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Southern African Development Community (SADC)

Stack:	Row:	Section:	Shelf:	Position:
S	67	1	3	2

Experiences 1.7 Monitoring and Evaluation	information 1.2.5.3 Identify high-risk areas 1.2.5.4 Identify all the stakeholders i.e. institutions and individuals 1.2.5.5 Analyse data and information	 " " "	SATCC-TU, other sectors	
	1.2.5.6 Prepare study report, with recommendations on actions and appropriate coordination machinery and elaboration of a Sectoral Policy Document 1.2.5.7 Present the report to a Sectoral Workshop 1.3.1 Prepare documentation for the Workshop 1.3.2 Decide on dates and duration of Workshop 1.3.3 Send invitations for the Workshop, together with relevant documentation 1.3.4 Convene workshop, reviewing Study Report etc 1.3.5 Provide Secretarial Services to the workshop 1.3.6 Preparation of outcomes and recommendations of the Workshop	" " " SATCC-TU, Consultants SATCC-TU " " Consultants		
	1.3.9 Agreement on a Sectoral Plan 1.4.1.1 Draft Job Descriptions for Programme Coordinator and Administrative Assistant 1.4.1.2 Advertisement of positions. 1.4.1.3 Recruitment exercise 1.4.1.4 Mobilisation of personnel 1.4.2.1 Identify potential trainers, peer educators and counsellors 1.4.2.2 Prepare trailer-made TOT courses to create a cadre of professional HIV/AIDS Trainers	Workshop Participants SATCC-TU, HSCU " " " Consultant SATCC-TU Consultant		

	1.4.2.3 Mount TOT courses			
	1.4.2.4 Evaluation of TOT courses	"		
	1.4.2.5 Use of Trainers in designing and developing tailor-made courses and training materials/media for communities and work places to create awareness and instil responsibility at public and personal levels.	Consultant, SATCC-TU "		
	1.4.2.6 Review and evaluate reach-out programmes to assess impact levels.	Consultant, SATCC-TU		
	1.4.2.7 Establish Programme (Project) Steering Committee to oversee implementation.	SATCC-TU, Workshop, Consultant, HSCU		
	1.5.1 Direct interventions or teach-ins at various levels involving all subsectors (i.e. railways, maritime, civil aviation, road transport traffic, telecoms, postal and meteorology) and SATCC-TU itself.	Consultants, Trainers, SATCC-TU		
	1.5.2 Addressing hig-risk areas, such as transit border areas, ports, etc. Publicity and campaign activities	Trainers, Consultants		
	1.5.3 Support to national focus groups and SATCC-TU on the implementation of HIV/AIDS Programme.	Trainers, Consultants		
	1.6.1 Ongoing exercise but could involve consultative fora/meetings	SATCC-TU, Consultant		
	1.6.2 Regular interaction with HSCU	SATCC-TU, Consultant "		
	1.6.3 Consultations among subsectors to ensure harmonised approaches and efforts, avoiding			
	1.6.4 Liaison with other Sectors	SATCC-TU, Consultant		
	1.7.1 Monitoring and evaluation of implementation and assessment of impact levels of programme	Consultant, SATCC-TU		

	activities, using short-term consulting services and Programme Coordinator.			

ACTIVITY	COST ESTIMATES IN USD	TIME FRAME
1. Situational Assessment	200 000	May - June 2000
2. Sectoral Orientation Workshop	300 000	June - July 2000
3. Implementation		
3.1 Establishment and functioning of a Coordination machinery	950 000	September 2000 and on going
3.2 TOT - Design & Development of campaign and training materials	300 000	September-October 2000
3.3 Programmes/ activities	850 000	November 2000-2001
3.4 Information Sharing and exchange of experiences within and among sectors	150 000	Regular feature in the programme implementation, using visits, electronic mail etc.
3.5 Monitoring & Evaluation - Consultation - Steering Committee	250 000	Mid-tern and end of programme
TOTAL	**3 000 000**	**2 YEARS**

Annexure 1. Article 10, SADC Health Protocol (1999)

HIV/AIDS and Sexually Transmitted Diseases

1. In order to deal effectively with the HIV/AIDS/STDs epidemic in the Region and the interaction of HIV/AIDS/STDs with other diseases, State Parties shall:

   (a) harmonise policies aimed at disease prevention and control, including co-operation and identification of mechanisms to reduce the transmission of STDs and HIV infection;

   (b) develop approaches for the prevention and management of HIV/AIDS/STDs to be implemented in a coherent, comparable, harmonised and standardised manner;

   (c) develop regional policies and plans that recognise the inter-sectoral impact of HIV/AIDS/STDs and the need for an inter-sectoral approach to these diseases; and

   (d) co-operate in the areas of:-

      (i) standardisation of HIV/AIDS/STDs surveillance systems in order to facilitate collation of information which has a regional impact;

      (ii) regional advocacy efforts to increase commitment to the expanded response to HIV/AIDS/STDs; and

      (iii) sharing of information.

2. State Parties shall endeavour to provide high-risk and transborder populations with preventive and basic curative services for HIV/AIDS/STDs.

Selected references

IPA (1999) "A bulk purchasing study on the procurement of anti-TB drugs among 11 SADC countries" report to SADC Health Sector Coordination Office, Pretoria.

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SADC (1999) *Culture, Information and Sports Sector*, Lusaka, Zambia, 10-12 February 1999

_____ (1999) *Finance and Investment*, Lusaka, Zambia, 10-12 February 1999

_____ (1999) *Human Resources Development Sector*, Lusaka, Zambia, 10-12 February 1999

_____ (1999) *Industry and Trade*, Lusaka, Zambia, 10-12 February 1999

_____ (1999) *Mining*, Lusaka, Zambia, 10-12 February 1999

_____ (1999) *Tourism*, Lusaka, Zambia, 10-12 February 1999

_____ (1999) *Transport, Communications, and Meteorology*, Lusaka, Zambia, 10-12 February 1999

UNAIDS (1999) "Working in partnership: intensifying national and international responses to AIDS in Africa: A framework for action", Draft discussion document.

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DRAFT 3

– Health Areas – MTCT
– CARE
– youth
– Advn, Media → Atm Aftn!
– Education - curricula revision
– Mining - Rapid Situation / Advocacy
Social Marketing
– Transport - X-Border / highways

SADC HIV/AIDS STRATEGIC FRAMEWORK AND PROGRAMME OF ACTION: 2000-2003

MANAGING THE HIV/AIDS PANDEMIC IN THE SOUTHERN AFRICA DEVELOPMENT COMMUNITY

PREPARED BY SADC HIV/AIDS TASK FORCE

APRIL 2000

Participating Sectors/ Commissions:

- Culture Information and Sports
- Employment and Labour
- Health
- Human Resource Development (Education and Training)
- Mining
- Tourism
- Transport, Communication and Meteorology

SADC Health Sector Coordinating Unit
Private Bag X828
Pretoria
0001
South Africa

April 2000

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ACKNOWLEDGEMENTS

This Strategic Framework aims at strengthening the response to the HIV/AIDS epidemic in the Southern African Development Community (SADC). It has been developed under the leadership of the SADC Health Ministers whose vision of a multi-sectorally driven strategy has given impetus to and seen the birth of this seven-sector framework. The Ministers set up an HIV/AIDS Task Force made up of Health Focal Points which was later expanded into a multi-sectoral Task Force to include the seven sectors involved in this Framework.

The framework seeks to build on the efforts of the many sectors that have been involved in the HIV/AIDS response within the framework of SADC. It is recognized that much of the work in HIV/AIDS has been spearheaded by the National AIDS Coordination/Control Programmes (NACPs) in Member States. The guidance of these NACPs will continue to be desirable in strengthening the response in other sectors, and in providing technical leadership in the implementation stage of the Framework. The Strategic Framework has also benefited from the efforts of many international agencies, whose work has provided insights into options available to Members States' HIV/AIDS responses.

Sector Coordinators from the seven SADC Sectors as well as the SADC Secretariat have participated in the design of this framework and have invested much time in developing this Framework. The coordination in the development of this framework has been spearheaded by the Health Sector Co-ordinating Unit and the overall technical leadership has been provided by the HIV/AIDS Task Force.

Further technical support has been provided to the Multi-Sectoral Task Force by consultants from Ziken International of Harare, who have synthesised inputs from various sectors into this Strategic Framework and Programme of Action.

This work would not have been possible without generous financial support provided by the European Union and UNAIDS, as well as funding from Member States who released Senior Officials to work on the Framework.

3-4 April 2000

1. Introduction

The SADC HIV/AIDS Task Force in December 1999 adopted the vision of "***A SADC Society With Reduced HIV/AIDS***" to guide the work of the seven sectors participating in the development and implementation of a multi-sectoral SADC HIV/AIDS Framework for the period 2000 - 2004. The elaboration of this vision led to development of the overarching goal of ***"decreasing the number of HIV/AIDS infected and affected individuals and families in the SADC Region so that HIV/AIDS is no longer a threat to public health and to the socio-economic development of Member States"***. This goal provides guidance to all SADC sectors in the formulation of their responses to the epidemic.

The health sector has over the last two decades provided much of the leadership in the HIV/AIDS response and has advocated a strategy that addresses the HIV/AIDS epidemic through the efforts of health care system, communities, youth, the private and public sector and other stakeholders in society. This multi-sectoral HIV/AIDS Framework recognizes that the wider participation of all sectors and communities (including youth, women and children) in the HIV/AIDS response is likely to lead to enhanced synergism and complimentarity of effort for achieving greater impact.

The main strategy being pursued in this Framework is to promote the re-allocation of responsibilities for planning, coordination, implementation and monitoring and evaluation of the HIV/AIDS response across the social and economic sectors of SADC, consistent with the specific mandates and comparative advantage they enjoy. In this manner, the response will become increasingly multi-disciplinary and multi-sectoral in character and take on a more regional flavour.

Overall, the Strategic Framework is guided by Article 10 of the SADC Health Protocol within which all SADC sectors use their comparative advantage to address the needs of those sectors and communities they serve - Transport, Mining, Tourism, Human Resource, Information, Culture and Sports, Labour and Employment, and Health. The underlying strategy of this Framework is to assist each sector build its capacity so that it can develop, implement and monitor an effective HIV/AIDS programme – supported by the Health Sector Coordinating Unit. In working towards that goal, the Strategic Framework provides the context for, and seeks to build capacities in the seven sectors for an accelerated and robust response to the epidemic.

2. Process of Development of the SADC HIV/AIDS Strategic Framework

This Strategic Framework aims to address the HIV/AIDS epidemic in the SADC region using a multi-sectoral approach within the regional grouping of SADC. It is the product of consultations among the seven sectors comprising a multi-sectoral Task Force on HIV/AIDS in SADC. The Task Force met in Pretoria, South Africa, during 6-7 December 1999. Each of the seven Sector Coordinators conducted extensive consultations within their sectors to arrive at strategies that best reflect that sector's response to the HIV/AIDS epidemic.

In keeping with this consultative process, each sector was encouraged to:

1. Identify those HIV/AIDS activities that it needs to integrate into its overall strategy, and then seek support from Health and other sectors.

2. Use relevant Sector Coordinating Units, to facilitate the sharing of lessons between member states within the sector.

3. Share its lessons with each of the other six sectors.

4. Adopt innovative and relevant strategies that have been tested by other sectors.

The Health Sector Coordinating Unit in this period performed the following functions:

1. Identification of those activities that are best carried out by the health sector and then assist health sector focal points in member states with implementation.

2. Synthesis of inter-sectoral experiences for wider dissemination based on work carried out by the seven sectors involved in this framework.

3. Undertaking and stimulating HIV/AIDS awareness in all other sectors not participating in this multi-sectoral HIV/AIDS Framework, and using experiences from 1 and 2 above to disseminate information on good practices in intra-sectoral HIV/AIDS work.

It is envisaged that in the implementation phase of this Framework, each sector will strive to integrate HIV/AIDS strategies into its overall sectoral strategy whilst the health sector will assist in coordination and technical support. During the five-year life span of this Framework, the SADC Health Sector Coordinating Unit is to be strengthened with expertise that can coordinate work within the following:-

(a) The three social sectors involved in the programme (Health, Human Resources Development, and Culture, Information and Sports);

(b) The three economic sectors (Mining, Tourism, and Transport and Communication) forming part of the programme; and

(c) The integrative sector of Employment and Labour, whose work on HIV/AIDS can provide useful strategies for more effective linkages between social and economic sectors at the national and regional levels.

3. SITUATION ANALYSIS OF HIV/AIDS IN THE SADC REGION

The SADC Region faces a very severe HIV/AIDS epidemic. The current extent of the pandemic has affected virtually every aspect of the lives of the people in the SADC region and has now reached crisis proportions. Since the mid-80s when HIV/AIDS was identified in most countries of the region, there has been a rapid increase in the numbers of adults

and children infected with, and dying from HIV and AIDS, with a corresponding adverse impact on the socio-economic development of the region. HIV/AIDS is now arresting or even reversing the major socio-economic gains of the past two decades in such areas as health, agriculture and education. Health care systems are overwhelmed with HIV/AIDS patients with the result that health workers are overburdened, health care costs are escalating and acute conditions are being "crowded out". Conditions such as tuberculosis (TB) which were almost being brought under control in the 1970s have re-emerged as a result of the HIV/AIDS epidemic, further straining the overstretched health care systems.

