

# FOIA MARKER

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**Collection/Record Group:** Clinton Presidential Records  
**Subgroup/Office of Origin:** National AIDS Policy Office  
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**OA/ID Number:** 40014  
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**Folder Title:**  
Random Letters [Folder 2] [1]

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# Withdrawal/Redaction Sheet

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                                       | DATE       | RESTRICTION |
|--------------------------|-----------------------------------------------------------------------------------------------------|------------|-------------|
| 001. memo                | Matthew Murgia to Sandy Thurman re: US Coast Guard / HIV-Related policies (Personal story) (1 page) | 11/30/2000 | b(6)        |
| 002. memo                | re: Medical Board of 12 (Personal) (2 pages)                                                        | 10/26/2000 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office  
Sandra Thurman  
OA/Box Number: 40014

### FOLDER TITLE:

Random Letters [Folder 2] [1]

2018-0764-F

jm2021

### RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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## ***Commitment, Leadership, Strategy and Action***

**Joan Holmes**  
*President*

August 17, 1999

**Global Board of Directors**

**M. S. Swaminathan, Ph.D.**

*Chair of the Global Board,  
The Hunger Project  
Chair, Centre for Research on  
Sustainable Agricultural and  
Rural Development, India*

**Madhur Bajaj**

*President, Bajaj Auto Ltd., India*

**Peter G. Bourne, M.D.**

*Vice Chancellor,  
St. George's University  
Former UN Assistant  
Secretary-General*

**Raymond Chattwell**

*Former Chairman,  
B. E. International  
Group of Companies*

**Joan Holmes**

*President, The Hunger Project*

**Koji Kakizawa**

*Former Minister of Foreign Affairs  
Member, House of Representatives,  
Japan*

**Speclosa Wandira Kazibwe, M.D.**

*Vice President,  
The Republic of Uganda*

**Gertrude Mongella**

*Secretary-General, UN Fourth  
World Conference on Women*

**Queen Noor of Jordan**

**Javier Pérez de Cuéllar**

*Former UN Secretary-General*

**Mary Robinson**

*UN High Commissioner  
for Human Rights  
Former President of Ireland*

**Yoshio Sakurachi**

*Former Speaker, House of  
Representatives  
Member, House of Representatives,  
Japan*

**George M. Weiss**

*President,  
Beechtree Capital Group L.L.C., U.S.*

Sandy Thurman  
White House Office of AIDS Policy  
736 Jackson Place  
Washington, D.C. 20503

Dear Ms. Thurman:

At the recommendation of Herb Hamsher it is my pleasure to invite you to be my guest at the 1999 Africa Prize for Leadership on October 9, 1999 at the Marriott Marquis Hotel.

This is a unique year for the Africa Prize.

This year, instead of honoring an individual leader, we are going to focus the Africa Prize on what we believe to be *the* central issue facing Africa – the lack of support for Africa's "invisible producers" – the women in Africa who grow Africa's food.

As our program on the ground in Africa has expanded and progressed in recent years, we have needed to confront the extraordinary degree to which African women food farmers have been bypassed and ignored by nearly every official effort to address food problems in Africa. This, despite the well known fact that women in Africa produce, process, store and market virtually all of Africa's food.

Therefore, this year, the Africa Prize will honor the African woman food farmer. Instead of presenting a \$100,000 award, we will invest \$1 million in launching a new initiative for her economic empowerment.

In addition to an on-the-ground strategy in credit, savings and investment, this initiative will have strong components of awareness building and advocacy. We are designing the award ceremony to be the beginning of a series of public events to put an international spotlight on this issue – to pierce the veil of unconsciousness surrounding the contributions of 100 million of the world's hardest working people – and call for greater official action.

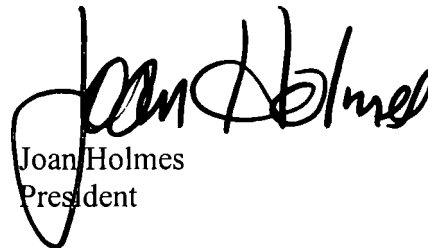
Given your central role in working with AIDS in Africa, I think you would find this event to be of great interest.

We are expecting 1500 diplomats, dignitaries and Hunger Project supporters from around the world at this event. The African women who are leading the initiative will be with us. The evening will include a special exhibition, *A day in the life of an African woman food farmer*, so that everyone in attendance can begin to grapple with the reality of life for millions of Africa's women.

Please join us for what we intend will be an unforgettable evening. If there is further information you and your staff would like, please call on us.

Best wishes to you in all your vital work. I look forward to the opportunity of being with you in October.

With warm regards,

A handwritten signature in black ink, appearing to read "Joan Holmes". The signature is stylized with a large, looping initial "J" and a cursive "H".

Joan Holmes  
President

# **FAX TRANSMISSION**

**INTERNATIONAL FOUNDATION FOR EDUCATION AND SELF-HELP**

5040 EAST SHEA BLVD, #260

PHOENIX, AZ 85254-4610

(480) 451-1389

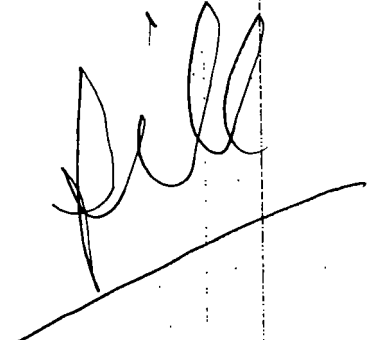
FAX: (480) 661-5407 - EMAIL: WRIGHTJACK@AOL.COM

**To:** Honorable Sandy Thurman      **Date:** September 22, 1999  
**Fax #:** 202 456-2439      **Pages:** 3, including this cover sheet.  
**From:** Dr. C.T. Wright  
**Subject:** Bi-Annual African-African American Summit

COMMENTS:

## **URGENT**

**Please deliver upon receipt. Thanks!!!**

A handwritten signature in black ink, appearing to be 'Jill', is written over a horizontal line on the right side of the page.



**International  
Foundation  
for  
Education  
and  
Self-Help**

September 20, 1999

Honorable Sandy Thurman  
HIV/AIDS  
The White House  
736 Jackson Place  
Washington, DC 20503

Dear Ms. Thurman:

I want to take this opportunity to once again express my sincere appreciation for the support and encouragement that I am receiving from President Bill Clinton and your kind self. Since meeting you, you have proven to be a real friend. Let me reiterate that I am available to help with your HIV/AIDS program in any way that I can. Just let me know what you want me to do.

I am sending this letter specifically as a follow up to one of the aspects of my discussion with the President. As you may recall, during our meeting at the White House, I indicated to him that I would be traveling to Europe this Fall and requested him through appropriate channels to assist me in arranging meetings with several Heads of State. Now that my schedule is finally crystallizing, I would like to formalize this request through you.

I plan to be in Europe during the week of November 8, 1999. The following schedule is applicable:

|             |   |         |
|-------------|---|---------|
| November 8  | - | London  |
| November 9  | - | France  |
| November 10 | - | Germany |
| November 11 | - | Norway  |
| November 12 | - | Finland |

It would be so wonderful if the President would be kind enough to notify the Head of State in each of these countries of my upcoming visit and request them to receive me. The primary purpose of my requesting audiences with them is to discuss their African policies and identify ways that we can collaborate in such areas as debt relief, HIV/AIDS, economic development, education and training, health and the environment. I would want to also introduce them to the Global Sullivan Principles which I believe will be helpful in stimulating the economies in many of the developing countries. I would remind you that in the past, I was assisted by the White House in arranging meetings with President Francois Mitterand of France, Chancellor Helmut Kohl of Germany and President Mary Robinson of Ireland, among others. Anything that you can do to help the President to honor this request will certainly be appreciated.

Dr. Andrew F. Brimmer  
*Chairman*

Rev. Leon H. Sullivan  
*President*

Hon. Lawrence S. Eagleburger  
Mrs. Esther B. Ferguson  
Rev. William H. Gray, III  
Dr. Eamon Kelly  
Mr. Donald M. Kendall  
Hon. William E. Simon  
Mr. Maceo K. Sloan  
Dr. Mac A. Stewart  
Hon. Louis W. Sullivan  
Dr. Blenda J. Wilson  
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Mr. Frank T. Cary  
Mr. George Champion  
Mr. Brooks McCormick  
Mr. James M. Roche  
*Honorary Directors*

C.T. Wright, Ph.D.  
*Executive Director*

Suite 260  
5040 East Shea Boulevard  
Phoenix, Arizona 85254-4610  
(602) 443-1800  
Fax (602) 443-1824

Honorable Sandy Thurman  
September 20, 1999  
Page Two

I am sending this letter to you because you arranged and accompanied me to the White House to meet with the President. Also, I am proffering a similar letter to Honorable Gayle Smith. Should you have questions or concerns regarding this request, please do not hesitate to contact Dr. C.T. Wright or Ms. Pearlana Jackson at (480) 451-1389, by fax at (480) 661-5407 or email at [wrightjack@aol.com](mailto:wrightjack@aol.com).

