United Nations Development Programme

A Strategic Response to AIDS in Africa

Context

The HIV epidemic has crossed all geographic boundaries as well as divisions of class, race, religion, and gender. No country has been spared, no population is immune.

Africa is hardest hit. AIDS-related illness and death is resulting in an extraordinary depletion of Africa's human capital. The number of active health practitioners and educators in the most affected countries could be reduced by more than one-third in the coming years. About 15% of agricultural extension workers have died of AIDS in some provinces in heavily affected countries. Poverty in many countries is being intensified by the epidemic.

Functioning health, education and agriculture systems are fundamental to sustain development and reduce poverty, but these and other crucial social and economic sectors are being systematically undermined by the epidemic.

Many of the most striking images of the HIV epidemic are of families, but of unfamiliar families: a grandparent surrounded by grandchildren, child-headed households, sisters and brothers and cousins bonded together, dying adults tended by their children and communities of children without parents. It is estimated that so far 10 million children in Africa have lost their parents to AIDS.

How to cope with the extensive and painful losses of human life - and how to manage the associated social and economic losses - are critical issues now facing much of sub-Saharan Africa.

These challenges can be met, but only if strategic decisions are made to redirect national and international policies and resources to address these compelling and evolving needs. Every country must define its own development agenda and goals. Yet, in an increasingly integrated world, no country can attain these goals in isolation.

Strategic Response

UNDP and the Co-sponsors of UNAIDS, the agency established by UN System partners in 1996 to co-ordinate efforts against the epidemic, are mobilizing political commitment for an intensified response. They created an International Partnership Against AIDS in Africa, which brings together African governments, the UN system, OECD development partners, NGOs and the private sector.

Working within the UNAIDS partnership, UNDP has focused on five key issues that an organization with its mandate and capacity can address.

1. *Understanding the development dimensions* Although HIV/AIDS is having an impact on all walks of life at all levels, most people still think of it as a health issue. Yet the causes and consequences of HIV/AIDS need not just a medical response but a development one that takes social and economic factors into account. For example, gender discrimination is one of the causes of HIV/AIDS. In many communities, a woman cannot refuse her husband intercourse or insist on protection, even though he may be infected. Women need understanding and support from their family and community.

Poverty too is a major cause of HIV/AIDS. People living in poverty are likely to be illiterate, with little access to information or support services. They are more concerned about day-to-day survival than a potential threat down the road. And poverty is a consequence of HIV/AIDS. People lose their jobs and savings, becoming a burden on their families and communities. They need opportunities for work or access to welfare.

UNDP is the only UN system agency with the mandate to look at issues across sectors, and so has sponsored publications and workshops on the epidemic's multi-faceted dimensions. HIV and Development Workshops have so far been held for 1,200 senior officials from African ministries of planning and finance, agriculture, industry, interior, justice, and the social sectors. This has helped underpin multi-sectoral strategies at national and sub-national levels, which are critical to reduce future transmission of HIV.

In addition, in collaboration with UNAIDS Co-sponsors and bilateral agencies, UNDP is helping governments address the impact of HIV/AIDS on specific sectors, such as education. It is working with the Food and Agriculture Organisation and others to support policy research on the impact of HIV/AIDS on rural development systems in Burkina Faso, Côte d'Ivoire, Kenya, Malawi, Tanzania, Uganda, Zambia and Zimbabwe.

2. *Helping governments manage* Although some African governments have been able to effectively plan and manage their responses to HIV/AIDS - Uganda is a notable example - many have simply been overwhelmed by the scale of the problem. UNDP is strengthening institutional capacity within government at both national and local levels to plan for and manage effective responses to the epidemic in countries like Botswana, Malawi, Swaziland, Kenya, and Namibia.

This includes assisting governments to create an enabling environment by changing laws and systems to decentralize responsibility and resources to the community level - so that the epidemic can be addressed by the people who have to live with it. It also means adjusting social and economic policy, including by strengthening social safety nets for the most vulnerable groups, such as children without parents.

3. *Linking communities to national action* Communities are both a source of strength and the Achilles heel of the fight against AIDS. It is here that resources and reserves of strengths emerge to support individuals and households. And it is here that traditional practices disempower women and force people living with HIV to hide their condition for fear of discrimination. Understanding diverse realities and helping each community mobilize against AIDS is key to arresting the spread of the epidemic.

In an innovative programme spear-headed by UNDP, xx mayors from xx countries have formed the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa. The mayors work with community leaders and non-governmental organizations to identify areas where support is needed. They then feed these local realities into their country's overall responses. Equally importantly, the fact that elected officials speak openly about the problem and ways to deal with it encourages others to do so.

There are other examples of ways to link the local to the national level. The new UNDP-supported one million dollar campaign in Rwanda will help the Government strengthen or create community organizations, establish or nurture testing and counselling centres, and deal with HIV in the armed forces.

UNDP also links countries across the globe. Its unique country office network helps to quickly disseminate development experience. Through this network, the word has spread about the African Alliance far afield. Projects have now been developed in Central America using the same approach.

4. *Dealing with human rights* From the early days of the crisis, the human rights dimensions were clear. In many cases, employers tested employees for the virus, and then fired them without even telling them they were positive. UNDP makes use of its relations of trust and mutual respect to encourage both governments and people to speak up on this difficult subject. It has sponsored networks on HIV and human rights as well as networks of people living with HIV and AIDS. The networks enable people to join together and to find strength in numbers. People living with the problem find support, courage and resources. UNDP has also addressed the issues of HIV/AIDS in its own workplace, holding briefings for staff and offering counselling.

5. *Co-ordinating and Fund-Raising* In all the activities described above, UNDP helps national and international partners co-ordinate their efforts. The heads of UNDP country offices - its Resident Representatives - are also Resident Co-ordinators of the UN system. For example in Malawi, UNDP facilitated a process that brought together government and civil society partners to design a strategic plan against HIV/AIDS. UNAIDS, the UN System and bilateral development agencies were closely involved. The plan was presented in early 2000 at a donor roundtable, which raised $109 million out of the $121 million required.

