.2006, p. 41). Regulation amended by Commission Regulation (EC) No 960/2009 (OJ L 270, 15.10.2009, p. 8).

⁸¹ http://ec.europa.eu/development/icenter/repository/how_we_do_strategy_paper_en.pdf.

⁸² http://ec.europa.eu/development/icenter/repository/investing_people_mid-term_review.pdf.

- 1) impact on or carry forward the policy agenda in education, knowledge and skills, by giving the European Commission a clear voice in the international debate on educational policy; supporting established platforms of proven effectiveness to engage in region-wide exchanges or other forms of cooperation on education matters; supporting networks in developing countries for policy advice, implementation monitoring and provision of technical expertise in education, or work with professional associations; supporting the work of international and regional bodies involved in policy development for education;
- 2) add value to measures which support education, knowledge and skills and the delivery of education services under the EU's bilateral programmes, by helping to test innovation in the sector, and scale up and disseminate innovations that are proven to be effective.

2.1. Sector context

The Education for All (EFA) Fast Track Initiative (FTI) is a global partnership between donors, NGOs and developing countries to support progress on quality basic education for all girls and boys. It was launched in 2002 to accelerate progress on the Millennium Development Goal of universal primary education by 2015 (MDG 2). All low-income countries that demonstrate a serious commitment to achieving quality basic education and universal primary completion can receive support from the FTI on the basis of their national education plans.

The FTI is a platform for collaboration at global and country levels. Developing countries commit themselves to designing and implementing sound national education plans while donor partners commit themselves to aligning and harmonising additional support for the plans. To date, funding to support FTI-endorsed national education sector plans or interim plans has been channelled through bilateral and multilateral schemes and the FTI Catalytic Fund (CF), a multi-donor, multi-recipient trust fund managed by the World Bank, set up to provide financial assistance to low-income countries facing funding gaps for basic education.

An external mid-term evaluation of the FTI finalised in 2010 showed that FTI-endorsed countries generally perform better than non-endorsed countries. The number of children enrolled in schools in African FTI countries rose by 64% between 2000 and 2007, which is twice the increase of non-FTI countries. FTI-supported countries have increased their own financing for education significantly faster than the rate of growth of their economies. Twelve FTI partner countries have also managed to achieve gender parity in the completion of primary education and another 15 are expected to do so by 2015.

The FTI has undergone a reform following the recommendations and observations of this evaluation. The main aspects of reform include expanding the scope of the FTI to all Education for All goals and reinforcing the country focus, results monitoring and mutual accountability of partners to boost the partnership's value added and aid effectiveness.

Another key reform concerns the global level governance structure (the FTI Board of Directors) and the establishment of a single FTI Fund to replace the three previous ones (Catalytic Fund, Education Programme Development Fund and the Secretariat Trust Fund). Activities to be financed from the single Fund include: grants to implement education-sector plans (the bulk of the funds, formerly allocated from the Catalytic Fund); grants to develop or revise ESP, capacity development at country level and strengthening of local education groups; grants for global and regional level knowledge building and sharing activities. The

Secretariat's and the Chair's annual operational budget approved by the Board is financed from the EFA-FTI single Fund.

The Board of Directors takes the decisions on grants awarded from the EFA-FTI Fund(s) supported by a Financial Advisory Committee, which makes recommendations to the Board. Board membership of the stakeholder groups — donors, partner countries, civil society, private sector, multilateral organisations — is based on a constituency model. (Annex 1 sets out in detail the reform of the EFA-FTI governance structure).

The European Commission is in a constituency with France, Germany and Italy. This constituency will be involved in the decision-making processes of grant allocations and oversight of the EFA-FTI Fund(s). For the first half of the term 2011-2013, the Commission will be the Board Member of this constituency.

According to the 2010 EFA Global Monitoring Report, primary school enrolment increased across the developing world from 80 % in 1999 to 86 % in 2007 and secondary school enrolment rose from 52 % to 61 %. The 2005 gender parity target was missed, but significant improvements were made in gender parity, with two out of three countries achieving gender parity at primary level.

12 % (72 million) of the world's primary school-age population are not in school; 55 % of them are girls. There are huge differences both within and across countries. Children out of school tend to be poor, from rural areas and live in the most disadvantaged regions of their country. Half of all children out of school live in countries affected by conflict. These countries have some of the lowest enrolment rates and will be largely responsible for not achieving the MDG globally.

The Education for All (EFA) Development Index, calculated for 125 countries, shows improvements in many of the lowest-ranking countries. Countries with no data — many in conflict or post-conflict situations — are not included, but are likely to suffer from low levels of educational development, compounding the continuing global EFA challenge. Recent developments, with high volatility in global financial markets and the re-emergence of chronic challenges for low-income countries, such as escalating food crises and increases in the price of oil and other commodities, indicate that millions of people could be pushed into poverty. This could result in families being increasingly unable to keep their children in school and potentially increase challenges for the FTI partnership.

International aid is essential to consolidate progress and to meet this goal on time. Both actual and pledged levels of aid for basic education have started to decline. Aid commitment to basic education fell by 22 % in 2007, according to the 2010 EFA Global Monitoring Report. Aid for basic education in low-income countries should at least double. It should include aid for literacy, be more predictable over the longer term and be reallocated to the countries most in need.

The 2010 EFA Global Monitoring Report underlined the need for the international community to recognise the threat to education posed by the economic crisis and develop a response to provide up-front, sustained and predictable aid to counteract the loss of revenue, prioritise social spending and support progress in education.

The FTI has become a key vehicle in this endeavour. It is a global partnership between donors, civil society and developing countries to expedite progress on quality basic education,

in particular the MDG of universal primary education by 2015. All low-income countries, including fragile states, which demonstrate a serious commitment to basic education and to achieving universal primary completion can receive support from the FTI. It also provides a key coordinating mechanism for donor agencies.

The FTI helps to mobilise financial resources to support development and implementation of countries' education plans. Ideally, additional resources are made available directly from domestic resources and bilateral and multilateral partners. Where this is not possible, the FTI can provide transitional support via its multi-donor trust fund.

The CF was supported under the Investing in People annual programmes in 2007, 2008, 2009 and 2010. The EU provided EUR 22 million in 2007, EUR 5.6 million in 2008, EUR 4.55 million in 2009 and EUR 5.8 million in 2010 to support the CF under the Investing in People thematic programme.

For further information, please see the full description in Action Fiche G of the 2008 Action Programme, Action Fiche F of the 2009 Action Programme and Action Fiche D of the 2010 Action Programme.⁸³

2.2. Lessons learnt

The predecessor fund to the Single Fund, the CF, has received EU funding since 2007. It provided financial assistance to FTI countries with a Poverty Reduction Strategy and education plans endorsed by donors in the FTI appraisal process. From 2003 to June 2010, the CF has allocated more than USD 1.853 million to 36 countries.

The CF expanded from its original concept of short-term financing (up to three years) to providing long-term predictable financing to countries with FTI-endorsed education sector plans but with insufficient domestic or external aid resources to implement them. This change was agreed on by CF donors in 2007. The CF Committee, which takes the allocation decisions, has put in place rigorous requirements for the application and re-application process to underpin fund allocation decisions.

Support under the FTI includes more than financing from FTI Fund(s). Country endorsement means that all potential sources of funding will be considered, with no expectation that FTI Fund support will be the right source in every case. However, financing from the FTI Fund(s) has become an increasingly important source of funds for implementing FTI-endorsed education sector plans. Substantial progress on clarification, quality assurance and strengthening national processes is under way with the development of the new Process Guide.

The external mid-term evaluation of the FTI (Oct 2008-Feb 2010) reconfirmed the founding principles of the FTI in terms of focusing on the education MDG and the Education for All goal. It addresses the four gaps — policy, data, capacity, financing — aid effectiveness and donor coordination. The FTI has helped to keep the issue of Universal Primary Completion/Education For All visible. It has championed the Paris Declaration principles of aid effectiveness in the education sector and has contributed to improving partner countries' policies on education. However, the evaluation also concludes that the FTI has fallen short of its ambitious goals. The FTI Board welcomed the evaluation and its recommendations and has carried out a strategic reform process (see above).

