



THE 2ND MULTISECTORAL MEETING ON
RETHINKING HIV/AIDS & DEVELOPMENT
A Review of USAID's Progress in Africa

MEETING REPORT
March 12-13, 2002



United States Agency for International Development,
Bureau for Africa, Office of Sustainable Development

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Executive Summary

Introduction

In September 1999, USAID convened a consultative meeting on *AIDS as a Development Crisis in Africa: Rethinking Strategies and Results* in Washington, where participants deliberated for two days on the development crisis resulting from high and growing HIV/AIDS prevalence rates in Africa. In March 2002, USAID convened this second consultative meeting on the same theme to review progress and lessons learned and to identify new directions. About 125 people from USAID, its partners, and other organizations attended. Small working groups were formed along sectoral lines to recommend further actions.

Thought Provoking Statements

- How do you do development if life expectancy is 29 years and the decision horizon is greatly truncated?
- HIV/AIDS has necessitated a rethinking and a complete shift in development paradigm.

Main Points from the Meeting

- The worst is yet to come: increases in mortality and orphans will reverse the process of development, pull economies apart from the inside out, and destabilize the whole of Africa with significant implications for global security.
- Development processes and programs need to be rethought to meet the challenges of drastic reduction in skills and implementation capacity and to combine elements of rapid humanitarian assistance with longer-term sustainability concepts.
- Progress cannot be made without unprecedented partnerships between donors, the public sector, and private profit and non-profit sectors for concerted and coordinated actions. The development agenda must be prioritized and scaled back to match available capacity until more capacity is developed. The alternative will yield ineffective programs and misuse of resources.
- Each sector must prepare itself to adjust to the loss of implementation capacity and changes in the demand for services, outputs, and productivity. A multisectoral approach is not a choice but a necessity.
- Mitigating the HIV/AIDS impact on different sectors and on the economy is an important and yet neglected element of HIV/AIDS programs. Mitigation should be a third component of an HIV/AIDS program joining care and support, and prevention. These components are interrelated as the success in Uganda attests. Uganda supported rapid economic growth and reduced HIV/AIDS prevalence by involving a dozen sectors in HIV/AIDS programs.

USAID Progress and Challenges

USAID has been at the forefront of promoting multisectoral approaches. About 15 countries now have more than one sector involved in a multisectoral program. Three countries represent best practices from different perspectives, namely Zambia, South Africa, and Tanzania. Most progress has been made by the education sector followed by democracy and governance, and natural resource management. The most impressive expression of commitment came from Mr. Natisios' cable of June 2001 that called for all the sectors to address the HIV/AIDS problem.

Despite the progress described above, formidable challenges remain.

- The agriculture and health sectors' responses to the current food and health care crisis that is exacerbated by HIV/AIDS must be sharply strengthened.
- Multisectoral approaches to HIV/AIDS in country and regional missions must be expanded as required by the USAID administrator. Toolkits, methodologies, and best practices are available to assist in this but have not been well used.
- A new economic growth strategy for the Agency must be developed that adequately considers the impact of HIV/AIDS on its investments and focuses on implementing poverty reduction programs that effectively reach the poor.
- Concerted and coordinated assistance must be effected to make a difference. Every agency including the World Bank, DFID, Swedish SIDA, and others have strategies and programs calling for multisectoral approaches and yet hardly any donor coordination exists.

Key Recommendations for USAID

- Continue and expand USAID's leadership role by analyzing the issues, identifying promising approaches, catalyzing actions, and leveraging resources to implement multisectoral approaches and meet the challenges listed above.
- Establish a high level inter-bureau committee to rethink development in light of HIV/AIDS and to coordinate the activities of the three technical and regional bureaus.
- Revive and strengthen the technical multisectoral working group. It could provide the secretariat to the above committee. The technical working group could comprise champions or dedicated individuals from each sector who are given time, resources, and incentives to work on HIV/AIDS-related issues.
- Establish a special fund to finance multisectoral activities for which HIV/AIDS-dedicated and other development funds are not available.
- Take the lead in donor coordination for multisectoral programs.
- Arrange to orient field staff of different sectors in HIV/AIDS sectoral responses.

Part One

Main Report

Introduction

This report gives the salient points that emerged out of the presentations and discussions at the meeting. Part I summarizes the Panel discussions and Part II outlines the outcome of deliberations of the breakout sessions by each sector. The details of speakers and organizers of the sectoral groups are given in Annex 1 along with the objectives of the meeting.

I. Key Challenges for the Meeting

- The HIV/AIDS epidemic is worse than predicted at the last meeting in 1999 and the long-term ramifications for economic development are becoming increasingly evident. The three important factors of economic development, knowledge, social capital, and risk, are adversely affected by HIV/AIDS, which has disrupted the accumulation of knowledge in sub-Saharan Africa. The traditional safety net in Africa—the family—is now breaking down. New social capital is needed (e.g., networks) to help with the fallout from the HIV/AIDS pandemic, notably with orphans. Economic growth requires an environment of predictability, stability and confidence, yet AIDS leads to instability, a high degree of uncertainty, and a lack of confidence for investment.
- It is imperative to develop new ways of thinking to address the adverse impact of HIV/AIDS on development sectors. Three issues debated were: 1) what a comprehensive multisectoral response to HIV/AIDS would look like; 2) how to allocate resources between prevention, care and support and mitigation; and 3) how to emphasize programs for youth—the future of a country.
- Considerable progress was made on the recommendations from the first consultative meeting as shown in the chart in Annex 2. The Zambia mission involved a number of sectors and even appointed a multisectoral advisor. The South Africa mission excelled in addressing HIV/AIDS problems related to economic growth. The education sector established a model to address systemic and management problems exacerbated by HIV/AIDS. This meeting reviewed where progress has been made; the continuing obstacles, and the concrete actions each sector should take over the next two years.

II. Setting the Scene

Demographic and Economic Impact

This section identifies what we know and what we do not know about the epidemic and its impact. We have considerable knowledge of the scale and speed of the epidemic and its demographic impact at least through the next decade. However, 20 years into the epidemic, the knowledge of the exact nature of its economic and social impact is woefully inadequate.

What We Do Know

- The scale and the speed of the epidemic is worse than expected. The number of HIV+ persons in 2000 is twice as high as had been predicted in 1990.
- Countries in all African regions have recorded increases in prevalence rates, which are expected to continue. A growing number of previously low prevalence countries of West Africa expect to see increasing prevalence rates.

Fig. 1

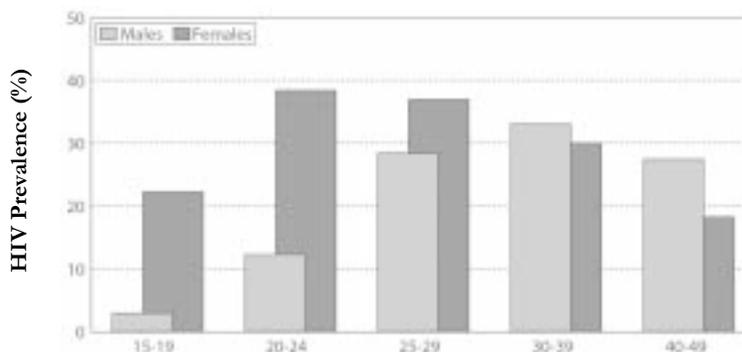
Countries with Sharp Increases in HIV Prevalence in Sub-Saharan Africa, 1999-2000		
<i>Southern Africa ('99, '00)</i>	<i>East & Central Africa ('99, '00)</i>	<i>West Africa ('99, '00)</i>
Angola: 2.7, 5.5	Chad: 2.7, 3.6	Benin: 2.5, 3.6
Botswana: 35.8, 38.8	Kenya: 14.0, 15.0	Cameroon: 7.7, 11.8
Lesotho: 23.6, 31.0		Liberia: 2.8
Namibia: 19.5, 22.5		Sierra Leone: 3.0, 7.0
South Africa: 19.9, 20.1		
Swaziland: 25.3, 33.3		
Zimbabwe: 25.1, 33.7		

Source: UNAIDS Reports on the Global HIV/AIDS Epidemic, 2001 & 2002

- Unfortunately infection rates are higher among women—the foundation of the family—and among young persons—the future of Africa. A household-based study of men and women in four cities—Ndole, Zambia; Yaoundé, Cameroon; Cotonou, Benin; and Kisumu, Kenya confirmed these gender- and age-differentials in HIV/AIDS prevalence. (The Kenya and Cameroon results are shown in Figures 2 & 3.)

Fig. 2

HIV Prevalence by Age and Sex, Kisumu, Kenya, 1998

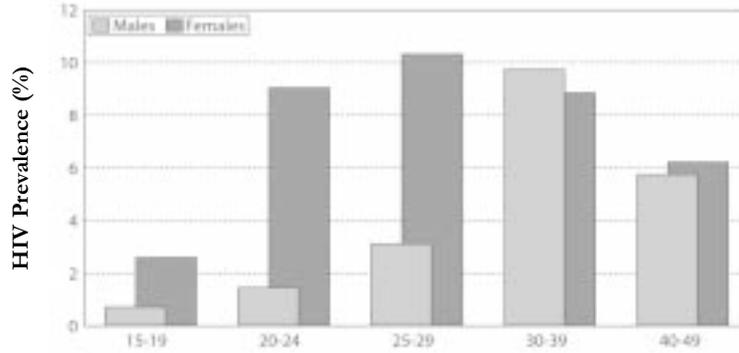


Multi-Centre Study

Source: Karen Stanecki, US Census Bureau

Fig. 3

HIV Prevalence by Age and Sex, Yaounde, Cameroon, 1998



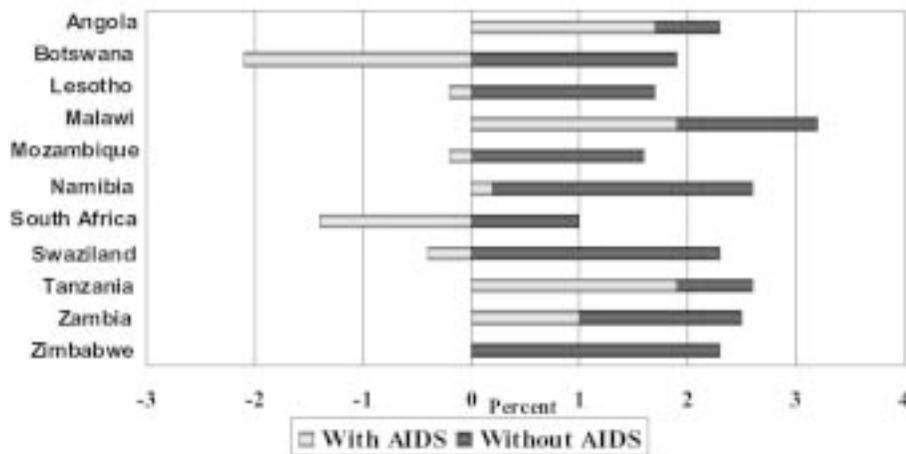
Multi-Centre Study

Source: Karen Stannecki, US Census Bureau

- Women make up a significantly larger part of the infected population because it now appears that young women are infected before marriage through relations with older men and bring that infection to the marriage.
- Population growth rates will slow down in the coming decades in high prevalence countries and will be negative in several countries. (See Figure 4 below.)

Fig. 4

Population Growth Rates With & Without AIDS, 2010

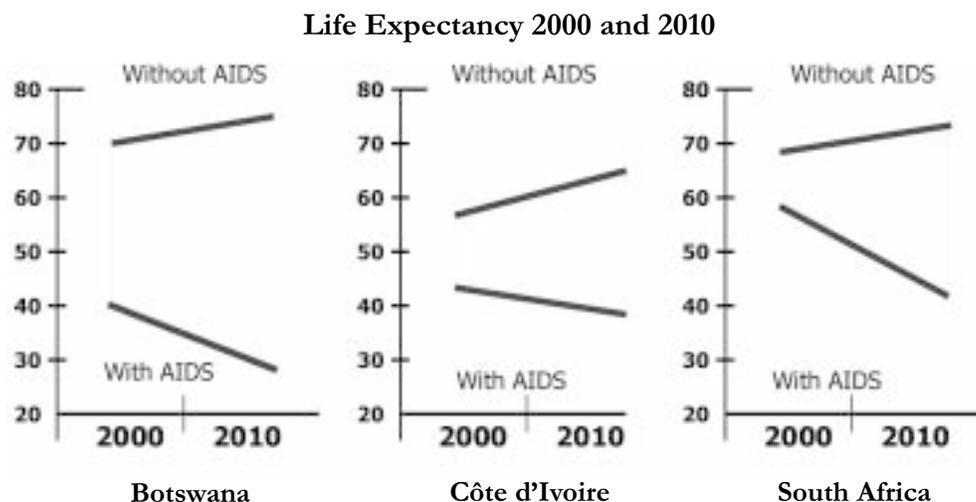


Note: The population growth rate in Zimbabwe with AIDS is projected to be 0.0

Source: Stannecki, K. July 2002. *The AIDS Pandemic in the 21st Century*. Draft Report. Washington, DC: USAID and US Census Bureau.

- As Figure 5 indicates, death rates will increase and life expectancy will decline sharply.

