Why administrative reforms in international organizations fall short?
The case of UNAIDS

Pr. Oliver Nay

Insitut Universitaire de France (IUF) and University of Lille-Northern France
CERAPS Research Centre (Lille -France)
o.nay@univ-lille2.fr

ABSTRACT

This paper focuses on administrative reforms launched within the UN system. It is based on an empirical analysis of the UNAIDS Programme, an interorganizational system bringing together ten UN agencies to combat the HIV/AIDS epidemic, with the support of a Secretariat. Firstly, the paper pays attention to UN system-wide reform as an institutional context that created a momentum for reforming UNAIDS. Secondly, it explores the conditions under which the reform of UNAIDS has been implemented since the early 2000s. Thirdly, it examines some of the side effects of the reform, with particular emphasis on competition between UN agencies, organizational complexity, and bureaucratization. The conclusion argues that multilateral agencies have turned their primary attention to management challenges in the 2000s, but reformers have not proved to be able to anticipate and control the various effects of the change they have initiated.

Key words: Administrative Reform ó Development ó HIV and AIDS ó Global Governance ó International Organizations ó International Bureaucracies ó Public Administration ó Public Health ó Reform entrepreneur ó United Nations

This paper concentrates on public administration reforms within the multilateral system to improve the global response to HIV and AIDS, in the context of the system-wide reform experienced by UN organizations during the last decade. It provides an empirical analysis of the reform of the Joint UN Programme on HIV/AIDS ó better known as õUNAIDSö ó which brings ten UN agencies and a Secretariat together. It focuses on the efforts that have been made to improve the governance of UNAIDS, as well as the various side-effects that may prevent to achieve its objectives.

This paper pays particular attention to õmanagement reforms,ö defined as the various intentional actions taken by governing bodies, on one or several occasions, to change the formal rules, procedures and mechanisms of the organizations over which they have authority. These reforms aim at influencing decision-making and regulation processes regarding power distribution, resource allocation (such as financing and budgeting), human resources (such as staff distribution, recruitment, and career paths), and policy-making (planning, implementation, monitoring, and evaluation)[1].

After having briefly presented the UNAIDS Programme, this paper pays attention to UN system-wide reform as an institutional context that created a momentum for reforming the management of UN agencies in the response to AIDS. Then, it explores the conditions under which the reform of UNAIDS has been implemented since the early 2000s. Finally, it

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[1] Therefore, this paper does not concentrate on õinstitutional reforms,ö which not only relate to decision-making and regulation within organizations, but also involve intentional change in the whole structure of an organizational system. Institutional reforms aim at setting new õconstitutive rulesö or at least profoundly changing the existing ones. They usually look for an extensive, multi-layered reorganization of a bureaucratic structure (units, departments, sectors, agencies, etc.). Both management and institutional reforms are intended to change governance mechanisms, so the distinction is a merely theoretical. Empirically, some management reforms may be so extensive as to result in institutional reform.

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1.0   THE UNAIDS PROGRAMME: AN INNOVATIVE SYSTEM FOR IMPROVING INTERORGANIZATIONAL PARTNERSHIP WITHIN THE UN BUREAUCRACY

UNAIDS is an innovative institutional mechanism aiming at strengthening the commitment of UN organizations to respond to HIV and AIDS, one of the most critical challenges for development. It brings together the efforts and resources of ten UN organizations involved in the response to the epidemic[2]: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO); the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank. These organizations have the status of õCosponsoring organizations,ö better known as õCosponsors.ö

UNAIDS was created in 1994 by the UN Economic and Social Council (ECOSOC). It began its activities in 1996. From the outset, it was viewed as a groundbreaking system, as it had been given the task of improving UN governance by transcending organizational barriers between Cosponsors, strengthening interagency collaboration and contributing to a more efficient and integrated multilateral system. From this perspective, the creation of UNAIDS was seen as an important institutional experiment, highlighting the aspiration to establish new governance mechanisms in the UN system at global level.

Within UNAIDS the Cosponsors operate under the authority of a governing board. They are assisted by a Secretariat, whose role and activities have incrementally broadened over the years. The UNAIDS Secretariatøs task is twofold: it is mandated to raise funds targeting the HIV/AIDS epidemic and to distribute them among the Cosponsors; it also assists the Cosponsors in various ways, including through the promotion of coordinated and scaled up efforts to respond the epidemic. Moreover, it is expected to provide strategic information about the epidemic, mobilize technical resources, and engage with governments and civil society. It is to a large extent a õsecretariat of UN secretariatsö.