The demographic impact of HIV/AIDS in the region has also been serious: life expectancy has dropped significantly to around 40-50 years, child and adult mortality have risen while the number of orphans continues to increase at an unprecedented rate.

From the epidemiological surveillance of HIV/AIDS in the region, it is not uncommon to find HIV seroprevalence rates in excess of 20% or more in the adult population in most urban areas of the SADC region. This in essence means that a large number of productive and skilled men and women will lose their lives prematurely to HIV/AIDS, with dire consequences for the socio-economic development of the region. Yet the full impact of HIV/AIDS is yet to come because of the prevailing high levels of HIV infection in the communities which will ultimately translate into AIDS patients requiring care and social support.

The characterization of HIV/AIDS "as a disease of sub-Saharan Africa" is aptly demonstrated by the following facts available from UNAIDS:

- The region has registered a total of close to 4 million deaths, which have left behind nearly 3 million orphans.
- The estimated total number of AIDS cases in the region is 4 million, leaving another estimated 6 million who are HIV-positive and likely to develop AIDS.
- There are about 10 million citizens living with HIV/AIDS (5% of the total population) in the region.

According to the Joint United Programme on HIV/AIDS (UNAIDS), it is estimated that the region has an average adult prevalence rate of 12% (which would mean close to 10 million people affected by HIV/AIDS in this region).

HIV/AIDS is therefore a major burden and challenge to the health, social, and economic development of the region. There can therefore be no meaningful development in the SADC region as long as HIV/AIDS is not addressed on an **urgent** and **emergency** basis, and justifiably so, the SADC Ministers have identified HIV/AIDS as a crisis that requires a multi-disciplinary and multi-sectoral approach. This entails forging strategic partnerships and alliances across public, private and NGO sectors.

3.1 Health status in the region

The HIV/AIDS epidemic has begun to adversely affect the health status of people in the SADC region. The health indicators have also begun to deteriorate. While the region has

registered a steady improvement in the provision of safe water supplies and sanitation facilities during the last decade, the challenge of high morbidity and mortality remains. Infant Mortality Rates in the 1980-97 period only dropped from 109 to 92 deaths per 1,000 live births, while Maternal Mortality Rates in the same period remained at 634 per 100 000 live births. Prevalence of malnutrition among the under-fives was around 25% during the 1990s decade, and under-fives Mortality Rates were 146 per 1,000 live births. The population in the region, with a relatively heavy burden of illness and poor health, is now faced with an even more menacing and growing AIDS/TB co-epidemic.

Regional averages of selected health indicators

	1997
Population with access to safe water (% total)	55
Population with access to sanitation (% total)	51
Access to sanitation in urban areas (%)	75
Public health expenditure as % of GDP	2.7
Infant Mortality Rates, per 1,000 live births	94
Total fertility rate (births per woman)	5.0
Contraceptive prevalence (% women in 14-49 age group)	30
Prevalence of malnutrition among the under-fives	25
Under fives mortality rate. per 1,000 live births	146

Source: World Bank Development Report 2000

The prevalence of communicable but preventable diseases is high in the SADC region and the advent of HIV/AIDS has further complicated the prevention efforts of these diseases. Of particular importance and significance is the emergence or re-emergence of tuberculosis as a major public health and socio-economic problem that threatens the lives of hundreds of thousands of people in the SADC region. Despite efforts by governments in the region over the last decade to address HIV/AIDS and its effects, the epidemic still constitutes the single biggest threat to health within the SADC.

3.2 Socio-economic setting

The SADC has a total population of 191 million people, with an average of GNP per capita of US$1,096. This average GNP figure masks great inequalities within the region, with Botswana, Mauritius and South Africa having a figure of over US$3,000; while countries like the Democratic Republic of Congo, Malawi, Mozambique, and Tanzania have less than a figure of US$200. This gap in GNP per capita for the region (US$80-3,380) has major implications on the availability of resources to support development efforts, including the financing of health services and various measures needed to combat the impact of HIV/AIDS.

Although the region has a low rate of population growth (2% per annum in the 1995-2000 period), this is offset by the very low rates of economic growth for most of the member states, especially for those countries with low GNP per capita figures. This poses a major challenge in the allocation of resources to HIV/AIDS programmes for member states.

Macro-economic stability and the challenge of resource allocation to HIV/AIDS programmes and activities is complicated further by the high levels of ***external debt*** in the region – which in 1997 averaged at 93% of GNP according to the World Bank

Development Report 2000 (WBDR 2000). Only Botswana had an external debt less than 10% of GNP – with the highest being Angola at 206% in 1997. In the 1990-97 period, the region only received a total of US$2.7 billion in foreign investments, most of it going to South Africa. In the same period, the per capita Official Development Assistance to the region dropped from US$63 to US$45 - a drop from 16% of GNP to 10% (WBDR2000). Thus, for countries with a high dependence on external assistance to finance the social sector, the challenge of resource constraints will remain for some time to come.

Regional averages of selected economic indicators

	1990	*1997*
Direct foreign investments ($b)	-6	2.7
Total external debt ($b)	43	76
External debt as % of GNP		93
Official Development Assistance $/capita)	63	45
Official Development Assistance (% GNP)	16	10
GNP per capita (value in US$)	1 6	11
GNP per capital annual growth rate (%)		0.3
Food production index (1995-7; 1989-91=100)	69	84
Arable land (hectares per capita)	0.4	0.3

Source: World Bank Development Report 2000

With the establishment of SADC and COMESA and the end of apartheid in South Africa in 1995, the region has shown signs of increased economic integration. In the period 1996-98, South Africa invested a total of US$4.2 billion in eleven of the fourteen member states according to a survey by *Focus on Africa 2000*. Increased economic integration and intra-regional investment flows have the effect of opening up possibilities for the increased allocation of private sector finance to HIV/AIDS programmes.

The overall difficulty of registering high economic growth figures in the region will pose the greatest challenge to the allocation of adequate resources to programmes aimed at enhancing the HIV/AIDS epidemic in the region.

All member states have literacy levels above the 40% mark, with Mauritius, Seychelles and Zimbabwe registering over 80%; and the bottom three being Angola, Malawi, and Mozambique (UNESCO, 1998). Due to disadvantages suffered by women, illiteracy rates are generally higher among women than men, and this has implications on the range of communication strategies that can be used to deliver information to the population, especially women. High enrolment rates in primary schools is conducive to the provision of health education to this population, but low secondary school enrolment is a major handicap in reaching the teen age group that is usually in Secondary Schools. For higher education, the figures are even lower, less than 5% in the region, and the use of non-visual communication in the region has limitations due to this pattern of educational levels. This issue poses major challenge to all sectors involved in the implementation of the multi-sectoral activities.

4. HIV/AIDS Response Analysis in the SADC Region

Member States in the SADC region have been implementing HIV/AIDS programmes since the mid-80s in order to (i) prevent or reduce the transmission of HIV and other STDs and (ii) reduce the socio-economic impact of HIV/AIDS among individuals, families and communities.

In the early stages of the epidemic, many countries were guided in the implementation of HIV/AIDS Programmes by the WHO's Global Programme on HIV/AIDS (GPA) which was later supplanted by UNAIDS in 1996.

The early HIV/AIDS response was mainly centered around raising awareness on HIV/AIDS through IEC and communication for behaviour change (abstinence, mutual faithfulness), condom promotion, treatment of STDs as well as clinical and home-based care. These early approaches were predominantly medical and health-focused in nature and largely neglected the participation of other sectors in the response. In addition, it emerged that there was (and there still is) the challenge of narrowing the gap between knowledge and behaviour.

As the epidemic continued to evolve in the 1990s and its effects became increasingly cross-cutting, there was a realization that the health sector alone could not respond to, and cope with the wide-ranging socio-economic consequences and manifestations brought about in its wake. Therefore, there was a shift in the programming paradigm from a medical to a more multi-sectoral, participatory and inclusive approach.

The main actors in the HIV/AIDS response in the region are:

i. The Governments, through National AIDS Coordination/Control Programmes (or AIDS Commissions, Councils) which provide overall leadership, guidance, policy formulation and coordination.
ii. The Non-Government Organizations (NGOs), Community-Based Organizations (CBOs) and Religious Organizations which have increasingly been playing a bigger role in prevention, care, social support and other forms of impact mitigation, thereby complementing Governments' efforts
iii. Private Sector working mainly through work place programmes are also beginning to take ownership for responding to the epidemic
iv. Regional Organizations and Cooperating Partners who have provided resources and technical support in the HIV/AIDS response

The extent to which interventions have been successful in averting the further spread of HIV in the region is extremely variable across countries of the region, depending on the maturity of the epidemic and the intensity of the response. There are reports of a stabilizing epidemic in some countries, albeit at extremely high levels while some countries have reported declines in the rate of new infections, particularly in the age group 15 to 19 years. Notwithstanding these isolated favourable changes, the rising trend of HIV infection in the southern part of the SADC region is worrying, particularly in parts of South Africa over the last five years.

It is clear therefore that the HIV/AIDS epidemic remains serious in SADC and many of the "effective" interventions have remained small, fragmented and remain stuck in pilot mode.

In addition, the strategies have largely been single-sector efforts (health) and efforts to develop and catalyze a concerted multi-sectoral approach have not yielded the desired results. Many sectors outside health have inadequate technical expertise and capacity to 'internalize' the HIV/AIDS problem through their policy frameworks, institutional arrangements and service delivery.

In order to produce a greater positive impact on the HIV/AIDS situation in the region, it is desirable to broaden and expand the number of sectors participating in the response and to considerably scale up the interventions. This will have the effect of improving and widening coverage - both in terms of geography and in relation to populations and clients served.

Consistent with the lessons learnt thus far in the epidemic, there is now greater movement towards developing multi-sectoral and regional approaches in the response to the HIV/AIDS epidemic

5. Guiding principles

The development of this Strategic Framework has been guided by the following principles:

1. The 'comparative advantage' of each sector should be identified and utilized in the implementation of strategies aimed at addressing the epidemic and its effects in the sector

2. The SADC Strategy seeks to complement on-going National Responses to HIV/AIDS epidemic as outlined in the respective National HIV/AIDS Plans and Programmes.

3. The recognition that there are other international, regional and national organisations/bodies already participating in the response to HIV/AIDS pandemic in the region.

4. Respect for rights of individuals and promoting partnerships and respect.

6. SADC VISION, GOAL AND OBJECTIVES OF THE SADC HIV/AIDS STRATEGIC FRAMEWORK

Vision

SADC society with reduced HIV/AIDS

Overarching Goal

To decrease the number of HIV/AIDS infected and affected individuals and families in the SADC region so that HIV/AIDS is no longer a threat to public health and to the socio-economic development of Member States

Main Objectives

1. To reduce and prevent the incidence of HIV/ infection among the most vulnerable groups in SADC.
2. To mitigate the socio-economic impact of HIV/AIDS/AIDS.
3. To review, develop and harmonise policies and legislation aimed at prevention and control of HIV/AIDS/AIDS transmission.
4. To mobilise and co-ordinate resources for the HIV/AIDS multi-sectoral response in the SADC region.

OUTPUTS

1. Reduced incidence and prevalence of HIV/AIDS in SADC region;
2. Strategies for responding to the socio-economic impact of HIV/AIDS are developed and implemented in all SADC sectors;
3. Adequate regional and international resources mobilised and efficiently utilised in a coordinated manner for the region;
4. Harmonised and coordinated SADC policies on HIV/AIDS

7. Institutional Framework

The organization of SADC programmes in Sectors has the potential to mobilize the region to successfully tackle the HIV/AIDS pandemic - using coordinated and effective strategies as outlined in the SADC Health protocol, Article 10. This initiative for a multi-sectoral HIV/AIDS strategy brings together seven Sectors in the fourteen member states, creating 98 (7x14) sector national points where HIV/AIDS can be tackled through coordinated strategies. The potential to mobilize other institutions in the region using these 98 national sector points is enormous, and it is this organizational capacity that the multi-sectoral plan seeks to exploit.

The SADC framework also provides for mechanisms to coordinate the use of resources available from the budgets of member states and from contributions by the international donor community. It is planned that the multi-sectoral HIV/AIDS plan will tap into these resources to ensure that all available resources are deployed in an efficient and cost-effective way.

This plan will have a number of country-based and sector-specific projects for implementation under the guidance of the Health Sector Coordinating Unit in Pretoria to ensure that lessons can be shared, results disseminated, and efficiency promoted between various projects. The reporting mechanisms will primarily be output-based to ensure that the deployment of resources can be justified by the outputs each project produces.

Three technical officers will be deployed at the SADC Health Sector Coordinating Office in Pretoria to provide support to all the national Sector Coordinating Units working on this programme. The work of these officers will be to facilitate the documentation and dissemination of best practices from the various sectors, to follow-up on administrative and technical issues identified by sectors involved in the plan, and to prepare inter-sectoral progress reports – highlighting successes, constraints, and lessons learnt.

The three programme officers to support coordination will require strong management backgrounds, and should have the following experiences:-

1. For the economic sectors, should be someone with knowledge in the economic sectors.

2. For the social sectors, the person should be knowledgeable in social sector concerns and work.

3. The most senior person should have experience in inter-sectoral work, and be able to use the Employment and Labour Sector to synthesise the work of economic and social sectors.