Sincerely,



Leon H. Sullivan

LHS:prj

THE WHITE HOUSE  
WASHINGTON

December 11, 2000

Ambassador Robin Rathel  
Vice President  
National Defense University  
Bldg. 62  
Fort McNair  
Washington, DC 20319-6000

Dear Ambassador Rathel, *Robin*

It was great to hear from you on Friday. I have enclosed several documents that you may find useful. Let me know what you think.

I hope you have a wonderful holiday!

Sincerely,

*Sandy*  
Sandra L. Thurman  
Director  
Office of National AIDS Policy

THE WHITE HOUSE  
WASHINGTON

**MEMORANDUM FOR SECRETARY SLATER**

**From:** ~~Sandra L. Thurman~~ Sandra L. Thurman, Presidential Envoy for AIDS Cooperation  
and Director, Office of National AIDS Policy

**Date:** December 13, 2000

**Re:** US Coast Guard Policies

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A member of my staff has been working with the Department of Defense to update their regulations regarding HIV positive military personnel. A few issues relevant to the Coast Guard came up and I wanted to share them with you.

I understand that you and your staff must be particularly busy given this time in the Administration, but I would greatly appreciate your thoughts on the attached. I may be reached at 456-2437.

Thank you for your support.

November 30, 2000

Memorandum to Sandy Thurman

From Matthew Murguia

**Subject: US Coast Guard/ HIV-Related Policies**

Over the past several months, I have been speaking with several national AIDS advocacy organizations and individuals associated with the U.S. Coast Guard concerning current Coast Guard and Department of Defense policy as it relates to HIV-positive individuals.

Several issues have been raised which I would like to bring to your attention. I have also provided action steps that would address these issues.

**Background**

The U.S. Coast Guard (USCG), is part of the U.S. Department of Transportation. At its discretion, the USCG, by agreement of the Secretary, is covered under Department of Defense (DOD) regulations unless it declines to be covered.

**Deployment of HIV-positive individuals in non-continental U.S. locations**

Currently, it is my understanding that the USCG does not allow HIV-positive individuals to be assigned outside the continental United States to Hawaii, Alaska, Guam, Puerto Rico, or other U.S. territories. Their rationale is a lack of access to proper medical care and treatment outside the continental U.S.

**Action:** I do not believe that the assessment that there is a lack of medical care and treatment facilities outside the continental U.S. is valid, and I believe it appropriate to ask the Secretary of Transportation to request that the Coast Guard update their HIV-related policies to remove the restriction regarding assignments outside the continental U.S.

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FROM THE DESK OF LINDA A. VOGEL, HEALTH ATTACHÉ

U.S. MISSION, GENEVA  
11, ROUTE DE PREGNY  
1292 GENEVA, SWITZERLAND  
TEL: (41-22-749-4044)  
FAX: (41-22-749-4717)  
linda.vogel@ties.itu.int

TO:

Sandy Thurman  
Office of ATDS Policy  
White House

DATE:

12/8/00

☐ For Approval

☐ Per Request

☒ FYI

☐ Action

☐ Comment & Reply

☐ File

## **International Partnership against AIDS in Africa**

### **Intensification of the national response in Tanzania**

#### **Country Update**

**August 2000**

#### **1. The current HIV/AIDS situation**

The first AIDS cases in Tanzania were reported in 1983. The epidemic has been rapidly spreading throughout the country. The sero-prevalence rate is estimated to be 10% among those aged between 15 to 49 years. The social and economic impact of the epidemic is becoming more and more apparent. AIDS patients occupy 50% of hospital beds. A significant decline in life expectancy is expected by the year 2010 (47 instead of 56). Regions mostly affected are Mbeya, Iringa, Dar-es-Salaam, Kilimanjaro and Mwanza with prevalence rate ranging from 10% to 20%.

#### **2. Political commitment**

In Tanzania and Zanzibar, there is a growing and visible political commitment for the fight against the HIV/AIDS epidemic. In Tanzania, the former President, Ali Hassan Mwinyi is the chair of the newly created National Advisory Board on AIDS. In March 1999, the Prime Minister launched the National Strategic plan. In September 1999, a delegation of Tanzanian officials led by the Prime Minister made a study visit to Uganda to learn from the Ugandan experience. The government has also demonstrated a constant support and commitment to the International Partnership against AIDS in Africa by requesting a country mission that took place in November 1999. In his New Year presidential address the head of the United State of Tanzania called on the population to declare a war against the HIV/AIDS epidemic. On 1<sup>st</sup> May 2000, in Dodoma, President Benjamin Mkapa expressed his deep concern about the increasing number of Tanzanian workers dying of HIV/AIDS. He mentioned that, per month, an average of 20 people were dying of AIDS in some ministries.

Other political events in support to national response are: Prime Minister's Media Advocacy Interview in June 2000; At the Launch of the UHURU Torch Race in June, the President's Address focused on young people and the responsibility of all Tanzanians towards tackling the epidemic; an advocacy seminar of political parties was organized on 9<sup>th</sup> August 2000.

The latest indication of high political commitment of the government of Tanzania to address the HIV/AIDS epidemic as a national challenge is the integration of HIV/AIDS into development strategies (Tanzania Social Action Fund, Social Development Funds, PRSP/HIPC). In this context, HIV/AIDS was put high on the agenda of the last Public Expenditure Review consultative meeting, which took place from 2 to 3 May 2000. In this forum stakeholders discussed key public expenditure policies and programmes and set out national strategic priorities for resource allocation. For the first time HIV/AIDS was discussed during this meeting on its own outside the health component meaning that it has been given high priority for resource mobilization and allocation.

#### **3. Strategic Planning**

- Tanzania (Mainland) and Zanzibar have each completed their national strategic plan. Both national strategic plans recognize AIDS as a socio-economic and development problem and are intended to promote a multisectoral approach against the HIV/AIDS epidemic. In this perspective, development sectors have been requested to establish their own technical AIDS committees.
- Local governments and district authorities are requested to play a key role in the implementation of the strategic plan. Districts are formulating their implementation plans. The main challenge is the lack

of resource and appropriate disbursement mechanisms to channel funds from the central to the district and community level.

- UNAIDS has provided technical assistance for operationalising the strategic plan. UNAIDS is providing financial and technical assistance for catalytic projects prepared in line with priority areas identified during the preparation of the National Strategic Plan for HIV/AIDS/STD (MTPIII).

#### **4. National Response**

##### *Multisectoral Mobilization*

- A well co-ordinated and effective multisectoral mobilization is a priority to be addressed by IPAA.
- In Tanzania, the Prime Minister along with the former President Mwinyi are chairing the National Advisory Board. In Zanzibar, the office of the Prime Minister hosts the National AIDS Council, permitting a close follow up of HIV/AIDS control activities by the Prime Minister.
- All sectors were involved in the strategic planning process including the civil society and people living with HIV/AIDS. Action plans for 24 sectors and 115 districts for 2000-2002 have been completed.
- Several Ministries have established a focal point.
- An interim committee comprising of individuals in the Private Sector has been formed to spearhead the establishment of Tanzania Business Council on HIV/AIDS. The launch of this council by the Prime Minister which had been scheduled to take place in July 2000 has been delayed due to logistic constraints.

##### *National AIDS Programme:*

- Two independent NAPs, one on Mainland and one in Zanzibar. NAPs are under the related Ministries of Health.
- The main challenges faced by the government of Tanzania include a better management of the NAP (allocation of adequate resources, improved absorption capacity of resources, and transparency) the implementation of the strategic plans at district level, multisectoral mobilization, involvement of the local community including the NGOs and the civil society.
- In order to meet the requirements to the implementation of the new strategic plans, the government with the support of USAID has conducted an assessment of the performance of the NACP. As a result the upgrading of the NACP is under consideration.
- The NACP in Zanzibar will require a similar support

#### **5. International Partnership**

The November 1999 IPAA visit, with Norway participation resulted in the identification of the following areas for the intensification of the national response:

- Empowerment of individuals and community with devolution of the responsibility for the implementation of the activities to the districts and Wards.
- Greater coverage through expanded involvement of the civil society at local and local level
- Strengthening mechanism for channeling funds to districts and communities
- Strategic co-ordination and multisectoral mobilization
- Mechanism to develop an effective partnership among international partners
- Involvement of all stakeholders

As a follow-up to this mission, the UN Theme Group of Tanzania held a retreat in February to start the process of partnership building among the UN system. The UN Theme Group has also adopted the creation of a partnership forum as a way to promote a better-coordinated and stronger Government leadership.

Currently, the following fora address HIV/AIDS among other areas.

- Donor Assistance Coordination (DAC). This monthly forum of Heads of Missions including UN Heads of Agencies which meets to address issues of Donor Assistance to various programmes including HIV/AIDS.
- Sector Wide Approach (SWAP) Committee. This is Government/Donor forum which is chaired by the Permanent Secretary of Health. The donors in this committee are both those in and out of the basket funding arrangement. This meets quarterly and address issues of support to the Health Sector including HIV/AIDS.
- CG (Consultative Group) meeting. This forum brings together Donors and Government once a year for consultations on different programmes.

