

MDG Acceleration Framework (MAF)

Moldova case

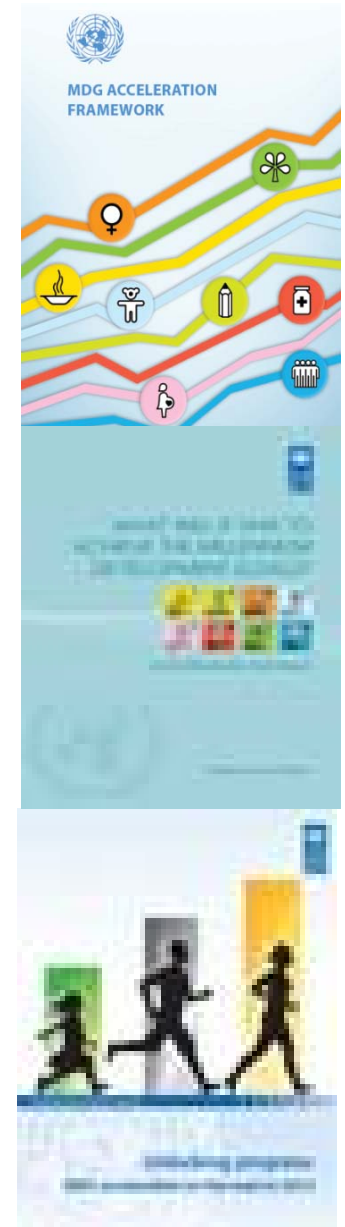
What is MAF?

1. The MAF is a **methodology endorsed by the United Nations** for application at country level. The immediate **output** is an Action Plan that:
 - i. when implemented, accelerates progress towards the identified MDG.
 - ii. **contributes** to reversing a lagging trend by **directly tackling prioritized bottlenecks** interfering with implementation of key 'interventions'.
 - iii. uses knowledge-based good practices to determine and **prioritize objective and feasible solutions to accelerate MDG progress**
 - iv. complements activities focusing on existing nationally/locally relevant and **prioritized** goals. It is NOT a development strategy to **replace** ongoing MDG activities at the national/local level.
2. The MAF **promotes solutions to improve policy interventions**. It need **NOT promote new policy interventions**. MAF helps create a partnership with identified roles for **all relevant stakeholders** to jointly achieve MDG progress
3. There are **two phases** in the MAF:
 - i. The **Analysis** leading to the development of the Action Plan
 - ii. The **Implementation** of the Action Plan

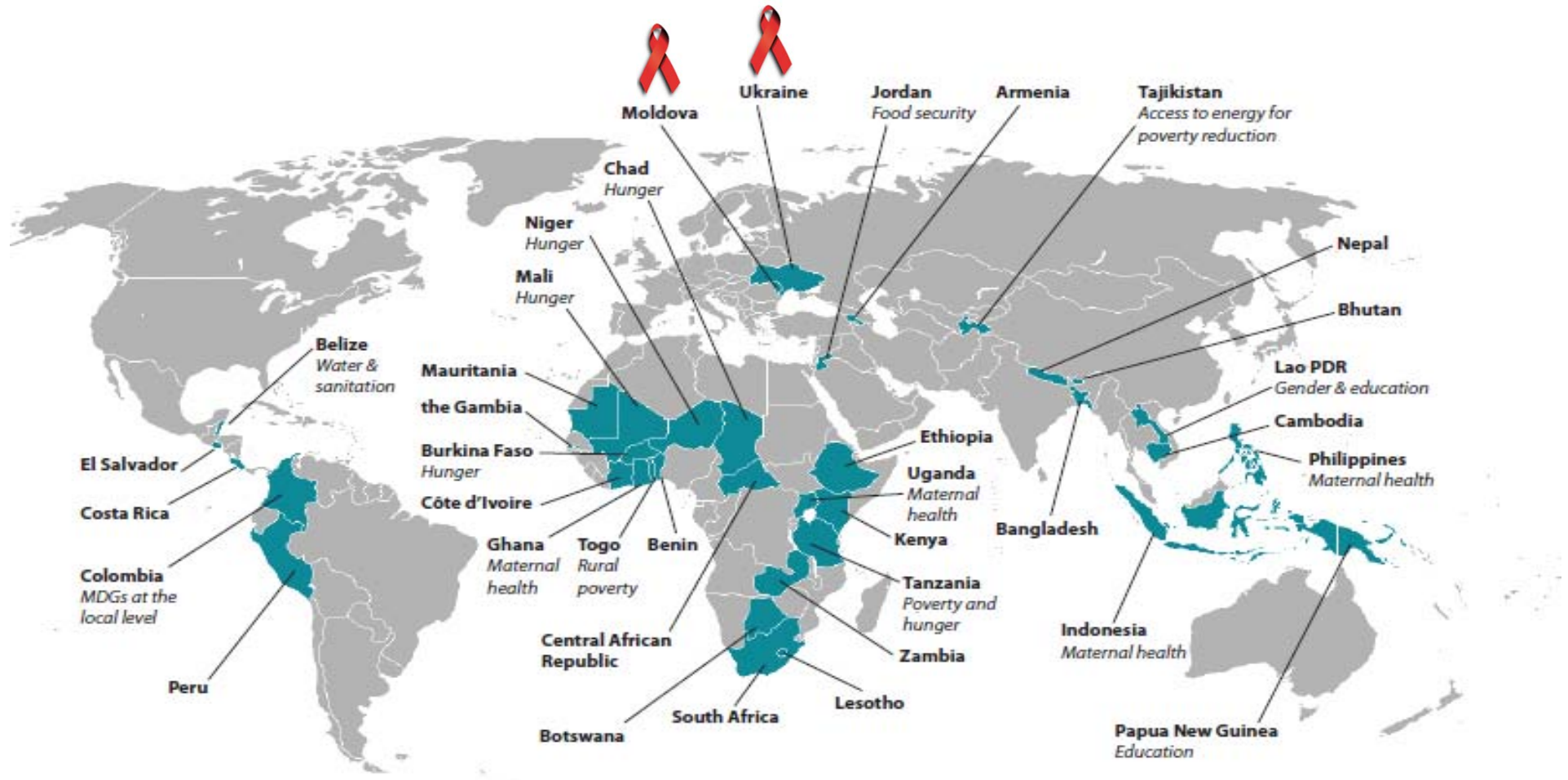
More at: MAF Operational Note endorsed by the UNDG MDG Task Force, available at <http://www.undg.org/index.cfm?P=1505>