In 1994, the ECOSOC assigned UNAIDS a very ambitious role in the long run, as the Joint UN Programme was officially established to build global consensus on policy responses to AIDS. Through UNAIDS, governments from the North and South, the UN system, and international partners from civil society were asked to agree on a global framework to combat a scourge that was jeopardizing years of effort in development, especially in sub-Saharan Africa. However, in contrast to other UN programmes whose main objective is to coordinate the efforts of State actors, the creation of UNAIDS was first and foremost a response to internal UN organizational challenges. The ECOSOC decision to create UNAIDS took place in the context of the early nineties, when harsh criticism was focused on the capacity of the UN system to provide an efficient response to the epidemic under WHO leadership. Through UNAIDS, the Cosponsors were given the mandate of developing a multi-sectoral and

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[2] At the outset, UNAIDS brought together six organizations. In the late 1990s and early 2000s, four new UN entities joined the õUNAIDS familyö.

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integrated response to HIV and AIDS, by harmonizing their goals and objectives, constructing common tools and instruments, sharing knowledge and technical expertise, speaking õwith one voice,ö and, finally, jointly delivering at country level. Interagency cooperation was expected to bring about a swift, reactive, and large-scale commitment by the UN to affected countries[3].

From a broader perspective, as an interorganizational mechanism UNAIDS is expected to ensure the convergence ó and, wherever possible, a close match ó of policy goals in the areas of prevention, impact mitigation, and access to treatment. It is also mandated to facilitate the elaboration of common management standards and work agreements in the various policy sectors associated with the response to HIV and AIDS. A system such as UNAIDS challenges the Cosponsors to connect and better integrate their activities, even though they are complex organizational systems driven by different mandates, particular policy agendas, specific knowledge and norms, distinct technical expertise, and, last but not least, internal management procedures and bureaucratic routines. It also aims to reduce competition in fund-raising and fragmentation in decision-making, as well as overlap and duplication of effort in the provision of technical assistance to governments and key stakeholders in developing countries.

At first sight, the functioning of the UNAIDS Programme provides a noteworthy example of the restructuring efforts that have been tried out to better coordinate the many UN bodies and activities dedicated to development and poverty alleviation. To a great extent, when it was started in 1996 UNAIDS was a forerunner of the UN system-wide reform policy launched by Secretary-General Kofi Annan in the 2000s. Within the UN system, UNAIDS was the first Programme dedicated to building a multi-sectoral response combining the efforts of various agencies. Not only was it a *sui generis* partnership system within the UN architecture, it was viewed as an innovative system intended not to do õbusiness as usualö in the UN.

UNAIDS is thus a good example of the institutional reforms the UN system has sought to set in motion in recent years. Both the progress made in interagency coordination and partnership in the last decade, and the large number of obstacles that still continue to impede progress toward a unified UN response to HIV and AIDS, offer significant illustrations of the challenges that go with reform activity in the UN system.

2.0   UN SYSTEM-WIDE REFORM AND UNAIDS

In recent years, the many UN specialized agencies, funds, and programmes have been challenged by governments of OECD countries to improve their internal management (Knight, 2000; Bauer and Knill, 2007). In the beginning of the new millennium, this call was the result of two factors: the US governmentøs wish to reduce the influence of the UN system by reducing its budget, and the shared perception by other Northern countries that the UN reform might help them retain relevance in an international landscape in which UN organizations are õsmaller playersö in the aid mechanisms. Such pressure emanating from

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[3] Until the mid-2000s, one of the major obstacles to efficient programmes remained the absence of interconnection between prevention, care, support, and treatment policies, both at the programmatic and operational levels. At country level, this situation has led to national AIDS strategies focusing primarily on public health issues, generally driven by the Ministries of Health, without a clear understanding of the multi-dimensional aspects ó social, educational, cultural, political, economic, and judicial ó which should be incorporated into a comprehensive approach.

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OECD countries to reform the management of IOs has been taking place in a context of global diffusion of new public management (NPM) rules and instruments, attesting to the globalization of the neoliberal paradigm already in place in the 1990s (Suleiman and Waterbury, 1990; Common, 1998).

During the 2000s broad consultations were undertaken, leading to a series of high-level meetings on the mechanisms of development assistance[4]. These meetings were clearly intended to introduce NPM into multilateral organizations. They resulted in the adoption of resolutions enjoining IOs to pool resources, undertake joint programming, build knowledge networks, coordinate the provision of technical support, simplify legal procedures, evaluate their results on a regular basis, and align their programmes with government development plans.

The pressures for organizational restructuring became very high during Kofi Annan's tenure as UN Secretary-General. In 1997 and again in 2002, the Secretariat General launched a vast series of management reforms aimed at making the UN system more transparent and accountable. The UN General Assembly assigned the executive heads of agencies, funds, and programmes considerable obligations to reform their management rules and standard procedures. In recent years, several reports have addressed UN organizational challenges[5]. Four executive committees (Peace and Security; Economic and Social; Development; Humanitarian Affairs) have offered the chance to better coordinate the activities of thirty UN programmes. The UN Development Group (UNDG), together with the Chief Executives Board (CEB), has helped define general guidance to bring the programmes and management systems of the various UN organizations closer together. An independent High-Level Panel on UN System-Wide Coherence has been assigned to address organizational problems and provide a set of reform proposals to the UN Secretary-General[6].