The three programme officers would be contract posts (funded by project funds) and answerable to the Health Sector Coordinator.

8. SECTORAL STRATEGIES

8.1 Culture, Information and Sports Sector

Background

The history of Southern Africa has been characterized by movements of populations in response to labour demands by mining houses, especially in South Africa, during the colonial period. Although this demand for migrant labour has declined in recent decades, this movement of people in search of employment opportunities has continued into the post-colonial era, followed by substantial internal movements of people from rural to urban areas. In many of these countries, there is evidence that migration (both internal and inter-country) is on the decline, and permanent communities and settlements have taken root on mines and many other enterprises. The resulting culture and socio-economic formations in Southern Africa have had a significant impact on HIV/AIDS, and people in the region have much in common (be it clothes, food, family structures, education, health systems, entertainment, and other aspects of life).

Another important feature of the region is its common history in the struggle against colonialism and apartheid. Even the origin of SADC, as the Southern Africa Development Coordination Conference (SADCC), was to reduce the economic dependence of free states on the then Apartheid-ruled South Africa. A consequence of this struggle against colonialism in Southern Africa is war – which has persisted in some countries (principally Angola) with devastating consequences. Further instability in the Great Lakes Region has led to war in the Democratic Republic of Congo, affecting other member states in various ways. Over the last four decades, there has been either a war of liberation or violent conflict in some part of the region – causing great disruptions in people's lives. For HIV/AIDS, these wars and violent conflicts have created refugees and internally-displaced persons; and both population groups are prone to the spread of HIV/AIDS and other diseases due to high mobility, poor nutrition, and general vulnerability.

Anecdotal evidence suggests that there have been many changes in traditional practices (medical and social) and these (like polygamy and use of cutting instruments) have been associated with the spread of HIV/AIDS. This sector of Culture, Information and Sports tries to harness the socio-economic and cultural ties resulting from the above processes to support regional integration, and its work is expected to have a major impact on the region's response to HIV/AIDS.

The availability of appropriate media for the communication of information to populations in the region will greatly affect the success of this programme. While there are 266 newspapers per 1,000 population in high-income countries, the region has a low rate of 13. Similarly, there are only 146 radios per 1,000 population compared with a figure of 1,300 for high-income countries. Figures for TV sets per 1,000 people are 43 in the region and 664 for high-income countries. In the region, there are wide variations in the availability of communication media. Malawi, South Africa and Tanzania for instance have the highest ratios of radios per population, while Botswana and South Africa have the highest figures for newspapers. The availability of TV sets is quite low, except for South Africa, which has 125 TV sets per 1,000 people – all the other countries are below a figure of 100. Alternative communication media will need to be developed for the effective communication of HIV/AIDS strategies.

Sector mandate: To strengthen, promote and consolidate the long-standing historical, social, and cultural affinities and links among the people of Southern Africa.

Impact of HIV/AIDS: There are positive (to be enhanced) and negative (to be minimised) impacts of HIV/AIDS in relation to the following areas:

- Labour movement and trans-border trade increases vulnerability (historical)
- Youth yielding to peer pressure (sports)
- Size of labour force (artisans, musicians, artists, sports-persons, youth, media workers, etc.).

	Indicators	Assumptions/ Risks
Overall Goal To decrease the number of HIV/AIDS infected and affected individuals and families in the SADC region so that HIV/AIDS/AIDS is no longer a threat to public health and to the socio-economic development of the member countries.	- Annual trends in HIV/AIDS infections within SADC region. - Trends in cost of HIV/AIDS for each sector.	Assumed that the quality of available data will improve to accurately reflect the situation within the region.
Sector Objectives 1. To mobilize and empower relevant organisations working with Artists, Media, Entertainers and Sports-persons (AMES) in the fight against HIV/AIDS in the region. 2. To ensure a co-ordinated and systematic sharing of information on HIV/AIDS in the region.	- No. of organisations mobilised. - No. of actors, media workers, entertainers, and sports-persons mobilised. - Sharing mechanisms established and working.	Assumed that most are already sensitised from work done by health sector.
Outputs 1. AMES in at least two-thirds of member states mobilise and equipped with knowledge on HIV/AIDS 2. At least two-thirds of member states to link their data bases on those AMES active in HIV/AIDS/AIDS/AIDS activities.	- No. of AMES mobilised and empowered. - No. of AMES on data-bases in member states. - No. of AMES promoting HIV/AIDS through electronic, print, and other media.	Assumed that member states already have data-banks. Risk is that not all member states will be electronically linked.
Activities 1. Regional Orientation workshops; 2. National Orientation workshops; 3. SADC Day Commemorations; 4. Production and distribution of print materials; 5. Compilation of Database of AMES active in HIV/AIDS activitiesin the region.	**Inputs**	

AMES = Actors, Media, Entertainers, and Sportspersons

CULTURE, INFORMATION AND SPORTS : BUDGET

code	Activity	Inputs required	Measure	Total inputs	Unit cost (US$)	Subtotal	Total (US$)
CIS1.1	Regional orientation workshops	Participants	Numbers	78			
		Travel	Trips	50	900	45 000	
		DSA	Days	312	150	46 800	
		Venue hire	Days	2	600	1 200	
		Translators	Numbers	4	200	800	
		Interpreters	Numbers	4	200	800	
		Honorarium translators	Days	4	300	12 000	
		Honorarium interpreters	Days	4	300	12 000	
		Administration	Days	4	10 000	40 000	
		Communication	Numbers	1	10 000	10 000	
		Subtotal				***168 600***	***168 600***
	National orientation workshops	Participants	Numbers	280			
		Travel	Trips	250	100	25 000	
		DSA	Days	560	150	84 000	
		Venue hire	Days	14	200	2 800	
		Administration	Days	2	10 000	20 000	
		Materials	Numbers	14	500	7 000	
		Subtotal				***138 800***	***138 800***
CIS1.2	SADC Day Commemorations	AMES	Numbers	420			
		National music shows	Numbers	14	2 000	28 000	
		Regional sports tournaments	Numbers	14	5 000	70 000	
		Appearance fees	Numbers	42	5 000	210 000	
		Advertising	Numbers	14	5 000	70 000	
		Venue hire	Numbers	14	600	8 400	
		Equipment hire	Numbers	14	1 000	14 000	
		Security services	Days	2	1 000	2 000	
		Communication	Numbers	14	500	7 000	
		Subtotal				***409 400***	***409 400***
	Production & distribution of print materials	Message design workshop	Days	5	30 000	150 000	
		Designers	Days	5	2 000	10 000	
		Editor	Days	10	500	5 000	
		Translators	Numbers	10	300	3 000	
		Journalist	Numbers	4	300	1 200	
		Communication	Numbers	1	10 000	10 000	
		Subtotal				***179 200***	***179 200***
CIS1.3	Compilation of data-base	Interpreters	Numbers	4	300	1 200	
		Data collection	Days	10	100	1 000	
		Data coding	Days	5	50	250	
		Data entry	Days	5	50	250	
		Computer equipment	Numbers	1	100 000	100 000	
		Computer programme	Numbers	1	10 000	10 000	
		Subtotal				***404 600***	***404 600***
		TOTAL					US $ 1 300 600

EMPLOYMENT AND LABOUR SECTOR: BUDGET

OUTPUT	TARGET	ACTIVITY	TOTAL INPUT	UNIT COST	TOTAL COST
Increased Capacity of Government, Worker and Employer to Implement HIV/AIDS Code	2000 Institutions in SADC	Printing and Disseminating the SADC Code on HIV/AIDS and Employment	2000	US$20	US$40,000
	2000 Institutions in SADC	Preparation, printing and dissemination of explanatory leaflets on the background and implementation of the Code	2000	US$4	US$8,000
	50 Trainers from SADC Sectors	Workshop SADC Sector Coordinating Units (SCUs) to implement the provisions of the HIV/AIDS Code	150	US$900	US$135,000
	420 People (30 persons per Country)	National workshops for Government, Workers and Employers organisations on implementation of the Code in all Member States. Formation of National HIV/AIDS Tripartite and Bipartite Committees	840	US$300	US$252,000
	14 Member States	Implementation of National HIV/AIDS and Employment Projects	14	US$30,000	US$420,000
	14 Member States	Training Seminar on Monitoring, evaluation and impact analysis	14	US$30,000	US$420,000
	14 Member States	Develop national mechanisms to monitor the impact of HIV/AIDS on the labour market	14	US$30,000	US$420,000
OUTPUT	**TARGET**	**ACTIVITY**	**TOTAL INPUT**	**UNIT COST**	**TOTAL COST**
Audit of Member States on implementation of HIV/AIDS Code/Regional situation analysis on HIV/AIDS and Employment	10 Persons (Working Group)	• Workshop to establish audit teams within the Employment and Labour Sector. • Develop a standard audit and reporting format on HIV/AIDS and Employment	20	US$900	US$18,000
	1 Center	Create a Database on HIV AIDS and Employment at the ELSCU in Lusaka, Zambia	2	US$7000	US$14,000
	14 Centers	Create Databases on HIV/AIDS and Employment in each Member State	14	US$5,000	US$70,000
	14 Member States	Survey and report at the end of each year on Best Practices on Implementation of the Code	294	US$1,800	US$529,200
	14 Member States	Preparation and Printing of the Annual regional analysis on HIV/AIDS and Employment for each year (3 Years)	2100	US$5	**US$10,500 TOTAL 2 569 600**

8.2 Employment and Labour Sector

Background
The HIV/AIDS epidemic has had a tremendous impact on the demand and supply of labour in the SADC Region and has affected the sector in several ways:

(a) Trends of employment figures and the impact of HIV/AIDS;

(b) Identification of any particular labour practice that persists and is considered an obstacle to the tackling of HIV/AIDS pandemic;

(c) Trends in labour productivity in the region and the impact of HIV/AIDS; and

(d) Costs of managing HIV/AIDS at the workplace (absenteeism, medical costs, funerals).

Regional integration in the context of the global economy is also influenced by the availability of labour, and SADC has a history of large-scale labour migration and a relatively free movement of people. One benefit has been that there are fairly common labour practices in the region, which should make it easier to share strategies – be it in the organization of labour or in the provision of services to workers. This is the context within which the HIV/AIDS Code is being approached, and a major strategy for the Employment and Labour Sector is the effective implementation of this Code in all member States.

Even before the advent of AIDS, the region had a relatively high proportion of children in the 10-14 age group active in the labour force (30% of the population in this age-group was part of the labour force in 1980 and has only dropped to 24% by 1998 – WBDR 2000). The proportion of women active in the labour force has over the last two decades remained at 44%. The major change in this region has been the growth in urbanisation – with the population living in urban areas having risen from 22% in 1980 to 37% in 1998. These changes have had major impacts on the way the HIV/AIDS problem has developed in the region.

Sector mandate: To co-ordinate all matters related to employment and labour in the region with a view to enhancing labour productivity for sustainable economic growth and development.

Impact of HIV/AIDS
Increased use of child labour due to loss of adults.
- High attrition and loss of labour force
- Reduced labour productivity.
- Increased costs to employer and State.
- Increased use of child labour due to loss of adults

8.3 Health Sector

BACKGROUND

The Health Sector has been providing leadership and technical guidance in the HIV/AIDS response in many Member States, but there is recognition other sectors need to increasingly take ownership for addressing the epidemic. In the past, the health sector has attempted to do too much in articulating the multi-sectoral response. Consequently, this sector will shift its focus and emphasis from implementing HIV/AIDS interventions that lie outside its comparative advantage to specific activities within the realm of its mandate. It will therefore concentrate on the following:-

(a) Developing and implementing improved clinical management standards and strategies (clinical care and nursing, treatment, drugs procurement and supply, laboratories support, etc.)

(b) Improving HIV/AIDS disease surveillance systems and disseminating epidemiological information to the other sectors;

(c) Providing health-related technical assistance to the other sectors as these plan, implement, and monitor their strategies aimed at addressing the epidemic.

(d) Catalyzing and creating opportunities for other sectors to become creative, innovative and take ownership for the HIV/AIDS response

Sector mandate: Attain an acceptable standard of health for all citizens by promoting, co-ordinating and supporting the individual and collective efforts of member states.

Impact of HIV/AIDS

- Over-burdened and overstretched health care systems leading to dilution of care
- Rising costs associated with provide health care, leading diverting resources from critical needs (national and household) to health care.
- Negative demographic trends – reduced life expectancy, increased morbidity and mortality, orphans
- Creation of new demands in training, services without corresponding resources
- Low morale among health workers due to burn out and helplessness
- Increasing health workers' attrition rates due to deaths.