UNDP is bringing other partnerships into play. Some of the funds raised through NetAid the development website co-pioneered with Cisco Systems, have gone to community organizations working on HIV/AIDS projects in Southern Africa. And a global advocacy campaign is underway to raise awareness and increase resources for HIV/AIDS in Africa.

In the fight against AIDS, UNDP: Cuts across sectors...Develops capacity...Links local to global ...Deals with difficult issues...Brings partners together

http://www.undp.org/hiv

General

- UNDP works on the development causes and consequences of the HIV epidemic.
  - Improving policy and development strategies at the national, local, and sector (transport, eduction, agriculture, etc.) levels by assisting in capacity development and supporting studies in predicting and measuring social and economic impact.
  - Raising awareness and increasing understanding of the development issues to enable institutions, organizations and communities to create their own responses.
  - Stimulating and supporting responses that reduce stigma, discrimination and promote human rights
  - Integrating analysis of the HIV epidemic into poverty reduction strategies
  - Brokering partnerships between governments, civil society, private sector, external agencies, donors
  - Advocating for increased development funding; for actions to break the silence and denial that hinders creation of effective policy; for involvement of all sectors of society in the response, in particular people living with or affected by HIV/AIDS; for adoption of humane and informed policies and approaches for effective responses to HIV/AIDS.

- UNDP measures current achievements and results of its programmes, but importantly also tracks progress being made toward goals as the complex issues involve sustained efforts.

Africa

- A working group on HIV/AIDS in Africa has been set up (and met on 27 March) to develop a major global public awareness campaign and to generate partnership-interest and financial resources to support programmes administered by UN agencies within the framework of UNAIDS. COA is facilitating this initiative, working in close collaboration with UNAIDS and many other partners. Financial support for this initiative has been provided by the MAC Fund. Working group members include UNDP Goodwill Ambassadors, representatives from the media, the private sector, the research community, artists and activists.

- The first Resource Mobilization Round Table Conference on HIV/AIDS for Malawi, organized by the Malawi Government in collaboration with UNDP has generated US$110 million. The Conference was well attended by bilateral and multilateral partners, UNAIDS and Co-sponsors, national and international NGOs.

Asia Regional Programme

The five components of the regional programme have identified and included in their work plans:
♦ **Economic tools and approaches** covers (a) work on development of an HIV Impact Analysis Tool similar to environmental impact analysis and (b) building partnerships between HIV-NGOs and Microfinance Institutions to reach the millions of poor people (especially women) who participate in microfinance ♦ **Awareness Raising, Advocacy and Media** covers activities such as special materials on flights of Mongolian Airlines for World AIDS Day, a Facilitated Work Placement Programme for NGOs in Northeast Asia to learn and exchange with NGOs in The Philippines, a partnership with The Asia-Pacific Network of HIV Positive People (APN+) to support positive people's ability to speak out through production of a speaker's manual ♦ **Legal, Ethical and Human Rights** includes work in (a) mapping of Policies, Ethics, Laws and Judicial Pronouncements with a view to facilitate structuring of comprehensive human rights based HIV/AIDS and Gender Policy and Law in the context of South Asia and (b) support for development and approval of HIV/AIDS related law and human rights in the Pacific ♦ **Mobility, Migration and Trafficking** includes (a) development of an evaluation tool to measure the economic impact of HIV/AIDS amongst mobile populations in the Pacific; (b) to reduce harm

and vulnerability among women and children that are trafficked for sex work in South Asia; (c) to map HIV vulnerability along major transport routes in Southeast Asia.
Plans are advancing for collaboration with UNDP regional programmes in governance and gender to support activities that (a) encourage sound governance, political leadership, and community empowerment in response to the HIV epidemic, especially at the municipal and local government level and (b) deliver development oriented messages to poor communities

Partners

During 1999 and early 2000 the various components of the programme have developed ongoing partnerships in areas of focus with the following institutions and organizations:
Economics:
♦ University of the South Pacific ♦ Mahidol University, Thailand ♦ Universiti Sains Malaysia ♦ The International Institute for Population Sciences, Deonar, Mumbai, India ♦ Positive Life, India ♦ South Asian Network of Microfinance Institutions ♦ UNAIDS ♦ USAID ♦ UNDP regional project on Microfinance and Sustainable Livelihoods ♦ AIDS Action and Research Group, Penang, Malaysia
Awareness Raising, Advocacy and Media:
♦ Rotary Club of Dhaka ♦ Asia Pacific Council of AIDS Service Organizations (APCASO) ♦ Asia Pacific Network of HIV Positive People (APN+) ♦ Mongolian Airlines ♦ Fondation du present, Geneva
Legal, Ethical and Human Rights:
♦ Lawyer's Collective, Mumbai ♦ The Institute of Law and Ethics in Medicine, National Law School of India University, Bangalore (India) ♦ Institute of Justice & Legal Studies (IJAL), University of the South Pacific
Mobility, Migration and Trafficking:
♦ Care-Bangladesh ♦ Society for Human Development and Social Action (SHDSA), Calcutta ♦ ASEAN Taskforce on AIDS, ♦ WHO/SEARO, ♦ Family Health International ♦ GTZ ♦ CARAM ♦ Tenaganita ♦ ESCAP ♦ Electricite du Lao