The call for UN system-wide reform created a momentum that immediately affected UN activities on HIV and AIDS. In 2003-2004, just after the release of an independent evaluation of UNAIDS (December 2002), member states representing donor countries started to criticize the weaknesses of the UNAIDS Programme and the lack of accountability of the Cosponsors. As in many other fields of development, it was noted that the functioning of the UN system was unsatisfactory: Cosponsors did not deliver responsive technical assistance in the field; programmes were fragmented and not coordinated; implementation was inefficient; and there were rivalries and jealousies among agencies. Moreover, it was observed that many Cosponsors were acting in parallel with independent agendas, and therefore burdened the national administrations of developing countries.

The flaws, obstacles, and other impediments to an integrated and efficient UNAIDS Programme were remarkably visible, as UNAIDS was supposed to be a groundbreaking system tasked with dedicating resources to overcoming traditional organizational challenges and increasing coherence through interagency coordination. In 2005, as the donors' warnings were not leading to noticeable and swift improvements, at the instigation of the British government some OECD governments took the initiative of setting up a Global Task Team

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[4] The Monterrey Conference (2002), the Rome Forum on Harmonization (2003), the Marrakech Round Table on Results-Based Management (2004), the Paris Declaration on Aid Effectiveness (2005), the 2005 UN World Summit, and, more recently, the Accra High-Level Forum on Aid Effectiveness (2008).
[5] See, for instance, the reports *One United Nations* (United Nations, 2005a), *In Larger Freedom* (United Nations, 2005b), and *Delivering as One* (United Nations, 2006a).
[6] See the report *Investing in the UN* (United Nations, 2006b).

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(known as the õGTTö) on improving AIDS coordination among multilateral institutions and international donors. Following the Paris Declaration on Aid Effectiveness (OECD-DAC, 2005), the GTT made recommendations for the governance of the multilateral response to AIDS (Global Task Team, 2005). It urged the Cosponsors and the Secretariat to better coordinate in order to improve the coherence of the Joint Programme. It called for a reform of their management rules with tangible results that could be assessed and measured. The UN General Assembly subsequently endorsed its recommendations during the 2005 World Summit. In this context, Cosponsors and the Secretariat have embarked on management reform.

3.0   MANAGEMENT REFORMS IN THE UNAIDS SYSTEM

This section identifies the major steps through which UNAIDS organizations have recently engaged in efforts to set up new performance-based management instruments on the one hand, and to strengthen interorganizational coordination procedures in order to reduce policy gaps, fragmentation, duplication of efforts, and competition within the UN system on the other hand. It pays particular attention to the activities of the UNAIDS Secretariat, which has been empowered to recommend new organizational arrangements within the Programme. In this context, the Secretariat[7] has demonstrated an ability to function as a õreform broker.ö

3.1   The Dissemination Of NPM Instruments

At the start of the Joint UN Programme, following the ECOSOC recommendations, the UNAIDS governing board established a set of joint coordination rules that made exchanges among Cosponsors possible at the highest level. A steering committee[8] was established to give an opportunity for the Cosponsorsø executive directors to meet twice a year, with a requirement to report to the governing board on efforts undertaken by each UN agency contributing to the UNAIDS Programme.

Throughout the early years, coordination and partnership rules were thus set up and institutionalized. At a technical level, the increasing number of workshops led to the setting up of new discussion forums in policy areas that seemed critical for improving the response to the epidemic. For instance, UNAIDS Interagency Task Teams (IATTs) were established to encourage UN experts on AIDS to hold regular discussions on cross-cutting issues of particular interest to several Cosponsors (such as education, children, youth, gender, and injecting drug use).

Up to the early 2000s, the technical partnerships within UNAIDS were still dependent on voluntary initiatives by the Cosponsors. They relied on many informal rules established in a limited number of policy areas. The Secretariat had neither the influence nor the mandate to compel Cosponsors to hold a policy dialogue on cross-cutting issues. In addition, no institutionalized mechanisms existed to facilitate information-sharing between Cosponsors on joint initiatives that could move the UNAIDS Programme forward, nor the pledging of financial resources by Cosponsors in support of the Programme, nor on policy results at country level.

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[7] When this paper refers to õthe Secretariatö as a reform entrepreneur, it refers to the top and senior managers of this administration (executive head, team leaders, and high-profile technical staff).
[8] The Committee of Cosponsoring Organizations (CCO).