Fig. 5



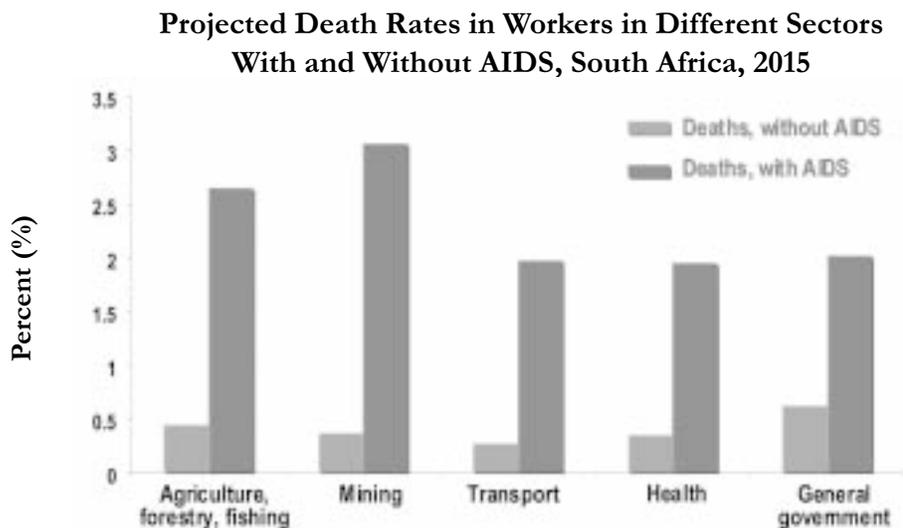
Source: Alan Whiteside, HEARD, University of Natal

- The old population pyramid will likely change drastically since most people dying will be in the most productive years of their lives. This will leave large numbers of orphans that must be cared for and will affect all aspects of family life. The number of orphans is estimated to increase in sub-Saharan Africa from 34 million (11 million from AIDS) in 2001 to 42 million (20 million from AIDS) in 2010.

What We Do Not Know

- The changing age-structure in high prevalence countries will reduce the labor force 20–30 percent. However, we do not know the impact on different skill categories except for South Africa. The available data show that this decline hits the most important sectors and most scarce skills the hardest.

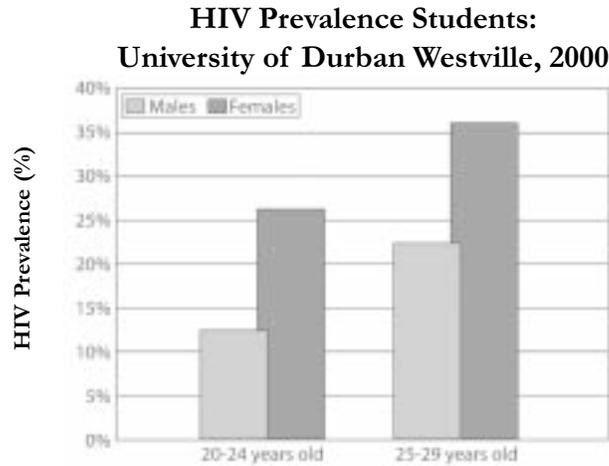
Fig. 6



Source: presentation by Dr. Bernhard Schwartländer, WHO at the XIVth International AIDS Conference, Barcelona, 8 July 2002. Adapted from Quatteck K, ING Barings. *The Economic Impact of AIDS in South Africa: A Dark Cloud on the Horizon: A Threat to the African Renaissance*. 2000

- To make the situation worse, the supply of future skilled labor may also be adversely affected because a large proportion of university students have high infection rates as indicated by data from South Africa.

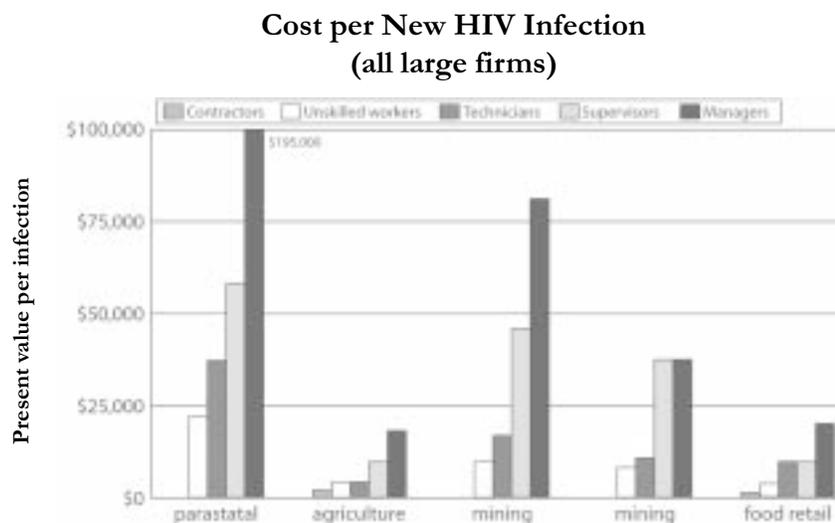
Fig. 7



Source: Alan Whiteside, HEARD, University of Natal

- Very few systemic studies of the microeconomic impact of the epidemic have been undertaken. Therefore, little evidence exists of the household- or firm-level impact of the epidemic or of the coping mechanisms used to mitigate its impact.
- A Boston University study of six firms indicated that the cost of each new infection is high in many industries. Therefore, firms are beginning to outsource their labor supply so they do not have to cover the costs of health care, lost labor, etc. (See Figure 8 below.) Thus, they shift the burden of the disease to government and communities.

Fig. 8

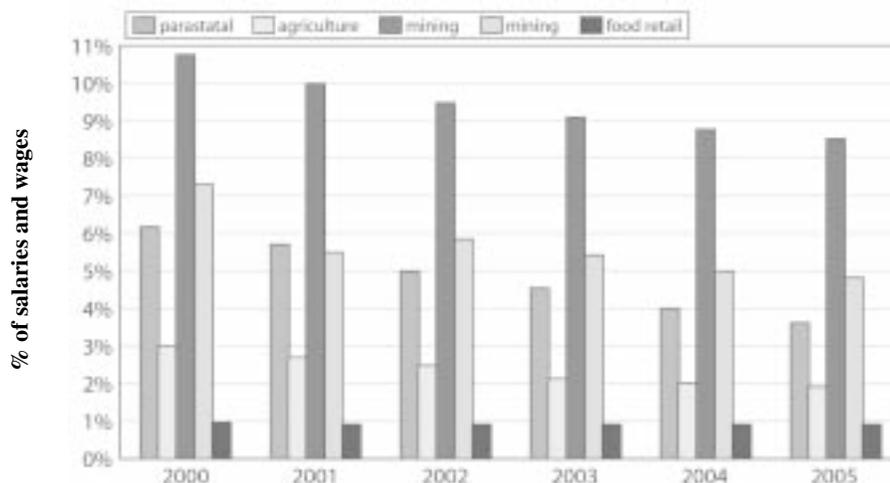


Source: Boston University, CIH, School of Public Health

- HIV constitutes, in effect, an AIDS tax on industries, which is sometimes as much as 10 percent of salaries and wages. (See Figure 9.)

Fig. 9

The “AIDS Tax”
(Aggregate cost of new infections acquired in year – present value)

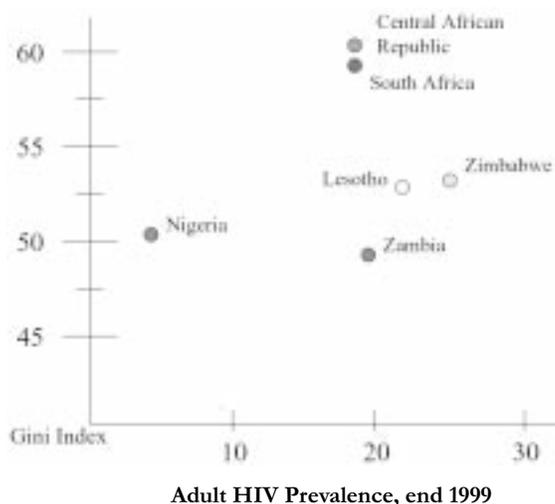


Source: Boston University, CIH, School of Public Health

- The available data indicate that inequities in income distribution and social and economic power fuel the epidemic: countries with the highest prevalence rates also have skewed income distribution. We currently do not understand the nature of the relationship or the measures needed to reduce inequities most effectively.

Fig. 10

Inequalities in Income Distribution and HIV



The Gini index measures the extent to which the distribution of income among individuals or households within an economy deviates from perfect equal distribution. A Gini index of zero would represent perfect equality, 100 would imply perfect inequality. Source: World Development Report, 2000/2001.

- Governments and donors develop programs based on their views and perceptions without adequate knowledge and understanding of people’s agendas. An opinion poll from an Afrobarometer survey indicates that people’s highest priorities are jobs and economic aspects of life, not health or HIV/AIDS. The first ten priorities are given in Figure 11.

Fig. 11

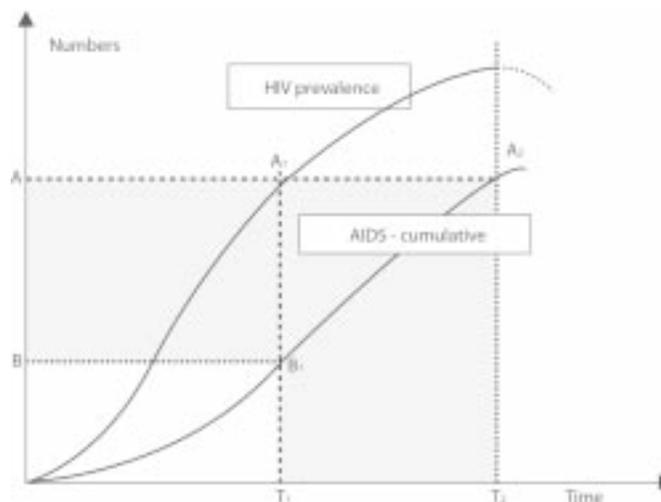
	Botswana	Lesotho	Malawi	Namibia	Zambia	Zimbabwe
Job Creation	58.4	63.4	10.9	54.1	31.8	37.4
Economy	7.0	3.1	47.6	7.3	19.7	74.2
Education	20.0	5.7	12.4	45.9	30.5	9.4
Crime & Security	12.3	27.6	28.0	0.7	8.5	6.2
Health	14.9	7.6	28.5	17.6	40.5	17.5
Poverty / Destitution	17.4	8.8	10.9	7.3	13.5	9.1
Farming / Agriculture	13.7	3.8	13.1	8.5	26.3	1.1
Food	1.7	19.8	25.5	4.2	8.4	7.5
AIDS	24.1	0.1	1.8	13.9	0.0	4.3
Water	3.5	7.3	15.5	0.0	8.5	8.9

Source: Southern Africa Democracy Barometer-Institute for Democracy in South Africa and Michigan State University-July 2000.

- In sub-Saharan Africa, the current median life survival of HIV+ people is nine years—a measure that planners and policy makers can use to prepare for HIV/AIDS-related deaths. The chart below shows two epidemic curves; one for HIV and the other for AIDS. The vertical axis represents the number of infections and cases of illness and the horizontal axis represents time. Prevention efforts can lower these numbers but we do not know by how much, as only Uganda has begun to reverse the epidemic.

Fig. 12

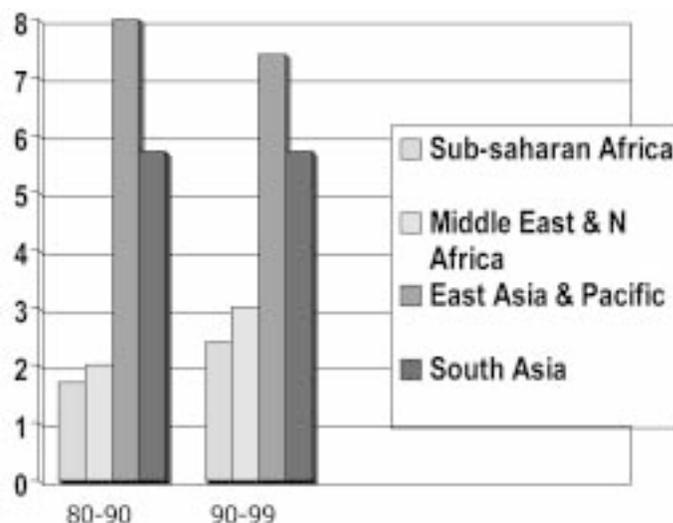
Epidemic Curves, HIV and AIDS



Source: *AIDS in the 21st Century*, 2002

- The full impact of HIV/AIDS on economic growth is not known. The models so far have failed to convey the full impact of the epidemic. Because of the lag and complicated nature of HIV/AIDS and the development process, the full impact of HIV/AIDS may not be felt until the longer term.

Fig. 13

Growth in Gross Domestic Product (% per annum)

Source: World Bank, World Development Report, 2000/01

- While we know that each sector in high prevalence countries will lose about 20-30 percent of the labor force, we do not know the differential losses by skills and occupational categories except for South Africa. For example, the loss of teachers to HIV/AIDS have been documented in some countries, however, little information is available on agriculture or health workers.

Fig. 14

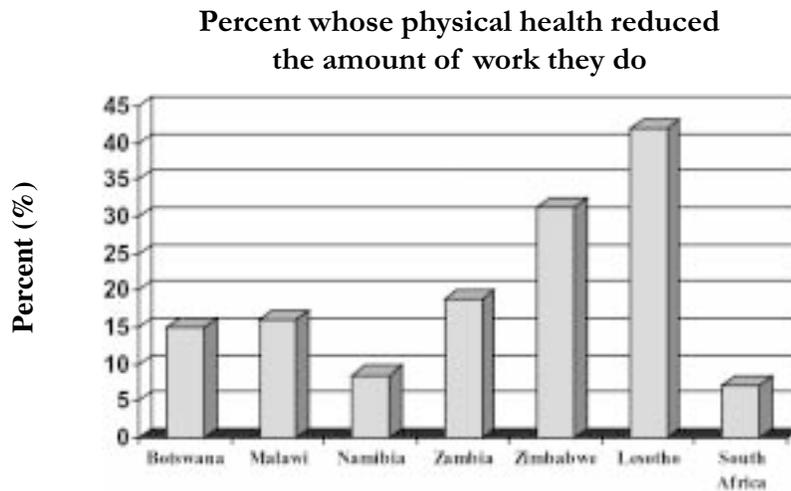
Details on Teacher Losses

- **Zambia**
 - Teachers – 40% higher mortality rate than general population
 - 1998: approx. 4% of teachers died (1,600 out of 40,000)
- **Swaziland**
 - MOE needs to train 2 teachers to replace every 1 lost
 - 80% increase in training costs
- **KwaZulu Natal, South Africa**
 - 70,000 new teachers needed by 2010
 - Teacher training institutes in KZN must increase their intake of trainees by 50%
- **Higher Teacher Attrition – losses to other sectors**

Source: USAID, Bureau for Africa, 2002

- Some evidence exists on the impact on productivity. Figure 15 shows the percentage of persons who reported decline in productivity due to health, however, no systemic study of HIV/AIDS' impact has been conducted on productivity or output.

