

**MAINSTREAMING AIDS IN  
DEVELOPMENT INSTRUMENTS AND  
PROCESSES AT THE NATIONAL LEVEL**

**A Review of  
Experiences**  
September 2005



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## Acronyms and Abbreviations

|                |  |
|----------------|--|
| <b>AIDS</b>    | Acquired Immunodeficiency Syndrome                               |
| <b>CCA</b>     | Common Country Assessment  |
| <b>DFID</b>    | Department for International Development (of the United Kingdom) |
| <b>GDP</b>     | Gross Domestic Product   |
| <b>GTZ</b>     | German Technical Cooperation                                     |
| <b>HIPC</b>    | Heavily Indebted Poor Countries Initiative                       |
| <b>HIV</b>     | Human Immunodeficiency Virus                                     |
| <b>IMF</b>     | International Monetary Fund                                      |
| <b>I-PRSP</b>  | Interim Poverty Reduction Strategy Paper                         |
| <b>LMSCE</b>   | Line Ministries Self Coordinating Entity, Uganda                 |
| <b>M&amp;E</b> | Monitoring and Evaluation  |
| <b>MDGs</b>    | Millennium Development Goals                                     |
| <b>MOF</b>     | Ministry of Finance  |
| <b>MOH</b>     | Ministry of Health   |
| <b>MTEF</b>    | Medium Term Expenditure Framework                                |
| <b>NAA</b>     | National AIDS Authority  |
| <b>NDI</b>     | National Development Instrument                                  |
| <b>NDP</b>     | National Development Plan  |
| <b>NAF</b>     | National Action Framework  |
| <b>NGO</b>     | Nongovernmental Organization                                     |
| <b>OVC</b>     | Orphans and Vulnerable Children                                  |
| <b>PAF</b>     | Poverty Action Fund, Uganda                                      |
| <b>PEAP</b>    | Poverty Eradication Action Plan, Uganda                          |
| <b>PEPFAR</b>  | President's Emergency Plan for AIDS Relief                       |
| <b>PLVIH</b>   | People Living with HIV   |
| <b>PRAF</b>    | Poverty Reduction Action Funds                                   |
| <b>PRS</b>     | Poverty Reduction Strategy                                       |
| <b>PRSP</b>    | Poverty Reduction Strategy Paper                                 |
| <b>PSIA</b>    | Poverty and Social Impact Analysis                               |
| <b>SWG</b>     | Sector Working Group   |
| <b>STDs</b>    | Sexually Transmitted Diseases                                    |
| <b>TB</b>      | Tuberculosis   |
| <b>UAC</b>     | Uganda AIDS Commission   |
| <b>UN</b>      | United Nations   |
| <b>UNCTAD</b>  | United Nations Commission on Trade and Development               |
| <b>UNECA</b>   | United Nations Economic Commission for Africa                    |
| <b>UNDAF</b>   | UN Development Assistance Framework                              |
| <b>UNDP</b>    | United Nations Development Programme                             |
| <b>UNGASS</b>  | United Nations General Assembly Special Session on HIV/AIDS      |
| <b>USD</b>     | United States Dollar   |
| <b>WB</b>      | World Bank   |

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# Executive Summary

## Introduction

This is the final report of a joint review commissioned by UNAIDS and UNDP of the experiences with mainstreaming HIV and AIDS in national development instruments, and of technical support provided to national partners in this area. The review has been carried out by the HLSP Institute. It has primarily focused on Poverty Reduction Strategy Papers (PRSPs), and, to a lesser extent, on National Development Plans (NDPs).

The review is one of two components of a broader assessment of lessons learned about support to mainstreaming AIDS in national development. The second, carried out by JSI Europe, focuses on mainstreaming AIDS at the sectoral and subnational level (see separate report). The purpose of the overall assessment is to strengthen the evidence base for scaling up the provision of technical support to mainstreaming processes at country level. The findings and recommendations will inform regional consultations and national action on strengthening mainstreaming processes for scaling up multisectoral national responses to AIDS. A joint UNDP, UNAIDS and the World Bank tool “mainstreaming HIV and AIDS in sectors and programmes: an implementation guide for national responses” is now available to support national planning and implementation processes.

The methodology for this review included an analytical desk review of the content of 22 PRSPs in Africa and Asia-Pacific, and of selected National Development Plans, Heavily Indebted Poor Countries Initiative (HIPC) documents and Medium Term Expenditure Frameworks (MTEFs); a comprehensive literature review on mainstreaming AIDS in national development instruments; and consultations with key informants at the international level and in three countries (Cambodia, Ghana and South Africa). Findings and recommendations were reviewed at a joint workshop involving representatives from UNAIDS, UNDP, the review teams and other mainstreaming practitioners. A separate summary of the conclusions and recommendations is being prepared for wider dissemination (see *Mainstreaming HIV and AIDS in Development: A call for Joint Action, UNAIDS and UNDP 2005*).

Apart from the present report, the review outputs include:

- A summary analysis of selected PRSPs, National Development Plans and HIPC documents (see Annex 4)
- Reports of country consultations (Cambodia, Ghana and South Africa) on experience with mainstreaming HIV/AIDS in national development instruments (see Annex 5)
- A compilation of over 100 documents about mainstreaming HIV/AIDS in national development instruments (which have been merged with the compilation from the second component of the review in a single database which is available on CD-ROM and via the internet)

The findings of this review complement and reinforce those of a study undertaken by the UNICEF and the World Bank in 2004, *Poverty Reduction Strategy Papers: do they matter for children and young people made vulnerable by HIV/AIDS*, which provides an assessment of how HIV/AIDS is being addressed in PRSPs, using a scoring system based on four criteria linked to issues concerning this group. This review focuses more broadly on the HIV/AIDS content of national development instruments, as well as on the process and implementation of mainstreaming AIDS. It further identifies progress to date, and approaches and gaps in technical support to enhance mainstreaming HIV/AIDS.

## National development instruments and mainstreaming HIV/AIDS

Poverty reduction and growth strategies—mainly in the form of PRSPs—are becoming the major instrument for national planning in low and some middle-income countries, and a condition for concessionary lending by the World Bank. PRSPs recognize the importance of country ownership and leadership, and aim to develop a more coherent and strategic approach to poverty reduction, which donors can support in a coordinated manner. Low- and middle-income country partners and donors are increasingly working through and with the PRSP process. While approaches to coordinated national planning and budgeting processes are evolving in most low-income countries, one of the acknowledged areas of concern is how sectoral and cross-cutting issues, and existing strategies, plans and budgets, including the MTEF process, are linked with PRSP processes and taken into account in PRSPs.

In theory PRSPs provide an obvious mechanism for placing AIDS at the centre of national development planning and budgetary allocation processes. They are also an important mechanism for addressing high level and cross-cutting constraints to an effective HIV response (such as macroeconomic reform, human resource issues, and corruption) and the framework for donor coordination. Some countries, including several upper- and lower-middle income countries in sub-Saharan Africa, have national development plans, which offer opportunities for including HIV and AIDS in both the analysis of issues and in strategies required to respond to the epidemic.

### Key findings

#### *AIDS-related content of national development instruments*

*AIDS coverage in national development instruments:* the analysis of 15 sub-Saharan African PRSPs (three interim-PRSPs and 12 full PRSPs) and seven Asian PRSPs (two interim-PRSPs and five full PRSPs) found that the experience of mainstreaming AIDS has been mixed.

- While a number of countries in sub-Saharan Africa have made some progress in bringing HIV/AIDS into the PRSP agenda, the HIV/AIDS content of the majority remains weak. Links between HIV/AIDS and poverty tend to be only briefly mentioned in the analysis.

HIV/AIDS may be covered in a separate chapter (Ethiopia), or a section usually under human resource or human development (Ghana, Kenya and Uganda), or be part of the analysis of cross-cutting issues (Rwanda), although in a few cases it is still covered under health (Mozambique). This is consistent with the UNICEF/World Bank study findings.

- The Asian PRSPs reviewed had less coverage of HIV/AIDS, usually confined to the health section. This may be due in part to the countries' lower prevalence and hence less emphasis on mainstreaming activities.
- Other national development plans that were reviewed had made little attempt to mainstream HIV/AIDS. For example sector plans from South Africa did not identify a link between HIV and poverty. Thailand's National Development Plan, which includes mainstreaming strategies, is an exception among the countries that do not have PRSPs.

This assessment also found that the four criteria used by the UNAIDS/World Bank Toolkit for ‘essential HIV/AIDS content’ do not always provide a clear indication of the extent to which HIV/AIDS has been mainstreamed in PRSPs. For instance, six PRSPs, five of them in Africa and one in Asia, met all four UNAIDS/World Bank criteria. However, even countries that met the criteria were not necessarily ‘strong’ in terms of HIV/AIDS mainstreaming content. Thus meeting all four criteria may be necessary but is not sufficient to indicate effective mainstreaming.

*HIV/AIDS and gender in national development instruments:* the critical links between gender inequalities and vulnerability to the spread and impact of HIV and AIDS are rarely addressed in the poverty analysis sections of PRSPs. Data on the causes and determinants of the epidemic are not disaggregated by gender, and specific gender-related goals and indicators are missing. Lack of gender-sensitive analysis and strategies implies that the response may not adequately address women’s and men’s different exposure to, and experiences of the epidemic.

*HIV/AIDS and macroeconomic policy:* PRSPs have been criticized for not systematically addressing the economic, sectoral and other impacts of the epidemic. For example, they rarely factor in the impact that HIV and AIDS may have on attaining growth targets or on achieving social development goals. Furthermore, PRSPs do not take into account the implications for economic growth and poverty reduction of existing or foreseeable AIDS-related changes in the population or labour force structure, and related capacity constraints.

*Alignment of the AIDS content of national development instruments:* PRSPs have often been developed in parallel with other government policy and planning processes. Consistency in AIDS content between PRSPs and NAFs is limited. The UNICEF/World Bank survey found that 38% of the 19 reviewed PRSPs are fully consistent with NAFs and about 42% of PRSPs and NAFs are moderately consistent. The absence of alignment between the AIDS content of different national development instruments is a major constraint to effective mainstreaming of HIV and AIDS.

*Budgeting for HIV/AIDS responses:* while some PRSPs (such as those of Cambodia, Ethiopia, Ghana, Malawi and Zambia) do provide a broad breakdown of requirements for the key elements of the response, the majority either do not refer at all to required resources, or only include a single line for HIV/AIDS with no indication of the source of the figures. This may reflect the fact that many countries lack a well-costed NAF, which hampers the integration of HIV/AIDS strategies into a PRSP.

## **The process of mainstreaming HIV and AIDS in national development instruments**

Documented evidence of the process of mainstreaming HIV/AIDS in national development instruments is very limited. Although examples of documented best practices do exist (such as for Uganda, Ghana and Zambia), in-depth analysis about the process of mainstreaming HIV/AIDS is rarely available, for example on identifying pathways of influence that help or hinder mainstreaming.

Despite this, the review identified the following issues.

*Lack of shared understanding:* this review found that there is a lack of consensus on what the term ‘mainstreaming AIDS’ means and what mainstreaming entails for poverty reduction and economic growth strategies, at both central and sectoral levels. Mainstreaming is being interpreted differently by different development actors, and is often used interchangeably with ‘integration’, and with ‘multisectoral’ approaches.

*Low commitment to mainstreaming AIDS:* this was cited as a key factor in all three of the review's country consultations, as well as other reviews such as that of the World Bank's Multi-country AIDS Program. Stakeholders at country level tend to locate the responsibility for addressing HIV and AIDS in the health sector, as opposed to adopting a multisectoral and mainstreamed response.

*Limited prioritization of HIV/AIDS in consultation and drafting processes:* the extent of participation, including of civil society, in overall PRSP processes has varied markedly from country to country. However, it is notable that there is a near total absence of networks of people living with HIV from consultation processes.

Where consultation has taken place, HIV was not necessarily identified by communities as a priority for poverty reduction strategies. Indeed, their perceived priorities, such as inadequate food and employment opportunities, further reinforce the need to link HIV with other development challenges and planning at local and national levels.

There has also been limited involvement by people with expertise in AIDS mainstreaming at sector level and in cross-cutting issues such as gender in PRSP drafting processes. Participation has often been confined to a last minute attempt to add an HIV-specific section to the document.

*Role of national AIDS authorities (NAAs):* Although national AIDS authorities may be aware of the importance of mainstreaming, the country consultations and documented experiences found that their capacity and credibility to take on a lead role in supporting mainstreaming in PRSPs is limited. This is due in part to weaknesses in the national AIDS authorities themselves (e.g. many are inappropriately staffed), but also to the poor interface between sectors and the ministry of finance.

*Limited participation of key actors:* there has been insufficient attention to developing appropriate institutional arrangements for involving key actors in the process of mainstreaming HIV/AIDS in national development instruments. Often, there has been no process for integrating and linking pre-existing MTEFs, sector policies and national strategic plans or national action frameworks for AIDS into PRSPs. This has contributed to the weak HIV/AIDS content of PRSPs, and has also limited progress in building ownership and implementing mainstreaming. Effective processes adopted for developing Thailand's current National Development Plan show the benefits of aligning the HIV/AIDS content of major national development instruments and strategies for mainstreaming of HIV/AIDS. The mainstreaming process focused on integrating the national AIDS strategy into the National Development Plan, particularly in terms of institutional arrangements, and planning and resource requirements. The process resulted in greater participation, coordination and highly complementary programmes that tackle AIDS and poverty as linked challenges.

*Lack of alignment in budgeting processes:* a key problem has been the failure to align PRSP and budgetary cycles due, in large part, to the fact that these processes are often the responsibility of different institutions. While a PRSP may be expected to set out broad requirements for the HIV/AIDS response, the extent to which it is backed up by a well-developed MTEF varies greatly. Nearly all PRSPs refer to MTEFs that either already exist or are being prepared. However, as mentioned above, most PRSPs do not provide sufficient information on financial requirements to support appropriate resource allocation through the MTEF and annual budget.

*Limited budgetary incentives:* the recent increases in AIDS funding have often been extra budgetary and have largely remained confined to the health sector. This has not encouraged the mainstreaming of AIDS responses in national development instruments and in non-health sectors.

*Tracking resources for AIDS responses:* countries as well as donors are interested in knowing whether the recent trends in support for AIDS have led to genuine increases in the availability of resources at the country level or whether they have substituted for existing expenditure. It also becomes increasingly important to monitor the distribution of funds over the different priority components of national responses. Resource tracking exercises such as National AIDS Spending Assessments, which include AIDS financing flows and expenditures in health, social mitigation, education and other non-health activities, try to address this. Although they have an opportunity cost and can be technically challenging, they are needed to inform advocacy for increased resources or their allocation in line with priorities. There are cases where presentation of evidence of low public expenditures has led to government and donor increases on AIDS spending, such as in Rwanda.

## The implementation of PRSPs

Recent reports, such as the UNICEF/World Bank review and routine IMF and World Bank assessments suggest a number of reasons why there has been limited overall progress in implementing the PRSP approach. These ‘Implementation slippages’ have also contributed to slow progress in HIV/AIDS mainstreaming.

The main causes identified are: the lack of ownership among line ministries and local government; weak capacity to coordinate across government; lack of incentives for engagement; and overlap with existing plans, strategies and processes. Furthermore, objectives and strategies stated in PRSPs are often not backed up with targets, indicators or budget allocations. Many of these challenges are particularly difficult in areas such as AIDS where policy responsibilities and targets often cut across a large number of ministries.

In response to the lack of attention to the quality of processes underlying PRSP implementation, such as policy analysis, budgeting and monitoring and evaluation, some development partners are expanding the focus of their support from lobbying to include particular issues into PRSPs (such as AIDS) to include strengthening the underlying systems that support implementation.

## Technical support to mainstreaming AIDS in national development instruments

*Agency approaches:* while most UN, bilateral and international nongovernmental organizations have developed AIDS strategies, few have comprehensively mainstreamed AIDS in their own organization and work. Most efforts have focused on advocacy and policy guidance for internal mainstreaming processes. Some have adopted ‘support to mainstreaming AIDS’ as a priority in their collaboration with country partners.

*Technical resources:* a number of toolkits and checklists have been developed at global level to assist the process of mainstreaming AIDS into national development instruments. Key informants and the review’s country consultations indicated that these resources are not widely known at country level and their application has been insufficiently supported. As a result they have not been particularly useful. Moreover, the major resource for developing PRSPs, the Sourcebook for Poverty Reduction Strategies does not yet cover AIDS.

*Technical support at country level:* to date, technical support for mainstreaming AIDS in national development instruments has been limited, particularly at country level, and has largely focused on the content rather than on

the process. The review's key informants reported that technical support for capacity building at country level for mainstreaming in PRSPs has often been ad hoc, poorly timed and fragmented.

Where donors or UN agencies have provided more extensive technical support for mainstreaming AIDS in national development instruments, the results have remained mixed. The Burkina Faso experience of support by UNDP points to a number of constraints including lack of commitment on the part of government and partners, the lack of understanding and advocacy for mainstreaming, and limited ownership and participation of civil society in the consultation process. These are very difficult to address through limited technical support and indicate the need for a more comprehensive and sustained approach to developing capacity for mainstreaming AIDS. In Uganda (where the process was supported by DFID) technical support included coaching over time to help build understanding of mainstreaming. Key issues for AIDS mainstreaming in various sectors were identified during the process, but a major constraint was the lack of strategy to guide the national AIDS authority and key sectors in developing realistic and practical actions, resulting in limited impact on the poverty reduction strategy.

## Conclusions: strengthening mainstreaming processes

The findings from this and other reviews highlight several key issues.

*Strengthening the links between PRSPs, NAFs and sector plans:* findings suggest that a comprehensive NAF will provide a robust basis for strengthening coverage of AIDS in PRSPs. The NAF should provide a prioritized, costed strategic plan that includes, or at least refers to, sectoral plans and accountabilities. Line ministries also require sound sector plans that integrate with the objectives of the NAF and ultimately, the PRSP.

National AIDS authorities need to be able to play a leading role in coordinating mainstreaming efforts and to be brokers of critical relationships between PRSP stakeholders such as ministries of finance, and leading sectors. This should help ensure tighter links and stronger alignment between national development instruments, the NAF and sectoral strategies and plans.

*Taking account of AIDS in economic and social policy:* the review has found that AIDS, and links with poverty, are rarely factored into wider macroeconomic and social policies included in PRSPs. This raises a concern that there is not sufficient consideration of the implications of planned reforms for the potential causes and consequences of the HIV epidemic, and the need for reforms to address any increased vulnerability and inequalities.

*Gender in mainstreaming AIDS:* the review found that little progress has been achieved in terms of incorporating the gender-differentiated causes and consequences of the epidemic in national development instruments. In the case of PRSPs, for instance, the gender determinants of risk, vulnerability and impact are either rarely mentioned or else are peripherally addressed and thus do not translate into programming.

Given that our understanding of the linkages between AIDS and gender issues has deepened considerably in the last few years, a systematic approach to factoring gender and AIDS in national development instrument content, process and technical support provision is imperative.

To this effect, as a first step, national development instrument goals, indicators, resources and data related to the causes and consequences of AIDS should be disaggregated by gender. Technical support can help to promote a

gender-based approach to mainstreaming AIDS by making gender analysis and the use of gender-disaggregated data an integral component of assistance. Linkages with broader gender mainstreaming agendas need to be firmly established.

*Budgeting issues:* a large part of the AIDS response to date is supported by funds which are mobilized and managed in parallel to annual budgets and MTEFs. There is a certain tension between the need to rapidly mobilize additional resources to support AIDS responses, while at the same time promoting the gradual integration of these resources into government-owned medium-term expenditure plans and annual budgets. Resources released through the Highly Indebted Poor Countries Initiative and other debt relief agreements, as well as through direct budget support by certain donors, represent good opportunities to increase governments' on-budget funding for priority actions such as AIDS responses. However, in order to achieve this, in many countries the performance of public expenditure management systems needs to be improved. Technical support is particularly needed to strengthen the procedures for resource allocation and tracking within sectors and programmes.

*Linking mainstreaming HIV and AIDS with poverty-related diseases and other Millennium Development Goal priorities:* AIDS is one among many competing and interrelated development and public-health challenges that need to be addressed in national development instruments and processes. By definition, mainstreaming AIDS implies establishing and addressing the linkages between HIV and other development issues such as slow or negative and unequal economic growth, conflict and migration, food and livelihood security, governance and public sector performance, and health issues such as malaria, tuberculosis, and maternal and child health.

The need for poverty reduction and growth strategies to take these cross-cutting issues into account strengthens the case for explicitly aligning PRSP processes with global and national Millennium Development Goal agendas. Addressing HIV/AIDS is directly linked to achieving at least five of the eight Millennium Development Goals, including reducing poverty and hunger, and improving maternal and child health and education—apart from the specific target to halt and have begun to reverse the spread of HIV/AIDS by 2015. This has important consequences for the approach to mainstreaming AIDS in PRSPs and the related technical support: depending on the country context, HIV/AIDS will need to be linked to or contextualised within broader development frameworks such as Millennium Development Goals, human rights and poverty-related diseases.

*Continued technical support for mainstreaming:* this review has highlighted the challenges of mainstreaming AIDS in national development instruments including limited capacity and an understanding of how to develop practical plans for mainstreaming multisectoral responses to AIDS. The mainstreaming approach has too often been presented or perceived as a discipline in itself, dependent on a small group of specialists requiring specific set of methods or activities. The findings suggest a continued need for comprehensive, more effective and sustained technical support for key stakeholders and their partners, both at national and local levels and with influential ministries and prioritized sectors. In many cases, agency mandates and capacities may limit the entry points and scope for providing specific support to national development instrument processes, as opposed to more AIDS-specific programmes or even NAFs and sectoral AIDS-plans.

*Limited mainstreaming of AIDS among partners:* the review also highlights that many development agencies have not fully mainstreamed AIDS into their own work and mandate with country partners. Challenges to internal mainstreaming partly explain the difficulties agencies face in providing support to mainstreaming at national level. Just as the mainstreaming process needs to build ownership and capacity with national actors, so agencies need to build their own expertise in these areas, in line with their mandate and objectives.

## Recommendations

The following recommendations were developed from the review's findings and conclusions, and discussed and agreed at a UNDP and UNAIDS workshop on mainstreaming HIV/AIDS into national development instruments and other planning processes held in May 2005.

### ***Mainstreaming AIDS in national development instruments: content***

1. Country-level actors and technical support providers need to promote and ensure appropriate coverage of AIDS in the content of PRSPs and other national development instruments. This should include the following.

- A more comprehensive analysis of the links between poverty and inequality, gender and AIDS using gender analysis and gender-disaggregated data, targets, indicators and resources.
- Factoring the implications of AIDS into the design of poverty-reduction and growth plans, and economic and social reform programmes.
- Linking HIV/AIDS to other human rights, health and development issues, in the wider context of the Millennium Development Goals.
- Outlining sectoral as well as cross-cutting mainstreaming strategies, together with broad resource requirements and appropriate indicators.
- Assessing and planning for the national human and institutional capacities required to achieve the AIDS objectives expressed in PRSPs

### ***Mainstreaming AIDS in national development instruments: process***

2. Country actors should focus on strengthening institutional linkages and accountabilities between major stakeholders in national development processes including leading ministries, national AIDS authorities and priority sectors, addressing in particular the following areas.

- The development of evidenced-based advocacy strategies to enhance the understanding of mainstreaming rationale, benefits and processes among the major actors in national development instruments and priority sectors.
- Institutional strengthening of national AIDS authorities to lead and coordinate the delivery of the NAF in partnership with prioritized sectors, civil society and private sector stakeholders, and to facilitate the development of linkages.
- Preparation of comprehensive and costed NAFs, including references to or components for priority sector plans and monitoring and evaluation

3. Country actors should focus on improving the performance and management of budgets to enable the gradual integration of AIDS funding. Resource mobilization to fund mainstreaming AIDS in sectors and at the decentralized level should be supported. This includes:

- Providing continued support to public expenditure management capacity so that AIDS finance can be integrated gradually, efficiently and transparently.
  - Assisting sectors and local governments to mobilize AIDS funding through the variety of channels available.
4. As an initial step towards strengthening mainstreaming in national development instruments and elsewhere, country actors may consider proposing and supporting the development of a ‘country mainstreaming roadmap’ to be coordinated by the national AIDS authority. The roadmap would be part of, or complement the NAF, and would be developed through a consultation process with key actors including priority sectors, other government stakeholders, and relevant key development partners, the private sector and civil society, especially networks of people living with HIV.

The purpose of the roadmap would be to identify:

- The actors and to specify their roles and linkages in support of mainstreaming AIDS at different levels, including advocacy, coordination, planning, implementation, and monitoring and evaluation activities;
- Critical entry points and processes for ensuring coverage of AIDS in national development instruments, sectoral and local planning and implementation cycles; and
- Advocacy and technical support requirements and possible sources of support and finance at national and sector level.

An immediate step would be for country actors to identify possible entry points provided by forthcoming revisions to their PRSPs, national development plans and/or NAFs, as well as sectoral and local plans.

5. Technical support should focus on strengthening the motivation and capacity to support AIDS mainstreaming of the actors directly involved in national development instrument processes. It would include:
- Defining and targeting appropriate stakeholders (including central and sectoral levels) and preparing for timely, evolving and sustained technical support throughout the process—where possible building on existing technical mechanisms and developing and/or strengthening South-South and regional networks.
  - Providing needs-based technical support throughout the PRSP preparation process on areas such as process facilitation with national AIDS authorities and other actors, AIDS-impact assessment, data collection and analysis (including gender), comprehensive analysis of AIDS, poverty and gender issues and responses, strategic planning, developing monitoring and evaluation frameworks, and budgeting.

As a first step, AIDS needs to be integrated into the World Bank PRSP sourcebook and other relevant reference materials for national development instrument-related processes. HIV and AIDS also needs to be addressed in the Five Year PRSP review process, and, based on its findings, a programme to assist countries to improve AIDS coverage in their PRSPs needs to be developed.

6. Building on existing experience, a web-supported network should be established, possibly at the regional level, for the exchange of information and experiences on mainstreaming AIDS in national development instruments.

Such a tool could include the following components.

- Links to key literature on mainstreaming
- Database of expertise in AIDS mainstreaming
- List of upcoming AIDS mainstreaming events (workshops, seminars, country-level efforts)
- Reports, progress reviews and good practices on AIDS mainstreaming in national development instruments to facilitate coordination, collaboration and harmonization
- Periodic interactive sessions on specialized topics (such as monitoring and evaluation, costing/budgeting, and gender issues) to facilitate and enhance networking and to disseminate information about promising practices.

# 1. Introduction and Background

## 1.1 Introduction

This report is the result of an independent review jointly commissioned by UNAIDS and UNDP of the experiences of mainstreaming AIDS in national development instruments, and technical support provided to national partners in this area. The main national development instruments considered in this report are Poverty Reduction Strategy Papers (PRSPs), and to a lesser extent, national development plans. The review was carried out by the HLSP Institute between November 2004 and June 2005.

A second review assessing the current experience with the provision of technical support at sectoral and subnational levels has also been conducted by JSI Europe. The findings, recommendations and next steps of both reviews were discussed and enhanced at a workshop in London in May 2005. The workshop was attended by representatives of UNAIDS, UNDP, GTZ, JSI Europe and the HLSP Institute.

As a key deliverable proposed in the UNAIDS Secretariat's Strategy Note and Action Framework on Support to Mainstreaming AIDS in Development, the reviews contribute to strengthening the evidence base for provision of technical support to, and progress on, AIDS-mainstreaming processes at country level. The findings and recommendations will inform regional consultations and national action on strengthening mainstreaming processes for scaling up multisectoral national responses to AIDS. Summary findings and recommendations of the two reviews are presented in a consensus note for joint action (*see Mainstreaming AIDS responses: A call for joint action*, UNDP and UNAIDS 2005).

## 1.2 Background

Mainstreaming HIV/AIDS into national development instruments was prioritized at the 2001 United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in the following paragraph of the *Declaration of Commitment*:

*“By 2003, integrate HIV/AIDS prevention, care, treatment and support and impact mitigation into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans.” (Paragraph 38)*

Since then, the complex, systemic linkages between AIDS and development have moved towards the centre of the AIDS response and development agenda, with emphasis on: (a) how development gaps increase men's and women's vulnerability to HIV infection and to the multiple impacts of AIDS; and (b) how the epidemic may hamper or even reverse development progress, posing a major obstacle to the achievement of Millennium Development Goals (MDGs)<sup>1</sup>. As well as the target to halt and have begun to reverse the spread of HIV/AIDS by 2015, addressing HIV and AIDS is linked to achieving five of the other seven Millennium Development Goals, including for poverty reduction, maternal and child health, and education.

The *UN System Strategic Plan for HIV/AIDS* provides guidance for the UN system response from 2001 to 2005 and informs the plans and strategies of 29 UN system organizations and departments working on HIV/AIDS (UN 2001). It lists as a key action: “raising awareness and generating support for mainstreaming of HIV into national development efforts”.

<sup>1</sup> The Millennium Development Goals are a set of development targets agreed at the UN Millennium Summit in 2000. Donors and governments are tailoring their development policies and expenditure priorities to meet these targets.

The call for AIDS mainstreaming in national development instruments was further bolstered in late 2003, when 11 UN agencies recommended to the High-Level Committee on Programmes of the United Nations Chief Executive Board for Coordination that macro-level development instruments, such as PRSPs and national development plans, include a strategy for mainstreaming AIDS (UN HLCP 2003). It also recommended that the UN system: “support the efforts of governments and their partners to take into account how AIDS affects the context for basic development planning (such as in PRSPs) and to mainstream AIDS activities in those plans”.

Agreed at an international meeting in 2004, the “Three Ones” principles—one national action framework for HIV/AIDS (NAF), one national AIDS coordinating authority (NAA) and one agreed monitoring and evaluation system—provide a robust national framework for coordinating a multisectoral response to AIDS, where the national action framework can inform national, sectoral and decentralized planning processes.

The need for a coordinated response was re-affirmed at the follow-up meeting in March 2005 by low- and middle-income country and donor governments, civil society organizations, people living with HIV, UN agencies and other multilateral and international institutions. A Global Task Team was set up to make urgent recommendations on how the multilateral system can streamline and simplify procedures to improve the effectiveness of the country-led response.

The recent UNAIDS project publication, *AIDS in Africa: Scenarios for the Future*, and reports from the UK-sponsored Africa Commission and the UN Millennium Project’s MDG Task Force all stress the strong links between AIDS, poverty and economic and social inequalities (UNAIDS 2005, Africa Commission 2005, UN Millennium Project 2005). The ‘Three Scenarios’ modelling demonstrates how effective national policies for reducing poverty and spurring development will also limit the spread and impact of HIV.

The UN Millennium Project’s report, *Investing in Development*, argues that accelerating progress towards the Millennium Development Goals can be achieved by urgent investments in ‘quick wins’—such as better access to health care and treatment for AIDS, and to education (including out-of-school children); increased rural and urban productivity; and improved legal rights and participation for women. It stresses that action is needed across sectors, and that the priority interventions contribute to achieving several goals. For example, reducing gender inequality is essential for reducing hunger, containing HIV, promoting environmental sustainability, upgrading slums, and reducing child and infant mortality.

Although the relationship between AIDS and development is routinely acknowledged, and there continues to be widespread support for comprehensive national responses, up until now progress on delivering these commitments has been slow. In early 2005, a UN report warned that the Millennium Development Goals adopted by governments to curb poverty by 2015 could fail unless low- and middle-income countries make HIV/AIDS a priority (UNDP-OHRLLS 2005). In spite of this, there are limited references to progress on and to actions needed to achieve effective multisectoral mobilization in the 2005 progress reports on the Millennium Development Goals and the *UNGASS Declaration of Commitment* (UN Millennium Project 2005, UN GA 2005).

