



USAID
FROM THE AMERICAN PEOPLE



COMMITMENT FOR ACTION:

ASSESSING LEADERSHIP FOR CONFRONTING THE HIV/AIDS EPIDEMIC—
LESSONS LEARNED FROM PILOT STUDIES IN BANGLADESH, INDIA, NEPAL,
AND VIET NAM



JUNE 2005

This publication was produced for review by the United States Agency for International Development (USAID). It was prepared by Anita Bhuyan of the POLICY Project.



The POLICY Project is funded by the United States Agency for International Development (USAID) under Contract No. HRN-C-00-00-00006-00, beginning July 7, 2000. The project is implemented by the Futures Group in collaboration with the Centre for Development and Population Activities (CEDPA) and Research Triangle Institute (RTI). For more information, please contact:

POLICY Project
c/o Futures Group
One Thomas Circle, NW
Suite 200
Washington, DC 20005 USA
Tel: (202) 775-9680
Fax: (202) 775-9694
Email: policyinfo@futuresgroup.com
Website: <http://www.policyproject.com>

COMMITMENT FOR ACTION:

ASSESSING LEADERSHIP FOR CONFRONTING THE HIV/AIDS EPIDEMIC—
LESSONS LEARNED FROM PILOT STUDIES IN BANGLADESH, INDIA, NEPAL,
AND VIET NAM

BY ANITA BHUYAN, POLICY PROJECT

JUNE 2005

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

CONTENTS

- A WINDOW OF OPPORTUNITY 1**

- UNDERSTANDING AND MEASURING POLITICAL COMMITMENT AND LEADERSHIP FOR HIV/AIDS 4**
 - What is Political Commitment?..... 5
 - Why Do Political Commitment and Leadership Matter?..... 6
 - How Can We Measure Political Commitment and Leadership?..... 7

- LESSONS LEARNED: A STUDY OF NATIONAL POLITICAL COMMITMENT IN FOUR ASIAN COUNTRIES..... 12**
 - Overview of the Political Commitment Assessment Questionnaire 12
 - Common Themes from the Country Studies..... 14
 - Lessons Learned for Assessing Political Commitment 15

- CONCLUDING THOUGHTS..... 19**

- REFERENCES 21**

- APPENDIX A: POLITICAL COMMITMENT ASSESSMENT QUESTIONNAIRE 22**
- APPENDIX B: A DECADE OF GROWING GLOBAL LEADERSHIP, 1994–2004 27**
- APPENDIX C: COUNTRY SUMMARIES 28**
 - Bangladesh Country Summary 28
 - India Country Summary 30
 - Nepal Country Summary 33
 - Viet Nam Country Summary 35

ACKNOWLEDGMENTS

This report synthesizes the POLICY Project’s recent work in assessing national political commitment and leadership for confronting HIV/AIDS. The paper draws on pilot assessment studies of national political commitment in low prevalence countries in Asia commissioned by the United States Agency for International Development’s (USAID) Asia and the Near East (ANE) Bureau. The four focus countries are Bangladesh, India, Nepal, and Viet Nam.

The synthesis is the result of a cooperative effort to which many people contributed. The author would like to acknowledge the individuals involved in developing the political commitment assessment guide and implementing the country studies—in particular John Stover, John Ross, Pablo Magaz, P.N. Rajna, and K.M. Sathyanarayana of the POLICY Project as well as in-country consultants Halida Hanum Akhter, Le Bach Duong, and Sundar Man Shrestha. The entire team extends their appreciation to all of the respondents, USAID Mission staff, and POLICY country staff who generously gave their valuable time and insights to enrich the studies.

For providing technical guidance and review throughout the course of the pilot studies and development of this synthesis paper, thanks are due to Harry Cross, POLICY Project Director, and Felicity Young, POLICY Deputy Director for HIV/AIDS. We also would like to acknowledge the guidance, technical input, and review provided by USAID technical staff, including Mai Hijazi, Rose McCullough, Billy Pick, and Elizabeth Schoenecker. The views presented here, however, do not necessarily reflect those of USAID.

ABBREVIATIONS

ABC	abstinence, be faithful, and use condoms
AIDS	acquired immune deficiency syndrome
AIM	AIDS Impact Model
ANE	Asia and the Near East
API	AIDS Program Effort Index
ARV	antiretroviral
CCM	country coordinating mechanism
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People Living with HIV/AIDS
HAART	highly active antiretroviral treatment
HIV	human immunodeficiency virus
IDU	injection drug user
MSM	men who have sex with men
NAC	National AIDS Committee (Bangladesh)
NACO	National AIDS Control Organization (India)
NACP	national AIDS control program
NCASC	National Centre for AIDS and STD Control (Nepal)
NGO	nongovernmental organization
NSP	national strategic plan
PLHA	person living with HIV or AIDS
PMTCT	prevention of mother-to-child transmission
UNAIDS	Joint United Nations Program on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
USAID	United States Agency for International Development
VCT	voluntary counseling and testing

**“A man who does not
think and plan long ahead
will find trouble right at
his door.”**

Confucius

A WINDOW OF OPPORTUNITY

By the end of 2004, nearly 40 million people were living with HIV or AIDS (UNAIDS, 2004). While HIV prevalence has stabilized in many African countries, sub-Saharan Africa remains particularly hard hit by the epidemic, and countries in other regions, such as Asia, Latin America, and Eastern Europe, are experiencing a rise in prevalence. In the Asia and Pacific region alone, more than one million adults and children acquired HIV in 2004. The region is now home to 8.2 million people living with HIV or AIDS (PLHAs).

We have learned much since HIV/AIDS first arrived on the international stage a quarter century ago. In fact, in many cases, we know intrinsically *what* must be done—whether it is reducing stigma, scaling up successful pilot programs, addressing the factors that contribute to HIV vulnerability, or fostering the synergy between prevention and treatment programs. The question that often remains, however, is “*How* can we do it?” This is true in the case of political commitment and leadership for HIV/AIDS, as well.

We know that the strong, unrelenting dedication of individuals at all levels of society is the catalyst for mobilizing a response of the magnitude required by the epidemic. And it is this collective will that can bring HIV/AIDS out of the shadows, so that it is dealt with openly in a non-stigmatizing manner. Political commitment is essential for creating an enabling environment that promotes the development and growth of appropriate, sustainable HIV/AIDS policies and programs. The need for strong leadership is acutely felt in low prevalence countries where there is still an opportunity to contain the spread of the epidemic. International efforts, such as the 2001 *Declaration of Commitment on HIV/AIDS* (signed by all 189 members of the United Nations), have repeatedly called on political, religious, and community leaders to answer the challenges posed by the epidemic. However, “political commitment” is a term that is often used without a clear sense of what it means, how it affects programs, when it can be most effective, and how it can be strengthened by advocates and policymakers.

To help address this concern, the United States Agency for International Development’s (USAID) Asia and the Near East (ANE) Bureau commissioned a study of national political commitment for confronting HIV/AIDS in low prevalence countries across Asia. Building on experience with monitoring national program effort in the family planning, maternal health, and HIV/AIDS fields, the POLICY Project designed a questionnaire that assesses various aspects of political commitment (see Appendix A). POLICY then worked with local counterparts to pilot test the questionnaire in four countries—Bangladesh, India, Nepal, and Viet Nam—resulting in individual reports for those countries.¹ These diverse countries were selected because they represent a “window of opportunity,” where strong political commitment and leadership for confronting HIV/AIDS can

“A handful of countries [in Asia] are still seeing very low levels of HIV prevalence, even among people at high risk of exposure to HIV. These countries have golden opportunities to pre-empt serious outbreaks.”

Source: UNAIDS (2004)

¹ For individual country reports, please see Akhter (2005), Le Bach Duong (2005), Sathyanarayana and Rajna (2005), and Shrestha (2005). Summaries of these country studies are available in Appendix C.

make a difference in terms of heading off the epidemic before it reaches the magnitude witnessed in other parts of the world. Political commitment and leadership are likely to have the greatest impact on the epidemic while HIV prevalence is still low. Unfortunately, this may be the time when local and national leaders are least likely to act because the potential impact of the epidemic is not yet fully recognized. The paradox is that national leaders may be tempted to wait until “crisis mode” before they mobilize a comprehensive response. In addition, early in an epidemic, national leaders may be unwilling to make the hard or unpopular decisions needed to prevent what is perceived as a distant threat.

This paper reflects on key questions surrounding political commitment and leadership in the HIV/AIDS arena. It begins with a review of what we know about political commitment today—why it matters, what its characteristics are, how it has been measured to date, and how it can be strengthened. The paper then turns attention to the multi-country pilot assessment study in Asia, reviewing common themes from the country studies, analyzing lessons learned, and providing concluding thoughts and recommendations for future study and action.

Given its inherent link to so many facets of a national HIV/AIDS response, isolating the role of political commitment, taking it apart, and analyzing it from inside out can indeed be a difficult endeavor. However, a thoughtful look at the level of commitment for addressing HIV/AIDS demonstrated by key players in the national response can help countries diagnose areas of strength and weakness, thereby pinpointing gaps and challenges and providing direction for future advocacy efforts.