#### **6. Resource mobilization**

Tanzania enjoys the support of a large number and varieties of partners among the international communities and the civil society. This potential needs to be better utilized. The process of resource mobilization has started with the integration of the HIV/AIDS issue into development strategies (HIPIC, TASAF, TAS). A more systematic approach to resource mobilization is yet to be developed. The international partners in place are the following: UN agencies (WHO, UNDP, UNFPA, WFP, ILO, UNESCO, UNAIDS Secretariat, World Bank and UNHCR); Bilateral donors (USAID, DANIDA, DFID, NORWAY, TAP, IRLAND, ODA, GII, GTZ, JICA (Japan), Netherlands, France and Sweden, Belgium, CIDA (Canada).

The process of mainstreaming HIV/AIDS into a development instrument is underway. –HIV/AIDS is linked to poverty in interim poverty Reduction Strategy Paper. In July 2000, the World Bank and the IMF agreed to support a comprehensive debt reduction package for Tanzania under the enhanced Heavily Indebted Poor Countries (HIPC) Initiative. Total relief from all of Tanzania's creditors is worth more than US\$2 billion in net present value (NPV) terms, which is equivalent to more than half of the NPV of total debt outstanding after the full use of traditional debt relief mechanisms. The IMF and the World Bank started providing interim debt relief in April.

In the same context of integrating HIV/AIDS into development strategies, putting HIV/AIDS high on the agenda of the Public Expenditure Review Consultative Meeting (2 to 3 May 2000) allowed the government to announce that it has allocated US\$5 million to sectoral and District AIDS Activities for the fiscal year 2000-2001.

#### **7. Specific steps for immediate actions to move forward**

- Advocacy action to promote effective political actions
- Support to the implementation of the National strategic plan at sectors and districts
- Strengthening and capacity building of NACP
- Partnership building at country level
- Enhancing multisectoral mobilization
- Resource mobilization
- Partnership building among the UN system

### National responses to HIV/AIDS Tanzania

| Activity                                                                      | Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Required TA         | Required FA   | Partners/ Responsibilities | Expected Outcome                             | Time Frame |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|----------------------------|----------------------------------------------|------------|
| 1. Advocacy                                                                   | <p>The UNTG has been successful in the area of advocacy with the national authorities. Previous advocacy effort has resulted in an improvement in the expression and visibility of the political commitment. The New Head of the United state of Tanzania called on the population to declare a war against the HIV/AIDS epidemic.</p> <p>Need to sustain, strengthen and encourage the translation of political commitment into measures conducive to an effective implementation of the national strategic plan. The target of the advocacy effort is defined by (but not limited to) the findings of the IPAA mission: Adoption of AIDS as a national challenge; involvement and empowerment of individuals and communities of civil society at district.</p> | Experts in Advocacy | To be defined | UNFPA                      | Advocacy plan                                | Q3 2000    |
| 2.Support the implementation of the National Strategic plan at district level | <p>The National Strategic Plan was completed and launched by the prime minister. Implementation and sector plan under development in 1999. Implementation of the National strategic plan at district level is the second major area of intervention of the UN system. As part of UNAIDS support to the country through the District response initiative, an assessment of successful experiences for reaching, empowering and involving the communities in planning and implementing activities has been completed.</p> <p>Finalization of district plans is in progress and it is going to be completed by end of May. Based on these plans, the Working Group on district response will develop joint UN plans to support the districts.</p>                   | To be defined       |               | UNICEF/ GTZ/               | District implementation plans                | Q3 2000    |
| 3.Strengthening NACP                                                          | <p>2 Independent NACP (Mainland and Zanzibar). The NACP in Mainland is in the MOH under the department of Preventive Medicine.</p> <p>An assessment of the management capacity of NACP was conducted with support from USAID.</p> <p>A new management arrangement is being discussed. The upgrading of the Secretariat to the level of an autonomous body is highly expected by the International partners in Tanzania.</p> <p>Much still needs to be done to strengthen the NACP in Zanzibar.</p>                                                                                                                                                                                                                                                               |                     |               | Government/US AID          | New and effective management arrangement     | Q2 2000    |
| 4. Partnership building at country level                                      | The November 1999 partnership mission recommended to the government to initiate with support of the UNTG a regular partnership forum for experiences sharing and decision making between key stakeholders. The creation of this forum has been identified by the UNTG as a priority. The modalities for the establishment of this forum are yet to be defined.                                                                                                                                                                                                                                                                                                                                                                                                   | To be defined       | To be defined | UNTG/ Government           | Government led Partnership forum at national | Q2 2000    |

**International Partnership against AIDS in Africa  
Intensification of the national response in Mozambique  
Country Update  
August 2000**

**Current HIV/AIDS Situation**

Available figures indicate that prevalence in adult population is around 14.5 % (1998) and an estimated 700 new infections per day. 1999 figures estimated 1.4 million PLWH/A which will rise to 2 million by year 2000. Number of AIDS orphans in 1999 was 180,000. Data estimates suggest a rapid spread of the epidemic, particularly in the Central Provinces with a regional prevalence of 20%.

The emergency caused by the flood in February was a major setback and challenge to Mozambique's National Response to HIV/AIDS. The social and economic disruption arising from the floods has the potential to fuel further HIV transmission because of the exacerbation of poverty. The already fragile health delivery system was severely damaged by the floods, and the process of the implementation of the national strategic plan has been disrupted.

**The National Response to HIV/AIDS**

***2.1 Political commitment***

There is a clear appreciation of the seriousness of the HIV/AIDS epidemic within the Government. The President called the epidemic a national disaster in September 1999 when he launched the National Strategic Plan. At every opportunity the president and other political leaders are talking about the seriousness of the epidemic in Mozambique. Provincial governors are also beginning to talk about AIDS in their provinces.

***2.2 Institutional structures to manage the national response***

A National AIDS Committee was established in May 2000 as an independent institution to co-ordinate the fight against STD/HIV/AIDS in Mozambique. However, the government capacity to effectively respond to the epidemic is largely limited by lack of human and financial resources. The recent flood has worsened this situation. There is also a lack of information about the epidemic and its consequences to guide the planning process at local level. Other constraints include the delay in the disbursement of funds from donors; low involvement of non-health sector; shortage of HIV tests; low availability of IEC materials in Portuguese and national languages; low condom availability; low coverage and weak counselling activities; the lack of specific strategies for reaching "vulnerable groups" and the weak decentralisation of management structures.

***1.3 National Strategic Planning***

A multisectoral National Strategic Plan to combat STDs/HIV/AIDS (2000-2002) was completed in September 1999 and endorsed by the Council of Ministers in February 2000. It identified gaps in the national response and proposed strategies to address these. New institutional arrangements to increase effectiveness are also presented. A

multi-sectoral National AIDS Committee (based in the office of the President) has been established to co-ordinate the implementation of the national strategic plan.

Provincial plans will be produced for each province. So far plans have been developed in 5 provinces. Plans will also be produced for each sector ministry. Sector plans are currently completed in two ministries (education and health). In addition, the Ministry of Social Welfare and Women is in the process of finalising their plan.

#### **1.4 Resources mobilisation**

- Mozambique's external debt amounts to 3.7 billion USD. In July 2000, Mozambique qualified for an additional US \$600 Million in debt relief under Enhanced HIPC Initiative, bringing its total debt reduction to US\$4.3 Billion. The HIPC Initiative debt relief is granted to support the country in its economic and social reforms, but the actual share of the released amount which will go to Health and AIDS programmes is not known.
- A donor round table is planned for November 2000 to seek firm commitment from partners for the implementation of the NSP. The TG is actively supporting this process.
- Recently UNICEF announced it will spend \$4 million on programmes to fight HIV/AIDS in Mozambique. The agency has already granted \$30,000 to the Mozambique National AIDS Council.
- UNAIDS Secretariat has allocated \$300,000 to Mozambique through the Programme Acceleration Funds for the period 2000 – 2001.
- Mozambique was also recently granted \$2,670,000 by the Turner Foundation for programmes that focus on HIV/AIDS prevention activities for the youth.

#### **Partners in the national response**

The Ministry of Health is currently creating partnerships with others ministries for the HIV/AIDS response e.g. Ministry of Labor (revision of labor laws, HIV tests and special assistance for PLWH/A), Ministry of Environment (AIDS impact assessment in the environmental law) and Ministry of Education (revision of school curricula).

Efforts to decentralise the response is done through the involvement of provincial Governors. Local NGOs and people living with HIV/AIDS. The Ministry of Health recently launched the first association of PLWHA ("Kindlimuka") in Mozambique.

In order to better co-ordinate the UN contribution to the national response, the UN Theme Group on HIV/AIDS has developed a joint workplan. The main objectives in the workplan are to support the implementation of the strategic plan through focusing on institutional development, advocacy and resource mobilisation. In addition, the agreement to develop activities within the framework of a Common Country Assessment (CCA) is an important step toward effective partnerships. CCA can be a powerful tool to avoid overlap and enhance co-ordination of programme activities. An example of improved co-ordination among UN agencies is the proposal to develop a joint UN project in Zambezia.

The UN Theme Group (UNTG)<sup>1</sup> is currently making efforts to expand its membership beyond UN agencies to include bilateral donors<sup>2</sup>, international NGOs<sup>3</sup> and national organisations that are playing key roles in the implementation of the National Response.