UNITED NATIONS DEVELOPMENT PROGRAMME

HIV & Development Programme

Activities in the Latin America and Caribbean Region

1994 –1999

Activity	Main Partners	Date	Results	Output/Impact
1. Support for Regional/National Networks on Ethics, Law, Human Rights & HIV-AIDS				
1.1 Planning meeting to identify the process for establishing a regional network on ethicks, Law, Human Rigths and HIV-AIDS, held in New York	Regional NGO LACASSO Colectivo Sol Mexico; Fundacion Nimehuatzin/ Nicaragua; ACSSI/Venezuela PAHO	March 1994	5 national networks established	- Guidelines to elaborate law on Human Rights and HIV/AIDS - National Law on Human Rights and HIV-AIDS approved in Nicaragua.
2. Support for community-focussed intersectoral Programme development				
2.1 Technical support provided to Honduras to design a strategy for the inclusion of community-level HIV-AIDS prevention and care activities in the context of decentralization strategies based on a partnership between selected municipalities and civil society.	UNDP RBLAC UNAIDS Local municipalities, NGOs PLWHA International Alliance on HIV and AIDS	March 1998 November 1999	AMICAALL Project Document for municipality-based, multisectoral responses to HIV	Sustainable multisectoral strategies plus national coverage
3. Capacity Building for Intersectoral Collaboration via HIV and Development Workshop				
3.1 Orientation workshop on HIV and development for facilitators and resource persons for Central America and the Caribbean sub-region	UNDP UNAIDS CARICOM National governments NGOs Regional organizations	February 1999 December 1999	A team of capable and committed individuals have been identified and resourced as facilitators of the HIV and Development Workshop.	Facilitators identified to carry out workshops on HIV and development
3.2 Workshop on HIV and development	UNDP UNAIDS CARICOM National governments NGOs Regional organizations	July 1994 November 1997 June 1998 March 1999	4 workshops on HIV and development carried out in Latin America and the Caribbean region	- Policy makers, community leaders and people living with HIV and AIDS are able to understand the social and economic implications of the HIV epidemic and use multi-sectoral programming tools appropriately.

Activity	Main Partners	Date	Results	Output/Impact
				- Strategic National Plan on HIV will be revised accordingly.
4. Support for Organizations for PLWHA and Their Organizations				
4.1 Assistance provided to organize a national organization for PLWHA	UNDP PLWHA in Brazil, Colombiam, Honduras, Mexico, etc. UNAIDS	June 1995 September 1995 October 1995 October 1996 September 1997	National organization of PLWHA established in 4 countries	PLWHA and their organizations participating in programmes regarding access to treatment, but also in the decision-making bodies to respond to the HIV epidemic
4.2 Assistance provided to a Colombia NGO to issue a magazine for PLWHA.	UNDP UNAIDS Leaders in Action, Colombia	June 1999	Magazine issued and distributed in Colombia and the Central American region	- The magazine is open space for PLWHA in the region. - It is helping to reconceptualize the epidemic as a developmental issue
5. Women and HIV				
5.1 Assistance provided to organize regional network for women living with HIV and AIDS	UNDP UNAIDS Regional NGOs	February 1998	Regional network established in 1999	- Raising government awareness that HIV affects many populations groups, including women. - More women living a better quality of life.

Testimony of
C. Payne Lucas
Member, U.S. Committee for UNDP
and
President, Africare

Before the
House Appropriations Committee
Subcommittee on Foreign Operations, Export
Financing and Related Programs

Thursday
March 30, 2000

Mr. Chairman, Members of the Subcommittee on Foreign Operations, colleagues and friends. My name is C. Payne Lucas and I am President of Africare as well as a founding member of the U.S. Committee for UNDP – the United Nations Development Programme. One year ago I was given the opportunity to appear before your Subcommittee and to make the case for continued American support for UNDP. I thank you for once again giving me the chance to meet with you and I would like to take this occasion to tell you about how far UNDP has come in the last year and why I believe the organization continues to merit strong U.S. support.

In July of last year, Mr. Mark Malloch Brown was appointed Administrator of UNDP succeeding a distinguished American, James Gustave Speth. I believe that under Mark's leadership UNDP is in the process of being re-energized and transformed into an effective, efficient and results-oriented agency and that this is something in which all of us can be proud.

Let me highlight for a moment some of the positive trends which are occurring over at UNDP since Mark assumed the helm. *First*, **UNDP remains well on its way in carrying out promised reforms**. For example, the organization has committed itself to a reduction by 25% of its Headquarters staff over the next three years and this continues, indeed accelerates, the staff reduction program I spoke about last year. This will ultimately mean less bureaucracy in New York while shifting more people to the ground

which, after all, is where the action is. *Second*, **UNDP has strengthened its leadership role at the country level and this has resulted in much improved coordination of the work of other UN agencies as well as bilateral agencies in key development areas such as democracy-building and governance.** For example, in 1999 the UNDP Resident Representative in Jakarta led a drive to mobilize substantial resources from the international community to support the holding of national elections in Indonesia, bringing strategically-vital Indonesia for the first time into the world community of democratic nations. Coordination of this kind enables all donors, including the United States, to get greater bang for the buck and to eliminate duplication of effort.

Third, **UNDP has embarked on an effort to provide cutting-edge advisory services in certain critical areas.** It promotes democratization, improved public sector management for greater accountability and transparency and helps to spread the benefits of information technology more widely and equitably. The organization remains committed to policy and institutional reform in support of improved governance – all critical areas if foreign assistance is to be effective in the fight to reduce poverty. This is a goal now embraced by other organizations including the multilateral development banks, non-governmental organizations and bilateral donors. UNDP must work more closely with all of these players if the goal is to be achieved. In this regard, I should mention that UNDP has formally partnered with U.S. organizations such as the American Bar Association and the National Democratic Institute.

Fourth, **UNDP has entered into strategic partnerships with the private sector. This has been done at the global level through the successful collaboration between UNDP and Cisco Systems in launching the world's large website, NETAID, which is already linking communities around the world, rich and poor, in the struggle against poverty.** Other examples of this development include the partnership between UNDP and Chevron where Chevron has contributed to a UNDP-managed business center in Kazakhstan to help citizens of that country establish small and medium-scale enterprises.

So these are some of the things that have been happening at UNDP over the last six months and they very much build upon the process of transformation of UNDP which I described in my last appearance before this Subcommittee. The trends I outlined last year have been reinforced, indeed accelerated, under UNDP's new Administrator. They are also in line with American values and once again demonstrate that support to UNDP is in America's best interest with the costs to U.S. citizens amounting to no more than 35-cents per year per person.

Let me now turn for a moment to a subject which has been on all of our minds of late and that is Sub-Saharan Africa. As we all know there is both good news and bad news coming out of Africa. The good news is that many of the black African countries are experiencing record rates of economic growth and provide an extraordinarily high

rate of return on foreign direct investment. In addition, democracy is beginning to take hold in Africa as witnessed by last year's peaceful transition in Nigeria from a military dictatorship to a freely-elected government. We have also witneesed the recent developments in Senegal where one duly-elected government has been replaced by another duly-elected government. On the negative side, of course, Africa remains a continent embroiled in conflict or just emerging from conflict. And then there is the scourge of HIV/AIDS.