**“Knowing the place and
the time of the coming
battle, we may concentrate
from the greatest distances
in order to fight.”**

Sun Tzu

UNDERSTANDING AND MEASURING POLITICAL COMMITMENT AND LEADERSHIP FOR HIV/AIDS

“What do you think would have been the price had we indulged in denial of the epidemic and refrained from openly acknowledging the uncomfortable factors driving it? We know today that Thailand would have had 10 to 15 percent HIV prevalence, a rate seen only in the worst affected seven countries of sub-Saharan Africa. And six million more Thais would have died. To avert that, Thailand became the first developing country in the Asia-Pacific region to recognize the severity of AIDS, place the issue high on the national agenda, and pioneer a national HIV program with significant national resources.”

~ Anand Panyarachun, Former Prime Minister of Thailand²

The national HIV/AIDS control program of Thailand, the Brazilian government’s provision of universal access to antiretroviral (ARV) drugs, the early establishment of comprehensive harm reduction programs in Australia, the formation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and the U.S. President’s Emergency Plan for AIDS Relief—each of these initiatives was brought about, in large part, because of political commitment and leadership at local, national, and international levels. Elizabeth Glaser’s determination to use her own struggle to put the issue of pediatric AIDS on the national agenda in the United States, Zackie Achmet’s refusal to take ARVs until they became more widely available to other South Africans living with HIV/AIDS, Mechai Viradvidya’s visits to Thailand’s red light districts to hand out condoms, and Nelson Mandela’s public disclosure of his son’s cause of death all remind us of the personal dedication and courage needed to ensure that HIV/AIDS remains a priority for national policymakers and program planners.

We know political commitment when we see it, for example, when a country turns back the tide of rising HIV prevalence. We can also sense when political commitment is lacking, as when a government denies the urgency of the epidemic or fails to marshal adequate human and material resources to meet the challenge. But for many reasons, isolating, defining, and measuring what “political commitment” really *is* has been difficult.

To begin with, defining political commitment can be highly subjective. Not only do different people have different ideas about what constitutes strong political commitment, as the examples above show, the ways in which people demonstrate their commitment can also vary significantly from one

² Statement by the Honorable Mr. Anand Panyarachun, former Prime Minister of Thailand, addressing the “South-East Asia Chiefs of Mission Conference on HIV/AIDS” on June 30, 2003. Text of the speech is available at http://www.anandp.info/en_speech/e_speech_20030630.html.

person to another, or one country to another. One universal list of attributes and activities will not likely sufficiently cover the roles and responsibilities of each sector in galvanizing and sustaining a country's HIV/AIDS response. Additionally, while high-level acts of political commitment are evident in official statements and declarations, policy documents, or HIV/AIDS spending levels, many "instances or acts" of political commitment are likely to happen away from public view. And the gradual changes in the political climate may be hard to pinpoint, track, and measure over time. Nor does the mere existence of a policy or budget reveal much about how it is implemented and how it impacts programs in a practical sense.

Further complicating matters is the fact that political commitment is intrinsically linked, to some degree, to each facet of successful HIV/AIDS programs. When national AIDS control program staff are well trained, strategies offer the appropriate balance among prevention, treatment, and support, and resources are mobilized and used in an efficient manner, we might assume that strong political commitment helped to facilitate these outcomes. However, it might not always be clear what the role was of national political commitment versus, say, international donor support or community-based advocacy or other factors. This raises several questions: Was political commitment *the* factor that made the difference? Was it a necessary pre-requisite? Could it have happened in the absence of strong political commitment?

These questions are not merely of academic interest, they are of importance for HIV/AIDS advocates and policymakers. Encouraging political commitment, and a personal willingness of individuals at all levels to take up the fight, is of particular relevance for HIV/AIDS because epidemics often start by affecting vulnerable groups who might otherwise be ignored by society; silence and stigma drive the disease underground; and substantial resources and long-term vision are required to address the epidemic.

Encouraging political commitment, and a personal willingness of individuals at all levels to take up the fight, is of particular relevance for HIV/AIDS because epidemics often start by affecting vulnerable groups who might otherwise be ignored by society, silence and stigma drive the disease underground, and substantial resources and long-term vision are required to address the epidemic.

This section considers how organizations have defined and measured political commitment and leadership for confronting HIV/AIDS. It also explores the role and significance of political commitment in national HIV/AIDS responses.

WHAT IS POLITICAL COMMITMENT?

Recognizing that political commitment can be a force that helps to catalyze and sustain successful HIV/AIDS programs, various organizations have sought to more clearly define and articulate key characteristics of political commitment. For UNAIDS, political will

... expresses national commitment and provides overall leadership to the nation in response to AIDS. Effective responses are characterized by political commitment from community leadership up to a country's highest political level. Such

commitment leads to high-profile advocacy and helps bring in all sectors and players, along with the necessary human and financial resources. It is also critical for making the hard choices often involved in adopting intervention methods that really work (UNAIDS, 2000, p. 108).

The POLICY Project defines political commitment as

... the decision of leaders to use their power, influence, and personal involvement to ensure that HIV/AIDS programs receive the visibility, leadership, resources, and ongoing political support that is required to support effective action to limit the spread of HIV and mitigate the impacts of the epidemic (POLICY Project, 2000a, p. 4).

These definitions emphasize that political commitment should come from various levels and sectors of society (not just government policymakers) and that it involves not only raising awareness or visibility of HIV/AIDS, but also support for effective implementation of policies and programs. The need for a multisectoral approach and one that includes prevention, treatment, and care and support are also underlying themes in these definitions. Political commitment is a combination of personal qualities or attributes (e.g., personal involvement and an ability to make hard choices) and specific actions (e.g., mobilization of resources and support for an effective response).

The term *political* commitment, however, can have its limitations when we begin to think about all of the various players, activities, and interventions needed for an effective national HIV/AIDS response. Commitment to confronting HIV/AIDS should not be confined to the government or “political” world; rather, PLHAs, NGOs, faith-based groups, businesses, the media, and other sectors have roles to play not only as advocates who hold government accountable, but also as leaders within their own communities. It follows then that “[p]olitical commitment in the broadest sense means *leadership* commitment” (POLICY Project, 2000a, p. 4) (emphasis added).

The use of the word “political” may also give the impression that the issue is primarily one concerned with policy development and legislation. Laws and policies provide the necessary guidelines and frameworks on which to base programs; they also detail how resources will be allocated and mobilized. However, political commitment has roles to play throughout the entire policy and program development process—for example, placing and keeping HIV/AIDS on the national agenda, reducing the gap between policies and implementation, ensuring widespread participation, and collecting, analyzing, and disseminating data and information that leads to the improvement of future policies and programs.

WHY DO POLITICAL COMMITMENT AND LEADERSHIP MATTER?

As HIV/AIDS has evolved from being viewed as a public health issue—to be dealt with primarily by doctors and scientific researchers—to being recognized as an epidemic that affects every aspect of a country’s national and socioeconomic development, the need for strong commitment and leadership has become even more apparent. For more than a decade, the need to strengthen political commitment and leadership has been a cornerstone of international meetings, declarations, and summits on HIV/AIDS (for examples, see Appendix B).

In 2000, more than 1,500 government and civil society representatives convened the African Development Forum under the theme “AIDS: The Greatest Leadership Challenge.” The forum emphasized the need for leadership and commitment at all levels, from personal involvement to international partnerships. Also in 2000, in its update on the global HIV/AIDS epidemic, UNAIDS identified nine common features of effective national responses (see Box 1). “Political will and leadership” was the first item on the list—but what attests to the importance of national political commitment is the fact that it plays a critical role in promoting the other eight common features of effective responses. For example, strong political commitment from a country’s top leaders can help mobilize resources, facilitate buy-in across sectors, encourage community-based involvement, ensure the wherewithal to support a sustained response, and promote openness in terms of addressing HIV/AIDS and caring for those affected by the disease. Recognizing the need for improved commitment and national leadership for addressing HIV/AIDS, the XV

International AIDS Conference (held in 2004), for the first time, devoted an entire track to leadership to complement the scientific and community-based programs of the conference.

The response needed to confront the HIV/AIDS epidemic, including significant human capacity and infrastructural development and changes in societal and behavioral norms, will not come about through a “business as usual” approach or through regular bureaucratic processes—it therefore needs individuals and groups who demonstrate leadership and continually, thoughtfully advocate to move the process forward.

HOW CAN WE MEASURE POLITICAL COMMITMENT AND LEADERSHIP?

Measuring and tracking political commitment and leadership is important to the success of HIV/AIDS programs because it helps us determine if current commitment is adequate, if there are certain areas of strength and weakness, and if changes in commitment impact programs and outcomes. Because it is intangible, individualistic, and difficult to isolate, finding direct measures of political commitment among national leaders has been a challenge. Researchers have often had to rely on proxies or indirect measures and data from various sources to get a complete picture of a country’s political commitment.

Three primary approaches for measuring political commitment, to date, have been to: 1) analyze public statements made by leaders; 2) track quantifiable actions that can be seen as resulting from political commitment (e.g., HIV/AIDS budget levels); and 3) using the judgments of key informants to develop a composite indicator of national effort (POLICY Project, 2000b). Each approach can offer useful information, but also has its own limitations.