Fig. 15



Source: Southern Africa Democracy Barometer-Institute for Democracy in South Africa and Michigan State University-July 2000.

- A recent study in Kenya by Michigan State University indicated that the death of a household head is associated with a 68 percent decline in the value of a household's crop production.
- Tens of millions of children will experience death, sickness and poverty in their formative years, however, the full impact of these events on individuals and social systems is not yet known.

III. Toward a Comprehensive HIV/AIDS Program

This section outlines the concept of a comprehensive HIV/AIDS program, elaborates on the importance of well-functioning development sectors in mitigating the impact of HIV/AIDS on households and the economy, and provides an operational framework for implementing multisectoral approaches to HIV/AIDS. In addition, it describes USAID promising practices in adopting and implementing the entire approach, or parts of it, by different missions and Washington.

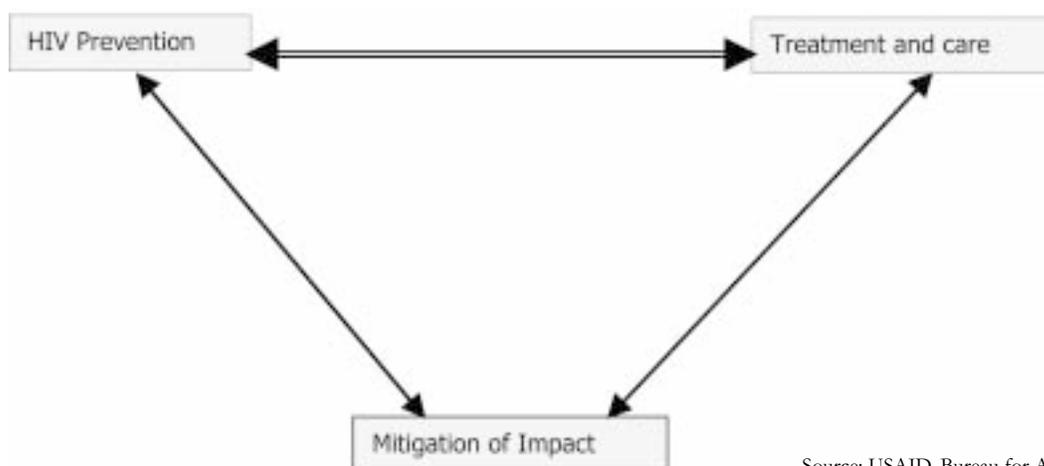
Three Components of HIV/AIDS Program

A comprehensive HIV/AIDS program should have three distinct but inter-related components, as shown in Figure 16:

- Prevention
- Treatment and Care
- Mitigation of Economic and Social Impact

Fig. 16

Comprehensive HIV/AIDS Program



Source: USAID, Bureau for Africa, 2002

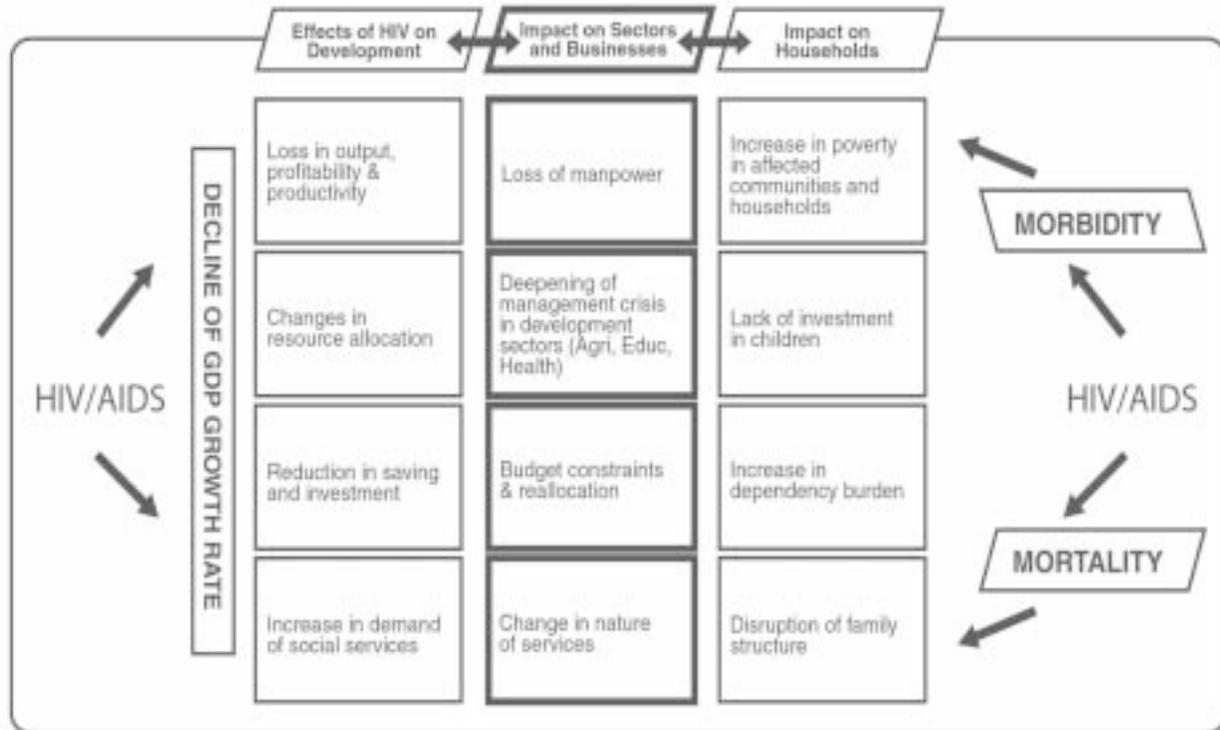
The above components are interrelated and represent a continuum. For example, mitigating the impact of HIV/AIDS on key sectors such as health, education and agriculture, as explained later in the operational chart, is essential for providing care and support or basic necessities to affected families. Similarly, the sectoral policies and programs such as access and improvements in girls' education will have an impact on prevention. The most neglected and yet crucial component of the HIV/AIDS response is mitigation of the economic impact. Therefore, the following section focuses on mitigation.

Mitigating the Economic Impact through Sectoral Strengthening

- HIV/AIDS has an impact at all levels of the economic system—macro, meso, and household—and these interrelated impacts feed on each other to create a vicious cycle. This impact is evidenced by three main indicators:
 - The loss of manpower and skills.
 - Changes in the population structure and the erosion of whole production and consumption bands, with consequent distortion of resource allocation due to changes in demand for goods and services.
 - Deterioration in management capacity and governance.
- The most direct impact of HIV/AIDS mortality and morbidity is at the household level, the base of the building blocks of the economy. HIV/AIDS reduces family members' ability to work, to generate adequate income, to save and invest, and it also increases their dependency on the state. These factors change the extent and nature of demand for services. In addition, the associated loss of experience and institutional memory will reduce sectoral capacity to produce goods and services and meet the needs of households and the macro-economy, which, in turn, will reduce or slow economic growth. This vicious cycle constrains the ability of the system to reduce household poverty or provide care and support, as Figure 17 illustrates.

Fig. 17

Economic Impact of HIV/AIDS: A Vicious Cycle



Note: Sectors here are defined as functional spheres managed by all the stakeholders including governmental and non-governmental organizations.

Source: Adapted by USAID, Bureau for Africa from Alan Whiteside's Presentation

- The sectors at the meso level provide a bridge between people and national programs and policies. They also contribute to national output, thus strengthening sectors is key in providing care and support to people and reducing poverty.
- The time required to replace manpower losses and related effects reinforces the need to take urgent action to mitigate HIV/AIDS impact and prevent countries from accelerating deeper into the vicious downward economic spiral. Thus, a rapid response is essential, especially by the public sector. This suggests mitigation efforts should focus on the sustainable improvement of management capacity and the consequent reduction of dysfunctionality in these sectors.

Multisectoral Approaches — Concept, Operational Framework and Promising Practices

Concept

- Multisectoral approaches can be either sectoral or inter-sectoral.
- The sectoral approach can be defined as those actions that each sector could undertake

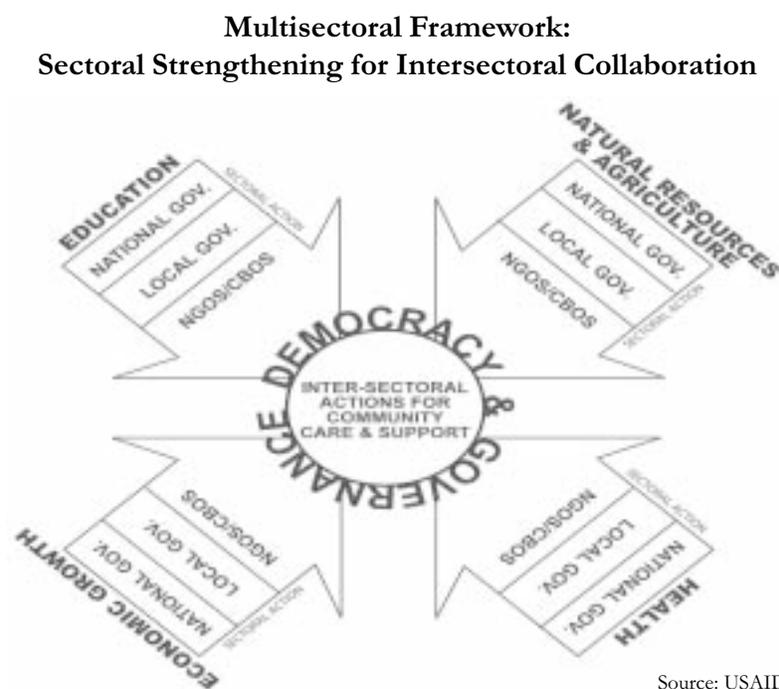
to mitigate the impact of the epidemic on its core business, and thus strengthen its capacity to contribute better to economic development and HIV/AIDS mitigation, prevention, and care.

- Intersectoral actions mean different sectors working together to achieve common objectives, such as orphan and youth development or care and support of affected families. The ability of each sector to deliver results increases exponentially if related sectors coordinate their activities inter-sectorally and agree on prioritized objectives for development.

Operational Framework

- Given the points above, an effective multisectoral approach involves strengthening the capacity of each key sector to provide services to communities affected by HIV/AIDS, in the concerted manner illustrated in Figure 18.

Fig. 18



- Each arrow represents sectoral actions by different implementing agencies to strengthen the capacity of the sector to respond better to household needs. Assessing household need and matching it with the capacity of all the implementing agencies (governmental and non-governmental) is a first step in a sectoral response.
- The center represents inter-sectoral activities focused on issues important to the communities and household, such as orphan care or youth development.
- Sectoral and inter-sectoral activities require strengthening of management capacity to address systemic issues through better governance, as a common objective.

Promising Practices in Adopting a Multisectoral Framework

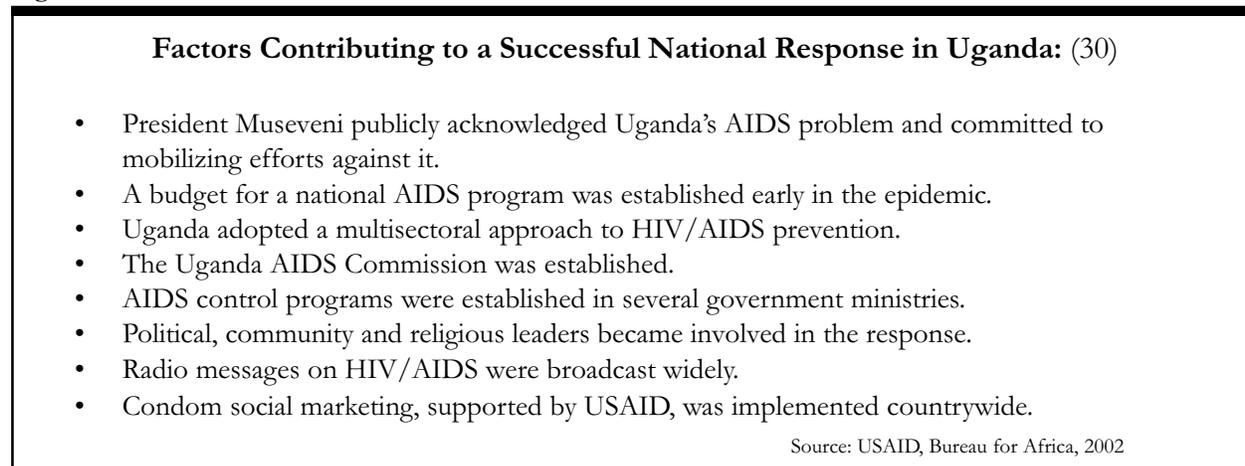
For more details on Zambia and South Africa promising practices, please see report titled *Country Profiles: USAID Multisectoral Programs*, USAID, Bureau for Africa. This section describes the following promising practices:

- The most successful Uganda HIV/AIDS program where the government adopted multisectoral approaches.
- The missions of Zambia and South Africa have adopted multisectoral programs as described in Figure 18. The unique feature of the Zambia program is its effective organization. The South Africa program has shown how to address economic issues.
- The education sector at the Bureau for Africa and in the field has set the example for addressing systemic and management issues that already exist and have been made worse by HIV/AIDS (the arrows).
- Multisectoral efforts such as the COPE project in Malawi and the emerging youth and orphan programs represent the best inter-sectoral efforts (the pie in the middle of the chart). The democracy and governance program has been working with civil society and communities in Ethiopia and Zambia.

Uganda:

- Uganda successfully demonstrates a multisectoral program. Twelve different ministries have been involved in the program and The AIDS Service Organization (TASO) provides the services in an inter-sectoral manner at the grassroots level.

Fig. 18



Zambia:

- The commitment of the USAID Director and the Ambassador in responding to HIV/AIDS and the organizational structure established for the multisectoral program are key elements of this program's success. The organizational structure is comprised of four elements described in this section.