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The mid-2000s marked a shift in the partnership's conditions. Between 1999 and 2003, the growth of the UNAIDS Programme from six to ten actors[9] opened a window of opportunity: it resulted in a greater need for new regulations for internal governance, as the potential risk of dispute within a larger interagency system was higher. New initiatives on AIDS could not be sustainable without formal rules producing more transparency and accountability within the Programme. In short, the integration of new members into UNAIDS, along with pressure from donors, was a critical opportunity for the Secretariat to act as a broker of reform.

A first shift took place in 2005 during a closed-door session of a meeting that brought together the Cosponsors' heads of AIDS programmes. The objective was to share out the 2006-2007 UNAIDS funding resources[10] among the ten Cosponsors. Up until then, the distribution had been based on previous years' decisions, not on a performance review. At this meeting, participants adopted informal criteria to assess the quality and scope of each Cosponsor's programme, and then voted (by secret ballot) for a sharing out of the funds. For the first time, UNAIDS funds were allocated according to the mutual assessment of Cosponsors' strategies and results. The allocation was explicitly linked to policy results.

A few weeks later, the Secretariat was empowered by the Global Task Team to introduce new NPM-inspired principles and instruments aimed at improving the management of the UNAIDS Programme. It has been highly involved in setting standards regarding finance and policy development. It has contributed to the dissemination of new regulations covering budget management and accounting procedures, using a results-based management (RBM) approach. It has held several consultation meetings with Cosponsors to come up with measurable policy objectives. It has supported the establishment of performance indicators and benchmarks to help monitor and assess the UNAIDS Programme. It has also contributed to the adoption of budget control procedures, aimed at reinforcing the transparency of budget appropriations, setting tracking procedures to assess the use of funds (e.g., through the adoption of implementation rates), and constructing the relevant indicators needed to measure the impact of Cosponsors' AIDS programmes. In 2007, such a multi-agency results-based budget was unique within the UN system.

Since 2006-2007, the Cosponsors have agreed to shift towards result-assessment procedures. They have been invited to design their own programmes using these procedures, to tie all their sub-units that use UNAIDS funds (including field offices) to the selection of quantified indicators, and to be held accountable for the results. The objective of this in-depth transformation is to avoid the situation that prevailed during the first decade of UNAIDS: an absence of formal rules for the allocation of UNAIDS funds to Cosponsors, complemented by a lack of tracking of the use of the funds, of results-based indicators, and of independent oversight procedures, and a general trend among the Cosponsors to spend financial resources on scattered and non-coordinated small projects.

3.2 Harmonization, Rationalization, Coordination

In 2005, the Secretariat seized the opportunity of the Global Task Team recommendations to push the UNAIDS governance reform of in three directions: policy harmonization, clarification of agencies' jurisdictions, and interagency coordination. These

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[9] Four new UN organizations: ILO, UNODC, WFP, and UNHCR.
[10] The UNAIDS budget (the so-called õUBWö) has three components: one is allotted to the Cosponsors, a second to the Secretariat, and a third to õinteragency activities.ö

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three dimensions aim to improve the effectiveness of the UN response to the epidemic by preventing agencies from developing independent, duplicate, and competing strategies.

Streamlining strategies

Efforts for harmonization within the multilateral system were undertaken at the global level. One of the significant modifications of UNAIDS was the elaboration of a limited number of joint strategic objectives[11]. In parallel, at the request of the UN General Assembly the Secretariat organized consultation meetings at country and regional levels to build a joint policy framework that could be endorsed by all UNAIDS partners and also conceived as worldwide guidance for internationally recognized policy standards and key objectives. The Assembly endorsed this framework in 2006, leading to the setting of national targets and a revision of national AIDS strategies in most of 123 countries[12].

The effect of this programmatic shift on Cosponsors' programme has been uneven. On the one hand, Cosponsors have paid particular attention to these expected results when it came to providing the UNAIDS governing board and key donors with progress key data and information in progress reports. They have had to align their performance indicators to the key results. Greater effort and resources have been dedicated to conducting various assessments, reviews, and evaluation of UNAIDS efforts in selected areas of activities, resulting in the publication of public reports. On the other hand, Cosponsors continue to base their global strategies on their own priorities, and their programmes on AIDS scarcely reflect UNAIDS as a family and do not focus on the expected "key results."

Division of labor

Policy harmonization may appear irrelevant without a clear identification of the UN agencies' respective jurisdictions with regard to the epidemic. Thus, in 2005, the Global Task Team enjoined the Cosponsors to make substantial efforts to clarify their mandates, a prerequisite for improving interagency collaboration. The UNAIDS family was, in a sense, invited to put an end to major flaws in the UN system: competition among agencies, programmatic fragmentation, policy overlaps and gaps, and lack of accountability.