BOX I. UNAIDS: Common Features of Effective National Responses

1. Political will and leadership
2. Societal openness and determination to fight against stigma
3. A strategic response
4. Multisectoral and multilevel action
5. Community-based responses
6. Social policy reform to reduce vulnerability
7. Longer-term and sustained response
8. Learning from experience
9. Adequate resources

Source: UNAIDS (2000)

- **Public statements of national leaders.** Especially in low HIV prevalence countries, where few PLHAs may be able to safely disclose their status, national and community leaders can help raise the veil of silence and stigma that surrounds HIV/AIDS and provide a voice for affected groups. Speaking out about HIV/AIDS when an epidemic is in its infancy is a crucial first step for getting HIV/AIDS on the national agenda and for encouraging community dialogue. This is a time when commitment and national leadership is even more critical because emerging epidemics often impact vulnerable communities (e.g., injection drug users [IDUs], sex workers, and men who have sex with men [MSM]) that are outside the mainstream of society and may lack their own advocates and policy champions. While national leaders' public statements about HIV/AIDS, in general, are important, going a step further and vocalizing the needs of PLHAs and vulnerable groups is a particularly powerful demonstration of political commitment. The limitation of using public statements as an indication of commitment and leadership, however, is that such statements may be tied to particular events (e.g., World AIDS Day) and once the event ends, commitment for action wanes.
- **Quantifiable program actions and results.** If political commitment is effective, we can assume that it will result in the adoption of appropriate policies and operational guidelines, the establishment of implementation mechanisms, and the mobilization of resources. The 2001 *Declaration of Commitment on HIV/AIDS* outlined a number of targets (e.g., adoption of a national HIV/AIDS policy, reduction in HIV prevalence among key subgroups) that can be used to track progress toward and commitment for a comprehensive national HIV/AIDS response. In cases where financial resources are scarce, a significant contribution of the national budget to HIV/AIDS can be an indication of the country's priorities. Similarly, if laws and policies protect the human rights of PLHAs and prohibit discrimination on the basis of HIV status or perceived status, this too is a key indicator of the country's commitment. However, as noted above, the existence of a policy does not necessarily say much about how it is implemented; and the level of spending does not tell us how funds are disbursed or whether they are used efficiently or not.
- **Composite indicators of national effort.** As part of an effort to improve monitoring and evaluation of national HIV/AIDS programs, the POLICY Project collaborated with UNAIDS and USAID to develop the AIDS Program Effort Index (API) (UNAIDS, USAID, and POLICY Project, 2001). The API produces a composite index, based on the assessments of 15-25 experts in each country, which measures high-level inputs by national programs and international organizations into the country's HIV/AIDS response. Program effort inputs include political support, participation by civil society, and resource levels. The API does not measure outputs. The revised API questionnaire, used in 54 countries in 2003, covers 10 components of national program effort using both "Yes/No" items and summary ratings (interviewees answer on a scale of 0–10) (USAID, UNAIDS, World Health Organization, and POLICY Project, 2003). This approach provides useful information on various aspects of the national program, including prevention programs and treatment and care services. While the revised format of the API reduces subjectivity, the reliance on expert opinions means that there is still a degree of subjectivity in the findings, particularly on the summary ratings. This makes it hard to track change over time or to make comparisons with other countries. As the API produces a numerical score, it also may be

difficult to interpret what the findings mean. For example, why did the respondent give “political support” a summary rating of 7 as opposed to 6 or 8 or 10?

Another approach to understanding political commitment has been proposed by Patterson (2000), which calls for improving governance as a way of enhancing the national HIV/AIDS response and increasing commitment and accountability from the country’s national leaders. According to this argument, sustained political commitment is uncommon and fragile; it is also difficult to measure political commitment and to identify its determinants. At the same time, experience shows that governments are more likely to be responsive to societal needs when “government leaders must face the consequences of non-action” (Patterson, 2000, p. 4). Here, accountability and strong leadership are inextricably linked. It follows, then, that strategies such as promoting respect for civil and political rights, increasing civil society participation, and encouraging the development of free, independent media can mobilize pressure on the government from the ground up. In this case, rather than measuring speeches made by politicians as a sign of commitment, for example, there should be a focus on “concrete and measurable programming options to increase government effectiveness in the response to AIDS, and which may also increase visible government commitment as well” (Patterson, 2000, p. 5).

The POLICY Project emphasizes an approach to measuring and building political commitment that includes working with local and national government leaders, as well as civil society and private sector groups. POLICY’s approach involves four key components: building political and popular support; improving planning and financing of HIV/AIDS programs; ensuring that accurate, up-to-date information informs evidenced-based decision making; and enhancing in-country and regional capacity to participate in the policy process. For more on measuring and building political commitment, see the POLICY Project’s toolkit (see Box 2).

The political commitment assessment questionnaire presented in the next section focuses more specifically on political commitment as expressed by a country’s national leaders. It seeks to use qualitative information from some of the country’s leading experts in the HIV/AIDS field to help advocates and policymakers identify areas of strength and weakness in the national response to the epidemic.

Box 2. HIV/AIDS Toolkit: Building Political Commitment for Effective HIV/AIDS Policies and Programs

The POLICY's Project's toolkit contains six modules to assist activists interested in increasing political commitment for effective HIV/AIDS policies and programs. It is based on project experience in strengthening political commitment for confronting HIV/AIDS across sub-Saharan Africa.

- **Building Political Commitment** discusses political commitment and why it is so important to efforts to combat the HIV/AIDS epidemic.
- **Measuring Political Commitment** describes ways to measure political commitment using both comprehensive and individual indicators.
- The **AIDS Impact Model (AIM) Approach** discusses the approach with a step-by-step description of an AIM application.
- **Building Political Commitment at Subnational Levels** discusses approaches that can be used to develop political commitment at the district level.
- **Building Political Commitment through Broadening Participation in the Policy Process** describes different approaches for enhancing the participation of all sectors in policy dialogue, planning, and evaluation.

The toolkit is available online at <http://www.policyproject.com/pubs/toolkit.cfm>.

“Political commitment means, among other things, talking openly about HIV/AIDS issues in various forums.”

Respondent from the Bangladesh country study

“To me political commitment means total commitment to the cause and personal willingness to pursue the issue. [It requires] standing up to the problem and providing support and appropriate financial and resource support.”

Respondent from the India country study

“The commitment for an HIV/AIDS response from different sectors, such as the government, NGOs, international NGOs, and others, is political commitment. But we have to examine policies, strategies, and implementation.”

Respondent from the Nepal country study

“It is commitment to achieve set objectives, with clear planning and programming within an institutional framework to achieve it.”

Respondent from the Viet Nam country study

LESSONS LEARNED: A STUDY OF NATIONAL POLITICAL COMMITMENT IN FOUR ASIAN COUNTRIES

Strengthening national political commitment is essential for confronting HIV/AIDS—particularly in low prevalence countries where there is still time to act before the epidemic spreads, both geographically and throughout different populations. These are the countries where political commitment early on can make a significant difference—but the time to act is now. Recognizing this need, USAID’s ANE Bureau commissioned a study of national political commitment in low prevalence countries in Asia, the region many researchers believe will be the epicenter for the next wave of explosive HIV/AIDS epidemics. Lessons learned from this pilot study are discussed below.

OVERVIEW OF THE POLITICAL COMMITMENT ASSESSMENT QUESTIONNAIRE

POLICY Project researchers conducted a review of the literature on political commitment for addressing HIV/AIDS and other relevant health issues, such as family planning and reproductive health. This review, coupled with the project’s own experiences in assessing and building political commitment, informed the development of a qualitative research guide for assessing 13 aspects of national political commitment (see Table 1; for the complete assessment questionnaire, see Appendix A). The questionnaire begins by asking respondents about their own definitions of political commitment. It then proceeds to an assessment of 12 program areas (e.g., leadership, policy, and resources) that have been shown to be critical to an effective national HIV/AIDS response. However, rather than being a standardized questionnaire, the questions presented under each topic in the assessment tool are intended more as a guide and a starting point for researchers to explore their country’s national HIV/AIDS response. The questionnaire is also intended to capture the roles of government and civil society as both contribute to a country’s response to the epidemic.

TABLE 1. MAJOR CATEGORIES OF THE POLITICAL COMMITMENT ASSESSMENT QUESTIONNAIRE

- | | |
|-----------------------------------------------------------|-------------------------------------------------------|
| ▪ Understanding of Political Commitment | ▪ Foreign Technical Assistance and Foreign Experience |
| ▪ Top Leadership | ▪ Public Information/Education/Use of Media |
| ▪ Policy Formulation | ▪ Legal and Regulatory Environment |
| ▪ Resources | ▪ Monitoring and Evaluation |
| ▪ Organizational Structure | ▪ Program Components |
| ▪ Multi-ministry Involvement | ▪ Stigma and Discrimination |
| ▪ Role of NGOs and Civil Society in the National Response | |
-

Unlike the API (AIDS Program Effort Index), which produces a numerical index, the political commitment assessment tool uses open-ended questions to assess different inputs into a country's national response. The questionnaire also seeks to explore societal issues, such as stigma and discrimination, which can influence the policy environment. The assessment serves as a diagnostic tool for identifying areas of strength and weakness in political commitment for the national response and sheds light on areas for future advocacy and action. Given the somewhat subjective nature of political commitment, the open-ended format is suited to allowing for greater exploration into the country's unique experience. For example, if HIV/AIDS policy is an area that is deemed weak by respondents, the researcher can follow up with additional questions: Why is "policy" a weak area? Have policies been adopted? Do they have any major gaps? Do they protect PLHAs against discrimination? Are policies strong on paper yet weak in implementation? Have policies been disseminated? Are program staff trained in their application? Are there mechanisms for monitoring progress made toward achieving policy goals and objectives?