⁸³ http://ec.europa.eu/europeaid/work/funding/index_en.htm .

2.3. Complementary action

The EU has provided funding to promote education plus technical and vocational training in different areas under various cooperation instruments. The main contributions are channelled via EU country programmes, in countries where education has been identified as a focal sector. There is now a stronger emphasis on supporting education indirectly via the poverty reduction support programmes.

In the ACP countries, a contribution of EUR 63 million to the CF from the 9th EDF was approved in 2006.

The EU is broadening its focus on aid effectiveness and support for situations of fragility, and this is also true of education. It has been actively involved in joint work by the FTI Task Team on Fragile States and the Inter-Agency Network for Education in Emergencies to find solutions for education in fragile states. More specifically, the EU supports the Education in Emergencies and Post-Crisis Transition (EEPCT) programme implemented by UNICEF, designed as a sector-wide, multi-stakeholder effort to put emergency and post-crisis countries 'back on track' to achieve quality basic education for all and broader development goals. With its network of EU Delegations and support for education in a number of fragile States, the EU is well positioned to lead this joint effort.

2.4. Donor coordination

The FTI plays an important role as a forum for aid effectiveness, particularly in its approach to ownership, harmonisation, alignment, management for results and mutual accountability. The Paris Declaration on aid effectiveness lies at the heart of the FTI, not only at country level but also at global meetings, including:

- FTI partnership meetings (donor and recipient countries, development agencies and civil society), which discuss and assess progress and review and address issues affecting progress on universal primary education;
- FTI Board of Directors' Meetings, which set the policies and strategies, review the objectives of the initiative, give direction to the Secretariat and help ensure coordination;
- task teams, which are set up as needed to carry out in-depth analyses and to develop strategies on specific issues. The Commission participates actively in these teams.

There is broad agreement that emerging mechanisms and fora for supporting education in fragile states need to be located within the wider education aid architecture offered by the FTI. Following up the work of dedicated task teams and working groups, the FTI has put in place an approach to address the needs of these countries.

3. DESCRIPTION

3.1. Objectives

The objective of this contribution is to help low-income countries achieve quality basic education, meet the Education for All goals and more specifically the MDG goal that all children complete a full cycle of primary education by 2015.

3.2. Stakeholders

The FTI encompasses all major donors to education — about 30 bilateral, regional and international agencies and development banks. A total of 40 developing countries have joined the FTI to date, and a number of major civil society organisations are involved in the partnership.

The immediate beneficiaries of support to the EFA-FTI include governments and ministries of education that are either in the partnership already or that join it in the years ahead. Donors at both global and national levels will also benefit from the work of the Secretariat. Ultimate or indirect beneficiaries will include the children, teachers, school managers and communities who should benefit from increased and improved national and external support to national sectoral strategies.

3.3. Expected results and main activities

The FTI will continue to make additional resources available to beneficiary countries to scale up national strategies to achieve the following results:

- increased financial resources for basic education in countries with a financial gap to implement their education sector plan;
- more effective sectoral policies and efficient public finance management, using systematic review and indicative benchmarking of the recipient countries' education policies and performance;
- increased accountability for sectoral results, with the aid of the Results Framework and annual reporting on policy progress and key sectoral outcomes set out in the sectoral plans and transparent sharing of results;
- improved domestic financing for education, within the framework of a country's national Poverty Reduction Strategy, medium-term expenditure framework or other country statements, as appropriate;
- more efficient aid delivery mechanisms for education, with new or consolidated national coordination methods leading to greater complementarity and harmonisation between donors and governments and therefore reducing transaction costs for recipient countries;
- faster pace of school enrolment, improved quality of teaching and learning and measures to ensure that students complete primary education.

The Board makes decisions on strategy and resource allocation to support national sectoral strategic plans. These funds are then managed by the World Bank as the trustee and planned accordingly, using the most suitable method of delivery to achieve the agreed objectives and support sectoral programmes. The primary goal of the FTI Fund(s) is to reduce financing gaps that cannot otherwise be filled. FTI-endorsed countries are encouraged to identify basic education as a priority for new funding from all bilateral and multilateral donors. This approach is important for other sources of funding that base their priorities and level of financial support on explicit funding requests from governments.

3.4. Implementation set-up

The Single Fund is in line with the guiding principles of the Fast Track Initiative: country ownership, benchmarking, support linked to performance, lower transaction costs and transparency. The goal is to make available a predictable source of funding that will enable eligible recipients to engage in long-term planning of their education programmes.

The Board allocates resources to countries to support their endorsed sectoral plan (or interim plan) and endorses the entity which will supervise the funds. In most cases, this is the World Bank. As the trustee of the Single Fund, the Bank will enter into an agreement with the entity selected to receive the funds. Taking account of the guidance given by the Board, the Bank will make every effort to channel all funds via the most suitable method of delivery, as agreed upon by the Local Donor Group in the education sector in the recipient country.

The Single Fund will be managed by the World Bank on behalf of the FTI partnership.

3.5. Risks and assumptions

The project is designed to ensure maximum country-level ownership of the diagnosis, policy recommendations and implementation of the programme. Existing coordination mechanisms and the reporting role given to the lead coordinating agency at country level will ensure smooth implementation of national plans and provide a means of agreeing mitigating measures when required.

The endorsement procedure ensures that the country has a consensus on the national priorities and the commitment of all stakeholders to the activities to be implemented to achieve the commonly agreed national results. The FTI seeks to increase coordination among donors and minimise transaction costs while maintaining safeguards to ensure that funds made available to eligible countries are used effectively and achieve results.

3.6. Cross-cutting issues

The FTI Appraisal Guidelines for applicants' education plans clearly state that the national plans should include strategies to address HIV/AIDS, gender equality, equal access for all vulnerable groups, including children with disabilities, and other cross-cutting issues relevant to education. Environmental issues are usually covered by national sectoral strategies, and environmental impact assessments are included in the appraisal and endorsement process, where appropriate.

The Fast Track Initiative has, since its inception, had a strong gender perspective. The country strategy appraisal guidelines are quite clear regarding the need for gender disaggregation of data, analysis of gender disparities and the need to address gender issues through specific initiatives and mainstreaming.

4. IMPLEMENTATION ISSUES

4.1. Implementation method

The method is joint management under a contribution agreement with an international organisation (World Bank).

The contribution will be administered by the World Bank in accordance with the 'Standard Provisions Applicable to the EFA FTI Secretariat Multi-Donor Trust Fund'.

4.2. Procurement and grant award procedures

All contracts implementing the action must be awarded and implemented in accordance with the procedures and standard documents laid down and published by the international organisation concerned.

4.3. Budget and timeframe

A contribution of EUR 31 800 000 will be made in 2011 to the EFA-FTI Single Fund.

The indicative timeframe will be 60 months as from signature of the contribution agreement with the World Bank.

4.4. Performance monitoring

In line with the basic FTI principles, there will be an in-country monitoring mechanism. In no case should there be any parallel processes for performance monitoring and evaluation. Each FTI-endorsed country should conduct an Annual Sector Review jointly with all key partners. The World Bank, as a member of the Local Donor Group, will participate in these reviews. Monitoring and annual reviews should focus on agreed performance, aid effectiveness indicators and development results rather than following a year-to-year micro-management and project-type approach.

The FTI Secretariat will also prepare regular reports to the FTI partners on recipient countries' performance and the lessons learnt from the FTI, based on information drawn from annual country-level sectoral reviews. The FTI Secretariat will send all partners an annual report on the activities financed by the FTI single Fund.

4.5. Evaluation and audit

The annual reports prepared by the FTI Secretariat, the results of the annual sectoral reviews of the recipient countries and the information provided by UNESCO are expected to be sufficient to form an opinion on the progress with, and results of, the FTI and the FTI single Fund. If required, within the Board of Directors, donors may call for in-depth assessments of the FTI/single Fund activities.

EU support to the FTI Secretariat in 2008 contributed to the jointly funded independent evaluation of the FTI.