### 1.3 Purpose, scope and structure

The purpose of this review is to contribute to strengthening mainstreaming processes in national development instruments, including the provision of technical support. It analyses the AIDS content of national development instruments, the process by which mainstreaming is being introduced, and the range and impact of technical

support efforts for mainstreaming to date. While the focus of this review is on sub-Saharan Africa, some examples from Asia are also included (such as Cambodia and Thailand).

This report is structured into six sections, in addition to the executive summary. Sections 1 and 2 provide an introduction to the review and a brief overview of national development instruments. Sections 3 and 4 discuss the key findings of the review in relation to the content, process and implementation of mainstreaming AIDS in national development instruments. Section 5 draws together issues and conclusions and Section 6 presents recommendations for strengthening mainstreaming and technical support processes. The terms of reference, persons consulted, and project background note are at Annexes 1–3. The national development instrument review and analysis table, and the three country consultations, are at Annexes 4 and 5. The full literature review, with summaries, is available as a CD-ROM.

## 1.4 Methodology

The methodology used for this paper includes the following components.

- A desk review of 22 PRSPs, and selected National Development Plans and HIPC documents compiled into an analytical summary table (see Annex 4);
- A comprehensive literature review on mainstreaming AIDS in various agencies and in national development instruments (compiled in a standalone database). More than 100 documents have been summarised from the year 2000 to the present. These include policy papers, concept notes, agency strategies, agency strategic plans/frameworks, guidelines and toolkits) and commissioned reports (see CD-ROM).
- Three exploratory country consultations (Ghana, South Africa and Cambodia) on experience with mainstreaming AIDS in national development instruments (see Annex 5).
- Consultation with key informants, including telephone interviews with and written responses to questionnaires received from selected agency AIDS mainstreaming specialists, academics and consultants (list at Annex 3).

Information on the process of mainstreaming (e.g. budget and resource-allocation methods, responsibility and accountability, structures and capacity) as well as on mainstreaming content and results (e.g. strategies, institutional arrangements, resource allocation, monitoring and evaluation) is very limited. In view of these limitations, the following dimensions were used to review the PRSPs:

- HIV/AIDS coverage in the PRSP
- Relevance of AIDS mainstreaming to the PRSP (including gender relevance)
- Institutional arrangements for mainstreaming AIDS in PRSPs
- Participation of PRSP stakeholders in the PRS process

In addition, PRSPs were reviewed on the basis of the four UNAIDS/World Bank Toolkit criteria of ‘essential HIV/AIDS content’:

- Analysis of the linkages between HIV/AIDS and poverty
- Main strategies of the national strategic HIV/AIDS plans (NSPs) or national action frameworks (NAFs) stated in the PRSP, justified and costed
- Medium-term goals and poverty monitoring indicators derived from the national AIDS Plans specified
- Short-term actions for the successful implementation of the National AIDS Plan, with specific and monitorable targets that form agreements for debt relief specified

In HIPC documents, the criterion used was the existence of HIV/AIDS policy measures and targets. In national development plans, the key criteria were HIV/AIDS content and its gender relevance.

The purpose of using the UNAIDS/World Bank Toolkit criteria to assess PRSPs was to generate an overview of the status of mainstreaming efforts to date and also to test how useful these criteria are in terms of assessing the extent of HIV/AIDS mainstreaming in PRSPs.

Two important caveats to this review are noted. Firstly, the limited scope of the country consultations did not allow for a comprehensive analysis of the experience of AIDS mainstreaming in national development instruments at country level. Secondly, as technical support for AIDS mainstreaming in national development instruments is not well documented, this paper provides examples rather than an exhaustive review of such support. In particular, additional work at country level would be needed to better understand the pathways of influence that facilitate or hinder mainstreaming in national development processes.

## 2. National Development Instruments and AIDS

### 2.1 Poverty Reduction Strategy Papers (PRSPs)

Poverty-reduction and growth strategies, mainly presented in the form of PRSPs, are becoming the major instrument for national planning in low and some middle-income countries, and a condition for concessionary lending and grants by the World Bank. A PRSP is also required for debt relief through the Highly Indebted Poor Countries Initiative, set up in 1996 by the World Bank and the International Monetary Fund. PRSPs, or similar national planning frameworks, are being developed in other countries not eligible for such initiatives because they are a useful framework for prioritizing and coordinating national resource allocation as well as development assistance.

PRSPs recognize the importance of country ownership and leadership, and aim to develop a more coherent and strategic approach to poverty reduction, which donors can support in a coordinated manner<sup>2</sup>. PRSPs are now being implemented in 43 countries, 21 of these in sub-Saharan Africa<sup>3</sup>. A number of countries (Burkina Faso and Tanzania) have ‘second generation PRSPs and Uganda is developing its third strategy. Country ownership is critical to the success of development, and countries have been encouraged to develop their own poverty reduction strategies and avoid formulaic approaches and blueprints. This means that the quality is variable. Many of the first generation PRSPs were rather broad ‘wish lists’. Second generation papers are more focused and linked to budgets and strategies for implementation.

In most low-income countries PRSPs are being taken increasingly seriously by all parties, but levels of coordination between national planning and budgeting processes remain at an early stage in many countries. Although low-income country partners and development assistance agencies are increasingly working through and with the PRSP process, there are still concerns around how well sectoral and cross-cutting issues, and existing strategies, plans and budgets relate with the PRSP. This includes links with the Medium Term Expenditure Framework (MTEF), which is the process through which government makes key decisions about how it intends to allocate resources in support of national priorities, usually for a three-year timeframe.

The PRSP itself is a summary overview of development priorities, and there is an expectation that there are detailed analyses and strategies that underpin it. The development of the PRSP is usually led by the Ministry of Finance, with variable engagement from line ministries, and other parts of government. What is in the PRSP is often a reflection of who has been involved in the drafting, and the extent to which the sectoral strategies (and those for cross-cutting and intersectoral issues such as HIV) set out a clear analysis, and approach to implementation, that is convincing to the Ministry of Finance.

In theory PRSPs provide an obvious mechanism for placing AIDS at the centre of national development planning and budgetary allocation processes. They are also an important mechanism for addressing high-level and cross-cutting constraints to an effective HIV response (such as macroeconomic reform and human

<sup>2</sup> Donor countries have agreed on the need for harmonization of aid mechanisms and requirements, and for alignment with government owned national policy and strategy. In the Paris Declaration on Aid Effectiveness (March 2005), countries signed up to key targets, including a commitment to provide at least 25% of all aid through ‘Programme-Based Approaches’ by 2010. The term encompasses the range of aid mechanisms and instruments used to facilitate coordinated and harmonized support for nationally owned programmes, such as a poverty reduction strategy, sector or thematic programme. The Declaration also commits at least 75% of partner countries to have an operational development plan, such as a PRSP, by 2010. (Note that these targets await final confirmation).

<sup>3</sup> In sub-Saharan Africa: Benin, Burkina Faso, Cameroon, Chad, Djibouti, Ethiopia, Gambia, Ghana, Guinea, Kenya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Senegal, Tanzania, Uganda, and Zambia.

resource issues, corruption etc) and the framework for donor coordination. Some countries, including several upper- and lower-middle income countries in sub-Saharan Africa, have national development plans rather than PRSPs, which offer opportunities for including HIV and AIDS in the analysis of issues and in approaches and strategies to respond to the epidemic.

## **2.2 Defining mainstreaming AIDS in the context of national development instruments**

According to UNAIDS' working definition, "mainstreaming AIDS is a process that enables development actors to address the causes and effects of AIDS in an effective and sustained manner, through both their usual work and within their workplace".

Following this, the review's definition of mainstreaming AIDS refers to the process of integrating AIDS into PRSPs or other national development instruments in order to address the root causes and consequences of the HIV epidemic and its links with poverty. In order to mainstream AIDS, national development instruments need to factor in the implications of HIV for overall poverty-reduction and growth plans, to take account of gender-based vulnerabilities, to include strategies where needed to stem the spread of HIV, to scale up the provision of antiretroviral treatment, care and support, and to enhance resilience to cope with the impacts of HIV and other shocks at individual, household, community levels. (see also UNDP 2002a).

The process requires establishing the evidence base and the links between the determinants and impact of AIDS with poverty and growth trends, and assessing the implications of the HIV epidemic for economic and human development policy in both high- and low-prevalence countries. It means selecting and prioritizing key cross-cutting and sectoral actions, and making appropriate allocations in the budget and MTEF. It is also concerned with the 'downstream' implementation of these overarching strategies, in terms of ensuring appropriate institutional arrangements with bodies such as the national AIDS authorities, designing and costing specific sectoral strategies and the specific allocation and budgeting of resources.

## 3. Key Findings

### 3.1 Content of national development instruments

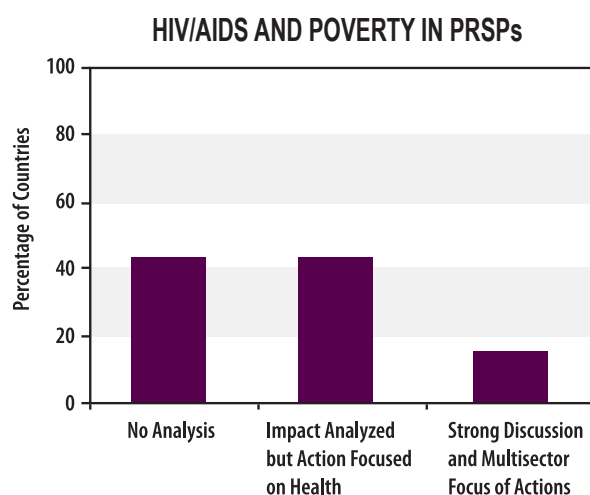
#### 3.1.1 The current status of mainstreaming AIDS in PRSPs

**Summary of findings from other reviews:** an early review of the effectiveness of five full PRSPs and 20 interim-PRSPs in tackling HIV/AIDS by the World Bank and IMF found that the HIV/AIDS content was weak, except for a handful of cases (World Bank/IMF 2002a). Most PRSPs made only occasional reference to AIDS, usually in the health section, and did not factor in the impact of the epidemic in their analyses of the causes and consequences of poverty. Of the ten HIPC/PRSP countries reviewed, on average less than 5% of debt-relief savings were being specifically allocated to HIV/AIDS (UNAIDS 2002).

A recent review was undertaken by UNICEF and the World Bank in 2004, *Poverty Reduction Strategy Papers: Do they matter for children and young people made vulnerable by HIV/AIDS?* (World Bank/Unicef 2004). It provides a qualitative assessment of how HIV/AIDS is being addressed in PRSPs, using a scoring system based on the following four criteria:

- Prevention of mother-to-child transmission (PMTCT)
- Prevention amongst young people
- Care and support to children and families living with HIV/AIDS
- Care, protection and support for orphans and children made vulnerable by HIV/AIDS

Only three (16%) of the 19 PRSPs reviewed, addressed HIV/AIDS as a multisectoral issue and included a discussion of the linkages between poverty and HIV/AIDS. In 42% of the PRSPs reviewed, the impact of HIV/AIDS interventions on poverty was discussed, but responses were primarily health-based. In terms of the African PRSPs, less than half recognized the linkages between HIV/AIDS and poverty (see Figure).



Source: World Bank/Unicef (2004) PRSPs: Do They Matter for Children and Young People Made Vulnerable by HIV/AIDS?

This review complements the UNICEF and World Bank assessment by focusing on the process and implementation of mainstreaming AIDS in national development instruments, as well as on content, whilst also identifying progress and gaps in technical support. Although the methodologies of the reviews are different there is consistency with the key findings particularly in respect of the needs for strengthening the implementation of PRSPs and for monitoring progress and outcomes, and highlighting the problematic linkages between PRSPs, NAFs and sector plans.

Findings from this review: the analysis of 15 sub-Saharan African PRSPs (three interim-PRSPs and 12 full PRSPs) and seven Asian PRSPs (two interim-PRSPs and five full PRSPs) found that the experience of mainstreaming AIDS in PRSPs has been mixed.

The HIV/AIDS content of PRSPs varies, in part depending on epidemic severity. In higher-prevalence countries, HIV/AIDS may consist of a separate chapter (Ethiopia), or a section usually under human resource or human development (Ghana, Kenya and Uganda), or be part of the analysis of cross-cutting issues (Rwanda), although in a few cases it is still covered under health (Mozambique). In lower HIV prevalence countries, the HIV/AIDS content of PRSPs is still usually confined to the health section. Further, there is a notable difference in progress towards mainstreaming in PRSPs between Africa and Asia. To some degree, this corresponds to lower levels of HIV prevalence, and less emphasis on AIDS as a major policy issue.

This review also found that even countries that have made substantial progress in some areas of HIV/AIDS mainstreaming are reported to be weak in other critical areas, such as not translating needs into implementable programmes or involving key sectors in mainstreaming.

For example, Malawi's PRSP has been lauded for making HIV/AIDS part of a multisectoral analysis: it discusses the effects of HIV/AIDS on growth, poverty and productivity; explicitly refers to orphans and vulnerable children, and affected families; and cites the NAF (SDC 2004). It also specifies the linkages between gender and HIV/AIDS and planned actions address the gender-differentiated effects of epidemic impact. Further, the government has requested all ministries to put aside 2% of their PRSP budgets for HIV/AIDS (World Bank 2002a).

However, the PRSP has also been criticised for being 'extremely weak' and 'extremely thin' on the range and complexity of interventions required to address an epidemic of the scale found in Malawi (Robinson 2003). For example, the use of nevirapine to reduce mother-to-child transmission is a key intervention, but its success partly depends on an operational primary health infrastructure. Extending condom usage and voluntary counselling and testing programmes (VCT) are premised on the existence of an extensive primary health-care network which is accessible and affordable to the poor. These issues are not addressed in the PRSP.

Zambia has made significant progress in mainstreaming HIV/AIDS in its PRSP. It is one of only four countries that has identified resources specifically for HIV/AIDS, children and young people, although it does not directly link these to stated priority actions. (World Bank/Unicef 2004). It is also the only country where the PRSP contains indicators for each of the four priority areas.

The document includes a detailed analysis of the impact of the epidemic on women, even though it could go further in terms of addressing the core determinants and impacts of the epidemic by gender. According to the *Joint Staff Assessment Report* of 2002, the PRSP acknowledges HIV/AIDS (which will receive 7.9% of the PRSP budget), as an important cross-cutting issue, along with gender and the environment, "but fuller integration is still to be developed in some sectors.

## ZAMBIA'S PRSP PRIORITY HIV/AIDS INTERVENTIONS

### FIRST LEVEL PROGRAMMES:

- Reduce new HIV infections by promoting safer sex practices and condom distribution among the high risk groups such as youth, men, sex workers and prisons.
- Reduce the socioeconomic impact of HIV by increasing access to voluntary testing and counselling, community and home based care programmes, and antiretroviral treatment.
- Improve the quality of life for orphans and other groups of vulnerable children—many of these programmes are not aimed at orphans themselves—rather at high risk groups that are most likely to be at risk from HIV—and increased support for care-based nongovernmental organizations.

### SECOND LEVEL PROGRAMMES:

- Improve management and treatment of STIs.
- Expand coverage and access to prevention of mother-to-child transmission programmes – there are 10 health centres in 3 out of 72 districts implementing the programme. This reaches 10, 000 women. Expansion of the programme over the next 4 years will target 450, 000 women.
- Increase prophylaxis to treat TB cases.

Source: Shirley Robinson, *Detailed Review of Five National PRSPs, Appendix, pp. 46-47*. See also Zambia PRSP 2002-2004, pp. 111-113.

In order to effectively mainstream these issues in a multi-sector context, it will be necessary to extend coverage to all sectors, review and assess their coverage in existing programs, develop a more detailed cross-cutting policy agenda, and identify performance indicators that would enable more effective monitoring of these issues within sector programs.” (World Bank/IMF 2002b)

**Use of UNAIDS/World Bank criteria:** findings of this review of PRSPs using the four UNAIDS/World Bank toolkit criteria include the following:

- Thirteen of the 15 African PRSPs reviewed met the first criterion—country-specificity of the HIV/AIDS and poverty linkages—but many of these only nominally. Of the seven Asian PRSPs, only one met the first criterion.
- Twelve African PRSPs, but only one Asian PRSP, adhered to the second criterion—main strategies of the NAF specified in the PRSP—but in seven of the African PRSPs, these were not always justified and costed.
- Ten African PRSPs and two out of seven Asian PRSPs met the third criterion—medium-term goals and poverty monitoring indicators derived from NAFs—though three of the African PRSPs met this criterion only partially.
- Finally, nine African PRSPs and two Asian PRSPs met the fourth criterion—short-term actions for the successful implementation of the NAF, with specific and monitorable targets that form agreements for debt relief—but six of these only partially.
- Tanzania met none of the criteria while Mozambique met only the fourth criterion.
- In Asia, only one country, Cambodia, among the seven PRSPs reviewed, met the first three of the four criteria and Vietnam met the third and fourth criteria. Five countries met none of the criteria.

Countries in sub-Saharan Africa with high HIV prevalence met more of the assessment criteria than countries in Asia with low prevalence, which do not appear to have made any attempts at mainstreaming.

The review also found that the UNAIDS/World Bank Toolkit criteria did not provide a clear indication of the extent to which HIV/AIDS has been mainstreamed in PRSPs<sup>4</sup> (see also Annex 4). This is because in many cases, countries met some of the criteria only nominally. For instance, six PRSPs, five of them in Africa and one in Asia, met all four UNAIDS/World Bank mainstreaming criteria. However, even countries that met all four criteria were not necessarily ‘strong’ in terms of HIV/AIDS mainstreaming content. Thus meeting all four criteria may be necessary, but is not sufficient to indicate effective mainstreaming.

For example, according to the UNAIDS/World Bank Toolkit criteria, Ghana’s PRSP meets all four criteria. However, the review’s country consultations found that HIV/AIDS is treated as an add-on activity under the human resource development pillar in a separate section of the PRSP, with its own programmes and budget. Further, HIV/AIDS mainstreaming “has not been possible, due to the resource base for [HIV/AIDS] programmes and because most agencies do not regard HIV/AIDS programmes as part of their core business” (HLSP Ghana 2005). Executing specific stand-alone programmes is considered an incentive, and mainstreaming is often envisaged as a specific programme, with expectations of separate funding for implementation. HIPC funds were allocated mainly to the social sector (education and health) and constituted about 10% of the health budget. Provision was made for social infrastructure, (expansion of training schools and incentives for staff serving in deprived areas), but no requests for HIV/AIDS activities were made in the proposals drawn up by the Ministry of Health for the HIPC fund.

### 3.1.2 The status of mainstreaming AIDS in other national planning instruments

A review of other available national plans suggests that these are substantially weaker than PRSPs in terms of HIV/AIDS content. For example:

- **China’s** *Rural Poverty Reduction and Development Program 2001–2010* does not mention HIV/AIDS.
- **India’s** *10th Five Year Plan (2002–2007)* only addresses HIV/AIDS in the health chapter with few references to non-health responses. The Plan indicates: “It is expected that each Department will handle HIV infection related issues in their respective sectors. For instance, the Ministry of Labour will look after the area of prevention of discrimination at the work place.”
- **Nigeria’s** *National Economic Empowerment and Development Strategy (NEEDS)* refers to HIV/AIDS in passing, with a weak mention of the link between poverty and HIV/AIDS, the identification of at-risk groups, and the need for legal responses to discrimination related to HIV/AIDS (Government of Nigeria 2004).
- **South Africa** does not have a PRSP per se, but a review of sector poverty reduction strategies in various sector plans shows that HIV/AIDS is not understood to be a cause of poverty. In fact, in the case of the Department of Health’s *National Priorities for the Health System* document, there is no ostensible link between poverty, income inequalities and HIV/AIDS (HLSP South Africa 2005).

<sup>4</sup> The first three criteria are most relevant for PRSPs, while the fourth and, to a lesser extent, the second criteria are most relevant for HIPC documents.

- **Cambodia’s Social Economic Development Program II**, recognizes the importance of addressing HIV/AIDS (among other health issues) for the economic security of the country, indicating that “the success of ...national economic growth and poverty reduction strategy will depend in large measure on the outcome of the duel against HIV/AIDS...” (HLSP Cambodia 2005). However, HIV/AIDS is not mainstreamed into the core components of the programme.

### **3.1.3 Gender and mainstreaming AIDS in national development instruments**

Taking account of gender in AIDS mainstreaming processes is critical: poverty exacerbates gender inequality—a driving force of the HIV epidemic. Further, given that in most low- and middle-income countries HIV is predominantly transmitted through heterosexual contact, gender roles and relations directly and indirectly influence the level of individual risk and vulnerability to HIV infection as well as the ability to cope with epidemic impacts (WHO 2003).

However, the majority of African PRSPs reviewed either contained no gender references or only referred to gender superficially.

While a number of PRSPs recognize that HIV affects poverty and that poverty drives the epidemic, the analysis rarely addresses the critical links between gender inequalities and vulnerability to the spread of HIV and the impact of AIDS. Virtually no PRSP addresses the gender-differentiated determinants and effects of the epidemic as an integral dimension of poverty. Data on the causes and determinants of the epidemic are rarely disaggregated by gender.

Gender-specific goals, strategies and indicators are missing. The inter-dependent and cross-cutting implications of gender inequality and HIV between different sectors are not taken into account (HLSP Ghana 2005).

Exceptions include Malawi, which does refer to gender disparities throughout the documents and includes specified activities that address the gender-differentiated effects of epidemic impact, and Rwanda, which is the only PRSP reviewed that includes gender-disaggregated expenditures.

The gender-based determinants of risk, vulnerability and impact are either rarely mentioned or not translated into programme strategies.

- For example, Ghana’s PRSP incorporates the gender dimension of poverty and HIV/AIDS and recognizes that risk and vulnerability are different for men and women as are epidemic impacts. It also recognizes gender disparities and inequities perpetuated by sociocultural factors, such as inequitable access to and use of services with implications for care treatment and support and for addressing the care of orphans which falls disproportionately on women. Constraints on women’s decision-making and choices as factors which increase their vulnerability to HIV are acknowledged and gender is included in core poverty targets. However, there is no reference to gender in the stated actions.
- Cambodia’s PRSP refers to the gender and HIV linkages throughout, but there is no indication of gender-based responses.

What is lacking in the current poverty and HIV focus of PRSPs is an analysis of the gender-differentiated determinants and effects of poverty and of the gender-specific linkages between socioeconomic development and HIV, supported by gender-differentiated data, targets, indicators and resources. If PRSPs and underlying implementation plans do not address the gender distributional nature of interventions, then implementation

efforts may inadvertently reinforce the disempowerment of women, and potentially exacerbate the epidemic (also see UNDP 2002a).

Furthermore, it is also noted that other reviews do not always identify the lack of a poverty, gender and AIDS focus in national development instruments as a critical gap. For example, the criteria suggested in the UNAIDS/World Bank Toolkit identify the link between poverty and HIV/AIDS as a key component of essential AIDS content of a PRSP or HIPC agreement, but do not explicitly specify the inclusion of gender issues.

### **3.1.4 Factoring HIV/AIDS into macroeconomic policy**

PRSPs have been criticized for discussing but not systematically addressing the economic, sectoral, and other impacts of the epidemic. The result has been: “a tendency for PRSPs to reflect over-optimistic projections of the economic growth rate, sector capacity to deliver public services and cost-recovery mechanisms, amongst others” (UNDP 2003). This is confirmed by the UNICEF/World Bank review which found that PRSPs rarely consider the impact that HIV/AIDS may have on attaining growth targets or mention the impact of HIV/AIDS on achieving social development goals (World Bank/Unicef 2004). They also do not often recognize that HIV/AIDS programmes should be an essential part of a PRSP. Last but not least, they do not take into account the implications for economic growth and poverty reduction of AIDS-related adverse structural changes in the population structure, and more specifically, in the labour force, and related capacity constraints.

Most PRSPs do not consider HIV as a factor that influences macroeconomic reform (including market deregulation and trade liberalization). This is largely because the promotion of economic growth through macroeconomic reform has been exempt from poverty analysis (UNDP 2003). Without assessing the likely impacts of macroeconomic reform on poverty, critics contend, PRSPs appear to be more concerned with addressing the symptoms rather than the causes of poverty (see Box: Zambia: Challenges of taking aids into account). In addition, given past experience with structural adjustment programmes, which in certain contexts exacerbated poverty, there is concern that certain macroeconomic policies may be counter-productive to poverty reduction.

PRSPs have also paid insufficient attention to two core determinants of HIV infection:

#### **ZAMBIA: CHALLENGES OF TAKING AIDS INTO ACCOUNT**

Sudden economic reform, such as rapid liberalization or privatization, may increase the vulnerability of certain population groups to HIV infection, particularly if it exacerbates gender and income inequality (Thomas 2004). A case in point is Zambia where it has been argued that in encouraging the privatization of the copper mining industry, the IMF and World Bank do not appear to have considered the implications for the spread of HIV. The 2002 Joint Staff Assessment<sup>5</sup> of the Zambia PRSP acknowledges the adverse impacts of HIV on the economy and the need to mainstream HIV across sectors. However, it is suggested that “Given the downturn in mining prospects, PRSP proposals for new investment in this sector may be over-optimistic. Mining sector policies should rather emphasize cost-cutting and efficiency measures.”

It has been argued that it is unlikely that the actual and potential epidemic impacts were factored in the proposed strategies, if cost-cutting and efficiency measures are meant to prioritize initiatives leading to further job losses in the mining sector (Thomas 2004). This argument is valid when viewed from a narrow HIV perspective. However, in the context of a highly competitive market environment where tough economic decisions have to be made, mainstreaming HIV/AIDS poses exceedingly difficult challenges for government and the private sector alike.

<sup>5</sup> The Joint Staff Assessment is the World Bank and IMF’s assessment of a country’s poverty reduction strategy.

- unemployment, although countries with trade liberalization and civil service retrenchment have seen the loss of many jobs; and
- income inequalities: policy measures such as the deregulation of domestic markets and trade liberalization are associated with increased income disparities (UNCTAD in UNDP 2003).

### **3.1.5 Aligning the AIDS content of national development instruments**

The absence of alignment between the AIDS content of different national development instruments is a major constraint to mainstreaming. It has been argued that due to the strategic nature of the PRSPs, there is little detail on the linkages between planned interventions and poverty in the document itself (World Bank/Unicef 2004). PRSPs must rely on and refer to other development instruments, such as the NAF, cross-sector strategies (gender, food and nutrition security, etc.) and sector strategies. However, PRSPs have often been developed in parallel to other government policy and planning processes. In some instances the MTEF, sector policies and NAFs were already in place and this has posed particular challenges when integrating existing strategies and PRS.

Recent reviews recognize that, in principle, the NAF should both inform and reflect key priorities of the PRSP. However, consistency in AIDS content between PRSPs and NAFs is limited. The UNICEF/World Bank review found that 38% of the PRSPs are fully consistent with NAFs and about 42% of PRSPs and NAFs are moderately consistent (World Bank/Unicef 2004). Important exceptions to this finding were Uganda and Senegal, which have successful HIV/AIDS programmes, strong government commitment to fighting HIV, considerable government ownership of the PRSP, but weak PRSPs in terms of HIV/AIDS content. This suggests that in certain contexts, a weak PRSP may not hamper the response to HIV/AIDS.

The benefits of aligning the AIDS content of various national development instruments are evident in the mainstreaming of AIDS in Thailand's National Development Plan—a Plan that defines the direction of socioeconomic development over a five-year period and contributes to the Cabinet's decision-making. The mainstreaming exercise largely focused on integrating the National AIDS Strategy into the National Development Plan, particularly in terms of institutional structure, planning and budget (see Box: Thailand: Mainstreaming AIDS in the national development plan).

The main reported outcomes and benefits derived from the mainstreaming exercise included<sup>6</sup>:

- Improved participation as increased commitment and resources from various ministries and civil society made intervention coverage wider and faster
- Enhanced linkages between the AIDS response and development programmes translated into many AIDS interventions benefiting socioeconomic development (e.g. AIDS programmes for commercial sex workers protect the reproductive health of many women and reduce infant mortality); and many socioeconomic development interventions benefiting the AIDS programme (e.g. keeping rural girls in school reduces their chance of entering into survival or transactional sex, thus minimising the risk of HIV infection)

<sup>6</sup> Chirapun Gullaprawit, Director, Population and Labour Force Policy Unit, Thailand, Powerpoint Presentation on The Experience of Mainstreaming AIDS in the National Development Plan in Thailand, July 2004.

- More effective and expanded coordination for AIDS planning at national and provincial levels
- Improved AIDS planning drawing from the experience and skills of national development planners
- High level of commitment for an expanded response to AIDS

### 3.1.6 Mainstreaming AIDS in national budgets

Limited coverage of HIV and AIDS in most PRSPs is reflected in limited financial information. Over one third of PRSPs in 14 key countries made no reference to resourcing HIV responses, according to one review (NAO UK 2004). Most of the PRSPs that do make such reference only include a single budget line for HIV and AIDS, with no further detail. Few PRSPs provide details of HIV- and AIDS-specific expenditures. For example, only in the Ghana, Zambia, Ethiopia and Niger PRSPs are resources specifically identified for HIV/AIDS, children and young people (World Bank/Unicef 2004).

Examples of PRSPs that have costed HIV/AIDS plans include the following.

- Ethiopia's PRSP includes medium-term HIV/AIDS programme costs, with the Ministry of Health and HIV/AIDS Secretariat as lead agencies.

#### THAILAND: MAINSTREAMING AIDS IN THE NATIONAL DEVELOPMENT PLAN

Mainstreaming AIDS involved integrating the National AIDS Plan into the NDP in terms of institutional structure, by:

1. Building commitment among relevant ministries
2. Ensuring that ministers and heads of civil society (NGOs, business, media) and people living with HIV were members of the National AIDS Committee
3. Developing the capacity to mainstream HIV/AIDS in all ministries and NGOs (such as an AIDS committee in each ministry)
4. Ensuring that the Head of Government chaired the National AIDS Committee
5. Ensuring that the NAC secretariat composition reflected a multi-ministerial structure
6. Establishing a similar committee at local level (province, state, district)

It also involved integrating the National AIDS Plan in the NDP in terms of planning by:

1. Integrating AIDS into National Economic and Development Planning
2. Integrating HIV/AIDS into impact assessments of major development programmes
3. Integrating development goals into HIV/AIDS programmes
4. Providing technical support to government and NGOs to build capacity on how to plan and implement mainstreaming

Finally, integrating the National AIDS Plan in the NDP involved budgetary considerations, and in particular:

1. Allocating an AIDS budget to ministries according to their mandate in national development and priority areas in the National AIDS Plan
2. Mainstreaming the allocation of an AIDS budget into existing planning and budgeting process in each ministry
3. Ensuring that a government budget is allocated yearly to NGOs and communities for their AIDS programmes

Source: Chirapun Gullaprawit, Powerpoint presentation on *The Experience of Mainstreaming AIDS in the National Development Plan in Thailand*, July 2004.

- Ghana's PRSP includes a matrix of costed medium-term priority HIV/AIDS programmes, with lead agencies and sources of financing (domestic and external) specified.
- Malawi has costed its PRSP by goals and sub-goals and includes sector action plans and an HIV/AIDS cross-cutting plan with lead and collaborating institutions. The 2003/04 budget has attempted to mainstream HIV/AIDS by making budgetary provisions in the core activities of the ministries and departments (World Bank 2002a).
- Zambia's PRSP has costed HIV/AIDS activities with responsible institutions—in education, health, and environment, and separately as a cross-cutting issue.
- Cambodia has costed its NAF as a separate item with indicators and responsibilities specified. It is the only one of the Asian PRSPs reviewed that has costed its NAF. Three out of seven strategic areas of the NSP are adopted into the PRSP action plan and budgeted for HIV/AIDS.