- HIV/AIDS and Orphans Working (HOW) Group: This group developed an HIV/AIDS framework, coordinated work at the central level and selected one district as a demonstration site. The mission created a multisectoral coordinator position, organized an HIV/AIDS council, and developed an expanded team of all organizations working in the demonstration area. Activities were conducted in a range of areas: health, agriculture, private sector, education, and democracy and governance and most activities cost little or nothing.
- The Embassy HIV/AIDS coordination group meets every two months and consists of 20 people from the embassy, USAID, Peace Corps, and CDC. This group has broadened the American participation in HIV/AIDS activities, kept HIV/AIDS on the top policy agenda list, strengthened advocacy for HIV in the workplace issues, strengthened Peace Corps training, and created dialogues with faith-based organizations.
- Zambian embassy employees have also introduced a program called ZAMCARE under which they volunteer with organizations working with HIV/AIDS or orphans.
- HOPE is a workplace HIV/AIDS committee or a support group at the USAID mission for those affected by HIV/AIDS. It has representatives from all over the mission, organizes talks and programs, and supports those who are HIV+.

South Africa:

- The South Africa mission has excelled in dealing with economic growth and private sector problems related to HIV/AIDS. It has commissioned impact studies and has helped the ministries of planning, finance, civil service and others to carry out such studies. In addition, it commissioned the seminal study on impact of the disease on large private sector firms.
- To address the problem of inequities more effectively, the South Africa mission has developed a new strategy that emphasizes increasing market-driven employment opportunities for the previously disadvantaged. The new strategy has a two-pronged approach: 1) promoting growth of non-agriculture small, medium and microenterprises in urban and peri-urban areas; and 2) promoting the growth of small-scale businesses in rural areas.
- The Government of South Africa has requested the mission to help analyze the impact of HIV/AIDS on housing, education, labor, budget, and businesses both at national and provincial levels.

Sectoral Actions — The Education Example

- USAID's Bureau for Africa supported the University of Natal to prepare toolkits for government departments to assess the impact of HIV/AIDS and undertake appropriate responses. In addition, briefs are available for non-governmental organizations and professionals to use in designing a response to HIV/AIDS. The education sector has made the most rapid progress in responding to HIV/AIDS.

- To address existing systemic problems, the education sector developed a Mobile Task Team (MTT) model, through the University of Natal–Health Economics and Research Division to help ministries of education assess and address weaknesses in the sector. The MTT consists of African experts who, at the request of a ministry of education, help the ministry to plan and manage systemic issues arising from HIV/AIDS.
- In treating the impact of HIV/AIDS as a systemic management issue, the MTT suggests that each sector has to address four areas of impact and response:
 - Budget Allocation and Management
 - Replacement of Skilled Manpower
 - Changing Demand/Service Dynamic
 - Policy and Implementation Response

The MTT has worked with 8 countries and the demand for its services is growing.

Intersectoral Efforts — Youth/Orphans

- The USAID/Malawi Community-based Options for Protection and Empowerment (COPE II) project illustrates an intersectoral effort. COPE strengthens the capacity of government and community organizations to lead and sustain effective responses to meet the needs of HIV/AIDS affected children and families. It also advocates for policy change at national, district, and local levels.
- Youth are central to preventing the HIV/AIDS epidemic. Adult deaths place youth at a much higher risk for survival and contracting HIV/AIDS. Youth often shoulder the responsibility of the entire household by taking care of sick adults, mentoring and guiding younger children, and teaching them values and skills. These youth are also open to greater abuse by adults.
- USAID is supporting an initiative called YouthNet, a global program to improve reproductive health and prevent the spread of HIV/AIDS among people 10 to 24 years old. YouthNet collaborates with the young people whose lives it is designed to improve. But in concept and practice, it also includes the energy, insight, and experience of parents, schoolteachers, employers, policymakers, the media, health professionals, nongovernmental organizations, religious and community leaders, and other youth networks. YouthNet conducts research, disseminates information, improves services, and strengthens policies and programs related to the reproductive health and HIV/AIDS-prevention needs and rights of young people around the world.
- USAID is committed to supporting the 2007 International Goals for Youth (age 15-24), which are to reduce prevalence rates by 50 percent in high prevalence countries and keep the HIV infection rate below 1 percent in low prevalence countries.
- USAID, along with UNICEF, updated the seminal study *Children at the Brink* that estimates the number of orphans in each country during the next decade and summarizes best practices. The Agency has also developed profiles of country programs

for the orphans and guidelines for addressing orphan issues.

- USAID has over 60 initiatives in 22 countries for children affected by HIV/AIDS. Most involve multifaceted programming that includes:
 - community support
 - psychosocial support
 - education assistance
 - food security/nutrition
 - economic strengthening
 - health care
 - HIV prevention

IV. Resource Allocation, Funding, and Partnerships

Resource Allocation

The Futures Group has developed a computer model (GOAL) to help countries adopt more cost-effective ways to allocate HIV/AIDS resources in line with their objectives. The GOAL Model has been adopted in Kenya and Lesotho. The model is intended to support strategic planning at the national level by providing tool-to-link program goals and funding. The model can help answer several key questions:

- How much funding is required to achieve the goals of the strategic plan?
- What goals can be achieved with the available resources?
- What is the effect of alternate patterns of resource allocation on the achievement of program goals?

Sources of Funds

Multisectoral HIV/AIDS activities can be funded from three different sources:

- USAID mechanisms: Child Survival and Health Account and Global Development Alliance
- Development funds from each sector as these sectors are adversely affected
- Multilateral and foundation funders such as the World Bank, Gates Foundation, etc.

1. USAID mechanisms

A. *Child Survival and Health (CSH) Account*

Multisectoral activities funded from this account must be in accordance with the legislative intent and must be technically sound. All activities using CSH programs funds must have a direct and measurable impact and must make optimal use of the funds.

Two often misunderstood issues are:

- Funds do not have to be programmed via formal health systems, but can be used for activities such as condom promotion/BCC for high risk groups, or the introduction of life skills, health, and HIV education into school curricula in high prevalence regions.
- It is permissible using HIV/AIDS funds in activities such as assessing the impact of HIV/AIDS programs, adding HIV/AIDS education or service components to programs, or using income-generating activities to provide resources directly for HIV/AIDS prevention, care, and support programs.

B. *Global Development Alliance*

This is a new office within USAID to foster public-private partnerships. The office has some incentive money to offer, but also can give assistance on mechanisms, training, processes for alliance building, and due-diligence. The office will soon be publishing, *Tools for Alliance Builders*.

2. Development account

Each sector must address and deal with the negative impact of HIV/AIDS on its objective. Thus, it will be in their interest to protect their investments and use funds for HIV/AIDS mitigation and prevention. The Zambia mission dealt with this issue in a systematic manner:

- First phase - a vertical approach looked at the impact of HIV on the sector.
- Second phase - sectors looked at where no or low cost activities could be included.
- Third phase - health budget picked up HIV/AIDS multisectoral activities that were under CSH guidelines and half a million dollars has been set aside for HIV/AIDS multisectoral activities.

The lack of extra money to address HIV/AIDS forced the sectors to think creatively, which led to the development of no- or low-cost activities.

3. Multilateral and foundation donors

- World Bank. The World Bank's Multi-country HIV/AIDS Program (MAP) supports developing national strategies, partnerships, multisectoral work, and civil society. MAP allows for flexibility in design and implementation and emphasizes scaling up and long-term planning. The program has \$1 billion in soft loan money (the borrower repays \$0.35 per \$1) of which half goes directly to communities. However, the Bank has had difficulty in disbursing this money because most countries do not have the capacity or the systems in place to move the funds to the community level. The Bank and other donors must develop new ways of working to combat the HIV/AIDS epidemic effectively.

- Gates Foundation. One focus of the Gates Foundation is global health where HIV/AIDS is a priority along with infectious diseases, reproductive health and family planning, maternal and child health. Because of the very strong health sector focus, opportunities for multisectoral activities are limited. Within HIV/AIDS, the foundation focuses on community-based approaches, care and support, and behavior change/health education. Intersectorally, the Gates Foundation focuses on HIV prevention among high-risk workers, supports youth and orphan activities, workplace policies and community-based prevention and care.

V. Monitoring and Evaluation

- Sectors need to think about three areas: mitigating impact, sector-related vulnerabilities and contributing to care and support, and contributing to prevention.
- Each sector should have three types of indicators: process, coverage, and quality.
- The indicators that have been developed are based on the global targets for 2007 that were set by the United Nations. (The indicators are listed in Annex 4.)

2007 Global Targets

- Reduce HIV prevalence rates among 15-24 year olds by 50 percent in high prevalence countries and maintain rates below 1 percent in 15-49 year olds in low prevalence countries.
- Ensure 25 percent of HIV+ mothers in high prevalence countries have access to services to reduce MTCT.
- Provide basic care and psychosocial support services to at least 25 percent of PLWHA.
- Provide community services to at least 25 percent of children affected by AIDS.
- Mitigate the impact of HIV/AIDS on key sectors (education, health, D&G) in high-prevalence countries.

VI. Emerging Issues

The two critical issues for the future are to:

1. Increase program implementation capacity in countries to address the epidemic's devastating effects.

- HIV/AIDS undermines human capacity and weakens institutions across Africa. Manpower losses undercut economic growth. Thus, generating the capacity to deal with the HIV/AIDS epidemic becomes increasingly difficult.
- The process is cumulative: the longer the epidemic progresses, the more difficult it will be to restore the capacity and former growth path.

- As growth declines, the economy has fewer resources (human, financial, physical, and institutional) to counteract the damage.
- By shortening lives, HIV/AIDS limits future planning and shifts the focus to short-term activities. It reduces people's willingness to take risks.
- The investment framework requires a long-term vision. The principal adverse impact of HIV/AIDS on the investment framework is to truncate decision horizons. HIV/AIDS has a major impact on decisions and thus behavior, if people are not going to live very long. Policy and actions are needed to counteract this.
- How can lost human and institutional capacity be counterbalanced?

Governments can:

- Provide stability; governments must do no harm by wasting resources.
- Encourage accumulation and efficiency.
- Match the development agenda to capacity.
- Use outside resources to create capacity.

Donors and governments can:

- Substitute, reorganize, innovate, and collaborate with each other to reduce the development agenda in the light of the capacity, make best use of existing capacity; and develop it further for future expansion of development programs in a concerted and urgent manner.
- Examine where scaling up does or does not make sense and where it can effectively build capacity.

2. Focus on youth and children affected by HIV/AIDS.

- Youth and children affected by HIV/AIDS: at least 15 percent of children under age 15 are orphans in 6 sub-Saharan African countries and by 2010 the number is expected to rise to 12 countries.
- HIV/AIDS is undermining two decades of gains in child health and survival. Currently, every minute 5 young people (ages 15-24) are infected by HIV.
- The response to orphans and youth, especially young girls, might determine the future of the pandemic.
- More children are affected than are considered orphans. The development community needs to focus on the most vulnerable children, not just orphans. Schools have a role in aiding these children and key stakeholders need to be involved.

VII. General Recommendations

The following recommendations evolved from the 2002 Consultative Meeting:

Advocate for and adopt a paradigm shift in HIV/AIDS to reflect the urgency of the situation.

Current efforts need to be accelerated because during the past 20 years the HIV/AIDS epidemic has not been brought under control except in a few countries. This pandemic is a threat to global security and must be treated as a development and humanitarian crisis that requires both development and disaster expertise to address this situation effectively. The countries' management processes and ability to channel resources where they are needed will determine the success and failure of the HIV/AIDS program. The following are prerequisites for addressing HIV/AIDS as a development crisis and threat to global security.

- Rapid movements of human and financial resources to the communities in need.
- Partnership between public and private, for-profit sectors to leverage new and existing resources and skills.
- Strengthened management and administration systems in countries and in donor agencies to utilize financial and human resources effectively.
- Developed policies and procedures drawing on effective practices of public-private sector partnership and management of resources.

USAID has the experience of the Office of Foreign Disaster Assistance (OFDA) in dealing with emergency situations and can draw on that knowledge and skill base in its response to HIV/AIDS. USAID can use the successful Disaster Assistance Response Team (DART) model to develop rapid response HIV/AIDS teams comprised of donors, countries, local civil society representatives, and organizational development experts in each country.

Provide high-level coordination of HIV/AIDS within USAID.

To accelerate program implementation, the pillar and regional bureaus will have to agree that HIV/AIDS is a development crisis and act in a coordinated fashion. The following actions are essential.

- Form a coordination committee to review progress and undertake appropriate action. The committee would include the AAs from DCHA, EGAT, GH, with regional assistance as appropriate. The HIV/AIDS advisor to GH could provide the secretariat and could also chair the Multisectoral Coordination Committee at the working level.
- Encourage missions to form multisectoral committees and appoint or designate a person in the director's office to help coordinate these efforts. Zambia has already taken these steps.

Strengthen multisectoral responses.

Mitigating the impact of HIV/AIDS on different sectors is extremely important for development and for HIV/AIDS program strengthening, especially for care and support.

To strengthen sectors, the following steps should be taken:

1. Identify and encourage champions in each sector to promote multisectoral approaches to HIV/AIDS and to assist others to incorporate HIV/AIDS strategies into all sectoral planning and programming.
2. Encourage more Mission Directors to implement Administrator Natsios' directive (June 2001) to include HIV/AIDS in all planning and programming within USAID so funds can move across sectors. Use Zambia as a model/success story.
3. Establish and implement a mechanism to collect and disseminate lessons learned/promising practices on a regular, on-going basis so that all sectors can learn from each other and not repeat the same mistakes. This may include encouraging mission efforts to bring CAs together to share experiences.
4. Place AIDS advisors in USAID thematic bureaus and sector specific advisors in the AIDS Office of the Global Health Pillar.
5. Organize reviews of sectoral policies and programs to ensure a "do no harm" approach. Each sector can assess how the business of the sector might be contributing to sustaining or increasing the HIV/AIDS epidemic.
6. Use the toolkits and briefs to develop and implement appropriate responses to HIV/AIDS by each sector, including Democracy and Governance.
7. Add an AIDS impact statement to all program designs to ensure that all new procurements incorporate HIV/AIDS strategies into their program designs.
8. Encourage existing programs to retrofit HIV/AIDS into existing program designs. The approval process for such a retrofit should be delegated to the field and should be made without increasing funds. This may encourage creativity in finding ways to incorporate low-cost HIV/AIDS activities.

