



# Chapter 13

## Public Sector (other than Health)

### 1. Why are other public sector agencies important?

HIV/AIDS is much broader than a public health problem. It touches virtually every sector of the economy. Providing effective prevention, care and treatment, and mitigation requires the involvement of many parts of the public service, and these efforts need to be expanded and coordinated. Moreover, every sector will be affected by AIDS, among both its staff and clients, and needs to plan carefully to mitigate this impact. For example, in some countries the number of teachers dying of HIV/AIDS annually is greater than the number of teachers being trained, threatening the entire education sector. In agriculture, the productivity of workers is badly affected by the epidemic, leading to decreases in agricultural output<sup>17</sup> and to food shortages.

### 2. What are the principal responsibilities of public sector agencies other than health?

Public service agencies other than the Ministry of Health are important instruments for delivering essential information and services on HIV/AIDS. The MOH is primarily responsible for clinical services - testing, diagnosis, and treatment - and for surveillance, as well as for other public health management priorities such as blood safety and medical supplies. But other ministries have primary responsibility for a wide range of preventive and mitigation activities. The major ministries typically include Education (for students, teachers and PTAs), Defense (for the military), Transport (truck drivers), Agriculture (with its wide range of contacts at the farm level), Youth, Labor and Social Affairs, Gender, Information, Construction and Housing, and others.

Ministries are also major employers. In many developing countries, the public sector accounts for the majority of formal sector jobs. Therefore, public sector employees represent a major audience for HIV/AIDS information and services.

Consequently, the MAP program supports three principal activities in sector ministries: (i) provision to ministry staff and their families of HIV/AIDS and STI education, training, research, counseling, condoms, referral to treatment and care and other support; (ii) enhancement of the ministries' capacity to provide clients and audiences the means to provide effective prevention and ways to access health care facilities and care; and (iii) sector planning to prepare for, and mitigate, the impact of HIV/AIDS on the sector. Line ministries should also prepare for future losses and staff replacements.

Funds to enhance capacity and implement programs are usually provided on the basis of annual work plans and budgets submitted to the National AIDS Council/Secretariat (NAS).

### How Line Ministries have approached the challenge?

Generally, under the MAP support, line ministries have constituted inter-ministry HIV/AIDS teams with a designated focal point. The team prepares the annual activities plan, estimates the budget requirements and submits a request for approval to the NAC/NAS.

<sup>17</sup> Data from Zimbabwe show that for families with an AIDS death agricultural output for key crops declines substantially: maize by 61%, cotton 47%, vegetables 49%, groundnuts 39% and cattle 29%.

Ministerial plans are typically phased. In the first phase, plans generally target building internal staff awareness, knowledge and capacity to provide support to staff and their families by establishing a HIV/AIDS focal point office, constituting a HIV/AIDS team, sensitizing internal staff, and expanding sensitization to the dependents of the staff. At the same time ministries tackle the policy level issues within the ministry by undertaking national HIV/AIDS policy implementation initiatives.

In the second phase a ministry expands its activities to target its external clients. This generally includes sensitization and prevention, especially IEC.

Mobilized internal and external targets of a ministry then benefit from the local response component of the MAP by submitting sub-grant proposals and taking charge of HIV/AIDS prevention, care, support and mitigation activities.

### 3. Lessons learned and recommendations

- Line ministries are essential partners for mainstreaming HIV/AIDS, but are not yet fully involved.** Three reasons account for this. First, many ministries continue to see HIV/AIDS as the Ministry of Health's mandate and its "problem" to solve. This stems from a lack of understanding of the relationship between HIV/AIDS and other sectors. Each sector needs to appreciate the two-way relationship between HIV/AIDS and its sectoral activities. HIV/AIDS affects each sector, and each sector can help address HIV/AIDS. AIDS is progressively undermining the investments and programs in a wide variety of sectors, making it difficult to achieve goals in, for example, education or rural development. Conversely, each sector has a unique role to play in helping address the epidemic (e.g. by incorporating appropriate HIV/AIDS messages, including those against stigmatization, into the school curriculum). The second reason is that even for those ministries that have understood the importance of HIV/AIDS, adequate resources have not been available until now. And finally, line ministries are often not involved because they lack the capacity to mainstream HIV/AIDS in their areas of influence.
- Scaling up in line ministries is taking longer than expected, in part because of institutional weaknesses within sector ministries.** Sector ministries were to create "focal points" for HIV/AIDS and submit action plans to the NAS for scaling up their activities. To date, many line ministries have been slow to assume these responsibilities and are uncertain how to proceed. "Focal points" within ministries have been too few and too powerless. The focal point role is often assigned to individuals who already have other full-time responsibilities. They lack the authority to push through action programs for their own line departments or to initiate a capacity building effort to enhance services to sector clients. Priority attention is needed to establish and fund dedicated units, not just focal points, in line ministries with full-time staff, the capacity to develop annual plans and the authority to implement them, particularly for the most critical group-at-risk - young people. Line ministries should draw on other countries' experiences, give authority to their "focal points" (high-profile, full-time professionals, vested with proper resources, including staff and identified budget lines), and enlighten their "gatekeepers" (e.g. Permanent Secretaries). NASs should not hesitate to fund establishing HIV-AIDS capacity in ministries.
- Political will is necessary to mobilize sector ministries.** Ministries listen to political leaders. If the President, Prime Minister, or Parliament show that they expect action on HIV/AIDS and engage in regular follow-up, ministries are likely to take the epidemic seriously. In one country, the President asks in cabinet for an update on ministerial HIV-AIDS programs regularly. Another country requires each sector ministry to include a line item for HIV/AIDS in its annual budget request, or the request is returned.
- The Ministry of Education is pivotal in the fight against HIV/AIDS, but often among the most difficult to mobilize.** Ministries of Education are the largest employers in most countries and reach every community. They interact daily with the most important single audience for the HIV/AIDS message—youth. But because of their size and the inherent difficulty in reaching consensus or changes in curricula, they have often been slow in responding to the challenge effectively. The first priority for a multi-sectoral program should be to build full-time capacity in the