It is clear that a well-costed NAF is essential if AIDS is to be mainstreamed into overall budgeting processes. In practice, the costing of NAFs is often extremely weak. The UNICEF/World Bank survey found that: “only a minority of countries costed their NAF. In total, 56% of the NAFs provide aggregate cost figures for HIV/AIDS programmes; 25% list costs by broad categories; and only 19% provide detailed costs”. This makes it difficult to incorporate HIV- and AIDS-related activities into the national budget in the first place and even more difficult to implement them.

## 3.2 Process of mainstreaming AIDS in national development Instruments

Documented evidence of the process of mainstreaming AIDS in national development instruments is very limited. Although examples do exist (for example in Ghana, Uganda and Zambia), the review found that in-depth analysis of the process, and in particular, on identifying pathways of influence that help or hinder mainstreaming was rarely available. From the existing evidence and the review's country consultations and informant interviews, several key findings emerge.

### 3.2.1 Planning and prioritization processes

**Limited focus on process:** insufficient attention to the process of mainstreaming has contributed to limited progress. The near exclusive focus on content, as opposed to the process of developing and implementing the PRSP has constrained ownership and involvement in planning and resourcing mainstreaming activities.

**Poor understanding of mainstreaming AIDS:** this review found that there is a lack of consensus on what the term ‘mainstreaming AIDS’ means and what mainstreaming entails for poverty reduction and economic growth strategies. Mainstreaming is being interpreted differently by different development actors, and is often used interchangeably with ‘integration’, and with ‘multisectoral’ approaches.

**Lack of commitment to mainstreaming AIDS:** this was cited as a key factor in all three of the review's country consultations. Stakeholders at country level still have difficulties breaking out of the health paradigm and moving towards a multisectoral and mainstreamed response. This can be compounded by donor funding for

HIV/AIDS which remains largely confined to the health sector. Where structures (such as the Interdepartmental Committee in South Africa) and/or individuals take the lead and champion mainstreaming, it can make a difference.

**Limited participation and prioritization of HIV/AIDS in consultation processes:** the consultation process on HIV/AIDS has been quite diverse, ranging from the formation of HIV/AIDS working groups (Lesotho, Malawi), to central, district or zonal level workshops on HIV/AIDS (Burundi, Malawi, Tanzania), to the formation of civil-society networks, such as the Civil Society for Poverty Reduction Network of Zambia to address HIV. Although the development of PRSPs has tended to be more participatory than NAFs (World Bank/Unicef 2004), the extent of participation has varied markedly from country to country and is characterised by the near total absence of networks of people living with HIV or AIDS from the consultation process.

Of particular interest is the feedback received from consultations with communities on stated priorities for poverty reduction. In Malawi, HIV/AIDS was characterised by many district assemblies as “important but not essential for poverty reduction.” In Lesotho, in a highly participatory PRSP process which included people living with HIV, HIV/AIDS was, surprisingly, “hardly mentioned,” in spite of very high HIV prevalence (Roberts 2003). In Rwanda, HIV prevention ranked low among priority strategies identified by communities. Only in the case of the PRSP in Cote d’Ivoire was the HIV epidemic identified as a cause of poverty during the consultations with local communities.

The fact that HIV is often not perceived as a priority by local communities may indicate, among other things, that in a context of competing priorities (such as food insecurity, conflict, natural disasters, and other health problems) HIV is, by necessity, viewed as less urgent than daily survival. HIV infection and AIDS are also often highly stigmatized. This has implications for mainstreaming AIDS, insofar as community perceptions indicate the need to contextualise HIV and link it with other development challenges.

**Limited participation in drafting processes:** participation in the drafting of the PRSP is often confined to a last minute attempt to add an HIV-specific section to the document. Such an approach is unlikely to amount to more than a superficial mention of the problem. In the case of Zambia, HIV/AIDS was incorporated at a late stage and thus suffered in terms of prominence. This is because initially there was no working group on HIV/AIDS. It was only subsequently and under some pressure from civil-society groups, that government engaged specialized institutions to prepare papers on HIV/AIDS and other cross-sectoral issues (World Bank/IMF 2002b). As a result there was no time for adequate consultation and discussion of the papers and major stakeholder involvement in the preparation of the drafts. Given the extent of the epidemic and the low level of resources committed, concern has been raised on the impact of the interventions proposed.

Participation by those who understand and have developed strategies for mainstreaming in the drafting of the PRSP offers the opportunity to reflect the findings from the consultation process, the inputs from the sector group papers on HIV/AIDS and from the mainstreaming process more generally into the final document and to specify goals, indicators and resource allocation so as to strengthen links with implementation.

### ***3.2.2 Processes for aligning national development instruments and the role of the national AIDS authority***

Alignment is dependent on the existence of formal linkages and networks between actors involved in developing PRSPs and other national development processes and instruments. National AIDS authorities have a central role to play in coordinating the mainstreaming effort and in ensuring that the content of the NAF is in line with

other national development instruments, including the PRSP. However, it is questionable whether national AIDS authorities perceive themselves as, or have the credibility to be, lead agencies in coordinating mainstreaming efforts or brokers of critical relationships between sectors, finance and planning and PRS stakeholders.

The capacity of national AIDS authorities to take on this role is limited in some countries, and as a relatively new entity in some cases, they may not have well defined roles in national planning and budgeting processes. A recent UNAIDS report cites that in 44% of African countries surveyed, no formal link between those responsible for producing the PRSP and the national AIDS authority existed (UNAIDS 2004b). This review's country consultations suggested that even the more established national AIDS authorities such as those of Uganda or Ghana still encounter problems understanding and building commitment for mainstreaming AIDS, which is a prerequisite for getting AIDS mainstreamed in the national development instruments.

### 3.2.3 PRSP budgeting processes

**Budgeting for the AIDS response in MTEFs and PRSPs:** as already noted, the financial needs for HIV/AIDS are often not reflected in the PRSP. A PRSP plays an important part in the budgetary process by creating the framework within which detailed budgets are set. The extent to which PRSP priorities are reflected in actual budgets, therefore, depends on its consistency with the instruments and processes which directly determine the national budget, especially the NAF and the MTEF process, supported by other processes such as public expenditure reviews, public expenditure tracking surveys and benefit incidence studies.

A key problem has been the failure to align PRSP and budgetary cycles. This is due, in large part, to the fact that the processes of developing PRSPs, budgets and MTEFs are often the responsibility of different institutions. In practice alignment does seem to be improving with the latest PRSP review reporting that in the more advanced PRSP countries, "the PRS is gradually becoming the front end of the budget process, with closer alignment and integration of the PRS and the budget cycles" and that "priority sectoral programs are increasingly being reflected in budget allocation decisions and their costs are integrated into MTEFs and linked to resource availability" (World Bank/IMF 2004).

An MTEF is the process through which government and key stakeholders are able to make informed decisions as to how best to allocate resources in support of national priorities<sup>7</sup>. Responding to AIDS is one of many competing priorities which an MTEF process needs to address. Nearly all PRSPs refer to MTEFs that either already exist or are being prepared. Indeed, the "status of a Medium Term Expenditure Framework to improve the capacity to undertake pro-poor budget allocations over time" is a key criterion used as part of the Joint Staff Assessment process (World Bank 2000).

The MTEF process is a relatively recent innovation, and progress to date in implementing MTEFs has been mixed. They are still weak in many cases (South Africa and Uganda are notable exceptions within the African context). In recognition, the Paris Declaration on Aid Effectiveness has set a target of 75% of partner countries having "national development strategies (including PRSPs) that have clear strategic priorities linked to a medium-term expenditure framework and reflected in annual budgets" by 2010.

<sup>7</sup> "The emerging view is that the PRSP (and related sector strategies) provide the roadmap for policy priorities while the MTEF provides the 'space' within which explicit policy choices and tradeoffs are made. As a minimum, PRSPs are required to provide the link between ambitious poverty reduction targets and the annual budget in which resources are allocated to the priorities of government. Whereas the PRSP may contain an expanded list of priorities, the MTEF provides crucial discipline linking what is desirable with what is affordable and most likely to deliver results". Holmes and Evans 2003.

MTEFs are rarely fully comprehensive (excluding decentralized spending, off-budget donor spending and often some sectors). The failure to prioritize sufficiently often results in resources being spread too thinly and in poor delivery, when resource shortfalls occur. These issues—and the resulting failure to develop systems which ensure that resources are allocated to stated priorities—need to be addressed for all programmes and sectors, including AIDS.

There is a tendency to expect too much detail on resource allocations in MTEFs. This runs the risk of obscuring the strategic resource-allocation choices that need to be made. MTEFs are only intended to give a broad indication of resource-allocation priorities. Actual practices in terms of the degree of budgetary detail provided differ widely. There is, for instance, no spending line for HIV/AIDS in the Ghana MTEF—spending is incorporated within line Ministry budgets. In the case of South Africa, on the other hand, the Ministry of Finance allocates conditional grants to provinces for HIV- and AIDS-related activities and largely ring fenced for the Comprehensive HIV and AIDS Care, Management and Treatment Operational Plan. Tanzania also includes a line for HIV/AIDS in its MTEF.

**Country-led approaches to ensuring appropriate spending on HIV/AIDS:** the review identified approaches which can be helpful in ensuring HIV/AIDS gets due recognition in the resource allocation process.

- **Innovative use of financing mechanisms:** The Poverty Action Fund (PAF) in Uganda is an example of how a country has earmarked resources towards a range of priority programmes including HIV/AIDS. The Fund channels resources to a narrow range of priority uses and has been successful in protecting and increasing spending on key interventions, including HIV/AIDS. However it has also resulted in more unpredictability in the flow of funds to lesser priorities. A key feature is that the earmarking is government rather than donor-directed. In supporting the development of such government-led initiatives the challenge will be to ensure that HIV/AIDS interventions are adequately reflected and resourced as priorities, alongside others.
- **Innovative budgeting approaches:** preparing both an aspirational (i.e. based on what is needed) and an actual resource-based budget for the NAF can provide evidence for linking the provision of resources to results which can be used as a basis for advocating for additional resources. Rwanda has provided two budgets based on both a ‘business as usual’ and a ‘rapid scale-up’ scenario. This may be a useful model as it gives a clearer picture of what might be achievable and what additional benefits could be achieved with more resources and also helps define what the top priorities are.

**Tracking HIV and AIDS expenditures:** countries as well as donors are particularly interested in knowing whether the recent trends in support for HIV/AIDS have led to genuine increases in the availability of resources at the country level or whether they have substituted for existing expenditure.

There are general weaknesses in tracking poverty-related expenditures in low-income countries. According to Oxfam: “Th[is] weakness is mirrored in national budgets, where classification and expenditure systems make it difficult either to track expenditure or to establish that debt relief has generated new and additional resources for fighting poverty” (Oxfam 2002).

Recent work by IDASA has shown significant levels of spending and major increases especially in countries such as South Africa (Guthrie and Hickey 2004). It also presents evidence of major differences in the composition of spending. It found “large differences between regions and within regions — in terms of the size of the HIV/AIDS epidemic, governments’ responses, the systems in place for the management of epidemiological, programmatic and budgetary information, and particularly in terms of their budgetary and fiscal systems”.

Whilst some of the countries reviewed were making significant efforts in all cases more advocacy was required to further increase allocations for HIV/AIDS to adequate levels.

The report also raised the issue of Africa's heavy reliance on donor support and the implications this could have for sustainability. It also emphasised the need for more attention to be focused on the composition of spending, as any level of funding for care is likely to become insufficient if prevention efforts are not strengthened at the same time.

Tracking disease-specific expenditure can be challenging, especially in public systems where services are integrated and a significant proportion of costs are shared. To address this, comprehensive 'National AIDS Spending Assessments' are being promoted as an effective way of measuring overall expenditure on HIV and AIDS (including out of pocket expenditure).

Important progress has been made to capture direct health-related expenditures for HIV and AIDS within the OECD and WHO classifications and their adaptations to enable the establishment of National AIDS Accounts within existing National Health Accounts. Meanwhile, classifications of direct non-health HIV and AIDS expenditures such as Education, Social Mitigation (e.g. orphans), and a few other, are being developed. More indirectly AIDS-related activities such as poverty reduction and gender need to be closely scrutinized to estimate the financial attributable part of them as direct expenditures on HIV and AIDS.

Obviously, there is an opportunity cost to such tracking exercises, which are time and expertise consuming. If not properly conducted, they may not provide much in the way of new information. Having said this, it is clearly one of the roles of government to produce strategic information as a public good because of its potential to influence the decision making process to use scarce resources in a more efficient way. In Rwanda, the government and donors significantly increased their spending when it became apparent how little was actually being spent on AIDS. This is particularly relevant where the majority of donor support is provided on budget and as non-earmarked funds basis (see Box: Tanzania: Recommended budget classification).

Given the recent increases in support for AIDS, these exercises may less often demonstrate that HIV/AIDS is seriously under-funded, but they will provide crucial information about how this trend evolves, and about the distribution of available resources between the respective components of the national response.

### TANZANIA: RECOMMENDED BUDGET CLASSIFICATION

The recent HIV/AIDS Public Expenditure Review recommended that budgets should be disaggregated as follows:

- By goal level of the National Multisectoral Strategic Framework
- By vote (Ministry, Region, District)
- By item (e.g. personal emoluments, medical supplies and services, etc)
- By funding source;
- by cost centre administering the funds
- By objective or target of the funding
- Permitting spending trends to be analysed over time and compared with budgets
- With scope to undertake cross-tabulations of combinations of the above

Source: Foster M and Mwinyimvua H (2003) *Public Expenditure Review: HIV/AIDS Multisectoral Update for 2004*.

Finally, it is important to consider how improved coding and tracking of HIV and AIDS expenditures can contribute to better information on pro-poor spending in general by supporting efforts to improve the public expenditure management system, rather than just taking an HIV perspective.

### 3.2.4 The implementation of PRSPs

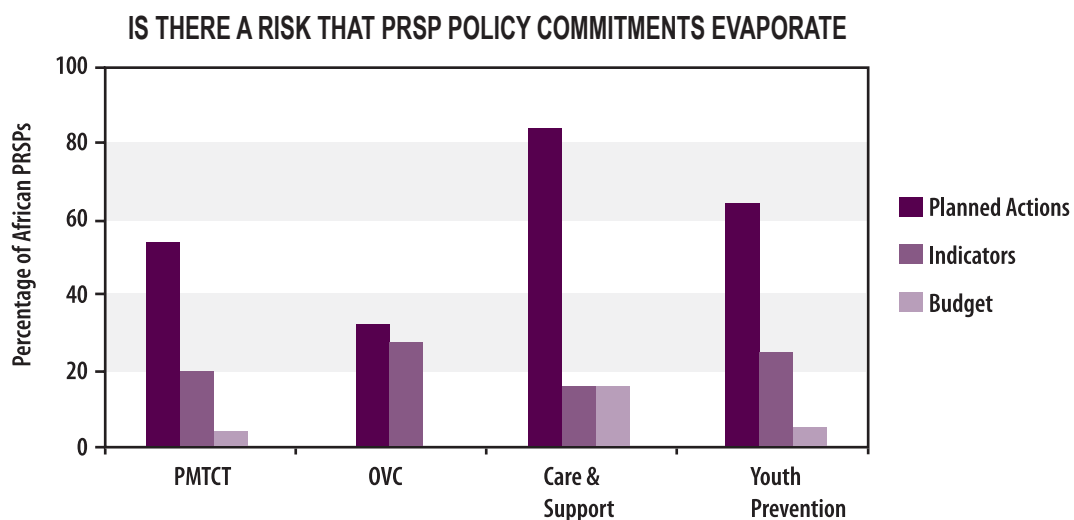
Recent research and evaluations suggest the overall PRSP approach is not reaching its full potential (see World Bank/IMF 2004, World Bank 2005). While the principles underlying the PRSP approach remain valid, implementation of the approach has been slow and sometimes problematic.

Progress has been hampered by limited ownership at political level and amongst line ministries and local government, reflecting weak capacity to coordinate across government, lack of incentives for engagement and sometimes confusing overlaps with existing plans, strategies and processes. Many of these challenges are particularly difficult in areas such as HIV/AIDS where policy responsibilities and targets cut across a large number of ministries.

The UNICEF/World Bank review of PRSPs found that by mid-2004, the PRSP process had “started to add value by bringing HIV/AIDS into national poverty planning processes, but progress in transforming stated objectives into actual programmes is slow.” The authors express concern that programmes included in PRSPs are often not backed up with indicators and budgets, thus creating “a significant risk of implementation slippage.” (see Figure) (World Bank/Unicef 2004).

Two thirds of PRSPs reviewed in one study contained no indicators against which to measure progress on HIV/AIDS (NAO UK 2004). Less than one quarter of PRSPs identified targets and indicators for monitoring the implementation of proposed programmes, according to the UNICEF/World Bank review (see Figure). Thus actions that are not supported by monitoring indicators and resource allocations risk low prioritization during implementation.

The lack of attention to quality of processes underlying PRS implementation, such as policy analysis, budgetary process, monitoring and evaluation is leading some donors to focus less on lobbying to get particular issues into PRSPs (such as HIV/AIDS) and more on strengthening the underlying systems that support implementation.



Source: World Bank/Unicef (2004) PRSPs: Do They Matter for Children and Young People Made Vulnerable by HIV/AIDS?, p. 13.

## 4. Technical Support for Mainstreaming AIDS in National Development Instruments

### 4.1 Agency approaches to mainstreaming AIDS and provision of technical support

While most UN, bilateral and international nongovernmental organizations have developed AIDS strategies, few have comprehensively mainstreamed AIDS in their own organization and work. Most efforts have focused on advocacy and policy guidance for internal mainstreaming processes. Some have adopted ‘support to mainstreaming AIDS’ as a priority in their collaboration with country partners.

**UNAIDS** has been active in promoting mainstreaming AIDS in national development instruments. It has sought to ensure that PRSPs and HIPC processes address AIDS as a major development concern, to facilitate an expanded response to the epidemic, and to ensure that AIDS programmes can benefit from debt relief. To this effect, UNAIDS has engaged primarily in advocacy to get mainstreaming onto the agenda of ministries of finance and planning and to ensure key co-sponsors and donors buy into this approach. UNAIDS also provided technical support through the formulation of guidelines for mainstreaming AIDS in poverty-reduction strategies and debt relief documents and technical advisory support has also been available in countries in certain regions (UNAIDS/World Bank 2001).

In December 2002, UNAIDS was requested by the Programme Coordinating Board to step up its support to mainstreaming processes at country level. The approach of the resulting Action Framework to Support Mainstreaming AIDS in Development is to systematize the provision of technical support in partner countries by the following actions.

- Promoting a broad consensus on the concept and rationale of mainstreaming.
- Facilitating interagency coordination based on respective comparative advantages.
- Identifying, assessing and completing technical resources in support of mainstreaming processes, and making them accessible to country partners.
- Facilitating the provision of adequate technical support to mainstreaming processes in countries.
- Documenting and sharing good practices and lessons learned.

In line with its general mandate as main promoter and coordinator of the global response to the epidemic, UNAIDS has a key role to play in supporting the AIDS mainstreaming process in national development instruments and in aligning the approaches to mainstreaming of its cosponsors, of bilateral and other donors and agencies.

**UNDP** has provided advocacy and policy guidance for mainstreaming HIV/AIDS in PRSPs and national Development Plans, including a set of detailed criteria for mainstreaming in low and high HIV prevalence countries. It has also explored in depth the linkages between development planning and HIV/AIDS and has developed a conceptual framework and template to assess the links between development planning and HIV/AIDS. A step-by-step approach to review and revise PRSPs from both an HIV prevention and an impact perspective has also been devised (UNDP 2003). Technical support at country level for mainstreaming in PRSPs is ongoing in a number of countries such as Burkina Faso, Nigeria and Tanzania (see below).

**The World Bank**, a UNAIDS cosponsor with a mandate in poverty reduction, advocates HIV/AIDS mainstreaming in all of its work. In particular, its Multi-country AIDS Program (MAP) for Africa, which is operational in 28 countries, has been the first large-scale investment in HIV/AIDS mainstreaming and the largest single commitment to AIDS ever undertaken by the Bank, amounting to over US\$ 1 billion committed in less than four years. A 2004 review of the Program found that its objectives, approach and design have generally been appropriate and that the original objectives (raising awareness, commitment and resources for HIV/AIDS, supporting a multisectoral approach, relying on community mobilization and using alternative means to channel funds) are in the process of being realized (World Bank et al 2004). However, the MAP review and this review's consultation with World Bank informants suggests that the Bank is acknowledging the disappointing progress of sectoral mainstreaming in the MAP programmes and is developing more realistic expectations by focusing on one or two strategic and prioritized ministries, rather than the 20 or so that were first envisaged.

Beyond the MAP, however, the Bank's support to mainstreaming AIDS has been rather limited. This is largely due to the strategy that underlies the proposed replenishment of International Development Association (IDA) funds, which posits that it is not in the remit of the Bank to fund responses to large-scale epidemics, such as AIDS. Such funds are being mobilized through the Global Fund to Fight HIV/AIDS, TB and Malaria (Global Fund), and bilateral initiatives, such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Instead, the strategy defines the role of the Bank as providing assistance to set in place the systems needed for the AIDS response to be used effectively. In practice, this means that without a lending instrument, funding for analytical economic and sector work or advisory support to AIDS mainstreaming is constrained. The Bank has also introduced an HIV section as part of its assessment for all development loans and grants. While this has been lauded as a promising initiative in terms of mainstreaming, there is some concern that this is often pro forma.

**Selected bilateral donors and other UN agencies** have supported mainstreaming HIV/AIDS in national development instruments. Some, like the Department for International Development (DFID) and the German Agency for Technical Cooperation (GTZ), have been more involved in supporting mainstreaming in national development instruments (such as DFID in Uganda) while others (Swiss Development Cooperation, SIDA and Development Cooperation Ireland, DCI) have confined their role primarily to advocacy and technical support at sectoral level (such as DCI support to the education sector in Uganda).

## 4.2 Focus of technical support to mainstreaming AIDS

### 4.2.1 Advocacy and policy guidance

Advocacy and policy guidance to date have mainly drawn attention to and made the case for mainstreaming AIDS in PRSPs and HIPC documents. Related policy and strategy notes, conference reports and workshops have primarily focused on the following aspects of mainstreaming:

**Mainstreaming HIV/AIDS in poverty analysis of PRSPs.** The linkages between HIV/AIDS and poverty in PRSPs have been analysed in detail by UNAIDS, UNDP (policy notes and workshop), GTZ (with emphasis on the role of gender) and others (for example UNAIDS/GTZ 2002, Kürschner 2002). However, as a large number of African PRSPs have not mainstreamed HIV/AIDS in poverty analysis, further advocacy is needed, with emphasis on gender.

**Promoting a shared understanding of the concept of mainstreaming in the context of national development instruments.** UNAIDS and DFID, among others, have underscored the significance of a common understanding of what mainstreaming means and entails in the context of national development instruments. While the need

for a shared understanding of the concept of mainstreaming has been raised repeatedly, additional efforts are required to sensitize national development instrument stakeholders, including international financial institutions and donors. Otherwise, there is the danger that AIDS mainstreaming could become a tick-in-the-box exercise without quality strategies backing up the references in national development instrument documents.

**Mainstreaming AIDS in development planning.** In the last five years, considerable emphasis has been placed on mainstreaming AIDS in development planning. A conceptual framework of the linkages between development planning and AIDS in sub-Saharan Africa developed by UNDP aims at an integrated response to poverty, AIDS and inequality that goes beyond the PRS approach (UNDP 2003). AIDS mainstreaming workshops have also served as platforms for policy dialogue and for the introduction of methodologies and tools to mainstream AIDS into national development instruments. However, it is unclear to what extent this conceptual framework is being operationalized at country level and what level of technical support is being provided to implement mainstreaming through this framework.

Experience from gender mainstreaming suggests that while advocacy can result in a superficial coverage of issues in PRSPs, such as the inclusion of gender-disaggregated data, deeper analysis and strategic, action-based interventions have not yet been developed. The same case can be made for mainstreaming AIDS.

#### **4.2.2 Technical support resources**

A number of policy guidelines and toolkits on mainstreaming in national development instruments have been developed since 2000. Technical support resources include the following.

**The UNAIDS/World Bank AIDS, poverty reduction and debt relief toolkit for mainstreaming HIV/AIDS programmes into development instruments.** This was designed to help country officials and their partners to make the case for, and prepare for the inclusion of scaled-up HIV/AIDS programmes in their country's PRSP and HIPC documents. It provided relevant information and examples from first generation PRSPs, interim PRSPs and debt relief agreements. As a resource for training at the country and subregional levels for country teams and their partners (nongovernmental organizations and donor agencies), the toolkit aims at enabling the country teams to develop useful materials for inclusion in PRSPs.

**A checklist for mainstreaming HIV/AIDS into development instruments,** developed by UNDP as a guide for UNDP country offices in their efforts to help governments integrate HIV/AIDS in development planning (Bjorkman 2001). The checklist covers three development planning mechanisms: (i) national development plans and budgets, (ii) poverty-reduction strategies, and (iii) sector plans and budgets. The checklist provides illustrative examples of the types of questions that can be asked to determine the extent to which HIV/AIDS has been integrated into development instruments and processes. It is divided into two categories: (i) actions that are needed in all countries, irrespective of level of HIV prevalence, usually pertaining to pro-active strategies to prevent the spread of the epidemic; and (ii) additional actions required in countries severely affected by AIDS.

**A GTZ checklist for mainstreaming HIV/AIDS into the PRSP cycle,** including in poverty analysis, in the macroeconomic framework, in goals and indicators, in costing and budgeting, in poverty monitoring and in the poverty social impact analysis (BMZ/GTZ 2002).

**A framework and template to assess the links between development planning and HIV/AIDS.** The two concept papers prepared by UNDP's Regional Project for HIV and Development in sub-Saharan Africa, *Conceptual shifts for sound planning: towards an integrated approach to HIV/AIDS and poverty* (2002) and

Understanding the link between Development Planning and HIV/AIDS in sub-Saharan Africa (2003) make a significant contribution to mainstreaming HIV/AIDS in development planning. It is unclear, however, whether capacity-building components are being introduced at country level to facilitate their use.

### **4.2.3 Current technical support to capacity building**

There is limited available documentation describing and explaining the focus of technical support for capacity building for mainstreaming AIDS at country level. This section gives a descriptive overview of examples of UNDP and DFID technical support.

**UNDP** has been supporting mainstreaming in national development instruments at country level in Burkina Faso, Cameroon, Zambia and Tanzania in the area of policy formulation.

**In Tanzania**, UNDP has been supporting HIV/AIDS mainstreaming in national and sector development programmes and in Public Expenditure Reviews and MTEF processes. It is also assisting with a review of HIV/AIDS and gender concerns in the PRSP and supporting capacity-building for the development and implementation of HIV/AIDS sector strategies, action plans and workplace interventions<sup>8</sup>.

**In Nigeria**, UNDP has been providing support on mainstreaming HIV/AIDS into the poverty reduction strategy and in the short-term macroeconomic framework<sup>9</sup>.

**In Burkina Faso**, UNDP provided technical assistance for the integration of HIV/AIDS priorities, targets and impact analysis into the PRSP, in response to the government's early fragmented approach to the epidemic and lack of commitment to prioritize HIV in development plans. UNDP's support focused on creating an enabling policy and resource environment for a scaled-up response (UNDP 2002b).

**In Uganda**, DFID has provided extensive technical support to mainstreaming AIDS in the Uganda Poverty Eradication Action Plan (PEAP), which serves as the country's PRSP. This is an important case study of technical support for mainstreaming AIDS because Uganda has a relatively successful HIV/AIDS programme, strong government commitment to responding effectively to HIV and substantial government ownership of the PRSP.

DFID Uganda adopted a two pronged approach to mainstreaming AIDS in the PEAP<sup>10</sup>. This involved DFID direct consultancy support (DFID's own HIV/AIDS advisor) and technical assistance (an external consultant) to Uganda AIDS Commission (UAC) which was coordinating mainstreaming in the PEAP and in key sectors. DFID's technical support in the revision of the PEAP focused on building the following capacities.

- DFID Uganda staff through a mainstreaming AIDS workshop for programme and advisory staff.
- The Line Ministries Self Coordinating Entity (LMSCE), set up to ensure that AIDS is mainstreamed in all ministries and departments<sup>11</sup>, in preparation of the PEAP revision. To this effect, a workshop was held at the request of UNAIDS, where it became apparent that AIDS Focal Points did not have a common understanding of HIV mainstreaming, even though they had already submitted action plans to the World Bank for resources to mainstream HIV.

<sup>8</sup> See UNDP Tanzania website, <http://www.tz.undp.org/hiv.html>

<sup>9</sup> See UNDP Nigeria website, <http://www.ng.undp.org/hiv.html>

<sup>10</sup> This section draws heavily on Butcher 2003, Lessons Learned from Mainstreaming HIV in the PEAP

<sup>11</sup> The constituents of the LMSCE are nominated focal points from different ministries whose task is to ensure that HIV is mainstreamed throughout a department and sector.

- The UAC and Sector Working Groups (SWGs) to mainstream AIDS in the PEAP. This involved the preparation of an Issues Paper, with the UAC, which identified why and how HIV/AIDS is relevant to the PEAP pillars<sup>12</sup>; how the epidemic may undermine the development targets specified in the PEAP's pillars; how the focal areas of each pillar may be contributing to the spread of HIV; and opportunities in each pillar's directives to enhance the response to HIV.

## 4.3 Review of technical support for mainstreaming in national development instruments

### 4.3.1 Limited attention to process

To date, technical support for mainstreaming AIDS in national development instruments has been limited, particularly at country level, and has largely focused on the 'what' of mainstreaming (the content) rather than on the 'how' (the essential skills and tools needed for supporting effective processes). Some experts, including review informants argue that capacity building for mainstreaming in PRSPs is often ad hoc, poorly timed and fragmented. It often seems an afterthought, at the end of national development instrument formulation or revision, when it is too late to systematically reflect the causes and effects of the epidemic in the national development instrument, and too late to engage in building commitment for implementation.

Attempts to mainstream AIDS in national development instruments are also constrained by donors and development agencies' own lack of strategies to address AIDS in national development instruments, sectors or indeed their own country programmes. While some donor strategies try to mainstream AIDS outside the health sector, in practice responses remain largely health-focused.

The review's country consultations confirmed that the capacity for mainstreaming AIDS in national development instruments (or at sectoral level) is currently not in place in most countries. Even in some of the more established national AIDS authorities where the significance of mainstreaming is recognized, there remains a perception that the national AIDS authority does not have the capacity or the skills required to advise, coordinate or effectively mainstream AIDS.

The recent MAP review alludes to poor sectoral commitment to mainstream AIDS and recognizes that the multisectoral response supported by the MAP has been somewhat half-hearted with the exception of a few ministries such as defence, which recognize the importance of greater engagement in HIV/AIDS (World Bank et al 2004). Most sectoral plans reviewed by the team were similar to one another, giving the impression of a 'cookie cutter' planning process. Except in one country, ministries had not moved significantly beyond their own workplace interventions to consider programs for their constituencies such as students and farmers. While the initial focus has been on the involvement of as many ministries as possible (since up to 80% of formal sector employees are in the public service), greater attention to key ministries now seems appropriate with more effective implementation of a fewer number of action programs.

Constraints to building capacity are also contextual. In Ghana for example, a major constraint to mainstreaming AIDS is that it is being championed by generalists rather than trained professionals and this has meant that mainstreaming does not go beyond sensitization. However, in other contexts, the use of trained professionals or specialists for mainstreaming AIDS (in the form of external consultancy support) reinforces the perception that mainstreaming is difficult and this can undermine commitment to the process.

<sup>12</sup> The four pillars are: rapid and sustainable economic growth and structural transformation; strengthening good governance and security, increasing the ability of the poor to raise their incomes and improving the quality of life of the poor.