Sponsor flexible funding mechanisms.

The current restrictions by the Congress on use of CSH funds for HIV/AIDS combined with the inadequate development assistance funds for key areas such as democracy and governance and Economic Growth are counterproductive to responding effectively to HIV/AIDS.

- Encourage different SOs particularly at the field level to undertake activities such as policy review and policy dialogue and HIV/AIDS impact analyses that require no or small additional funds.
- Clarify and disseminate HIV/AIDS funding guidelines introducing as much flexibility in the use of HIV/AIDS funds as possible.

- Establish a specific fund for cross-sectoral work. This would be an “incentive fund” based in Washington and would not be marked to any sector. It would not have to be large and might operate somewhat like the Global Development Alliance. This would avoid many of the constraints to cross-sectoral work as USAID is presently structured.
- Inform Congress about the issues and argue for separate funds for multisectoral programs by formulating budget language that is cross-sectoral.

Support public-private sector collaboration.

The private sector has a number of core competencies that can be transferred to the public sector such as management and marketing. Similarly, the workplace policies and programs have to be extended to the public sector. In addition, to have a well-coordinated program, greater collaboration is needed between the PVOs/NGOs and the private sector. USAID has been at the forefront in supporting NGOs and PVOs and has special responsibility to foster this collaboration.

- Develop a mechanism in a couple of countries to strengthen collaboration between the public and private sectors and with PVOs and NGOs in addressing HIV/AIDS. The Global Development Alliance has a special role to play in this respect. The Africa Bureau has launched an initiative in this regard that needs to be nurtured.

Strengthen donor coordination.

The biggest constraint to HIV/AIDS efforts is weak coordination among the donors. Donor coordination has to improve both at the Washington and country levels.

- Establish a USAID Donor Coordination Unit to create a mechanism in Washington to coordinate closely with the World Bank, as it has allocated substantial resources for HIV/AIDS under its Multi-country AIDS Project (MAP). In addition, the Unit could help to mobilize resources for different sectors through other donors and foundations.

Strengthen intersectoral approaches.

It is necessary to do more than just add HIV/AIDS to each sector. Synergies must be created across all these sectors so the approach is comprehensive and not piecemeal to address such issues as youth, orphans, etc.

- Develop a GIS-based spatial platform that will display education, health, and social welfare data (eg. Kwazulu Natal) and develop advocacy materials from this information for policy makers, donors, etc.
- Relocate activities of each SO in a particular area so that each can draw on each others strengths and obtain maximum synergy.

Hold a follow-up, field-based multisectoral meeting in Durban, South Africa in October 2002.

Part Two

Sectoral Strategies and Recommendations

I. Democracy, Governance, Crisis and Conflict

Progress

Democracy and Governance (DG)

- Recognized the links between conflict, DG, and HIV/AIDS throughout the Agency. The field missions have taken the lead to strengthen networks that engage NGOs and elements of civil society in making HIV/AIDS regular components of DG and Crisis/Conflict programs.
- Nine USAID field missions reported on DG activities that impact HIV/AIDS. This included working with parliamentarians on commitment generation (Angola, Tanzania), strengthening management of health services (Mali, Zambia), developing policies and programs for women empowerment (Namibia, Nigeria, Tanzania), and strengthening NGOs and civil society organizations to deal with HIV/AIDS (Ethiopia, Senegal).
- Formed a technical working group following the Consultative Meeting of September 1999. The group helped analyze how HIV/AIDS affected DG, and how DG expertise could be applied to fighting the epidemic in Africa. The group developed a strategy and workplan that identified the need to develop and apply a toolkit on HIV/AIDS and DG and to build partnerships among NGOs.
- Prepared a report titled *AIDS and Democracy: What Do We Know?*
- Developed two toolkits.
 - 1) *Survival is the First Freedom* is a compendium of 16 tools designed for community-level implementation of HIV/AIDS programs that addresses issues of stigma, human rights, advocacy, organizational capacity, and media leveraging. It has been pilot tested in Zambia and Ethiopia. UNDP and the Global Fund have provided funds for expanding the work in Ethiopia. The toolkit is available at http://www.dec.org/pdf_docs/PNACL456.pdf.
 - 2) *Strategic Management Tools to Support HIV/AIDS Policy Change* is designed for policy makers. It has been used in Kenya on a limited basis.
- The International HIV/AIDS Alliance, engaged in NGO capacity building, has developed a partnership with PACT to implement the toolkits with NGOs in Africa.

Crisis and Conflict

- Included HIV/AIDS in a Disarmament, Demobilization, Reintegration, and Reconciliation (DDRR) international workshop in Nairobi in March 2001. Also in March 2001, an HIV/AIDS, Gender and Conflict workshop involving 25 African experts in these areas was held in Durban. Proceedings are available at http://www.certi.org/news_events_prev_coping_w_aids/default.htm.
- Included HIV/AIDS considerations in two toolkits: the Conflict Vulnerability Analysis (CVA) and the Complex Emergency Response Transition Initiative (CERTI). CVA is a multisectoral approach devised by USAID bilateral and regional missions for determining vulnerability. The CERTI toolkit links health, human security and civil-military operations. An internal conflict website and a slimmed down external version have been established that incorporates HIV/AIDS as an issue. The internal website is at <http://www.inside.usaid.gov/AFR/conflictweb> and the external website is at <http://www.usaid.gov/regions/afr/conflictweb>.
- Included HIV/AIDS and gender in the thinking and planning of USAID's Core Conflict Group and the Administrator's Conflict Task Force that was the basis for the DCHA/CMM strategy.

Future Directions

- Engage in stronger advocacy to underscore the contribution that DG can make to strengthen HIV/AIDS programs. DG could help address such key issues such as human rights, overcoming stigma, capacity building, workplace policies, resource utilization and accountability. Similarly, the DG sector needs to recognize the imperative of reducing HIV/AIDS prevalence for preserving and expanding democratic institutions and good governance.
- Ensure the above advocacy within the agency results in: 1) greater commitment to expanding DG activities and 2) increased resources for DG to address HIV/AIDS.
- Link crisis/conflict relief and development efforts. HIV/AIDS has created a development crisis that requires rapid response in the form of the emergency assistance. Similarly, relief efforts require sustainability because HIV/AIDS exacerbates humanitarian crises. A problem in this area has been how to wean NGOs off the "easy money" that flows during crises and/or conflicts.
- Support expansion of HIV/AIDS prevention programs with the military and peace-keeping forces in conflict settings since the military, due to its mobility, is exposed to the risk of HIV/AIDS. Link to development efforts by Dept. of Defense and development agencies. A better inter-agency collaboration in this respect is required.
- Develop a common set of indicators for monitoring DG performance and crisis and conflict because overlap and redundancy exist. Common indicators are being developed and will need to be used.

- Strengthen intersectoral efforts and better coordination in cross-border development programs to deal with refugees and displaced population.
- Expand management capacity in the field. Since most efforts are driven by donor priorities, donor agencies need to cooperate to ensure that their combined demands on African countries do not over-extend the available capacity by overloading the development agenda. Lack of coordination can make the absorption problems worse and break down the system of governance.
- Focus donor efforts on the goals and aspirations for DG and conflict and crisis in the New Partnership for Africa's Development (NEPAD).

Recommendations

- Revitalize the DG technical working group on HIV/AIDS and expand it to include interested staff from crisis/conflict. This group needs to be given the mandate and resources to:
 - Develop a flexible strategy to address HIV/AIDS within DG and crisis/conflict programs and identify and involve principal stakeholders in developing the strategy.
 - Ensure coordination between USAID, World Bank, DFID, and other donors and implementing partners in Africa, in the areas of democracy and governance, conflict and HIV works.
- Orient DG and conflict staff in HIV prevention and mitigation as they often interact with especially vulnerable groups such as refugees and security personnel on issues such as repatriation, sexual violence, cross-border, etc.
- Monitor progress on the basis of indicators being developed by USAID's Global Health Bureau.
- Expand the pilot programs using the DG toolkits in Zambia and Ethiopia and extend to 2-5 other countries as soon as resources permit. Document these experiences and generate commitment among USAID field staff and PVO and NGO partners to use the toolkits.
- Identify African institutions and strengthen their capacity to deal with HIV/AIDS and DG-crisis/conflict issues. A few organizations already under consideration by USAID's DG unit include: Tanzanian Parliamentarians' Against AIDS (TAPAC) and AMICAL, an alliance of mayors that operates in some African countries.
- Orient Commonwealth Regional Health Community Secretariat (CRHCS) staff to DG policy toolkit so that CRHCS can help country counterparts who are monitoring policies adopted by health ministers use the toolkit.
- Work with Futures Group and other partners on several key areas. These include

implementing UNAIDS Parliamentarians Handbook, improving the referral systems in the justice department in Zambia, and training judges on HIV/AIDS, especially the stigma problem.

- Determine the demand by missions for DG to respond to HIV/AIDS through field officers meetings, TDYs, and other consultations. Key areas that may help reduce the impact of HIV/AIDS on DG work and help strengthen the country HIV/AIDS and health programs include:
 - Improving and accelerating decentralization to help move funds to local levels where HIV/AIDS programming and responses are already underway.
 - Developing systems to improve allocation and utilization of financial and human resources from national to local levels.
 - Building capacity in the government and NGO institutions to respond to HIV/AIDS through its various constituencies and community service organizations.
 - Strengthening existing PLWHA groups and associations as part of civil society interventions. These groups are critical in raising awareness, destigmatization, and advocacy for policy change and should be linked so they can work together to advocate for greater change across the continent.
 - Identifying and supporting potential DG institutional partners and mechanisms such as associations of mayors, city managers, and parliamentarians to address HIV/AIDS and share their experiences.

II. Education

Key Question

Why should the education sector be involved in HIV/AIDS activities?

The education sector in Africa cannot ignore HIV/AIDS. In many countries the education sector is already hit hard by the epidemic. Teachers are sick and dying. Children are caring for sick family members or left orphaned by AIDS. Families affected by HIV/AIDS often lack money for school fees and need children to work to replace lost labor of adults.

While efforts must be made to mitigate the impacts of HIV/AIDS on the sector, education systems can also play an important role in prevention. In sub-Saharan Africa, young people under the age of 20 make up 55 percent of the population (U.S. Bureau of the Census, 2001). Childhood and adolescence are periods when norms, attitudes, values, and life patterns are established. They also encompass a time of risk, as the average age of marriage increases along with sexual activity among young people outside of marriage. Worldwide, half of all new HIV infections each year occur in youth under age 25 (UNAIDS, 1999). In eight African countries, over one-third of 15 year-olds will eventually die from AIDS (UNAIDS, 1999).

Despite the risks faced by young people, they are often viewed as the “window of hope” for stemming the tide of the epidemic. Young people 5-14 years old have very low HIV prevalence rates,

even in very high prevalence communities. Rates are high for children under 5 due to mother-to-child transmission and increase very rapidly after age 14, especially for girls (UNAIDS, 2000).

Progress

- Developed a three-pronged strategy to approach HIV/AIDS within the education sector.
 1. Building the capacity of Ministries of Education (MOEs) for long-term strategic planning and management of HIV/AIDS impacts on teachers, administrators and pupils. HIV/AIDS impact studies show that, as the epidemic erodes human capacity, the education sector will be very hard pressed to deliver basic education services of any kind without bold interventions to address capacity and resource shortfalls.
 2. Promoting skills-based health education and HIV prevention education. Activities in this second emphasis area include support for curriculum development or improvement, support for improved teacher training on life skills for HIV prevention and health, and support to facilitate community input on how matters about sexuality and HIV/AIDS prevention can be addressed most effectively in the classroom.
 3. Developing innovations in delivery of relevant education to orphans and other vulnerable children. These educational opportunities delivered by radio, community schools, peer educators, et al., necessitate new thinking on how to use formal and non-formal education to reach out-of-school and vulnerable youth.
- Ensured that all HIV/AIDS work with missions and MOEs is within the context of Education Sector Support (ESS) to promote the strength of education systems and sustainability. ESS is based on the principles of: sustainability, systemic reform, and effective schools and learning. AFR/Ed's HIV/AIDS and education strategy therefore works to build the capacity of central ministries of education to plan and implement interventions to manage the effects of HIV on education systems.
- Developed, and continues to support, the Mobile Task Team (MTT) on HIV/AIDS and Education based on discussions with MOE officials from many African countries. The MTT is a group of African professionals working in HIV/AIDS education, health information systems, economics, management, planning and demography who work with MOEs to develop strategic and implementation plans for long-term response to the systemic impacts of HIV/AIDS in education. The MTT has assisted MOEs, USAID, and other donors identify the highest priority activities requiring funds, which can help MOEs attract and manage funding to the sector for HIV/AIDS mitigation and prevention.
- Supported the MTT to assist five African MOEs in developing strategic plans for dealing with the impact of HIV/AIDS on the sector. It will continue to assist these MOEs in implementation of the plans and is being called on to work in several other countries.

- Assisted in developing an Interagency Working Group on HIV/AIDS and Education. This multi-agency group shares lessons learned, exchanges ideas on agency perspectives and joint interests, and discusses ways to collaborate effectively in various country-level initiatives in the education sector in sub-Saharan Africa. It helped form the UN's Interagency Task Team (IATT) on HIV/AIDS and education.
- Developed life skills for HIV/AIDS prevention and incorporated into curricula and activities in many countries.
- Wrote and widely disseminated *Tips for Developing Life Skills Curricula for HIV Prevention Among African Youth: A Synthesis of Emerging Lessons*.