OBJECTIVES	ACTIVITIES	OUTPUTS
1. To prevent HIV/AIDS transmission among the youth in SADC	1. Promote and support the establishment of youth friendly services as part of reproductive health services at district level	A 10% reduction in HIV/AIDS prevalence among the 15 –19 year age group, as measured by antenatal surveys
2. To improve the clinical management of HIV/AIDS, including management of opportunistic infections and MTCT, and access to affordable drugs	1. Review existing standards and protocols for treatment of opportunistic infections and for MTCT, and reach national and regional consensus on them	National standards and protocols on management of HIV/AIDS exist Regional consensus on standards and protocols exists.
	2. Support implementation of the standards and protocols at all appropriate level of health care	All levels of health care implement standards and protocols for management of HIV/AIDS
	3. Periodic review and information exchange on standards and protocols	Regular information exchange mechanisms and fora exist
	4. Harmonisation of drug registration procedures in region	Drug registration procedures in Region harmonised
	5. Adopt the best drug procurement practices	Optimum procurement practices adopted by sector
	6. Advocate for grant support for supplies, where the need exists	Grants available where needed
3. To improve care offered to HIV/AIDS affected through strategic partnerships	1. To establish strategic partnerships with key partners with competencies in providing care	Strategic partnerships for care of those affected by HIV/AIDS exist, with clear role definitions
	2. To support the delivery of quality home-based care programmes.	Home based care available to the community
	3 Establish standards for home based care	appropriate standards and supplies for home based care available

BUDGET

code	Activity	Inputs required	Measure	Total inputs	Unit cost (US$)	Subtotal	Total (US$)
HLT3.1	Establish national youth friendly rep health services	Consultants	Numbers	28	300	8 400	
		Travel	Trips	14	900	12 600	
		DSA	Days	28	150	4 200	
		Subtotal				***25 200***	***25 200***
	Develop guidelines and stds on youth friendly rep health services	Consultants	Numbers	10	300	30 000	
		Participants	Numbers	28			
		Travel	Trips	30	900	27 000	
		DSA	Days	420	150	63 000	
		Training materials	Numbers	1	10 000	10 000	
		Subtotal				***224 000***	***224 000***
	Orientation workshop on youth friendly rep health services	Participants	Numbers	28			
		Travel	Trips	28	900	25 200	
		DSA	Days	180	150	63 000	
		Stationery	Numbers	1	10 000	10 000	
		Translators	Numbers	10	200	2 000	
		Interpreters	Numbers	10	200	2 000	
		Honorarium for translators	Days	10	300	3 000	
		Honorarium interpreters	Days	10	300	3 000	
		Subtotal				***108 200***	***108 200***
HLT3.2	Review stds/mgt protocols for opportunistic infections and MTCT	Consultants	Numbers	12	300	3 600	
		Participants	Numbers	28			
		Travel	Trips	30	900	27 000	
		DSA	Days	180	150	27 000	
		Translators	Numbers	12	200	2 400	
		Interpreters	Numbers	12	200	2 400	
		Honorarium for translators	Days	10	300	3 000	
		Honorarium interpreters	Days	10	300	3 000	
		Administration	Days	5	2 000	10 000	
		Communication & postage	Numbers	1	10 000	10 000	
		Stationery	Numbers	1	10 000	10 000	
		Subtotal				***98 400***	***98 400***
	Harmonise national drug registration procedures	Participants	Numbers	28			
		Travel	Trips	28	900	27 000	
		DSA	Days	180	150	27 000	
		Facilitators	Numbers	12	300	3 600	
		Translators	Numbers	12	200	2 400	
		Interpreters	Numbers	12	200	2 400	
		Honorarium translators	Days	10	300	3 000	
		Honorarium interpreters	Days	10	300	3 000	
		Administration	Days	5	2 000	10 000	
		Communication & postage	Numbers	1	10 000	10 000	
		Stationery	Numbers	1	10 000	10 000	
		Subtotal				***98 400***	***98 400***
	Develop best drug procurement procedures	Participants	Numbers	14			
		Travel	Trips	14	900	12 600	
		DSA	Days	84	150	12 600	
		Stationery	Numbers	1	5 000	5 000	
		Administration	Days	3	2 000	6 000	
		Communication & postage	Numbers	1	5 000	5 000	
		Subtotal				***41 200***	***41 200***

HLT3 3	Develop stds/guidelines on quality home based care programmes	Participants	Numbers	14			
		Travel	Trips	14	900	12 600	
		DSA	Days	84	150	12 600	
		Communication & postage	Numbers	1	5 000	5 000	
		Stationery	Numbers	3	2 000	2 000	
		Communication & postage	Numbers	1	5 000	5 000	
		Subtotal				***41 200***	***41 200***
	Compilation of best practices on home based care	Consultants	Numbers	15	300	4 500	
		Participants	Numbers	28			
		Travel	Trips	30	900	27 000	
		DSA	Days	200	300	6 000	
		Stationery	Numbers	1	10 000	10 000	
		Subtotal				***47 500***	***47 500***

TOTAL **US$ 684 100**

8.4 Human Resources Development Sector (Education and Training)

BACKGROUND

All sectors have a common concern for the development and availability of human resources and how HIV/AIDS has affected the production, deployment, management and other issues related to the efficiency of labour in the region. As most HIV transmission in the region is due to heterosexual contact, many of the infected persons are THOSE who are sexually active. Unfortunately this is also the economically active age group. HIV infection is on the increase among the 15-29 age group. This means that the "window of hope" is immensely reduced and shrinking and that young people are contracting HIV at a very young age. The HIV/AIDS pandemic is making serious inroads into the education and training sector in the region, and some of the main issues are:-

- HIV/AIDS negatively affects the supply of skilled personnel providing educational services and reduces the efficiency in the sector by raising costs of service delivery (e.g. payment for sick leave versus payment for actual work undertaken, increased output regarding teacher training to fill vacant posts, etc.). The sector is experiencing significant losses in teacher numbers due to HIV/AIDS. Many teachers are themselves, like other families, taking on the orphans of those who have died of AIDS, and increased time is spent going to funerals, and caring for the sick. This is seriously undermining member States' efforts to increase the pool of trained teachers in a bid to improve both the quality and quantity of education.

- Alarming is the growing numbers of orphans as a result of HIV/AIDS. Many of these risk the danger of not attending or completing school. This has implications on future generations and the development of the region as a whole.

Children who have lost one or both parents, 1997-98

Country	Number	Per 1 000 people
Botswana	25 000	13
Democratic Republic of Congo	310 000	6
Lesotho	8 500	4
Mozambique	150 000	9
Namibia	73 000	36
South Africa	180 000	4
Tanzania	520 000	16
Zambia	360 000	36
Zimbabwe	360 000	30

Source: ***Newsweek*** *January 17, 2000*

- The number of children who have lost both parents is particularly significant for those countries with small populations (Botswana and Namibia) and those countries with high HIV/AIDS prevalence rates (Zambia and Zimbabwe). This has a number of

implications in terms of schooling, entry into the labour market, and quality of life for these children (many of whom are likely to join the growing number of children living under difficult circumstances created by economic and political hardships).

- Due to illness and death in the family, many children of school-going age have to carry out adult responsibilities, which include taking care of their sick parents and/or taking care of their siblings. Such children also lack financial support. This may affect their attendance and performance in school.

- Both students and teachers encounter problems of stigmatisation and discrimination due to lack of knowledge on how to deal with people living with HIV/AIDS. The school children also suffer psychological effects due to peer pressure and exposure to AIDS related death. This creates demand for teachers to provide counseling services to children to mitigate poor performance.

It is thus imperative that concerted effort is made to reduce the spread of HIV/AIDS and mitigate its impact on this and other sectors.

These strategies will give the sector additional tools for addressing the wider issues of curriculum reform in formal and vocational training, and offering advice to any sector involved in programmes that contribute to Human Resources Development. The research will also allow the sector to develop appropriate and sensitive indicators on the relationship between the AIDS pandemic and developments within the sector and its contribution to overall development indicators.

Sector mandate: Provide skills, knowledge and attitudes that build the necessary human capital vital for economic and social development.

Impact of HIV/AIDS

- Increased numbers of orphans needing education.
- Children leaving schools to undertake adult responsibilities due to loss of parents.
- Stigmatization and discrimination in schools.
- Need for better integration of HIV/AIDS education and life skills in the school curriculum.

	Indicators	**Assumptions/Risks**
Overall Goal To decrease the number of HIV/AIDS infected and affected individuals and families in the SADC region so that HIV/AIDS is no longer a threat to public health and to the socio-economic development of the member States	- Annual trends in HIV/AIDS infections within the SADC region - Trends in cost of HIV/AIDS for each sector	Assumed that the quality of available data will improve to accurately reflect the real situation within the region
Objectives 1. To create a supporting environment for the fight against HIV/AIDS within the education and training sector 2. To impart knowledge on HIV/AIDS and skills which are life-enhancing to both learners and educators 3. To co-ordinate, at regional level, research in order to inform policy and decision-making in the fight against HIV/AIDS	- Trends in the HIV/AIDS infections among learners and educators - Trends in attitude and behaviour change within the SADC Region - Regional databank on HIV/AIDS in the sector	- Religious and traditional leadership are supportive - Support and technical inputs from the health and other sectors is available - Co-operation from all institutions/organisations that are involved in research is forthcoming
Outputs 1. Revised education/training policies 2. Revised curricula incorporating HIV/AIDS 3. Regional database on HIV/AIDS in the education and training sector in place, and mechanism for exchange of such data and information established and in operation	- Number of revised policies in the region - Number of member States with curricula integrating HIV/AIDS in the education system - Regional database on HIV/AIDS in education and training	- Resources are available and member are willing to commit them to the strategy - Differing priorities of member States - resistance to policy change - resistance to curriculum change - confidentiality of information on HIV/AIDS

Activities	Inputs	
Policy Development		
1. Review existing education and training policies regarding HIV/AIDS 2. Develop and disseminate appropriate regional policy guidelines 3. Facilitate the development and implementation of national policies to address HIV/AIDS 4. Monitor the development and implementation of national policies	1.1 Recruit a programme co-ordinator (PC) 1.2 Organise a sectoral mobilisation workshop 2.1 Following Workshop, the TA to develop regional policy guidelines 2.2 Convene another workshop to agree on the regional policy guidelines 3.1 Finalise and disseminate regional policy guidelines to member States 3.2 Undertake training of policy developers –1 regional training workshop 4.1 The PC will develop a monitoring tool and undertake periodic monitoring visits; day-to-day monitoring to be undertaken by existing national structures. 4.2 Impact assessment of new policies may be necessary after a reasonable length of time	
Curriculum development		
5. Set up a curriculum development committee to develop a regional curriculum framework 6. Conduct national curriculum reviews to ensure adherence to regional standards 7. Monitoring and evaluation of programmes	5.1 Convene a meeting of curriculum experts to review existing situation and develop guidelines or a regional curriculum framework, along with teaching/learning materials standards. 6.1 National curricula centres to undertake curricula reviews using regional guidelines to incorporate HIV/AIDS education. 6.2 Implement curricula – national structures. 7.1 Regular monitoring to be undertaken by national structures; a regional feedback meeting to take place to evaluate impact and recommend improvements after 2 years of implementation	
Co-ordination of Regional Research		
8. Undertake a study to establish the current position with regard to HIV/AIDS in the sector and to determine research needs 9. Establish a regional database on the impact of HI/AIDS in	8.1 Engage a team of 1 regional 14 national consultants to undertake study. 9.1 Equipment and short-term consultancy to establish database and develop a tool for maintenance and regular updating of database. 12.1 Provide funds for research based on identified research needs	

the sector 10. Develop a regional mechanism for research 11. Undertake impact assessment of previous research activities 12. Undertake joint research activities		

HRD4.1	Review education & training policies on HIV/AIDS	Participants	Numbers	33			
		Travel	Trips	31	900	27 900	
		DSA	Days	124	150	18 600	
		Stationery	Numbers	1	5 000	5 000	
		Administration	Days	5	2 000	10 000	
		Communication & postage	Numbers	1	5 000	5 000	
		Subtotal				***66 500***	***66 500***
	Develop policy guidelines	Consultants	Numbers	10	300	3 000	
		Participants	Numbers	18			
		Travel	Trips	16	900	14 400	
		DSA	Days	72	150	10 800	
		Communication & postage	Numbers	1	5 000	5 000	
		Stationery	Numbers	1	2 000	2 000	
		Subtotal				***35 200***	***35 200***
HRD4.2	Regional curriculum development	Participants	Numbers	36			
		Travel	Trips	36	900	324 000	
		DSA	Days	180	150	27 000	
		Stationery	Numbers	2	2 000	4 000	
		Administration	Days	2	5 000	10 000	
		Communication & postage	Numbers	2	5 000	10 000	
		Printers	Numbers	2	20 000	40 000	
		Translators	Numbers	10	300	3 000	
		Subtotal				***418 000***	***418 000***
HRD4.3	Situation analysis of HIV/AIDS in the HRD sector	Researchers	Numbers	90	300	27 000	
		Travel	Trips	28	900	25 200	
		DSA	Days	90	150	6 750	
		Subtotal				***32 850***	***32 850***
	Establish regional data base on impact of HIV/AIDS on the sector	Computer equipment	Numbers	2	7 000	14 000	
		Data entry clerks	Numbers	15	300	4 500	
		Subtotal				***18 500***	***18 500***
	Monitoring and evaluation	Programme coordinator	Numbers	1			
		Travel	Trips	28	900	25 200	
		DSA	Days	90	150	13 500	
		Subtotal				***38 700***	***38 700***
			TOTAL				**US$ 609 750**

8.5 Mining Sector

BACKGROUND

Mining has been described as the backbone of economies in the region, usually competing with agriculture as the major earner of foreign exchange and provider of employment opportunities. Towards the end of the 1990s, it was estimated that mining on average contributed to 60% of foreign exchange earnings, 10% of GDP and 5% to formal employment in the region. Declining investments in the sector, combined with unstable world prices for most minerals, has contributed to a fall in the importance of the sector relative to service sectors (tourism and finance for instance). Nevertheless, mining remains an important sector for socio-economic development in the region.