Although the details of the structure and operational design of the new EFA-FTI single fund have not been, to date, formally adopted, the World Bank will continue to serve as Trustee for the EFA Fund and will provide a standard single audit to all donors.

4.6. Communication and visibility

As far as possible, the FTI partnership should identify potential areas where broader strategic communication could be sought. The European Commission – World Bank Group Joint Visibility Guidelines included in the Framework Agreement should be used as a reference.

ANNEX F**THEMATIC PROGRAMME INVESTING IN PEOPLE
THEME 3: GENDER EQUALITY AND WOMEN'S EMPOWERMENT****CALL FOR PROPOSALS****1. IDENTIFICATION**

Title/Number	Protection and promotion of women's rights, and women's social and economic empowerment DCI-GENRE/2011/023-025		
Total cost	EUR 30 000 000 (indicative amount for ENPI and Yemen EUR 16 490 000)		
Method/ Management mode	Project approach — Call for proposals — <i>Centralised</i>		
DAC	15170	Sector	Women's equality organisations and institutions

2. DESCRIPTION

The thematic programme 'Investing in People' pursues a broad approach to development and poverty reduction, with the general aim of improving human and social development levels in partner countries in accordance with the *United Nations Millennium Declaration* and the Millennium Development Goals (MDGs). It is based on Article 12 of the Development Cooperation Instrument (DCI)⁸⁴, and is detailed in the *Strategy Paper for the Thematic Programme 2007-2013*⁸⁵. The third theme of the programme is gender equality, whose objectives include supporting the promotion and protection of women's rights and sustaining women's economic and social empowerment at national and local levels.

The Mid-Term Review of the Strategy Paper adopted on 5 November 2010⁸⁶ recommended that gender continues to be systematically mainstreamed across all themes of the thematic programme as a cross-cutting issue. Specific actions targeting gender issues are expected to add value to effective mainstreaming at country and sectoral levels, both by supporting women's rights and strengthening their economic and social empowerment, and by developing innovative approaches to mainstreaming of gender equality and women's empowerment.

⁸⁴ Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation (OJ L 378, 27.12.2006, p. 41). Regulation amended by Commission Regulation (EC) No 960/2009 (OJ L 270, 15.10.2009, p. 8).

⁸⁵ http://ec.europa.eu/development/icenter/repository/how_we_do_strategy_paper_en.pdf.

⁸⁶ http://ec.europa.eu/development/icenter/repository/investing_people_mid-term_review.pdf.

Gender equality and women's empowerment are enshrined in different international conventions and commitments such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Beijing Platform for Action, the Cairo Programme for Action and the MDGs. For the EU they constitute a fundamental value, principle and human right⁸⁷.

EU policy recognises that gender equality and women's empowerment is essential to meeting international development goals and MDGs and views women's economic and political empowerment as a driving force for the achievement not only of gender equality but of overall economic growth and poverty reduction in developing countries. In the *European Consensus on Development*⁸⁸, gender equality and women's empowerment is identified as a critical cross-cutting issue and essential principle of development cooperation. The European Commission's Communication on gender equality and women's empowerment in development cooperation (2007)⁸⁹ and the subsequent Council conclusions promote equal political, civil, economic, social and cultural rights for men and women, highlighting the need to sustain equal access to and control of resources and equal opportunities to exercise political and economic influence.

The EU Guidelines on Violence against Women and Girls and Combating All Forms of Discrimination against them (2008)⁹⁰ set criteria for interventions regarding women's rights and form the basis of EU action to fight violence and discrimination against women and girls.

The gender commitments of EU development policy are further spelled out in the EU Plan of Action on gender equality and women's empowerment (2010-2015)⁹¹, which aims to reinforce EU coordination on gender equality policies in development cooperation. The Plan of Action offers an opportunity for the EU to renew its commitment to gender equality and to strengthen its leadership role with stronger efforts on mainstreaming gender equality with a view to achieving the MDGs.

The operational framework of the EU Plan of Action calls for specific support for action on women's economic empowerment and identifies 'Investing in People' as an appropriate instrument. This call for proposals is intended to strengthen the capacity of actors and structures, including public and private entities and civil society organisations, to support women's equal access to and control of economic resources and to improve availability of and access to services enabling women to participate equally in economic growth.

In line with the Article 38 of the Development Cooperation Instrument (DCI), the Investing in People programme has earmarked specific funding to finance activities that benefit the EU's neighbouring countries, as covered by the European Neighbourhood and Partnership Instrument (ENPI). For this reason, a financial allocation for the relevant countries is provided for under this call. As civil society organisations and gender issues in Yemen are close to

⁸⁷ As expressed, in particular, in Article 23 of the Charter of Fundamental Rights of the European Union, (OJ C 303/7, 14.12.2007, p. 1).

⁸⁸ Joint Statement by the Council and the representatives of the Government of the Member States within the Council, the European Parliament and the Commission on European Union Development Policy: 'The European Consensus', adopted by the General Affairs and External Relations Council on 22 November 2005 (OJ C 46, 24.2.2006, p. 1). Document available at:

<http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2006:046:0001:0019:EN:PDF>.

⁸⁹ http://eur-lex.europa.eu/LexUriServ/site/en/com/2007/com2007_0100en01.pdf.

⁹⁰ <http://www.consilium.europa.eu/showpage.aspx?id=1708&lang=EN>.

⁹¹ SEC (2010) 265 final: http://ec.europa.eu/development/icenter/repository/SEC_2010_265_gender_action_plan_EN.pdf.

those of the ENPI region, Yemen is included with the ENPI countries in this call for proposals. This reflects both the importance of cooperation with EU's neighbours and the relevance of addressing gender equality issues in the region. The Reports on Human Development and major studies carried out in neighbouring countries have stressed that the status and role assigned to women are among the main impediments to the development of these countries. In the Euro-Mediterranean Partnership, a Framework for Action on Strengthening the Role of Women in Society agreed at the Ministerial Conference (Istanbul, 2006) and reinforced at a Ministerial Conference (Marrakesh, 2009) contains a comprehensive set of actions to promote women's rights and gender equality, particularly in the social and economic spheres.

3. DESCRIPTION OF THE CALL FOR PROPOSALS

3.1. Basic act and Financing source

Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation, Article 12(2)(c).

This action will be financed under budget item 21.05.01.04 – 'Gender Equality'.

3.2. Objectives of the programme, fields of intervention/priorities of the year and expected results

Overall objective

The overall objective of the call for proposals is to contribute to the promotion of women's social and economic empowerment and rights.

Specific objectives

To develop and strengthen sustainable initiatives at local and national level promoting:

- women's equal access to and control of economic resources;
- equal access to existing and/or new services that are instrumental to increasing women's social and economic protection and wellbeing and their participation in economic growth;
- dissemination of relevant good practice.

Priority will be given to actions that:

- clearly identify and focus on the most vulnerable women. Vulnerability should be defined with due consideration for the specific conditions and circumstances that affect women's lives in the countries/areas targeted, including poverty, human rights violations, trafficking and gender-based violence, and new forms of social and economic exclusion, including disability;

and

- propose a coherent and integrated (multi-) sectoral approach to address the needs and constraints of target groups and final beneficiaries.

Proposals are expected to relate to the following indicative themes:

1. At 'macro' level: Creation and/or strengthening of a political, normative, legal and economic environment favourable to:

- the improvement of women's equal access to economic resources (decent employment, land, credit), social protection, participation in business and investment opportunities, including through capacity building and support to economic and financial stakeholders and actors;
- the development, improvement and expansion of services conducive to women's economic empowerment, equal access to social protection and participation in economic growth.

Activities may include:

- support for review, formal adoption and implementation of gender-sensitive policies and strategies, legislation and regulations promoting equal social and economic rights; also in reference to meeting international and regional commitments made by the countries targeted;
- support for the formulation and the adoption of gender-sensitive practices and procedures in economic and financial institutions that promote women's inclusion in the economic and financial sector, employability and social protection and that reduce women's social and economic vulnerability;
- support for the review and reform of the legal and regulatory framework affecting business, also at local government level, with particular reference to opportunities for investment and self-employment for women entrepreneurs and in relation to the issue of businesses owned by women in the informal sector;
- support, through evidence-based advocacy strategies, for documentation on under-documented phenomena hampering the socio-economic empowerment of women, such as women's hardships with regard to the informal economy and new forms of slavery.