Under the pressure of the Global Task Team, the Secretariat took the initiative to elaborate a "UNAIDS Division of Labor" with the aim of specifying which policy areas each Cosponsor was responsible for. From now on, each Cosponsor is responsible for one (or several) specific policy area(s), depending on its mandate and its "comparative advantage" in the field. For instance, UNICEF is responsible for the support of orphans and vulnerable children, UNESCO for HIV prevention education in educational institutions, UNFPA for prevention activities among key populations, and UNHCR for all activity related to refugees and internally displaced people.

Coordinating activities

Collaborative action is decisive for policy-making, as a steady flow of strategic information and dissemination of knowledge among UN bodies is essential for integrating

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[11] The 2006-2007 UNAIDS budget was the first budget to be built on a results-based structure, identifying 16 "Principal Results" for UNAIDS as a whole and 49 "Key Results" for the more specific activities performed by Cosponsors and the Secretariat.

[12] Called "Towards Universal Access," this framework seeks to connect the various sectoral responses that might lead to greater access to HIV/AIDS prevention, treatment, care, and support. It clearly put the emphasis on country-led responses to AIDS, which are to be multi-sectoral and participatory.

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their sectoral approaches and therefore developing coherent policy guidance. Above all, coordination is crucial in the provision of technical assistance in the field of HIV and AIDS. UN organizations ensure transfer of expertise, knowledge, and skills to support governments and national stakeholders in implementing AIDS responses (planning, budgeting, monitoring, and evaluating) in various fields (e.g. public health, education, finance, agriculture). They also contribute to capacity development in countries where the public sector has weak capacities to respond to the epidemic. They participate in the development of results-focused, evidence-informed, and cost-effective strategies, as well as in the review of existing action plans.

With the active support of the Secretariat, three new vertical mechanisms were created to channel UN assistance to a variety of beneficiaries (such as the National AIDS Councils, national ministries, CSOs, the private sector, and sometimes bilateral organizations and other UN agencies). For instance, UNAIDS established new support desks in nearly 60 countries. These Technical Support Facilities (TSF) were tasked with helping identify and contact the relevant experts and consultants who can assist national authorities or stakeholders in the design of programmes and in problem-solving in various areas: management, communication, strategic planning, resource mobilization, monitoring and evaluation. In 2006, UNAIDS also established a permanent forum (called GIST[13]) bringing together a limited number of UN agencies, funding organizations, bilateral donors, and NGOs to build rapid and coordinated technical responses to requests from governments. The same year, another service (called ASAP[14]) was created to offer advice and channel technical support for strategic and action planning. It acts as a liaison office between country actors and Cosponsors, the UNAIDS Secretariat, and consultants around the world.

4.0 WHY ARE BUREAUCRATIC REFORMS FALLING SHORT?

Nobody can challenge the fact that UNAIDS pledged an increasing amount of resources to improve the governance of the UNAIDS Programme. Cosponsors engaged in an in-depth reform of their in-house micromanagement and policy-making mechanisms, which could have created new internal and interagency tensions. Nevertheless, as often demonstrated in the scientific literature on public organizations, actual bureaucratic change hardly reflects the intentions of the reformers (Nay, 2009b; Eymeri-Douzans, 2010). Any reform has hidden costs and side-effects that should always be questioned. Part 4 elaborates on some unexpected effects of managerial reform, with particular emphasis on competition between UN agencies, organizational complexity, and bureaucratization.

4.1 Competition

In the early 2000s, various Cosponsors brought up international initiatives without much prior consultation of their partners. Some Cosponsors also used the vague argument of õcomparative advantageö[15] to strengthen their activities in policy areas covered by the mandate of other UN organizations. This situation not only raised tensions within the UNAIDS family, it also increased the risk of having a disunited UNAIDS system with competitive and disorganized programmes.

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[13] The Global Implementation Support Team.

[14] This service, the AIDS Strategy and Action Plan service, is hosted by the World Bank.

[15] õComparative advantageö is a notion often used by some organizations as a rhetorical device to defend their legitimacy to develop country-focused activities outside their official mandate. In making this argument they usually claim that their country presence is the most effective because of their resources, expertise, successful (past and ongoing) projects, and/or connections to government or other national stakeholders.