### 4.3.2 Country experience: *Burkina Faso and Uganda*

From the limited documented evidence available, technical support to mainstreaming AIDS in national development instruments has had mixed results. UNDP's support focused on creating an enabling policy and resource environment for a scaled-up response (UNDP 2002b). UNDP in Burkina Faso has described "extensive support to mainstreaming HIV/AIDS in the PRS process" (UNDP Burkina Faso). However, the HIV/AIDS content of the PRSP remains weak in terms of the analysis of impact of HIV/AIDS on economic growth, there was limited consideration of HIV in the consultative process and there is little on gender issues linked to the AIDS content of the document.

One reason for the limited coverage of HIV/AIDS is that as the PRSP was being developed, "AIDS was not perceived as a major constraint to development, either by the national authorities, or by partner institutions, and particularly the World Bank," according to a review of the PRSP by the UN Economic Commission for Africa (UNECA) (cited in Benoit 2002). The December 2003 PRSP Progress Report reported that even though the PRSP is reputed to be a framework for convergence of all interventions in Burkina Faso, "this paper is unfortunately still not well known to most stakeholders, even in the administration, and as a result it is not optimally used as a reference framework for policy dialogue" (World Bank 2003a). Nevertheless, Burkina Faso allocated part of its Enhanced HIPC debt relief savings to HIV/AIDS (US\$ 1.3 million per year, in addition to US\$ 700 000 from the regular budget) (UNDP Burkina Faso 2002).

The Burkina Faso experience points to a number of capacity-related constraints including lack of commitment on the part of government and partners, the lack of understanding and advocacy for mainstreaming, and limited ownership and participation of civil society in the consultation process.

DFID's provision of technical support to mainstreaming AIDS in the Uganda PEAP has also had mixed results. Despite substantial technical support the PEAP is still regarded as weak in terms of mainstreaming AIDS. In the first PEAP, HIV/AIDS was only addressed as a health and social issue, rather than a cross-cutting issue. Whilst progress has been made since then, HIV is still often perceived as a separate, vertical issue—a perception reinforced through the various HIV specific structures, budget lines and AIDS projects (Butcher 2003).

In the 2004 PEAP, HIV/AIDS is treated as a cross-cutting issue under the Human Development section of the document but the analysis of the linkages between HIV/AIDS and poverty and of the impact of the epidemic on vulnerable groups is not linked to evidence. HIV goals and indicators are confined to the health section, HIV interventions in the PRSP are not costed and there is no policy matrix attributing specific roles and responsibilities to stakeholders. Most importantly, the PEAP does not reflect the extensive analysis and recommendations for mainstreaming developed with DFID support. Additionally, a review of Sector Working Group papers undertaken by the DFID consultant found that while key issues for mainstreaming AIDS in the various sectors were easily identified, the Sector Working Groups had difficulties proposing remedial strategies. The lack of a strategy to guide Uganda AIDS Commission and its partners on how to mainstream HIV in the various sectors, beyond sensitization and raising awareness, was identified as a key constraint.

The DFID consultant who facilitated Uganda's mainstreaming exercise found that one of the most useful, effective and sustained forms of support was coaching national development instrument stakeholders on all aspects and stages of mainstreaming AIDS in national development instruments. This involved spending time with sector working groups and coaching them through the meaning of mainstreaming as they develop their papers rather than spending time reviewing papers for mainstreaming content once they had been conceptualized and drafted.

According to DFID, technical support for AIDS mainstreaming was well received by the Uganda AIDS Commission, but capacity and prioritization within the organization remains weak. When the DFID Adviser in charge of support to mainstreaming moved posts, the PEAP process halted and the Commission did not resume the work until the final stages of PEAP revision. Eventually, the Uganda AIDS Commission resumed its work on mainstreaming, but, as seen above, AIDS ended up being only partly addressed in the revised PEAP.

### 4.3.3 Use of toolkits

Preliminary evidence from key informants and the review's country consultations indicates that the UNAIDS/World Bank toolkit is not widely known or used at country level and has not been accompanied by training of country teams and partners to facilitate its use, except for some UNDP-sponsored workshops. According to one informant, after the preparation of the toolkit, there was little follow-up action or capacity development of recipients. The toolkit was to be updated in early 2002 with an analysis of AIDS content and best practice examples but this did not materialize. As discussed above, this review also found that the four toolkit criteria do not give a clear indication of the extent of AIDS mainstreaming in PRSPs.

Some essential PRS technical resources, such as the World Bank's Sourcebook for PRSPs and the *Users' Guide to Poverty and Social Impact Analysis (PSIA)*, in their current form do not include HIV as a cross-cutting, development issue. The Sourcebook is a guide designed to assist countries prepare their PRSPs. It is not intended as a prescriptive tool, but rather as a resource to be used selectively. Given the World Bank's commitment to HIV/AIDS, the near total absence of HIV/AIDS from this sourcebook is puzzling.

### 4.3.4 Lessons learned

Albeit on the basis of very limited experience, this review has highlighted some emerging lessons learned with respect to the provision of technical support.

- Continuity and commitment of technical support to mainstreaming in the long term is essential.
- Mainstreaming AIDS in the PRSP is not sufficient and additional processes are needed to ensure AIDS is mainstreamed in relevant sectors, in the budget process and implementation.
- Evidence from the review's consultations indicates that the toolkit approach has not been particularly useful at country level partly because it lacks adequate capacity building to accompany distribution and to support application.
- While every context is different, assumptions should not be made about the ability of national AIDS authorities to use and operationalize concepts such as mainstreaming, PRSP and HIPC concepts and modalities and lead the mainstreaming process in national development instruments.
- Provision of support to leading actors such as the national AIDS authorities and different sectors during the development or revision of national development instruments can be more helpful than waiting for and reviewing a draft product. This needs to go beyond deepening the understanding of the implications of HIV and need for mainstreaming, to include support for identifying, planning and budgeting for realistic strategies.

## 5. Conclusions: Strengthening Mainstreaming Processes

Findings from this and other recent reviews highlight several key issues that need to be addressed, if mainstreaming processes in national development instruments are to be strengthened.

### 5.1 Strengthening links between PRSPs, MTEFs, NAFs and sector plans

The goal of mainstreaming in national development instruments is to ensure that comprehensive AIDS responses are integrated in the PRSP and budget instruments and are implemented by appropriate partners (such as ministries, civil society, the private sector and people living with HIV).

As part of strengthening wider development effectiveness, there is growing international commitment to the harmonization of aid instruments, mechanisms and requirements, and for alignment with government-owned national policy and strategy (set out in the Paris Declaration on Aid Effectiveness, March 2005). This international consensus helps to galvanise commitments to mainstreaming—through supporting alignment of plans and monitoring and evaluation indicators, better coordination of AIDS funding and technical support for implementing a costed NAF, and greater involvement of civil society, people living with HIV, and the private sector.

The "Three Ones" principles reflect these commitments—one national action framework for HIV/AIDS (NAF), one national AIDS coordinating authority (NAA) and one agreed monitoring and evaluation system. These principles provide a robust national framework for coordinating a multisectoral response to AIDS, where the NAF can inform national, sectoral and decentralized planning processes.

Findings from this and other reports, such as the UNICEF/World Bank review, suggest that a comprehensive NAF should provide a robust basis for strengthening coverage of HIV and AIDS in PRSPs. The NAF should provide a prioritized, costed strategic plan that includes, or at least refers to, sectoral plans. Line ministries require sound sector plans that integrate with the objectives of the NAF and ultimately, the PRSP.

Supporting the development of a sound NAF requires an evidence base with reliable data on the determinants and impacts of AIDS, the epidemiology of the disease, trends and scenarios. The NAF needs to be meaningful and user-friendly to the PRSP community, with a robust rationale and analysis, and relevant indicators. This would include for example, aligning the monitoring and evaluation indicators in the PRSP with those of the monitoring and evaluation framework of the NAF.

There is wide agreement that a well costed NAF is also an essential input to a successful MTEF process, which requires a combination of realistic top down estimates of what resources are available as well as a good bottom up estimate of what is required. At the same time the PRSP will need to clearly set out the likely outlook for public spending taking into account the macroeconomic situation. Donors also have a clear role to play in providing information on likely future resource flows.

As public expenditure management processes mature, programme-based disaggregation according to key objectives (prevention, treatment, care and support, and mitigation) within MTEFs may become more feasible. This would allow cabinets and ministries of finance to make reasonable assessments of overall priorities, requesting further breakdowns when necessary from the detailed costing available in the NAF. This type of approach is in line with the 2004 PRSP Progress Implementation Review, which suggests that "deepening the links between costing of priority programs, the MTEF and the budget, aligning the PRS, and strengthening

public expenditure management systems will all be needed for better prioritization” (World Bank/IMF 2004b). Thus, the 2005 Progress Review—which will be tailoring the PRSP approach to countries with particularly weak capacity or difficult circumstances—may present an opportunity to prioritize HIV/AIDS in severely affected countries and further strengthen the links between costing of HIV/AIDS programmes in the PRSP, the MTEF and the budget.

National AIDS authorities need to be able to play a leading role in coordinating mainstreaming efforts and as brokers of critical relationships between PRSP stakeholders such as ministries of finance and planning, and leading sectors. This should help ensure tighter links and stronger alignment between the NAF, national development instruments, and sectoral strategies and plans.

It is also clear that stronger advocacy and institutional linkages are needed. A key issue is how to strengthen the links between, and accountabilities for, mainstreaming AIDS between PRSPs, NAFs and sectoral plans. Evidence from this review highlights weak capacity for mainstreaming among national AIDS authorities and national development instrument stakeholders such as MOF. In reality, line ministries require substantial support to enable them to develop sound sector plans that integrate with the objectives of the NAF and ultimately, the PRSP.

To some extent the need for support will be dependent on prevalence levels and impact of HIV in different settings. In high prevalence countries it is likely that national AIDS authorities (despite their limited capacity in many respects) will be the critical institution in promoting and ensuring AIDS is mainstreamed in national development instruments. In low impact settings where national AIDS authorities may be a relatively new body or not exist as such, MOHs are likely to lead and coordinate the response with sectors. Either way, it is important to be pragmatic about the implementation arrangements for supporting mainstreaming processes and to recognize the incentives, and strengths and limitations of the institutions involved.

## 5.2 Taking account of HIV and AIDS in economic and social policy

The review has found that HIV, and links with poverty, are rarely factored into wider macroeconomic reforms. There is little reflection on the implications of the potential causes and consequences of the HIV epidemic, and the need for reforms to address any increased vulnerability and inequalities.

Without analysis of the consequences of macroeconomic reform, it is highly unlikely that HIV prevention, scaling up of antiretroviral therapy, care and support, and impact mitigation will be adequately addressed within PRSPs. At best, macroeconomic reforms may have limited impact on reducing vulnerability to HIV infection and on mitigating epidemic impact. At worse, they may inadvertently have the opposite effect, if they perpetuate disparities in income, power and social values (UNDP 2003).

This may entail a shift in the priorities of a PRSP. For example, in high HIV prevalence countries, governments may need to place more emphasis on protecting livelihoods, thus slowing down the rate of liberalization, if it appears likely this may lead to economic disruption and thus increased vulnerability. PRSPs and related rules and conditionalities should thus not merely accommodate, but pro-actively encourage governments to factor HIV into their economic policy choices (Thomas 2004). Poverty analysis of macroeconomic reforms is needed before economic policies are formulated, in order to influence how a PRS may impact upon the spread and impact of HIV (Tearfund 2004).

Mainstreaming AIDS concerns in employment creation and income-generation schemes would imply addressing issues not currently factored into policy formulation, such as whether the proposed policies are

likely to perpetuate or alter the sexual division of labour; whether they are based on assumptions about the productive roles of men and women; the extent to which they perpetuate inequities in employment and income between men and women, and if so, whether they could inadvertently be contributing to HIV transmission (UNDP 2002a). Only through such an analysis can decisions be made on whether to adopt certain policies, so that those likely to result in equitable opportunities for women and men are included in PRSs.

It is also important to ensure that HIV is factored into approaches and methods used for analyzing, assessing and monitoring the potential and actual impact of economic policy change on poverty and gender, including the World Bank's tools for Poverty and Social Impact Analysis (PSIA)<sup>13</sup>.

### **5.3 Including gender in national development instruments AIDS-related content, process and technical support**

The review found that while in principle gender is recognized as a central component of mainstreaming, in practice, little progress has been achieved in terms of incorporating the gender-differentiated causes and consequences of the epidemic in national development instruments. In the case of PRSPs, for instance, the gender determinants of risk, vulnerability and impact are either rarely mentioned or else are peripherally addressed and thus do not translate into programming.

Given that understanding of HIV and gender issues has deepened considerably in the last few years, a systematic approach to factoring gender and AIDS in national development instrument content, process and technical support provision is urgently needed. To this effect, as a first step, national development instrument goals, indicators, resources and data related to the causes and consequences of HIV should be disaggregated by gender. Technical support can help to promote a gender-based approach to mainstreaming AIDS by making gender analysis and the use of gender-disaggregated data an integral component of assistance offered. Linkages with broader gender-mainstreaming agendas are also needed.

### **5.4 Mainstreaming poverty-related diseases and linking with other Millennium Development Goal priorities**

AIDS is one among many competing and interrelated development and public health challenges that need to be addressed in national development instruments and processes. By definition, mainstreaming AIDS implies establishing and addressing the linkages between HIV and interrelated development challenges such as slow or negative and unequal economic growth, conflict and migration, food and livelihood security, governance and public sector performance, and health issues such as malaria, tuberculosis, and maternal and child health.

Mainstreaming poverty-related diseases is in line with the Millennium Development Goal approach, which addresses HIV/AIDS along with malaria and other diseases. Poverty drives not only AIDS, but also malaria, tuberculosis and other poverty-related health conditions. More than 1.1 million deaths from malaria occurred in Africa in 2003 (WHO 2004). TB alone killed about two million people worldwide in 2002, of which approximately half of the deaths occurred in Africa and Asia. TB is one of the major disease conditions that characterise AIDS. HIV infection accelerates progression to active TB, while TB accelerates the rate of progression to AIDS.

<sup>13</sup> PSIA involves an analysis of the distributional impact of policy reforms on the well-being of the poor and vulnerable and aims to promote evidence-based policy choices and foster debate on policy reform options.

The need for poverty reduction and growth strategies to take these cross-cutting issues into account strengthens the case for aligning PRSP processes with global and national Millennium Development Goal agendas. Addressing HIV/AIDS is linked to achieving five of the eight Millennium Development Goals, including for poverty reduction, maternal and child health and education, as well as the specific target to halt and have begun to reverse the spread of HIV/AIDS by 2015.

This has important consequences for the approach to mainstreaming AIDS in PRS and related technical support. Implications include contextualising the response to HIV/AIDS within a poverty-related disease framework, and assisting countries in developing responses on the basis of such frameworks. For example, the Food and Agriculture Organization (FAO) has recently formulated a strategy for mainstreaming poverty-driven diseases into its work, including HIV/AIDS, malaria and TB (FAO 2005). In countries with high HIV prevalence, mainstreaming poverty-driven diseases into national development instruments using HIV/AIDS as a catalyst may be an option. In countries with low HIV prevalence levels, malaria or TB could take the lead.

## 5.5 Budgeting issues

Following successful advocacy efforts there has been a significant and much needed increase in international funding for AIDS. This review has highlighted the tension created between the need to increase expenditures on AIDS while at the same time enabling the gradual integration of resources into government owned spending plans and annual budgets<sup>14</sup>.

In practice, many AIDS allocations are negotiated directly between line ministries (particularly the health ministry or the national AIDS council secretariat) and donors. This has been justified by the need to support urgent action with quick and consequent resources. In a context of limited national capacities, such mechanisms seem more apt to ensure the desired massive scaling up of HIV prevention, care and treatment programmes.

By the same token however, this rapid increase in earmarked funding parallel to the usual budgeting and spending mechanisms may contribute to a perception of HIV and AIDS as a 'vertical' issue which does not require sustained government medium-term planning and commitment (Butcher 2003). Ready access to off-budget funding for AIDS may entail that ministries are not inclined to budget resources for AIDS, especially where this would entail cuts on other priorities in order to remain within budget ceilings. As a result, practice so far may have worked as an incentive against bringing national, sectoral and local resource needs for AIDS into regular budgeting and MTEF processes.

Whilst poor performance of public expenditure instruments often provides a justification for the initial non-integration of these additional resources, maintaining and even institutionalizing extra-budgetary mechanisms may not encourage governments to gradually secure more appropriate budgeting for AIDS within the core national and sectoral mechanisms. As such, it may undermine national ownership and accountability as well as the sustainability of AIDS responses. It does not either promote progress towards the development of effective and responsive financial systems—the lack of which represents a serious “obstacle to the achievement of poverty reduction objectives.” (World Bank 2001).

A related yet distinct issue is the impact the sudden increase in the flow of resources for AIDS can have on overall expenditure trends in low-income, heavily aid-dependent countries. Carefully allocated additional funding released through HIPC agreements and direct budget support by external donors represents a good

<sup>14</sup> The Paris Declaration of Aid Effectiveness sets out a target of 85% of aid spending being reported in national budgets by 2010.

opportunity to augment governments' 'fiscal space' for on-budget priority actions such as AIDS responses and other social sectors spending. This provides a rationale to take such funding into account into overall budget planning processes. Key actors such as IMF and WB have a central role to play in strengthening their advice to governments about the range of options available and their respective implications.

## 5.6 Sustained technical support for mainstreaming AIDS in national development instruments

This review has highlighted the challenges of mainstreaming AIDS in national development instruments and sector plans and underscores some of the misperceptions which have undoubtedly had an impact on implementing multisectoral responses to AIDS. The findings suggest a continued need for comprehensive, more effective and sustained technical support for key stakeholders and their partners, both at national and local levels and with influential ministries and prioritized sectors.

The mainstreaming approach has too often been presented or perceived as a discipline in itself, dependent on a small group of specialists requiring specific set of methods or activities. The findings suggest a continued need for comprehensive, more effective and sustained technical support for key stakeholders and their partners, both at national and local levels and with influential ministries and prioritized sectors. There is a need to build on existing technical support systems, and on South-South and regional networks. Approaches to strengthening the mainstreaming process include technical support for: building understanding of mainstreaming; eliciting long-term commitment for mainstreaming; coaching key actors in national AIDS authorities, ministries of finance and planning, and other stakeholders; and building essential mainstreaming skills with national development instrument experts.

The review also highlights that many agencies have not fully mainstreamed AIDS into their own work and mandate with country partners. Challenges to internal mainstreaming partly explain the unequal support across agencies for assisting mainstreaming with national partners. Agency mandates and competencies may also limit the entry points and scope for providing support to PRSP processes, as opposed to NAFs and sectoral plans. Just as the process needs to build ownership and capacity with national actors, so agencies need to build their own expertise in these areas, in line with their mandate and objectives.

This raises the following key questions.

- Do the donors/agencies/institutions offering technical support for mainstreaming in national development instruments have an AIDS mainstreaming strategy?
- What is the donor/agency/institution's comparative advantage in mainstreaming AIDS in national development instruments? What strategic partnerships among technical support providers are needed to deliver assistance most effectively?
- Is the donor/agency/institution's strategy for technical support for mainstreaming the result of a participatory needs assessment with concerned stakeholders?

## 6. Recommendations

The following recommendations were developed from the review's findings and conclusions, and discussed and agreed at a UNDP and UNAIDS workshop on mainstreaming HIV/AIDS into national development instruments and other planning processes held in May 2005.

### ***Mainstreaming HIV/AIDS in national development instruments: content***

1. Country-level actors and technical support providers need to promote and ensure appropriate coverage of HIV/AIDS in the content of PRSPs and other national development instruments. This should include the following actions.
  - A more comprehensive analysis of the links between poverty, gender and AIDS using gender analysis and gender-disaggregated data, targets, indicators and resources.
  - Factoring the implications of AIDS into the design of poverty reduction and growth plans, and economic and social reform programmes.
  - Linking HIV and AIDS to other health and development issues, in the wider context of the Millennium Development Goals.
  - Outlining sector and cross-cutting mainstreaming strategies, together with broad resource requirements and appropriate indicators.

### ***Mainstreaming HIV/AIDS in national development instruments: process***

2. Country actors should focus on strengthening institutional linkages and accountabilities between major stakeholders in national development processes including leading ministries, national AIDS authorities and priority sectors, addressing in particular the following areas.
  - Developing evidence-based advocacy strategies to enhance the understanding of mainstreaming rationale, benefits and processes among the major actors in national development instruments and priority sectors.
  - Institutional strengthening for the national AIDS authority to lead and coordinate the delivery of the NAF in partnership with prioritized sectors, civil society and private-sector stakeholders, and to facilitate the development of linkages.
  - Costing of the NAF including references to or components for priority sector plans.
  - Developing NAF monitoring and evaluation indicators that integrate relevant sectoral indicators (which will need to be context specific and addressed during sectoral planning processes).
3. Country actors should focus on improving the performance and management of budgets to enable the gradual integration of AIDS funding. Resource mobilization to fund mainstreaming AIDS in sectors and at the decentralized level should be supported. This includes:

- Providing continued support to public expenditure management capacity so that AIDS finance can be integrated gradually, efficiently and transparently.
  - Assisting sectors and local governments to mobilize AIDS funding through the variety of channels available.
4. As an initial step towards strengthening mainstreaming in national development instruments and elsewhere, country actors may consider proposing and supporting the development of a ‘country mainstreaming roadmap’ to be coordinated by the national AIDS authority. The roadmap would be part of, or complement the NAF, and would be developed through a consultation process with key actors including priority sectors, other government stakeholders, and relevant key development partners, the private sector and civil society, especially networks of people living with HIV.

The purpose of the roadmap would be to identify:

- the actors and to specify their roles and linkages in support of mainstreaming AIDS at different levels, including advocacy, coordination, planning, implementation, and monitoring and evaluation activities;
- critical entry points and processes for ensuring coverage of AIDS in national development instruments, sectoral and local planning and implementation cycles; and
- advocacy and technical support requirements and possible sources of support and finance at national and sector level.

An immediate step would be for country actors to identify possible entry points provided by forthcoming revisions to their PRSPs, national Development Plans and/or NAFs, as well as sectoral and local plans.

5. Technical support should focus on strengthening the motivation and capacity to support AIDS mainstreaming of the actors directly involved in national development instrument processes. It would include:
- Defining and targeting appropriate stakeholders (including central and sectoral levels) and preparing for timely, evolving and sustained technical support throughout the process—where possible building on existing technical mechanisms and developing and/or strengthening South-South and regional networks.
  - Providing needs-based technical support throughout the PRSP preparation process on areas such as process facilitation with national AIDS authorities and other actors, AIDS-impact assessment, data collection and analysis (including gender), comprehensive analysis of AIDS, poverty and gender issues and responses, strategic planning, developing monitoring and evaluation frameworks, and budgeting.

As a first step, AIDS needs to be integrated into the World Bank PRSP sourcebook and other relevant reference materials for national development instrument-related processes. HIV and AIDS also needs to be addressed in the Five Year PRSP review process, and, based on its findings, a programme to assist countries to improve AIDS coverage in their PRSPs needs to be developed.

6. Building on existing experience, a web-supported network should be established, possibly at the regional level, for the exchange of information and experiences on mainstreaming AIDS in national development instruments.

Such a tool could include the following components.

- Links to key literature on mainstreaming.
- Database of expertise in HIV/AIDS mainstreaming.
- List of upcoming HIV/AIDS mainstreaming events (workshops, seminars, country-level efforts).
- Reports, progress reviews and good practices on AIDS mainstreaming in national development instruments to facilitate coordination, collaboration and harmonization.
- Periodic interactive sessions on specialized topics (such as monitoring and evaluation, costing/budgeting, and gender issues) to facilitate and enhance networking and to disseminate information about promising practices.

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Please see Annex 4 for detailed analysis of PRSPs, National Development Plans and other documents and the document database (on CD Rom) for other literature reviewed for this study.

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# ANNEXES

# ANNEX 1: Terms of Reference

## Assessment of experiences with mainstreaming HIV/AIDS in development instruments and processes at the national level

### 1. Background:

In 2003, the UNAIDS PCB instructed UNAIDS to strengthen its support to Mainstreaming HIV/AIDS into development instruments and processes. As a result, UNAIDS has identified this as one of the Key Results under its Workplan for the biennium 2004-2005.

In support of this, the Strategic Support Division (SSD) of UNAIDS' Country & Regional Support Department (CRD) has developed a strategy note cum workplan which spells out how the UNAIDS Secretariat intends to support mainstreaming HIV/AIDS in partner countries during the current biennium (see Annex 1).

The overall focus of UNAIDS' workplan is to strengthen coordinated technical support to mainstreaming processes in partner countries across levels, sectors and actors. For a number of practical reasons, the workplan will be rolled out along two parallel, interrelated yet distinct, tracks - one of them focusing on mainstreaming HIV/AIDS in development instruments and processes at the national level; the other on same at the sectoral and subnational levels.

The objective of the track on mainstreaming HIV/AIDS in development instruments and processes at the national level is to provide and facilitate systematic and adequate technical support in response to country needs and demands. The current Terms of Reference describe the first activity to be implemented under this track.

### 2. Purpose and expected output:

The purpose of the present assignment is to assess current experiences with mainstreaming HIV/AIDS in development instruments and processes at the national level, including existing resources for technical support, in order to identify good practices, main gaps, and proposed steps for the way forward. The expected output is:

- A general overview of the status of mainstreaming HIV/AIDS in development instruments at the national level in partner countries;
- A structured overview of good practices and adequate resources for technical support including technical assistance;
- A critical review of the main obstacles and gaps, as well as the additional resources which need to be developed (including by completing existing resources) or mobilized (in the form of technical assistance and support to capacity development) in order to address these.

### 3. Tasks:

3.1. Identification and review of documented experiences with mainstreaming AIDS in major national level development instruments: National Development Plans, PRSP/C and HIPC processes.

Note: in as far as relevant, National Strategic AIDS Plans and MTEF may be included in the analysis.

### 3.2. Assessment of these experiences, including but not limited to the following elements and criteria:

- General approach and process:
  - Level of involvement of key actors;
  - Quality of preparation, participation, transparency;
  - Key enabling factors and barriers.
- Technical support mobilized:
  - Technical assistance: origin/type and funding source, general capacity and specific experience, modalities/duration;
  - Technical resources: tools and methodologies used: quality, adequacy, reception/ownership.
- Outputs and outcomes:
  - Quality of the integration of HIV/AIDS into national development documents: problem analysis, policy and strategy development, costing;
  - Subsequent influence on planning process: actual policy formulation, resource mobilization (HIPC, MTEF a.o.),

### 3.3. Consolidation of the results of the assessment:

- Overview of the general status and lessons learnt with regard to the mainstreaming HIV/AIDS in development instruments and processes at the national level;
- Identification of good practices, adequate tools and other technical resources, including technical expertise;
- Identification of the main obstacles and gaps, and of the additional technical support needed to both systematize and improve the quality of mainstreaming processes in development instruments and processes at the national level. These could include, but will not be limited to:
- Advocacy and capacity building with key decision-makers, e.g. Ministries of Finance and Planning:
  - On national development planning in general;
  - On the relevance of HIV/AIDS for national development planning.
- Support to the analysis of determinants and impacts of HIV/AIDS at the national level;
- Adaptation or development of specific tools for mainstreaming HIV/AIDS in national development instruments;
- Support to the review of National Strategic HIV/AIDS Plans, e.g. in terms of:
  - Strengthening multisectoral strategies;
  - Costing.
- Support to process facilitation, e.g. in the areas of:
  - Strategic planning
  - Mediation and negotiation
  - Change management.

## **4. Additional methodological considerations:**

4.1. For the collection of the necessary information, it is proposed to combine two approaches:

- Desk reviews of general documentation and key informants interviews at the global level;
- More in-depth analysis of a selected country cases through the review of country documentation and interviews of key informants at the country level.

4.2. The assignment will be implemented in close coordination with and full support by the UNAIDS Technical Adviser on Mainstreaming HIV/AIDS in Development, backed up by the CRD/SSD-team, and by UNAIDS regional and country staff where appropriate.

4.3. The results and conclusions of the assignment will be submitted to an ad hoc expert committee, workshop or similar peer review process.

## ANNEX 2: Note Introducing the Joint Reviews

### Review of Experiences with Technical Support to Mainstreaming HIV/AIDS

Twenty years into the pandemic, there is ample evidence for the complex linkages between AIDS and development. Development gaps increase people's susceptibility to HIV transmission and their vulnerability to the impact of AIDS; inversely, the epidemic itself hampers or even reverses development progress, thus posing a major obstacle to the achievement of the Millennium Development Goals.

In view of these linkages, there is a need to strengthen the ways in which existing national development processes address both the causes and effects of HIV/AIDS in country-specific settings. In recognition of this need, countries have agreed to integrate HIV/AIDS into their national development processes and instruments, including poverty reduction strategies, budget allocations and sectoral programmes, as set out in the *Declaration of Commitment* at the 2001 United Nations General Assembly Special Session on HIV/AIDS (UNGASS). A key process through which to achieve this is called 'mainstreaming AIDS'.

In December 2002, the UNAIDS Programme Coordinating Board accordingly instructed UNAIDS to strengthen its support to countries' capacity to mainstream AIDS into their national development process. In response to this, UNAIDS has developed a *Strategy Note & Action Framework on Support to Mainstreaming AIDS in Development*, building on existing work by various partners and Cosponsors, including UNDP – whose mandate in HIV and AIDS covers governance and development planning.

The overall goal of the action framework is to *strengthen the provision of adequate technical support to AIDS mainstreaming processes* in partner countries. This will be pursued by: promoting a broad consensus on the concept and rationale of mainstreaming AIDS; facilitating inter-agency coordination based on respective comparative advantages; and supporting the provision and uptake of adequate technical support from various sources.

As part of this workplan, the UNAIDS Secretariat and UNDP's HIV/AIDS Group have jointly set out to review existing experiences with technical support to mainstreaming processes by a broad range of development partners. Two organizations have been engaged to carry out this review:

**The Institute for Health Sector Development (IHSD)** has been commissioned to review experiences of mainstreaming AIDS in national development instruments and processes, focusing on Poverty Reduction Strategy Papers and National Development Plans.

**John Snow International UK (JSI-UK)** has been commissioned to look at technical support to mainstreaming AIDS in sectors and at the subnational level.

The review will involve a synthesis of existing documentation; three country consultations; and consultations with key informants. Approaches, methodologies and reporting will be carefully aligned between the two components. The output will consist of an overview of efforts to support AIDS mainstreaming to date, with emphasis on the process by which mainstreaming is being introduced; critical success factors and constraints; innovative tools and mechanisms; and proposals on how to strengthen technical support to country partners. The findings of the review will be presented at a joint UNAIDS-UNDP consultation workshop in Spring 2005.

We are aware of your programme's relevant experience with support to mainstreaming AIDS in development, and therefore consider your participation in this consultation as a very important contribution to its success. We thank you in advance for your kind cooperation.