Future Directions

- Design HIV/AIDS curricula to convey knowledge without the skills needed to transform this knowledge into behavior change. Life skills for HIV/AIDS prevention curricula are needed. Once country-relevant curricula are developed, teachers must be trained in the participatory methodology needed to impart life skills. On-going training and technical support for teachers involved in HIV/AIDS prevention is needed. Teachers also need HIV/AIDS prevention education to keep themselves safe.
- Support communities (young people, teachers, parents and community leaders) to help MOEs, NGOs, and donors develop and implement all school-level HIV/AIDS management and prevention activities to understand, benefit from and support them, and to serve as behavior change advocates.
- Continue MTT work to increase the capacity of MOEs to collect and use HIV-relevant information, in addition to the standard data collected by EMIS systems (attendance, enrollment, etc). Accurate data are needed on teacher and pupil absence, attrition, and mortality. These data should be available to education managers to plan for quality education. This support is important in low, as well as high prevalence countries.
- Bring the MTT model and the experiences of southern African MOEs' responses to HIV/AIDS to Francophone countries, and other regions highly-affected by HIV outside the Africa region.
- Support MOEs to conduct audits of education policies that are relevant to HIV/AIDS management and prevention. This will include policies on teacher leave and funeral benefits and policies and enforcement of teacher codes of conduct, as well as teacher recruitment, placement, and retention.
- Mainstream efforts to train teachers to protect themselves and to be effective change agents; sensitize and educate education managers.
- Conduct research into the special educational needs of orphans and children affected by HIV/AIDS, especially street children.

- Collaborate with other development partners to develop strategies to provide educational access to the most vulnerable children and to out-of-school youth. Find ways to overcome the boundary between formal and non-formal education.

Recommendations

- Consolidate dispersed USAID staff working on HIV/AIDS and education within USAID. A virtual team should include individuals from the Africa Bureau, EGAT, Global Health, the MTT and mission staff.
 - Advocate for increased funding and human resources for expanding successful cross-sectoral education programming in missions, including school health and HIV/AIDS and education.
 - Orient all education officers to develop and coordinate HIV/AIDS activities cross-sectorally.
 - At the field level, an effort should be made to increase African political will and capacity to implement HIV/AIDS activities in education.
- Sustain current HIV/AIDS efforts by MOEs, donors, and the MTT and apply these efforts to the education strategy of each country's ministry of education.
- Strengthen management in the education system (at all levels).
 - Assist the MTT and others to continue to build capacity of MOEs to respond to the impact of HIV/AIDS on the education sector.
 - Support the MTT to assist other countries to perform impact assessments. Countries should then audit policies to reform those that impede responses to HIV impacts.
 - Continue support for adapting EMIS for HIV management in education.
- Develop life skills/HIV/AIDS prevention.
 - Support ministries of education to expand support for Life Skills for HIV/AIDS prevention and overall health education in the classroom and in extracurricular settings.
 - Increase community involvement in developing and delivering life skills and related HIV/AIDS responses.
- Address the educational needs of vulnerable children (out-of-school youth, orphans, girls).
 - Support alternative education delivery strategies for vulnerable children and out-of-school youth.
 - Ensure safety in schools (eliminate instances of discrimination against children affected by HIV/AIDS and sexual violence in and around school).
 - Sustain focus on education for girls.

III. Natural Resources Management

Key Questions

As a group, we raised two key questions faced by the sector in addressing multisectoral activities:

1. *Does the NRM sector have any comparative advantage in addressing the HIV/AIDS crisis?*
2. *How can the NRM sector incorporate HIV/AIDS activities without losing its focus on NRM?*

Progress

Staff and partners have become aware of the importance of HIV/AIDS to the sector:

- Developed and disseminated CBNRM brief and toolkit to missions and relevant institutions in the countries.
- Supported research activities that explore the relationship between HIV/AIDS and the environment:
 - *The Impacts of HIV/AIDS on NRM and Conservation in Southern Africa* - report by Jane Dwasi.
 - *The Potential for GIS as a Tool for Understanding the Relationship between HIV/AIDS and the Environment in Africa* - report by Peter Freeman.

USAID and its partners have initiated HIV/AIDS activities within the NRM sector:

- Missions in Ethiopia, Guinea, Namibia, Zambia have implemented HIV/AIDS activities as part of NRM programs:
 - Agriculture cooperatives are being used as a social marketing network for condom distribution (Ethiopia).
 - All agents of NRM projects received HIV/AIDS awareness training (Guinea).
 - Community-based conservation organizations received HIV/AIDS education (Namibia).
 - Promoted labor-saving farming for communities affected by HIV/AIDS and included HIV/AIDS prevention messages in projects involved in seed distribution targeted to the rural communities who are normally hard to reach (Zambia).
- Missions have supported public sector institutions to include HIV/AIDS activities. For example, HIV/AIDS awareness and education activities have been institutionalized by the protected area management authority in Tanzania.

Future Directions

- Initiatives that can be immediately promoted include:
 - Incorporating HIV/AIDS activities into planning and contracting of NRM programs.
 - Making NRM relevant to the HIV/AIDS crisis by helping the HIV/AIDS and NRM communities recognize that the NRM community has experience in coping with social issues, and that the lessons learned from those experiences can be applied to the HIV/AIDS crisis.
- For the NRM sector to become further involved in HIV/AIDS activities, research is needed in the following areas to:
 - Increase the knowledge base for including HIV/AIDS activities in the NRM sector through systematic cataloguing of best practices and lessons learned especially from the experiences of other sectors.
 - Explore the potential for using HIV/AIDS funding to support NRM-related HIV/AIDS activities.
 - Determine the impacts of HIV/AIDS on natural resources, land use changes, and on the conservation workforce of both formal institutions and local communities.

Recommendations

- Disseminate the brief and toolkit further, within and beyond Africa.
- Create a task force within the Africa Bureau to look at impacts of HIV/AIDS on the environment and develop appropriate responses using the toolkit and briefs.
- Arrange for systematic cataloguing of best practices in addressing the HIV/AIDS problem.
- Identify HIV/AIDS indicators to be incorporated into NRM project monitoring and evaluation.
- Provide support to Community-Based Natural Resource Management (CBNRM) activities that address social issues relevant to the HIV/AIDS crisis. Characteristics of CBNRM initiatives that give a comparative advantage in dealing with the HIV/AIDS crisis include:
 - The group approach of CBNRM builds social capital that empowers communities in dealing with the HIV/AIDS crisis.
 - Income-generating activities are typically reinvested in community, often in health and education sectors, and can support HIV/AIDS mitigation efforts.
 - Practitioners that have experience dealing with land tenure issues, which may be increasingly important as it will affect HIV/AIDS widows and orphans.

- To reduce the funding constraint, develop no-cost or low-cost HIV/AIDS activities.

IV. Economic Growth

Progress

- Engaged private sector to develop HIV/AIDS workplace policies and provide HIV prevention services to employees (Eritrea, Kenya, Malawi, Nigeria, Tanzania, and Zambia).
- Worked with government officials to include HIV/AIDS projections and needs in economic growth and sectoral planning (Nigeria, Tanzania, and Zambia).
- Launched sector-based HIV prevention programs to reduce HIV risk of specific professions such as transporters, miners, commercial sex workers, police, and military (Congo, Guinea, Kenya, Mali, and Mozambique).
- Funded innovative economic support and strengthening programs for AIDS-affected populations in Malawi (COPE), Zambia (SCOPE), Zimbabwe (LEAD and STRIVE), Senegal, and Tanzania (SATF).
- Worked with microfinance institutions across Africa to increase awareness of HIV/AIDS, understand its impacts on clients and microfinance performance, and incorporate AIDS realities into program and product design. Tools include microfinance training simulations and strategic planning guides for microfinance institutions (USAID/W's MBP Project).
- Funded innovative microfinance programs to provide HIV/AIDS-affected families with access to microfinance services in Kenya (K-REP) and Zimbabwe (LEAD).
- Sponsored development of new financial services aimed at AIDS-affected communities, such as micro-health insurance, loan insurance, etc. (Kenya, Zambia, Zimbabwe).
- Initiated youth livelihood programming aimed at providing OVCs with livelihood skills in Zimbabwe (LEAD), Liberia (SWAY II), and Mali (Youth SpO).
- Provided technical advisors in five ministries to assist in addressing HIV/AIDS issues (Treasury, Education, Public Service and Administration, Housing, and Health). The work of these ministries provides inputs into the planning process (South Africa).
- Developed and implemented a new growth strategy with private-public sector partnership that created job opportunities for the underprivileged (South Africa) and also has the potential to reduce risk factors and prevent HIV/AIDS.
- Studied HIV/AIDS impacts on private sector activity at the household, small-medium enterprise sector, and national levels (South Africa).

- Further sensitized ministries of finance, trade and business on the impact of HIV/AIDS on the African Growth and Opportunities Act (AGOA) objectives and on the possible responses by these ministries. Commissioned four papers on the responses of these ministries for the HIV/AIDS session at the last AGOA forum in Washington (AFR/SD).
- Contributed to the state-of-the-art report on AIDS and development produced by the International AIDS Economic Network for meeting at Barcelona (AFR/SD).
- Developed a small project to expand further private sector interest in work place policies and other HIV/AIDS program areas and strengthen private-public partnership in two countries (AFR/SD).

Future Directions

- Incorporate HIV/AIDS in development planning and economic growth strategies.
- Develop and implement growth strategies that will reduce inequalities in economic and social power and take the HIV/AIDS risk in the mobility of population resulting from development and demobilization of the military and displaced populations.
- Accelerate the implementation of poverty-reduction programs, especially for vulnerable and affected populations.
- Undertake analyses of the impact of HIV/AIDS on key sectors and implement programs to mitigate the impact.
- Keep families from unrecoverable disinvestment strategies (sale of land and other productive assets, withdrawal of children from school, etc.) through a range of potential program interventions (microfinance, food-for-school, school fee removal, etc.).
- Protect and promote investments in human capital at all levels (the individual, firm, government, youth, sectors, etc.) through a range of potential program interventions (vocational and life-skills training programs, sector-based programs including OVC components, food-for-school, private sector incentives, etc.).
- Reduce private sector costs of HIV/AIDS and allow continued investments in AIDS-affected economies (by encouraging cost-effective HIV/AIDS workplace policies of testing, treatment, non-discrimination, etc.).
- Invest in institutional capacity across the board (governments, sectors, businesses, NGOs, churches, etc.), as all play a role in mitigating the economic impact of HIV/AIDS at some level.
- Develop programs for economic future of large numbers of OVCs and youth focusing on skill-building in agriculture, self-employment, and life skills.

Recommendations

- Identify programmatic options and experiences for each of the above “future directions.” For each theme, include tools for strategic planning, capacity building, information sharing, and program monitoring and evaluation.
- Pick an intersectoral issue (such as orphans) and identify a pilot mission to develop a coordinated HIV/AIDS strategy among all the sectors to address this issue. Look at what has been done and what each sector can do both separately and as a coordinated unit. Have the mission report back in one year.
- Across missions, work with existing USAID projects and SO teams to mainstream HIV/AIDS more effectively into on-going economic growth programs (including agriculture and natural resource management).
- Continue to facilitate and mobilize private sector engagement including, but not limited to, workplace policies. Business sectors (such as agriculture, banking, etc.) may provide key intervention points for mitigation activities, as well as prevention.
- Design and expand programs that successfully develop economic capacity of communities to respond to resource needs of care and support of sick and OVCs and youth including, but not limited to, microfinance, fund-raising strategies, market-linkage programs, etc.

V. Health

Progress

- Used National Health Accounts (NHA) to estimate cost of HIV/AIDS in Rwanda and continues to support the use of NHA to estimate expenditures on HIV/AIDS and TB. Ethiopia and Kenya are receiving technical assistance to conduct HIV/AIDS and TB data collection and analysis in upcoming rounds of NHA in the coming year. Malawi, Swaziland, Tanzania, and Zimbabwe have been trained in data collection methods and analysis tools.
- Supported the Commonwealth Regional Health Community Secretariat (CRHCS) to respond to the HIV/AIDS crisis in East and southern Africa in a number of ways. CRHCS has:
 - Drafted resolutions aimed at strengthening health systems to address HIV/AIDS. These were adopted by health ministers from 12 ESA countries.
 - Worked with countries to develop strategic plans to address HIV/AIDS in the health sector. This activity is ongoing, and these plans are available for donors funding in a number of countries.
 - Hired a full-time HIV/AIDS advisor.
 - Developed a system to monitor policy implementation at the country-level.

- Supported significant formative research on MTCT, which includes breastfeeding practices that reduce HIV transmission. MTCT services have been introduced in a number of countries (Kenya, South Africa, Uganda, Zambia) and are being expanded within and to other countries.
- Documented important findings on HIV and nutrition that are being introduced into care and support programs in numerous countries. These findings are also being used to develop tools to assist countries in developing HIV and nutrition guidelines.
- Conducted research on voluntary counseling and testing (VCT) that has shown that accessible, affordable, and secure services promote VCT, which can lead to more responsible behavior and increase access to additional care and support services. Kenya, Malawi, Uganda, and Zimbabwe have established VCT programs while other countries, such as Zambia and Namibia, are beginning.
- Led social marketing efforts to promote behavior change. Condom promotion has been one effective strategy. In 2000, USAID distributed 360 million condoms that research shows prevented 600,000 new infections.
- Supported multisectoral and cross-border approaches in non-presence countries through embassies and regional programs in West and southern Africa.
- Supported programs that have demonstrated improved quality assurance through adoption of accreditation processes that ensure high standards of health care.
- Demonstrated improved access and use of health services in Eastern Cape, South Africa. These experiences should be documented and scaled up to other provinces in South Africa and to other countries.
- Supported programs in South Africa that have demonstrated the impact of improved resource allocation and planning to decongest hospitals.
- Worked with partners to produce harmonized indicators for monitoring HIV/AIDS programs at the country level.
- Supported institutional development of *mutuelles* (community-based health financing insurance schemes) in four countries in West Africa (Cameroon, Côte d'Ivoire, Ghana, Senegal) so they can include child health and reproductive health. These schemes are exploring how to include sustainable HIV/AIDS in their benefits packages.
- Worked with the government and NGOs in Tanzania to improve financial systems and disbursement of funds so that civil society can participate more actively in health. This is being planned in three other countries that have yet to be determined.
- Strengthened management and sustainability in three regional institutions in East and southern Africa to improve their viability and to ensure good leadership and management at all levels.