2. At 'meso' level: Support for and strengthening at local and national level of the capacity of public bodies, non-state actors and private companies to participate in processes promoting the protection of women's rights in the economic and financial sectors, and women's equal access to and participation in economic opportunities including information exchange, networking and partnership building.

Activities may include:

- strengthening the capacity of business associations, chambers and trade unions to represent, lobby and advocate for women's economic interests, job opportunities and working conditions; strengthening the capacity of business development service (BDS) providers to facilitate women's access to market information, technical and managerial skills, appropriate technology and innovation;

- strengthening the capacity of local civil society organisations to advocate and raise awareness of women's economic rights under the law (inheritance, property rights, access to credit, fair treatment at work, safe working conditions, and disclosure of potential health risks, including risks to reproductive health);
- exchange of best practices among microfinance institutions to counter lending barriers for women and promote gender-sensitive solutions to credit, including support for financial product development tailored to the needs of women entrepreneurs in their respective economic sectors;
- support for business relationships among women-owned enterprises, including small businesses and women's entrepreneurs, by means of business networks, incubators and other relevant services;
- support for women's participation and a gender-sensitive approach in national and local decision-making processes with regard to control of social and economic resources, including gender-responsive budgeting initiatives;
- support for efforts made to combat contextual factors, including the behaviour of men in society and gender-stereotyping, which affect the socio-economic position of women, notably at work.

3. *At 'micro' level:* Support for the development and implementation of gender-sensitive initiatives — addressing inequality, discrimination and vulnerability hampering women's full participation in the economy — in an integrated, multi-sector approach.

Activities may include gender-friendly initiatives that facilitate:

- innovative social and employment services; action may include support to information and access to child and dependent care services and resources (action aimed at ensuring protection of women victims of violence, abuse and trafficking may include support for information and access to housing and psychological counselling);
- activities to ensure that employment and workplace policies and practices are free from gender-based discrimination, and implement gender-sensitive recruitment and retention practices while promoting career opportunities for women;
- workplace policies that sustain the advancement of women at all levels and across all business areas, including non-traditional job fields;
- access to information and participation in education, training programmes, including literacy classes, vocational training conducive to employment, career advancement and re-orientation for women; this includes facilitating information and access to networking and mentoring for women;
- facilitation of access to appropriate and sustainable business development services (business planning/counselling, legal information and advice, technical and managerial training, product design and development, procurement, marketing) and to suitable and affordable financial services (e.g. credit, leasing, savings, insurance);
- actions helping women to gain access to justice in relation to their socio-economic rights.

Target groups include stakeholders in the economic, social and financial sector and related fields: financial institutions, associations and cooperatives active in the socio-economic

sector, trade unions, public/private service providers; local authorities; specialised agencies and autonomous bodies in the economic and financial sector; chambers of commerce and associations of entrepreneurs; BDS providers; professional organisations and related associations; other civil society organisations involved in women's economic empowerment and social protection; networks of professionals and associations of networks.

Priority should be given to projects submitted by applicants from the beneficiary countries, so as to promote ownership and a strong local leadership. Actions promoting or consolidating public/private partnerships should be considered as added value.

Partnership is strongly recommended at all levels and priority will be given to actions involving local non-State actors from the beneficiary country/all countries of actions.

3.3. Eligibility conditions

Actions must take place in one or more beneficiary countries eligible under the DCI.

Applicants and partners must comply with the nationality requirements stated in Article 31 of the DCI Regulation.

Eligibility will be defined in the Call Guidelines, on the basis of Article 24 of the DCI and of the above objectives.

3.4. Essential selection and award criteria

The essential selection and award criteria for the award of grants are laid down in the Practical Guide to contract procedures for EU external actions.

The maximum rate of co-financing for grants is 80%. Lower rates of co-financing may be proposed. Full financing may only be applied in cases provided for in Article 253 of the Implementing Rules of the Financial Regulations where financing in full is essential to carry out the action in question.

Grants awarded under this call for proposals are expected to be between EUR 200 000 and EUR 1 500 000.

The indicative maximum duration of projects is three years.

3.5. Schedule of calls for proposals

The call for proposals is expected to be published indicatively in the second half of 2011.

3.6. Indicative amount of call for proposals

The amount allocated to this call for proposals is EUR 30 000 000.

An indicative amount of EUR 16 490 million of the budget will be allocated to proposals involving countries eligible under the European Neighbourhood and Partnership Instrument (ENPI) and Yemen. The eligible ENPI countries are: Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, the Republic of Moldova, Morocco, occupied Palestinian territory, the Russian Federation, Syria, Tunisia and Ukraine.

4. SUPPORT MEASURES

The selected projects must include a clear visibility and communication plan in accordance with the *Communication and Visibility Manual for EU External Actions*⁹²:

Each project must provide for monitoring and evaluation activities. EU Delegations will be involved as much as possible in the monitoring process.

In addition, projects may be subject to audits and monitoring visits under the Commission's annual results-oriented monitoring and audit plans.

⁹² http://ec.europa.eu/europeaid/work/visibility/documents/communication_and_visibility_manual_en.pdf.

ANNEX G

THEMATIC PROGRAMME *INVESTING IN PEOPLE* THEME 3: *GENDER EQUALITY AND WOMEN'S EMPOWERMENT*

1. IDENTIFICATION

Title	Increasing Accountability in Financing for Gender Equality (FfGE) (EU/UN partnership on gender equality) DCI-GENRE/2011/ 261-438
Total cost	Indicative total cost: EUR 11 155 536 EU contribution: EUR 6 500 000 Other contributions (indicative): Spain: EUR 600 000 ITC-ILO: EUR 155 536 Indicative EUR 3 900 000 to be sought by UN Women from other donors
Aid method / Management mode	Project approach — Joint Management with the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
DAC code	15170 Women's equality organisations and institutions

2. RATIONALE

The thematic programme 'Investing in People' pursues a broad approach to development and poverty reduction, with the general aim of improving human and social development levels in partner countries in accordance with the *United Nations Millennium Declaration* and the Millennium Development Goals (MDGs). It is based on Article 12 of the Development Cooperation Instrument DCI⁹³, and is detailed in the *Strategy Paper for the Thematic Programme 2007-2013*⁹⁴. The third theme of the programme is gender equality, whose objectives include supporting the promotion and protection of women's rights and sustaining women's economic and social empowerment at national and local levels.

The Mid-term Review of the Strategy Paper adopted on 5 November 2010⁹⁵ recommended that gender continues to be systematically mainstreamed across all themes of the thematic programme as a cross-cutting issue. Specific actions targeting gender issues are expected to add value to effective mainstreaming at country and sectoral levels, both by promoting

⁹³ Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation (OJ L 378, 27.12.2006, p. 41), as amended by Commission Regulation (EC) No 960/2009 (OJ L 270, 15.10.2009, p. 8).

⁹⁴ http://ec.europa.eu/development/icenter/repository/how_we_do_strategy_paper_en.pdf.

⁹⁵ http://ec.europa.eu/development/icenter/repository/investing_people_mid-term_review.pdf.

women's rights and strengthening their economic and social empowerment, and by supporting the development and testing of innovative approaches to gender mainstreaming in policy development, planning and budgeting, including tools for monitoring implementation and budgetary execution.