## ANNEX 3: Resource Persons Interviewed

### Country Consultation Informants

#### UNDP

**Dr. Joseph Annan**, Senior Policy Advisor, HIV/AIDS Group

#### UNICEF

**Dr. Enrique de la Monica**, UNICEF New York  
**Dr. Miriam Temin**, HIV/AIDS Section, Programme Division  
**Dr. Faith Tempest**, HIV/AIDS Section

#### UNAIDS

**Dr. Setou Kaba**, UNAIDS Country Coordinator, Madagascar  
**Dr. Elesani Njobvu**, Inter-country Programme Adviser, UNAIDS ICT/ESA  
**Dr. Iris Semini**, Program Development Adviser, UNAIDS Inter-country Team for Middle East and North Africa  
**Dr. Robert Greener**, Economics Advisor, UNAIDS Secretariat

#### WORLD BANK

**Dr. René Bonnel**, Consultant, Global HIV/AIDS Program  
**Dr. Keith Hansen**, Manager, AIDS Campaign Team for Africa, Africa Region

#### DFID

**Dr. Sandy Baldwin**, Africa Policy Division  
**Ms. Fiona Sherer**, Head Aid Effectiveness Team  
**Malayah Harper**, Health Adviser, Uganda

#### JSI UK

**Ms. Kate Butcher**, Consultant

#### OTHERS

**Ekkehart Kuerchner**, FAKT Consultant  
**Helen Elsey**, Consultant  
**Desmond Cohen**, Consultant

#### GHANA

**George Dakpala**, PRSP and MDBS focal person, MoH  
**Patrick Nomo**, Financial Controller, MOH  
**Jerry Odoteye**, Acting Director of Policy Planning, NDPC  
**Angela Farhart**, NDPC  
**Mary Mpereh**, Gender focal person, NDPC  
**Regina Adu-Twum**, Macroeconomics lead, NDPC  
**Kyeremeh Atuahene**, GAC PPME  
**Isaac Offei**, UNAIDS  
**Dr. K.K. Kamaludeen**, Governance, PRSP, MDG adviser, UNDP  
**Robert Djangmah**, HIV/AIDS focal person, UNDP  
**Melville George WR**, WHO  
**Morkor Newman**, WHO HIV/AIDS Program Officer  
**Evelyn Awittor**, Health Desk World Bank  
**Jan Van Der Horst**, UN theme group focal person for PRSP and MDBS, Netherlands Embassy  
**Victor Bampoe**, HIV/AIDS Desk, DFID

#### SOUTH AFRICA

**Mark Bletcher**, National Treasury  
**Paolo Craviolatti**, ECI Africa  
**Dr. Anthony Kinghorn**, HDA  
**Ms. Rose Smart**, HEARD  
**Professor Alan Whiteside**, HEARD

#### CAMBODIA

**Peter Godwin**, NCHADS  
**Tia Phalla**, NAA  
**Geeta Sethi**, UNAIDS country co-ordinator

## ANNEX 4: Desk Review of HIV/AIDS in Development Instruments

### Introduction

This is a descriptive account of findings from the desk review. A qualitative assessment and synthesis of the findings are presented separately in the main report. The bibliography at the end of this annex lists all the documents consulted.

#### TABLE 1: Poverty Reduction Strategy Papers (PRSPs) and Interim PRSPs (I-PRSPs)

The review of PRSPs is based on an analysis of: PRSPs or I-PRSPs (completed as of 31/01/2005); PRSP progress reports, where available for the countries analysed; Joint Staff Assessments of PRSPs (prepared by IMF and IDA), where available for the countries analysed (referred to as JSA in the table); secondary sources publicly available online, including evaluations, reviews of country PRSP processes, and multi-country PRSP reviews.

The review focuses on African and Asian countries, and in particular on those with high HIV prevalence (for Asia, in specific population groups), and/or which had recently completed a PRSP.

For each country, the table includes:

- a. **HIV/AIDS coverage in the PRSP:** an overview on how the issue is addressed, with particular reference to its treatment as a cross-cutting issue. No further details are given when HIV/AIDS is purely a health sector concern. This is covered in detail in the WHO online database on health in PRSPs (<http://www.who.int/hdp/database/>). References to the national AIDS strategy are noted.

The sub-heading “**World Bank/UNAIDS toolkit criteria**” refers to whether a PRSP includes the “essential HIV/AIDS content” according to the 2001 UNAIDS/World Bank “Toolkit for Mainstreaming HIV/AIDS Programmes into Development Instruments”. According to the Toolkit, “ideally, the HIV/AIDS contents of PRSPs and HIPC documents would include the following aspects.

1. AIDS as a cause of poverty, plus a discussion of poverty and income inequalities, and their contributions to conditions that make persons vulnerable to HIV infection and less able to cope with the consequences of being infected.
2. The main strategies in the national AIDS plan as a central part of the overall national poverty reduction programme, justified and costed.
3. Medium-term goals and poverty monitoring indicators derived from the national AIDS plan.
4. Short-run actions for successful implementation of the national AIDS plan, with specific and monitorable targets that could form agreements for debt relief.”

The indication of whether PRSPs meet these four criteria does not imply a qualitative judgement of PRSP content. In many cases the criteria are not fully met, and where possible, this has been noted. Typical problems are: a PRSP refers to the main strategies in the national AIDS plan, but these are not justified and costed; actions for implementation are outlined without a timescale; it is not clear whether goals and poverty monitoring

indicators are derived from the national AIDS plan; the goals are not fully articulated, or consist of one single goal. In all these cases, and based on the examples in the World Bank/UNAIDS Toolkit (Table 4, p. 24) we have considered the criteria to have been met.

**b. Relevance to HIV/AIDS mainstreaming:** details the extent of integration with other sectors; the content (e.g. specific cross-sectoral actions/goals); gender-specific content (relevant to HIV/AIDS) and, based on PRSP progress reports, the status of implementation.

**c. Institutional arrangements:** notes whether specific institutional arrangements and responsibilities are mentioned, and whether the plan has been costed. Alignment with other national development instruments is noted if explicitly covered in the PRSP.

**d. Participation:** notes if, and how HIV/AIDS was addressed during the consultation process, and who was involved in the process (when relevant to HIV/AIDS).

Text in quotation marks has been taken directly from original PRSPs.

### TABLE 2: HIV/AIDS in HIPC Agreements

Table 2 presents a snapshot of countries that are receiving, or are being considered for, debt relief under the HIPC initiative, based on a review of a sample of preliminary/decision point and completion point documents. It includes all African countries that have reached Completion Point, and Zambia and Cameroon, which are at decision point stage. The latter two have been included because their PRSPs have been analysed in Table 1.

The table details the HIV/AIDS-related conditions specified for achieving completion point (the stage at which a country has met a number of criteria, and lenders are expected to provide the full relief committed at the decision point). Further comments from HIPC documents on the state of implementation of HIV/AIDS measures are also noted.

### TABLE 3: National Development Plans

This section is meant to review the plans of African and Asian countries with high HIV adult prevalence that do not have a PRSP. Unfortunately few national development plans are publicly available from online sources (such government websites, ministries of finance etc.). In addition, national plans do not follow a “template” as is the case with PRSPs. The analysis is therefore very limited, consisting of a short summary of HIV/AIDS coverage. When possible, the same criteria used for the review of PRSPs have been applied. Due to the scarcity of official documents, information from secondary sources has been included.

Table 1. HIV/AIDS in PRSPs

| Country                          | HIV/AIDS coverage (outside health)   | Relevance to HIV/AIDS mainstreaming   | Institutional arrangements | Participation   |
|----------------------------------|--|---|----------------------------|---|
| AFRICA                           |  |   |                            |   |
| Burkina Faso<br>PRSP<br>May 2000 | <p>Very limited coverage of HIV/AIDS (under Health) but includes a textbox on the link between AIDS and poverty and short summary of responses.</p> <p>Extensive coverage in the Progress report, but still under Health.“</p> <p>Mais, en ce qui concerne le VIH/SIDA, même si le DSRP retient des activités de lutte contre la pandémie, il n'est pas appréhendé comme un défi important de développement. Les impacts du sida sur les objectifs de croissance économique ne sont pas analysés et des stratégies efficaces ne sont pas proposées. En réalité, au moment où s'élaborait le DSRP, le sida n'était pas perçu comme une contrainte majeure au développement, ni par les autorités nationales du Burkina Faso, ni par les institutions partenaires, notamment la Banque Mondiale. Toutefois, l'élaboration récente d'un document Cadre stratégique de lutte contre le sida témoigne de la prise de conscience par les gouvernants de la pandémie comme défi de développement.” (Benoit, 2002)</p> <p>[tr. As for HIV/AIDS, even though the PRSP contains some elements of the fight of the pandemic, it is not considered an important development challenge. The impact of HIV/AIDS on economic growth is not analysed and effective strategies are not proposed. In reality, as the PRSP was being developed, AIDS was not perceived as a major constraint to development, either by the national authorities, or by partner institutions, and particularly the World Bank. Nevertheless, the recent development of a Strategic Framework for the fight against HIV/AIDS demonstrates that government has become aware that the issue is a development challenge.]</p> <p>WB TOOLKIT CRITERIA</p> <ol style="list-style-type: none"> <li>1. Yes (but very limited)</li> <li>2. Yes (mentions existence of AIDS plan, and key priorities, but it is not clear whether they are derived from the plan. Additional costs for STDs and AIDS are noted)</li> <li>3. No</li> <li>4. No</li> </ol> | <p>Content</p> <p>Plans a number of add-on activities in the education sector.</p> <p>“Health and rural sectors have already undertaken an analysis of the AIDS epidemic within these respective sectors and of their current and potential responses in addressing the epidemic. The same process is in progress in the army and in many technical ministries. The economic sector, through large private and public companies, has also been mobilized. The private community initiative to fight AIDS and the principal associations elaborated their strategic plan for AIDS. At the local level, districts organize themselves around a decentralized, multisectoral AIDS campaign plan for which the district of Gaoua was the pioneer; and the government has replicated the experience to other health districts such as Diégougou and Banfora.”</p> <p>Gender Relevance</p> <p>None</p> <p>Implementation</p> <p>Information from Progress Report (December 2003).</p> <p>“The government demonstrated the importance it attaches to combating this pandemic disease by creating the national AIDS and STDs Council in 2001, with a permanent secretariat attached to the Office of the President</p> <p>....In terms of stakeholder involvement, under the multisectoral plan for combating HIV/AIDS, 14 sectoral ministries, eight enterprises, more than 350 NGOs and associations, religious denominations and traditional groups had HIV/AIDS action plans at the end of December 2002. Under the impact of all these efforts, seroprevalence has declined slightly, from 7.17% in 1997 to 6.5%in 2002.</p> <p>The poverty reduction strategy paper is reputed to be a framework for convergence of all interventions in Burkina Faso. This paper is unfortunately still not well known to most stakeholders, even in the administration, and as a result it is not optimally used as a reference framework for policy dialogue.”</p> | Not specified              | No information on inclusion of HIV issues during the process. |

| Country                            | HIV/AIDS coverage (outside health)   | Relevance to HIV/AIDS mainstreaming   | Institutional arrangements  | Participation  |
|------------------------------------|--|---|---|--|
| <b>AFRICA</b>                      |  |   |   |  |
| Burundi<br>I-PRSP<br>November 2003 | <p>Cross cutting, one of six strategic themes of the I-PRSP</p> <p>Makes link between poverty and HIV/AIDS but stresses lack of data for parts of the country</p> <p>WB TOOLKIT CRITERIA</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Yes (but not costed)</li> <li>3. Yes (overall strategies described but no monitoring goals, timescale not specified)</li> <li>4. Yes (but timescale not specified— actions could be short- or medium-term)</li> </ol> | <p>Content</p> <p>“National efforts will focus on: (i) prevention; (ii) care for persons already infected; (iii) alleviating the impact of AIDS on other sectors; and (iv) strengthening capacities among the different players</p> <p>.....This will involve short- and medium-term measures to: (i) strengthen support for nongovernmental organizations that are active against AIDS; (ii) strengthen the system for collecting and managing information on HIV/AIDS/ STIs; (iii) establish a workable institutional framework for coordinating national efforts against AIDS; (iv) strengthen the capacities of players at all levels.”</p> <p>Gender Relevance</p> <p>None</p> | <p>“The National Action Plan to combat AIDS has been launched, and a special ministry has been created to manage the campaign.” (not clear if it refers to the National AIDS Council or other)</p> <p>Key responsibilities not clearly identified</p> <p>Not costed</p> | <p>Process included thematic workshops (agriculture, rural development and the environment; health, nutrition, water and sanitation; HIV/AIDS: education, vocational training, literacy training; the integration of war victims; gender and social action), involving players from each sector such as the technical ministries, economic agents, nongovernmental organizations, beneficiary associations, and civil society.</p> <p>Participatory monitoring: “The Permanent Secretariat for Monitoring Economic and Social Reforms will establish a national network for the PRSP that will also serve as a participatory framework for exchanging experience and information. Through this network, the Government will be able to interact and at the same time keep abreast of the viewpoints of individuals, civil society associations, community development committees (CDCs), religious denominations, international nongovernmental organizations, and provincial and communal governments regarding the effectiveness of public spending on social sectors and basic infrastructure, the campaign against HIV/AIDS, agricultural output and good governance, and their proposals for improving implementation of the I-PRSP.”</p> |

| Country                        | HIV/AIDS coverage (outside health)  | Relevance to HIV/AIDS mainstreaming   | Institutional arrangements  | Participation   |
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| AFRICA                         |   |   |   |   |
| Cameroon<br>PRSP<br>April 2003 | <p>Treated under health sector, in special section on AIDS and poverty, with situation analysis and summary of government response.</p> <p>Refers to 2000–2005 Anti-AIDS Strategic Plan adopted in September 2000 for key priorities</p> <p>WB TOOLKIT CRITERIA</p> <p>1. Yes</p> <p>2. Yes (costed in attached MTEF)</p> <p>3. Yes</p> <p>4. Yes</p> | <p>Some actions undertaken by other sectors (education, workplace, Ministry of Communication)—little detail.</p> <p>Content</p> <p>Strategy for combating poverty in urban areas includes: awareness campaign among sex workers about the risks associated with sexually transmitted infections (STI) and HIV/AIDS.</p> <p>Fighting HIV/AIDS in schools is sub-programme of the education sector; mentions fight against HIV/AIDS in universities;</p> <p>Workplace: “In the job creation strategy it is currently preparing, the government will [...] step up the fight against HIV/AIDS within professional circles.”</p> <p>Lack of data: The authorities also envisage organizing targeted surveys in special areas for which information is lacking or which have not been explored, such as the environment, HIV/AIDS, vulnerable groups (children, people living with disabilities, the elderly, etc.).</p> <p>Implementation</p> <p>PRSP progress report (April 2004) (includes MTEF)</p> <p>The National AIDS Control Committee supports the public sector in the elaboration of their combat strategy. 16 ministries have received support in this direction. 6 ministries (National Education, Higher Education, Women’s Affairs, Defence, Social Affairs and Territorial Administration &amp; Decentralization) are presently implementing their plans thanks to the financial support of the World Bank. [...] and, temporary action plans have been elaborated and approved for the Ministries of Agriculture, Youth and Sports, Employment, Labour and Social Insurance, Communication, Mines, Water and Energy, Transports, Urban Affairs, Tourism, Finance and the Budget, Environment and Forestry and Security services.</p> <p>Promoting education of women and young girls: social mobilisation sessions were organised during the 2004 International Day of the Woman on the theme: “Gender and the fight against HIV/ AIDS”</p> <p>Creation of jobs and insertion of underprivileged groups into the economic circuits: plan to implement a National HIV/ AIDS Control Plan among workers.</p> <p>Gender Relevance</p> <p>“The epidemiological situation is marked by a rapid increase in seropositivity and in people with full-blown AIDS, particularly among youths, women, the armed forces, truckers, and sex workers.” mentions that generally “women are more affected than men by a 3:2 ratio”; gives UNAIDS estimates: “290 000 were women aged 15 to 49”</p> <p>Target: reduce seropositivity to less than 10%, and cut the incidence of HIV by 25% among youths, men in uniform, and women between now and 2005; special reference to sex workers.</p> | <p>MoH lead for HIV/AIDS actions “The strategic plan has been implemented within a context of a new and improved programme management, a multisectoral approach, and the decentralization of interventions</p> <p>....The outcome of the implementation process has been to:</p> <ul style="list-style-type: none"> <li>• Broaden the national response through (i) the development of sector plan by the public administration (the Ministries of Defence, National Education, Youth and Sports, Territorial Administration and decentralization, Women’s Conditions, Social Affairs, and Higher Education); (ii) sign agreements with religious groups and private sector enterprises to wage the battle against HIV/AIDS within these communities, especially through preventive education, the promotion of condom use, and care for AIDS patients;</li> <li>• Enhance local response by setting up a process involving local authorities and communities by creating local NGOs</li> <li>• Strengthen and organize programme management through: (i) the creation of a joint monitoring commission, which meets regularly; (ii) the creation of a multi-disciplinary central management team; and (iii) capacity-building and improved logistical support for the central management team, as well the identification of offices for that team</li> <li>• etc</li> </ul> | <p>Definitions of poverty by different population groups during the participatory consultations make no reference to HIV/AIDS</p> <p>But:</p> <p>“Based on the diagnostic test conducted in order to describe and characterize poverty, the populations have proposed solutions that were meant to contribute to the reduction of poverty. Most of the proposed actions have already been included in the state budget and even in the financing of the PPTE in the intermediary period 2000–2003. Health and HIV/AIDS: Grassroots suggestions concerning this sector covered treatment of PLWHAs, (iv) intensification of the fight against HIV/AIDS, malaria and/or other endemic illnesses, such as meningitis and hepatitis , etc “</p> |

| Country                   | HIV/AIDS coverage (outside health)  | Relevance to HIV/AIDS mainstreaming   | Institutional arrangements   | Participation  |
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| <b>AFRICA</b>             |   |   |  |  |
| Chad<br>PRSP<br>June 2003 | <p>Treated under “Improving Human Capital” as separate goal but only from health perspective.</p> <p>Good overall analysis in the Vulnerable Groups section of the poverty profile, with data.</p> <p>“The speed with which this disease spreads and the social and economic havoc it wreaks make it a development, as well as health, problem.”</p> <p>WB TOOLKIT CRITERIA</p> <ol style="list-style-type: none"> <li>1. Yes (but limited)</li> <li>2. No</li> <li>3. Yes</li> <li>4. Yes</li> </ol> | <p>Content</p> <p>Actions so far taken by the government, with assistance from external partners, aim to contain the spread of HIV; community-based and public care for AIDS victims and orphans is still rudimentary.</p> <p>Gender Relevance</p> <p>Mentions impact on women, some country data.</p> <p>But HIV/AIDS not mentioned in chapters on the status of women and on women in particularly dire straits (WPDS)</p> <p>JSA comment:</p> <p>“Emphasis should also be put on motivating mothers to avail themselves of prenatal visits, as well as counselling and voluntary testing for HIV.”</p> | <p>HIV/AIDS goal: early detection, prevention and treatment. Responsibilities: (Ministry of Public Health, Ministry of Social Action and the Family, National Programme to Combat AIDS, Population and Fight against AIDS project, Women’s Associations Liaison and Information Unit, human rights associations)</p> <p>Not costed</p> | <p>Ten thematic and sectoral reviews were conducted as part of the PRSP process, but HIV/AIDS was not a specific theme.</p> <p>“Lessons drawn from participatory consultations” section does not include any HIV/AIDS issue.</p> |

| Country                                 | HIV/AIDS coverage (outside health)   | Relevance to HIV/AIDS mainstreaming   | Institutional arrangements | Participation  |
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| <b>AFRICA</b>                           |  |   |                            |  |
| Cote d’Ivoire<br>I-PRSP<br>January 2002 | <p>“The issue of HIV/AIDS is a cross-sector concern, which will be dealt with as such in the final PRSP.”</p> <p>Covered outside health under “Social sectors and basic infrastructure”</p> <p>Makes (weak) link between HIV/AIDS and poverty, but no country-specific analysis</p> <p>WB JSA: “The I-PRSP contains a sound strategy regarding HIV/AIDS”</p> <p>WB TOOLKIT CRITERIA</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Yes (but not costed)</li> <li>3. Yes</li> <li>4. No</li> </ol> | <p>Content</p> <p>“The strategy for the fight against HIV/AIDS was defined in the context of the national plan (assume AIDS plan) adopted in 2001. The main approaches are: (i) to appeal to leaders and decision-makers to intensify the multi-sector and decentralized fight against HIV/AIDS; (ii) to raise awareness and disseminate information about HIV/AIDS; (iii) to promote condom use and to make condoms more widely available; (iv) to promote national support for infected persons; (v) to strengthen the involvement of NGOs and the private sector in caring for persons living with HIV/AIDS; (vi) to create a legal environment favourable to infected and affected persons; and (vii) to broaden the organizational and institutional bases of the fight against AIDS.”</p> <p>Agriculture sector strategy includes “reduction in the HIV/AIDS incidence in rural areas.”</p> <p>Education sector strategy includes: “taking account of the HIV/AIDS incidence in the school environment”</p> <p>Gender Relevance</p> <p>None</p> | <p>Plans not costed</p>    | <p>No great detail on the process. Contains vague statement of consultations with general public: AIDS epidemic was felt to be one cause of poverty.</p> |

| Country                       | HIV/AIDS coverage (outside health)   | Relevance to HIV/AIDS mainstreaming   | Institutional arrangements   | Participation  |
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| <b>AFRICA</b>                 |  |   |  |  |
| Ethiopia<br>PRSP<br>July 2002 | <p>Treated as cross-cutting issue in chapter 10.5 “HIV/AIDS Development and Poverty Reduction”; other sectors refer to the cross-cutting strategy</p> <p>With detailed situation analysis</p> <p>Refers to Strategic Framework for the National Response to HIV/AIDS, 2000–2004, and AIDS Policy 1998</p> <p>Analysis of the process and impact of the PRSP found that the macroeconomic chapter of the PRSP points at fiscal austerity, economic discipline and private sector initiative as the basis for economic growth. There is no mention of the trade-offs for the social sector (and the consequent capacity for responding to HIV/AIDS) triggered by the tight fiscal discipline, nor is there any attempt to assess or monitor the social and poverty impact of the proposed policy reforms. (Tearfund, 2004)</p> <p><b>WB TOOLKIT CRITERIA</b></p> <p>1. Yes</p> <p>2. Yes (with clear medium-term programme costs)</p> <p>3. Yes</p> <p>4. No</p> | <p><b>Content</b></p> <p>Proposed activities include:</p> <p>Information. Information, education and communication (IEC) activities in market areas (frequented by women; conditions for high risk behaviour); through agricultural extension workers; in religious and indigenous organization gatherings;</p> <p>Intensified IEC activities conducted in all workplaces across all sector ministries and organizations at all levels of government.</p> <p>Capacity building, including strengthening the secretariat offices at the regional, zonal and woreda levels through providing appropriate treatment for STIs and extending support to people living with HIV/AIDS, their relatives and orphans</p> <p>Integrating HIV/AIDS issues in all sectors. This includes providing technical assistance to the different sectors to ensure that appropriate measures are taken for creating awareness of their workers and their families on the disease and for providing the necessary prevention and control services. For instance, appropriate curricula and teaching materials should be developed and implemented for HIV/AIDS/STIs in school health education at all levels, beginning from the primary level.</p> <p><b>Gender Relevance</b></p> <p>Strategic framework includes:</p> <ul style="list-style-type: none"> <li>• Designing gender sensitive interventions: “Gender will have a special emphasis on interventions such as BCC, STI control, and VCT and care and support and impact mitigation.”</li> </ul> <p><b>Implementation</b></p> <p>(Information drawn from the PRSP progress report)</p> <p>In Education section:</p> <p>Task Force established in the Ministry of Education to coordinate efforts to promote HIV/AIDS education and to mainstream it in various programmes. Study on the Impact of HIV/AIDS on Education has been undertaken and will be used to devise improved strategies. Various other HIV/AIDS and education activities implemented (add-ons).</p> <p>Mitigation of Environmental Impact during Road Construction: The Environmental Management Branch [...] In addition, the unit has two consultants, a sociologist and a nurse (on two-year contracts) working full time on HIV/AIDS.</p> <p>In HIV/AIDS section:</p> <p>HAPCO has strengthened its capacity by recruiting additional staff. Workshops and seminars organised to improve information flow between the national HAPCO and Regional HAPCOs and other stakeholders.</p> <p>Joint Mid Term Review of the Ethiopia Multisectoral HIV/AIDS Project (EMSAP) completed.</p> | <p><b>Components of the Strategic Framework:</b></p> <p>“Enhancing the mainstreaming of HIV/AIDS into all forms of interventions by government, non-government and private actors. [...] urgent need for coordinating the response through a multisectoral approach. All actors, government, non-government, community based structures and the private sectors need to give priority considerations to HIV and incorporate it into their routine activity plans and budgeting systems. This will require considerable capacity building inputs.</p> <p>Establishment of functional institutional framework at federal, regional and woreda (district) level; setting up monitoring and evaluation system</p> <p>”The instruments devised to achieve this objective of reducing prevalence include:</p> <ul style="list-style-type: none"> <li>• Establishment of functional institutional framework at federal, regional, and woreda levels;</li> <li>• Defining work programmes to facilitate the functioning of woreda (district) councils;</li> </ul> <p>“There is a need for strengthening and devising mechanisms for implementation of gender responsive HIV/AIDS prevention and community level coping measures in collaboration with the National HIV/AIDS Council and Secretariat.</p> <p>”Medium-term programme costs included; lead: MoH, HIV/AIDS Secretariat.</p> <p>The policy matrix is not very detailed.</p> | <p>All stakeholders consulted, from woreda to federal level. High number of women reported to have attended woreda-level consultations.</p> <p>Wemos study states that “The PRSP consultation process has had very little added value for health sector planning. Two major missed opportunities relate to the pro-poor orientation of HSDP and the institutional arrangements required for inter-sectoral collaboration on issues such as gender, population, environment, nutrition and HIV/AIDS.”(Bijlmakers, 2003)</p> |

| Country                        | HIV/AIDS coverage (outside health) | Relevance to HIV/AIDS mainstreaming   | Institutional arrangements | Participation |
|--------------------------------|------------------------------------|---|----------------------------|---------------|
| AFRICA                         |                                    |   |                            |               |
| Ethiopia<br>PRSPJ<br>July 2002 |                                    | <p>During 2002-2003, HAPCO was mainly engaged in coordinating capacity building activities of all implementing agencies, expanding overall government multisectoral response and facilitating and supporting the civil-society organizations, NGOs, GOs, CBOs, FBOs. The major source of funding is the Ethiopian Multisectoral HIV/AIDS project (EMSAP). The Ethiopian Multisectoral HIV/AIDS Project (EMSAP) funded by IDA was launched as part of the major national response to HIV/AIDS in January 2001.</p> <p>Key actors in the implementation of EMSAP are government agencies at federal and regional levels, CBOs, NGOs, FBOs and private sector. “EMSAP is a unique project that pioneered a multisectoral approach in the fight against HIV/AIDS with government leadership and the direct participation of the community and the private sector.”</p> <p>Achievements</p> <p>in capacity building and institutional strengthening:</p> <ul style="list-style-type: none"> <li>• Setting up multisectoral implementing mechanisms down from the grass root (community) level to national level. This includes the following:</li> <li>• Establishment of the National HIV/AIDS Prevention and Control Council and HAPCO at national level;</li> <li>• The establishment of Regional, Woreda and Kebele AIDS Councils and committee;</li> <li>• Incapacitating [sic] most of the offices with qualified professionals, basic equipment, facilities, operational expenses;</li> <li>• Establishment of HIV/AIDS task forces/focal persons in the 28 federal government agencies and 125 regional government bureaus.2002-2003 also witnessed enhanced community and other stakeholders’ participation. NGOs, FBO, CBOs professional associations and the private sector have been actively involved in the multisectoral activities.</li> </ul> <p>Challenges for implementation:</p> <p>“While the SDPRP recognizes the importance of addressing HIV/AIDS in a comprehensive way, there is a lack of reliable information or a clear M&amp;E system to assess progress. Absorptive capacity for HIV/AIDS-related funding is limited, and disbursements are lagging behind the amounts envisioned by the SDPRP”</p> <p>JSA of PRSP progress report:</p> <p>“HIV/AIDS activities have increased in scope and content. [...] However, there are concerns about the slow development of the monitoring and evaluation system, including the absence of reliable national survey data, and low capacity to manage and coordinate the efforts of the increasing number of partners.”</p> |                            |               |

| Country                        | HIV/AIDS coverage (outside health)   | Relevance to HIV/AIDS mainstreaming   | Institutional arrangements  | Participation   |
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| AFRICA                         |  |   |   |   |
| Ghana<br>PRSP<br>February 2003 | <p>HIV/AIDS included under Human Resource Development and Basic Services and mentioned in “Special programmes for the vulnerable and excluded”.</p> <p>AIDS identified as cross cutting issue with Health Ministry lead</p> <p>Includes analysis of poverty linkages to HIV/AIDS.</p> <p>“The immediate challenges include ensuring implementation of the Ghana HIV/AIDS Strategic Framework: 2001—2005, and providing care for persons living with AIDS and their families.”</p> <p>“The draft National HIV/AIDS &amp; STI Policy, the National HIV/AIDS Strategic Framework (2001—2005) and the GPRS consultations provide direction for the 2003—2005 period.”</p> <p>WB TOOLKIT CRITERIA</p> <p>1. Yes</p> <p>2. Yes</p> <p>3. Yes (but but goals are for 2005, not medium-term)</p> <p>4. Yes</p> | <p>HIV/AIDS not integrated throughout all sectors; add-on activities</p> <p>Content</p> <p>Policy objectives:</p> <p>Behaviour change communication in educational institutions, workplaces and for out-of- school youth.</p> <p>Integration of HIV/STI prevention in school health and teacher training curricula</p> <p>Reintegration schemes for street children, porters and commercial sex workers</p> <p>Support for orphans and vulnerable children</p> <p>Increased capacity of the judicial system and human rights organizations restigma, discrimination</p> <p>Gender Relevance</p> <p>Notes gender implications, with data:</p> <p>The different HIV prevalence rate among women and men [...] is also another cause for concern. The risk factors and vulnerability are different for men and women as are the implications for the impact of HIV/AIDS by gender.</p> <p>Gender is also included in core poverty target, disaggregated.</p> <p>But no particular gender focus in the specific policy actions.</p> | <p>“...cross cutting issues will require an integrated, interdisciplinary and cross-sectoral approach by Ministries, Departments and Agencies.</p> <p>”Lead agency for AIDS cross-cutting: Ministry of Health. Others: Commission on Human Rights and Administrative Justice; Ministry of Education; Ministry of Media Relations; Ministry of Communications; Ministry of Women’s Affairs; Ministry of Youth and Sports.</p> <p>There was no time to prepare cross-sectoral programmes for inclusion in the 2002 budget. But these should be included starting from 2003. “For this purpose the NDPC will re-establish Cross Sectoral Planning Groups, which includes membership of civil society, to support the preparation of cross-sectoral programmes for the above cross-cutting issues.</p> <p>”Laying an effective institutional foundation:</p> <p>The emphasis will be on establishing institutions proposed in the draft National HIV/AIDS and STI policy and the National HIV/AIDS Strategic Framework.</p> <p>Coalitions will be built involving public, private and civil society organizations to intensify national response, scaling up the District Response Initiative, building the capacity of weak frontline agencies, especially the Department of Community Development of Social Welfare and the Ministry of Information, strengthening surveillance and operational research. (also included in policy matrix)</p> <p>Lead and collaborating agencies included in the policy matrix.)</p> <p>Includes matrix of costed medium term priority programmes, with leads, and source of financing (domestic/external)</p> | <p>Includes list of stakeholders and proposed actions for implementation by civil society and other stakeholders (extent of input on HIV issues not specified).</p> |