The region is a major producer of such minerals as asbestos, cobalt, copper, chrome, diamonds, gold, and others needed by industrial process.

Available evidence suggests that this sector has been hard-hit by HIV/AIDS because most miners work away from home as migrants and are therefore likely to have multiple sexual partners. With the movement of labour between mines and rural homes, there are many opportunities to spread diseases between rural and urban areas, and HIV transmission has followed this movement of labour. Most information on these issues has come from work carried out by the health sector and its NGO partners; but there has been few mine-led initiatives to tackle the HIV/AIDS pandemic. It is for this reason that the immediate plan for this sector is to establish the size of the problem; to provide support to the infected/affected, and to draw up long-term plans.

Regional averages of selected mineral production figures, 1997

Asbestos (tons)	236 492
Coal (tons)	223 165 372
Cobalt (tons)	5 305
Chromite (tons)	6 449 191
Copper (tons)	523 019
Diamonds (carats)	34 482 004
Gold (kgs)	519 772
Lead (tons)	83 619
Nickel (tons)	65 121
Zinc (tons)	143 878

Source: SADC Progress Report, 1999

The Mining sector has organised its work under six sub-committees, and some of them could make significant contribution to the tackling of HIV/AIDS. In particular, sub-committees dealing with marketing, information, and human resources development might find it relatively easy to link HIV/AIDS management strategies to sector strategies once this multi-sectoral HIV/AIDS management plan is implemented.

Sector mandate: Facilitate the transformation of mineral resources into wealth at

regional level.

Impact of HIV/AIDS
Reduced productivity (through absenteeism, sickness, deaths, etc.).
Increased direct and indirect costs

Strategies for 2002

- To establish the extent of HIV/AIDS in the SADC mining sector.
- To minimise the spread of HIV/AIDS in mining sector.
- To provide adequate care for the already infected and affected in mining sector.

The implementation of these strategies will assist the better definition of the sectors work by:-

(a) Providing documentation on the status of HIV/AIDS on mines;

(b) Giving an indication of the link between mine productivity and HIV/AIDS;

(c) Making it possible to assess the economic impact of HIV/AIDS on mines (be it on labour, financial returns, social services, etc.).

(d) Providing arguments for a better understanding of how mine investments in HIV/AIDS programmes impact on the economy and national tax regimes.

PROGRAMME FRAMEWORK

PROGRAMME STRUCTURE	VERIFIABLE INDICATORS	SOURCES OF VERIFICATION	ASSUMPTIONS AND RISKS

Overall Goal To decrease the number of HIV/AIDS infected and affected individuals and families in the SADC region so that it is no longer a threat to public health and to the socio-economic development of member states	Annual trends in HIV/AIDS infections within SADC region; Trends in cost of HIV/AIDS in each sector	Ministries of Health Reports Reports from international Organisations (WHO, UNAIDS etc) Sectoral reports on impact of HIV/AIDS	The quality of available data will improve to accurately reflect the situation within the region
Sector Objectives 1. To establish the extent of HIV/AIDS in the SADC mining sector 2. To minimise the spread of HIV/AIDS in mining sector 3. To facilitate provision of adequate services for the already infected and affected in the mining sector	Status of HIV/AIDS in mining sector established Spread of HIV/AIDS in mining communities minimised Adequate care for infected and affected persons provided	Number of HIV/AIDS status reports on the mines Reports on trends in HIV/AIDS infection rates on the mines Number of infected and affected persons receiving care on the mines	Mining houses fully co-operate
Outputs 1. HIV/AIDS situational analyses on infected and affected numbers completed 2. Mining communities reached with HIV/AIDS awareness programmes 3. Mine facilities providing effective care to the infected and affected increased	Number of national and regional situation analyses reports Number of mining communities reached Number of mine health facilities participating in the programme	Reports Reports Mine Reports	Data already exists and most work will be in analysis Resources available Mining houses fully co-operate

Activities			
1. Conduct situational analyses 2. Establish mechanisms to collect and analyse existing data and collect where none exists 3. Identify trends and design interventions for implementation 4. Design and implement awareness programmes for mine managers, employees and mining communities 5. Train AIDS counselors and Educators 6. Facilitate the increase of condom availability on mines, including Small Scale Mines 7. Monitor and support the HIV/AIDS intervention activities 8. Facilitate establishment of HIV/AIDS Kiosks in mining areas 9. Promote intensification of treatment of STDs on mines 10. Facilitate support of existing facilities and identify new ones where HIV/AIDS related illnesses can be treated 11. Provide 2 scholarships per year for training in HIV/AIDS data collection and analysis 12. Develop Follow-up strategies			Assumed that Mining Houses are willing and able to contribute resources to the programme Small scale Miners willing to participate in the Programme

MNG5.1	Situation analysis on HIV/AIDS in the mining sector	Researchers	Number	360	300	108 000	
		Travel	Trips	12	900	10 800	
		DSA	Days	360	150	54 000	
		Subtotal				172 800	
	Orientation seminars	Consultants	Numbers	60	300	18 000	
		Participants	Numbers	336			
		Travel	Trips	336	900	302 400	
		DSA	Days	1 680	150	252 000	
		Administration	Days	60	2 000	120 000	
		Communication & Postage	Numbers	12	2 000	24 000	
		Training of AIDS Counsellors and Educators.	numbers			160 000	
		Subtotal				***876 600***	***876 600***
MNG5.2	HIV/AIDS awareness campaign	Consultants	Numbers	60	300	18 000	
		Participants	Numbers	336			
		Travel	Trips	336	450	151 200	
		DSA	Days	1 680	150	252 000	
		IEC materials	Numbers	12	5 000	60 000	
		Journalists	Numbers	60	300	18 000	
		Subtotal				***499 200***	***499 200***
MNG5.3	Establish HIV/AIDS kiosks	Building materials	Numbers	240	500	120 000	
		Furniture	Number	240	400	96 000	
		Supplies	Number	5 760	500	2 880 000	
		Counsellors	Months	432	200	86 400	
		Subtotal				***3 182 400***	***3 182 400***
	Procure and distribute condoms	Condoms	Numbers	24 000 000	0	1 200 000	
		Postage & courier services	Numbers	1	120 000	120 000	
		Subtotal				***1 320 000***	***1 320 000***
	Management of STIs	Drugs	Numbers	60	40 000	2 400 000	
		Laboratory equipment	Numbers	60	50 000	3 000 000	
		Laboratory supplies	Numbers	1 440	10 000	14 400 000	
		Subtotal				***19 800 000***	***19 800 000***
	Establishment of HIV/AIDS scholarship	Funds	Numbers	4	20 000	80 000	
		Subtotal				***80 000***	***80 000***
	Follow-up meetings	Participants	Number	56			
		Travel	Trips	56	900	50 400	
		DSA	Days	280	150	42 000	
		Stationery	Numbers	2	5 000	10 000	
		Subtotal				**102 400**	
		TOTAL					**US$ 25 758 200**

8.6 Tourism Sector

BACKGROUD

Tourism is a major earner of foreign exchange and provides both direct and indirect employment opportunities. The region has set aside nearly 10% of its land as protected areas – where tourist resorts are found in the form of national parks. In the latest available figures (WBDR 2000), each tourist brought US$384 to the region, although there are wide variations between countries with low volume and those with high volumes of tourists. Of the 10.6 million tourists who came to the region, half went to South Africa and 20% to Zimbabwe. Thus, nearly three-quarters of all tourists to the region have South Africa and Zimbabwe as the destination.

Regional averages of selected tourism indicators

	1997
National protected areas, as % of total land	9
Value added, % of GDP (Services)	41
Arrivals (millions)	10.6
Receipts, $ billions	4.1
Receipts per tourist (US$)	384

Source: World Bank Development Report 2000

With a population of 190 million, the region attracts a tourist for every 19 people living in the region. Thus, there is potential for extensive social interactions between tourists and visitors in the exchange of services, and community and eco-tourism are on the increase. It is in this context that those agencies involved in the marketing and coordination of tourism have become active in the development and implementation of this strategic plan.

A major argument advanced by those working in this sector has been that tourists (regional and international) are concerned over the quality of health services in member states, especially over the quality of blood and blood-related products. An inspection of recent figures on modes of HIV transmission in the region shows that over 86% of all cases are due to heterosexual behaviour, and only 4% is due to blood products. Most cases of contaminated blood were reported from Angola and Mozambique, where large parts of the country have been inaccessible due to war, and therefore should be insignificant in a regional context. The other significant cause of transmission has been mother-to-child, with a regional average of 7%. Homosexual and intravenous drug-use make very small contributions to HIV transmission in SADC member states.

The second concern by the Tourism Sector is over the transmission of HIV between tourists and the local population. Given the high incidence of heterosexual transmission and the relative ease of sexual contacts between local and tourist populations, this issue is particularly important. In the proposed sector strategy for 2002, this problem will be addressed by promoting improved preventive measures in community-based tourism.

In line with evidence from available statistics, the message to tourists and the local population will be 'avoid unprotected sexual encounters – and preferably avoid sex altogether'. For this reason, the strategy will involve regional tourism bodies (SATA, RETOSA, etc.) in mounting campaigns aimed at: -

(a) Educating tourists on the availability of health facilities that are of acceptable standards in the region.

(b) Equipping tour-operating companies with skills and information to promote safe sex among tourists and local populations.

(c) Promoting safe sex awareness among all workers in this sector.

Sector mandate: Promote sound and efficient development of the sector to increase the welfare of the SADC population; and remove all possible obstacles to the development of tourism.

Impact of HIV/AIDS

- Fear among tourists that health facilities are inadequate.
- Interaction between tourists and local population can lead to transmission (both ways).

	Objectively Verifiable Indicators	**Assumptions/Risks**
OVERALL OBJECTIVES To decrease the number of HIV/AIDS infected and affected individuals and families in the SADC region so that it is no longer a threat to public health and to the socioeconomic development of the member countries	- Annual trends in HIV/AIDS infections within the SADC region. - Trends in cost of HIV/AIDS for each sector.	Assumed that the quality of available data will improve to accurately reflect the situation within the region.
OBJECTIVES 1. Formulate HIV/AIDS policy for the tourism sector in the SADC region	- Number of tourism related programmes with integrated HIV/AIDS programmes	1.1 Lack of political and instability may hamper implementation of policies. 1.2 Governments give incentives for industry to invest in HIV/AIDS programmes 1.3 Divergence between nation and regional priorities and different context and national sector priorities in the SADC region may hamper the formulation of common policies
2. Reassure tourists on the availability of high quality health care in the SADC region.	- Trends of HIV/AIDS infections within the sector. - Number of information material produced	2.1 Lack of quality health services in some member states could hamper the production of a comprehensive directory 2.2 Medium of communication may delay the production of promotional materials
3. Support community based tourism in the SADC region through HIV/AIDS prevention activities	- Cost saving trends from HIV/AIDS prevention - Number and types of prevention activities.	3.1 Red tape could delay the appointment of team conducting the needs assessment

OUTPUTS 1. Policy on tourism and HIV/AIDS developed and implemented. 2. Regional directory on health services available in the SADC region and Promotional materials produced. 3. Needs assessment conducted.	Number of revised policies in the region.	
ACTIVITIES 1. Policy on tourism and HIV/AIDS developed and implemented. 1.1 Request member states to submit information on HIV/AIDS concerning the tourism sector and how they are tackling the problems, prior to the study 1.2 Recruit the services of a consultant to prepare a policy paper on HIV/AIDS for the tourism sector 1.3 Organise a workshop to discuss the paper 1.4 TCU to follow-up and ensure the implementation of the strategy paper 2. Regional directory on health services available in the SADC region and Promotional materials produced. 2.1 Production of a regional directory on health care especially on HIV/AIDS met for tourists travelling in the SADC region and other promotional materials 2.2 Distribution of promotional materials through travel agents and tour operators. 2.3 Mobilize regional and national tourism organizations and bodies (private and public) for efficient coordination between them and ensure regular consultation on the HIV/AIDS issues.	The services of a consultant would be required to prepare the policy paper on HIV/AIDS on Tourism. Directory produced (Number) Number of promotional materials distributed	Inputs to be received from member states Framework to implement these policies Proper coordination mechanism between these organisation Quality of health information on HIV/AIDS therein Originality of message and means of disseminating information

2.4 Involvement of RETOSA which is the promotion arm of the SADC tourism sector in the fight against HIV/AIDS 2.5 Mobilize regional and national tourism organizations and bodies.		
3. Needs assessment conducted. 3.1 Conduct a region-wide needs assessment in all member states and conduct a KABP (Knowledge, Attitude, Belief and Practice) survey to obtain information which can be used for orientation of future IEC(Information, Education and Communication) strategies. 3.2 Identify ways and means to assist and support the local resident population 3.3 Work in close collaboration with RETOSA in the promotion community based tourism in the SADC region 3.4 Identify institutions and other bodies, including NGO which are actively working on the field for disseminating information appropriately 3.5 Develop training courses for trainers or NGO's or other active recognised groups working on the fields to assist the local population 3.6 Formulate any sensitisation programme apart from formal training to support the local population	The services of a consultant would be required to conduct the need assessment. Number of training courses organised Number of sensitization programme conducted	Cluster of regions may hamper assessment Standards norms and registered community Training budgets and identification of trainers