2.1. Sector context

The fulfilment of commitments to gender equality and women's rights requires concerted efforts by national governments, donor and development agencies, as well as civil society. The commitment to the Beijing Platform for Action, and ratification of the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) and other international instruments entail obligations with regard to equitable development and security. Accordingly, governments and the international community bear responsibility for fully achieving women's rights, and for securing the financial resources needed. Nevertheless, there is insufficient secure financing to implement these commitments. A World Bank study in 2006 estimated that the gender equality financing gap was between \$ 12 and \$ 30 billion in that year, and would rise to \$ 24 and \$ 83 billion by 2015.⁹⁶

The Paris Declaration (PD) on Aid Effectiveness (2005) provided an opportunity to capitalise on efforts to mainstream gender in national public finance management systems and ensure gender-responsive planning and budgeting. The Accra Agenda for Action (2008) explicitly states that gender equality and human rights are the cornerstones of development impact. It highlights the need for developing countries and donor partners to ensure *that their respective development policies and programmes are designed and implemented in ways consistent with their agreed international commitments on gender equality*.⁹⁷

There is a concern that efforts to reform aid mechanisms and build national capacity for development effectiveness have not been adequately addressing gender equality in economic policy frameworks, institutional instruments and mechanisms, and monitoring systems. The 2010 MDG reviews showed limited progress on gender equality targets (MDG3)⁹⁸ and maternal mortality (MDG5) and on addressing the issues of equity to achieve the rest of MDGs. Around 64% of the MDG targets for service-related goals (2, 3, 6 and 7) are 'off track'. Gender analysis of this underperformance points to women's lack of resources and freedom to access services, their dual roles as income earners and caregivers, and their lack of voice to influence policy making on service delivery and broader development and aid policies (ODI 2010)⁹⁹. Moreover, the prevailing economic, food and environmental crises have led to increased unemployment and the loss of livelihoods, especially among women, thus putting at risk the potential for effectively achieving the MDGs.

EU policy recognises that gender equality and women's empowerment are essential to meeting international development goals and MDGs. The European Commission Communication *Gender equality and women's empowerment in development cooperation* (2007)¹⁰⁰ and the subsequent Council conclusions promote equal rights for men and women. Furthermore, the EU Guidelines on Violence against Women and Girls and Combating All

⁹⁶ *Progress of the World's Women 2008/2009: Who Answers to Women? Gender and Accountability*. UNIFEM. NY, 2008.

⁹⁷ See Accra Agenda for Action.

⁹⁸ MDG3 target: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

⁹⁹ <http://www.odi.org.uk/resources/download/2386.pdf>.

¹⁰⁰ http://eur-lex.europa.eu/LexUriServ/site/en/com/2007/com2007_0100en01.pdf.

Forms of Discrimination against them (2008)¹⁰¹ set criteria for interventions regarding women's rights and form the basis of EU action to fight violence and discrimination against women and girls. In 2010, the European Union adopted the EU Plan of Action on Gender Equality and Women's Empowerment in Development (2010-2015)¹⁰², which aims to reinforce EU coordination regarding gender equality policies in development cooperation and to strengthen its leadership role with greater efforts to mainstream gender equality with a view to achieving the MDGs.

The Plan of Action encourages the EU to take advantage of the work carried out by the EC/UN Partnership on Gender Equality for Development and Peace (EU/UN Partnership) between UNIFEM (part of UN Women), the ITC-ILO and the European Commission¹⁰³ and by the OECD/DAC's network on gender equality (Gendernet)¹⁰⁴ on mainstreaming gender in the aid effectiveness agenda.

The present action aims to strengthen accountability in gender equality commitments in both socio-economic policies and financing decisions related to aid and domestic resources among donors and in partner countries. The action will seek to deepen the partnership between the EU, UN Women, and the ITC-ILO. It will create greater coherence and coordination on financing for gender equality by linking elements of costing and the lessons learned from the work on gender-responsive budgeting and aid effectiveness.

2.2. Lessons learned

Planning and budgeting

The EU/UN Partnership has raised awareness of the inseparable linkages between gender equality and development effectiveness in relation to, but not limited to, aid-supported processes among traditional and non-traditional partners. It mobilised relevant national stakeholders to reflect on the implications of not addressing gender inequality, and provided some operational tools to integrate a gender equality perspective in planning, budgeting and aid systems. This work has resulted in significant evidence on existing gaps in financing of women's priorities in both aid and domestic resources.

UNIFEM and the Gendernet further provided guidance on mainstreaming gender in aid and in national planning and budgeting processes.

¹⁰¹ <http://www.consilium.europa.eu/showpage.aspx?id=1708&lang=EN>.

¹⁰² See the EU Plan of Action on Gender Equality and Women's empowerment in Development (2010-2015) (SEC 2010) 265 final).

¹⁰³ The ITC-ILO ran the EC Gender Help Desk over the period 2003–2006, assisting the Commission in the production of a Toolkit on Mainstreaming Gender Equality in EC Development Cooperation and in assessing the gender quality of country strategies. It also delivered online and face-to-face training courses, in 27 EU Delegations, for the Commission and the staff of Commission partners. In cooperation with UNIFEM (part of UN Women), the ITC-ILO developed the online learning modules 'Gender in the Global Development Agenda' as part of the European Commission / UN Partnership on Gender Equality for Development and Peace.

¹⁰⁴ Organisation for Economic Cooperation and Development/Development Assistance Committee (OECD/DAC). DAC work on gender equality (www.oecd.org/dac/gender) is conducted primarily through the Network on Gender Equality (Gendernet). Gendernet is an international forum where gender experts from development cooperation agencies meet to define common approaches in support of gender equality.

Additionally, the EU-funded project on *Integrating gender responsive budgeting (GRB) into the aid effectiveness agenda*, also implemented by UNIFEM, has contributed to ensuring that the collection and allocation of national public resources effectively sustain the advancement of gender equality and women's empowerment. GRB work has built planning and budgeting capacity, especially in the context of budget reform. It has introduced policy changes and developed operational frameworks to mainstream gender into budgeting systems; promoted planning and budgeting processes that are more inclusive of gender equality advocates; supported the development of approaches to applying GRB at national, sectoral and local levels both in relation to allocations and spending; and supported gender responsive budget monitoring initiatives by civil society.

The integration of gender into national planning, budgeting, and monitoring and evaluation (M&E) systems and instruments can enhance aid channelled as General Budget Support (GBS) and Sector Budget Support (SBS). With the emphasis on partnership and mutual accountability between donor and partner countries, GRB approaches need to be applied to both donor and national processes for planning, budgeting and M&E.

Aid coordination

Beyond individual donor practices, gender responsive aid management requires attention to joint aid coordination mechanisms and instruments, including Direct Budget Support (DBS) groups, donor working groups and joint reviews to impact on the full range of drivers of aid. Multi-stakeholder groups on gender and aid effectiveness have contributed to strengthening the harmonisation and alignment of national planning and budgeting processes and to sustaining accountability for gender equality commitments in aid policy dialogue and implementation mechanisms for national development. Consequently, donor practices at country level need to reflect systematic efforts to ensure that aid management and financing are gender responsive. To this extent, sector level interventions can ensure that national budgets and aid result into improved delivery of services.

In the context of the Official Development Assistance (ODA) in post-conflict situations, the EU/UN Partnership found little harmonisation and coordination of governments and donors' efforts to integrate gender priorities and address issues in peace-building and post-conflict reconstruction as per commitments outlined in UN Security Council Resolutions (UN SCR) 1325, 1820, 1888 and 1889. Specifically, there is a lack of comprehensive assessment or costing of women's security and peace building needs that significantly weakens accountability to women and effective, sustainable peace building.

Monitoring

The OECD gender equality marker¹⁰⁵ offers a method to categorise ODA according to its focus on gender equality goals. Such systems are useful to ensure accountability by facilitating better monitoring and donor coordination but require further refinement and inclusion of civil society monitoring to effectively measure progress towards gender equality.

Overall, there is a need for refined methods for systematic tracking of financing for gender equality whereby costing methods provide the basis for financing either through ODA or

105 Data on DAC members' aid targeting gender equality and women's empowerment are compiled with the help of the gender equality marker in the Creditor Reporting System (CRS).

domestic resource mobilisation. Monitoring systems used in national planning and aid management should be also used to monitor performance in relation to gender equality outcomes. Indicators to monitor aid delivery from a gender perspective, developed by the EU/UN Partnership, have formed the basis for the Gendernet indicators and may be used in the 2011 Paris Declaration Monitoring Survey.