UNDP has been heavily involved in Sub-Saharan Africa for almost 40 years. It has a physical presence in every African country. Unique among international agencies, it has also extensively promoted African economic cooperation and integration. In short UNDP knows Africa. In fact, some 75% of UNDP's core resources are targeted to Africa. Last year, I introduced into the record a note on UNDP's work to support and promote good governance in Sub-Saharan Africa. This year, I must talk to you about UNDP and the HIV/AIDS pandemic.

We all know the statistics and the human impact – HIV/AIDS in Sub-Saharan Africa amounts to almost 24 out of 36 million of individuals affected worldwide and almost 70% of all HIV/AIDs cases. The recent UN Security Council Special Session on AIDS and Africa clearly highlighted the way in which HIV/AIDS has become not simply a health risk but a security risk with more people being killed from the disease in Sub-Saharan Africa every year than in the world's wars. Of course HIV/AIDS is also a

fundamental threat to development. As the UNDP Administrator told the Security Council - "HIV/AIDS has a qualitatively different impact than a traditional health killer such as malaria, since it rips across social structures, targeting a continent's young people, particularly its girls, and by cutting deep into all sectors of society it undermines vital economic growth – perhaps reducing future national GDP in that region by a one-third over the next twenty years."

HIV/AIDS has received considerable attention recently, especially here in Congress. I applaud this development. UNDP is very much on the frontline in the war against HIV/AIDS. As you know Mr. Chairman UNDP is physically present in every African country struggling with the disease. UNDP is a trusted and valued partner in all those countries and is uniquely equipped to bring all of the players at the table – governments, NGOs, donors, local communities, church groups and the private sector – to support national capacity-building for a sustained attack on all dimensions of the problem.

Time does not permit me to go into detail about UNDP's work on HIV/AIDS in Africa. Let me mention just a few examples, however. First, UNDP's Administrator currently chairs the UNAIDS inter-agency group and has made HIV/AIDS one of the hallmarks of the new UNDP. Second, UNDP is assisting countries including governments and non-governmental organizations to prepare national poverty reduction strategies called for under the Joint World Bank/IMF Poverty Reduction and Growth

Facility and these will have to take into account the economic and human impact of HIV/AIDS. Third, UNDP has sponsored the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa which has become a unique vehicle for sharing information throughout the continent on how best to deal with the pandemic.

Mr. Chairman, I believe you will agree with me that the UNDP which I have described above is very much a UNDP which the United States can support. It is for this reason that I would strongly urge this Subcommittee to recommend full funding for UNDP at the level of $90 million requested by the Administration.

I would like to point out that as recently as two years ago, UNDP received $100 million from the United States. Considering the challenges in Africa and other regions, the threat of HIV/AIDS and the positive and extensive reforms taking place at UNDP, a higher level does not seem unreasonable.

In conclusion, Mr. Chairman, supporting UNDP at the requested level or even at a higher level is not only the right thing to do it is the smart thing to do. UNDP is at the forefront of global efforts to reduce poverty through improving governance and is on the firing line in the struggle against the scourge of HIV/AIDS. It is reforming itself in ways which minimize bureaucracy and ensure that development funds are spent on programs and not staff. It has an energetic and dedicated new Administrator in the

person of Mark Malloch Brown. It deserves nothing less than the maximum support of Congress.

Statement by

Mark Malloch Brown
Administrator
United Nations Development Programme
and Chairman of the Committee of Co-sponsoring Organizations of UNAIDS

Security Council
New York, 10 January 2000

Mr. Vice-President, Mr. Secretary-General, Jim Wolfensohn, Ambassadors, Ladies and Gentlemen,

Mr. Vice-President, on behalf of all of us in the UN community, thank you for being here in this room, on this issue at this time.

You have heard the statistics and also what can be said, in words, of the human impact: HIV/AIDS in sub-Saharan Africa amounts to 23.3 million of the 36 million affected individuals worldwide, 69 per cent of the total number of HIV/AIDS cases.

At a time when the industrialized world has relaxed in the face of a declining incidence of new HIV infections, Africa is under siege: many times more people are being killed from the disease in sub-Saharan Africa each year than in the world's wars. This is a new security frontline and I congratulate Richard Holbrooke for the vision to go beyond old definitions to bring to this table a discussion of the world's most dangerous insurgency.

HIV/AIDS has a qualitatively different impact than a traditional health killer such as malaria. It rips across social structures, targeting a young continent's young people, particularly its girls; by cutting deep into all sectors of society it undermines vital economic growth – perhaps reducing future national GDP size in the region by a third over the next twenty years. And by putting huge additional demand on already weak, hard to access, public services it is setting up the terms of a desperate conflict over inadequate resources.

Today this is Africa's drama. Unmet it becomes the world's. So there is real resonance that at this first Security Council meeting of the new millenium it is health – not war and peace – that brings us here. But it does so because of the proposition that, in this new globalised century, one will beget the other. And that in the final years of the last, we have woefully neglected the new causes of conflict.

View this as a three-front war: the classrooms and clinics of Africa, the families of Africa; and, third, international action – the critical support needed to back Africa's frontline.

An extraordinary depletion of the region's human capital is underway. There are estimates that the number of active doctors and teachers in the most affected countries could be reduced by up to a third in the coming years.

Yet schools and clinics are not only at the heart of any defensive strategy for dealing with the consequences of the epidemic, they spearhead the offensive for cultural and behavioral change. We see the possibilities. In Uganda, there is now a real prospect of an almost AIDS-free generation of high school age children. Countries are strung out along a continuum from effective action at one end to at least acknowledgement and awareness at the other. Yet even with better national awareness, in too many places individual ostracism, and hence denial, still prevail confounding good tracking and management of the disease.

Behavior change requires uncompromising, often painfully embarrassing, honesty. For there is too often a lethal cultural double standard when it comes to AIDS of: too much unsafe sex; and too little willingness to talk about it or face its consequences. Change must begin by confronting the region's troubled inheritance: extensive migrant labor, social norms and gender inequality making it hard for women and girls to deny men sex - leading to HIV incidence rates among girls three or four times higher than boys.