| Country                     | HIV/AIDS coverage (outside health)   | Relevance to HIV/AIDS mainstreaming   | Institutional arrangements   | Participation   |
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| <b>AFRICA</b>               |  |   |  |   |
| Kenya<br>PRSP<br>March 2004 | <p>HIV/AIDS is covered under Human Resources-Health.</p> <p>“The government is implementing a comprehensive multisectoral national strategy in the fight against HIV/AIDS (National Strategic Plan on HIV/AIDS, 2002—2005). The strategy includes institutional, legal and programmatic reforms.</p> <p>“The government recognizes that vulnerability factors for HIV infection, including those related to poverty, gender, discrimination, educational attainment and socio-cultural factors, are diverse and complex and can only be coherently addressed when the multisectoral dimensions of the response to HIV/AIDS are significantly strengthened.</p> <p>AIDS/poverty link included but superficial coverage: “The poverty diagnosis in the IP-ERS document is based on very limited information. [...] These data limitations imply that the poverty diagnosis does not establish very clear links between policies, slow economic growth, and persistent poverty. [...] The staffs welcome the discussion of the deterioration in the nonincome dimensions of poverty. [...] They propose, however, paying more attention to understanding the factors behind these adverse trends.” (WB JSA 2004)”</p> <p>Very brief outline of strategies from HIV/AIDS Plan, not costed</p> <p>WB TOOLKIT CRITERIA</p> <ol style="list-style-type: none"> <li>1. Yes (but superficial coverage)</li> <li>2. Yes (broad outline of strategies)</li> <li>3. Yes (but short-term goal)</li> <li>4. Yes</li> </ol> | <p>Content</p> <p>No evidence of mainstreaming/integration with other sectors.</p> <p>“In view of the importance and critical roles that other sectors play in achieving better health outcomes, the ministry [of Health] will strengthen its ties and collaboration across sectors in the areas of water and sanitation, reproductive health, gender, HIV/AIDS, nutrition, school health, road safety and tobacco control.”</p> <p>“the government plans to pay particular attention to the empowerment and protection of the most vulnerable”</p> <p>Gender Relevance</p> <p>None</p> <p>Implementation:</p> <p>The government’s multisectoral approach to reducing the spread of HIV is demonstrating results. The staffs welcome the recent decline in the HIV prevalence among women attending prenatal clinics from a peak of 10.2% in 2002 (corrected estimate) to 9.4% in 2003. They support the government’s intentions to continue focusing on prevention, especially among the most vulnerable groups. (WB JSA 2004)</p> | <p>“To strengthen policy formulation and oversight, the government has established a cabinet sub-committee on HIV/AIDS, chaired by the President, and is in the process of restructuring the National AIDS Control Council (NACC). To provide for an explicit legal framework for the national response to the HIV pandemic, the government recently promulgated a bill on HIV/AIDS.”</p> <p>Responsibilities: MOH and NACC</p> <p>Plan not costed</p> <p>“... the government will reformulate its overall partnership plan that will include modalities for stakeholder participation in the planning and operationalization of new policies, partnership environment for policy dialogue, a jointly agreed strategic plan, jointly supported institutional arrangements, a jointly agreed Monitoring and Evaluation framework, and a Joint HIV/AIDS Programme Review mechanism”.</p> | <p>Not details given on the consultation process.”</p> <p>The IP-ERS does not describe how the concerns of stakeholders have influenced the formulation of the IP-ERS and the associated economic reform agenda. It could have included a summary of the participatory process (especially among central ministries, parliament, and subnational governments), differences of views among the various stakeholders, major issues raised, and a description of how the process influenced the policy priorities and budgetary allocations laid out in the strategy.” (WB JSA 2004)</p> |

| Country                            | HIV/AIDS coverage (outside health)  | Relevance to HIV/AIDS mainstreaming  | Institutional arrangements  | Participation   |
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| AFRICA                             |   |  |   |   |
| Lesotho<br>I-PRSP<br>December 2000 | <p>Drawn from Roberts, 2003 (based on 2003 draft):</p> <p>“The draft PRSP successfully elucidates the linkages between HIV/AIDS and poverty in the country and provides some data on seroprevalence rates, disaggregated by gender and age. In depth situation analysis</p> <ul style="list-style-type: none"> <li>• Acknowledging the multisectoral nature of HIV/AIDS, the draft PRSP also documents the three overarching interventions that have been pursued by the GOL. The first of these is the commitment of 2% of the budgetary allocations towards HIV/AIDS prevention and impact mitigation programmes. The second is the establishment of structures to manage the national response to the epidemic, including the National AIDS Committee (NAC), National AIDS Task Force, National Multisectoral Task Force, the Lesotho AIDS Programmes Coordinating Authority (LAPCA), District AIDS Task Forces, and the Country Coordination Committee. The final intervention has been the development of a National AIDS Strategic Plan (2002/03–2004/05).</li> <li>• An effort has been made to integrate HIV/AIDS into the chapters on sector-specific policies and strategies for poverty-reduction, both in terms of the threat posed by the pandemic and the specific actions required. Unfortunately, the sectoral responses to HIV/AIDS in the draft PRSP are only vaguely defined”.</li> </ul> <p>WB TOOLKIT CRITERIA</p> <ol style="list-style-type: none"> <li>1. Yes (very superficially)</li> <li>2. Yes (but not costed)</li> <li>3. No</li> <li>4. Yes</li> </ol> <p>Based on analysis by Roberts of 2003 PRSP revision (not consulted):</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Yes (but not yet costed)</li> <li>3. Yes</li> <li>4. No</li> </ol> | <p>Content</p> <p>Very limited in I-PRSP Treated as a health and social welfare problem.</p> <p>Under Health mentions:</p> <p>“The national HIV/AIDS Strategic Plan, recently completed, aim at controlling the spread of HIV/AIDS in Lesotho and mitigating its impact on vulnerable groups, individuals, families and communities. The programme is wholly committed to promoting counselling support and compassionate care services for people living with HIV/AIDS, affected families and orphans.</p> <p>”Under “Culture and Sport” mentions:</p> <p>“There are so many unemployed artists in the country, who could help transmit such messages as HIV/AIDS awareness, environmental protection, good agricultural practices, economic and political stability, peaceful conflict resolution and as such indirectly contribute to poverty alleviation.”</p> <p>Gender Relevance</p> <p>None in I-PRSP</p> | <p>I - P R S P includes goal to “Establish structures for effective coordination multisectoral National AIDS Programme”</p> | <p>Thematic groups on crosscutting issues formed (coordinated by Lesotho Council of NGOs) including group on HIV/AIDS). HIV/AIDS group was led by LAPCA (Lesotho AIDS Programmes Coordinating Authority</p> <p>Roberts, 2003:</p> <p>Overall highly participatory process. Efforts to secure the views of important social groups in Lesotho (including PLWHAs), and remote communities (reached by helicopter, donkey etc). However “despite the comprehensive nature of the consultations, it was surprising that HIV/AIDS was hardly mentioned, especially given the alarmingly high prevalence rate in the country” (quotes Leboela and Turner, 2002)</p> |

| Country                      | HIV/AIDS coverage (outside health)  | Relevance to HIV/AIDS mainstreaming  | Institutional arrangements  | Participation  |
|------------------------------|---|--|---|--|
| <b>AFRICA</b>                |   |  |   |  |
| Malawi<br>PRSP<br>April 2002 | <p>HIV/AIDS treated as cross-cutting issue</p> <p>Refers to Comprehensive National Strategic Framework</p> <p>AIDS-poverty relationship well analysed, incl. gender disparities.</p> <p>Calls for comprehensive response, and mainstreaming HIV/AIDS as a factor of human resources management in all sectors.</p> <p>Strategy to mitigate against impact of HIV/AIDS is to "Mainstream HIV/AIDS in the planning at all levels and all sectors".</p> <p>WB TOOLKIT CRITERIA</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Yes (costed)</li> <li>3. No</li> <li>4. Yes (outlined, but no timescale)</li> </ol> | <p>Well integrated across sectors with elements of mainstreaming Analysis of HIV/AIDS impact on Agriculture, Education, Access to justice, Public institutions</p> <p>Content</p> <p>Policy objectives:</p> <p>Agriculture:</p> <p>Use/ retrain extension workers for HIV/AIDS prevention and mitigation; development of gender and HIV/AIDS policy for the Agriculture sector; awareness training activities; incorporate into agricultural training institutions curricula</p> <p>Education: Review education curricula; IEC "In order to deal with HIV/AIDS in the education sector, government will implement a sector-specific strategic plan on HIV/AIDS, involving prevention and mitigation among teachers and pupils.</p> <p>"HR in the police and civil service to include HIV/AIDS prevention and mitigation</p> <p>Review laws and policies, which affect the welfare and status of women, orphans and other vulnerable [unspecified]</p> <p>Review customary laws, policies and practices that put women at a disadvantage</p> <p>and facilitate the spread of HIV See matrix Goal 5.1 for mainstreaming as strategy for AIDS mitigation. Proposed activities are:</p> <ul style="list-style-type: none"> <li>• Establish a mechanism to regulate the planning, implementation and monitoring of IEC activities on AIDS</li> <li>• Prepare a directory of stakeholders in HIV/AIDS work to identify existing capacity and exploit the principle of comparative advantage</li> <li>• Appoint and train officers within stakeholders institutions for coordination, monitoring and evaluation of IEC activities</li> <li>• Develop and implement an HIV/AIDS IEC strategy</li> <li>• Develop mechanisms for collaboration and networking in the implementation for HIV/AIDS</li> <li>• Develop a strategy among stakeholders for resource mobilization to support IEC messages and materials</li> <li>• Develop a reference data bank and resource centre on HIV/AIDS and IEC messages and material</li> <li>• Evaluate existing IEC materials and identify behaviour change gaps to target IEC messages effectively</li> <li>• Prepare comprehensive target group profiles to ensure gender and cultural relevance of messages and materials</li> </ul> <p>Gender Relevance</p> <p>Gender disparities noted throughout document. In agriculture, AIDS activities also address the gender-differentiated effects of epidemic impact</p> <p>Implementation</p> <p>JSA comment "Overall little progress in implementing PRSP"</p> | <p>"To address the HIV/AIDS problem, Government has designed a Comprehensive National Strategic Framework, coordinated by the National AIDS Commission and supported by cooperating partners. The Strategic Framework directs the National HIV/AIDS response in the period 2000–2004. It forms the basis for formulating policies, operational programmes, projects and activities."</p> <p>"Government will improve the management and co-ordination of the HIV/AIDS response at national level, focusing on the strengthening of the National AIDS Secretariat and District AIDS committees."</p> <p>Costed by goal and sub-goal; included in sector action plans and HIV/AIDS cross cutting plan with lead and collaborating institutions.</p> <p>These include: National Aids Commission, MOHP Ministry of Health and Population, Ministry of Agriculture and Irrigation, Ministry of Education, Science and Technology, Department of Human Resources Management and Development, Ministry of Gender, Youth and Community Services, Ministry of Justice and others.</p> <p>"the 2003/04 budget has attempted to mainstream HIV/AIDS by making budgetary provisions in the core activities of the ministries and departments. NAC operational since 2001 and the Government has created a new Ministry of State in the president's Office responsible for HIV/AIDS"</p> | <p>HIV/AIDS working group (incl. government, civil society, the private sector, and donors.) and Technical Working Group carried out district workshops (extent of input on HIV issues not clear).</p> <p>Feedback from district assemblies includes:</p> <p>"The problem of HIV/AIDS was seen by many Districts as important but not essential for poverty reduction.</p> <p>"PRSP promotes "involvement of youth at all levels in planning, decision making and delivery of HIV/AIDS activities"</p> |

| Country   | HIV/AIDS coverage (outside health)   | Relevance to HIV/AIDS mainstreaming  | Institutional arrangements         | Participation   |
|---|--|--|------------------------------------|---|
| AFRICA  |  |  |                                    |   |
| Mozambique<br>PRSP<br>(Action Plan for the Reduction of Absolute Poverty - PARPA)<br>April 2001 | <p>Covered as part of the health sector strategy, includes main features from the Strategic Plan for HIV/AIDS</p> <p>Does not include the macroeconomic impact of HIV/AIDS, due to lack of country data, but mentions regional projections. "Two studies on the issue will be finalized this year and the results taken into account in future projections".</p> <p>JSA: "HIV/AIDS is only analyzed in terms of its macro-level effects on demographic and economic growth; its contribution to new forms of vulnerability is not described.</p> <p>Special attention is given to HIV/AIDS in the health sector, although the PARPA has relatively little to say about the broader cross-sectoral actions contained in the National Strategy against STD/HIV/AIDS. Future policy analysis would benefit from a broader approach to combating HIV/AIDS.</p> <p>There is room for further development of the poverty analysis, particularly including aspects of gender, HIV/AIDS and vulnerability."</p> <p>WB TOOLKIT CRITERIA</p> <ol style="list-style-type: none"> <li>1. No</li> <li>2. No</li> <li>3. No</li> <li>4. Yes (included in action plan 2001-2005)</li> </ol> | <p>Content</p> <p>Education sector</p> <p>Planned activities include: revising school curricula; undertake an impact assessment of HIV/AIDS on the education sector and incorporate the results into educational planning.</p> <p>Gender Relevance</p> <p>None</p> | <p>Includes costed action plan</p> | <p>Involvement of Civil-Society Organizations (CSO) in Sectoral Programmes</p> <p>"preparation of the Strategic Plan for the Prevention and Fight against STDs/HIV-AIDS, the main features of which are included in the PARPA, brought together 250 participants representing 66 national institutions (11 ministries, associations of People Living With HIV/AIDS (PLWHA), religious bodies, NGOs, trade unionists, traditional healers, sex workers, youth organizations and others) and 11 international institutions. More than 200 people from political parties represented in Parliament and the business community took part in the National Consensus seminar, and three additional meetings were held with donors."</p> <p>...the role of these institutions [NGOs] was decisive in the process of developing the Sectoral Plan for HIV/AIDS, which resulted in the final version giving preference to the approach of family reinsertion in the prevention and fight against the disease.</p> <p>Staff from Ministry of Agriculture and Rural Development, public institutions, NGOs and donors reviewing the strategy for the agriculture sector also discussed ways to minimize the spread of HIV/AIDS amongst peasants.</p> |

| Country                     | HIV/AIDS coverage (outside health)  | Relevance to HIV/AIDS mainstreaming   | Institutional arrangements   | Participation   |
|-----------------------------|---|---|--|---|
| <b>AFRICA</b>               |   |   |  |   |
| Rwanda<br>PRSP<br>June 2002 | <p>Treated in a short cross-cutting section (but limited coverage) “Cross cutting issues must therefore be mainstreamed into sector strategies rather than just treated as separate policies”.</p> <p>Brief reference to AIDS-Poverty link:</p> <p>“The productivity of agricultural labour and incomes is also likely to be affected by HIV/AIDS as it is the active adult population, with the highest levels of farming skills, that is the most affected.”</p> <p>WB TOOLKIT CRITERIA</p> <ol style="list-style-type: none"> <li>1. Yes (but superficial coverage)</li> <li>2. Yes (but referring to “proposed” strategy, with overall costing)</li> <li>3. No</li> <li>4. Yes (two actions: mainstreaming HIV/AIDS across all sector strategies, and implementing multisectoral HIV/AIDS programme)</li> </ol> | <p><b>Content</b></p> <p>Policy actions in education:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Promote HIV/AIDS education</li> <li><input type="checkbox"/> Study HIV/AIDS impact on education sector</li> </ul> <p><b>Gender Relevance</b></p> <p>“The prevalence of HIV has increased dramatically in part as a consequence of large-scale population movements and the use of rape as a weapon.”</p> <p>“As part of the HIV/AIDS strategy, groups at particularly high risk of HIV infection will be targeted for sensitisation, for instance young men and women, truck drivers, soldiers and other public servants who travel frequently, and women who depend on prostitution for their livelihoods.”</p> <p>“Some vulnerable groups are particularly at risk from HIV/AIDS, such as widows who have lost assets and child-headed households, and measures will be targeted at them.”</p> <p>“The Ministry of Gender and the Promotion of Women (MIGEPROFE) will assist sectoral ministries in ensuring that the objectives of the National Gender Policy are mainstreamed and monitored in each sectoral strategy.” Areas of action include: “promote multi- sectoral approach to fight HIV/AIDS.”</p> <p><b>Implementation</b></p> <p>(Information drawn from Progress Report, June 2003)</p> <p>Thematic clusters between government agencies and ministries were recently formed to promote co-ordination and coherence. HIV/AIDS cluster: Members institutions: MINISANTE, MINEDUC, CNLS, MIJESPOC, MINALOC, MIGEPROFE, MINADEF. Facilitating agency: MINISANTE; Donor: USAID</p> <p>HIV/AIDS education has been incorporated in programmes such as in civics, education and related material and teachers’ guides for primary and secondary schools on HIV/AIDS have been prepared. Anti-AIDS clubs were established in all secondary schools and higher learning institutions. In 2002, 84 teachers were trained in HIV/AIDS sensitisation.</p> <p>HIV/AIDS progress: a multisectoral approach in the response to HIV/AIDS has shifted the focus from a simple health issue to an economic and national challenge. The Ministry of Health is responsible for treatment and research while the National Commission Against HIV/AIDS (CNLS) is charged with sensitisation and resource mobilization at national, provincial, district and community levels. The Association of People Living with Aids has been strengthened with strong emphasis on income generating projects. HIV/AIDS policy and strategy elaborated and implementation to start 2003. Strategic plan has received large donor support and is almost fully funded.</p> <p>Health Sector financing. A problem in the development budget is the attention HIV/AIDS gets. Whilst HIV/AIDS has to be addressed as a major problem, the overwhelming attention it gets from donors risks neglecting other parts of the sector.</p> | <p>“The education sector has mainstreamed teaching about the HIV/AIDS epidemic. [...] In order to develop capacity within the ministry to deal with the challenges of HIV/AIDS in the education sector, an HIV/AIDS coordinating unit was created in the ministry with focal people at the provincial level.”</p> <p>These interventions will mainly be implemented through sectoral strategy processes, and the costs will therefore need to be reviewed as these sectoral ministries refine their estimates of the costs of their whole programme. The process of mainstreaming these interventions into sectoral strategies is under way.</p> <p>The multisectoral HIV/AIDS programme has been designed. The task of mainstreaming this into all the sectors will be carried out in 2002. (Lead Agency; MoH)</p> <p>The Government has developed a proposal for a national strategy for multisectoral interventions against HIV/AIDS. The programme has been costed at US\$68 million over five years (but no costs by activity).</p> | <p>Priority strategies were identified by communities. Regarding “Protection and struggle against HIV/AIDS” 14 cellules identified this as a priority (For comparison, the top ranking was “Organization in associations and cooperatives” – 54 cellules; expansion/ construction of health centres: 23. Lowest priorities ranked by 10 cellules. (Total n. of cellules participating in the exercise is not given)</p> <p>“The CSOs have not had a culture of working together partly due to suspicions dating back to the roles played by various parties in the genocide and partly because each NGO was operating in its own isolated activity and the linkage to the big picture of a sector or whole province has not been common. Initially, NGOs started meeting to exchange ideas on areas of common interest such as HIV/AIDS. Action Aid was one of the leading actors in bringing together the NGOs which were specifically working on HIV/AIDS. These were initially meeting informally to exchange views and share experiences and later they have developed into significant voice organized in an independent structure of some 80 NGOs working on HIV/AIDS and have played an important role in ensuring that these concerns are reflected in PRSP. These NGOs are increasingly broadening their mandate towards influencing policy through better organized participation.”</p> <p>(Wangwe, 2002)</p> |

| Country                  | HIV/AIDS coverage (outside health)  | Relevance to HIV/AIDS mainstreaming   | Institutional arrangements   | Participation   |
|--------------------------|---|---|--|---|
| AFRICA                   |   |   |  |   |
| Tanzania<br>PRSP<br>2000 | Considered priority issue but given very limited coverage.<br>No AIDS strategy.<br>WB TOOLKIT CRITERIA<br>1. No<br>2. No<br>3. Yes<br>4. No | <p>Gender Relevance<br/>None</p> <p>Implementation<br/>(The information that follows is drawn from the PRSP Progress Report, April 2004)</p> <p>Legal and Judicial System: Lessons learned and challenges: “Mainstreaming gender and HIV/AIDS issues in the legal sector, policy, plans and budget” [assume a challenge]</p> <p>Health sector:<br/>The Health Sector HIV/AIDS strategy 2003–2006 was developed and accepted by all stakeholders and translated into Medium Term Expenditure Framework activities for HIV/AIDS. It aims at integrating HIV/AIDS in the functions of all the structures of Ministry of Health.</p> <p>AIDS treated as cross-cutting issue in separate chapter: The institutional framework for the national response has been transformed from a National AIDS Control Programme (NACP) under the Ministry of Health (MoH) to the centrally placed Tanzania Commission for AIDS (TACAIDS) under the Prime Minister’s Office. This transformation is meant to provide strategic leadership and multisectoral coordination, advocacy, resource mobilization, monitoring and evaluation of the national response. The commission has strong representation from civil society. It has a fully staffed Secretariat since January 2003. A Multisectoral Strategic Framework (NMSF) on HIV/AIDS was launched in 2003.</p> <p>Measures being taken include the following:</p> <ul style="list-style-type: none"> <li>• Government Ministries, Departments and Agencies are developing plans for mainstreaming HIV/AIDS intervention into routine activities including workplace interventions and integrating HIV/AIDS control activities in the ministry’s MTEF. Many private enterprises have workplace HIV/AIDS interventions including provision of ART.</li> <li>• Guidelines for the establishment of District AIDS Committees have been disseminated to all local government authorities aimed at facilitating more community mobilization and involvement in the response to HIV/AIDS.</li> <li>• Efforts to mainstreaming HIV/AIDS in the planning/budgeting process in the public sector have been initiated. This is aimed at ensuring regular budgetary allocations for the sectors HIV/AIDS activities.</li> </ul> <p>Codes for tracking HIV/AIDS related activities have been developed and will be applied in the fiscal year 2004-2005. Medium Term Expenditure Review (MTEF) for 2003-2004 to 2005-2006 for TACAIDS has been developed and TACAIDS now operates own vote.</p> | <p>MTEF contains projections of costs for HIV/AIDS as item outside health:</p> <p>“Expenditure on HIV/AIDS will basically fund awareness campaigns, development of strategic plans for combating HIV/AIDS, preventive measures such as the provision of condoms, and carrying out studies and monitoring/ surveillance of the incidence and impact of the pandemic, as well as actions taken to fight it.”</p> <p>In logical framework covered under “Survival”, with action point to “Introduce HIV/AIDS, public health and peer education in schools.”</p> | <p>“At the zonal workshops, Health was ranked third, next to education and agriculture, among the areas deserving priority attention under the PRSP. [...] Underlying these [health] concerns was a sense of alarm (shared by groups from all the regions) in regard to the HIV/AIDS epidemic, and high rates of morbidity and mortality.</p> |

| Country  | HIV/AIDS coverage (outside health)   | Relevance to HIV/AIDS mainstreaming   | Institutional arrangements  | Participation   |
|--|--|---|---|---|
| <b>AFRICA</b>  |  |   |   |   |
| Uganda<br>PRSP<br>(Poverty Eradication Action Plan-PEAP)<br>2004 | <p>HIV/AIDS treated as cross-cutting issue, under "Human Development"</p> <p>"Analysis of links to poverty and impact on various vulnerable groups throughout report, but very little data provided (e.g. no data on infection rates by gender)"</p> <p>The National Strategic Framework (NSF) guides the implementation of all the policies on HIV/AIDS and its mainstreaming into the development of sector policies."</p> <p>WB TOOLKIT CRITERIA</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Yes (mentions key priorities rather than strategies; not costed)</li> <li>3. Yes</li> <li>4. No</li> </ol> | <p><b>Gender Relevance</b></p> <p>Gender has been mainstreamed into the PRSP, but relevance to HIV/AIDS is limited to the following references:</p> <p>"women remain more affected by HIV/AIDS than men. In addition to biological susceptibility, there is the problem of unequal power relationships, when women cannot control their sexuality. The impact of the HIV/AIDS epidemics is also more heavy for women who often have to care for the sick and the dependant."</p> <p>"Women's vulnerability both socially and physically to HIV compounds existing gender inequality and demands greater commitment and involvement of men in prevention and care initiatives."</p> <p>No specific data given.</p> <p><b>Content</b></p> <p>Notes impact on education, orphans (data, legal framework exists but not fully implemented because of lack of officers), the elderly, fishing communities, and internally displaced persons.</p> | <p><b>Mainstreaming and coordination of AIDS policies section:</b></p> <p>"Actions to prevent HIV and the treatment of AIDS are the responsibility of all sectors particularly education and social development and health, while treatment issues are clearly the domain of the health sector.</p> <p>[...]</p> <p>Actions to deal with the consequences of AIDS affect all sectors, and need to be factored into human resource planning in each of them."</p> <p>But elsewhere states:</p> <p>"Implications for human resource management are covered in the various sectors, although not all sectors have human resources management systems of enough sophistication to take HIV/AIDS fully into account."</p> <p>"The National Strategic Framework (NSF) guides the implementation of all the policies on HIV/AIDS and its mainstreaming into the development of sector policies. Most sector line ministries and districts have designed integrated HIV/AIDS strategies and developed appropriate budget lines."</p> <p>Not costed</p> <p>DFID Uganda provided support to ensure that HIV was effectively mainstreamed into the PEAP revision process (see Butcher, 2003)</p> | <p>"A working group on cross-cutting issues integrated issues of gender, HIV/AIDS and environment into the whole PEAP revision process."</p> <p>"HIV/AIDS sector working group and gender sector working group organized their own consultations and contributed evidence that has been used in the PEAP revision process."</p> <p>States that the PEAP 2004 is based on consultations with many stakeholders but does not provide further details on HIV/AIDS working group.</p> |

| Country                      | HIV/AIDS coverage (outside health)  | Relevance to HIV/AIDS mainstreaming  | Institutional arrangements   | Participation   |
|------------------------------|---|--|--|---|
| <b>AFRICA</b>                |   |  |  |   |
| Zambia<br>PRSP<br>March 2002 | <p>HIV/AIDS treated as cross-sectoral, “goal-level” priority</p> <p>Refers to national Strategic Framework coordinated by NAC.</p> <p>Situation analysis in cross-cutting section; good poverty data and well linked to the strategy</p> <p>WB TOOLKIT CRITERIA</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Yes</li> <li>3. Yes</li> <li>4. Yes (but no timescale)</li> </ol> | <p>Some add-on activities in the education sector.</p> <p>1st level priorities: Multisectoral behaviour change communication campaigns.</p> <p>Condom distribution, voluntary counselling and testing, home based care special focus on high risk groups and children, orphans</p> <p>2nd level priorities: focus on treatment Monitoring: “A number of clinical, epidemiological, behavioural, and impact studies related to HIV/AIDS will be carried out. A sentinel surveillance system for HIV and population-based studies will continue to be used to monitor the trend of the HIV epidemic. A system of collecting information from health facilities that is already in place to capture cases of AIDS, TB, and other STDs will be used ... data from various programmes and ministries will have to be collated and analysed at the national level.”</p> <p>WB JSA comment: “The PRSP acknowledges HIV/AIDS (which will receive 7.9% of the PRSP budget), gender and environment as important crosscutting issues, but fuller integration is still to be developed in some sectors. In order to effectively mainstream these issues in a multisector context, it will be necessary to extend coverage to all sectors, review and assess their coverage in existing programmes, develop a more detailed cross-cutting policy agenda, and identify performance indicators that would enable more effective monitoring of these issues within sector programmes.”</p> <p>Gender Relevance</p> <p>Includes detailed analysis of impact on women</p> | <p>MOH, Central Board of Health and HIV/AIDS Council responsible for AIDS cross cutting.”</p> <p>From the time that the first AIDS case was diagnosed in Zambia, four national plans have been developed in response to the epidemic by the government. The first and second plans were implemented by the Ministry of Health while the third one involved all ministries since a multisectoral response is perceived to be more effective. After an extensive consultative process, a National Strategic Framework has been developed, validated, and costed. The current framework is being coordinated by the National HIV/AIDS Council, which follows a multisectoral approach in the fight against the epidemic.”</p> <p>HIV/AIDS activities costed with responsible institutions—in education, health, environment, and separately as cross-cutting issues</p> | <p>Civil society was coordinated through the CSPR network (Civil Society for Poverty Reduction).</p> <p>CSPR identified 10 themes and formed a consultative group for each, including one on HIV/AIDS.</p> <p>CSPR to perform same role in monitoring.”</p> <p>It may be noted that there were no working groups formed on such cross-cutting issues as HIV/AIDS and gender. It is only subsequently, perhaps in good part by way of accommodating the pressures from civil society, that the Government engaged specialized institutions to prepare papers on HIV/AIDS, gender, environment, transport, communications and roads, energy, and water and sanitation. Of these, HIV/AIDS, gender and environment were treated as cross-cutting issues while the remaining were subsumed under the umbrella of infrastructure development.</p> <p>Two weaknesses have emerged as a result of the above. One, there was no time for adequate consultation and discussion on the specialized papers. There was no major involvement of the stakeholders in the preparation of the drafts as was the case with the other 8 themes/sectors. As a result, they have, to some extent, suffered in their treatment as well as importance. Some of the initial drafts were poorly formulated, lacked coherence and failed to put forward a rational set of pro-poor interventions. Although the final versions of these papers were considerably improved, the general feeling was that they could still be improved upon.” (Seshamani, 2002)</p> |

| Country                             | HIV/AIDS coverage (outside health)   | Relevance to HIV/AIDS mainstreaming | Institutional arrangements | Participation  |
|-------------------------------------|--|-------------------------------------|----------------------------|--|
| ASIA                                |  |                                     |                            |  |
| Bangladesh<br>I-PRSP,<br>March 2003 | <p>Does not cover HIV/AIDS</p> <p>Mentioned as emerging public health problem, and that “HIV/AIDS prevalence must be checked”.</p> <p>Notes that international agencies are allocating funds for these diseases such as AIDS, TB and malaria and steps must be taken to acquire these special funds.</p> <p>WB TOOLKIT CRITERIA</p> <p>n/a</p> | n/a                                 | n/a                        | <p>No information in I-PRSP</p> <p>Progress report (2004) describes participatory consultation with a cross-section of stakeholders, with special section on health and family planning services, which was considered to be performing badly.</p> <p>“Participatory Consultations Meetings at the national and six divisional levels [...] on ‘Health (Population planning, Nutrition, Safe food and drinking water and Sanitation)’ have identified the following problems and constraints in this regard and also recommended some remedies.</p> <ul style="list-style-type: none"> <li>• Train interested local youths as volunteers and create awareness about STIs, AIDS and HIV; With regard to women of childbearing age: “Things [that] should be done to reduce the chance of getting sick:</li> <li>• Create awareness about AIDS and other infectious diseases specially among the truck drivers, rickshaw-pullers and daily workers</li> <li>• Ensure rigorous check up on each country’s entryway;</li> <li>• Educate people about AIDS properly through media</li> <li>• Encourage people to follow religious prohibition</li> <li>• Produce awareness among the floating women and encourage massive use of condoms</li> <li>• Ensure safe injection and blood transfusion system</li> </ul> |