Dialogue and networking

Partnership amongst gender equality advocates was effectively demonstrated throughout the process leading up to the Third High Level Forum on Aid Effectiveness (HLF3), and the Accra Agenda for Action (2008) where the lack of attention to gender equality in the Paris Declaration on Aid Effectiveness was corrected. The multi-pronged partnership between the network of gender equality advocates at national, regional and global levels (civil society organisations, WWG, AWID, WIDE, NETRIGHT, FEMNET, and SID¹⁰⁶, among others), with UN actors (UN Women and other UN agencies) and donors (EU and Gendernet), led to positioning gender concerns on the agenda of policy making fora.

The proposed action will benefit from the knowledge generated, the partnership built, and the tools developed in the EU/UN Partnership, UNIFEM's GRB project and Gendernet's work. It will further strengthen capacity and support the application of tools to ensure that the use of aid and domestic resources more effectively contribute to achieving gender equality results. It will address existing challenges to ensure that progress is made towards increased financing and accountability for gender equality and women's empowerment both in stable and fragile states. Moreover, the project will build on large-scale partnerships and advocacy experiences to engage with global policy making processes, in particular the Fourth High Level Forum on Aid Effectiveness (HLF4) in Busan, South Korea.

2.3. Complementary actions

The action will build upon and share results with other EU-funded projects on gender equality and women, peace and security:

- Under the European Instrument for Democracy and Human Rights (EIDHR), the project *Women connect across conflicts* aims at enhancing the capacity of women's human rights activists and gender equality advocates and their networks to engage in, influence and mobilise for dialogues on security and peace nationally and regionally in South Asia, the Southern Caucasus and Central Asia, including dialogue on development of the National Action Plan on UNSCRs 1325, 1820, 1888 and 1889.
- Under the Investing in People Programme, the project *Integrating GRB into the aid effectiveness agenda* aims at improving country capacity to institutionalise GRB as part of the aid effectiveness agenda.
- Under the Instrument for Stability (IFS), the European Commission, UN Women and UNDP are in the process of preparing a joint action on women, peace and security issues, that will enhance the implementation of UNSCR 1325 and the EU Comprehensive

¹⁰⁶ Abbreviations: the Women's Working Group on Financing for Development (WWG on FfD), the Association for Women's Rights in Development (AWID), Women In Development Europe (WIDE), the Network for Women's Rights (NETRIGHT), the African Women's Development and Communication Network (FEMNET), and the Society for International Development (SID).

Approach to put into effect UNSCRs 1325 and 1820 on Women Peace and Security. It will ensure greater participation by women in peace building and post-conflict planning.

Financing mechanisms associated with the implementation of UNSCR 1325, with climate change, HIV/AIDs, development aid and economic crisis provide numerous additional avenues to upscale the application of gender responsive approaches to vertical funds through which large portions of funding are channelled.

2.4. Donor coordination

The action will actively support communication with ongoing initiatives for budget and public sector reform to ensure that technical support is aligned to increase the volume and effective use of aid and domestic resources for gender equality and women's empowerment commitments. It will ensure coordination and support for policy advocacy, research and capacity development efforts for gender and macroeconomics at global and regional levels led by organisations and networks such as the WWG, WIDE, AWID, FEMNET, REMTE, FMICA, WIDE, SID and WILDAF¹⁰⁷. In addition, the programme will partner with UNDP, the Levy Institute (the Gender Empowerment — International Working Group (GEM-IWG)), Equidad De Mujeres (GEM-LAC), BetterAid and others.

Dialogue between donors and gender equality advocates at country level should lead to an improved understanding of gender inequalities and increased accountability for gender equality goals through the use of performance. Opportunities to extend the partnerships of the action to EU Member States will also be explored.

The project seeks to engage with mainstream fora on economic policy and aid financing, in particular within the context of the upcoming HLF 4 in Korea.

Collaborative partnerships with UN Country Teams, regional banks and the World Bank will be sought at country level in contexts where these agencies are involved in managing multi-donor trust funds, specifically in post-conflict countries.

The establishment of UN Women provides strengthened leadership on gender at country and policy levels. The programme will ensure coordination within the UN system by bringing experiences to the Commission on the Status of Women (CSW) and relevant fora on financing for development such as the United Nations Development Cooperation Forum and the MDG summit. UN Women is also part of the UN Development Group task team on HLF4 to ensure that gender is mainstreamed within the UN-system-coordinated strategy and advocacy at Busan.

3. DESCRIPTION

3.1. Objectives

The action's **overall objective** is to increase the volume and effective use of aid and domestic resources to implement national commitments to gender equality and women's empowerment.

¹⁰⁷ For abbreviations, see also footnote 14 above. The others are Women's Forum for the Integration of Central America (FMICA), Red Latinoamericana Mujeres Transformando la Economía (REMTE), and Women in Law and Development in Africa (WILDAF).

The project is based on a comprehensive approach aimed at linking gender equality commitments with planning, budgeting, implementing and monitoring and evaluation systems and instruments used by donors and national governments at country level to ensure adequate funding and actions that address gender inequalities.

Specific objectives are:

1. To define, in the national action plans for gender equality and related policies and plans,¹⁰⁸ targets as well as financing and implementation arrangements that are aligned with national planning and budgeting processes.
2. To strengthen the capacity of national governments to achieve gender equality commitments and priorities in national planning and budgeting systems and programming.
3. To strengthen the capacity and accountability of donors and stakeholders in aid coordination mechanisms for achieving their commitments to gender equality in stable and post conflict countries through improved knowledge, tools and pilot actions at country level.
4. To engage feminist economists and gender equality advocates in activities to increase policy coherence on gender equality in economic and development effectiveness policy fora at regional and global level.

The action will achieve the above objectives by following a two-tiered strategy, targeting national planning and budgeting mechanisms together with aid management mechanisms in 15 countries in stable and post-conflict contexts:

- At national level, by developing the capacity of national stakeholders to fulfil gender equality commitments, costing such actions and integrating them in planning and budgeting frameworks that will result in better financing and accountability for such commitments. National stakeholders include national women's machineries, ministries of finance and sectoral ministries, and civil society.
- Among donors and gender equality advocates, the project will facilitate dialogue, leading to actions that can address gender equality priorities in joint coordination mechanisms and individual donor practices. This includes building the capacity of GE experts to demand accountability for GE commitments.

The action will support systematic tracking of financial allocations for the achievement of gender equality commitments, through technical assistance resulting in alignment of gender equality commitments with financing and implementation arrangements.

The project will support strengthened accountability mechanisms in both national and donor processes. In post-conflict countries, the project will focus on financing and interventions to be built on the recommendations of studies on aid effectiveness and implementation of UNSCR 1325 produced under the EU/UN Partnership, strengthening accountability for women's needs and priorities through specific financing instruments, including Multi-Donor

¹⁰⁸ National commitments on gender equality are seen as policy commitments articulated with financing provided for in national action plans for gender equality or gender equality laws, sector or thematic strategies (e.g. action plans for the elimination of violence against women and/or HIV/AIDS, implementation of UNSCR 1325), or the gender equality priorities identified in national development strategies, which are aligned with women's rights and international gender equality frameworks such as CEDAW, Beijing Platform for Action, UN SCR 1325, 1820, 1888, 1889 and the MDGs.

Trust Funds (MDTFs) on peace building, Internally Displaced Persons, security sector reform, rehabilitation, and in national development frameworks.

3.2 Expected results and main activities

Under specific objective 1: To define, in the national action plans for gender equality and related policies and plans, targets as well as financing and implementation arrangements that are aligned with national planning and budgeting processes.

Result 1.1: Gender equality priorities adequately costed and financing strategies defined to ensure that the resources needed are provided in national budgets

Main activities foreseen:

- Build capacity of National Women Machineries' (NWMs) staff to lead a process of identification of gender equality and women's empowerment priorities within a strategic national policy framework and budgeting;
- Technical assistance to develop targets and benchmarks for specific policy documents and related implementation arrangements;
- Consultations with gender equality advocates to set gender equality and women's empowerment priorities and to determine the interventions and implementation arrangements needed;
- Costing exercises to determine financing requirements;
- Research and evidence gathering on: (i) existing institutional arrangements and interventions to implement the identified gender equality and women's empowerment priorities; and (ii) financing flows from domestic resources and ODA contributions for gender equality and women's empowerment at national level;
- Identifying financing gaps based on domestic resources and ODA contributions to those priorities; and defining a financing strategy to ensure that the necessary resources are included in national budgets.