TSM6.1	Policy review	Consultants	Numbers	45	300	13 500	
		Participants	Numbers	50			
		Travel	Trips	65	900	58 500	
		DSA	Days	350	150	52 500	
		Administration	Days	5	10 000	50 000	
		Communication & postage	Numbers	1	10 000	10 000	
		Subtotal				***184 500***	***184 500***
TSM6.2	Publish directory of available health care services in the region	Consultants	Numbers	45	300	13 500	
		Printers	Numbers	2	20 000	40 000	
		Postage	Numbers	2 000	15	30 000	
		Subtotal				***83 500***	***83 500***
	Production of promotional materials	Communication consultants	Numbers	10	300	3 000	
		Printers	Numbers	2	20 000	40 000	
		Subtotal				***43 000***	***43 000***
TSM6.3	Conduct a KAPB survey	Researchers	Numbers	45	300	13 500	
		Travel	Trips	12	900	10 800	
		DSA	Days	270	150	40 500	
		Printers	Numbers	2	20 000	40 000	
		Subtotal				***104 800***	***104 800***
	Orientation workshop	Participants	Numbers	28			
		Travel	Trips	28	900	25 200	
		DSA	Days	166	150	24 900	
		Administration	Days	5	2 000	10 000	
		Communication & postage	Numbers	1	5 000	5 000	
		Honorarium translators	Days	10	300	3 000	
		Honorarium interpreters	Days	10	300	3 000	
		Subtotal				***71 100***	***71 100***
		TOTAL				***US$***	***486 900***

8.7 Transport and Communication Sector

BACKGROUND

With a region as vast as the SADC and given the historical migration of populations in search of economic opportunities, transport is an important sector for socio-economic development. The importance of railways is for instance even captured in popular music describing the role of trains in bringing people together. With several members of SADC being land-locked, there is a particular importance attached to roads, rail and air travel in the region. For those countries with a coast-line, transport has had the added impact of maritime trade (with sailors from all over the world having used these ports over the last five hundred years). Disease and trade have come with travel, and this sector is particularly important in promoting trans-national awareness on measures aimed at curbing the spread of HIV/AIDS. This sector also deals with telecommunications, an important avenue for disseminating information in a world becoming increasingly integrated by information technology (radio, TV, computers, satellites, newspapers, etc). The availability of telephone lines in the region is less than one-twentieth of that available in high income countries, while cell phones, Personal Computers, and internet hosts are even lower. This low level of technological development (except for South Africa) poses a major challenge for those designing communication strategies in this programme.

Regional averages of selected transport and communication indicators

	1997
Paved roads (% of total)	23
Goods transported by rail (tone-km million)	830 771
Air passengers (million)	9.7
Main telephone lines per 1,000 people	25
Mobile telephones per 1,000 people	4
Personal Computers per 1,000 people	11
Internet hosts per 10,000 people	5

Source: World Bank Development Report 2000

Sector mandate: The SADC Protocol on Transport, Communications and Meteorology entered into force on 6 July 1998. The mandate of the Sector has been defined as "To establish transport, Communications and Meteorology systems which provide efficient, cost-effective and fully integrated infrastructure and operations, which best meet the needs of customers and promote economic and social development while being environmentally and economically sustainable".

Impact of HIV/AIDS

- There are no comprehensive reports on impact, but labour productivity has been reduced in railways, maritime, civil aviation, road transport, postal, telecommunications, and meteorology services.
- High rate of attrition among young and skilled labour.
- Increasing direct and indirect Cost

LOGICAL FRAMEWORK MATRIX FOR SATCC

NARRATIVE SUMMARY	ACTIVITIES	RESPONSI-BILITY	RESOURCES / INPUTS	TIME-FRAMES
Programme Goal: To decrease the number of HIV/AIDS infected and affected individuals and families in the SADC region so that HIV/AIDS is no longer a threat to public health and to the socio –economic development of member countries	As contained in Sectoral Plans	SADC Health Sector Coordinating Unit (HSCU)	HSCU, Culture, Information & Sports, HRD, Mining, Tourism, SATCC USD 30 million	2000-2001
Programme Purpose/Objective: 1. Sectoral Programme to contribute towards the decrease of the number of HIV/AIDS infected and affected individuals and families in the SADC Region.	SATCC-TU	SATCC-TU	SATCC-TU, Consultants, All Member States	2000-2001
OUTPUTS				
1.1 Funds available	1.1.1 SATCC to source funds through HSCU	HSCU, SATCC	HSCU, SATCC, All Member States USD 3 million	2000 - 2001
1.2 Situational Assessment carried out				
1.3 Sectoral Orientation Workshop conducted	1.2.1 Prepare Terms of Reference for the Study	SATCC-TU, HSCU		End of April 20 Early May 200
1.4 Coordination and Implementation Machinery established and functional	1.2.2 Search for Potential Consultants to undertake the Study	"	SATCC-TU HSCU, Subsectors	"
1.4.1 Recruitment of Programme Personnel	1.2.3 Evaluation of Tenders			
1.4.2 Training of Trainers	1.2.4 Award contract to a successful bidder (Consultant)	"	"	Study Report
1.5 Community and Work-based programmes carried out	1.2.5 Consultants to undertake the following:	Consultants, SATCC-TU	"	
1.6 Information sharing and Exchange of	1.2.5.1 Design and prepare methodology for data collection and information	"	Consultants, HSCU,	
	1.2.5.2 Collection of data and	"		

1999 SADC-U.S. Forum Progress Report
Economic Working Group

At the first SADC-U.S. Forum in April 1999 in Gaborone, participants discussed the importance of improving the climate for foreign and domestic investment by means such as privatization, good economic governance, and sound macroeconomic policies and regulatory regimes. On balance, the SADC Member States have made good progress in those areas in the 12 months since the last Forum.

Regional Integration. The Forum also stressed the important role of regional integration, and the need for speedy creation of a SADC Free Trade Area and rapid reduction of non-tariff barriers. In January 2000, the SADC Trade Protocol entered into force, with a planned launch date of September 2000 for the Free Trade Area. The U.S. Government has provided considerable technical assistance to the Trade Protocol ratification process, and continues to provide assistance to the Free Trade Area negotiation and implementation process via a team of trade experts. Other U.S. assistance related to SADC Trade Protocol implementation includes the following:

- A series of SADC Free Trade Area "Road Shows" held during the first quarter of this year in 13 major cities in 11 SADC countries. These private sector workshops provided the 700 businessmen who attended them with a clear idea of what Southern African businesses stand to gain from the Free Trade Area.

- A U.S.-funded Senior Trade Policy Advisor at the SADC Secretariat to assist in implementing the SADC Free Trade Area. The recruiting and hiring process is now well underway.

- A two-week exchange visit to the U.S. in June or July 2000 for 16 senior trade officials and private sector representatives from the SADC region, for the purpose of studying the U.S. experience with the North American Free Trade Agreement.

- An ongoing U.S.-funded study of the overall economic impact of the SADC Free Trade Area.

Trade and Investment. The inaugural Forum focussed on the ways and means of improving the climate for trade and investment in SADC. Resulting measures included:

- The U.S. and SADC have begun the process of negotiating a Trade and Investment Framework Agreement (TIFA). The TIFA is a multilateral agreement to encourage investment in Southern Africa by providing a forum in which to discuss issues affecting trade and investment. The U.S. submitted a draft TIFA text in June 1999, and in August 1999 the SADC Council of Ministers authorized the Secretariat to pursue negotiation of a U.S.-SADC TIFA in close consultation with the SADC Troika. The text is now being reviewed by SADC trade ministers.

- Over 35 American businesses operating in the SADC region have agreed to form a U.S.-SADC Business Council. The Council is committed to advocating increased trade and investment with Southern Africa as well as greater regional economic integration in SADC. This new private-sector body is prominently represented at this year's Forum and looks forward to engaging in dialogue with all Forum participants, including the Association of SADC Chambers of Commerce and Industry.

- The Forum recognized that commercial laws and regulations are the essential underpinnings of a healthy investment climate and efficient trade. Under its Commercial Law Development Program, the United States funded a workshop in December 1999 for trade experts from 12 SADC countries on compliance with the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). In the months following the workshop, both Namibia and Botswana passed new legislation on intellectual property rights that is compliant with TRIPS. The program has established linkages between SADC government officials concerned with intellectual property rights issues and U.S. officials who are providing technical assistance. In June, government and private sector officials from throughout SADC will meet in Windhoek to further discuss intellectual property issues at a conference funded by the U.S. Thereafter U.S. advisors will work directly with SADC member governments to improve their intellectual property rights protection regimes.

- USAID's Regional Center for Southern Africa (RCSA) is developing a Regional Investor Roadmap program that will guide not only potential U.S. investors but also SADC policy-makers in identifying the processes, attractions, and constraints related to investment in Southern Africa.

Infrastructure. The 1999 Forum recognized the critical importance of providing an efficient transportation and communication infrastructure as a prerequisite for socio-economic development in the region. In this regard:

- USAID/RCSA continues to provide technical assistance to the SADC Secretariat and the Southern African Transportation and Communications Commission (SATCC) in implementing the SADC Transportation and Communications Protocol.

- USAID/RCSA and the Federal Highway Administration have begun work on a joint feasibility study for the establishment of a Regional Association of National Road Agencies. This initiative includes a pilot Regional Transportation Technology Transfer Center that will build on the experiences of the existing U.S.-funded centers in Tanzania and South Africa, and a planned center in Zimbabwe, for the purpose of improving management of the SADC regional trunk road network.

- The U.S. Open Skies Initiative is designed to increase civil aviation links. Tanzania signed an Open Skies agreement in November 1999, and Namibia followed in March 2000. The United States is also pursuing its Safe Skies program to enhance the safety of civil aviation in Africa. Zimbabwe, Tanzania, Angola and Namibia are on an Africa-wide timetable for the program.

Other Trade Issues. The U.S. agreed last year to assist SADC to better utilize the benefits and opportunities offered by the U.S. Generalized System of Preferences (GSP) and to establish a mechanism for dialogue on this issue. At this year's Forum, the U.S. will discuss GSP during its presentation on the Africa Growth and Opportunity Act, as the two issues are closely linked. On May 3-5, 2000 in Washington, a SADC Secretariat Principal Economist attended a WTO Consultative and Technical Assistance Forum organized by the Assistant U.S. Trade Representative for Africa for select African trade ministers and regional organizations. Regarding the European Union's request, submitted in March 2000, for a WTO waiver allowing non-reciprocal trade preferences for African, Caribbean and Pacific (ACP) countries under the Lome V agreement, the U.S. is reviewing the request, and would be supportive of a WTO-consistent waiver. On agricultural issues, last year's Forum

recognized that biotechnology would be an increasing factor in agricultural trade and crucial to ensuring adequate food production and environmental sustainability into the 21st century.

SOUTHERN AFRICAN DEVELOPMENT COMMUNITY
SADC

The Southern African Development Community (SADC - "sad'ack) was created in 1992 to foster economic prosperity, development, and stability through regional trade liberalization and political and economic integration. SADC evolved from the Southern African Development Coordination Conference, which was founded in 1980 by the then "Frontline States," to coordinate development efforts and reduce their dependence on and vulnerability to the apartheid regime in South Africa. The ten original members of SADC were: **Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Zambia and Zimbabwe.** Four countries subsequently became members: **South Africa** (1994), **Mauritius** (1995), **Democratic Republic of Congo** and **Seychelles** (1997).

The 14 countries of SADC have a combined population of over 200 million and a GDP of close to $300 billion, of which South Africa accounts for roughly 80 percent. The cornerstone of SADC's regional trade integration effort is the 1996 Protocol on Free Trade, which was signed by eleven members. The Protocol has been ratified by nine members and officially entered into force on January 1, 2000. However, actual implementation is scheduled to begin September 2000. Implementation of the Protocol will lead to the elimination of tariffs and creation of a free trade area (FTA) within eight years. Ratification and entry into force have proceeded slowly because the hard decisions on tariff reduction schedules and rules of origin were back-loaded, addressed after the SADC member states made the political decision to sign the Protocol. The United States provided technical assistance to SADC in the tariff reduction phase of talks and will assist SADC's efforts to address the substantial non-tariff barriers to an effective FTA.

SADC Reorganization: SADC is in the process of reorganizing itself to pursue more effectively both regional economic integration and security cooperation. The August 1999 SADC summit in Maputo established a committee composed of Mozambique (current SADC president), South Africa (former president), Namibia (next president) and Zimbabwe (chair of the Organ for Politics, Security and Defense) to set the parameters for a structural review by the SADC Council of Ministers. The review was to be kicked off at the February SADC Ministerial, but has now been postponed and may not occur until the next summit in August, when Namibia is expected to assume the presidency from

Mozambique. The summit also expressed displeasure with the autonomy of the small professional Secretariat based in Gaborone, Botswana and fired the Executive Secretary Kaire Mbuende, effective December 31, 1999. Mbuende's deputy, Prega Ramsamy (a Mauritian), is serving as acting Executive Secretary.