#### **Actions to move forward**

The following activities are identified as potentially necessary inputs for intensifying the national response:

- Evaluate the consequences of the floods on national response. This includes impacts on the development of Sectoral Plans for Ministries, the development of Provincial Plans in the 4 prioritised provinces (Manica, Zambezia, Sofala and Maputo) and public health facilities.
- Conduct advocacy at national level, in sector ministries and at provincial level.
- Strengthen institutional structures and human resource capacities at provincial level.
- Assess impact of HIV/AIDS on non-health sectors. The need for a clear assessment of HIV/AIDS impacts on non-health sector is evident. Promoting sectoral impact assessment in the planning process will help in identifying entry point for sectoral planning.
- Organise a round table to mobilise funds for the implementation of the national strategic plan.
- Strengthen the National AIDS Committee. The Executive Secretary of the NAC Secretariat has indicated that she will need international technical experts to work with the officers that are being appointed to the secretariat.

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<sup>1</sup> Current UNTG is composed by UNDP, UNICEF, UNESCO, UNHCR, UNFPA, WHO, World Bank.

<sup>2</sup> E.g. USAID, UK, Italy, Germany

<sup>3</sup> E.g. SAT, PSI, ACTIONAID, MSH, Redd Barna, Save the Children Fund (USA)

## **International Partnership against AIDS in Africa**

### **Intensification of the national response in Burkina Faso Country update**

#### **1. Current HIV/AIDS situation**

Burkina Faso is one of the most affected countries in West Africa. 1997 figures estimate HIV/AIDS infection at 7.17 among adults population (aged 15 – 49) and trends don't allow to expect stabilisation in the short term. HIV/AIDS is affecting demographic change and economic growth in the country with severe consequences on the long-term development effort and poverty reduction strategy.

#### **2. The National Response to HIV/AIDS**

##### ***2.1 Political commitment***

The President has declared AIDS a national disaster. This political will to combat the epidemic and mitigate its impacts has been translated into the creation of a National Solidarity Fund (01/99). The main constraint for an effective national response is the absence of a nation-wide collective understanding of the dimensions of the epidemic.

##### ***2.2 Institutional structures to manage the national response***

There is a need for strengthening managerial capacity of National AIDS Programme and integrating AIDS/STD management into health structures. To enhance national response effectiveness, the National AIDS Committee is being restructured, and decentralised structures are being established.

##### ***2.3 National Strategic Planning***

The Strategic Planning Process is going on at national level. It will be completed at the end of the year. Through a set of HIV and development workshops organised for the non-health sector, ministries, private for-profit sector and NGOs are now involved in the process of strategic planning, which will lead to the formulation of sector plans of action. Strategic planning is also going at district level. Sectoral studies have been conducted and plans are being developed for the following sectors: army, education, youth, women, public sector and private for profit sector

##### ***2.4 Resource mobilisation***

Resources mobilisation is an important issue in Burkina. Study is being conducted to assess the way AIDS programme is financed.

Among attempts to mobilise fresh resources, the debt relief is the most advanced. The package that the World Bank and the IMF have agreed to support under HIPC Initiative<sup>1</sup> will reduce the external debt of Burkina Faso by \$ 115 million<sup>2</sup>, of which the World Bank will provide \$ 44 million. This will help the

<sup>1</sup> HIPC: Highly Indebted Poor Countries Initiative.

<sup>2</sup> Debt relief under the HIPC Initiative is expressed in Net Present Value (NPV) terms, which discounts future debt service payments to the current year's values, using current discount (interest) rates and exchange rates.

country finance health and education. Some questions are still unanswered. What percentage will be devoted to AIDS? What conditionalities are linked to this initiative? How will this money be used?

### **3 Local Response Initiative**

Gaoua District is moving ahead at a remarkable pace. A multi-sectoral team has started implementing its district work plan for 1999 - 2000. Sharing of experience has started at national level. The District, was the host for an inter-country workshop for HIV and Reforms for Health in March 1999 with national and district level representatives working on health and HIV/AIDS from Burkina Faso, Côte d'Ivoire, Ghana, and Thailand. Participants shared ideas and lessons learnt from their work in making the health system more effective in dealing with HIV/AIDS. The idea of creating an "AIDS-competent" community was widely accepted by the participants.

### **4 Partners in the national response**

Burkina Faso has requested and received a joint mission of the International Partnership against AIDS in Africa during June 1999. It identified weaknesses in the national response both at governmental and international community level. Identified problems were programmatic (VCT, MTCT, blood transmission, care), organisational or institutional (weakness of NACP Manager, centralised structures).

The country is playing a strong role in the development and implementation of the Partnership on the continent. It hosted a meeting of African Ministers of Health in May 2000, organised in collaboration with the OAU, and discussed the further development of the International Partnership Against AIDS in Africa. It will host the 2001 International Conference on AIDS and STDs in Africa.

To sustain international support, UN agencies have made efforts to develop a mechanism to share information on the support provided by different partners. The main task of government is to define adequate co-ordination mechanisms and strategies to secure the optimal use of all technical and financial resources received from the international community. UNDP has played a role in organising the donor community through round tables. In addition, sector round tables also serve to co-ordinate donor policies and assure adequate financing for sector needs.

Chaired by the Resident Co-ordinator on a permanent basis, although the Deputy Chair changes every 6 months, the UNTG is composed by UNDP, UNICEF, UNFPA, WHO, UNESCO, World Bank, FAO and WFP. In order to enhance collaboration between all stakeholders, the TG on HIV/AIDS is being expanded to involve other partners<sup>3</sup>.

In this context, Gaoua district response provided the various partners with an opportunity for a co-ordinated response at local level. The World Bank assist in planning while GTZ, UNDP, WHO and UNAIDS are involved in implementing the plan. UNAIDS is also drawing lessons in relation to the local response for future dissemination.

Furthermore, the World Bank is working closely with the government and UNAIDS in preparing a multi-sectoral, community-driven programme under the Multi-country HIV/AIDS Programme for the Africa Region (MAP). This proposed operation will support the national strategy and should be approved this fiscal year.

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<sup>3</sup> Bilateral agencies (France, Canada, USA, Germany, The Netherlands), International NGOs (Alliance Internationale, Plan International), local government, CBOs, enterprises, social organisations.

## **5 Specific steps for immediate action to move forward**

The following issues have been identified as priorities for the intensification of national response:

- *Institutional strengthening.* The heavily centralised health system and the limited managerial capacity of NACP are factors that reduce the efforts of the national. It appears that there is a need for an active integration of the health regions and districts in to the response in a planned co-ordinated effort of NACP to expand the national response.
- *Financial sustainability.* It is also necessary to increase financial support to new strategies at national and district level, involving the full responsibility of civil society, NGOs, private sector and non-health sector. Finding mechanisms for effective transfer of fund to District is at the core of the financial approach of intensified action.
- *Products procurement.* There is a wide expectation for drugs among affected communities. There is a need for appropriate policy, strategies and funds there is a political will to supply as many as possible drugs for HIV. Without appropriate funds and policy and strategies, the country will be able to fill only 1% of the needs. The country also faces shortage in test kits and material for safe blood transmission.
- *Necessary changes in laws.* Many laws and legal provisions have become obsolete as a result of the developments that have taken place to intensify the national response. For example, it is stated that all public funds must be channelled through the Ministry of Finance. This slows fund disbursement impeding effective implementation of programmes.

*Next steps are:*

- Accelerating the finalization and launching of the National strategic plan
- Speeding up the development of a detailed workplan and the implementation plan;
- Launching of strategic plans in all districts by December 2000
- Stepping up the completion of a strategic plan for the private sector
- Upholding resource mobilization through a Round Table in December 2000
- Scaling up and replicating best practices in local response; and
- Strengthening institutional arrangement at regional and district level.

## **International Partnership against AIDS in Africa**

### **Intensification of the national response in Malawi Country Update**

#### **1. The Current HIV/AIDS Situation**

HIV/AIDS is one of the most alarming development challenges facing Malawi today. By 1996 AIDS had become the leading cause of death among Malawi's population aged 15 – 49 and life expectancy projected to rise to 57 years in 2010, will instead decrease to 44 years. Fourteen percent of the population in Malawi aged 15-49 years is currently infected with HIV. Giving a keynote address during the recent resource mobilisation round table conference in Lilongwe, the Vice President of Malawi and Chair of the Cabinet Committee on HIV/AIDS, had this to say about the HIV/AIDS epidemic in Malawi, "AIDS in Malawi is not only claiming lives, but it is changing the very nature of this country's development. It is devastating our economy. It is destroying the very fabric of our society. It is not only taking away our present. It is taking away our future and the future of our children".

#### **2. The National Response to HIV/AIDS**

##### ***2.1 Political Commitment***

Visible and sustained political commitment that is needed for an intensified response to the epidemic is now evident in Malawi. Over the past two years, the President, the Minister of Health and Members of Parliament increasingly mention HIV/AIDS issues in public statements. The President himself launched the National Aids Strategic framework last October. The Cabinet Committee on HIV/AIDS, which is chaired by the Vice President, meets regularly to provide policy direction to the National AIDS Control Programme. For example, at a meeting last May, the Committee discussed and approved a new institutional status for the National AIDS Secretariat that gives increased mandates, authority and flexibility to manage and co-ordinate the multisectoral response to the epidemic. Further, the Vice President and several senior ministers led and actively participated in a two-day resource mobilisation Round Table Conference for HIV/AIDS held in March this year.