Let me propose to this council a set of actions:

- First, support Africa's frontline efforts to combat the disease. We can see that where promoting awareness leads to honest discussion leads to behavior change, that the momentum can be broken. But there is no

substitute for the region's own opinion makers, from statehouse to community media to town and village, leading that campaign.

- Second, promote inter-country co-operation so that Uganda's best practice is effectively transferred to countries doing less well. And best practice means a strong national plan and full community mobilisation.
- Third resources. The US, with 40,000 new cases annually, spends approximately $10 billion annually from all sources for prevention, care, treatment and research, whereas approximately $165 million is spent on HIV/AIDS related activities in Africa where there are 4 million new cases a year. We must mobilize more.
- Fourth, a coordinated response. I currently chair the committee of UNAIDS co-sponsoring organizations – UNICEF, UNDP, UNFPA, UNESCO, WHO, the World Bank and UNDCP. Together we and the bilaterals, the private sector and NGOs must do more at the country and global levels. We applaud the formation of the International Partnership Against HIV/AIDS in Africa which is a foot in the door to private-sector supported affordable care.
- Fifth, UNICEF, WHO and the World Bank together with UNAIDS and a number of innovative foundations have begun to innovate new public-private partnerships that by guaranteeing a market for affordable vaccines will incentivise drug company research and development. The African market for international pharmaceuticals now accounts for less than 1.5 per cent of the industry. This "pull" must be combined with the "push" to increase basic public health research spending.
- Sixth, we cannot lapse into a global two-tier treatment regime: drugs for the rich; no hope for the poor. While the emphasis must be on prevention, we cannot ignore treatment – despite its costs. We must work with the co-operation of the pharmaceutical industry to bring down treatment costs.
- Seventh and finally, we cannot break this epidemic in isolation from the broader development context. Weak government, poor services and economic failure translate directly into failed vaccine and contaminated blood supply chains. More broadly it means the failure of schools, families, workplaces and economies to be able to meet the challenge. In this region where official development finance is drying up, I find myself fighting to reverse UNDP's own projection that our programme resources for Africa next year will be only a third of what they were five years ago. Amidst the good news of more help for HIV/AIDS, progress on debt relief, and some improvement in private sector flows, the overwhelming

fact is the region's basic development needs are not being met. There is a money gap and a governance and capacity gap. Neither the finance nor the institutions and policies are adequately in place.

Members of the Council, at this first Security Council session of the century you have brought Development into your chamber. You have elevated it from long-term economic and social issue to current danger, a vulnerability to be addressed as a matter of political priority. HIV/AIDS is a particularly cruel manifestation of the wider Development challenge. It vividly demonstrates the broader point: no other challenge can perhaps so shape the overall direction of this new century – either towards a globalisation for all; or back to a century of walls and fences.

Thank you.

Global Health Council
Global AIDS Program
1701 K ST. NW
Suite 600
Washington, DC 20006 USA

tel: 202-833-5900
fax: 202-833-0075
e-mail: AIDS@globalhealth.org

Global Health Council
Global AIDS Program

Fax

To: Sandy Thurman, Director, ONAP

From: Kim Green

Fax: **Pages:** 2

Phone: **Date:** January 4, 2000

Re: African Mayors **CC:**

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

Sandy:

Mina Mauerstein Bail is the Director of HIV/AIDS activites at UNDP and is the UNDP liaison to UNAIDS; Tel: 212-906-6349, Fax: 212-906-6350, Email: <mina.mauerstein-bail@undp.org>.

See below the list of African civic leaders who are part of UNDP's 'Alliance of African Mayors and Municipal Leaders' :

- Fisho Mwale, Former Mayor of Lusaka, Zambia
- Fikile Mthembu, Lady Mayor, Manzini, Swaziland
- Dr. Emmanuel Ibo Bainguie, General Secretary, Alliance; Director, Quality of Life, Abidjan, Cote d'Ivoire
- Major Rubaramira Ruranga, National Coordinator, National Guidance and Empowerment Network of People Living with HIV/AIDS, Uganda
- Charles Keenja, Chairman of the City Commission, Dar es Salaam, Tanzania
- Peter Anthony Mavunde, Lord Mayor, Dodoma, Tanzania

United Nations Development Programme

Date: 28 January, 00

FAX

Number of pages including cover sheet: 2

TO:	Sandra Thurman Director Office of National AIDS Policy
Subject:	Alliance of Mayors
Fax:	202-456-2438
Cc.:	

FROM:	Mina Mauerstein-Bail Manager HIV and Development Programme, UNDP, New York
Telephone:	1 (212) 906 6943
Fax:	1 (212) 906 6336

REMARKS: Urgent ☐ For Your Review ☐ Reply ASAP ☐ Please Comment ☐

Dear Ms. Thurman, Sandy,

Further to our conversation this morning, I wish to inform you that Mr. Mobio, the mayor of Abidjan, and current coordinator of the Alliance is suggesting that the 2nd Symposium of the Alliance of Mayors be held in Windhoek, Namibia, on May 17, 2000 during the Africities 2000 – May 15-19. (Proposed programme attached). This symposium will be an opportunity to take stock of the activities of the Alliance over the past two years, and to propose a workplan for the next two years.

I hope you will find this information useful and look forward to a continued collaboration in responding to this enormous challenge to human development.

Best regards,

Mina

HIV & Development Programme • UNDP, 304 East 45th Street (FF-986) • New York, New York 10017 USA •
Tel: (212) 906-6978 • Fax: (212) 906-6336

SECOND SYMPOSIUM OF THE ALLIANCE OF MAYORS AND MUNICIPAL LEADERS ON HIV/AIDS IN AFRICA

17 May 2000

Draft Programme

8:30 – 9:15	**Opening Session**
9:20 – 10:45	**Presentations:**
	1. The HIV/AIDS Epidemic in Sub-Saharan Africa
	2. Socio-Economic Impact on Urban Development
	3. Strategies and Responses to the Epidemic
10:45 – 11:10	**Coffee Break**
11:15 – 13:00	**General Assembly of the Alliance**
	1. Report on Activities
	2. AMICAALL
	3. Review of Statutes
	4. Workplan 2000-2001
13:00 – 14:30	**Lunch Break**
14:30 – 16:00	**Synthesis and Discussions**
16:00 – 16:30	**Coffee Break**
16:30 – 17:30	**Elections and Closing Session**

United Nations
Development Programme

World Development

Mina Mauerstein-Bail
Manager
HIV & Development Programme
Health & Development Programme
Bureau for Development Policy (BDP)

Dear Sandy,

Attached, please find addresses
and numbers for UNDP Country Resident
Representatives, and HIV Focal Points, along
with some other persons you may
wish to contact.
Also attached, for plane reading, are a number
of issue papers on:

1. HIV and Rural Development
2. HIV and Education Sector
3. HIV and Poverty
4. HIV and Sustainable Human Development
5. HIV and Child Headed Households

Warmest regards.