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In 2005, the official UNAIDS Division of Labor was adopted with the aim of reducing competition among UN partners. But today, when it comes to translating and implementing this formal and binding framework at the country level, competition still undermines the capacity to act jointly. The Cosponsors still compete to mobilize resources from bilateral organizations, mainly because of a lack of donor coordination. They also work to expand the scope of their activities while at the same time they have to align with national priorities. The UN country offices with the greatest capacity[16] and those with ongoing programmes on HIV and AIDS are not keen to give up their activities because of some formal principles adopted at the global level. Their top management finds ways to adapt the Division of Labor to õthe local realityö and to defend the projects they have been implementing up to now. Thus in many countries dissension has arisen between Cosponsorsø representatives when it comes to implementing the Division of Labor, taking into account the õcomparative advantageö of each Cosponsor in the field of HIV and AIDS. At the national level, UN Joint Teams on AIDS have to agree on how to adapt the distribution of tasks among UN agencies for the provision of technical support, especially between agencies who have weak capacities at country level, but are considered a õLead Organizationö according to the formal Division of Labor, and those with stronger capacities who are officially reduced to the status of õMain Partner.ö

For instance, despite the Division of Labor, the programmes and activities carried out by the World Bank, UNICEF, UNESCO, and UNFPA in the field of education and HIV/AIDS do not always appear to be specialized and differentiated on the ground. All these four UNAIDS Cosponsors have been supporting national or local educational projects targeting vulnerable populations, particularly women and young people. UNESCO and the World Bank are also developing competing training programmes for professionals and government officials. UNDP, the World Bank, and the Secretariat are still building overlapping country-level strategies aimed at providing technical support to reform national governance mechanisms in the field of HIV and AIDS[17]. UNFPA and UNDP elaborate overlapping projects in the field of gender equality and AIDS-related discrimination towards women and girls. DfID noted another example of competition in an evaluation report (Drew and Attawell, 2007, A79): õIn Zimbabwe, there are concerns about UN capacity, ability to engage in policy dialogue, diversion from core roles, and poor coordination. Some steps have been taken to developing one UN team and programme on AIDS, but this is currently an aggregation of individual agency plans. Practical obstacles to developing a truly unified team and programme include competition between UN agencies, separate locations and organizational systems, overlap of responsibilities in some areas e.g., prevention of mother to child transmission and young people í ö

4.2 Organizational Complexity

The reforms launched after 2005 in UNAIDS had clear objectives: simplifying mechanisms, streamlining strategies, combining activities. They also expected clear outputs: a reduction of transaction costs and an increase in the efficiency of bureaucratic activity. However, reforms may sometimes increase organizational complexity for one key reason: reformers frequently introduce new bodies, policy instruments, and procedures, without having the capacity or legitimacy ó or sometimes the courage ó to remove the old ones.

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[16] For various reasons (historical, political, structural), some UN country offices may have more resources (funds, expertise, human resources, privileged access to national officials, linkages to CSOs and the media, etc.) than others.

[17] This situation was mentioned by member states at the 23rd UNAIDS executive board meeting (Dec. 2008).

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Coordination mechanisms are supposed to reduce compartmentalization and competition in interorganizational systems; to some extent, they help develop a comprehensive and integrated policy approach. But at the same time they may also lead to bureaucratization by multiplying the horizontal and vertical channels through which managers and policy actors are expected to interact. While such mechanisms seek to reduce the waste of resources, they may add new transaction costs for all the partners who have to adapt to multiple channels or entities without abandoning their regular organization's standard procedures.

A good example within UNAIDS is the creation of the three new interagency UN mechanisms to channel the provision of technical assistance (mentioned in part 3.2), which have generated new opacity while trying to simplify UN procedures. Firstly, the division of Labor between these bodies remains unclear to the many country-level recipients and stakeholders who are expected to ask for technical support. Secondly, these mechanisms also interfere with the recognition of Cosponsors, in the 2005 Division of Labor, as õLead Organizationsö and õMain Partners,ö each being responsible for the provision of technical support in the specific policy areas covered by their mandate. Thirdly, these mechanisms also have to connect with the UN Theme Groups on HIV/AIDS (country-level committees bringing together UN technical staff, which operate under the authority of the UN Joint Teams on HIV/AIDS). Fourthly, they have to find added value in each country where 40 other technical support providers may intervene, ranging from bilateral and multilateral agencies to private foundations and civil society organizations. If the ASAP is presented as a õone-stop shop,ö what is the TSF supposed to do in alignment with ASAP? How does the ASAP Secretariat (based at the World Bank) fully harmonize and streamline its activities with the 60 offices implementing the TSF (located in UNAIDS offices)? Both mechanisms propose overlapping technical support, such as peer reviews, strategic and operational planning, costing and budgeting, financial management, monitoring and evaluation tools for HIV/AIDS programmes, and resource mobilization.

The GIST also developed some grass-roots operational activities aimed at providing technical assistance to host governments and other stakeholders. Its original mandate was to establish country-level implementation support teams (CISTs). The GIST did not have an easy start, as it was confronted with interagency tensions, with some agencies not inclined to participate for various reasons: lack of clarity and a shift in its mandate; uncertainty about governance and accountability; lack of capacity; costly meetings; slow responses; low profile among stakeholders; and insufficient information flow and linkages between GIST and the regional and country offices of UN agencies (Moodie, 2008). It was then found to duplicate efforts at country level and, subsequently, its mandate was thoroughly reformulated, shifting it from an operational entity to a global policy forum.