MOE to mobilize its tremendous potential for influencing attitudes, values and behaviors toward the disease. MOE needs to intensify information for all (including establishing resource centers in schools), introduce and/or intensify HIV/AIDS at the tertiary level, and build bridges between MOE and other ministries dealing with children. HIV/AIDS should be a subject matter in the curriculum.

- **Getting started:** begin with an assessment of the impact in every sector, “sensitization” of and advocacy to senior managers for ownership, reduction of stigmatization, and drafting of an initial program. Beginning a new program within an organization is always a challenge. It is not part of the bureaucratic routine. In HIV/AIDS, there is often little understanding of the need for a dedicated effort. Experience suggests that a good sequence for getting started within line ministries is to (i) undertake a situation analysis of the impact of HIV/AIDS (a) in the core ministry itself and the level of awareness among staff; and (b) among the clients of the ministry<sup>18</sup> (ii) use the information generated to make senior officers aware of the magnitude of the problem within their own organization; (iii) begin preparing a strategy and initial work program for review with the NAS; and (iv) build bridges between countries. To ensure ownership, it is best if this process is led or overseen by staff from the sector ministry itself; with the assistance of consultants in whom the sector ministry has trust. Rarely can sector staff conduct the whole assessment/program preparation effort themselves; specialized, local consultants are almost always needed.
- **The partnership with the NAS has to be stronger.** Even where focal points do exist, the relationship with the NAC Secretariat and other ministries has not been sufficiently effective. Most ministries have submitted some work plan to the NAS for review. Typically, the plans lack innovation and knowledge of good practices and largely appear to be based on a single template. They also tend to be very ambitious relative to capacity. This suggests that many line ministries still do not appreciate the importance of their roles in the fight against HIV/AIDS. The quality of work plans varies widely, often creating tensions between the ministry and NAS. The provision of technical support to these HIV/AIDS units from the NAS, technical support groups or perhaps secondments from other units would assist in the development of more appropriate and harmonized annual work programs. At the other extreme, ministries may have done considerable work on HIV/AIDS before the MAP that the NAS has not always recognized. Line ministries and the NAS must work more effectively together, and see their relationship as mutually beneficial not adversarial. NAS should compile data bases of good practices of HIV/AIDS activities and hold annual joint review meetings with line ministries.
- **Contracting additional support is an option.** Many line ministries are already overwhelmed by their current responsibilities and lack the capacity to assume new functions. Even with strengthening by the MAP program, ministries may find that subcontracting the delivery of services to staff and clients and audiences will be more effective than adding to their existing duties. The line ministry would retain responsibility for planning and oversight, but would contract implementation to the private sector, NGOs or other public agencies with demonstrated capacity.

<sup>18</sup> *The assessment of the impact of the HIV/AIDS among a ministry's clients is of critical importance and can often benefit from studies already available in the HIV/AIDS literature. The mining and transportation sectors have been particularly active in addressing the impact of HIV/AIDS in their sectors.*

**Box 13.1: Cross-fertilizing: Public Sector Subcontracts NGO**

The Ethiopian Roads Authority (ERA) is a public sector institution with a staff of 15,000 and an additional 5,000 sub-contractors across the country. Road workers are often separated from their families for several months and are therefore particularly vulnerable to HIV. In addition, appropriately designed prevention programs targeted to ERA workers can have a spill-over effect on contact populations.

In January 2001, ERA submitted a proposal to the National HIV/AIDS Prevention and Control Secretariat (NAC Sec) for the development and implementation of an awareness and prevention strategy for their workers and sub-contractors. This strategy included three major components: Information Education and Communication (IEC), free provision of condoms, and access to voluntary counseling and testing services.

Given ERA's relative lack of capacity and technical expertise in HIV prevention, its senior management decided to develop the proposal jointly with a large local NGO and requested funds to sub-contract implementation of the proposal to the NGO. The proposal, for which ERA will maintain general oversight, has been approved.

- **Lack of funds for scaling up sector response.** Many line ministries benefiting from the MAP have successfully implemented their annual plans. However, “insufficiency of funds” to scale-up their sector-wide efforts is a growing challenge even though additional MAP funds are available. National AIDS Secretariats sometimes feel compelled to “ration” funding even though additional grant funding is available, as needed.. For example, the education sector needs far more funds to address HIV/AIDS issues in the curriculum, teacher training, classroom materials etc., than the token financing that is commonly provided from the NAC/NAS.
- **Although all ministries should be given equal opportunity to start HIV-AIDS activities, let a few ministries take the lead in the first year.** Not all ministries will be equally well prepared. During project preparation and the first year of implementation, it is a good idea to let a few “champion” ministries which have already developed good HIV/AIDS plans take the lead in implementation. They can provide a model for others to follow and help test mechanisms that can later be refined and applied to other ministries. During this initial phase, ministries that are not as prepared should receive support to develop good plans of their own.



See Annex 13 (CD-ROM) for further references