Responsibility for functional economic and social issues, such as trade, agriculture, transportation, finance, health and energy, is currently diffused among member states, which host "sectoral coordination units." These SCUs, staffed by bureaucrats of the hosting country, have uneven capabilities, and are responsible only indirectly to the SADC heads of state who, have an annual summit. The SCUs have no formal relationship to the Secretariat. Acting Executive Secretary Ramsamy, while careful to be responsive to member-state demands for greater Secretariat accountability, is also trying to establish a clearer role for the Secretariat in the regional economic integration area.

On the security side, SADC is even less coherently organized. The Organ for Politics, Security and Defense, established in 1995 to coordinate member states' intraregional preventive diplomatic efforts, has been chaired by President Mugabe of Zimbabwe since its inception. It was as chairman of the Organ that Mugabe convened SADC member-state defense ministers to Harare in August 1998 to sanction the intervention in Congo by Zimbabwe, Namibia and Angola, thus circumventing then-SADC President Mandela, traditionally a rival of Mugabe's. The Inter-State Defense and Security Committee (ISDSC) was created to coordinate military policies and operations, especially peacekeeping, between defense ministers of member states. The Swazis currently hold the rotating chairmanship of the ISDSC. The Mozambicans and Swazis have been trying to better define the roles of the Organ, ISDSC and SADC presidency in security matters. In October 1999, they brokered a tentative agreement which would firmly establish that the Organ for Politics, Security and Defense, heretofore run exclusively by Zimbabwe's President Mugabe, is an integral part of SADC. Though the Zimbabwean Minister of Defense participated in the negotiations, Mugabe has yet to agree to the proposal and the heads of state are unlikely to force the issue. Despite the current hold on reform, the ISDSC has even discussed the possibility of negotiating a SADC defense pact.

U.S.-SADC Relations

U.S. engagement with SADC is premised on the assumption that regional integration will help promote peace and prosperity in southern Africa, the most developed and democratic region on the continent. In order to support the SADC's move toward integration, the Secretary launched an initiative during the 1997 UNGA to develop a relationship with southern Africa as a region. The two key elements of that initiative are the appointment of a Special Representative to SADC and the holding of an annual U.S.-SADC Forum. The inaugural Forum meeting was held in Gaborone in April 1999. It proved to be an excellent vehicle for engaging SADC members on regional security issues, as well as on economic cooperation and trans-national problems such as environmental degradation, HIV/AIDS and small arms and narcotics trafficking.

U.S. investment in SADC is over $3.5 billion and projects underway now will almost double that total within a few years. U.S. trade with SADC is growing and in 1999 was close to $3.3 billion, over 40 percent more than our trade with Russia. One SADC country, Angola, currently provides seven percent of U.S. oil imports. Since Angola possesses one of the most promising new oil fields in the world, its importance as an energy supplier is likely to increase.

U.S.-SADC COOPERATION

The United States and the Southern African Development Community (SADC) are working together to strengthen regional institutions and encourage southern African integration. These endeavors run the gamut from economic and commercial issues to disaster preparedness and environmental issues. Many of these efforts were launched at the 1999 U.S.-SADC Forum; other predate the Secretary Albright's SADC initiatives.

The USG and SADC are institutionalizing commercial ties. In a major first step, SADC members authorized the Secretariat to pursue negotiation of a U.S.-SADC Trade and Investment Framework Agreement (TIFA) -- a multilateral agreement that provides a forum in which to discuss issues affecting trade and investment. The USG shared a draft TIFA text to SADC. We hope to launch negotiations of a U.S.-SADC TIFA at the April 2000 Forum.

There are also efforts to facilitate two-way investment. As agreed at the 1999 Forum, the USG is preparing investor roadmaps to assist U.S. investors interested in southern Africa. USAID continues work on individual country roadmaps and will report common regional issues of concern to investors.

A U.S.-SADC Business Council is being established. The Secretary's Special Representative to SADC hosted an organizational meeting for interested American businesses in the region in October 1999. Subsequently a number of U.S. companies and other firms dealing primarily with U.S. goods and services formed the nucleus of a business council. U.S. and SADC agreed to bring members of this group, and possibly other U.S.-based companies together with the Association of SADC Chambers of Commerce and Industry at the second U.S.-SADC Forum to discuss the private sector's role in enhancing U.S.-SADC trade and investment ties and promoting SADC economic integration.

The Commerce Department's Commercial Law Development Program (CLDP) assists SADC in aspects of commercial law. SADC and the USG have agreed upon CLDP training focussing on intellectual property rights (IPR). A two-day roundtable on the WTO Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPs) compliance was held in December 1999 in Gaborone. A second IPR workshop will be held on June 8-9, 2000.

These efforts will be supplemented by a U.S.-funded trade advisor seconded to the SADC Secretariat. S/he will assist SADC implementation of the Trade Protocol and Free Trade Area (FTA)

Recruitment efforts began in March 2000. A U.S.-funded study examining the potential benefits and drawbacks of a SADC free trade area is also being considered.

In the area of transportation, several initiatives are underway. USAID is providing ongoing technical assistance to the SADC in implementing the transportation and communication protocol. The U.S. Department of Transportation (USDOT) will add a new technology transfer center -- where land transportation technologies are shared -- in Zimbabwe to existing centers in Tanzania and South Africa. Mozambique and Botswana are also interested. SADC is considering creating a SADC regional technology transfer center. USDOT is also undertaking a "Safe Skies" program to enhance the safety of civil aviation in Africa. Within SADC, Zimbabwe, Tanzania, Angola and Namibia are on an Africa-wide timetable for the program.

In the area of agriculture, the U.S. Department of Agriculture (USDA) plans to organize a seminar on biotechnology for SADC members in mid-2000. USDA will also hold a training seminar on U.S. sanitary and phytosanitary requirements in mid-2000.

First mooted at the 1999 U.S.-SADC Forum, an International Law Enforcement Academy intended to enhance law enforcement training capacity and improve law enforcement coordination and cooperation among SADC members will be established in southern Africa. The United States and Botswana, aiming to establish the academy by early 2001, began negotiations in February 2000. In addition, the United States has proposed two weeks of training in mid-2000 on improving legislation to control firearms. A course on inspection and interdiction is also being proposed

The United States is working with SADC to develop institutional capacity in SADC to plan for and respond to natural disasters. In response to a SADC request for start-up funding, the USG has offered SADC $200,000 to hire professional staff for a Disaster Management Unit in the Secretariat. In light of the recent southern African floods, disaster preparedness will be a central topic of the May 2000 U.S.-SADC Forum.

Over the past year, the United States and SADC have been conducting workshops to exchange information on the dangers of certain environmental concerns. e.g. Climate Change, Dryland Tourism Workshop and Natural Resource Information Network

BP- US-SADC Coop

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U.S. Assistance to SADC and its Member States

USAID has been active in providing support to SADC and its Member States in the areas of infrastructure, trade and finance, agricultural research and natural resources management.

For several years, USAID has been assisting the Southern Africa Transport and Communications Commission (SATCC) through three major infrastructure projects: the Regional Telecommunications Restructuring Program (RTRP); the SADC Transport Efficiency Project -- Policy Analysis to SATCC (STEP/PAAS); and the Rolling Stock Information System (RSIS) Project.

Through RTRP and STEP/PAAS, USAID facilitated the process leading to the ratification and on-going implementation of the SADC Protocol (Agreement) on Transport, Communications and Meteorology, which entered into force in July 1998. This Protocol establishes a framework for the creation of regionally integrated and efficient telecommunications and transportation systems.

The RTRP focused on reforming telecommunication sector policies within SADC; developing model legislation for adoption at the national level; strengthening policy-making and regulatory bodies, including the establishment of independent regulators and the creation of the Telecommunications Regulators Association of Southern Africa (TRASA); providing information to U.S. companies on market trends and investment opportunities; and promoting dialogue between Governments and their private sectors on telecommunications policy issues.

STEP/PAAS had five basic goals: facilitating the development of a surface transportation reform agenda; analysis, design and promotion of specific surface transportation policies; establishing a regional transportation database; strengthening the capacity of SATCC to conduct research, formulate policy recommendations, and disseminate information; and establishing regional institutional structures and frameworks for enhanced transport policy coordination and regional integration of transportation systems.

The RSIS project is helping SADC to establish a state-of-the-art integrated computerized system to track the movement of trains, wagons and shipments throughout the region. The project involves the provision of computer hardware and software, installation of dedicated V-Sat communication equipment, and training for users of the system.

USAID is also strengthening the capacity of several industry associations to engage in effective dialogue and advocacy on regional infrastructure issues. Current partners in this effort include the Southern African Railways Association, the Telecommunications Regulators Association of Southern Africa, the Federation of Regional Road Freight Associations, and the Federation of Clearing and Forwarding Associations of Southern Africa.

USAID has recently embarked on a major energy reform program for Southern Africa. This program includes support to SADC in the implementation of the Protocol on Energy to promote policy and legal reforms, as well as support to the Southern African Power Pool to facilitate improved regional electricity trade.

In the area of trade, USAID provided support to the SADC Secretariat in finalizing the SADC Protocol on Trade, which provides the framework for a SADC Free Trade Area. During the past year, USAID has been active in supporting the SADC Secretariat, the SADC Industry and Trade Coordinating Division, and SADC Member States in the negotiations leading to the ratification of the Trade Protocol. Medium-term advisors have worked closely with the Ministries of Trade in Mozambique, Swaziland, Tanzania, Zambia, and, more recently, Malawi, to increase their effectiveness in negotiating a meaningful framework for more liberalized trade. Numerous short-term experts have helped SADC and its Member States more effectively analyze the issues at stake in the negotiations. Consultants are also undertaking a comprehensive SADC Free Trade Area study to assess the impacts and opportunities of trade liberalization in the region. USAID has also facilitated several national and regional workshops to encourage dialogue between Government negotiators and the private sector on issues related to the SADC Free Trade Area.

Currently USAID is in the process of designing a comprehensive Trade and Customs Facilitation project to help SADC identify and implement the policy measures, regulatory reforms and administrative procedures necessary to move to a Free Trade Area. USAID is also recruiting for a Senior Trade Policy Advisor to assist the SADC Secretariat to develop and implement a Free Trade Area.

USAID helped the SADC Finance and Investment Sector Coordinating Unit (FISCU) to develop a framework for a Finance and Investment Protocol. Currently USAID is in discussions with FISCU and its subcommittees regarding assistance in the areas of harmonization of accounting standards, linking regional stock exchanges, and facilitating a regional committee of Development Finance Institutions.

In each of the four countries, USAID support was provided to SADC and its member-states for community-based natural resources management activities through which communities assumed greater control over the resources in those areas under their jurisdiction. This support was initiated as a result of international concern for the fate of the African elephant that was under threat from illegal off-takes. A Congressional Earmark in 1988 resulted in the SADC NRMP, based at the SADC Wildlife Sector Technical Coordinating Unit in Malawi that has been implemented on a pilot basis in Botswana, Namibia, Zambia and Zimbabwe.

The success achieved under these USAID and SADC activities has resulted in a dramatic increase in area of natural resource management areas under the control of communities and used by them for their own economic benefit. New enterprises that exploit natural resources where agriculture is unproductive and unsustainable include thatching grass, mopane worm and other non-timer or wildlife products. New policies for NRM that provide for communities to realize benefits from their resources have been developed in a number of SADC countries. Further, as a result of the SADC NRMP success in disseminating best practices, in the last three years, support has been provided to CBNRM initiatives in Mozambique, Tanzania and South Africa.

Support was provided to SADC through capacity building at the SADC Wildlife Technical Coordinating Unit (WSTCU) in Malawi. As a result, the Unit is now capable of coordinating activities on behalf of SADC as evidenced by the development of the SADC Protocol (Agreement) on Wildlife Management and Law Enforcement. The agreement aims at standardizing approaches to wildlife management across southern Africa as well as developing common standards of Law enforcement relating to wildlife management.

USAID has also supported initiatives aimed at developing the capacity of southern African government and non-governmental institutions to formulate sustainable NRM policies. RCSA has supported the Networking and Capacity Building Initiative for Southern Africa (NETCAB) over the last four years to this end.

Policy makers in southern Africa rarely take stock of the environmental costs and benefits of their actions as they formulate development policy. USAID has been supporting natural resources accounting activities aimed at establishing resource values for factoring into national accounts. The program supported activities in the fisheries sector in Namibia and is now initiating work in the water sector in the Orange river basin that is shared by South Africa, Lesotho, Botswana and Namibia.

RCSA has decided to embark on a new strategy for its NRM activities that is consistent with its regional mandate, i.e., transboundary natural resources management. This strategic shift responds to regional requests for supporting SADC for the management of natural resources that straddle national boundaries. Most of the region's rivers, dams, migratory wildlife and critical ecosystems are shared between two or more SADC countries. Pilot programs have been supported in the water sector with support being provided for the formulation and implementation of the Protocol (agreement) on Shared Watercourse Systems. Support was also provided for building the capacity of southern Africans in the management of water resources.

This initial work has resulted in RCSA reorganizing their support to focus on Transboundary NRM and specifically targeting increasing cooperation among SADC countries in the management of those resources

that are shared among them; i.e., water, wildlife and those ecosystems that are at risk. Under this new strategic focus, RCSA will promote the use of best practices developed over the years, particularly in the area of community involvement. USAID will also support the development and implementation of NRM policies, focusing on assisting SADC develops a regional environmental "charter" or protocol. Other programs will continue and expand to strengthen regional institutions that carry out NRM policy analysis of regional development; and, to develop NRM monitoring systems for informed natural resources management.