##### ***2.2 National AIDS Programme***

The National AIDS Programme operates within the Ministry of Health and Population. At central level a Secretariat and a Strategic Planning Unit has been established. The Secretariat has been strengthened by the appointment of a Programme Manager Dr. W.C. Nkoma. In addition senior positions have been created for monitoring and evaluation, IEC/advocacy, care and social support. At regional level (3 regions) two (full time) AIDS Co-ordinators (one female/one male) are employed and at district level (26 districts), one (part time) District AIDS Co-ordinator is positioned.

Within the context of the National Strategic Planning Framework the placement, the legal status and the staffing of the National AIDS Secretariat is being reviewed to identify the changes required to enable the Secretariat to effectively manage and co-ordinate an expanded multisectoral response. An inter-ministerial committee is to be established to co-ordinate public sector interventions and to monitor the extent and the quality of mainstreaming of HIV/AIDS into the different sectors.

There is also a need to identify mechanisms to channel financial resources to local governments and communities and to provide institutional capacity building at district and community levels. Other areas that need strengthening are mainstreaming of HIV/AIDS in private and public sectors and gender issues.

### **2.3 National Strategic Planning**

During 1998-99 Malawi developed a comprehensive national strategic framework for guiding the national response. The process was guided by recommendations from a midterm review of the Second Medium Term Plan for HIV/AIDS in 1996, a World Bank funded AIDS Assessment study in 1997 and a UNDP/UNAIDS capacity building for HIV and Development Initiative which emphasised that Malawi needed a broad based multisectoral strategic framework.

The strategic planning process was a mobilisation and consensus building process. It broke the silence surrounding HIV/AIDS and built consensus among all stakeholders on what should constitute the national response to the epidemic. Through these extensive consultations and consensus building, partnerships were built with local communities, NGOs, traditional leaders, religious leaders, the media, the public sector, the private sector and the donor community. These partnerships are forming a fertile ground for more effective implementation of the national response.

The advocacy campaign and media strategy of the strategic planning process have stimulated local leaders and religious leaders to start advocating for change in discriminatory attitudes towards people living with HIV/AIDS, change in harmful cultural practises and the promotion of dialogue on sensitive issues of the epidemic. Already a group of religious leaders have come together to develop a theology of hope to address the epidemic.

The National AIDS Secretariat and various development partners are currently facilitating the process of developing district and sectoral implementation plans based on the strategic framework. Community level action is central to the implementation of the strategic framework. The involvement of all district and community level stakeholders in the district planning process will strengthen partnerships at the grassroots level between CBOs, NGOs, public and private sector employees, religious and traditional leaders. Sectoral plans are also being developed. Sectoral planning will facilitate the work of the districts as all sectors begin to incorporate HIV/AIDS in their sectoral policy framework.

### **2.4 Resource Mobilisation**

In collaboration with the UN Theme Group on HIV/AIDS, the Government of Malawi convened a round table conference to mobilise resources for the implementation of the National Strategic Framework on March 24-25, 2000. Preliminary work has costed the Framework at US \$121 Million. However, this figure is expected to increase as various sectors, districts and support groups develop implementation plans. The round table conference was chaired by the Minister of Finance and co-chaired by the UN Resident Coordinator. Ministers and principal secretaries from several other ministries attended the conference and made presentations about the impact of HIV/AIDS in their sectors and what they are doing about the epidemic in their ministries.

During the conference international development partners pledged US\$ 110 million against the estimated US\$ 121 million Framework, over a five year period. The donors in Malawi include CIDA, Denmark, DFID, the European Union, GTZ, JICA, Medicine sans Frontiers, France and Luxembourg, The Netherlands, Norway, SIDA and USAID. The Theme Group is now assisting the National AIDS Secretariat to discuss with donors how their existing commitments could be realigned with the priorities of the Framework.

**Main points that emerged during the resource mobilisation conference are:**

- Partners commended the Government of Malawi for the political commitment and support given to the fight against HIV/AIDS by the highest level of government. They noted the participation of the Vice President in the round table for the full two days of the conference.
- Development partners commended the Ministry of Health for producing a good National Strategic Framework, which provides an important reference point for all stakeholders involved in the national response to HIV/AIDS in Malawi. They noted that the framework should be treated like a "rolling plan" to allow for changes in the epidemic as well as new developments and technologies.
- The resource gaps that was identified is going to become wider than what is reflected in the technical co-operation document as the needs of various ministries, districts and support organisations develop their operational plans under the strategic framework.
- Development partners noted the presence of several ministries besides health at the round table. Ministers and Principal Secretaries from several ministries (Health and Population, Finance, Education, Defense, Gender Youth and Community Services, Agriculture, Home Affairs and Internal Security and Disabilities) were present throughout the conference.
- Participants emphasised that more still needed to be done in all the sectors in order to mainstream HIV/AIDS into their core business. Mainstreaming should not only focus on the implementation of workplace programmes within the ministries but should include analysis of the impact of HIV/AIDS on the mandates of the ministries in order for them to develop appropriate policies and plans which take the impact of HIV/AIDS into consideration.
- Conference participants emphasised the importance of co-ordination for effective implementation of activities. They noted that while mechanisms for co-ordination between donors, NGOs and NACP exist, there are minimal or no mechanisms for co-ordination of the public and private sector. In order to co-ordinate the proposed activities, participants recommended the establishment of an interministerial committee to co-ordinate public sector interventions and to monitor the extent and quality of mainstreaming HIV/AIDS into the different sectors.
- Participants also urged the active involvement of the private sector in the national response to the HIV/AIDS epidemic in Malawi.
- Concerns were expressed about the proportion of funding that was budgeted for, and time to be spent on meetings, workshops and international courses. Participants felt that more funds should go into programme activities like assistance to people living with AIDS and support to orphans.
- Participants noted with satisfaction that, in the framework, attention was paid to gender issues. They urged that, during implementation of programme activities, special attention should be given to cultural values and practices, human rights and legislation protecting girls and women as well as boys and men.
- Inadequate capacity at various levels, especially that of co-ordinating bodies and district and peripheral levels was noted as a hindrance to the effective and efficient implementation of a multisectoral response. Special mention was made of the need to strengthen the organisation and management capacity of the National AIDS Secretariat. While taking note of the proposed emphasis on decentralised district level implementation, development partners urged government to ensure that resources flow down to rural communities.

**3. Partners in the national response**

The number of partners in the national response to HIV/AIDS is growing. There has been a mushrooming of community-based organisations (CBOs) and advocacy groups, including support groups of people living with HIV/AIDS. A national pilot project has recruited individuals with HIV/AIDS as national UN volunteers and placed them at institutions to be

## **First stakeholders meeting on the International Partnership against AIDS in Africa, Addis Abeba, December 8**

1. **Background:** Following the recommendations of the UNAIDS Programme Coordinating Board of May 2000, a stakeholders meeting with all five constituencies of the IPAA will be organised. The event was agreed to take place in the margin of the African Development Forum, scheduled from 3 to 7 December 2000 in Addis Abeba, given the presence of many of the IPAA stakeholders at the forum. Partners have preferred to meet after the forum (Friday December 8).
  
2. **Meeting objectives:**
  - To agree ways on how to accelerate the implementation of the IPAA at global, regional and national level
  - To agree ways of monitoring progress of the IPAA, based on the expected results and milestones of the framework
  
3. **Meeting outputs:** A common understanding of operationalisation of the framework at all levels and more specifically an agreement on mechanisms:
  - for exchange information and mobilisation within constituencies (HQ to countries) and among partners at country level
  - to better support the implementation of the decentralised and multisectoral national response
  - to monitor and evaluate the IPAA
  
4. **Participants** are the focal points of the five constituencies and the PCB members:
  - 13 African Governments- the priority countries- <sup>PCB members</sup>
  - 7 UN Cosponsors;
  - 16 donors (Belgium, Canada, Denmark, <sup>Germany</sup> ~~GAFZ~~, Japan, Austria, the Netherlands, Norway, Sweden, UK, US ~~and~~, Italy, Spain, Ireland, France, EU)
  - 8 private sector: OATUU, Eskom, MTV-GBC chair, Glaxo Wellcome, IFPMA, Merck, Rotary, Rockefeller Foundation
  - 5 community sector: Africaso, Alliance, NAP+, AIDS Law Project, Salvation Army

UNAIDS participants: Apart from desk, Rob and somebody from the M&E team agreed to participate.