Result 1.2: Gender equality advocates and experts (including feminist economists) effectively mobilised to ensure that responses from governments and donors address financing gaps in planning and budgeting decisions

Main activities foreseen:

- Prepare common agenda and advocacy briefs by NWMs and gender advocates to engage in policy dialogue with key policy drivers from government and donors, with articulated demands for financing gender equality interventions;
- Build the capacity of gender equality advocates in governments, CSOs, parliaments and the UN, on gender-responsive planning, budgeting and aid policies;
- Coordinate advocacy campaigns among women's groups around annual sector planning and budgeting processes;
- Provide gender analysis of budgets and aid in relation to national gender equality commitments.

Under specific objective 2: To strengthen the capacity of national governments to implement gender equality commitments and priorities in national planning and budgeting systems and programming.

Result 2.1: Gender perspective included in Public Finance Management Systems (PFMS) and aid coordination debates by ministries of finance

Main activities foreseen:

- Training and technical assistance of finance ministries to mainstream gender in PFMS with clear guidance on GRB and budget guidelines;
- Gender assessment of performance assessment frameworks and joint assistance strategies;
- Dialogue with finance ministries to mainstream gender in budget reform processes and utilise gender-sensitive indicators;
- Support finance ministries with reporting on the optional gender indicators included in the 2011 monitoring survey for the Paris Declaration.

Result 2.2: Gender priorities addressed by selected line ministries in their annual sector plans and budgets

Main activities foreseen:

- Gender analysis of key sector programmes and/or SWAPs with relevance to gender equality and women's empowerment;
- Build capacity for gender-responsive planning and budgeting at sectoral levels;
- Support actions to include specific gender equality and women's empowerment priorities in annual sector plans and budgets of the relevant ministries; provide technical assistance to sector planning staff, and ensure the participation of gender experts in SWAP technical committees;
- Strengthen monitoring systems, including the review of indicators to make them gender-sensitive and the establishment of sex-disaggregated beneficiary incidence assessments;
- Carry out sex-disaggregated benefit incidence analysis of major sector programmes;
- Support line ministries to ensure systematic collection, analysis and use of sex-disaggregated data in line with gender equality and women's empowerment priorities;
- Support gender audits of sector performance indicators.

Result 2.3: Effective dialogue for mobilising financing to implement national gender equality and women's empowerment priorities actively supported by multi-stakeholder groups

Main activities foreseen:

- Establish and/or strengthen multi-stakeholders' groups to enhance dialogue among civil society, and national governments on financing for gender equality and women's empowerment priorities;
- Build the capacity of multi-stakeholder groups, through the participation of gender equality advocates, to engage in dialogue on financing the implementation of gender equality commitments;
- Support multi-stakeholder groups in developing annual work plans that identify actions to address gaps in funding for gender equality.

Result 2.4: Increased engagement and effectiveness of CSOs, women's organisations, parliamentarians and the media in monitoring budget allocations, tracking expenditure, and demanding accountability for increased financing by governments and donors

Main activities foreseen:

- Support civil society capacity for gender budget analysis and budget monitoring at national, sector and local levels;
- Promote public hearings around sector and local budgets;
- Support the production of evidence-based analysis on practices of non-traditional donors with regard to gender;
- Assess different aid instruments and coordination modalities from a gender perspective;
- Develop a score card for national government practice, capacity and financing on gender responsive budgeting in consultation with national programme partners, collect and monitor data.

Under specific objective 3: To strengthen the capacity and accountability of donors and stakeholders in aid coordination mechanisms for achieving their commitments on gender equality in stable and post-conflict countries through improved knowledge, tools and pilot actions at country level

Result 3.1: Bilateral and multilateral donors (including the EU Delegations) actively participate in dialogue mechanisms with national stakeholders on financing gender equality priorities in stable and fragile countries

Main activities foreseen:

- Hold dialogue on donor gender priorities, evaluations and financing;
- Prepare and disseminate data on donor practices and financing for gender equality, including in relation to financing for women's security and peace building needs in the case of post-conflict situations;
- Promote substantive participation of gender equality experts in policy dialogue spaces to advocate the integration of a gender perspective on aid practices;
- Strengthen representation of women's peace building groups or networks at donor meetings and conferences on post-conflict financing;
- Mobilise gender expertise to seize opportunities to integrate a gender perspective in donor country strategy papers, project action fiches, needs assessments, joint reviews and aid modalities;
- Develop a score card on donor practices, capacity and financing in relation to gender equality, collect data and monitor use of card.

Result 3.2: Enhanced effectiveness of indicatively 8 EU-funded country cooperation in relation to the advancement of national gender equality and women's empowerment priorities

Main activities foreseen:

- Assess capacity development needs through direct consultation with European External Action Services, UN Women country staff and online surveys;
- Hold in-country action learning workshops engaging targeted stakeholders in EU-funded development cooperation programmes. These workshops will aim at facilitating self-assessment of gaps in gender and definition of result-oriented capacity development

strategies directly aiming at improving the gender equality impact of the selected programmes;

- Run regular courses run online and face-to-face by the ITC-ILO Gender and Non-Discrimination Programme (in English, French, Spanish and Portuguese) with specific attention to (non-exclusive) participation by stakeholders from pilot programmes and/or other developing countries targeted by the action;
- Offer the TRAIN4DEV course on gender and development (see result 3.3);
- Provide ad hoc, targeted and punctual assistance to facilitate the development of selected stakeholders' capacity to advance gender equality and draw lessons to be integrated in the EU knowledge base on the 'Know how' of gender and development (see result 3.3).

Result 3.3: EU knowledge on gender equality and development cooperation collected and shared internally and with various stakeholders through a comprehensive 'know-how' package and an online course

Main activities foreseen:

- Develop a comprehensive online package on know-how in gender equality in EU development cooperation;
- Design an online course on gender and development cooperation, in collaboration with the TRAIN4DEV network, to disseminate good practice and make it available at global level to all development actors.

Under specific objective 4: To engage feminist economists and gender equality advocates in activities to increase policy coherence on gender equality in economic and development effectiveness policy fora at regional and global level.

Result 4.1: Partnerships built or strengthened, and knowledge products on alternative gender-responsive economic policies generated and disseminated by feminist economists and women's organisations

Main activities foreseen:

- Build partnerships and alliances with feminist economists to strengthen the link between academic feminist analysis of economic policies, policy advocacy and country practice;
- Support the generation and dissemination of evidence-based analysis in support of alternative economic policies that are more responsive to the demands of gender equality and development effectiveness;
- Build knowledge on effective approaches on financing for gender equality.

Result 4.2: Capacity of feminist economists and women's organisations supported, to effectively advocate for alternative economics for gender justice in policy debates related to financing for gender equality at regional and global levels.

Main activities foreseen:

- Support activities with women's organisations and networks working on gender and economic policy to carry out research, mobilise networks, build capacity and develop an advocacy agenda related to financing for gender equality and women's organisations;

- Support the preparation and active participation of gender equality advocates at the Development Cooperation Forum (2012), the UN Conference on Sustainable Development (2012), CSW, donor conferences, post-conflict reconstruction events, OECD DAC monitoring and evaluation processes, etc.;
- Engage in policy dialogue at national and global level around national development strategies, gender policies, economic crisis, aid and development effectiveness, and the MDGs and beyond.

Result 4.3: Support the preparation and active participation of gender equality advocates at the Fourth High Level Forum on Aid Effectiveness (HLF-4) in Korea

Main activities foreseen:

- Build partnerships and alliances with gender advocates, OECD Gendernet, the UN system, the EU and host governments;
- Develop an advocacy strategy for including gender on the agenda and in the outcome document with clear messages and demands;
- Compile evidence and case studies in support of demands.