- Worked with the Tanzania AIDS Commission, which is responsible for the country's HIV/AIDS response, on internal governance issues, institutional arrangements, team building, leadership, etc., to improve its performance. This has included a mapping exercise of district and local levels looking at leadership, planning, and decision making.
- Developed a human resources management assessment tool for HIV/AIDS environments that covers policy and administrative structures and is adapted to assess concerns particularly important in AIDS environments (e.g., benefits, training needs).
- Developed a costing framework and software to estimate the total costs of providing ARV treatment at the national level in low-resource countries. The tool allows policy makers to consider local conditions to define treatment scenarios so they can estimate total program costs. The project plans to pilot the tool in Zambia and Tanzania and other intensive focus countries in the coming year.

Future Directions

- Support health system strengthening, which is vital for providing HIV/AIDS services, including antiretroviral therapies.
- Address gaps in human resources at all levels and include HIV/AIDS content in pre-service training curricula.
- Expand scale-up of successful VCT and PMTCT programs in countries where they exist and introduce such programs into other countries.

Recommendations

- Focus additional resources on developing human and institutional capacity for HIV/AIDS.
- Develop new projects focused on human capacity development for HIV/AIDS in Africa.
- Establish a prototype on health systems development that links with human capacity development and strengthened management of health systems/MOHs. Apply this prototype in two countries (perhaps Malawi and Ethiopia).

VI. Agriculture

Progress

- Informed Agriculture Development Officers of importance of HIV/AIDS to the agriculture sector at Africa-wide workshop in Nairobi in November 2000 (Agriculture, Environment, Private Sector). Meeting recommendations identified HIV/AIDS as the

greatest threat to agriculture development progress made in the sector (ahead of droughts, plant disease, floods, etc.).

- Commissioned research on the effects of HIV/AIDS deaths and impact on the agriculture sector in four countries (Kenya, Malawi, Rwanda, Zambia). These pieces are being added to existing research surveys already scheduled and are being done in collaboration with local African institutions.
- Provided food aid to four countries (Kenya, Malawi, Rwanda, Uganda) that have HIV/AIDS programs called “Title II Life”.
- Developed a guide titled *Food and Nutrition for HIV/AIDS Care and Support* for program managers that gives information on nutrition and HIV for those infected and affected.
- Strengthened the capacity of 11 countries in East and southern Africa (Botswana, Kenya, Lesotho, Malawi, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe) to develop and apply national guidelines on HIV and nutrition. Preparing a manual to guide country teams through the process of developing and applying such guidelines.
- Progress has been made in the field, particularly in Zambia. (Examples below refer to Zambia unless otherwise noted). Such activities involved:
 - Printing HIV educational messages on fertilizer bags that reached approximately 100,000 families; in Kenya educational messages have been on milk and dairy product packaging.
 - Using Peace Corps volunteers and CLUSA-trained farmer groups to share educational HIV messages.
 - Using MOA staff to collect data on the impact of HIV/AIDS using existing crop survey capacity.
 - Training rural agriculture survey enumerators in HIV prevention before they collect data across the country.
 - Including HIV prevention module at each workshop organized by the largely rural private sector activities.
 - Including HIV prevention messages in agricultural extension announcements and market information system broadcasts on rural radio.

Future Directions

- Require all contractors, grantees, and other partners to include strategic plans for HIV/AIDS prevention in all proposals.
- Assure that USAID-funded programs in the agriculture and rural sectors are part of the solution and not part of the problem!
- Reassess the need for long-term training and for training through workshops and think

- about stipends to bring families during long-term training; use distance learning approaches; use IT to replace long travel and family separations; develop graduate training opportunities in-country (regional universities). (Studies show that men + money + mobility = problem.)
- Help ensure that information and statistics are gathered, collected, and used to promote responsible agricultural practices in this age of HIV/AIDS (such as growing less labor-intensive crops) and that research on the effects of HIV/AIDS on agriculture is documented and incorporated into agricultural strategies.
 - Develop strategies to assist governments and the private sector in identifying ways to replace human capital and knowledge in the agriculture sector that is being lost to HIV/AIDS.

Recommendations

- Identify a nucleus of HIV/AIDS champions within the agriculture sector (AFR/SD and EGAT) who have HIV/AIDS built into their program of work. Part of their work would be to work with agriculture officers in missions to ensure that HIV/AIDS expertise is included in any strategy development or project design teams—before strategies are developed. If lacking, AFR/SD or EGAT can offer assistance.
- Encourage missions to develop a strategy to include HIV/AIDS in agricultural projects and programs. The rigid stove-piping in the mission is a very real constraint. Encourage input from a multisectoral HIV/AIDS rapid response team for a mission strategy before it comes to Washington for review.
- Seek to have all RFAs actively include HIV/AIDS mitigation as a component of the project and work with existing agriculture projects to identify effective and efficient ways to include HIV/AIDS issues.
- Use scheduled visits to USAID/W by technical officers as an opportunity to provide regular updates on HIV/AIDS topics and issues, especially on multisectoral approaches.
- Use TDYs by USAID/W technical staff to make linkages with mission staff on HIV/AIDS issues.
- Incorporate HIV/AIDS issues and challenges as a regular part of agricultural officers training programs. Develop a comprehensive training program that takes into account HIV/AIDS. Issues to address would include: training extension agents to discuss HIV/AIDS prevention and mitigation; ensuring the preservation of agricultural techniques; identifying appropriate cropping strategies that are less labor intensive, etc.
- Ensure that AFR/SD agriculture strategy incorporates HIV/AIDS mitigation and prevention.

- Continue to measure progress and success. Indicators can measure some things, but other measures may need to be developed to capture such progress. These may include governance/management issues.

Annex 1

Background, Objectives and Annotated Agenda

Second Consultative Meeting on Rethinking HIV/AIDS and Development: A Review of USAID's Progress in Africa

March 12-13, 2002

Academy for Educational Development

Conference Center, 8th Floor

1825 Connecticut Avenue, NW

Washington, DC 20009

Background

In September 1999, USAID convened a Consultative Meeting on “*AIDS as a Development Crisis in Africa: Rethinking Strategies and Results*” in Washington. At this meeting USAID and selected staff from other agencies deliberated for two days on the development crisis resulting from high and growing HIV/AIDS prevalence rates in Africa. Different sectors have made considerable progress since this meeting, however, more needs to be done since HIV prevalence has continued to rise in much of Africa, the number of AIDS cases has increased, and the full impact of the disease is beginning to be felt. It is appropriate, therefore, to convene a second consultative meeting on the theme of *AIDS and development* to review progress that has been made and lessons learned and to identify new directions to take.

Objectives of the Consultative Meeting

The objective of the meeting in March will be to:

1. Review the progress made by different sectors in addressing HIV/AIDS since the meeting in 1999.
2. Determine future directions in sectoral strategies and programs in light of the worsening epidemic.
3. Suggest ways to strengthen support to the field for HIV/AIDS program in all sectors.

The objectives will be achieved by:

- Discussing emerging effective sectoral and inter-sectoral approaches in dealing with HIV/AIDS and the lessons learnt in adopting them.
- Determining ways to collaborate and coordinate activities with other agencies.
- Identifying mechanisms within and outside USAID for funding multisectoral approaches.
- Reviewing and adopting recently developed monitoring and evaluation plans.

Agenda

Day 1

08:30 – 9:00 Coffee and registration

09:00 – 09:30 Session 1 — Opening session

Chair: Alan Whiteside - HEARD, South Africa

- Welcome and Introductions -- Jay Smith, Africa Bureau
- Opening remarks -- Emmy Simmons, EGAT; Hope Sukin, AFR/SD; Paul Delay, BGH; and Debrework Zewdie, World Bank

09:30 – 10:30 Session 2 — Setting the Scene

Chair: Wade Warren

- *Scale of the Epidemic* -- Karen Stanecki, US Bureau of the Census
- *Economic and Demographic Impact of AIDS* -- Alan Whiteside
- *Multisectoral Approaches: Review of Definition and Progress* -- Ishrat Z. Husain

10:30 – 11:00 Coffee

11:00 – 13:00 Session 3 — Emerging Issues

Chair: Paul Delay

- *HIV/AIDS, Human Capacity and Institutions: Sustaining Economic Growth* -- Malcolm McPhearson
- *Responding to the systemic impact of HIV/AIDS on sectors: Examples from Education* -- Brad Strickland and Peter Badcock-Walters
- *Accelerating the Implementation of Youth and Gender-focused Prevention and Care Programs* -- Peter McDermott and Linda Sussman

13:00 – 14:00 Lunch

14:00 – 15:00 Session 4 — Promising Practices - Country Examples

Chair: Buff Mackenzie

- Zambia -- Robert Clay
- South Africa -- Neal Cohen

15:00 – 17:00 Session 5 — Small working groups: What we have done, what we have learnt and where do we go (organizers and chairpersons)

- Education -- Brad Strickland
- Democracy and Governance -- Robert Groelsema
- Agriculture and Food Security -- George Gardner
- Natural Resource Management -- Jon Anderson and Denise Mortimer

- Health Reform -- Stephen Kinoti, Karen Cavanaugh, and Peter Badcock-Walters
- Economic Development and Micro-enterprise -- A. Westneat, J. Parker, and N.Cohen
- Crisis and Conflict -- Ajit Joshi

Day 2

8:30-9:30 **Session 6 — Sectoral Responses: Report/Lessons from the Small Groups**
Chair: Neen Alrutz

9:30 – 11:30 **Session 7 — Panel Discussion: Strengthening Partnerships, Sustainability, and Funding for Multisectoral Programs**
Chair: Buff Mackenzie
Panelists: Felice Apter, Robert Clay, Debrework Zewdie, Jill Mathis, John Stover, and Curt Reintsma

Coffee/tea available throughout the morning

11:30 – 12:30 **Session 8 — Monitoring and Evaluation: Multisectoral Indicators**
Chairs: Kate Crawford and Laurie Liskin, DAI

12:30 – 13:30 **Lunch**

13:30 – 15:00 **Session 9 — Small Group Discussions: Developing Multisectoral Action Plans for the next 2 to 5 years**

- Education -- Brad Strickland
- Democracy and Governance -- Robert Groelsema
- Agriculture and Food Security -- George Gardner
- Natural Resource Management -- Jon Anderson and Denise Mortimer
- Health Reform -- Stephen Kinoti, Karen Cavanaugh, and Peter Badcock-Walters
- Economic Development and Micro-enterprise -- A. Westneat, J. Parker, and N.Cohen
- Crisis and Conflict -- Ajit Joshi

15:10 – 16:10 **Session 10 — Action Plan-Report Back from Small Groups**
Chair: Paul Delay

16:10 – 17:00 **Session 11 — Next Steps and Closure Day I and 2**
Chair: Hope Sukin

Annex 2

Progress of Suggested Actions from 1999 Consultative Meeting

General

Suggested Actions - October 1999	Achievements – 1999-2002
<p>The urgency of the situation as reflected in the analyses presented at the consultative meeting requires an accelerated implementation of multi-sectoral HIV/AIDS programs. In this respect it is better to have concerted and focused efforts in a few countries, possibly those selected for the LIFE initiative, to make a difference.</p>	<p>New strategy for HIV/AIDS: Rapid Response to HIV/AIDS has been developed.</p>
<p>The inter-agency groups formed at the meeting around different sectors and themes should continue to work together to share experiences and exchange information on the activities of different agencies. The groups should develop ways to link with regional African institutions, USAID regional offices, and interested PHN officers. This exchange of information will help to avoid costly mistakes, unnecessary replication of studies, and re-inventing the wheel. The results of the discussion should be conveyed to field missions.</p>	<p>Education, NRM continues to work incorporating HIV/AIDS.</p>
<p>Rapid response teams consisting of USAID technical staff and contractors should be formed around sectors and inter-sectoral themes to provide ready support to missions and field offices in designing and evaluating programs. These teams will have the opportunity to constantly sharpen their skills through sharing experiences.</p>	<p>Being done.</p>
<p>A few missions such as South Africa, Zimbabwe, Zambia, and Tanzania have already started incorporating HIV/AIDS in different sectors. Their experiences need to be documented and disseminated. Similarly, the best practice paper on community mobilization should be updated in the light of recent successes.</p>	<p>This is being conducted under the context of the R4.</p>

Agriculture, Natural Resource Management

Suggested Actions – October 1999	Achievements – 1999-2002
<p>The agriculture toolkit needs to be refined and widely disseminated to missions and to design teams for discussions with the ministries and possible application.</p>	<p>The Agriculture toolkit was widely disseminated and has been used in the field. The environment team developed a brief and toolkit on CBNRM and HIV/AIDS.</p>
<p>The U.S. Government should accept HIV/AIDS as a natural disaster—as declared by ten countries at ICASA—and consider providing PL 480 assistance for HIV/AIDS programs.</p>	<p>There is widespread promotion of this idea, but the goal has not been realized yet.</p>
<p>A working group on food security of HIV/AIDS-affected populations should be established. The group may develop short-term strategies for using Food Aid for prevention and care of HIV/AIDS-affected populations. The group should also look at long-term food security issues, technological and nutritional interventions, community mobilization, and research and data needs.</p>	<p>A training program and manual have been developed for nutritional interventions in HIV/AIDS affected areas. A series of field studies related to long-term food security, research and data needs have been initiated.</p>
<p>The Natural Resource Management Group should find ways to link its community mobilization efforts with those being carried out for HIV/AIDS in order to provide synergy.</p>	<p>The Environment team developed a CBNRM brief and toolkit to inform ministries with a CBNRM mandate, and CBNRM professionals about steps they can take in mitigating the HIV/AIDS crisis. The team has also supported a research effort to analyze the relationship between CBNRM and HIV/AIDS.</p>
<p>HIV/AIDS questions should be included in relevant agriculture surveys and studies, supported by the donors, to get better data and information.</p>	<p>Agriculture professionals have received training in HIV/AIDS prevention, as well as on how to collect data regarding HIV/AIDS issues in the field.</p>