United Nations Development Programme
304 East 45th Street, New York, N.Y. 10017 ★ Tel: (212) 906-6349 ★ Fax: (212) 906-6336

VISIT TO KENYA, TANZANIA, UGANDA AND RWANDA

JANUARY 2000

CONTACT LIST

Prepared by HIV and Development Programme
United Nations Development Programme

UGANDA

UNDP Country Office

UN House
15B Clement Hill Road
Kampala, Republic of Uganda

Mr. Daouda Toure,	**UNDP Resident Representative**
Phone::	256-41-245-290
Fax:	(256-41) 344-801
Mr. Sam Ibanda	**HIV and Development Focal Point/Assistant Resident Representative**
Phone::	256-41-233-440/1/2
Fax:	(256-41) 344-801

⟹ **Other Contacts**
Lady Justice Bossa – fax: 256 41 25 17 17

Lady Justice Bossa has been involved with the Network on Human Rights, Ethics, Law and HIV in Uganda.

KENYA

UNDP Country Office
Block Q
United Nations Office at Nairobi
United Nations Avenue
Gigiri, Nairobi, Kenya

Mr. Frederick Lyons	**UNDP Resident Representative**
Phone:	(254-2) 624465
Fax:	(254-2) 624489/90

Elly Oduol	**HIV and Development Focal Point**
Phone:	254-2 331 897
Fax:	254-2 211 336

⟹ **Other contacts:**

Michael Angaga – African Network of People Living with HIV/AIDS (NAP+)
Tel: 254-222-8776/233-0459
Fax: 254-221-1136

Alan Ragi – Kenya NGO Consortium on AIDS

Margaret Mwangola – Kenya Water for Health Organisation
(not extensively involved in HIV, but has interesting experience in reaching out to communities for the provision of water and sanitation of services over the last 15 years (over 2 million people)

⌘ Will ask the UNDP Focal Point, Mr. Oduol, to contact these persons and have the contact information available for you.

TANZANIA

UNDP Country Office
Matasalamat Mansion (2nd Floor)
Zanaki Street
Dar-es-Salaam, United Republic of
Tanzania

Ms. Sally A. Fegan-Wyles **UNDP Resident Representative**
Phone: (255-51) 113270
Fax: (255-51) 113272 or (255-51) 118073

Dr. Elly Ndyetabura **HIV and Development National Programme Specialist**
Phone: 255-51- 112-799/118-072
Fax: 255-51- 113-272

⟹ **Other contacts**

Charles Keenja, Chairman of the City Commission of Dar es Salaam
Tel 255 051 123346
Fax: 125589
Email: Sd.project@twiga.com

Peter Mavunde, Lord Mayor of Dodoma, Tanzania
Tel: 255 061 324817
Fax: 324444
Cell: 0811-410107

Both these mayors have been highly involved with the Alliance of Mayors on HIV/AIDS in Africa. They gave a presentation on the panel in Washington on November , 1999. They are currently mobilizing efforts to start the AMICALL strategy in Tanzania (see attached document).

RWANDA

UNDP Country Office
Avenue de l'Armée 12
B.P. 445
Kigali, Rwanda

Bacar Abouroihamane	**UNDP Resident Representative**
Phone:	250) 73519
Fax:	(250) 76263
Faustin Gatete	**HIV and Development Focal Point**
Phone:	250 75138/76906
Fax:	250 78499

⟹ Other contacts

The UNICEF Representative is the current Chair of the United Nations Theme Group on HIV/AIDS. His name is Anders Aostman. He can provide a good brief on the HIV/AIDS epidemic in Rwanda and the associated challenges.

UNICEF
Boulevard de la Révolution
Immeuble SORAS
Kigali, Rwanda
Telephone • 250 732.09/730.33/730.06/
Fax 250 730.24

THE ALLIANCE OF MAYORS AND MUNICIPAL LEADERS ON HIV/AIDS IN AFRICA

in partnership with the

United Nations Development Programme

Presents

AMICAALL

THE AFRICAN MAYORS' INITIATIVE FOR COMMUNITY ACTION ON AIDS AT THE LOCAL LEVEL

...The Epidemic...Response to Date...The Alliance...Strategy...Action...

November 1999

The Epidemic

African countries often face greater development challenges than other developing countries. Income per capita has been declining in many, and ethnic strife is devastating parts of the continent. Within this environment, the HIV/AIDS epidemic is spreading at an alarming rate, with an estimated 22.5 million men, women and children now living with HIV/AIDS. Social and economic factors are critical in both the spread and the impact of the epidemic, including gender inequality, poverty, migration, and civil unrest.

The impact is enormous: all the health and development gains of the recent decades are in jeopardy. HIV has affected primarily men and women in their most economically and socially active years, a time when they are also responsible for the financial support and care of others. Evidence already exists to demonstrate the negative economic impact upon farming systems; private businesses; formal and informal sector enterprises; public services such as health, education, and public administration; other services such as water and communications; and security, both police and military.

More than one and a half million African children were estimated to be infected with HIV by the end of 1998.

Children are affected by the epidemic in different ways. More than one and a half million African children were estimated to be infected with HIV by the end of 1998. Close to 10 million children are thought to have lost their mothers to the epidemic in the region, including 1.7 million in Uganda alone, leading to the phenomenon of child-headed households. In Zimbabwe, in mid-1996 it was estimated that 8% of children under age of 15 had lost their mothers to HIV/AIDS. The coping mechanisms of communities affected by the epidemic are stretched to their limits as people shoulder the responsibility of caring for those who are infected and their survivors, including orphans.