In mid-2003, the assessment questionnaire was pilot-tested in four diverse countries with low national HIV prevalence in Asia: Bangladesh, India, Nepal, and Viet Nam. Local staff and in-country consultants reviewed relevant literature pertaining to each country's national HIV/AIDS response, including policies and plans, proposals to GFATM, UNAIDS reports, declarations, and other documents. They conducted in-depth interviews with about 12-16 key informants from each country. These informants were selected because of their expertise in the HIV/AIDS field and were drawn from a range of sectors and groups, including the government (e.g., Ministry of Health, parliament, and national AIDS control program), NGOs, PLHA groups, faith-based organizations, the international donor community, international NGOs, and others (e.g., the media, academia, and human rights organizations). Table 2 presents the total number of respondents by sector for the four countries.

TABLE 2. TOTAL RESPONDENTS BY SECTOR

Government sector	10
NGO (including women's organizations)	10
International donor organization	10
PLHAs / PLHA Network	10
Human rights / Legal aid organization	5
Faith-based organization	5
International NGOs	3
Media	4
Academia	5
Total	62

COMMON THEMES FROM THE COUNTRY STUDIES

While the political commitment questionnaire is not designed to allow for cross-country comparisons or rankings of effort, common themes did emerge across countries (Appendix C presents individual summaries of the four country studies).

- **Commitment for addressing HIV/AIDS tended to be sporadic, yet increasing.** Respondents across countries noted that political commitment was sporadic and, too often, limited to specific events, such as World AIDS Day or an appearance at an international conference. In many cases, sustained political commitment was demonstrated only by a small group of national leaders. Viet Nam was an exception, where respondents felt that the influence of the Communist Party allowed for broad-based support to flow from the highest level of the party and government down through the provinces and state-organized mass organizations. India has also demonstrated increasing commitment in recent years, with the launch of the Parliamentary Forum for HIV/AIDS in 2002 and a national convention on HIV/AIDS that brought together more than 1,000 elected officials from all levels of government in 2003.
- **A gap exists between policy and implementation.** All countries have drafted national HIV/AIDS policies or ordinances and to varying degrees developed strategic plans, adopted human rights guidelines,³ and established organizational frameworks to coordinate and implement the HIV/AIDS program. A common concern among respondents from all countries was the gap between political commitment as expressed in statements and policies, and political commitment as demonstrated by support for implementation—as evidenced by financial resource mobilization and allocation, support for training, enforcement of policies and guidelines, and the development of non-stigmatizing public education campaigns. Some of the other key challenges in implementing programs were limited multiministry, civil society, and PLHA collaboration in the national program; lack of accurate data regarding vulnerable groups; and bureaucratic structures and budget processes that lack flexibility.
- **Achieving the appropriate balance of program approaches and groups targeted is a challenge.** National leaders are in need of assistance in terms of identifying priority activities, advocating for program approaches that may entail hard or unpopular choices, and allocating resources to achieve maximum impact. In some countries, respondents felt that national programs focused on prevention efforts rather than recognizing the need to also provide treatment and care services. Respondents from Nepal argued that while the national HIV/AIDS operational plan covers voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT), and highly active antiretroviral treatment (HAART), the government should do more to establish prevention and care programs specifically for vulnerable groups. In Bangladesh, respondents felt that policies were unclear or lacking with regard to vulnerable groups, such as sex workers, IDUs, and MSM.
- **National leaders should take charge of efforts to reduce stigma and discrimination.** Whether discussing enforcement of policies or human rights guidelines, the appropriate

³ In April 2005, India announced plans to introduce legislation to prohibit discrimination against PLHAs and Viet Nam passed a decree to punish anyone discriminating against PLHAs.

balance of program components and resource allocation, the role of NGOs and civil society, roll-out of public education campaigns, or the need for accurate data and evidenced-based decision making, respondents frequently came back to the issue of stigma and discrimination against PLHAs and vulnerable groups. Respondents generally felt that top national leaders had not done enough to address stigma and discrimination. In Viet Nam, for example, HIV/AIDS activities are linked to programs to address so-called “social-evils,” such as the sex industry and injection drug use. Respondents in India stated that HIV/AIDS is treated as a “foreign” or “Western” disease. In some instances, even when intentions may have been good, national leaders’ statements and actions tended to exacerbate the situation (e.g., encouraging fear rather than awareness).

- **NGOs are leading the way.** In general, respondents credited NGOs and civil society organizations for doing groundbreaking work with communities most affected by HIV/AIDS, even though the NGO and civil society sectors in the four countries are in various stages of development. In Viet Nam, which has a strong centralized government and state-organized mass organizations, respondents stated that the NGO sector was just beginning to emerge and was in need of support for capacity development. At the same time, HIV/AIDS was an area in which Vietnamese NGOs are very active. Respondents in Bangladesh reported that NGOs have had to fill in the program gaps that are not addressed by the government. In India, NGOs have played a leading role in implementing targeted interventions for vulnerable populations. In each country, respondents noted that PLHAs and other vulnerable populations have begun to organize themselves into advocacy and peer support groups. Growing commitment was also seen in the faith-based communities and business sectors. In addition, efforts are underway to better coordinate NGO activities. For example, a task force of Vietnamese and international NGOs meets every three months to discuss coordination and collaboration, including HIV/AIDS prevention activities. Bangladesh has established a National HIV/AIDS and STD Network, while Nepal has a National NGO Network Against AIDS. Respondents across countries urged governments to do more to build NGO capacity and encourage civil society and meaningful PLHA participation in national policymaking and program implementation.

LESSONS LEARNED FOR ASSESSING POLITICAL COMMITMENT

In considering the methodology, process, and findings from the four pilot studies, the following lessons for assessing political commitment emerged:

- **The views of the respondents validated the inclusion of the topics explored in the open-ended political commitment assessment questionnaire.** As a starting point, respondents were first asked to define what they meant by “political commitment.” Characteristics of political commitment that respondents frequently mentioned include dedication, perseverance, personal involvement, a vision for the future, a willingness to learn, and strong follow through. In terms of identifying ways in which national leaders demonstrate their political commitment, respondents listed: formulating and adopting policies, strategic plans, and legislation; delivering speeches and public statements; participating directly in public education campaigns; encouraging multisectoral engagement and civil society participation in planning and program implementation; establishing special committees, institutions, or agencies to address HIV/AIDS; reducing stigma and

discrimination; recognizing that HIV/AIDS is a development issue and that there is a need to address other factors, such as poverty and education; and allocating adequate human and financial resources to HIV/AIDS programs. The actions and activities highlighted by the respondents themselves as aspects of political commitment matched up well with the 12 program components evaluated by the assessment questionnaire.

- **Finding knowledgeable key informants for each topic area is critical and may be a challenge in low prevalence countries.** Human capacity, technical expertise, and widespread participation in addressing HIV/AIDS are only beginning to emerge and to be nurtured in low prevalence countries, making it a challenge to identify key informants who can speak to all of the topics covered in the assessment guide. The political commitment assessment studies were designed to provide a range of perspectives regarding each country's national political commitment for confronting HIV/AIDS. As such, key informants were drawn from a variety of sectors, including government, NGOs, international NGOs and donors, PLHA groups, human rights organizations, and others. In some cases, researchers found that government respondents were unwilling or unable to participate in the interviews. In other cases, some respondents were not familiar with the inter-workings of the government and did not feel comfortable evaluating topics such as the degree of multiministry collaboration or the allocation of the HIV/AIDS budget. Some respondents were experts in their own field (e.g., HIV/AIDS service organizations, the media), but were less able to comment on the level of commitment in other sectors (e.g., faith-based organizations or women's groups). Researchers planning to use the political commitment assessment guide will need to take care in identifying key informants who are both representative and knowledgeable of the HIV/AIDS situation and response in the country. In particular, where possible and appropriate, researchers should consider expanding the pool of informants (e.g., to include more women's group and business representatives).
- **The questionnaire is designed to be tailored to the specific country context.** Given the experiences and expertise of the respondents who did participate in the four country studies (e.g., senior government leaders, pioneering NGO representatives), and the open-ended nature of the questionnaire, researchers have an opportunity to explore the special circumstances of each country. While the pilot studies were designed to test the questionnaire in its current form, future studies should remember that it is intended as a guide and is not something that must necessarily be standardized in each case. Researchers should feel comfortable pursuing relevant topics as they come up and deciding which questions best meet their assessment's needs. Additionally, some sections of the questionnaire may not be relevant for all countries. For example, Nepal's Parliament had been dissolved so the section on the "national legislature" was somewhat of a moot point. In such cases, interviewers could instead further explore how the dissolution of the Parliament affects policymaking and national accountability. As another example, Viet Nam has a number of mass organizations that function, in many ways, like NGOs in other countries, yet they are organized by the Communist Party that also rules the government. In such an instance, instead of asking all the questions in the section on the role of civil society and NGOs, researchers could investigate the relationship between mass organizations and the government. For example, are mass organizations more involved in policymaking and program implementation because of their ties to the party? Or, conversely, are they less able to hold government accountable because they are organized by and dependent, to some

degree, on the party? Do the mass organizations facilitate links between government and civil society? Can they serve as an empowering voice for different groups (e.g., women, youth, etc.)?