3.3. Stakeholders

Target groups:

The programme outcomes will focus on different target groups:

- Gender advocates and experts, including feminist economists to strengthen technical knowledge on implementation and funding gaps for gender equality and women's empowerment priorities and policy advocacy;
- Government officials to strengthen accountability of national systems;
- Donor representatives (bilateral and multilaterals) for accountability of aid practices.

The programme will work with a variety of national, regional and global stakeholders such as:

- National government agencies (national women's machineries, ministries of finance, planning and sector ministries);
- Parliamentarians;
- Multilateral donor institutions (primarily the European Commission, the OECD, the World Bank and the International Monetary Fund);
- Joint donor coordination mechanisms;
- The UN system (including UNCTs, regional and international technical teams and agencies involved in country programme implementation);
- Civil society organisations (including women's organisations and gender equality experts and advocates) at national, regional and international levels;
- Post-conflict financing mechanisms (MDTFs Offices, UN Peace Building Support Office);
- The European External Action Service (EEAS) and European Commission staff at headquarters and country level, and staff from other OECD/DAC countries' development cooperation departments;
- The European Gender and Development experts' group will have a crucial role in the design and testing of the know-how package;
- OECD-DAC Gendernet will have a consultative role and mutual mechanisms of exchange of information will be established;

- Train4Dev, the joint donors' competence development network, will be a main collaborating partner in the design and testing of a common curriculum, to be made available to all development actors.

Final beneficiaries:

Women and men from the 15 countries, who will see greater resources allocated to addressing gender inequality and ensure more equitable services to ensure the realisation of women's rights and empowerment.

3.4. Risks and assumptions

Risks include:

- The changing global macroeconomic environment evidenced by the financial, economic, food and climate change crises could have further negative impacts on aid flows and national budgets leading to financing gaps in gender equality interventions.
- Political instability could be a major deterrent to the implementation of programme interventions.
- The weak capacity and limited resources of national and donor systems with regard to gender planning and monitoring may hamper their ability to respond to increased expectations with regard to putting in place systems for gender responsive planning, budgeting and monitoring.
- Lack of access of gender equality advocates to policy making fora on aid management and economic policies.
- Weak capacity of NWMs to undertake their mandate to lead national efforts and demand accountability for gender equality.

The following assumptions have been made:

- Governments have the political will and have already prioritised gender equality in their national development strategies to ensure ownership and institutionalisation of the capacity building strategies to be employed in the project.
- The interest and support of the European Commission, other donors and development partners will be expressed by taking concrete actions to mainstream gender in aid management instruments.
- Some level of capacity and technical knowledge already exists among gender equality advocates making it possible for the advocacy to result in tangible and sustainable results.
- There is political leadership in NWMs to build alliances with gender advocates and experts and national policy drivers in order to achieve the expected results, especially with regard to articulating the implementation arrangements and financial resources required to implement gender equality priorities.
- UNIFEM's technical leadership in this area, coupled with the strengthened leadership of UN Women at the country level will result in increased access to policy processes and improved technical and operational capacity at country level.
- There is a shared acceptance among stakeholders that results-oriented institutional capacity development is a medium- to long-term process that needs to be sustained and facilitated in participatory ways.

3.5. Cross-cutting issues

The project will contribute to efforts on strengthening aid effectiveness, good governance, public sector reform and sustainable development by ensuring that human rights, gender equality and equal opportunities, including needs of persons with disabilities, and environmental issues are mainstreamed in such processes.

The management arrangements for the action will ensure compliance with decent work principles, respecting and promoting the ILO Declaration on fundamental principles and rights at work.

4. IMPLEMENTATION ISSUES

4.1. Implementing method

Joint management arrangement through the signing of an agreement with an international organisation — a standard contribution agreement (FAFA) will be signed with UN Women.

A Steering Committee consisting of the EU, UN Women and the ITC-ILO will provide strategic technical and political support to facilitate implementation of the overall programme. The steering committee may invite representatives of national partners, donors and civil society as necessary. Parallel coordination mechanisms will be set up at country level between UN Women, EU Delegations and relevant donors and national partners.

Programme activities will be undertaken at global and national level. Specifically, at global level the programme will facilitate knowledge exchange and south-south cooperation, and will support mobilisation of advocacy efforts in relation to international fora, such as the HLF-4.

In selected countries, national implementation plans will set specific outputs and activities relevant to the national context.

4.2. Selection of participating countries

The programme is to be implemented in 15 countries with diverse realities in terms of income levels, aid ratio as a percentage of the budget, capacity and gender indicators. The indicative selection criteria for the 15 countries are as follows:

- Needs identified by the final project evaluation of EU/UN Partnership and considerations resulting from project reviews and monitoring of the project Integrating GRB into the aid effectiveness agenda implemented by UNIFEM;
- Presence of an environment conducive to sustainable mainstreaming of gender equality in EU-funded cooperation programmes;
- Geographical balance among the regions.

The final choice of countries targeted by the proposed action will take into account existing EU projects and programme gaps.

4.3. Budget and timetable

The expected duration of the EU contribution agreement is 42 months, with an indicative starting date of May 2011.

The total cost is estimated at EUR 11 155 536. UN Women has obtained a EUR 600 000 pledge from Spain and will seek funding for an indicative EUR 3 900 000 from other bilateral donors. The ILO-ITC contribution is expected to be EUR 155 536.

The maximum EU contribution is fixed at EUR 6 500 000.

4.4. Performance monitoring

Monitoring of performance will be built into all activities undertaken at country and global level, taking into account benchmarks and indicators and in line with detailed monitoring and evaluation plans to be drawn up.

4.5. Evaluation and audit

A mid-term review will take place at the end of the second year of the programme's implementation. A final, independent and summative project evaluation is planned.

The action may also be examined by EuropeAid Development and Cooperation's Results Oriented Monitoring programme during implementation or after completion.

4.6. Communication and visibility

Communications and visibility of activities will receive special attention and all project communications will be in compliance with the *Communication and Visibility Manual for EU External Actions*¹⁰⁹ and the *UN-European Commission Joint Action Plan on Visibility*¹¹⁰.

All relevant communication and visibility activities will be carried out in collaboration with the European Commission. The European Commission and EU Delegations at country level will be kept informed of developments and activities. The involvement of the European Commission will be ensured, through the involvement of the EU Delegations, especially in the critical policy events.

The programme will pay particular attention to ensuring strategic and effective communication within the programme and externally in relation to disseminating knowledge and supporting policy advocacy. A communication strategy will be devised to guide the development of country level communication plans that support the effective implementation of the programme and expand the partnership among various stakeholders at country level.

¹⁰⁹ http://ec.europa.eu/europeaid/work/visibility/documents/communication_and_visibility_manual_en.pdf.

¹¹⁰ http://ec.europa.eu/europeaid/work/procedures/implementation/international_organisations/other_documents_related_united_nations/document/joint_visibility_guidelines.pdf.

ANNEX H
THEMATIC PROGRAMME *INVESTING IN PEOPLE*
SUPPORT MEASURES

1. IDENTIFICATION

Title/Number	Support measures for the programme DCI-SANTE/2011/023-110 DCI-EDUC/2011/023-111 DCI-GENRE/2011/023-029		
Total cost	EUR 1 112 985		
Aid Method/ Management mode	Direct centralised management		
DAC code	n.a.	Sector	n.a.

2. DESCRIPTION

This amount is reserved for potential support measures for the programme (e.g. audits, evaluations, monitoring, studies, conferences, information and publication, etc.), as foreseen under Article 26 of the DCI Regulation, not exceeding EUR 200 000 each.

The total amount is distributed between the individual budget items as follows:

Budget item 21 05 01 01 (Health)	EUR	364 919,52
Budget item 21 05 01 02 (Education)	EUR	248 065,68
Budget item 21 05 01 04 (Gender)	EUR	500 000,00

The support measures under the component 'Other aspects of human and social development' (Budget item 21 05 01 03) were funded under the 2010 AAP, and will be covered again in 2012 and 2013 when this component is addressed.

2.1. Method of implementation

Direct centralised management.

2.2. Procurement and grant award procedures

Procedures will be followed as laid down in the Practical Guide to Contract Procedures for EU external actions.