5. **Logistics** (*Mes will discuss this in Addis, more details in attached table*)
  - Invitation letters to be sent, with draft agenda
  - Room with translation facilities (translators)
  - Facilitators and rapporteur
  - 2 coffee breaks
  - Per diem for extra day to NGOs and nationals
  - Secretary, photocopier facilities, notepads and pens, overhead projector, flipcharts
  
6. **Background documents:** Framework for action; country updates, M&E framework; paper on regional technical resources, discussion paper to facilitate discussion on implementation of the national response; paper on information sharing

**FIRST STAKEHOLDERS MEETING ON  
THE INTERNATIONAL PARTNERSHIP AGAINST AIDS IN  
AFRICA (IPAA)**

THE AFRICA DEVELOPMENT FORUM, Addis Abeba, Ethiopia

**Date:** 8 DECEMBER 2000

**Time:** 9:00 hrs – 17:00 hrs

**Venue:** TBD

**Session I**

**9:00-9:15**

**Session II**

**9:15- 10:30**

*Welcome, meeting objectives by UNAIDS*

*IPAA mechanisms at global and regional level*

Introduction by facilitator

Output:

- Agreed mechanisms and roles (as information sources as well as recipients) for information sharing between HQ of constituencies and the UNAIDS Secretariat
- Agreed mechanisms to establish functioning technical resource networks in East-Southern and West-Central region

**10:30-11:00**

Coffee Break

**Session III**

**11:00-13:00**

*IPAA at country level*

Introduction by facilitator

Outputs:

- Agreed approach for expanding the IPAA to other countries
- Agreed mechanism for developing an active in-country dissemination network, including clear roles of each partner (as information sources as well as recipients)
- Agreed approach on widening the IPAA
- Agreed mechanisms to support the implementation of the decentralised/multisectorial national response and more in particular:
  - Mechanisms to channel resources to countries, and from national to district/local level
  - Ways to strengthening the leadership role of the Government and the coordinating body in countries

Chair: tbd

Facilitator: tbd

**13:00-14:00**  
**Session IV**  
**14:00 -16:00**

***Monitoring and evaluation mechanisms of the IPAA***

Introduction by facilitator

Output:

- Agreed M&E framework, including a draft reporting format

Chair: tbd

Facilitator: tbd

**16:00-16:30**

***Coffee Break***

**Session V**  
**16:30-17:00**

***Synthesis and agreement on next steps***

Chair: tbd

Closing Remarks by UNAIDS

## IPAA Stakeholders meeting

| ISSUE                                                                                                                                                                                                                              | TIME                                                          | WHO WITH WHOM                            | COMMENTS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------|----------|
| <b>1. Invitations</b> drafted, signed and sent by fax through TG chair for Governments, focal points for other constituencies, requesting confirmation before November 15<br><br>Agenda sent for comments and eventually updated   | By November 8 (depending on SC decision)                      | Inge draft/Andrea/ Mes                   |          |
| <b>2. List of participants</b> established<br>List of confirmed participants established                                                                                                                                           | By November 8<br>By November 16                               | Andrea                                   |          |
| <b>3. Facilitators, rapporteurs</b> identified and briefed (contract, TA, advance per diem if external)                                                                                                                            | By November 10 (contacted)<br>By November 25                  |                                          |          |
| <b>4. Letters with request to chair/present</b> sent, followed up<br><br>Presenters and chairs briefed, contacts in Addis tel hotel etc.                                                                                           | Together with invitation, by November 8<br>By November 22     | Inge/Andrea/Mes                          |          |
| <b>5. NGOs; nationals</b> who confirmed and need <b>per diem for one day extra</b> contacted: advance paid for NGO, Nationals                                                                                                      | By November 30                                                | Andrea                                   |          |
| <b>6. Rooms etc:</b> Contract negotiated, signed and advance paid including booking roomes, projector, notepad and pens, secretariat (1 secretary with computer, printer and photocopier), coffee breaks<br><br>Contacts exchanged | Secretariat ADF Addis contacted for room immediately after SC | Mes during mission November 5, desk      |          |
| <b>7. Interpreters:</b> Contract negotiated, signed and advance paid Interpreters (french/english- english french), contacts exchanged (hope we don't have top fly them in!!!)                                                     | Idem as room                                                  | Mes during mission and follow up by desk |          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                  |                                                                                                    |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Background briefs to translators sent                                                                                                                                                                                                                                                                                                                                                                                                     | By December 5                                                                                                                                                                                    | Andrea                                                                                             |                                                                              |
| <b>8. List of participants</b> to be circulated in meeting ready and on disquette                                                                                                                                                                                                                                                                                                                                                         | By December 7                                                                                                                                                                                    | Andrea                                                                                             |                                                                              |
| <b>9. Background docs</b> <ul style="list-style-type: none"> <li>Defined: <ul style="list-style-type: none"> <li>- IPAA update?</li> <li>- Country updates for 13 countries?</li> <li>- M&amp;E framework</li> <li>- Framework for action (changes in french translation)</li> <li>- Paper on regional trechnical resource networks</li> <li>- Discussion papers on info exchange/iimplementation at country level</li> </ul> </li> </ul> | By November 8<br><br>First draft by November 15<br><br>By November 15, all to be edited by writer by November 20<br><br>By November 15<br>By November 15<br><br>By November 15<br>By November 15 | Inge and writer<br><br>Regional teams and writer<br><br>M&E Unit<br>Andrea<br><br>Rob/Soji<br>desk | Country updates by regional teams and CPAs drafted/updated, edited by writer |
| <b>10. Docs: Writers</b> recruited                                                                                                                                                                                                                                                                                                                                                                                                        | By November 15                                                                                                                                                                                   | Andrea and Mes                                                                                     |                                                                              |
| <b>11. Docs: Translation</b> <ul style="list-style-type: none"> <li>- Determine which documents need to be translated</li> <li>- Liaise with information center</li> <li>- Proof reading</li> </ul>                                                                                                                                                                                                                                       | November 8<br><br>November 9<br>November 30                                                                                                                                                      | Mes<br><br><br><br><br><br>Andrea<br><br>Sophie<br>Andrea                                          | Very tight to get translation done                                           |
| <b>12. Docs:</b> distributed to partners /dispatched to Addis (liaise with Jacek/EXR)                                                                                                                                                                                                                                                                                                                                                     | Sent to partners by November 21                                                                                                                                                                  | Andrea                                                                                             |                                                                              |

|                                                                                                 |            |                   |  |
|-------------------------------------------------------------------------------------------------|------------|-------------------|--|
|                                                                                                 |            |                   |  |
| 13. Welcome and presentation by UNAIDS drafted, slides prepared and printed in colour, two sets | December 2 | Writer Peter desk |  |
| 14. Establish "to do" checklist for UNAIDS in Addis                                             | December 2 |                   |  |

## **International Partnership against AIDS in Africa**

### **Intensification of the national response in Ethiopia Country Update**

#### **1. The current HIV/AIDS situation**

In 1997, adult HIV prevalence was estimated at 7.4% (Epidemiology & AIDS Dept. MOH).

#### **2. National Response**

##### ***2.1 Political commitment***

Against a background of a long silence, several events have contributed to the revival of the fight against HIV/AIDS in Ethiopia. Some of these are:

- The formulation of a National Policy on HIV/AIDS
- The finalisation of the National Strategic Plan and;
- The establishment of a National AIDS Council to co-ordinate the national response. The National AIDS council was launched on 22 April 2000 by the Prime minister.

##### ***2.2 Institutional arrangements for managing the national response***

A National AIDS Council has been established to co-ordinate the national response. In addition a National Secretariat has been created within the Office of the PM. A process to channel earmark funds directly to communities is currently being designed with the WB support.

##### ***2.3 National Strategic Planning/Resource mobilisation***

The processes of strategic planning at regional and federal levels are completed. The National HIV/AIDS Strategic Framework (2000-2004) formulated to support the implementation of the regional plans, were endorsed by the government in July 1999. The Prime Ministers office is preparing to release the documents to all internal and external partners as a starting point for a dialogue on funding and implementation mechanisms. One of the challenges to be borne in mind arises from the fact the response analysis that informed the development of the framework, was conducted in 1997. The knowledge about "what can be done, what is priority, what is cost effective" has evolved and efforts are needed to assess gaps in the current plans and formulate a revised framework including core interventions.

The Government with the support of UNAIDS has conducted a financing study to identify the funding required for the implementation of the strategic plans. This study is meant to guide the process of resource mobilisation.

##### ***2.4 Partners in the national response***

The collaboration between international partners in support of an expanded response to HIV/AIDS is increasing. UN agencies have committed themselves to harmonise their actions to maximise benefits deriving from their comparative strengths.<sup>1</sup> This will be

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<sup>1</sup> The Theme Group on HIV/AIDS comprises the following agencies UNDP, UNICEF, UNFPA, WHO, WORLD BANK, UNESCO, UNFPA/CST, UNHCR, the Ministry of Education, Ministry of Health, Ministry of Labour & Social Affairs, OAU and ECA.

facilitated by a comprehensive inventory of individual agency activities currently being completed.

Under the MAP the Bank recently approved a new operation: Ethiopia Multi-sectoral HIV/AIDS Project (EMSAP) which would finance a US\$ 63.4 million three-year slide of the Government's 2000-2004 HIV/AIDS strategic plan. This new operation was prepared in close collaboration with the IPAA partners and about half of its financing will go directly to support local initiatives empowering local government, CBOs, NGOs and the private sector in the fight against the epidemic.

A number of NGOs are already implementing HIV-AIDS activities. In addition the *Orthodox Church*, with its 500,000 priests, represents a tremendous mobilising force. Muslim and Catholic leaders have shown interest in contributing to the fight against HIV/AIDS. However, the *level of hostility against people living with HIV/AIDS* may hamper their capacity to contribute significantly to the fight against HIV/AIDS. Efforts are needed to strengthen their ability to fight the epidemic.

#### **4. International Partnership against HIV/AIDS in Africa**

Ethiopia is among the first 6 countries targeted to implement the International Partnership in Africa. A joint UNAIDS World Bank partnership mission is planned to take place between 25 June and 10 July 2000.