Education

Suggested Actions – October 1999	Achievements – 1999-2002
<p><i>USAID work with UNICEF, UNDP, and the World Bank head offices staff to:</i></p>	
<p>Encourage and support missions and host-country ministries to assess impact of HIV/AIDS on the education sector and develop action plans following the assessment using the toolkits.</p>	<p>Strategic plans facilitated by USAID/AFR, (*co-funded by DFID) were adopted in 2001 in Ghana, Zambia*, Namibia*, Malawi*. In process in RSA; HIV and EDU Mobile Task Team (MTT at HEARD) formed to further this work with MOEs; WB, DFID collaborating with expansion to West and East Africa. Major impact studies have been co-funded by USAID and DFID in Namibia and Malawi, and is planned for Zambia. USAID/SA funded 2 major impact studies in RSA.</p>
<p>Have each agency listed above take responsibility for selected countries in consultation with their respective field offices.</p>	<p>USAID, DFID and WB agreed in May 2001 that WB would take lead training for facilitation of strategic plans in West Africa, and DFID in East Africa, while USAID would continue as lead in southern Africa and provide MTT for training. USAID and MTT have budgeted for this training. In meantime WB and DFID are taking lead in countries where USAID has less or no edu program. For example WB/DFID on Nigeria and Mozambique; USAID on Namibia, South Africa, and starting Ethiopia.</p>
<p>Promote a regional network of Africans to share experiences in assessing impact and in implementing HIV/AIDS action plans; the network should be managed by African institutions, such as the Education Research Network for East and southern Africa.</p>	<p>USAID/W funded formation in 2000 of Mobile Task Team on HIV and Education, based at Univ. of Natal. Coordinates with regional educational development institutions as well as regional Universities. New cooperative agreement through 2006.</p>
<p>In countries where the assessments are advanced, USAID, in collaboration with other agencies, should start funding the action program that emerges from the assessments. (Note: subsequent research found that there are few countries with advanced assessments.)</p>	<p>USAID and DFID collaborate on EMIS in Zambia; UNICEF, SIDA and USAID collaborate on Life Skills training in Malawi; USAID, WB, MOE, DFID, BESSIP collaborate on impact study and policy audit in Zambia; MOE/WB, UNICEF and USAID collaborate on Life Skills planning in Namibia; USAID funds community mobilization for HIV management in schools in Ghana; USAID support for community management of education needs of OVCs in Zambia.</p>

<i>Simultaneous to the assessments and the development of action plans USAID should organize an inter-agency coordination of information about:</i>	
School-based programs to prevent HIV/AIDS among youth. For this purpose USAID and partner agencies need to synthesize the best practices in youth education to keep HIV/AIDS prevalence low, as in Senegal and Mali.	UNICEF and UNESCO take lead on this, with participation of USAID and bilaterals with WB: USAID contributions include a) synthesis of lessons from life skills successes from US and other regional programs; and b) synthesis of life skills program evaluations in Africa. Primary site for deposit of information is UNICEF/JHU website. Clearinghouse at IBE still under consideration by UNESCO.
Accelerating prevention education for girls under 15 and programs to reduce their vulnerability to HIV/AIDS.	USAID programs in Namibia, Malawi, Ghana, and Zambia and South Africa have supported activities promoting girls' education and also life skills programs, but no MOEs have targeted HIV prevention education specifically for girls.

Health

Suggested Actions – October 1999	Achievements – 1999-2002
Review the impact of health sector reforms on HIV/AIDS and vice versa.	Being planned in South Africa.
Promote collaboration between democracy and governance and health sector decentralization (based on Senegal and Tanzania mission examples).	Currently underway in Zambia and Tanzania.
Help to improve the ability of surveillance systems to document HIV/AIDS impact on different sectors.	Multisectoral indicators for monitoring and evaluation are being developed.
Define technical approaches to integrate HIV activities into different programs of the ministries of health, such as reproductive health, training, and education.	Currently underway in several missions.
Strengthen the National AIDS Control Program organization and administration in different countries.	Currently underway in Tanzania, Zambia, Ethiopia.

Democracy and Governance

Suggested Actions – October 1999	Achievements – 1999-2002
Develop a toolkit to provide a framework for assessing the impact of HIV/AIDS on democratic processes and good governance through the University of Natal.	Not achieved.
Discuss HIV/AIDS issues at the meeting of USAID democracy and governance field officers in December.	Achieved. Discussed HIV/AIDS issues at DG field officers' workshops in December 1999, 2000, and 2001.
Synthesize best practices in democracy and governance linkages with health and HIV/AIDS, such as in Tanzania.	Partly achieved through USAID/Pact toolkit. Policy and programming technical assistance has been provided to USAID/Kenya and mission partners on DG—HIV/AIDS integration.
<i>Develop programs in consultation with the group already formed at the meeting to help field missions to:</i>	
Improve the flow of information to the civil society on HIV/AIDS and obtain the views of the civil society and those living with HIV/AIDS.	Partly achieved through a DG toolkit co-produced by USAID and Pact.
Generate commitment among various leaders to take action against HIV/AIDS.	Not achieved, but leaders in USAID and among USAID partners became more aware and committed to take action since September 1999.
Include HIV/AIDS in the inter-sectoral program of democracy and governance already underway.	Partly achieved through production of the Pact toolkit, through technical assistance in the field, and through presentations and reports, and through the activities of field staff that kept HIV/AIDS on the inter-sectoral agenda.

Economic Growth, Private Sector, and Community Mobilization

Suggested Actions – October 1999	Achievements – 1999-2002
Utilize the Microenterprise Coalition, associations of large and small businesses, trade unions and other NGOs/PVOs to promote support for HIV/AIDS programs.	Strategy used in South Africa and Zimbabwe to leverage support for HIV/AIDS response.
Identify typology of countries and communities to develop best approaches to HIV/AIDS prevention and care; avoid the “one-size fits all” approach.	
Organize a working group—consisting of the concerned HPN officers, the World Bank, UNICEF, other agencies, including NGOs—to discuss the sites where catalytic funds can be made quickly effective by using the existing implementation capacity and where immediate scaling up of community mobilization for HIV/AIDS can begin.	Working group was formed, but has not met recently.
A high-level decision within USAID needs to be taken to change procurement and funding procedures to make funds easily available to communities, so they do not get stuck at the center or capital cities of a country.	The missions have been making efforts in HIV/AIDS (e.g., Zimbabwe, Zambia, and Malawi).
Persuade governments to implement effective economic reforms for achieving equity and growth. This will provide for future additional resources that will enable a healthier infrastructure and environment and more potent attack on morbidity and mortality.	FY01 Trade Capacity funds totaled \$27.7 million. ATRIP funds for policy reform and business linkages was \$18m in FY01 and \$20m in FY 00.
Utilize sympathetic and responsive private sector organizations in the fight against HIV/AIDS, such as Chevron, Coca-Cola, Daimler/Chrysler, and SmithKline Beecham.	This avenue has been pursued over the past two years.
Push the U.S. Government for compulsory licensing and parallel import of HIV/AIDS drugs at lower cost.	
Add questions on impact of the disease in informal sector surveys.	South Africa, Zimbabwe, and Uganda study of the economic impact of HIV/AIDS.
Micro-finance institutions should not specifically target HIV/AIDS clients but may well develop micro-lending and savings in infected communities, selecting clients on the basis of their ability to save or repay.	Studies and discussion papers on microfinance and HIV prepared in February, May and November 2000, emphasize this point. USAID funded training of 100 microfinance organizations in Africa and 50 microfinance institutions in the U.S. in October-November 2000.

Conflict, Crisis, and Disaster Planning

Suggested Actions – October 1999	Achievements – 1999-2002
<p>Establish an inter-disciplinary strategic advisory group to provide guidance to USAID on HIV/AIDS programs in conflict situations and to prepare for disaster planning. The advisory group should be composed of selected staff from AFR/SD, REDSO, and other interested parties.</p>	<p>Not established as such. Related activities include the establishment of a USAID Conflict Core Group which, with the leadership of the Africa Bureau, which consolidated USAID Conflict Vulnerability Analyses (CVA) and monitoring frameworks to assist USAID missions in anticipating conflict and planning development activities, including those in HIV/AIDS, according to the country situation. Africa Bureau Conflict Web Internal Website: http://www.inside.usaid.gov/AFR/conflictweb/.</p> <p>Africa Bureau Conflict Web External Website: http://www.usaid.gov/regions/afr/conflictweb/.</p> <p>PPC Conflict Prevention Website: http://www.usaid.gov/pubs/confprev/.</p> <p>Organized and implemented international workshop sponsored by USAID in coordination with Tulane University and the African Center for the Constructive Resolution of Disputes (ACCORD) entitled Preventing and Coping with HIV/AIDS in Post Conflict Societies: Gender- Based Lessons from Sub-Saharan Africa in Durban (March 26-28, 2001) (http://www.certi.org/news_events/prev_coping_w_aids/defaultb.htm).</p>
<p>Advocate using USAID humanitarian and emergency funds to provide crisis intervention packages that include procuring HIV/AIDS prevention and care and support commodities.</p>	<p>Not established.</p>
<p>Provide more support for African institutions and networks such as the Civil-Military Alliance (CMA) for HIV/AIDS prevention activities among military populations and their families.</p>	<p>Development of the Complex Emergency Response Transition Initiative (CERTI)(www.certi.org) with resource library of lessons learned papers including publication of “Demobilization and its Implications for HIV/AIDS” (http://www.certi.org/publications/demob/Demobilization_Final.html), (http://www.certi.org/publications/policy/demobilization-6.htm); “HIV Prevention and Behavior Change in International Military Populations - Training Module 7: HIV Prevention in Crisis Settings”, (http://www.certi.org/publications/Manuals/hiv/hiv-prev-2.htm).</p>

Link CMA activities to some of the REDSO/ESA networking initiative activities.	
Document and share lessons learned from African countries with active CMA chapters such as Zambia, Ghana, Senegal, and Uganda.	
Advocate for introducing HIV/AIDS prevention interventions into demobilization and briefing programs for peacekeeping forces in Africa.	Organized and implemented international workshop sponsored by AFR/SD-REDSO/ESA-BHR entitled “Demobilization and Reintegration of Ex-Combatants” in Nairobi (March 20-21, 2001) (http://www.cert.org/news_events/demobilization2/default.htm).

USAID

Professor Tony Barnett summarized the explicit and implicit themes of the meeting in terms of challenges to USAID — the meeting sponsor. Thus, he suggested USAID should:

Suggested Actions – October 1999	Achievements – 1999-2002
Consider its internal procedures and technical assumptions and ask how these fit with the special challenges of the HIV/AIDS epidemic.	A general reorganization is being undertaken. HIV/AIDS has been uplifted to an “Office.”
Recognize that USAID is a latecomer to this multisectoral scene and that it must learn from what has been tried and build on that experience with the innovativeness and energy that can characterize the best of U.S. action in the world.	Currently being done.

Annex 3

Indicators

Democracy and Governance Indicators

- Percent of population knowing about human and legal rights of PLWHA
- Number of targeted CSOs showing improvement on HIV/AIDS advocacy quality index
- CSO body/network exists that actively aggregates CSOs' HIV/AIDS interests beyond the local level
- National laws (or policies/regulations) protecting human rights of PLWHA enacted and/or disseminated (needs to include stages of legislation)

Education Indicators

- Number of activities in operational matrix supported by Mission (through TA or direct funding)
- Number of major teacher training institutions providing HIV/AIDS prevention/skills building to teacher trainees
- Number of secondary schools offering a family life skills course
- Number of OVC benefiting from improved access to education
- Number of major teacher training institutions preparing teacher trainees to teach family life skills course
- Number of primary schools offering a family life skills course
- Number of communities/school districts starting new approaches to teach a basic educational curriculum to out-of-school youth

Optional Education Indicators

- Number of working teachers and teacher trainees aware of policies on professional codes of conduct
- Number of secondary schools offering a family life skills course
- Number of OVC benefiting from improved access to education

Community-based Natural Resource Management Indicators

- Assessment of HIV/AIDS impact on USAID-funded CBNRM projects conducted
- Completed assessment disseminated to stakeholders
- Number of local CBNRM projects taking action against HIV/AIDS

Agriculture Indicators

- Stocktaking/assessment of HIV/AIDS impact on agriculture sector completed
- Mission strategy to respond to HIV/AIDS impact on agricultural sector completed

- New or modified techniques to maintain agricultural productivity and output appropriate for HIV/AIDS environment developed
- Percent of new Mission-funded agricultural activities that include HIV/AIDS strategy/component

Economic Growth Indicators

- National strategy and operational matrix to respond to the impact of HIV/AIDS completed by Ministry of Trade
- Completed strategy and matrix disseminated to stakeholders
- Percent of total activities planned per year in the operational matrix supported by Mission (through TA or direct funding)

Microenterprise Indicators

- Assessment of HIV/AIDS impact on microenterprise sector completed
- Assessment distributed to stakeholders
- Up to five new microenterprise or microfinance interventions for populations affected by HIV/AIDS developed
- At least one new microenterprise or microfinance intervention for populations affected by HIV/AIDS implemented per year

Health Indicators

- Effective health information system set up/adapted for reporting on HIV/AIDS and other priority health needs (e.g., prevalence, financing, human resources, utilization, expenditures)
- Policies to increase PLWHA access to health care services implemented
- Policies to increase access of population to prevention and VCT services implemented
- Policies to increase safety of health care workers on the job implemented
- Formal assessment of health care financing needs prepared for stakeholders
- Formal assessment of commodities needed for projected HIV/AIDS caseload developed for stakeholders

Generic Indicators

- Assessment of impact of HIV on specific sector completed
- Impact assessment disseminated to sectoral stakeholders
- Sectoral strategy and operational matrix to respond to HIV/AIDS initiated
- Budget for implementing first year activities in operational matrix allocated

Annex 4

List of Participants

***Second Consultative Meeting on Rethinking HIV/AIDS and Development:
A Review of USAID's Progress in Africa***

March 12-13, 2002
Academy for Educational Development Conference Center, 8th Floor
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