MAF: A Short History

- The 2010 MDG Summit
 - Evidence from the ground on what works and what doesn't: countries know what needs to be done to achieve the MDGs, but progress in implementation is lacking or has slowed in many
 - Outcome document calls for an acceleration agenda for the MDGs
- MAF developed and tested over 2009-2010
 - 14 countries and six MDGs (1 on HIV in Moldova underway)
- MAF formally endorsed in 2010 by UNDG
 - UN Secretary-General Ban Ki-moon and UNDG Chair Helen Clark introduced it at the 2010 Summit
- **Unlocking Progress: MDG Acceleration on the road to 2015**
 - Summarize and synthesize main lessons learned from the pilot phase
 - Growing body of country reports and experiences



MAF ROLLOUT COUNTRIES



The process in Moldova for HIV

- Requested by the Ministry of Health
- Represents a joint UNDP and WHO initiative
- Based on the implementation of the standard MAF methodology
- Benefited a lot from a series of consultations and validation meetings involving key development partners, UNAIDS, UNODC, UNDP, CSOs at national and local levels as well as academia

Steps and results

- By a team of national consultants
- Through wide consultative process
- Step 1: developed a list of key prioritized interventions for the HIV and TB, linked to national programmes
- Step 2: a set of specific bottlenecks have been identified for each intervention
- Step 3: developed a set of specific acceleration solutions, based on prioritization and further analysis
- Currently in final stage of validation

Key priority interventions (HIV)

- Use HR programs to focus preventing HIV transmission among key populations
- Strengthening system of medical follow-up and monitoring of PLHIV
- Ensure earlier HIV detection by promoting VCT services

1. Harm reduction programs

- Activity 1.1. Providing key populations with prevention means
- Activity 1.2. Developing a referral system to medical and social care
- Activity 1.3. Strengthening provision of legal counselling services
- Activity 1.4. Reviewing the legal framework to increase access to methadone therapy

Referral system

Areas	Bottlenecks	Bottleneck's impact	Availability of short-term solution
Policies and planning	1. Lack of a mechanism for key populations' referral to health and social services	Amber green	Amber red
	2. Insufficient use of the existing referral systems (government, NGOs)	Amber red	Amber red
	3. Insufficient interaction within the health system/between sectors	Amber green	Amber red
Budget and funding	4. Insufficient funding and dependency on donors for the funding sources	Green	Amber red
Delivery of services / supply	5. There is no referral mechanism	Amber green	Amber red
Use / demand	6. High demand, few types of delivery and geographical bottleneck in the delivery of health and social services, caused by delivery of services in the municipalities(only 3 sites).	Amber green	Amber green
Commitment / advocacy	7. Poor initiative and alignment between ministries (MIA, MJ, MLSPF)	Amber red	Amber red
Coordination / alignment			
Decentralization	8. Fragmentation of monitoring, evaluation and data validation system and lack of modules for CSW/MSM for the IT system „SIME HIV,,	Amber green	Amber green

Fragmentation of M&E services

Bottleneck's impact Amber green	Availability of short-term solution Amber green
<p>Direct impact</p> <ul style="list-style-type: none"> The number of people to reach the MDG target when this bottleneck is removed - IDU - 19,000, CSW - 9000, MSM - 9000. Segment of the affected (impacted) population: All key populations (IDU, CSW, MSM) <p><i>The removal of this bottleneck will allow the timely identification of deficiencies and their removal, which at its turn will improve the access to and the quality of delivered services</i></p> <p><i>Will allow the access to evaluation and eventually to development of recommendations and planning of the activities.</i></p> <p>Cross-cutting impact</p> <ul style="list-style-type: none"> Type of benefit Improved health results for MDG 6 (HIV), due to involvement of the health and social staff of the state institutions in delivery and referral of services. Segment of the affected (impacted population) - all segments, particularly the age group 15 - 24 years <p><i>A better planning of resources, reallocation of existing sources</i></p>	<p>YES NO</p> <p>1. Unification of the monitoring, evaluation, data validation system for delivery of health and social services to the key populations - Rationale: The need for a single system</p> <p>2. Development of IT systems for the development of modules for CSW and MSM within the information system „single identifier”</p> <p><i>The single identifier system for CSW and MSM similar to the one for IDU has not been finalized and requires additional financial sources.</i></p>

Implementation

- Step 4: Development of the MAF Action Plan in Moldova
- The Action Plan will cover key feasible acceleration solutions, their prioritization, detailed description and the identified funds/implementing partners
- The Ministry of Health is committed to support the Action Plan in collaboration with development partners and CSOs
- MAF will allow the acceleration in achievement of the targets set under MDG6 until 2015

Lessons learned – how was MAF useful?

- Coordination platform across ministries and with civil society
- Evidence-based, structured approach that enabled prioritization (impact-feasibility) in context of resource scarcity
- Explicit focus on structural issues (e.g., narcotics registry as a bottleneck to OST)
- Move beyond problem analysis to high impact, practical solutions