Response to Date

Responses in developing countries to the HIV/AIDS epidemic have often involved top-down approaches, driven by the political need to produce quick results. Many initiatives have assumed that people simply need to be told "the truth" about the HIV epidemic; that simply telling stakeholder groups to collaborate will ensure that it happens; and that technology-focused interventions in the absence of an enabling political and social environment will have a sustained impact.

It is now widely acknowledged that such programs have neither slowed down transmission rates nor generated effective responses to the challenges the epidemic presents to human development. Indeed, many problems that need to be solved are not yet fully understood, even by experts. For example:

- The epidemic in one country may differ from its manifestation in another;
- The problems at one stage may differ from those at a later stage;
- The way the epidemic spreads is influenced by different development strategies, economic systems, and political situations;
- Responses to the epidemic depend just as much on personal and community commitment as on what external observers may view as necessary; and
- There are no obvious technical solutions, or even models of program design, which are readily transferable from one context to another.

In addition, the epidemic requires discussion of many sensitive issues: sexuality, fear, stigma, discrimination, illness and death. These represent real threats to the people and communities most directly affected, but are also major obstacles to reducing further transmission. The epidemic has given rise to difficult questions about rights and responsibilities, and the need for mechanisms for achieving societal and individual behavioral change.

Clearly, the response to the epidemic needs to be broad and multisectoral, and to take into consideration the full range of political, development, gender, and human rights. There have been initial successes in response to the epidemic in

Uganda, which has adopted just such a broad, multi-sectoral approach, mobilizing communities, civil society, politicians, and employers to minimize discrimination and to address factors that intensify vulnerability. Effective responses require the adoption of innovative strategies and of new partnerships that cross disciplines, sectors, and other hitherto separate spheres of activity.

The Alliance

The Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa was launched in December 1997 in the Ivory Coast, at a Symposium sponsored by the United Nations Development Programme (UNDP), in collaboration with UNAIDS and other partners. In their Abidjan Declaration, the leaders declared,

> *Aware that precarious economic conditions in our cities intensify the impact of HIV/AIDS on vulnerable communities, in particular women and youth, and jeopardize our long term local development plans;*
>
> *Recognizing that our cities are increasingly becoming centers of demographic growth in our countries and that, given the powers invested in them, our municipalities have an important role to play in responding to the many challenges posed by the HIV/AIDS epidemic;*
>
> *We hereby commit ourselves to search for solutions relevant to local needs and realities, in accordance with the goals and principles of the United Nations and our own laws and regulations, in order to respond more effectively to HIV/AIDS in our communities.*

The Declaration called on all mayors and municipal leaders in Africa to join the Alliance, which committed itself to a respond on a priority basis and to invest in community and individual capacity to cope with HIV/AIDS. In January 1998, the Alliance adopted Statutes with 23 Articles setting out its aims and mode of operation. It developed a two-year action plan, appointed a Coordinator, and established a secretariat at the office of the Abidjan Mayor.

The Alliance now covers 16 countries, with one more expressing interest in joining, and 59 municipalities. Its Coordinating Committee met during the World Alliance of Cities Against Poverty (WACAP) Forum in Lyon in October 1998, at which time the Alliance participated in a plenary panel presentation on HIV, Poverty and the Role of Local Government. The Committee launched a logo contest to raise awareness among individuals and organizations and to contribute to the UNAIDS 1999 Campaign "Listen, Learn and Live". Young people from age 15 to 25 in member municipalities are encouraged to send their ideas for a logo that will illustrate the principles of the Alliance. Over 40 municipalities in 14 countries are expected to participate.

In partnership with UNDP and within the framework of UNAIDS, the Alliance has developed AMICAALL - the African Mayors' Initiative for Community Action on AIDS at the Local Level - a $10 million, eight-country pilot project with a clear strategy to address HIV/AIDS where the impact is greatest and success is most likely.[1] Funds are being raised, and country-specific plans have already been developed for Ivory Coast and Tanzania. Tanzanian mayors formally joined the Alliance in August 1999, holding a seminar attended by municipal leaders from Swaziland, Ivory Coast, Kenya, Uganda, and Zambia.

[1] The foundation of AMICAALL is the UNDP HIV and Development Programme, which has supported national and regional networks to address the ethical, legal and human rights dimensions of the epidemic; promoted the involvement of people living with HIV/AIDS; and helped to build local capacity for multi-sectoral action on HIV/AIDS. UNDP's Urban Management Program is also lending its support to the AMICAALL initiative, through its access to mayors across the continent, training and participatory methodologies. The proposal builds on other experience, including the Community Involvement in the Management of Environmental Pollution program overseen by the U.S. Agency for International Development.

Strategy

Since the emergence of the HIV/AIDS epidemic two decades ago, the burden of the disease has fallen squarely on the shoulders of local communities. This has happened, in part, because many national governments are faced with depleted resources, both economic and social. Nevertheless, national governments have an important role to play - if better ways can be found for those representing government to identify and respond to the interests of their client communities and civil society.

This can only happen if local governments and political leaders can gain the technical skills and resources they need to create relationships of trust and dialogue with their constituencies. This relationship of trust and dialogue is at the root of the AMICAALL initiative, and hinges on several key points:

- National government officials may be too far away to hear citizens' complaints, but local officials—mayors included—are not.
- Local problems and local efforts to resolve them are the purview of local governments and mayors.
- The greatest impact of the epidemic is occurring in the cities of Africa.
- The role of local governments and mayors is vital and has been very little noted - until the creation of the Alliance.

In addition, experience has shown that some fundamental changes are required in the approach to HIV/AIDS:

- in people's perceptions of their own roles and capacities in enhancing human development;
- in the ways individuals and institutions relate to one another;
- in the focus of analysis *from* the virus *to* people and their relationships; and
- in the nature of what needs to be done, who needs to do it, and where and how to begin.

AMICAALL aims to strengthen the capacity of local governments and political leaders to identify the socio-economic causes and consequences of HIV/AIDS, and to support multi-sectoral community-based responses to the epidemic.

The AMICAALL approach rests on the premise that if individuals and communities are to take responsibility for addressing the various dimensions of HIV/AIDS, they will require a supportive policy and social environment characterized by good governance, decentralization and political leadership. It is labor-intensive work to put neighborhoods and communities in the driver's seat - it demands local coordination, planning, and action, supported by enabling national and international policies.