#### **5. Activities to move forward**

To intensify the national response in Ethiopia the following immediate actions have been identified:

- Strengthen UNAIDS Secretariat
- Revise National Strategic Framework
- Develop a resource mobilisation strategy for the implementation of the National Strategic Framework
- Undertake study on sociocultural determinant of the HIV/AIDS in Ethiopia
- Establish mechanism to channel earmarked funds directly to communities (currently with the WB support).

## **International Partnership against AIDS in Africa**

### **Intensification of the national response in Ghana Country Update**

#### **1. The current HIV/AIDS situation**

The national HIV prevalence is currently at 4.6%, and the Government see intensified actions regarding HIV/AIDS as an effort to prevent and control the further spread of the epidemic.

#### **2. The National Response on HIV/AIDS**

##### ***2.1 Political Commitment***

Political commitment to address AIDS, as a priority issue is evident in Ghana's Vision 2020 document for social and economic development. This document focuses on youth, women and other groups at risk of HIV/AIDS.<sup>1</sup>

In October 1999, the International Partnership fielded a mission to Ghana with representatives from the UNAIDS Secretariat, UNESCO, UNFPA, WHO, the World Bank, USAID and GTZ. During this mission, the Government committed itself to establish a supra-ministerial and multisectoral body to direct and co-ordinate the involvement of all ministries, the Private Sector and NGOs in the fight against HIV/AIDS and to establish a special fund for HIV/AIDS activities. Though political will is often expressed, there is still a need for increased political commitment and translation of the will into concrete high level action in support of programme implementation.

##### ***2.2 Institutional Structures for managing the national response***

Strengthening of the NACP in terms of manpower is needed in order to co-ordinate an expanded multi-sectoral response to the epidemic. NACP has achieved results in the area of blood safety, surveillance and control and STD management. There is, however, room for improvement in care and support services for PLWHA including clinical management and counselling, advocacy and social mobilisation.

The Ministry of Employment and Social Welfare has accepted the responsibility to expand the response to the districts through the "District Response Initiative". A pilot, which includes 10 districts, has started and aims at getting District Chief Executives (DCE) and local civil society groups to take responsibility for the prevention and control of HIV/AIDS at local levels. Some DCEs have also expressed their wish to contribute to the HIV/AIDS response in their respective districts. By July 2000 all 17 districts in the Ashanti region will be introducing the DRI. The ministry aims at extending the District Response Initiative to all 110 districts in Ghana. Technical and financial assistance is needed for this to happen.

Seventy six percent of young people in Ghana do not consider themselves as being at risk. Technical and financial assistance is needed to strengthen the ongoing AIDS Programme within the Ministry of Youth. USAID have indicated interest in providing such assistance.

Concerned about the impact HIV/AIDS can have on food production and food security, the agriculture sector has developed a very comprehensive plan aimed at reducing the spread of HIV/AIDS among its extension workers and the country's farmers. Financial support for the implementation of this plan is likely to come from the World Bank while FAO has promised

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<sup>1</sup> The objective of Vision 2020 is to make Ghana a middle income country by the year 2020.

technical assistance. The Deputy Minister of the Ministry of Agriculture has recommended the International Partnership to facilitate the exchange of experience on agriculture and AIDS in the region.

### **2.3 National strategic planning**

In August 1999, the lead sector, Ministry of Health initiated the development of the National Strategic Plan under the leadership of the Deputy Minister of Health. All major stakeholders were invited to participate in the development of this plan, which is expected to be completed by end July 2000. Priority areas/target groups for the Strategic Plan include youth, women, PLWHA, commercial sex workers, surveillance and STD control. There is a need to increase government ownership of the Strategic Plan. Manpower constraints do not permit MOH/NACP to co-ordinate the national strategic planning process.

### **2.4 Resource mobilisation**

During the Tenth Consultative Group Meeting for Ghana in November 1999, the 17 donor countries present supported the government's intentions to intensify efforts to prevent HIV/AIDS and several have already indicated their financial support. After the completion of the strategic framework in June 2000, the government is planning to conduct a meeting to mobilise resources for the implementation of the framework.

## **3. Partners in the national response**

There are several NGOs involved in HIV/AIDS prevention and control – mainly in IEC for the youth. Very few are involved in care and support. Co-ordination of NGO activities has been somewhat difficult for the NACP until the formation of GHANET. This umbrella organisation of NGOs has the potential to assist the government in co-ordinating the NGO response to the epidemic. The lack of financial and logistical support has made it difficult for GHANET to achieve its objectives. NACP has started capacity building among NGOs to ensure that social mobilisation programmes implemented by NGOs are effective, there is a need for more capacity building for the numerous larger and smaller NGOs involved in HIV/AIDS education.

The private sector through the Employers Association has embarked on the development of private sector programmes with the assistance of ILO. The Ministry of Employment and Social Welfare has already undertaken a workplace study to provide employers with data on the impact of HIV/AIDS on productivity. UNFPA has offered technical assistance to address the issue of AIDS in the workplace.

A recent study undertaken in Ghana, showed that PLWHA are reluctant to go public because they fear discrimination against themselves and their families. The Christian Health Association (CHAG) project in community mobilisation is the only NGO body providing a continuum of care for PLWHA. Technical and financial assistance is needed to strengthen these services.

The Government has not yet introduced anti-retroviral for the treatment of HIV/AIDS in Ghana. PLWHA often use herbal preparations for the treatment of opportunistic infections, which apparently are improving the quality of life of some PLWHA. A study is currently being conducted to assess the efficacy of the preparations, but is hindered by the lack of financial support. The President has asked for international support to complete this study which could make a difference for the people living with HIV/AIDS in Ghana.

The expansion of the Theme Group and Technical Working Group to include all UN agencies, multi/bilateral donors and government sectors has greatly increased collaboration. Several agencies have made pledges to contribute towards the District Response Initiative (DRI), which aims at expanding the HIV/AIDS response to the districts. Contributions to the DRI are expected to come from GTZ, UNICEF, UNFPA and UNDP. WHO is already

supporting the initiative. The Embassy of the Netherlands and USAID has also indicated interest in supporting district initiatives. The World Bank is working closely with government and UNAIDS in preparing a multi-sectoral, community-driven operation under the Multi-country HIV/AIDS Programme for the Africa Region (MAP). This proposed operation will support the Ghanaian strategic plan and should be approved this fiscal year. WFP is supplying food to PLWHA involved in a study looking into the efficacy of traditional herbal medicine. Community mobilisation projects implemented by the Christian Health Association of Ghana and supported technically and financially by UNAIDS are presently co-financed by the Presbyterian Church. UNFPA/MCH are supporting a female condom programme which is currently being introduced with assistance from GSMF and SWAA GHANA. The Embassy of the Netherlands has co-financed the PLWHA project with UNAIDS/DANIDA and is interested in to continue providing support in this area.

#### **4. Activities to move forward:**

To intensify the national response in Ghana the following immediate actions have been identified:

- Strategic planning: finalisation of strategic planning process, organising resource mobilisation meeting
- Strengthen care and support services of people living with HIV/AIDS
- Improve services of voluntary counseling and testing, prevention against mother to child transmission of HIV and procurement and promotion of female condoms
- Establishment of Interministerial body
- Social mobilisation
- Development of workplace programmes

**International Partnership against HIV/AIDS in Africa  
Information on the status of national response  
and the needs in 13 IPAA Countries.**

*Document for internal discussion. Not for dissemination.*

Under the framework of the IPAA, progress has been made in the following areas:

- **National strategic planning:** Mozambique, Malawi, Tanzania have already finalized the national strategic plan (NSP), focus was therefore put on implementation and resource mobilization; Ethiopia has reviewed its national strategic plan within the IPAA framework; Burkina Faso national strategic planning process is underway and Ghana has started the process in full partnership spirit
- **Establishment and empowerment of the national coordinating body** for a strategic management of a multisectoral response in Uganda, Zambia, Nigeria, Tanzania, Mozambique, Ethiopia
- **Decentralization of the response** through district response initiative based on a broader community mobilization and participation: Ghana, Burkina Faso, Malawi
- **Financial resource mobilization:** Roundtables were held (Malawi) or are planned (Tanzania, Ghana); Ethiopia and Kenya are developing appropriate *resource transfer mechanisms* to channel funds to communities; *Debt-for-AIDS Initiative:* Countries (Uganda, Tanzania, Malawi, Mozambique, Burkina Faso, Nigeria, Zambia) are maximizing benefits for HIV/AIDS programs in debt relief discussions by integrating AIDS in the Poverty Reduction Strategy Papers (PRSP) or including the NSPs in the medium-term public expenditure frameworks (MTEPs)
- **Advocacy and political mobilization:** Political commitment has significantly increased in many countries
- **Effective partnerships mechanisms:** Expanded Theme Groups in Ghana, Ethiopia, Burkina Faso, Zambia, Uganda; special mechanisms such as the Task Force in Burkina Faso
- **Scaling up programmatic interventions** (Care, MTCT, VCT)
- **HIV/AIDS strategies for countries in conflict**, including issues related to the military and peace keeping operations are being developed

**Generic needs**

Some generic needs have been identified in a large number of African countries. Responding to these needs is critical in order to improve the national response and support the development of IPAA.