- **There is a need to expand the assessment of NGOs, civil society, and the private sector and highlight their roles as leaders in the national HIV/AIDS program.** The political commitment assessment guide, in its current form, focuses mainly on the country's top *political* leaders and the national government's response (e.g., budget, monitoring and evaluation, program components, and policy formulation). In particular, the section on "Top Leadership" asks a number of questions about the country's President or Prime Minister and, as such, may have skewed the respondents' perceptions of who the country's leaders are and may have had a limiting effect on responses to certain questions (e.g., "Does the top leadership contribute toward the reduction of stigma? If so, in what ways?"). In many cases, respondents answered questions about the national response only in terms of what government was doing or not doing. While the current questionnaire does include items relating to the role of civil society and NGOs, these items are included in a separate section. While an emphasis on government is warranted, given its role in the national response, researchers wishing to assess political commitment and leadership within the totality of the national HIV/AIDS response may wish to consider finding additional ways to integrate questions about non-government sector leaders throughout the questionnaire. This is especially important given the need for multisectoral engagement in strategies to address the epidemic.

The pilot studies show that the political commitment assessment guide can serve as a useful tool for helping HIV/AIDS advocates and policymakers analyze a country's national political commitment and leadership for confronting HIV/AIDS. In-country researchers can use this guide to tailor questions to their country's unique context. Such research can lay the foundation for identifying areas of strength and weakness in the country's HIV/AIDS program and highlighting areas for future advocacy and policy change efforts. For the countries involved in the four pilot studies, developing human and health system capacity, reducing stigma and meeting the needs of the most vulnerable groups, and encouraging collaboration, participation, and coordination emerged as priority action areas for national leaders.

**“Be the change
you wish to see
in the world.”**

Gandhi

CONCLUDING THOUGHTS

Experience has shown, in countries such as Brazil, Senegal, Thailand, and Uganda, that strong commitment early on can have dramatic impact on the course of an epidemic. Political commitment and leadership are likely to have the greatest impact—in terms of heading off an epidemic and averting its worst consequences—if countries act when HIV prevalence is still low. Unfortunately, for many reasons, this is the time when local and national leaders may be least likely to act:

- the need may not yet seem readily apparent;
- countries may face other competing priorities;
- the issues to be tackled (e.g., reducing gender inequality, improving health system capacity) may seem too great;
- needed interventions may be considered too politically unpopular; and
- leaders may be reticent to reach out to the most vulnerable, and stigmatized, groups.

Strong political commitment and leadership for addressing HIV/AIDS are, to some extent, intangible qualities. Attempts to measure and assess political commitment have tried to triangulate information and data from various sources. Research has considered

- individual acts (such as a politician making a speech);
- inputs into the national response (such as the adoption of an HIV/AIDS policy or increases in the HIV/AIDS budget);
- outputs from program efforts (such as the number of people accessing VCT services);
- environmental factors (such as the level of stigma and discrimination); and
- long-term impacts (such as a rise or decline in HIV prevalence).

These measures can say a lot about a country's national HIV/AIDS response—its strengths, weaknesses, and gaps—and they do allow us to make educated assumptions about the nature of leadership and political commitment within a country. But these still are not direct measures of political commitment and leadership. With political commitment, we know that it is necessarily tied to action—because political commitment involves more than words or beliefs and must move on to implementation and action. At the same time, the essence of political commitment cannot be reduced to actions alone. A person may be highly committed to fighting HIV/AIDS, yet still face obstacles that prevent or hinder effective action. Conversely, people may make statements, adopt laws, and allocate budgets without demonstrating strong, genuine leadership or commitment for the issue. We know intuitively that successful, multisectoral HIV/AIDS programs require political commitment and are examples of political commitment, but we are still left with questions about the relationship between political commitment and leadership and program responses and outcomes.

The political commitment assessment questionnaire, presented here and tested in low-prevalence countries across Asia, provides a tool for identifying gaps in existing programs and highlighting areas in need of greater commitment and leadership. It helps researchers investigate programmatic and societal factors that are essential for an effective national HIV/AIDS response; assesses the roles and commitment of different sectors; encourages respondents to explore their own definitions of

political commitment; and serves as a diagnostic tool for identifying future areas for advocacy and action. The findings from the study can help researchers make educated assumptions about the level and nature of political commitment in a given country or context. But, as with many research endeavors, the more we learn about political commitment and leadership, the more we uncover what we do not yet know. Some questions for further research and reflection are:

- What are the various factors that compel people to commit to addressing HIV/AIDS? Especially in low prevalence countries, what motivates people to come forward to confront HIV/AIDS? What are the characteristics and values of these “first responders”?
- What are the barriers to effective leadership for HIV/AIDS? Under what conditions is strong leadership most likely to occur? Under what conditions can leadership and political commitment have the greatest impact?
- When is the “critical mass” reached and when does commitment become widespread enough to effect positive change?
- What are the “best practices” for strengthening leadership and commitment in different sectors (e.g., government, NGOs, faith-based groups, businesses, PLHAs)? What are “best practices” for inspiring commitment at different stages or components in the national response (e.g., policy formulation, implementation, monitoring)?
- What societal, institutional, or environmental factors facilitate effective leadership? Conversely, how does strong leadership influence societal, institutional, and environmental factors?
- How can we distinguish the appearance of political commitment (e.g., just paying “lip-service” to HIV/AIDS) from genuine commitment and leadership?

These are some questions for further consideration. While isolating the contribution of political commitment and leadership to effective national responses remains a challenge, the importance of these factors is far too great to give up the chase. We must continue to strive for ways to define, measure, and strengthen political commitment and leadership for confronting HIV/AIDS.

REFERENCES

- Akhter, H.H. 2005. “Commitment for Action: Assessing Leadership for Confronting the HIV/AIDS Epidemic Across Asia—Focus on Bangladesh.” Washington, DC: POLICY Project/Futures Group.
- Le Bach Duong. 2005. “Commitment for Action: Assessing Leadership for Confronting the HIV/AIDS Epidemic Across Asia—Focus on Viet Nam.” Washington, DC: POLICY Project/Futures Group.
- Patterson, D. 2000. “Political Commitment, Governance and AIDS: A Discussion Paper (Revised).” Ottawa, Canada: International Coalition on AIDS and Development.
- POLICY Project. 2000a. “HIV/AIDS Toolkit: Building Political Commitment.” Washington, DC: POLICY Project/Futures Group.
- POLICY Project. 2000b. “HIV/AIDS Toolkit: Measuring Political Commitment.” Washington, DC: POLICY Project/Futures Group.
- Sathyanarayana, K.M., and P.N. Rajna. 2005. “Commitment for Action: Assessing Leadership for Confronting the HIV/AIDS Epidemic Across Asia—Focus on India.” Washington, DC: POLICY Project/Futures Group.
- Shrestha, S.M. 2005. “Commitment for Action: Assessing Leadership for Confronting the HIV/AIDS Epidemic Across Asia—Focus on Nepal.” Washington, DC: POLICY Project/Futures Group.
- UNAIDS. 2004. *AIDS Epidemic Update: December 2004*. Geneva: UNAIDS.
- UNAIDS. 2000. *Report on the Global HIV/AIDS Epidemic—June 2000*. Geneva: UNAIDS.
- UNAIDS, United States Agency for International Development (USAID), and POLICY Project. 2001. “Measuring the Level of Effort in the National and International Response to HIV/AIDS: The AIDS Programme Effort Index (API).” Geneva: UNAIDS.
- USAID, UNAIDS, World Health Organization, and POLICY Project. 2003. “The Level of Effort in the National Response to HIV/AIDS: The AIDS Program Effort Index (API) 2003 Round.” Washington, DC: POLICY Project/Futures Group.

APPENDIX A: POLITICAL ASSESSMENT

QUESTIONNAIRE

1. What Do You Understand Political Commitment to Mean?

- How would you measure it?
- How would you know it when you see it?

2. Top Leadership

- Does the president or prime minister regularly make strong statements in support of HIV/AIDS programs?
- Is the president or prime minister seen as leading the effort against HIV/AIDS? Why or why not?
- In what ways, if any, does the president or prime minister indicate concern or commitment?
- How has this changed over time, if at all?
- Are there any personal connections to the HIV/AIDS epidemic by top leadership? E.g., a family member is affected by the disease. If so, is this openly disclosed or discussed?
- Does the top leadership contribute toward reduction of stigma? If so, in what ways?
- What has been the biggest success in the battle against HIV/AIDS? Who would you credit for this success?
- What has been a failure or shortcoming in the leadership's actions (now or before)?
- Is there broad-based leadership for political commitment or is it largely driven by one or two individuals?

3. Policy Formulation

- Is there a national HIV/AIDS policy? Please describe. What are its strengths/weaknesses? Was it developed in a participatory manner? If so, how? Who participated?
- Is there a national HIV/AIDS law? Please describe. What are its strengths/weaknesses? Was it developed in a participatory manner? If so, how? Who participated?
- Is there a national HIV/AIDS strategic plan (NSP)? What are its strengths/weaknesses? Was it developed in a participatory manner? If so how? Who participated?
- Is there commitment to the GIPA (greater involvement of people living with HIV/AIDS) principle? E.g., People living with HIV/AIDS (PLHAs) are included in a meaningful way in the policy formulation processes of the country. Has this commitment been codified into national policies or law?
- Has the NSP been fully implemented?
- Has the NSP been costed?
- Are there policies/laws that focus upon human rights? Of PLHAs? Are these HIV specific or included in other laws/policies?
- Are there specific policies to address stigma and discrimination related to HIV/AIDS?