AMICAALL aims to strengthen the capacity of local governments and political leaders to identify the socio-economic causes and consequences of HIV/AIDS, and to support multi-sectoral community-based responses to the epidemic. The project will especially focus on protecting the most vulnerable groups within communities (particularly children, young people and women) affected by the epidemic, by creating safety nets for their survival. It will build on local knowledge and capabilities, capitalizing on techniques traditionally used by communities themselves to support their sick, orphaned, and dying members.

The methodology used by AMICAALL is both new and exciting because:

- *One size does not fit all.* The AMICAALL initiative will take into account the fact that different households, neighborhoods, and towns have been affected differently by this epidemic. For example, girl-headed households require assistance different from that of boy-headed households. Women of childbearing age require different approaches from men or older caretakers.

- *AMICAALL will not work within one single stakeholder group.* The social, economic, and development implications of HIV/AIDS requires the involvement of many stakeholders to bring about sustainable solutions. But simply telling stakeholder groups to "collaborate" does not ensure that it happens - and often the inability of stakeholders to work outside their sector or discipline poses the greatest obstacle to problem-solving. AMICAALL will train stakeholders on ways to work together, and help them define their roles.

- *AMICAALL will provide experiential learning for effective decentralization.* Developing the capabilities of local teams to analyze local problems and understand what is happening in their neighborhoods and cities will yield mechanisms for effective decentralization. AMICAALL will link local needs to local governments and through to national policy makers, defining the role that each level plays in ensuring sustainable solutions.

- *AMICAALL will harness the political will* of mayors and local governments. It targets the very group that has the political will to sustain policy changes.

The AMICAALL approach to partnership at the local level has been described by Dr. Peter Piot of the UNAIDS secretariat, as representing "a unique opportunity to bridge gaps between rhetoric and mobilization for sustained action at local level, and enhance capacity for the development of a supportive and enabling policy and social environment".

Action

Through different tools and approaches, AMICAALL will

- support municipal leaders, local government agencies and national policy makers in understanding the specific developmental determinants and consequences of the epidemic in their countries and cities;

- develop the capabilities of municipal authorities and community stakeholders to identify and analyze needs and develop appropriate policies and programmes;

- help community groups to access and utilize local funds and other resources to address the specific needs they have identified - these may include prevention and behavior change, or care and support for people living with or affected by HIV/AIDS;

- identify, strengthen, and use local capacity, including trainers and facilitators capable of scaling up and mainstreaming AMICAALL processes and methodologies in other cities within the country and abroad; and

- document the process to support learning and sharing of lessons.

Within each country, AMICAALL will work at three distinct levels:

The AMICAALL Municipal Team will be inter-sectoral, have direct contact with neighbourhoods, and bring together local government authorities, NGOs, and community-based organizations from two or three representative towns. Development experience shows that poor communities put enormous resources into bare survival, and need support to obtain technical know-how and resources beyond what they have. The Municipal Team will receive training and technical assistance in how to analyze, prioritize, implement and monitor activities, and will in turn train community groups affected by the problem.

The AMICAALL Policy Roundtable will include mayors and managers at the local, regional and/or departmental level, and will develop and share appropriate responsibilities between different levels of government. If, for example, schools need to provide extra tutoring for children who have missed school due to illness or death in families, or if schools are experiencing increasing illness and deaths among school teachers as a result of HIV/AIDS, the mayors, ministry of education, and other relevant ministries will realize that this problem requires action from their end. The Roundtables will be organized by the National AMICAALL Coordinator, and may be held in different pilot cities so that policy makers can see

first-hand the implications of the epidemic, as well as people's courage and resources.

The AMICAALL National Committee will consist of the national association of mayors in the country, key policy-makers from relevant ministries, and the AMICAALL Municipal Team. The National Committee will help initiate and monitor the process in the country, and link to the African Alliance to exchange experience and lessons learned.

The project will partner UN Theme Groups on HIV/AIDS at country level, and link to several global initiatives, including the Leland Initiative of USAID, which will develop a Web page on the Internet that the mayors can use to share the information and lessons within and outside the region, as well as UNDP's Municipal Management Project and Urban Management Programme.

Pilot project duration will be on average 24 months from the moment of its launch in each of the eight countries selected. The sequence of tasks is expected to be as follows:

- Launching seminar;
- Appointment of AMICAALL national Coordinator and Mayors' Task Force;
- Selection of pilot cities;
- Forming and training of AMICAALL Municipal Teams;
- Holding AMICAALL Policy-makers' Roundtables;
- Preparation of community proposals and mechanisms for disbursement;
- Implementation of community-based activities;
- National workshop to review experience and develop scaling up strategy; and
- Case study and dissemination of experiences.

Outcomes

In addition to tangible improvements in the lives of individuals and communities living with HIV/AIDS The following outcomes are expected:

- *Change in official attitudes.* Through the AMICAALL process, government officials will see those affected by the epidemic as a source of ideas, experiences, and solutions rather than a source of problems.

- *Real definition of the problem.* The communities will articulate their own realities rather than being told what the problem is.

- *Appropriate solutions.* Community institutions will plan and negotiate resources for solutions appropriate to them, leading to integration of site-specific data into municipal plans.

- *Enhanced management capacity.* Community capacity to manage development will be strengthened as a result of hands-on management of communal services and micro-projects, determination of how labor and other resources will be used, and decision making during implementation.

- *Effective collaboration and communication.* Inter-sectoral teamwork and team approaches to problem-solving will become more frequent, more open, and more likely to address local problems resulting from the HIV/AIDS epidemic.

Data collection and reporting on private behaviors are difficult to track. For this reason, in addition to a number of quantitative indicators, process evaluations will be conducted at the end of each phase of activities. The evaluations will use participatory methods that note changes in how people are talking about the epidemic, changes in how institutions are addressing HIV/AIDS, and others.

****

In conclusion, the AMICAALL approach ensures that those affected by HIV/AIDS will not be marginalized, or trapped into an endless cycle of poverty. Through the processes established, the voice of those affected will be heard, and the means to resolve these problems will be made more available.