4.3 Bureaucratization

Bureaucratization can be defined as a process by which an organizational system takes on the characteristics of a Weberian bureaucracy. It is a process of institutional change, which relates to a number of transformations: the relationships within the organizational system are increasingly driven by a complex of formal, rigid norms; staff members are specialized in narrowly-defined tasks; professional positions and roles are shaped according to impersonal rules; decision-making follows rational procedures rather than the personal feelings of individuals; command and power relations are distributed according to a division of Labor based on hierarchy. As Weber pointed out, bureaucratization goes along with a process of rationalization of activity, as an organizational system becomes broader, more

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complex, and permanent. Central to this process is the formalization, standardization, and depersonalization of rules, as is the increase in the number of bureaus and levels of decision.

From this perspective, bureaucratization goes along with greater complexity of mechanisms and procedures, proliferation of decision-making bodies, and higher risk of internal compartmentalization and competition. For this reason, it is most often regarded as a negative process, even a õpathologyö of public organizations, as administrative growth may be driven by internal forces rather than external policy demands from populations, constituencies, and/or political representativesø choice (Barnett and Finnemore, 2004, 34-41).

Within the UN system, recent reforms have aimed at reducing the negative effects of bureaucratization. Better management is likely to develop cost-effective public activity by improving accountability and reducing transaction costs. Better coordination is likely to improve the effectiveness of public policy by stimulating information flows, encouraging joint policy planning, and developing integrated implementation activity. But an in-depth reform process also requires additional human resources, technical capacities, funding sources, new coordinating bodies, and co-management instruments. For these reasons, it may end by adding new layers of bureaucracy.

Within UNAIDS, these arguments can be borne out both by Cosponsorsø internal activity on AIDS and by the Secretariatøs expansion. During the 2000s, Cosponsors were seriously encouraged to strengthen their commitment to responding the epidemic. Global mobilization against HIV and AIDS produced an increase in funding for IOs and therefore led to a scaling up of UN capacity. But at the same time both the context of UN reform and the donorsø criticism of the multilateral response to AIDS drove the Cosponsors to turn much of their attention and resources to governance challenges, tackling especially the issues of efficiency (õmake the money workö) and UN coordination (õdelivering as oneö). Since 2005, this focus on governance has even been perceived by UN managers as a survival strategy in a competitive and polyarchic global AIDS governance in which many state and non-state actors are challenging the UN system. In response to repeated requests from the UNAIDS governing board, Cosponsors have been concentrating on tracking funds, drafting reports, gathering statistics, developing monitoring and evaluation procedures, with the desire to demonstrate their capacity to deliver and their aptitude to work jointly. This has led Cosponsors to recruit officers assigned to management and coordination tasks rather than policy experts. It has pushed them to secure more funds to ensure that in-house management and interagency coordination comply with donor requests. It has led to a growing number of coordinators and gate-keepers at every stage ó called õglobal coordinators,ö õregional advisors,ö or õfocal pointsö ó whose main task is to support coordination mechanisms, moderate tensions (between agencies and/or within departments and units in each agency), and report on activities at all levels. Not only might this change be distracting attention from policy substance and field activities, it could also be increasing organizational costs.

The analysis of the UNAIDS Secretariat provides a critical example on how a size-limited coordination body can become a bureaucratic entity in a few years. As already mentioned, the Secretariat has first and foremost a facilitating role, with the task of supporting the Cosponsors in the establishment of a Joint UN Programme. Like any international secretariat, it had no mandate to exert leadership or participate in policy development. Nevertheless the Secretariatøs activities gradually expanded during the first ten years of the Programme, with a substantial scaling up in recent years. The Secretariat has gained influence in two directions: it has played a increasing role in the dissemination of

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innovative policy ideas and evidence-based knowledge about HIV/AIDS[18] (cognitive influence); and as mentioned above, in the context of UN reform it has been given an opportunity to play a larger role in the establishment of management and coordination rules (prescriptive influence).