4. Resources

- Does the country commit a significant amount of its own budget to the national HIV/AIDS program? How about ministries other than the Ministry of Health? If so, which?
- Is the national HIV/AIDS budget transparent? Is it published and/or available for public review?
- If budget process is centralized, are funds allocated to the provincial budgets for HIV/AIDS?
- If budget process is decentralized, do provincial budgets allocate funds for HIV/AIDS activities?
- Do resources get from the national to the local level?
- Has there been a recent increase in government funding for HIV/AIDS?
- Has the country submitted an application to the Global Fund for AIDS, Tuberculosis and Malaria (GFATM)?
- Is the Country Coordinating Mechanism (CCM) multisectoral in nature? Does it include PLHAs and other affected populations?
- How do you think international donors view the adequacy of funding by the government for the HIV/AIDS program?
- Is the country pursuing donor support for HIV/AIDS? To what extent?
- Is the available funding actually spent?
- Is available funding used efficiently?
- Is AIDS a priority for debt relief funds?
- How would you characterize resource availability? Lots? Not enough? Okay?
- Is funding targeted to vulnerable groups most affected by the epidemic or to general population and/or low-risk populations?
- How are resources allocated according to prevention, treatment and care, and mitigation—is the allocation level balanced?

5. Organizational Structure/National AIDS Control Program

- Is there a central command structure or Steering Committee for the National AIDS Control Program (NACP)? If so:
 - How significant is it? Strengths? Weaknesses? Actions needed?
 - Is the head of the NACP highly placed within the government structure? Is he/she seen as having access to the top leadership of the country?
 - Are there sufficient personnel resources in the NACP?
 - Is the NACP multisectoral in focus? In its planning/prioritizing function or in program implementation?
 - Who are its members?
 - Are the members adequately trained and knowledgeable of the issues?
 - Does the HIV/AIDS program have a set of specific goals and targets?
 - Is there a specific mechanism to monitor the implementation of the NACP?

6. Multi-ministry Involvement

- Which ministries, besides health, are significantly involved in the HIV/AIDS program? In what ways?
- Are implementation activities strongly supported by these ministries?
- Do ministries have their own dedicated HIV/AIDS budgets? Personnel?

7. Role of NGOs and Civil Society in Implementation

- To what extent are local NGOs involved in addressing the HIV/AIDS epidemic?
- Name the major NGOs that have HIV/AIDS programs.
- How are NGOs involved in the planning and implementation of the NACP?
- Do any organizations actively pursue issues related to stigma and discrimination? If so, which? How are they doing this?
- How supportive is each political party in addressing HIV/AIDS issues? What specific actions have they taken?
- Comment on the commitment of the following:
 - Faith-based groups?
 - PLHA groups?
 - Academia?
 - Health care professionals?
 - Women's groups and other human rights groups?
 - Business?
- Are there advocacy organizations made up of individuals from target groups? E.g., sex workers? Men who have sex with men (MSM)? Injection drug users (IDUs)?
- Are local celebrities and/or sports figures involved in open support of AIDS programs? Does the government encourage this?
- Has there been an increase in the number, size, and quality of roles played by civil society?

8. Foreign Technical Assistance and Foreign Experience

- Does the government analyze and study the experience of neighboring countries? E.g., Mekong region drawing on the experience of Thailand.
- Does the government send delegations to visit countries with effective HIV/AIDS programs?
- What specific programs/populations are of concern requiring increased technical assistance?

Programs	Populations
Voluntary counseling and testing (VCT)	IDUs
Prevention of mother-to-child transmission (PMTCT)	Sex workers
Access to highly active antiretroviral treatment (HAART)	MSM
Public information and education	Youth
Monitoring and evaluation	Women
Condom distribution	Heterosexual men
Other	Other

- Is available foreign technical assistance used to its maximum capacity?

9. Public Information/Education/Use of Media

- Does the government use the media to address the HIV/AIDS problem? In what ways? If not, what other mechanisms are used to address the HIV/AIDS problem and reach the public with information?
- Does the government give accurate information to the public about:
 - Preventing HIV?
 - ABC (Abstinence, Be Faithful, Use Condoms) campaign? Correct and consistent use of condoms?
 - VCT?
- How is this information distributed/disseminated? Is there a national social marketing campaign addressing these issues?
- Is life skills education incorporated into the school curricula? What does it include? At what school levels?

10. Legal/Regulatory Environment

- Is there a special HIV/AIDS committee in the legislature?
- Is anti-discrimination legislation in place and enforced? Describe (e.g., employment testing, access to insurance).
- Has there been an effort to improve laws pertaining to HIV? If so, how? If not, why not?
- Have any HIV/AIDS-related constitutional amendments been passed or considered?
- Are the country's HIV/AIDS laws in accordance with international human rights guidelines?
- Are there laws safeguarding the human rights of vulnerable populations?
- Do businesses have clear and mandatory requirements regarding their policies and services for employees living with HIV/AIDS?

11. Monitoring and Evaluation

- Is there an effective HIV surveillance system? Describe.
- Does information reach local-level policymakers or remain only among the highest-level policymakers?
- Are priorities established systematically and based on the best available information?
- Are there specific benchmarks/goals for each of the main components of the NACP?

12. Program Components as Indicators of Political Commitment

- Does the NACP program implementation include components on:
 - VCT
 - PMTCT
 - HAART
- If not, is the program working to include each one?
- Are there specific prevention and care programs focused on vulnerable populations (e.g., sex workers, truck drivers, migrant workers, MSM, IDUs, orphans)? Describe.
- Are these programs reviewed and evaluated regularly by independent experts?

13. Stigma and Discrimination

- Is there a high level of stigma? For example, are people afraid to get tested? Are people afraid to disclose their HIV status because of violence, job loss, and ostracism?
- In your opinion, what are the root causes of stigma in this country?
- Are policymakers doing anything to address stigma? If yes, please describe what specific actions are being taken.

APPENDIX B: A DECADE OF GROWING GLOBAL LEADERSHIP, 1994 – 2004

- 1994** The Paris AIDS Summit calls for the Greater Involvement of People Living with HIV/AIDS, which became known as the GIPA Principle. <http://www.unaids.org/publications/documents/persons/una9943e.pdf>
- 1995** UNAIDS, the Joint United Nations Program on HIV/AIDS, is created. <http://www.unaids.org>
- 1998** The United Nations releases “HIV/AIDS and Human Rights: International Guidelines.” <http://www.unaids.org/publications/documents/human/law/hrigt2e.pdf>.
- 2000** The XIII International AIDS Conference in South Africa marks the first time that the conference has been held in a developing country. The theme of the conference is “Breaking the Silence.”
- 2000** Member states of the United Nations adopt the Millennium Development Goals. Among the targets is the goal of halting and reversing the spread of HIV/AIDS by 2015. http://www.developmentgoals.com/Hiv_Aids.htm
- 2000** The African Development Forum is convened with the theme “AIDS: The Greatest Leadership Challenge.” <http://www.uneca.org/adf2000/consensus.htm>
- 2001** The United Nations General Assembly Special Session on HIV/AIDS (UNGASS) is held, resulting in the “Declaration of Commitment on HIV/AIDS”. http://www.unaids.org/en/events/un+special+session+on+hiv_aids.asp
- 2002** The GFATM Secretariat is established and the first round of grants to 36 countries is awarded. <http://www.theglobalfund.org/en/>
- 2003** The United Nations and World Health Organization launch the “3 x 5 Initiative,” designed to treat 3 million people with ARVs by 2005. <http://www.who.int/3by5/en/>
- 2003** The United States establishes the President’s Emergency Plan for AIDS Relief with the goal of providing ARVs to 2 million PLHAs, averting 7 million infections, and offering care and support to 10 million others affected by the disease. <http://www.state.gov/s/gac/>
- 2004** The United Nations and leading international donor organizations endorse the “Three Ones,” which calls for one integrated action plan, one national coordinating body for HIV/AIDS in each country, and one country-level monitoring and evaluation system. http://www.unaids.org/html/pub/governance/pcb03/pcb_15_04_04_en_pdf.htm
- 2004** “Leadership” becomes a key theme at the International AIDS Conference, along with scientific advancement and community-based initiatives. <http://www.aids2004.org>
-

APPENDIX C: COUNTRY SUMMARIES

The following sections summarize the respondents' views and assessments from the four pilot test studies of national political commitment for confronting the HIV/AIDS epidemic in Bangladesh, India, Nepal, and Viet Nam.⁴

BANGLADESH COUNTRY SUMMARY⁵

Top Leadership

- A few respondents did not feel comfortable assessing the political commitment of Bangladesh's top government leaders. Of those who did respond, all stated that the highest levels of government have not demonstrated political commitment for addressing HIV/AIDS. The respondents felt that government leaders, to date, had failed to make HIV/AIDS a priority.
- High turnover rates, lack of training and staffing, a hierarchical and inefficient program structure, and lack of multisectoral participation were among respondents' primary concerns.
- National leaders, according to respondents, do not openly talk about or address issues surrounding HIV/AIDS and fail to discuss the needs of the stigmatized groups most affected by the epidemic.