| Country       | HIV/AIDS coverage (outside health)   | Relevance to HIV/AIDS mainstreaming  | Institutional arrangements   | Participation   |
|---------------|--|--|--|---|
| ASIA          |  |  |  |   |
| Bhutan        | Health sector goal   | n/a  | n/a  |   |
| PRSP 2004     | WB TOOLKIT CRITERIA<br>n/a   |  |  |   |
| Cambodia      | HIV/AIDS priority poverty reduction action under “Reducing Vulnerability and Strengthening Social Inclusion”<br><br>good analysis of impact of HIV/AIDS on poverty<br><br>The critical cross-cutting issues will significantly affect the likelihood of overall success of poverty reduction strategies. HIV/AIDS is one such issue.”<br><br>WB TOOLKIT CRITERIA<br>1. Yes<br>2. Yes (overall cost given)<br>3. Yes<br>4. Yes (but only 2 action points) | Content<br>Action plan has only three measures under HIV/AIDS:<br>1. expand awareness programme<br>2. train service providers<br>3. strengthen community based safety nets and expand programme for the vulnerable.<br><br>Gender Relevance<br>Good throughout PRSP<br>For example:<br>The “epidemic has diversified and multiplied burdens on women. As of 1998, 2.4% of pregnant women, 42.6% of commercial sex workers, and 19.1% of indirect commercial sex workers were infected with HIV. At the same time as progress has been made on the use of condoms in the sex industry, there is evidence of an increasing incidence in married women the group of which should not be overlooked by HIV/AIDS strategy and programme. Women also bear primary responsibility for caring for family member with HIV/AIDS, as they do for victims of land mines and other disabilities and illnesses.”<br><br>“Gender clearly affects the degree of risk and exposure to HIV/AIDS, as trafficked women are more often deceived or coerced into situations of sexual exploitation.”<br><br>Progress report (August 2004)<br><br>... there has been an increase in the transmission among women, especially housewives. However, the government set out measures and provides fund to related ministries to reduce aids transmission to women, especially housewives.” | The National AIDS Authority is responsible for policy development, strengthening partnership relations with all stakeholders and coordinating the multisectoral response to HIV/AIDS, mobilization resources from national and international institutions and agencies, advocating for legislative support and for research on the socioeconomic impact of HIV/AIDS and coordinating the research agenda, and reviewing and approving IEC programme in all sectors. It aims to lessen the vulnerability of women and girls to HIV/AIDS and to increase their status by seeking to offset prevailing discriminatory attitudes in society especially among men.<br><br>A budget decentralization strategy exists, and provincial structure composed of PAC, PAS (Provincial Aids Secretariat) and District AIDS committee. The National Strategic Plan will guide the development of specific activities within the national programmes, and will serve as the basis for evaluating the national response. It is expected that each ministry of NAA will develop and evaluate its own response, and that NGOs and other partners will similarly expand and evaluate the effectiveness of their efforts.<br><br>Strategy costed as separate item with indicators and responsibilities (Ministry of Social Affairs, Labour, Vocational Training and Youth; Ministry of Rural Development; Ministry of Women and Veteran Affairs) | Description of participatory process does not mention how HIV/AIDS was discussed/perceived. Efforts were made to include the poor, especially through NGOs (interviews and workshops in Phnom Penh and four provinces. Efforts were made to meet with other civil-society informants, such as indigenous hill tribe leaders, industrial workers, commercial sex workers and urban poor community leaders.<br><br>OED review of the PRS (2004) comments about the lack of transparency in PRSP finalization while there had been clear ownership of the first draft of the PRSP. But: a number of donors and NGOs pointed out that the new version included significant and substantive changes, for example, the expansion of a previously sparse section on HIV/AIDS to a full chapter |
| Indonesia     | Not mentioned  | n/a  | n/a  |   |
| I-PRSP 2003   | WB TOOLKIT CRITERIA<br>n/a   |  |  |   |
| Nepal         | Covered under Health   | n/a  | n/a  |   |
| PRSP May 2003 | WB TOOLKIT CRITERIA<br>n/a   |  |  |   |

| Country                     | HIV/AIDS coverage (outside health)   | Relevance to HIV/AIDS mainstreaming  | Institutional arrangements   | Participation                               |
|-----------------------------|--|--|--|---|
| ASIA                        |  |  |  |   |
| Pakistan PRSP December 2003 | Does not feature HIV/AIDS—except to mention that the Government is implementing an HIV/AIDS Control Programme.<br>WB TOOLKIT CRITERIA<br>n/a   | n/a  | n/a  |   |
| Vietnam PRSP November 2003  | Makes no link between poverty and HIV/AIDS<br>AIDS Plan mentioned as being under development: “Continue investment and complete policies for the National Action Plan on HIV/AIDS control and prevention.”<br>WB TOOLKIT CRITERIA<br>1. No<br>2. No<br>3. Yes<br>4. Yes (but no timescale, goals or monitoring indicators relating to these actions)<br>JSA comments:<br>The Report recognizes the potential threat posed by the spread of HIV/AIDS, as the disease starts moving from high-risk groups to the general population. The Government has recently passed a new HIV/AIDS strategy which begins to outline a multisectoral approach. The staff believe, however, that there is a need for urgent and bold action in preventing a generalized epidemic. This will involve: (i) de-stigmatizing HIV/AIDS by treating it as a social trauma rather than a social evil; (ii) disseminating information on preventive measures such as barrier methods to avoid HIV contamination; (iii) facilitating access to confidential and voluntary testing; (iv) including HIV/AIDS issues in school curricula; (v) offering appropriate and affordable care and treatment and supporting adults and children affected and infected by HIV/AIDS; (vi) involving people living with HIV/AIDS in policy making for HIV/AIDS prevention and project design; (vii) ensuring leadership and commitment at the highest level of Government in the fight against HIV/AIDS; and, (ix) ensuring that the combat of HIV/AIDS is acknowledged by the whole of Government to be mainstreamed in all sectors. | Content<br>In action plan treated under “Reproductive health, HIV/AIDS, epidemics and other social diseases”<br>Gender Relevance<br>None | No information on process, responsibilities<br>Investment requirements for HIV/AIDS are included in the “Programme to prevent communicable and dangerous diseases and HIV/AIDS”—but not broken down by disease | Does not elaborate on participatory process |

Table 2. HIV/AIDS in HIPC Agreements

| Country      | Status                   | HIV/AIDS policy measures / targets   | IMF/WB comment   |
|--------------|--------------------------|--|--|
| Benin        | Completion Point<br>2003 | Under Health:<br>Adopt a medium term expenditure programme for the expansion of basic health services that includes as benchmarks the following:<br>• An increase in the internal budgetary financing for the improvement of reproductive health and the prevention of HIV/AIDS to at least CFAF 500 million in the 2001 budget present a strategy plan to fight HIV/AIDS to the National Assembly | National AIDS Committee has been set up, as well as a Permanent Secretariat at the Ministry in charge of Government Coordination and Planning.<br><br>The budget appropriation for the prevention of HIV/AIDS has increased from CFAF 0.8 billion in 2000 to CFAF 1.9 billion in 2003.   |
| Burkina Faso | Completion Point<br>2002 | None. Health targets, including stocks of generic drugs  | In response to the HIV/AIDS pandemic, an agreement was reached in May 2001 with three large pharmaceutical companies that resulted in a substantial drop in the price of certain antiretroviral drugs. An IDA-supported HIV/AIDS Disaster Response project was approved by the Board in July 2001 and has recently become effective.   |
| Ethiopia     | Completion Point<br>2004 | HIV/AIDS: Increase the distribution of condoms throughout the country by six million annually, starting from 50 million in 2000.   | Performance under the health and HIV/AIDS triggers exceeded the requirement.   |
| Ghana        | Completion Point<br>2004 | Health targets   | (No mention of HIV/AIDS)   |
| Madagascar   | Completion Point<br>2004 | None. Health target: improve access to basic health facilities for the majority of the rural population  | Notes that man programmes against communicable diseases were consolidated over the interim period, including the HIV/AIDS multisectoral programme, in its third year of implementation.  |
| Mali         | Completion Point<br>2003 | Health targets   | No mention of HIV/AIDS.<br><br>The Completion Point -Original Framework document (2000) notes that HIV/AIDS prevalence is low (but rising), and that a National Programme of Action Against STD/HIV/AIDS has been in place since 1995.   |
| Mauritania   | Completion Point<br>2002 | Maintenance of HIV prevalence at the level of 1998 (less than 1.2% HIV-positive among blood donors)  | 0.52% in 2001. Aggressive information campaign was launched.   |
| Mozambique   | Completion Point<br>2001 | Implementation of the National Multisectoral Strategic Plan on HIV/AIDS  | Strategic Plan launched in 1999, followed by establishment of a National Council on HIV/AIDS with an executive secretariat. ...In several ministries, special AIDS units have been set up, including a unit in the Road Authority that works on HIV prevention measures. The Ministry of Education has drafted a strategy on HIV/AIDS prevention. These ministerial efforts are being coordinated through mechanisms set up by the HIV/AIDS executive secretariat. The government is also carrying out sectoral impact studies and an analysis of impact of AIDS on economic growth. |
| Niger        | Completion Point<br>2004 | Establish a baseline of qualitative (e.g., behavioural patterns of high-risk populations) and quantitative data to serve as a basis for the finalization and adoption of a strategy to fight HIV/AIDS.   | The National Strategic Framework for the Fight against STDs/HIV/AIDS is now being implemented. Notes overall progress in the fight against HIV/AIDS (despite it being a low-prevalence country)  |
| Senegal      | Completion Point<br>2004 | None   | n/a  |

| Country  | Status                   | HIV/AIDS policy measures / targets   | IMF/WB comment  |
|----------|--------------------------|--|---|
| Tanzania | Completion Point<br>2001 | Under Health:<br>Implementation of the national spearhead campaign against HIV/AIDS, including completion of visits to 75% of all districts.   | Target exceeded: all districts have been covered by active awareness campaign.<br>Act establishing the Tanzania Commission on AIDS (TACAIDS) was approved by parliament.<br>The government has made provision in the budget 2001-2002 for TACAIDS and the multisectoral programmes.   |
| Uganda   | Completion Point<br>1998 | none   | n/a   |
| Cameroon | Decision Point<br>2000   | HIV/AIDS targets from preliminary document:<br>The magnitude of the threat warrants an immediate strong public statement by the President, the Prime Minister and by all relevant ministers. Urgent action must be taken [...]<br><ul style="list-style-type: none"> <li>[...] up to 30 minutes on national television and radio and 60 minutes on local radio per week of free air-time will be provided for messages and programmes against HIV/AIDS;</li> <li>The various technical ministries will develop a sector-specific strategy to fight HIV/AIDS. Each ministry and parastatal agency will elaborate and present a strategy to protect their staff against HIV/AIDS. The strategies will cover aspects such as a massive and systematic effort to raise awareness among staff and the making of condoms and voluntary counselling and testing available to staff. Those ministries that provide services to the public (Agriculture, Livestock, Education, Police, Army, Public Works, and Health) will also elaborate a strategy to disseminate messages against AIDS; and</li> <li>Before September 2000, the Ministries of Health, Agriculture, Livestock, and Transport will join forces to cover all villages in the six districts that are currently covered by the IDA-supported health project with a pilot operation in support of participatory community action programmes to support communities in their response to AIDS;</li> <li>Before 2003, the government will support intensified and expanded activities to prevent the spread of HIV, with education to promote the use of condoms by truck drivers, port workers and soldiers to 50% and by commercial sex workers to 70%</li> </ul> | Progress<br>Concrete progress has been made to prioritize the response to HIV/AIDS in the government's overall development agenda and to curb infection rates among the population, with particular emphasis on education to promote the use of condoms by truck drivers, port workers, and soldiers to 50%, and by commercial sex workers to 70%.<br>A national HIV/AIDS strategy and emergency action plan prepared with the assistance of UNAIDS was adopted and launched by the authorities in mid-September 2000[...].<br>Communications campaign launched in newspapers, radio and TV in summer 2000. Technical ministries are developing sector-specific strategies. |
| Zambia   | Decision point<br>2000   | The escalating HIV/AIDS pandemic has been singled out as an especially urgent issue which impacts all sectors of the economy and society. The government has identified two areas for priority action.<br><ol style="list-style-type: none"> <li>The secretariat to the National HIV/AIDS Council must be fully staffed. This will be a condition for reaching the floating completion point.</li> <li>Awareness and prevention programmes will be introduced throughout the public sector. By the completion point at least ten ministries will have awareness and prevention programmes in place.</li> </ol>   | n/a   |

Decision Point: countries have defined policy priorities and are receiving interim/partial debt relief.

Completion Point: countries have implemented policy priorities receiving irrevocable debt relief

Table 3. HIV/AIDS in National Development Plans

| Country  | HIV/AIDS Content, Gender relevance   |
|--|--|
| Botswana<br>Ninth National Development Plan (NDP 9)<br>April 2003–March 2009<br>(PLAN NOT CONSULTED)                                     | <p>(Drawn from the presentation speech on Draft National Development Plan 9 (2003-2004 to 2008-2009) by Minister of Finance and Development Planning)</p> <p>“HIV/AIDS has become one of the major challenges facing the country, given that it mostly affects the skilled and productive sections of the population. Its impact is manifested in increased mortality rates and reduced life expectancy, posing a major threat to future economic growth, unless appropriate measures are put in place to contain the situation. Government will, during NDP 9, continue to promote the multisectoral response to the pandemic, with the full participation of all stakeholders; Ministries, districts and communities, civil society, including people living with HIV/AIDS, and the private sector. The National AIDS Coordinating Agency (NACA) will continue to be the focal point in terms of facilitating and coordinating the various HIV/AIDS interventions in the country. Specific interventions include the provision of the Anti-Retroviral (ARV) therapy, which will be expanded in scope; continued support to orphans; research and testing of HIV/AIDS drugs; and the continuation of the home-based care programme.”</p> <p>“In setting the expenditure targets, Government will take into account [...] the need to win the fight against poverty and diseases, especially HIV/AIDS.”</p> <p>Also mentions:</p> <ul style="list-style-type: none"> <li>• The need to extend provision of welfare and support to AIDS orphans and their caregivers</li> </ul> <p>Gender relevance</p> <ul style="list-style-type: none"> <li>• Mainstreaming gender issues into HIV/AIDS interventions [NB: there may be more detailed coverage in the actual NDP, but the full version is not available on the Ministry of Finance and Development Planning- Macroeconomic Section website at: <a href="http://www.finance.gov.bw/div-eco-affairs/index.htm">http://www.finance.gov.bw/div-eco-affairs/index.htm</a>]</li> </ul> |
| China<br>China Rural Poverty Reduction and Development Programme 2001–2010<br>(Previous plan: National 8.7 Poverty Reduction Plan, 1994) | <p>No mention of HIV/AIDS</p>  |
| India<br>10th Five Year Plan (2002–2007)   | <p>Chapter 2.8 on Health describes the National AIDS Control Programme: “HIV is a multifaceted problem affecting all segments of society. Until now the department of health has been the nodal point of interventions not only for traditional activities of the health sector such as prevention, detection, counselling and management, but also for other areas such as legislation, rehabilitation of infected persons and their families. During the Tenth Plan it is expected that each Department will handle HIV infection related issues in their respective sectors. For instance, the Ministry of Labour will look after area of prevention of discrimination at the work place.”</p> <p>No particular gender focus except mention that “Every year, approximately 30 000 deliveries in India occur among sero-positive women and between 6000 to 8000 infants are perinatally infected with HIV.” No mention of HIV/AIDS in chapter 2.11 on Women and Children in relation to women.</p> <p>No other mention throughout the plan (except in connection with injecting drug users).</p>  |

| Country   | HIV/AIDS Content, Gender relevance   |
|---|--|
| Namibia   | (Information drawn from power point slides of: PT Akwenye, HIV/AIDS In Namibia's Anti-Poverty Programme, 2003)   |
| Second National Development Plan (NDPII)          | NDP2 made provision for the establishment of AIDS Coordination Programme both at national and at regional level  |
| PLAN NOT AVAILABLE                                | It is a 5 years Plan—6 of these plans will implement Vision 2030 [long term policy document];  |
| National Poverty Reduction Action Plan (NPRAP)    | <ul style="list-style-type: none"> <li>• One of the eight objectives is “to combat a further spread of HIV/ AIDS”;</li> <li>• Chapter 8 of the plan is on HIV/ AIDS;</li> </ul>  |
| NOT AVAILABLE                                     | <ul style="list-style-type: none"> <li>• National HIV/ AIDS Control Programme together with Short Term Action Plan 1990–1992) were launched in 1990 by His Excellency the President;</li> <li>• Medium Term Plan was also put in place (1992–1998)</li> </ul>  |
| Information has been drawn from secondary sources | <p>MAJOR OBJECTIVES OF CHAPTER 8 (on HIV/AIDS)</p> <ul style="list-style-type: none"> <li>• Mobilize all Namibians to prevent further spread of HIV infection;</li> <li>• Ensure that all Namibians living with HIV and their families have access to services that are affordable;</li> <li>• Support and strengthened the National and Regional programme Management structure; and</li> <li>• Solicit and facilitate continuous support from national and international community.</li> </ul> <p>In addition, strategies (key words—multisectoral response; mainstreaming of HIV/ AIDS in all activities) and Programmes (Information and Education; Condom programmes; Care &amp; Support; Regional Coordination) are also highlighted in the plan.</p> <p>NPRAP</p> <p>This is a Poverty-Reduction Strategy. It states that efforts should be made to ensure that poverty-reduction programmes and projects simultaneously reduce HIV/ prevalence.</p> <ul style="list-style-type: none"> <li>• Elaborates on PRS, describes measures that should be taken to ensure its implementation; identifies programmes, projects and services that focus on poverty reduction over a five-year period (2001–2005)</li> <li>• Not a new programme, but ministries and regional councillors are oriented to focus on poverty reduction in order to prevent marginalisation of poverty reduction activities.</li> <li>• Proposes a number of key themes for action and stresses the theme of HIV/AIDS mainstreaming.</li> </ul> <p>It contains 63 Action Profiles; (e.g. infrastructure, education, health, agriculture, tourism, etc) of which: - Action 62: review. - Action 63: HIV/AIDS mainstreaming. Action 63 calls for all implementers of the 62 Action profile to ensure that their efforts in poverty reduction contribute to the reduction of HIV/ AIDS prevalence.</p> <p>MTP - II (1999–2004)</p> <p>Five-year Strategic Plan on HIV/ AIDS borne out of realisation that the increase of HIV/ AIDS requires a concerted national expanded response; calls for public, private sector and NSA to have clear and focused goals, objectives and strategies in addressing the epidemic.</p> <p>STRUCTURE OF HIV/AIDS COORDINATION</p> <p>National AIDS Committee (NAC);National Multi- sectoral Co-ordination Committee (NAMACOC);National AIDS Advisory Committee (NAEC)Regional AIDS Coordination Committee (RACOC)</p> <p>SECTOR OBLIGATIONS</p> <ul style="list-style-type: none"> <li>• Each sector or office has its obligation as stated in the MTP- II according to: the objective; action taken; target population served; and key actors involved.</li> </ul> <p>The presentation does not mention gender.</p> |

| Country  | HIV/AIDS Content, Gender relevance   |
|--|--|
| <p>Nigeria</p> <p>National Empowerment Strategy (NEEDS)</p> <p>Economic Development</p> <p>March 2004</p> <p>(draft for comments only)</p> | <p>“NEEDS is Nigeria’s home-grown poverty reduction strategy (PRSP). NEEDS builds on the earlier two-year effort to produce the interim PRSP, and the wide consultative and participatory processes associated with it. [...] Various private sector stakeholders, NGOs, and Civil Society Organizations have also endorsed the NEEDS.”</p> <p>Human Rights of people living with HIV: “In line with the recently launched National Policy on HIV/AIDS, the Ministry of Justice will produce a clear statement on the rights of persons living with HIV/AIDS. It will work with the relevant agencies to create awareness amongst lawyers and judges about the appropriate legal responses to the issues of HIV/AIDS.”</p> <p>Women: Empowerment of women through sustained advocacy, education and mobilization to reduce women’s vulnerability to HIV/AIDS and other STIs.</p> <p>NEEDS identifies key at-risk groups, makes link between HIV and poverty and reference to AIDS policy. There are no detailed gender indicators.</p> <p>Health sector strategy: “Development and implementation of an appropriate health sector’s response to the HIV/AIDS and AIDS pandemic.”</p> |
| <p>South Africa</p> <p>Department of Social Development, Strategic Plan 2003-2004 to 2005-2006</p>   | <p>The priority areas of the Department are: Social Security, HIV/AIDS, Integrated Development, Social Integration, Sector Reform, Transformation of the Department.</p> <p>Strategic Goal 1 is Social Security (“Alleviate poverty through a safety net of social grants to the most vulnerable groups”)</p> <p>Strategic Goal 2 is HIV/AIDS (“Mitigate the social and economic impacts of HIV/AIDS on poor households and children”)</p> <p>Strategic Goal 3 is Poverty Reduction and Integrated Development (“Reduce poverty through integrated sustainable development”)</p> <p>In HIV/AIDS the focus is on home and community-based care and support projects for people affected and infected by HIV/AIDS, especially children, child headed households and orphans.</p> <p>NB: the action plan (section 5.2) includes as an objective the development of an anti-poverty strategy, to be ready in draft form by March 2004. This strategy is not available on the Departmental website at <a href="http://www.socdev.gov.za/">http://www.socdev.gov.za/</a></p>   |
| <p>Thailand</p> <p>Ninth National Economic and Social Development Plan (2002–2006)</p> <p>NOT AVAILABLE</p>                                |  |

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All official PRSPs and HIPC documents are available on the World Bank website respectively at [www.worldbank.org/poverty/](http://www.worldbank.org/poverty/) and [www.worldbank.org/hipc/](http://www.worldbank.org/hipc/), and on the IMF website at [www.imf.org/external/np/prsp/prsp.asp](http://www.imf.org/external/np/prsp/prsp.asp) and [www.imf.org/external/np/exr/facts/hipc.htm](http://www.imf.org/external/np/exr/facts/hipc.htm).

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## ANNEX 5: Report of Country Consultations

### Abbreviations

|                |  |
|----------------|--|
| <b>AIDS</b>    | Acquired Immunodeficiency Syndrome   |
| <b>CHBC</b>    | Community and Home-Based Care  |
| <b>DACF</b>    | District Assembly Common Fund  |
| <b>DoA</b>     | Department of Agriculture  |
| <b>DoE</b>     | Department of Education  |
| <b>DoH</b>     | Department of Health   |
| <b>DRI</b>     | District Response Initiative   |
| <b>DSD</b>     | Department of Social Development   |
| <b>EPWP</b>    | Expanded Public Works Programme  |
| <b>GAC</b>     | Ghana AIDS Commission  |
| <b>GEAR</b>    | Growth, Employment and Redistribution Strategy                                     |
| <b>GPRSPI</b>  | Ghana Poverty Reduction Strategy Paper 1   |
| <b>HIPC</b>    | Heavily Indebted Poor Country  |
| <b>HIV</b>     | Human Immunodeficiency Virus   |
| <b>IEC</b>     | Information, Education and Communication   |
| <b>MDA</b>     | Ministries, Departments and Agencies   |
| <b>MLGRD</b>   | Ministry of Local Government and Rural Development                                 |
| <b>MoF</b>     | Ministry of Finance  |
| <b>MoH</b>     | Ministry of Health   |
| <b>MTEF</b>    | Medium Term Economic Framework   |
| <b>NAA</b>     | National AIDS Authority  |
| <b>NCHADS</b>  | National Centre for HIV/AIDS, Dermatology and STDs                                 |
| <b>NDIs</b>    | National Development Instruments   |
| <b>NDPC</b>    | National Development Planning Commission   |
| <b>NGO</b>     | Nongovernmental Organization   |
| <b>NIP</b>     | National Integrated Plan for Children Infected and Affected by HIV/AIDS            |
| <b>NPRS</b>    | National Poverty Reduction Strategy Paper  |
| <b>NSF</b>     | National Strategic Framework   |
| <b>NSP</b>     | National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS |
| <b>PAC</b>     | Provincial AIDS Committee  |
| <b>PAS</b>     | Provincial AIDS Secretariat  |
| <b>PLHA</b>    | People Living with HIV or AIDS   |
| <b>PRSP</b>    | Poverty Reduction Strategy Paper   |
| <b>RDP</b>     | Reconstruction and Development Programme   |
| <b>SEDP II</b> | Socioeconomic Development Plan II  |
| <b>SWAp</b>    | Sector Wide Approach   |
| <b>UNDP</b>    | United Nations Development Programme   |

# CAMBODIA

## 1. Introduction

This report is part of an independent review jointly commissioned by UNAIDS and UNDP of the experiences with mainstreaming HIV/AIDS in national development instruments (NDIs), and of technical support provided to national partners in this area. It draws on interviews with key informants and documents concerned with the process of HIV/AIDS mainstreaming in national development instruments in Cambodia in 2005. Two other country consultations were carried out in Ghana and South Africa.

Cambodia, with a population of approximately 12 million people, has experienced a rapid spread of HIV infection, making it one of the worst-affected countries in South East Asia. Factors which have contributed to Cambodia's vulnerability to HIV include: poverty; low levels of development; political conflict; high social mobility; and readily available, low-cost entertainment services. There are, however, encouraging signs; HIV prevalence appears to have stabilized and has probably begun to decline.

## 2. Current status and processes for HIV/AIDS mainstreaming in NDIs

### 2.1 National AIDS policy and strategy

HIV/AIDS is considered a national priority by the Royal Government of Cambodia. In 1998 the government established the National Centre for HIV/AIDS, Dermatology and STDs (NCHADS) as a unit within the Ministry of Health. In 1999, it set up the National AIDS Authority (NAA), responsible for policy development, strengthening partnership relations with all stakeholders and coordinating the multisectoral response to HIV/AIDS, mobilizing resources from national and international institutions and agencies, advocating for legislative support and for research on the socioeconomic impact of HIV/AIDS, coordinating the research agenda, and reviewing and approving an IEC programme in all sectors.

The Government of Cambodia's National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2001–2005 (NSP) is linked to the Cambodian Millennium Development Goals and guides the development of activities within the national programmes, serving as the basis for the national response. The National Strategic Plan represents a turning point in Cambodia's effort for a comprehensive response to HIV/AIDS by developing a multisectoral workplan and budget.

### 2.2 HIV/AIDS in the PRSP and other NDIs

The national response recognizes the interrelationships between the HIV epidemic and the development situation of Cambodia. HIV/AIDS has been integrated into various national strategies, including the National Poverty Reduction Strategy Paper (PRSP), the Medium Term Economic Framework (MTEF) and the Socioeconomic Development Plan II (SEDP II). "The critical crosscutting issues will significantly affect the likelihood of overall success of poverty reduction strategies. HIV/AIDS is one such issue" (PRSP, page 42).

The relationship between poverty and HIV/AIDS as acknowledged in the Poverty Reduction Strategy Paper, Medium Term Economic Framework and Socioeconomic Development Plan II is two-fold:

- Poverty as cause—the effect poverty has on increasing a person's vulnerability to HIV;

- The effect on poverty—the impact of HIV/AIDS on human security, the economic development of individuals and the development and stability of the country as a whole.

The PRSP observes that aspects of poverty such as poor access to information, low levels of education, and poor access to health services increase an individual's vulnerability. The PRSP also recognizes that rural populations are more vulnerable to HIV than urban populations, and notes that a significant number of broken families have arisen as a result of years of civil conflict, which adds to the overall vulnerability of the population to poverty and HIV.

In the PRSP there is a chapter dealing specifically with HIV/AIDS. In addition, HIV/AIDS is linked to numerous sections within the PRSP although it has not been mainstreamed through every sector/pillar.

The following priorities and sections include HIV/AIDS within their focus and strategy:

- Health
- Street children
- Reducing vulnerability and strengthening social inclusion
- Promoting gender equity
- Social protection and the fight against human trafficking.

Cambodia's Socioeconomic Development Plan II (SEDP II) also specifies the importance of addressing HIV/AIDS (among other health issues) for the economic security of the country: "The success of... national economic growth and poverty reduction strategy will depend in large measure on the outcome of the duel against HIV/AIDS, (other health concerns)" (SEDP II, p.8).

The PRSP includes a decentralization strategy. For the decentralization of the response to HIV/AIDS, a provincial structure composed of Provincial AIDS Committees, Provincial AIDS Secretariats and District AIDS Committees has been established. The Provincial AIDS Committees oversee the response in the province with support from the Secretariat. The Provincial Secretariats are situated within the Provincial Health Departments and chaired by the Provincial Health Director.

### **2.3 Gender and HIV/AIDS in NDIs**

The PRSP notes the gender aspects of HIV/AIDS, in that: the "epidemic has diversified and multiplied burdens on women... Women also bear primary responsibility for caring for family member with HIV/AIDS, as they do for victims of land mines and other disabilities and illnesses."

Specific references to the situation of women and gender concerns are included throughout the PRSP in sections dealing with health, education, social exclusion, and vulnerability, as well as rural livelihoods and problems associated with access to and control over productive assets.

The section concerning HIV/AIDS makes extensive reference to the situation of women, including references to particularly vulnerable women, such as HIV-positive women, women caring for HIV-positive patients and for adults living with disabilities. Cultural factors, social and gender power relations and lower female education rates are identified as increasing the vulnerability of women to HIV.

Gender issues are also emphasised in the Governance Action Plan, which includes under “Gender Equity” a programme to reduce discrimination against HIV-positive individuals as a medium-term action. The SEDP II also notes issues concerning women and HIV.

## **2.4 Budgetary issues**

The financial contribution to the national HIV/AIDS response has increased from around US\$ 733 000 in 2001 to US\$ 950 000 in 2005-2006. Increases in funding have been made for prevention, surveillance and research, impact mitigation, and coordination and institutional strengthening. Current expenditures in support of the NSP in the health sector are approximately US\$ 22 million a year.

## **2.5 Sectoral and nongovernmental organization activities**

The government has implemented a countrywide 100% condom use programme aimed at sex workers based in brothels. The programme has proved extremely successful as a prevention strategy and is cited as a major reason for the drop in incidence of HIV to 1.9% in 2003. Similarly, the government’s Peer Education Programme has covered 70% of the military. Care and support services are evolving to address specific health, psychological and monetary needs of people living with HIV and their families. In addition, capacity-building initiatives are being delivered to municipal hospitals.

Sectoral programmes are targeting various sections of the population. The Ministry of Health has an outreach policy as part of its HIV/AIDS prevention initiatives; the Ministry of Culture and Fine Arts have developed HIV/AIDS cultural performances; the Ministry of Education, Youth and Sport have established peer education at secondary school levels and life skills training for primary grades. The Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation (MoSALVY) has established policies and programmes oriented towards improving the social environment of disadvantaged groups, and offering opportunities to respond to needs for prevention, care and support for people living with HIV and other vulnerable sections of the population. The Department of Labor is also working with ILO and nongovernmental organization partners to expand the private sector response to HIV in the workplace—especially in beer breweries and garment factories.

The HIV/AIDS Coordinating Committee was set up as an information sharing forum for nongovernmental organizations working in HIV/AIDS issues in Cambodia, and operates in cooperation with National AIDS Authority and NCHADS. They are also involved in integrating multidisciplinary responses by linking HIV/AIDS with other activities. A large number of nongovernmental organization programmes target households and communities affected by the epidemic. For example, Mith Samlanh - FRIENDS have produced information, education and communication materials for street children and their families; CARE produce materials for men and youth at the Thai-Cambodian border; World Vision has a peer-education programme directed at garment factory workers, uniformed services personnel and community youth.

## **2.6 Role of UN and other external agencies**

Currently UNAIDS is focusing its support to mainstreaming of HIV/AIDS into those ministries which are seen to have the greater impact on the epidemic, such as the Ministry of Labour, the Ministry of Education and the Ministry of Defence. There are also technical focal points in each UN agency to look at where and how the overall response to HIV/AIDS can be strengthened. UNDP have developed and are implementing a Leadership

Capacity Development Programme which advocates a multisectoral response to increase the response to the HIV epidemic. In addition, UNDP in cooperation with the National AIDS Authority have developed a Commune Councilors Package for distribution at commune level. The package advocates a multisectoral response and touches on the importance of HIV/AIDS responses in the broader economic development of the commune. Other donors are also involved. For example, the United Kingdom Department for International Development (DFID) is financing activities in the department of education, and for addressing issues such as the effect of AIDS on education and planning for teachers who are HIV-positive.

### **3. Analysis of strengths and limitations**

#### **3.1 Consultation processes**

The design of the PRSP was highly inclusive and involved engagement and consultation with various government, donor and nongovernmental stakeholders. Consultation in relation to HIV/AIDS focused primarily on how to develop a paradigm shift to a multisectoral HIV/AIDS response. As part of the consultative process of the PRSP, efforts were made to include the poor, especially through nongovernmental organizations. Efforts were also made to meet with other civil society informants, such as indigenous hill-tribe leaders, industrial workers, sex workers and urban poor community leaders. People living with HIV however were not specifically consulted as a group.