This development of the Secretariat as a õpolicy entrepreneurö (Mintrom, 1997) has contributed to strengthening its bureaucratic capacities. The number of staff based in Geneva, initially 100, nearly doubled over the first decade. In addition to the liaison office based in New York City, two new offices were created in Washington and in Brussels to liaise with the US Congress and the EU Commission. More recently, seven UNAIDS õRegional Support Teamsö were established to provide assistance to UNAIDS Country Offices, while working with regional partners to participate in programming and technical support for national stakeholders. Finally, the Secretariat brought the number of its õUNAIDS Country Coordinatorsö from originally 50 up to more than 80 in 2007. In parallel, while the UNAIDS country offices were originally represented by one staff person, they have expanded in recent years, recruiting managers, officers, and experts, including 60 õPartnership Officersö and õFocal Points.ö The teams working as Technical Support Facilities (TSF) have also been located in these offices. Until the mid-2000s, most UCCs had a medium profile: they were õprogramme officersö (level P4-P5 in the UN ranking). In recent years, their status has changed in a number of countries, as some of them became heads of larger offices and were involved as full members of UN Country Teams[19]. More UNAIDS Country Coordinators have since been recruited at a director level (level D1) and named õUNAIDS Country Directors,ö in order to allow them to function as equals with other country directors. In general, the Secretariat seized the Global Task Teamøs recommendations and the UN Secretary-Generaløs decisions as windows of opportunities to strengthen its field representation. It could thus participate in the promotion of country-led UN reform in the field of HIV and AIDS, although it had initially no specific mandate at this level.

The increasing activity of the Secretariat goes along with the progressive bureaucratization of UNAIDS: increase in number of staff, recruitment of experts and consultants, appointment of country-level UNAIDS representatives, development of field-based offices, and increasing participation in official partnership and decision-making bodies inside and outside the UN at global, regional, and country levels. The UNAIDS Secretariat is more and more present in the host countries where Cosponsors are implementing programmes. Its staff often stand for the whole õUNAIDS familyö but at the same time also more and more often represent the UNAIDS Secretariat as a UN entity. Thus the Secretariat does not appear only as a õplatformö or a õpolicy facilitatorö through which UN agencies interact. It is slowly shifting to a more structured organization with increasing roles and wider responsibilities. We might even consider that by engaging in policy development the Secretariat tends to become the õ11th Cosponsorö of UNAIDS.

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[18] The literature on policy transfer provides a valuable analytical framework for the analysis of international bureaucraciesø activities, especially when one concentrates on information and knowledge. Thus international secretariats are involved in many activities that ensure the transfer of ideas from one organizational setting to another one. See: Nay, 2009.

[19] In each country, the UNCT is composed of the heads of the UN agencies. Chaired by the UN Resident Coordinators (RC), they play a critical role in planning and coordinating the country activities of UN agencies.

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5.0   CONCLUSIONS

This empirical study of UNAIDS offers insights into understanding the processes and possible unintended consequences of managerial reforms undertaken within IOs. I suggest two concluding remarks.

Firstly, in the 2000s the growing attention of donors to the issue of global governance has had an impact on the work of multilateral organizations, especially UN partners: bureaucratic change becomes an end in itself, as UN organizations have turned their primary attention to management and coordination challenges. This may be seen as a step forward in the field of HIV and AIDS, since it has surely helped UN agencies to move away from years of mismanagement, competition, and fragmentation of agency plans associated with a vast and muddled multilateral system. Nevertheless, the focus on governance issues may well result in a reallocation of resources (human, financial, technical) towards improving the UN architecture rather than focusing on the assistance needed by governments and key populations at the implementation level. It could thus encourage UN professionals working on HIV/AIDS to concentrate primarily on institutional processes instead of paying greater attention to policy development. Gathering statistics that meet requirements set by new indicators and benchmarks, or setting new coordinating mechanisms at all levels, may have partly satisfied donors and other financial partners. But it took a lot of energy, time, and money, which may have diverted the attention of UN experts from the urgent challenges they ought to be taking up, or at least weakened their responsiveness to the epidemic.

Secondly, the reformers have not proved to be able to anticipate and control the various effects of the new situation they have initiated. Of course, one should acknowledge that reformers, thanks to their experience and lessons learned, have contributed to some improvements ó such as strengthening financial accountability and transparency thanks to new budgeting procedures, and contributing to the elaboration of a global multi-sectoral policy framework. But there are unexpected effects that may hamper the scope of the reforms, due to behavioral resistance from bureaucrats, contextualized interpretations of the rules, specific power relations among UN organizations at country level, and institutional routines that generate path-dependent processes. The reform objectives may generate tensions with some organizational interests (e.g., pooling financial resources at country level may worry organizations who usually raise significant extra-budgetary funds); objectives may be confronted with the weight of institutionalized norms and routines (e.g., creating horizontal coordination mechanisms may lessen vertical control procedures); they may not be adapted to social, organizational, and historical situations at country level (e.g., some efficient country level coordination mechanisms may differ from the Division of Labor elaborated at global level).

Administrative reforms, however well-intentioned, generally create as their immediate result confusion, anxiety, and the diversion of resources to management and organizational procedures. The real benefits should be measured over a longer time period. They should be gauged at a policy level, not a bureaucratic level, through an assessment of policy outcomes. This challenge is a primary one for both researchers and evaluators, as major resources need to be engaged to study the correlation between administrative reforms and the multilateral response to the AIDS epidemic. Unfortunately this still remains a õblind spot.ö

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