Government Response

- Bangladesh has adopted a national policy for HIV/AIDS as well as a revised strategic plan for program implementation. However, respondents reported that the policy is lacking, unclear, or in need of reform in several key areas—for example, regarding needle and syringe exchange programs for IDUs,⁶ protection of confidentiality in VCT services, and the status of sex workers and MSM.
- Most respondents agreed on the need to strengthen absorptive capacity and the ability to use HIV/AIDS funding effectively. Bangladesh relies heavily on external donor funding, and a few respondents warned of donor-driven policies and programs.
- As more Bangladeshis become HIV positive and eventually develop AIDS-related illnesses, respondents identified the need to move from strategies that focus solely on prevention to

⁴ Data collection for the studies occurred in mid-2003; respondents' viewpoints reflect political commitment and leadership during that time period.

⁵ Excerpted from: Halida Hanum Akhter. 2005. "Commitment for Action: Assessing Leadership for Confronting the HIV/AIDS Epidemic Across Asia—Focus on Bangladesh." Washington, DC: POLICY Project/Futures Group.

⁶ USAID does not condone or promote the use of illegal drugs and U.S. government policy prohibits the use of federal funds for the purchase or distribution of needles and syringes for the purpose of injecting illegal drugs.

those that recognize the need for increased attention for care and support. Respondents raised this point in regard to the appropriate balance among program components and to messages in public education and information campaigns.

- Bangladesh established a National AIDS Committee (NAC) in 1985. It is headed by the Health Minister and brings together members from 17 ministries, with the President of Bangladesh as Chief Patron. Along with the NAC's Technical Committee, it seeks to promote multisectoral engagement. Respondents, however, felt that both the NAC and Technical Committee need to meet more frequently, improve collaborative links across ministries, and encourage greater NGO participation, especially given that NGOs are well suited to reach out to vulnerable populations.
- Public education and information campaigns, according to respondents, need to be improved as they often are based on inaccurate information or tend to generate fear instead of understanding. Several respondents mentioned faith-based organizations as a possible avenue for raising sensitive issues. They stated that religious leaders can help show that HIV/AIDS is not a punishment for sin and that people should instead focus on care and support for those affected by the disease. In some places, imams are already discussing HIV/AIDS issues during Friday prayer sessions.

NGO and Civil Society Involvement in the National Response

- All respondents agreed that NGOs are critical to the success of the HIV/AIDS program and that NGOs have been leading the way in Bangladesh. Activities undertaken by NGOs include advocacy and awareness raising, care giving, drop-in and clinical services, referrals, counseling, prevention activities, support and self-help groups, and meeting the needs of PLHAs and affected communities.
- According to respondents, some of the sectors that have not yet demonstrated a strong commitment to addressing HIV/AIDS in Bangladesh are the media, academia, human rights groups, women's rights organizations, lawyers, teachers, and others.
- Many respondents believed that government needs to do more to encourage, strengthen, and coordinate NGO activities. In particular, government needs to help build NGO capacity, identify program gaps and avoid duplication, and confront the stigma surrounding HIV/AIDS, which hinders NGO work and prevents other NGOs from taking up HIV/AIDS issues.

Research, Monitoring, and Evaluation

- In general, respondents felt that Bangladesh's HIV sentinel surveillance and behavioral studies provide accurate data on the state of the epidemic. Family Health International has completed and released the findings of the fourth round of second-generation surveillance.
- Respondents noted a need for better information regarding topics such as vulnerable populations. An additional area in need of improvement, according to respondents, is

monitoring and evaluation to measure program impact and provide direction for future strategies.

Stigma and Discrimination

- Most respondents believed that HIV/AIDS-related stigma and discrimination are pervasive in Bangladesh. PLHAs have been denied treatment in hospitals as well as social support and, therefore, are fearful about disclosing their status—thus preventing people from seeking testing and treatment. Stigma can persist even after death; for example, the custom of ritual bathing of the dead is often withheld from those who die from AIDS-related illnesses while their immediate survivors are often denied family property.
- National leaders, according to respondents, tend to be silent on HIV/AIDS issues or have added to stigmatization by, for example, misinterpreting surveillance data. They have also been said to ignore key issues, such as women’s vulnerability, while contributing to the perception that certain groups are “guilty” for the spread of the epidemic.
- Respondents recommended empowering those affected by the disease, providing greater social support and protection from discrimination (e.g., in the workplace), and sensitizing communities and leaders to help remove the stigma surrounding HIV/AIDS.

INDIA COUNTRY SUMMARY⁷

Top Leadership

- India’s national political leaders have recently taken steps indicating a growing political commitment to addressing HIV/AIDS. For example, for the first time ever, a Prime Minister mentioned HIV/AIDS in an Independence Day address; the leader of the Congress Party wrote to state party committees to encourage their support for HIV/AIDS programs; and the Parliament established a Parliamentary Forum on HIV/AIDS. In addition, a large-scale national convention of elected officials from all levels of government highlighting HIV/AIDS was held in July 2003.
- According to respondents, political commitment for confronting HIV/AIDS has been sporadic and has been led mainly by a few individuals, such as the National AIDS Control Organization’s (NACO) former project director. Too often, public statements of support are made at special events and fail to translate into long-term, consistent support.
- A central concern raised by respondents was that the words and actions of top political leaders sometimes contribute to the stigma and discrimination faced by people affected by the disease. HIV/AIDS is often treated as a “foreign” or “Western” disease that is not part of Indian society or culture.

⁷ Excerpted from: K.M. Sathyanarayana and P.N. Rajna. 2005. “Commitment for Action: Assessing Leadership for Confronting the HIV/AIDS Epidemic Across Asia —Focus on India.” Washington, DC: POLICY Project/Futures Group.

Government Response

- India adopted a National HIV/AIDS Policy in 2002. Respondents representing NGOs, PLHAs, human rights groups, international NGOs, donors, and other sectors agreed that the government of India has a well-documented, comprehensive policy that covers all the basic components of the nation's HIV/AIDS program. The policy takes a human rights-based approach, and mentions a commitment to GIPA. Some civil society groups were involved in the policy's formulation through technical working groups. At the time of the study, respondents reported that while Article 14 of India's Constitution guaranteed the equality of all citizens, no specific law prohibiting discrimination on the basis of HIV status (or perceived status) had been passed. In April 2005, India announced plans to introduce anti-discrimination legislation.
- Many respondents believed that the government of India does not contribute enough of its own resources to HIV/AIDS programs and services. The nation is largely dependent on external sources of funding. The government does seek resources to fill gaps in program funding—for example, for provision of ARVs—through GFATM. While respondents agreed that India's budget is transparent, funding is centralized and states have little input into how funds should be used. In mid-2004, the newly elected United Progressive Alliance government pledged to increase spending on health by 2 to 3 percent of the gross domestic product over the next five years.
- India has developed a clear-cut structure for addressing HIV/AIDS. The National AIDS Control Program (NACP) is managed by NACO, under which the State AIDS Control Societies operate. Respondents believed that the NACP structure will support program coordination and provide program direction. However, they also felt that NACO could do more to strengthen multiministry collaboration, promote meaningful civil society and PLHA involvement, and allow for greater flexibility at the state level given that different states are facing different stages of the epidemic. Developments in 2004 include a pledge by the Group of Ministers on HIV/AIDS to improve collaboration and develop a national action plan for HIV/AIDS. The Indian Network for People Living with HIV/AIDS also prepared a strategy document for increasing PLHA involvement in the national response.
- The major components of the HIV/AIDS program are VCT and prevention of parent-to-child transmission. As of April 2004, the government also launched an ARV program that covered about 2,500 people by the end of the year. According to respondents, the NACP, especially right after its formation, largely focused on prevention. Targeted interventions are increasingly being developed for groups that practice high-risk behaviors. Implementation of various components of the program has been a challenge, however. According to respondents, many ministries do not have budgets earmarked for HIV/AIDS programs, and NACO and NACP lack sufficient personnel with technical expertise in HIV/AIDS issues.

NGO and Civil Society Involvement in the National Response

- Many respondents credited NGOs with taking a lead role in the country's response to HIV/AIDS. In particular, NGOs have been involved in providing care and support,

addressing stigma, and implementing targeted intervention programs among vulnerable populations.

- Though many international funding mechanisms require NGO involvement (e.g., the country coordinating mechanisms of GFATM), respondents reported that government efforts to work with NGOs often take the form of token gestures. The government, according to respondents, tends to select for involvement those NGOs whose philosophy supports the government's ideas and approaches; when NGOs provide criticism or feedback, it is not clear to what degree the government incorporates suggested changes into final policies, plans, and proposals.
- Some NGOs and civil society and private sector groups are beginning to demonstrate their commitment to addressing HIV/AIDS. Human rights groups have been active in filing litigation in discrimination cases. Business groups—such as the Tata group of industries, Chamber of Indian Industries, and Federation of Indian Chambers of Commerce and Industries—have developed workplace policies. Christian faith-based groups have also been involved in providing care and support. More needs to be done in other sectors, however, including women's groups and health care professionals.

Research, Monitoring, and Evaluation

- India operates an HIV surveillance system that dates back to 1985, although sentinel surveillance did not begin until 1994. The government uses behavioral surveillance surveys and other studies to provide periodic information on relevant trends, behaviors, and program impact. The government has established specific goals and benchmarks for each component of the HIV/AIDS program.
- Respondents raised the concern that current HIV sentinel surveillance methods fail to cover the entire country. With surveillance limited to public sector sites, much of the population is excluded, leading to underestimates of prevalence and incidence.
- Respondents felt that India must do a better job in terms of strategic planning and priority setting. While the government does try to use whatever information is available, it often carries out priority setting in an ad hoc, reactive manner.