#### **3.2 Mainstreaming in the PRSP**

While it is recognized that HIV/AIDS has a significant impact on the economic development of individuals and the country as a whole, analysis of the costs and required actions has been limited. It is recognized that many households with a person living with HIV fall into poverty and this has resulting socioeconomic impact on the whole family. Wilkinson (2000) for example found that 40% of children surveyed from HIV-affected families left school.

#### **3.3 Commitment and implementation issues**

While HIV/AIDS is mainstreamed at an overall policy and strategic level, this has not been translated into action planning and implementation. For example, although seven strategic areas are laid out in the National Strategic Plan, only three measures are adopted into the PRSP action plan and are budgeted for HIV/AIDS. These are:

- Expanding the awareness programme;
- Training service providers; and
- Strengthening community-based safety nets, and expanding the programme for the vulnerable.

Commitment to mainstreaming beyond the health sector is still limited. There is a widespread view that HIV/AIDS remains a health issue. Most ministries do not consider HIV/AIDS to be a priority area, and having limited funding, they focus attention on other areas of development. Generally, any multisectoral responses have been donor-driven.

This is in part due to the lack of an action plan for the National Strategic Plan, so questions of implementation and enforcement still remain. As the UN Country Team notes, “there remains an urgent need to strengthen HIV/AIDS planning and implementation.” (UNCT 2001, p.17).

The 26 ministries under the National AIDS Authority are expected to develop and budget their own response to HIV/AIDS in accordance with the National Strategic Plan strategies. However commitment has been weak, with the vast majority of ministries not including HIV/AIDS activities in their budgets.

Some organizations and government ministries are addressing HIV/AIDS within a broader development and poverty context. There are examples of ministries executing strategic plans in line with the National Strategic Plan. Under the PRSP Action Plan Matrix, the Ministry of Health, Ministry of Rural Development, Ministry of Women's Affairs and the Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation all cost HIV/AIDS activities as part of their strategic objectives.

For example, the Ministry of National Defence's Five-Year Strategic Plan for STI/HIV/AIDS Prevention and Care 2002–2006 includes the following actions:

1. Increase advocacy at all levels of the military structure to increase commitment and support for HIV/AIDS responses.
2. Strengthen and expand preventative measures which have proven to be effective and pilot innovative intervention.
3. Strengthen and expand action for care and support which have proven to be effective and pilot innovative intervention.
4. Strengthen the ministry's management structure to increase the capacity for coordination and collaboration within the Regional Command of the Armed Forces and between stakeholders.
5. Create an enabling environment to support individual, family and community empowerment for prevention, care and support.
6. Strengthen monitoring and evaluation and research systems.

### **3.4 Budgeting**

Resources and budget required for achieving the national strategies are difficult to estimate. And since not all strategic areas are adopted within the PRSP budget, funding for HIV/AIDS strategies and the National AIDS Authority is considered to be relatively very low. Budget mobilization is therefore dependent on and dictated by outside assistance. However, although DFID is putting money into education for HIV, there is little other funding for HIV coming from any other sectors.

### **3.5 Capacity issues**

Numerous capacity-building challenges exist at all levels, including in the planning and programming of interventions, financial and human resource allocation and deployment, monitoring and evaluation, and human resource development. However, national capacity to integrate HIV/AIDS issues into health and development planning is limited. The National AIDS Authority is weak and needs strengthening, including more appropriate staff from a variety of sectors rather than from just the health sector.

The national strategy highlights the importance of involving provincial, districts and communities in any national response, and decentralisation of responsibility became a priority. Provincial structures originally set up under NCHADS were taken over by the National AIDS Authority after its establishment. Unfortunately, capacity at the local level has been too low to take up the required community level prevention and care

programmes, and access to services remains low and uneven. Provincial involvement is predominantly from the health sector as that is where most of the donor money is channelled, and only two of the 24 provinces have a strategic plan for HIV/AIDS.

## 4. Conclusions and recommendations

The challenge now for Cambodia is deciding how to implement and enforce national policy and strategy which espouses a multisectoral response to HIV. On paper, the mechanism and mandate are there, as is some finance, but in reality at implementation level there is virtually no mainstreaming. The UNAIDS toolkit and others could provide a starting point for implementation strategies.

It is important to continue prioritizing sectors where action is most needed, such as the garment manufacturing sector, and services for young people and injecting drug users. In addition, all ministries should consider introducing internal HIV and health education. Without greater policy commitment to implementation, and sufficient budget for mainstreaming activities, ministries have little incentive to take plans forward. In order to shift from a health to a development perspective, the National AIDS Authority may be better placed under the Cambodian Council of Ministers. In addition, it needs greater capacity for coordinating mainstreaming processes as part of the national strategy and action plan.

There are also views that donors need to demonstrate stronger commitment through developing their own mainstreaming policy, and allocating increased resources to fund the expanded response to HIV. While funding for HIV is channelled through health-focused structures, countries such as Cambodia will find it continually difficult to break out of the health paradigm and move towards a multisectoral mainstreamed response, unless donors are willing to provide assistance for HIV activities outside the health sector.

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# GHANA

## 1. Introduction

This report is part of an independent review jointly commissioned by UNAIDS and UNDP of the experiences with mainstreaming HIV/AIDS in national development instruments (NDIs), and of technical support provided to national partners in this area. It draws on interviews with key informants and documents concerned with the process of HIV/AIDS mainstreaming in national development instruments in Ghana in 2005. Two other country consultations were carried out in Cambodia and South Africa.

## 2. Current status and processes for HIV/AIDS mainstreaming in NDIs

### 2.1 National AIDS policy and strategy

The national Ghana AIDS Commission is the supra-ministerial and multisectoral body set up to coordinate all HIV/AIDS-related activities by all stakeholders. Accordingly, the Commission is expected to provide high level advocacy and effective leadership in national planning, coordinate the total national response, mobilize and manage resources prudently, promote research, and monitor and evaluate all activities.

The draft national HIV/AIDS and STI policy, and the National HIV/AIDS Strategic Framework (NSF 2001–2005) both directed the national response and informed the inclusion of HIV/AIDS in the Ghana Poverty Reduction Strategy Paper I (GPRSP I 2003–2005). The national AIDS policy has since been revised in 2004. Its objectives now clearly take into account the cause and effect relationship of HIV/AIDS and poverty. The National Strategic Framework is being revised, taking into consideration emerging issues and the changing environment with specific regard to treatment, orphans and other vulnerable groups.

Most HIV/AIDS programmes have been directed at awareness creation and sensitization. The National Strategic Framework has triggered enactment of several policies to create an environment conducive to provision of effective HIV services. The framework identifies priority prevention, care, and stigma-reduction services as well as decentralized HIV/AIDS management and coordination structures to build the foundation for an inclusive response.

Mitigation activities have not been systematically addressed in the National Strategic Framework. Care and support of people living with HIV was limited to home-based care and treatment. However, in actual programme implementation, some activities have been introduced for mitigation, such as support for people living with HIV with training programmes and funding for income-generating activities, and programmes for the care of children orphaned by AIDS.

### 2.2 HIV/AIDS in the PRSP and other NDIs

The GPRSP acknowledges the intricate two-way links between HIV and poverty. The GPRSP notes that ill health has costs for victims, family and society, and leads to exclusion and loss of income earners. It also observes that loss of labour and skilled manpower leads to an increase in costs for training and replacement training and health expenses. The loss of productive adults as the community based social ‘safety net’ leads to increased dependency on the aged.

HIV/AIDS is not mainstreamed in each and every pillar/theme of the GPRSP and Medium Term Priority programme. A stand-alone section of the GPRSP deals specifically with HIV/AIDS in the chapter on human resource development and basic services, and the issue is also dealt with in the costing and financing of human resource development programmes section. Monitoring indicators are however not specifically related to poverty issues. People living with HIV and their families are included in the list of vulnerable groups and also in the monitoring and evaluation plan of special programmes for the vulnerable and excluded. However, formal consultations for developing the GPRS did not include people living with HIV as the networks then had not been formed.

### **2.3 Gender and HIV/AIDS in the PRSP**

Gender dimensions of poverty and HIV, and gender disparities and inequities perpetuated by sociocultural factors (such as inequitable access to and use of services and related implications, and constraints on women's decision-making and choices) are all recognized in the PRSP. This includes the recognition of HIV issues such as the different prevalence among women and men between the ages of 15–49, with females constituting the majority of reported cases, and the high infection rate among female sex workers. Leaders and coalitions of women's groups were consulted and this resulted in their engaging a consultant to prepare inputs into the GPRS to make it more gender sensitive.

### **2.4 Sectoral and other activities**

In 2001, in support of the national response, DFID funded all Ministries, Departments and Agencies (MDAs) to develop sectoral action plans. The sector plans are an integral component of the national response to achieve the objectives of the NSF. The national policy required that HIV/AIDS is planned for in each sector, department and institution focusing on internal (workplace) and external (target population served) environment of each sector, and collaboration with other sectors based on comparative advantage.

The national sectoral programmes have been designed to mainstream HIV/AIDS into their core sector plans and activities. Mainstreaming workshops were organized to translate the Framework into realistic and costed plans for each sector, which could then be amalgamated into a National HIV/AIDS Plan, along with the plans of the private sector, nongovernmental organizations and civil society.

### **2.5 Budgetary issues**

The AIDS strategic framework has been costed for the five years (2001–2005), and the GPRS I includes estimated costs for HIV/AIDS activities in the three-year PRSP, as well as costs for the activities to be implemented in the medium term priority programme. The MTEF does not have specific budget lines for HIV/AIDS.

### **2.6 The role of the UN**

The UN Theme Group is expanding support to mainstreaming activities and workshops have been held for UN staff. Capacity building on mainstreaming by the UNDP is limited to UN staff. It has not been extended to decision-makers and other officials involved in developing policies and programmes (such as the National Development and Planning Commission) in other government sectors. The UNDP has organized several leadership training workshops and also training of trainers for civil society, including chiefs, mainstreaming

at institutional levels for heads of public organizations and corporate entities and the media, mainstreaming at community level for civil-society organizations and the larger nongovernmental organizations. Other areas dealt with include HIV and workplace environments. External consultants have been supporting the programme. These leadership programmes have created positive responses towards combating stigmatization and therefore increased the numbers seeking confidential voluntary counselling and testing.

### **3. Analysis of strengths and limitations**

#### **3.1 Mainstreaming in the PRSP**

In the GPRSP most of the emphasis is on HIV/AIDS as a cause of poverty and not much is said of the reverse—that is, poverty leading to increased vulnerability. Vulnerable groups, such as people living with HIV, disadvantaged women (single and teenage mothers), children in difficult circumstances, rural agricultural producers and displaced communities are recognized for action but issues affecting them are not inextricably linked to poverty. However, risk factors and vulnerability are recognized as being different for men and women as are the gender implications for the impact of HIV/AIDS.

In the GPRSP, HIV/AIDS is not identified as one of the key development issues, or one of the characteristics of the vulnerable and excluded groups, which need to be addressed by reforming macro and sector policies and mainstreaming the needs of the vulnerable into general public policy.

GPRSP I goals were developed from projections of epidemiological data for levels of impact on poverty and vice versa, as no evidence-based information is available. A revised GPRSP is at conceptual stage. Relevant data are needed to inform its revision and discussion of all issues and scenarios possible. Various studies have been carried out but have not been finalised yet to provide evidence-based information. Time is running out for the reports from these studies to be put together before the revision is completed.

A major challenge is a weak monitoring and evaluation capacity and lack of statistical data for a baseline. This is critical, and the PRSP suggests carrying out priority impact studies for HIV/AIDS impact assessment of the full range of health promotion and prevention approaches in use and for the impact on poverty of different care regimes for people living with HIV.

#### **3.2 Commitment and coordination**

Different concepts of mainstreaming exist, and the understanding of mainstreaming as a process varies. There is the danger that it could become a tick-in-the-box activity, which is talked about and not acted upon.

The Ghana AIDS Commission strongly advocates for mainstreaming HIV/AIDS to become a critical part of every process. The UN Expanded Theme Group and bilateral agencies are also pushing for mainstreaming of HIV/AIDS into all programmes. Unfortunately however the Commission does not have the required capacity to coordinate and ensure mainstreaming, and commitment levels are low.

A key question is how to tackle HIV/AIDS and the links with other cross cutting issues. As yet there are no specific tools and instruments available to the National Development and Planning Commission for mainstreaming HIV/AIDS, and cross-cutting mechanisms have not yet been formalized. However, a programme has been drawn up for mainstreaming and institutionalizing gender issues. Although vulnerability and human development are the main pillars that will carry HIV/AIDS in the GPRS, it will be addressed by cross-sectoral planning

groups formed for all the five pillars of the GPRS, macroeconomic stability, production and employment, and governance (as well as human development, and vulnerability and exclusion).

The officers of the NDPC are discussing and brainstorming amongst themselves and with consultants working with them on the GPRSP about the relevance and place of HIV in their various thematic areas/pillars. However, it was reported that some development and financial planners may not be aware of existing expertise and tools that could develop skills needed for mainstreaming HIV/AIDS and other cross-cutting issues.

The very structure of the GPRS makes it difficult for HIV/AIDS to be mainstreamed. The GPRS placed HIV/AIDS under the Human Resource Development pillar as a separate and distinct section with its own programmes and budget. HIV/AIDS has been treated as an add-on activity, and mainstreaming has not been possible due to the resource base for programmes and because most agencies do not regard HIV/AIDS programmes as part of their core business. Executing specific stand-alone programmes is a lucrative venture and mainstreaming is often envisaged as a specific programme, with expectations of separate funding for implementation.

The effectiveness of institutional arrangements is hampered by inadequate collaboration and coordination between the Ghana AIDS Commission, ministries, departments, and agencies, and other institutions and funding arrangements. Unfortunately there is no mechanism for a holistic approach to coordinate the fragmented ideas and processes.

Sector mainstreaming was felt to make a promising start, but the level of commitment has waned with the lack of support, recognition and resources. Unfortunately there has been little cross-sectoral coordination and insufficient appreciation of the collective and integrated approach needed. Mainstreaming also lacks champions—informed and committed senior officials involved in the planning and prioritisation of plans for their ministries. There is little designated responsibility and accountability for taking forward the overall national strategy, and to allocate resources needed.

### **3.3 Implementation issues**

Mainstreaming has tended to remain at the planning stage, and there have been challenges in moving to implementation.

For example, mainstreaming at the district and sub-district levels is envisaged to be implemented through the District Response Initiative (DRI). The DRI should be a basis for an all-encompassing continuum of care that will involve all the ministries, departments and agencies. Forty-three districts were successfully mobilized (to plan for internal and external domain programmes and monitoring and evaluation). Broad groups of stakeholders were brought together at the district levels (called the DRI management teams) and capacity was built in situation analysis, the development of strategic plans and action plans following community assessments. However, the programme has not worked well. Constraints faced in implementation of the plans included the failure of partners to commit funds to strengthen the local government structures. There has been duplication of roles, and conflicts between local government and the GAC, which set up parallel structures in the districts.

### **3.4 Budgetary issues**

There have been difficulties in allocating finance. In the first instance, most of the ministries, departments and agencies (MDAs) had already prepared their budgets for the year and, since most budgets were not fully funded, MDAs that do not regard HIV/AIDS as part of their core business did not commit funds for HIV/

AIDS programmes. Allocations were made specifically last year by the Ministry of Finance in the form of supplementary budgets for HIV/AIDS to provide funds to sectors which had not made provision. Not all sectors drew on this facility however. Sectors that actively pursued their sector plan were those which already had programmes running with funding from partners.

Government instructed that 1% of the District Assembly Common Fund (DACF) should be allocated for DRI, and also instructed the various sector ministries to budget for HIV/AIDS programmes. Not all sectors have complied with this. District assembly funds were often delayed in being allocated by the Ministry of Finance. Currently, the Ministry of Finance does not ensure amounts are agreed on and ring-fenced, so budgets for HIV/AIDS tend to be vulnerable to cuts.

Because of the SWAp used by Ministry of Health, expenditures made for HIV/AIDS are at the discretion of the District Director of Health Services and cannot easily be tracked separately.

HIPC funds constituted about 10% of the health budget. They were allocated mainly to the social sector, namely education and health. Provision was made for social infrastructure, (expansion of training schools and incentives for staff serving in deprived areas). However, no requests were made in the proposals drawn up by the Ministry of Health for HIV/AIDS activities in the HIPC fund.

## 4. Conclusions and recommendations

The main problems with mainstreaming HIV/AIDS in national development instruments can be summarised as follows:

- The NDIs are not informed by evidence-based facts and figures
- HIV policy is not well outlined in the thematic areas of the PRSP
- They are championed mainly by generalists, not by trained persons or experts on HIV issues
- No dedicated attempt has been made to develop the necessary instruments for mainstreaming
- No one seems to be aware of the various toolkits for mainstreaming that are available

It is important that mainstreaming HIV/AIDS is not presented as an intervention per se but as a range of practical strategies for scaling up responses and addressing the developmental impacts of HIV and AIDS globally and regionally. The response needs to move from planning to implementation. Given the low prevalence in Ghana, selective sector level involvement may be the way forward.

The NDPC and GAC need to be able to work together in driving the mainstreaming process, while ensuring that the Ministry of Finance, as the final arbiter, is also on board. The capacity for mainstreaming is currently not in place and needs to be developed and strengthened to ensure a more integrated approach to HIV. There is a need for capacity-building for a broad range of development practitioners, especially the coordinators and consultants, in order to bring about the desired set of outcomes.

There is also a need to strengthen national capacity for applied socioeconomic research to provide data (especially baseline data) to enable the development practitioners to determine what problems should be addressed and how to go about responding in ways that are effective.

Appropriate technical support is needed in:

- Orienting and coaching senior policy-makers and planners in the NPDC and key ministries as well as the coordinators involved in developing the national instruments to standardize the concepts of mainstreaming;
- Mainstreaming needs assessments; and
- Developing implementing strategies and tools for HIV/AIDS mainstreaming.

Ideally technical assistance needs to draw on local expertise, and develop the skills of sectoral specialists.

Gender mainstreaming should be emphasized as part of the national response to HIV/AIDS. Specific issues include gender-based violence, sexual coercion, and expanding economic opportunities for women.

**Key informants**

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# SOUTH AFRICA

## 1. Introduction

This report is part of an independent review jointly commissioned by UNAIDS and UNDP of the experiences with mainstreaming HIV/AIDS in national development instruments (NDIs), and of technical support provided to national partners in this area. It draws on interviews with key informants and documents concerned with the process of HIV/AIDS mainstreaming in national development instruments in South Africa in 2005. Two other country consultations were carried out in Cambodia and Ghana.

In 1994 South Africa elected a new government committed to poverty reduction and social improvement. Government policies and programmes were guided by an ambitious programme of social reconstruction, the Reconstruction and Development Programme (RDP). The RDP can loosely be regarded as a broad statement of poverty reduction, which uses a "poverty reduction strategy paper" approach with earmarked funding for poverty relief (Manuel, 2004). In time, however, there was a shift away from the RDP and towards the implementation of a macroeconomic strategy of structural adjustment, the Growth, Employment and Redistribution Strategy (GEAR). GEAR's programming period came to end in 2000 and currently there is no overarching instrument that delineates the country's national poverty reduction strategy/framework.

## 2. Current status and processes for HIV/AIDS mainstreaming in NDIs

### 2.1 National AIDS policy and strategy

South Africa has a comprehensive National HIV/AIDS/STD Strategic Plan for 2000–2005, which for example, sets out strategies for reducing the incidence of infection among high-risk groups, treatment of those who are infected, support to orphans and vulnerable children, and increased access to home-based care. The first year of the implementation of the national Comprehensive HIV/AIDS Care, Management and Treatment Plan (adopted in August 2003) was 2004. A key challenge for the HIV/AIDS strategy is to accelerate the pace of implementation. However, the NSP lacks specific and monitorable targets to support this process.

### 2.2 HIV/AIDS and poverty in sector plans

While South Africa does not have a PRSP, there are various components of South Africa's approach to poverty reduction that resemble PRSP activities. South Africa's approach to poverty reduction is largely sector-driven. As such this assessment will largely focus on HIV/AIDS mainstreaming in sector poverty plans, and the MTEF. Given the scope of this work, it was not possible to access and review all relevant sector policies and plans. Thus it was decided to focus on the social services portfolios, and in particular, the Department of Social Development (DSD); Department of Education (DoE) and Department of Health (DoH). It is also worth noting that provinces also have their own policies and plans. However, a review of provincial plans was not possible given existing time constraints for this piece of work.

From a review of sector poverty reduction strategies in various sector plans, it is clear that HIV/AIDS is not uniformly discussed or understood to be a cause of poverty. In some instances, such as the Department of Health's National Priorities for the Health System document, there is no ostensible link between poverty, income inequalities and HIV/AIDS at all.

It is also clear that HIV/AIDS is often dealt with as a separate “programme” in most sector plans, and is often not integrated into poverty reduction programmes or strategies.

In the Strategic Plan for the Department of Education (DoE 2003–2005), there is limited acknowledgement of HIV/AIDS as a cause of poverty, but there is mention of how gender increases vulnerability. The poverty reduction strategies in the Department of Social Development Strategic Plan (DSD 2003/2004–2005/2006) target people infected and affected by HIV/AIDS and communities where prevalence of HIV is high. In other words, there is recognition that HIV/AIDS has implications for the economic security and livelihood of households, and HIV/AIDS is seen to be a cause of poverty. The impacts of HIV and AIDS are seen to make households more vulnerable to economic hardship and food insecurity, but there is not made obvious that poverty increases vulnerability to HIV<sup>1</sup>.

There is evidence of poverty reduction mainstreaming in some of the existing HIV/AIDS strategies of the social services sectors. This should be understood against the backdrop of the National Integrated Plan for Children Infected and Affected by HIV/AIDS (NIP)—an integrated, multisectoral response to the pandemic involving the Department of Education, Department of Social Development and Department of Health. This response attempts to work to the comparative advantage of each of the sectors to attend to the needs of HIV/AIDS infected and affected children<sup>2</sup>. The implementation of this plan also has been given substantial impetus by the national government’s allocation of up to R520 million in conditional grants to the provinces for these (and other) HIV/AIDS interventions.

With respect to gender mainstreaming in national strategic plans, there are elements of mainstreaming in the Department of Education, Department of Social Development and Department of Health strategic plans. For example, the Department of education and Department of social Development’s strategic plans note the gender dimensions of HIV and sexual violence.

### **2.3 Links between the sector plans, the NSP and the MTEF**

Linking the goals outlined in the NSP with the medium term goals or “output targets” of the MTEF is not straightforward, which indicates limited integration and a lack of coordination of processes.

A review of poverty reduction strategies in sector plans also reveals that the nature and extent of integration with South Africa’s NSP is variable. In the Department of Agriculture’s strategic plan there is no real integration between poverty reduction strategies (primarily the Integrated Food Security and Nutrition Programme) and the NSP. The same can be said for the Department of Social Development, and indeed the governments’ principal poverty reduction strategy, the disbursement of social grants. In the Department of Social Development sector strategic plan, HIV/AIDS is treated as a separate programmatic intervention. There are no overt linkages between social grants and HIV/AIDS and/or the priorities of the NSP.

Poverty-reduction strategies in the strategic plan of the Department of Education reflect to some extent the priorities of the NSP. School-fee exemptions and a national school nutrition programme are the Department of

<sup>1</sup> This is captured in a number of development outcomes e.g. the “[d]evelopment of household food security through the establishment of food production clusters in communities, with a particular focus on households affected by HIV/AIDS” and the “[t]he provision and maintenance of social support structures in communities where the prevalence of HIV/AIDS is high”

<sup>2</sup> With respect to the key strategies of the National Integrated Plan, DoE is primarily responsible for the implementation of lifeskills programmes; DSD has taken the lead in implementing community and home-based support programmes and DoH is principally responsible for voluntary counselling and testing.

Education's main poverty reduction strategies (Hunter et al, 2003). They target children affected and infected by HIV, which do in turn correspond to the goal of developing and expanding the provision of care to children and orphans national AIDS plan.

In the Department of Social Development's strategic plan, the primary output of the HIV/AIDS programme is the implementation of community and home-based care (CHBC) programmes. The implementation of models of community and home-based care in all provinces is also one of the central strategies of both the National Integrated Plan for Children Infected and Affected by HIV/AIDS and the NSP. While the Department of Social Development's community and home-based care programme is positioned as an HIV/AIDS intervention, there is substantial integration with poverty alleviation programmes. This is evidenced by the types of services that the programme provides—food parcels, provision of clothing, improved access to social grants as well as addressing children's educational and health needs.

## **2.4 Budgeting issues**

As a whole, the NSP has not been costed. The various government departments that lead on the main strategies of the plan are expected to incorporate required additional costs into their budgets. The Ministry of Finance has in many ways driven this process by allocating conditional grants to provinces for HIV/AIDS-related activities through the MTEF process. For instance, the Department of Health is allocated an HIV/AIDS conditional grant that is largely ring-fenced for the Comprehensive HIV and Aids Care, Management and Treatment Operational Plan.

## **3. Analysis of strengths and limitations**

### **3.1 Leadership and coordination**

As previously noted, HIV/AIDS emerges in the poverty agenda in inconsistent and ad hoc ways. National leadership in the country does acknowledge that HIV/AIDS contributes to poverty and that addressing HIV will be a means to addressing the needs of the poor but this has not really been translated into sustained and coherent mainstreaming (see Butcher 2003)<sup>3</sup>.

It is clear that no one has taken the overall lead in mainstreaming HIV/AIDS in poverty reduction strategies. In contrast, a structure such as the Interdepartmental Committee (IDC), which was primarily responsible for driving the multisectoral response for children affected by HIV and AIDS, demonstrates that HIV/AIDS mainstreaming can be done when there is high level leadership and co-ordination for taking forward the agenda<sup>4</sup>.

In some sectors there seems to be lack of awareness around HIV/AIDS and mainstreaming generally, such as in the Department of Agriculture where HIV prevention and impact mitigation are not part of the sector's mandate. In other sectors, such as the Department for Social Development and Department of Health, there appears to be understanding of mainstreaming and HIV/AIDS, but inadequate understanding of the implications for planning.

<sup>3</sup> See T. Manuel 2004: "in broad terms there seems to be agreement on the groups of people most vulnerable to poverty- inhabitant of rural areas... and increasingly, those directly affected by HIV/AIDS". This point is reiterated in the National HIV/AIDS/STDs Strategic Plan.

<sup>4</sup>The IDC is a multisectoral committee that was located under the South African National AIDS Council (SANAC), and consists of members from all levels of government.

Role definition and responsibilities regarding HIV/AIDS mainstreaming were often cited by informants as being a critical gap. The concern is that as HIV/AIDS is generally not included in the portfolios of many managers in government departments, persuading them to mainstream is often problematic. And for those that do “buy in”, sustained mainstreaming can be difficult to manage.

The processes for participation in drafting the various strategic plans also differ. National consultative processes with various stakeholders (including civil society organizations) informed the formulation of the Department for Social Development’s Strategic Plan. However, the extent to which people living with HIV were involved in these processes remains unclear.

Research efforts (such as sector impact assessment) aimed at analyzing the socioeconomic impacts of HIV have been conducted in a few national sectors. However, instead of mobilizing government, in some instances these research exercises have led to a more conservative approach from senior leadership in the country.

### **3.2 Implementation issues**

Implementation has been problematic, but some progress has been achieved on the implementation of the National Integrated Plan to address the needs of children infected and affected by HIV and AIDS. This demonstrates the extent to which HIV/AIDS mainstreaming in poverty reduction strategies has been translated into programming at provincial level.

Looking specifically at the implementation of the community and home-based programme, the number of sites for community and home-based care reached 400 in 2003. Typically these programmes target households and communities that are most severely affected by the epidemic. The implementation of this programme has resulted in a steady increase in the number of children identified as being orphaned by AIDS or vulnerable to HIV, which has meant increased provision of services to these children, including access to food parcels and social grants. This in turn has been mirrored by an exponential increase in the number of children receiving the Child Support Grant. Nongovernmental organizations are responsible for the implementation of the programme in various sites, and the types of services delivered to these various communities differ according to the needs of the affected individuals and households.

However, it is worth noting that there are without doubt provincial disparities in implementation, which is constrained by a number of factors including resources and capacity.

The implementation of the Expanded Public Works Programme (EPWP) is also important to consider given that it has received considerable attention in the media and in popular discourse in the recent past. This Programme was formally launched by President Mbeki as a short- to medium-term poverty alleviation initiative. The Programme centres on job creation, by “re-orientating line function budgets and conditional grants spending so that more jobs and training opportunities for the unskilled are created” (Streak, 2004). As for HIV/AIDS mainstreaming in the Expanded Public Works Programme, while community-care givers attached to the community and home-based care programme have benefited from job-creation, recognition of HIV/AIDS is otherwise absent from the programme.

### **3.3 Capacity issues**

At the policy level it is acknowledged that there is limited capacity (both in numbers and skills) within all tiers of government to implement programmes. Hence it can be assumed that there is also lack of capacity and resources to mainstream HIV/AIDS. According to some informants, part of the difficulty lies with mainstreaming itself. It

is a process that requires constant revisiting and this can often be difficult to commit to because of the pressures of resource/capacity constraints.

At the programme level the capacity of provinces to absorb conditional grant funding from national government can often hinder implementation. It seems to be the case that better resourced provinces (such as Gauteng and Western Cape) are able to spend their allocated funds from the conditional grant. However, some of the more under-resourced provinces that have been badly hit by the epidemic often under spend.

Further, while there is general awareness of mainstreaming toolkits, there also appears to be certain reluctance to use these resources. The “toolkit” approach is thought to be somewhat problematic because often there is lack of capacity for implementation.

## 4. Conclusions and recommendations

Given that there is no specific mandate that compels sectors and provinces to mainstream HIV/AIDS, policy and implementation of mainstreaming processes are variable at best. It is suggested that because there is no overarching framework within which to operate, efforts towards mainstreaming often become ad hoc. Without high-level commitment, HIV/AIDS activities are marginalized and resources are often vulnerable to budget cuts. Informants also suggested that making mainstreaming a legal requirement would help drive the process forward, and commented on the difficulties in mainstreaming HIV/AIDS in sectors which do not have HIV/AIDS policies.

Currently, no single sector/agency appears to be taking the lead in mainstreaming HIV/AIDS generally. If mainstreaming is to happen, it is imperative that there is strong leadership and political will, as well as agents who drive the process in the various sectors.

Budget allocations are the clearest and most unambiguous statement of the priorities of government (Adams 2001). As the National Treasury determines the allocation of finances to the sectors, it potentially wields substantial influence with respect to HIV/AIDS mainstreaming. The National Treasury has held discussions regarding the inclusion of HIV/AIDS in the MTEF guidelines, which would compel national departments to include HIV/AIDS in their budgets, and would facilitate HIV/AIDS mainstreaming. Treasury is thus well positioned to take on a leadership role with respect to mainstreaming HIV/AIDS in poverty reduction planning.

Clear policy guidelines on HIV/AIDS mainstreaming for all government departments at all levels should be produced, as these currently do not exist. Increasing capacity in all tiers of governments is essential for mainstreaming to happen. Managers, in particular, must have the necessary skills and understanding in order to mainstream.

Further, for mainstreaming to be introduced and sustained, it needs to happen at all levels of government. Currently, there is limited data available on mainstreaming at provincial and district levels. There is therefore scope for research to be done to better understand the constraints of programme implementation at provincial and district levels.

### **Key informants**

Ms. Rose Smart, HEARD

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The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: 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.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

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