In the area of agricultural research, USAID is supporting the development of improved varieties of key staples (sorghum, millet, cassava and sweet potato) through its support to two regional research networks: the Sorghum and Millet Improvement Program (SMIP) and the Southern Africa Root Crops Research Network (SARRNET). Adoption is increasing of these higher yielding, drought tolerant varieties, as they are well adapted to the chronic drought conditions in Southern Africa. In addition, USAID is supporting the development of vaccines and animal health products to control heartwater disease, an economically important tick-borne livestock disease widely prevalent in Southern Africa, through the SADC/University of Florida/USAID Heartwater Research Project. These research networks are coordinated with the SADC Technical Coordinating Unit for Agricultural Research and Training (SACCAR).

In the area of agricultural market development, USAID will shortly begin new activities to expand commercial markets in the region for improved agricultural technologies in SADC. USAID's approach is two-pronged: increase market demand and supply for selected, non-sensitive commodities and products; and, mitigate non-tariff trade barriers that impede regional agricultural trade and investment. USAID seeks to harmonize national laws and regulations with internationally accepted standards in order to bring a new generation of technologies into Southern Africa through regional and international investment. USAID is funding policy networks to develop a sound information base on regional markets, agricultural policies and the effect of tariff and non-tariff trade barriers on agricultural trade. USAID supports the Food, Agriculture and Natural Resource Policy Analysis Network (FANR/PAN), which focuses on issues relating to agricultural trade, particularly seed trade in Southern Africa. The network provides decision-makers with a sound analysis of policy constraints in promoting regional trade in technologies and commodities. In addition, USAID may support the SADC Parliamentary Forum to promote agricultural trade policy reform and several new agro-processing and agribusiness/agroprocessing networks to improve marketing in the region.

SCOPE OF WORK FOR HIV/AIDS POLICY ENVIRONMENT

I. Purpose

The purpose of this Scope of Work (SOW)[1] is to define discrete activities and associated deliverables to be undertaken by the Policy Project on behalf of the US Embassy Botswana and the Southern African Development Community (SADC) Forum using US funds set aside in the context of the collaborative relationship between these two communities. This will enhance the policy environment with respect to HIV/AIDS Prevention and Control through multi-national and multi-sectoral interventions. Though impacts related to specific interventions will be attributable to national level programs, SADC's regional level bodies will give specific assistance in terms of conceptualizing and guiding the response.

II. Background

Response to the HIV/AIDS pandemic has typically been through national programs, with regionality remaining unaddressed. As more is observed and known about HIV, its transmission and effects, we also observe the greatest losses and erosion of gains in development in the SADC region, reducing life expectancy by 20 to 30 years.

The US Government, is committed to partnership with SADC in support of economic and social development in the region, and has joined forces with SADC to improve industry, trade, market forces, education, exchange of values through tourism and governmental exchanges, and response to HIV/AIDS. Through the US SADC partnership, the United States offers technical and financial assistance to improving the policy environment, allowing for a better response to the pandemic.

The need for regional cooperation cannot be understated. Though much is known about the nature and spread of the disease, treatment of opportunistic infections, social and cultural norms and practices contributing to the spread and severity of infection, much is not thoroughly understood, with well-advised and intentioned national and sub-national programs (e.g., NGO, decentralized governmental programs, church and community service organizations) moving in differing, non-supportive, and in the worst cases, divergent directions. How to sustain behavior change remains a stumbling block, especially when applying lessons learned in one context to another. Multi-sectoral approaches are debated, with some countries moving away from this while others move towards this approach.

With these difficulties in mind, the US Government, in consultation with regional representatives and advisors, and SADC peers and counterparts, has identified policy analysis and revision as an area of immediate need.

III. Development of the Scope of Work

The SADC HSCU proposed to the US government a plan for starting work in the policy arena with a plan for analysis.[2]

SADC Health Sector Coordinating Unit (HSCU), Secretariat, and the HIV/AIDS Task Force staff and members, implementing partners and other interested partners were interviewed. USAID/RCSA and USAID/Pretoria gave technical and logistical support to the activity. SADC, National Programme, technical assistance provider and other documents were obtained and reviewed.

The SADC HSCU has already undertaken the first step in policy analysis at the national and regional level through the commissioning of, using UNAIDS funds, a desk audit of national policies of member states. Completeness of the audit is dependent on response from the member states, and was not intended to evaluate policy and program efficacy or the degree to which these policies either adhere to international standards and guidelines nor the degree to which they address unique, national profiles. The Policy Project, through experience in this and other health intervention areas, has reason to believe that progress in implementation is likely to be extremely varied, and of great concern to knowledgeable partners, including programmatic staff. [3] Success - completeness of dissemination and implementation, and impact on the epidemic - is not to be inferred from existence of policies, no matter the soundness.

A SADC HSCU 12 January 2000 meeting at which participants began to develop a SOW for policy analysis along with a priority list of topics and questions[4] contributed to the conceptualization of this consultancy. Key points and direction are incorporated into the proposed SOW for the Policy Project.

DATEX, Inc. was asked by USAID/RCSA to support a two-day meeting in Johannesburg, South Africa of the HIV/AIDS multi-sectoral HIV/AIDS Task Force. The purpose of the meeting was to:

1) finalize the Programme Plan for the years 2000 - 2001 in preparation for submission to the SADC Council of Minister's at their 10 April meeting.

2) review and finalize a Scope of Work (SOW) for the Policy Project, funded by the US State Department, to undertake a SADC Member State-wide policy analysis and priority setting in order to strengthen the SADC Regional response to HIV/AIDS; and

3) develop discussion points/agenda items for the upcoming two-day US SADC Forum, one day of which is dedicated to a plenary session for discussion of HIV/AIDS issues.

The HIV/AIDS Multi-sectoral task force, while drafting the *Strategic and Programme*

Plans for Managing the Impact of HIV/AIDS in the Southern Africa Development community (SADC), 2000 - 2002, specific tasks of policy identification, analysis, revision and development, dissemination, monitoring and measuring of implementation are identified. In some cases, policy activities form part of a larger task. In others, policy stood alone.

How to move from this SADC Regional plan and activities to national level implementation is not addressed, a situation that is encountered at the national program level globally. Matters of policy implementation at the national level programs must be addressed before success can be realized. A standard against which national implementation is measured is required: the selection, development, revision and promulgation of this "gold standard" is one of the responsibilities of the SADC HSCU, and the concept is incorporated into this SOW.

A SADC HSCU/SATCI[5]study, using Belgian funding, was recently commissioned to examine the potential for TB treatment drug bulk procurement in the region. Bulk procurement is one means by which national bodies can use the regional forum to achieve greater efficiency in the procurement process. The results of this study, disseminated through a process-oriented document, defines a series of steps to assist SATCI in determining how best to achieve cost efficiencies though a regional approach, is useful in conceptualizing approaches to address other issues in the policy environment, including planning for, and measurement of, implementation. Lessons learned in the course of this study can be applied to other policy issues, and is a useful supportive and resource document.

IV. Strategic and Operational Issues

For this and future activities, the HSCU has given guidance. Underlying this guidance is the belief that the task itself (i.e., undertaking a policy analysis) can support regional social and economic development. Therefore, as a general strategy, the following shall be applied:

Whenever possible, consultants selected to undertake the work, should be citizens or permanent residents of a member state. Should it be impossible to retain someone from the SADC region, citizenship or permanent residency in an African nation will be required.

Previous resident experience in the SADC region would be preferred. Policy analysis, strategic planning, implementation and the topic of any policies in question must be familiar to the consultant(s).

Official language of the countries, to the level required for work, is required, except in unusual cases.

V. Scope of Work for the Policy Project

All deliverables, described below, will be presented by the Policy Project to the SADC HSCU, through Dr. Thuthula Balfour, Mr. Michael Morrow, US SADC Forum Coordinator, United States Embassy, Botswana, and Mr. Douglas Ball, Project Development Officer, USAID/Gaborone. Details of deliverables, time frames, reporting requirements, contractor qualification requirements follow.

The intent of regional policy review, support, and dissemination of findings and activities is one of constructive dialogue, and is not meant to be a means to single out programs for punitive action. It is understood that HIV/AIDS programs and interventions were (and are) often created in the absence of policy guidelines, given the rapid emergence and transmission of the virus.

Work will be undertaken in a step-by-step process as detailed below:

1. Develop a database of existing national HIV/AIDS policies

SADC has an on-going activity to collect the national HIV/AIDS policies of member countries. This work will be completed by May 2000. The POLICY Project has an existing database that contains information on all national HIV/AIDS policies worldwide. This database can be searched by keyword and/or country to extract all policy statements on certain topics, such as adolescents, testing, condoms, etc. In this first task, the POLICY database will be augmented by any additional policies collected for the SADC countries. A special search category will be created for SADC that will allow easy extraction of policy statements of SADC countries on each topic and will allow comparisons of policies in SADC countries with those of countries outside the region.

In addition to the national HIV/AIDS policies and those of the health sector, other sectors may also have policies related to HIV/AIDS. In this task, these sector policies will be collected by consultants in each country. A list of potential country consultants will be prepared by the POLICY Project and provided to SADC by April 28. SADC will add additional names to the list and circulate it to Permanent Secretaries in Ministries of Health and National Contact Points for review. The POLICY Project will select country consultants from those that receive no objection.

Schedule: This task will be completed within two months.

Deliverable: Updated version of the database in Microsoft Access on CD-ROM, diskettes and accessible via the Internet.

Cost: $24,000

2. **Compare policies of SADC countries to international standards**

International standards, recommendations or best practices exist for many policy topics. The POLICY Project will collect a comprehensive set of these standards. The national policies of SADC countries will be compared with each other and with these international standards. The purpose of this task is to determine areas of similarity and differences among national policies within the region and with international standards. The POLICY Project will work with SADC to define a set of recommended policy statements that can be issued as SADC recommendations.

Schedule: This task will be completed by the end of the fourth month.

Deliverables: (1) A report describing the similarities and differences among the policies of SADC countries and comparing these policies to existing international standards. (2) A draft set of recommended policy statements on key HIV/AIDS issues.

Cost: $10,000

3. **Select priority policy topics for in-depth examination**

Most national HIV/AIDS policies contain statements on a variety of topics. These statements set broad policy guidelines but do not provide the detailed guidance required to actually implement these policies. For example, a national policy might declare that confidential and accurate HIV testing and counseling should be available. However, this broad policy statement does not describe how the policy should be implemented. Operational policies are needed to describe the specifics of implementation. For example, to implement a policy of counseling and testing, operational policies are needed on such issues as training for counselors, certification of testing centers, pricing, approval of specific test kits, guidelines for partner notification, etc. In this task several topics will be selected for in-depth analysis. A list of policy topics contained in national policies will be prepared and distributed to each country. They will be asked to indicate the areas of most interest to them. Based on the results of this survey, SADC will select four topics for further study under this project. Other topics may be designated for additional study with other funding.

Schedule: This task will be completed by the sixth month.

Deliverables: Results of survey.

Cost: $10,000

4. **In-depth analysis of operational policies**

For each of the four topics selected in Task 3, an in-depth analysis of existing policies, guidelines, standards and practices will be compiled. The POLICY Project will use the consultants from step 1 to collect this information and prepare a report. From this information, the POLICY Project will prepare a summary report.

Schedule: This task will be completed by the 10th month.

Deliverables: Country reports for each SADC country and a summary report.

Cost: $92,000

5. **Development of recommended policy guidelines and best practices.**

Once the information from Task 4 is available, a workshop will be held to discuss the findings. Three participants from each country will be invited to a four-day workshop. During the workshop participants will present the situation and their countries. Together, the participants will discuss the most effective approaches and agree on a recommended set of guidelines. Using these recommendations, the POLICY Project will work with SADC to develop policy standards and best practices for the four priority policy topics.

Schedule: This task will be completed within 13 months of the start of the project.

Deliverables: Workshop report. Draft recommended policy standards and best practices.

Cost: $79,000

The estimated **budget for implementing these five tasks under the POLICY Project is $215,000**. This includes payment of local consultants to compile existing policies, regulations, guidelines and practices on the selected policy topics in each of the 14 SADC countries and the cost of a 4-day workshop with three participants from each of the 14 SADC countries.

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[1] This Report was prepared primarily by Suzanne Thomas in cooperation with John Stover of the Policy Project.

[2] Southern African Development Community HIV/AIDS Policy Development Funding proposal (undated

copy)

[3] Personal communication, John Stover, TFGI, The Policy Project. Through the pilot test of a "AIDS Programme Index" API developed in partnership with UNAIDS.

[4] HIV/AIDS Policy Analysis Meeting, 12 January 2000, HSCU Offices, Pretoria. Dr T Balfour, Chair. In attendance: Helen Schneider, Centre for Health Policy; Ms Atim Ogunba, US Embassy/RSA; Dr Hilde Basstanie, and Dr Fazila Varachia, UNAIDS/Pretoria; Mr Kay-Uwe Brugge, Carewell. Refer to the Annex.

[5] SATCI, the Southern African Tuberculosis Control Initiative, is a voluntary committee which was formed prior to the formation of the HSCU. This Task Force, with considerable experience in operational strategy, and issues facing the regional approach to disease prevention and control, has now been made a Task Force under the HSCU. Refer to the Annex.