Stigma and Discrimination

- All respondents noted that the stigma surrounding HIV/AIDS remains high in India. Factors that contribute to stigma are the nature of the disease (e.g., that it is eventually life-threatening, that there is no cure) and attitudes regarding how HIV is transmitted (e.g., some believe that HIV is a punishment for what society deems immoral behavior).
- Throughout the interviews, respondents noted examples of messages and actions taken by governments, courts, or political leaders that contribute to stigma and discrimination.
- Respondents reported that the level of political commitment for addressing stigma is particularly low. Efforts to address stigma have been sporadic—political leaders and

policymakers rarely conduct campaigns, make speeches, or visit people affected by the disease.

NEPAL COUNTRY SUMMARY⁸

Top Leadership

- Political commitment to address HIV/AIDS in Nepal is somewhat limited primarily to public statements made by certain key individuals—including the late King, the Prime Minister, and the former Minister of Health.
- Some respondents felt that, while commitment among the national leadership is low, they nonetheless noted growing concern regarding HIV/AIDS issues. For example, even though the council has met infrequently since its inception, respondents noted that Nepal was the first member of the South Asia Association for Regional Cooperation to have its Prime Minister chair a national AIDS council.

Government Response

- Nepal has established the National AIDS Council, headed by the Prime Minister, as well as the National Centre for AIDS and STD Control (NCASC), whose director is highly placed in the Department of Health Services.
- While Nepal does not have a specific law regarding HIV/AIDS, the Constitution guarantees equal opportunities and rights to all citizens and should apply to those affected by HIV/AIDS. The NCASC commissioned legal experts to analyze the country's existing laws that are relevant in the context of HIV/AIDS and to determine if any steps need to be taken to bring the laws in accord with international human rights guidelines.
- Nepal has adopted a national HIV/AIDS policy, national strategic plan, and national operational plan. While some felt that the government used a participatory approach to develop these policies and plans, others suggested that PLHA and NGO involvement was limited.
- Some respondents raised concerns that the country's policies and plans focus on prevention activities rather than take a balanced approach that promotes care, support, treatment, and mitigation efforts and programs for vulnerable populations.
- While a variety of ministries participate in the National AIDS Council, many do not have their own budgets and personnel dedicated to HIV/AIDS activities. Nepal does receive external financial assistance, including the award of funds from GFATM. Some respondents said that the country's budget and resource allocation process lacks transparency, which they felt is a critical component of political commitment.

⁸ Excerpted from: Sundar Man Shrestha. 2005. "Commitment for Action: Assessing Leadership for Confronting the HIV/AIDS Epidemic Across Asia —Focus on Nepal." Washington, DC: POLICY Project/Futures Group.

- Nepal's National Operational Plan for HIV/AIDS Control includes provisions for VCT, PMTCT, and HAART as well as independent review of the HIV/AIDS program by an external evaluation team. Some respondents, however, expressed the need for government to develop prevention and care programs specifically for vulnerable populations.
- The government has endeavored to learn from the experiences of other countries in the region. However, respondents reported the need to ensure that the information gained from study tours is used effectively and disseminated to all levels.
- The government has sought to improve public awareness of HIV/AIDS issues and prevention methods through public education campaigns, social marketing programs, and life skills curricula in schools. Respondents suggested that any educational messages must be pretested and evaluated to ensure accuracy, appropriateness, and impact as well as account for Nepal's cultural and linguistic diversity.

NGO and Civil Society Involvement in the National Response

- NGOs, though working mainly in urban areas, have made significant contributions to the country's HIV/AIDS response, with a few involved in national policymaking processes.
- Vulnerable groups (e.g., MSM and sex workers) and those already affected by the disease have begun to organize themselves into advocacy, support, and peer education groups.
- Commitment to addressing HIV/AIDS is limited though growing in faith-based communities, the business sector, political parties, and women's groups.
- Groups in the NGO and civil society sector have mainly focused on prevention and awareness-raising activities. Some groups are addressing stigma and discrimination, but few seem to be working in the areas of care, support, and treatment access.

Research, Monitoring, and Evaluation

- Nepal initiated an HIV sentinel surveillance system in 1993. Based on the best available information, benchmarks and goals have been established for each component of the operational plan.
- While the NCASC sends out monthly reports, some respondents expressed concern that surveillance data do not reach the local level. In addition, some respondents questioned the validity of the data, which pertain only to individuals who visit hospitals or clinics for testing.

Stigma and Discrimination

- Most participants believed that the stigma surrounding HIV/AIDS in Nepal is high. Some of the causes of stigma are social exclusion, fear and denial, and lack of knowledge regarding HIV/AIDS and transmission of HIV. Respondents also stated that people do not realize that PLHAs can continue to lead productive lives and contribute to society.

- Many respondents said that stigma and fear of ostracism prevents people from using VCT services as well as disclosing their HIV status.
- While some respondents could provide examples of policymakers' efforts to reduce stigma, nearly all respondents said that government had done nothing or not enough to address issues surrounding stigma.

VIET NAM COUNTRY SUMMARY⁹

Top Leadership

- Respondents reported that Viet Nam has demonstrated increasing political commitment for addressing HIV/AIDS and individual leaders have played a key role in fostering that commitment. A broad-based consensus throughout the government and the Communist Party underscores the need to respond to HIV/AIDS.
- According to respondents, Viet Nam's greatest successes in responding to the epidemic lie in the ordinance that outlines the legal framework for HIV/AIDS interventions, awareness-raising programs, and the establishment of associations for PLHAs and other community-based activities.
- One concern noted by respondents was that, while perceptions are changing, the government's approach too closely associates HIV/AIDS with so-called "social evil" programs that target sex work and injection drug use, thereby increasing stigma and discrimination among vulnerable groups.

Government Response

- Although Viet Nam has no law on HIV/AIDS, it has developed several key documents (e.g., decrees, ordinances, and Party Instructions) that establish the legal and institutional framework for addressing the epidemic and provide guidelines on national collective efforts for responding to HIV/AIDS. In terms of policy gaps, NGOs, the private sector, and multisectoral actors lack clearly defined roles. In addition, at the time of the study, respondents reported that Viet Nam had not demonstrated strong commitment to the GIPA principle and did not guarantee some rights of PLHAs. Voluntary testing has not taken root—as many tests are mandatory—and pre- and post-counseling needs to be improved. In April 2005, Viet Nam passed a decree that prohibits discrimination against PLHAs.
- At the time of the study, respondents felt that the budget for HIV/AIDS was insufficient to meet current needs and that existing resources were used inefficiently. For example, programs may try to focus on wide coverage rather than on achieving high impact, often targeting the general population as opposed to groups most in need of prevention, care, and

⁹ Excerpted from: Le Bach Duong. 2005. "Commitment for Action: Assessing Leadership for Confronting the HIV/AIDS Epidemic Across Asia—Focus on Viet Nam." Washington, DC: POLICY Project/Futures Group.

support. In 2004, Viet Nam increased its budget allocation for HIV/AIDS from 60 to 80 billion VND and, in addition, it was named the 15th focus country of the U.S. President's Emergency Plan for AIDS Relief.

- Viet Nam has developed an organizational structure that seeks to promote multiministry involvement at the national level and that establishes provincial and local mechanisms for implementing HIV/AIDS programs. However, more needs to be done to foster collaboration and build capacity.

NGO and Civil Society Involvement in the National Response

- Viet Nam's NGOs and civil society, in general, are still emerging; however, HIV/AIDS has been one area where NGOs have been active—particularly at the local level. Their role in national policymaking has been more limited.
- Vulnerable groups and those already affected by the disease have begun to organize themselves into advocacy, support, and peer-education groups.
- Commitment to addressing HIV/AIDS is limited, though growing, in faith-based communities and among businesses. To date, women's groups have been active in awareness-raising activities and social support.
- Commitment is considered strong among the state-organized mass organizations. Mass organizations, such as the Women's Union, Youth Union, Fatherland Front, and others, are represented in the National Committee for Prevention and Control of AIDS, Drugs, and Prostitution. The government has asked the Women's Union to work at both the national and community levels, mainly in community development and IEC, including HIV prevention.

Research, Monitoring, and Evaluation

- Viet Nam has instituted the use of both HIV sentinel surveillance surveys and behavioral surveillance surveys to provide some information on both the general population and groups at high risk for HIV infection.
- Respondents noted gaps in the measurement of key indicators and expressed the need for improved data collection methods, dissemination, and use.

Stigma and Discrimination

- While Vietnamese laws guarantee equality for all citizens and protect their right to access health care services, respondents noted that levels of stigma and discrimination remain high.
- The prevailing perception in Viet Nam seems to be that HIV/AIDS is linked to “social evils” or “bad lifestyles”—which contributes to stigma and discrimination against PLHAs and affected communities.

- At the time of the study, respondents felt that the government did not have an action plan for combating stigma and discrimination. Respondents were able to identify some examples of steps taken by national leaders to help reduce stigma—though these seemed to be sporadic. In April 2005, as noted above, Viet Nam passed a decree to punish anyone discriminating against PLHAs.

U.S. Agency for International Development

1300 Pennsylvania Avenue, NW

Washington, DC 20523

Tel: (202) 712-0000

Fax: (202) 216-3524

www.usaid.gov