- **Reinforcing and supporting the national coordination body.** To provide multisectoral coordination of the national response, the existing national structures need to be reinforced and supported.
- **Supporting the operationalisation of the national strategic plan.** Many countries are engaged in formulating their national plan and some have already completed the process. The critical next steps are to ensure support for the costing of the plan and for resources mobilization. A detailed implementation plan and mechanisms for channeling funds to the local level need to be developed.
- **Building national capacity.** Strategies for developing national capacity need to be identified and supported. Strengthening regional resources networks will contribute to building national capacity.

The following tables present some specific priorities in intensifying national response.

## International Partnership against AIDS in Africa

| Countries | Status of the national response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Specific needs and priorities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ghana     | <ul style="list-style-type: none"> <li>• Strong Political Commitment</li> <li>• Efforts are being done to strengthen Institutional Structures for managing the national response; The Ghana AIDS Commission is currently being created and is expected launched by the Cabinet in September 2000. A task Force for the district response Initiative has been created at central level headed by the Ministry of Social Affairs.</li> <li>• Draft national strategic framework currently being finalised.</li> <li>▪ District planning in 17 additional districts started in June 2000</li> <li>• Through the District Response Initiative district plans have been developed in 10 districts</li> <li>• Resource mobilisation meeting planned for December 2000</li> <li>• The Theme Group on HIV/AIDS has been expanded to include all UN agencies, multi/bilateral donors and government sectors are also members</li> <li>• Presence of a CPA</li> </ul> | <ul style="list-style-type: none"> <li>▪ Finalize national strategic framework and organize round table to mobilize funds for the implementation of the framework (roundtable planned for December 2000)</li> <li>▪ Establish the Ghana AIDS Commission</li> <li>▪ Organizing resource mobilization meeting</li> <li>▪ Develop funding mechanisms for channeling funds to activities at central and district level</li> <li>▪ Establishment of interministerial body</li> <li>▪ Social mobilization</li> <li>▪ Development of workplace programs</li> <li>▪ Build national capacity in the area of human right and HIV/AIDS</li> <li>▪ Scale up programmatic interventions: care, MTCT, VCT, care and support services of PLWHA, female condoms</li> </ul>                                     |
| Malawi    | <ul style="list-style-type: none"> <li>• Increased Political Commitment</li> <li>• The National Strategic Framework Covering the Period 200-2004 was launched in October.</li> <li>• Resource Mobilisation: round table conference to mobilize resources, inclusion of HIV/AIDS in HPIC document</li> <li>• Co-ordination of the national response. Task Forces covering the nine priority components in the strategic framework has been established (representatives from all five constituencies groups represented in the task forces)</li> <li>• Development of district specific plans. 16 out of 32 plans have been completed.</li> <li>• Local response facilitation teams are planned in 6 districts</li> </ul>                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>▪ Round Table follow up</li> <li>▪ District planning</li> <li>▪ Enhancing sectoral responses and mainstreaming of HIV/AIDS</li> <li>▪ Analysis of human resources/technical skills needed to implement the strategic framework</li> <li>• Incorporating HIV/AIDS in the Malawi Poverty Reduction Strategy Paper (PRSP) and the HIPC debt relief agreement.</li> <li>▪ Develop tool for monitoring flow of funds</li> <li>▪ Strengthen institutional capacity building for the NACP</li> <li>▪ Private sector involvement</li> <li>▪ Support to orphans</li> <li>▪ Scale up programmatic interventions regarding care of people living with HIV/AIDS and orphans, improve services of voluntary counseling and testing and prevention against</li> </ul> |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | <ul style="list-style-type: none"> <li>The UN Theme Group has extended the dialogue to the heads of the wider donor community through the <i>Aid Co-ordination Group</i> which is co-chaired by the UN Resident Co-ordinator and the Resident Representative of the World Bank.</li> <li>Presence of a CPA</li> </ul>                                                                                                                                                                                                                                                                                         | mother to child transmission of HIV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Ethiopia   | <ul style="list-style-type: none"> <li>Increasing Political commitment</li> <li>National Secretariat in the office of the PM was established in April 2000 to coordinate the national response</li> <li>Theme Group on HIV/AIDS has been expanded to include members from government, OAU and ECA</li> <li>Presence of a CPA</li> <li>Strengthening of institutional arrangements</li> <li>Strategic planning completed at regional and federal levels</li> <li>Effective decentralization of the NACP</li> <li>Regional Multi-sector HIV-AIDS Strategic Plans formulated in all of the 11 regions</li> </ul> | <ul style="list-style-type: none"> <li>Revise National Strategic Framework</li> <li>Resource mobilization for the implementation of the National Strategic Framework</li> <li>Undertake study on socio-cultural determinant of the HIV/AIDS in Ethiopia</li> <li>Establish mechanisms to channel earmarked funds directly to communities</li> <li>Strengthening of surveillance system.</li> </ul>                                                                                                                     |
| Mozambique | <ul style="list-style-type: none"> <li>Enhanced political commitment</li> <li>Weak institutional structures</li> <li>ongoing decentralization process</li> <li>Health system destroyed by the flood</li> <li>Low involvement of non-health sector;</li> <li>A National Strategic Plan completed</li> <li>Expanded Theme Group</li> <li>Presence of a CPA</li> <li>HIV/AIDS is being included in the PRSP and other HPIC documents</li> <li>Round table for resources mobilization is being prepared.</li> <li>Effort is being done to support district and community response</li> </ul>                      | <ul style="list-style-type: none"> <li>Evaluate the consequences of the floods on national response.</li> <li>Advocacy at national level, in sector ministries and at provincial level.</li> <li>Strengthen institutional structures and human resource capacities at provincial level.</li> <li>Assess impact of HIV/AIDS on non-health sectors.</li> <li>Organize a round table to mobilize funds for the implementation of the national strategic plan.</li> <li>Strengthen the National AIDS Committee.</li> </ul> |
| Tanzania   | <ul style="list-style-type: none"> <li>Clear development in political commitment for enhanced multisectoral mobilization</li> <li>Discussion on restructuring national coordination body underway</li> <li>Tanzania (Mainland) and Zanzibar have each completed their national strategic plan.</li> </ul>                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>Advocacy action to promote effective political actions</li> <li>Support to the implementation of the National strategic plan at sectors and districts</li> <li>Greater coverage through expanded involvement of the civil society at local and local level</li> <li>Mechanism to develop an effective partnership among international partners</li> <li>Strengthening and capacity building of NACP</li> </ul>                                                                  |

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | <ul style="list-style-type: none"> <li>• Theme Group operational but not expanded</li> <li>• CPA under recruitment</li> <li>• Districts are formulating their implementation plans.</li> <li>• Action plans for 24 sectors and 115 districts for 2000-2002 have been completed.</li> <li>• Several Ministries have established a focal point.</li> <li>• Business Council on HIV/AIDS under development.</li> <li>• Resource mobilization: HIV/AIDS is linked to poverty in interim poverty Reduction Strategy Paper; HIV/AIDS has been considered in the Public Expenditure Review Consultative Meeting</li> </ul> | <ul style="list-style-type: none"> <li>• Partnership building at country level and involvement of all stakeholders</li> <li>• Strengthening mechanism for channeling funds to districts and communities</li> <li>• Strategic co-ordination and multisectoral mobilization</li> <li>• Enhancing multisectoral mobilization</li> <li>• Resource mobilization</li> </ul>                                                                                                                                                                                                                                                                                                                                                    |
| Burkina Faso | <ul style="list-style-type: none"> <li>• National Strategic Plan developed, need to be costed; operational plan designed for its implementation.</li> <li>• District plan under development</li> <li>• Expanded Theme Group</li> <li>• Presence of a CPA</li> <li>• Resource mobilization: HIV/AIDS included in HPIC documents and PRSP; roundtable for is under preparation.</li> <li>• A partnership task force has been set up.</li> <li>• Weak institutional arrangement</li> <li>• The process of intensifying national response is slow</li> </ul>                                                            | <ul style="list-style-type: none"> <li>▪ Costing strategic plans for its implementation</li> <li>▪ Institutional strengthening at national and district level</li> <li>▪ Financial sustainability and mechanisms for effective transfer of fund to districts</li> <li>▪ Product procurement: drugs, condoms...</li> <li>▪ Necessary adaptation of laws.</li> <li>• Designing and costing strategic plans in all districts</li> <li>• Scaling up and replicating best practices in local response</li> <li>• Programmatic intervention: Care, community support and counseling in STD/HIV/AIDS in public and private health services; VCT; prevention of MTCT of HIV; STI/HIV Prevention in CSW; Surveillance.</li> </ul> |



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

UNICEF · UNDP · UNFPA · UNDCP

UNESCO · WHO · WORLD BANK

# The International Partnership against AIDS in Africa



## A Framework for Action

# The International Partnership against AIDS in Africa

## Five Constituencies of the Partnership

- African Governments
- United Nations
- Donors
- The Community Sector
- Private Sector

May 2000



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## **EXECUTIVE SUMMARY**

The purpose of this document is to describe an emerging strategy for working in partnership on AIDS in Africa. It maps out why we need to do this; why it is different from previous efforts. It discusses the roles and responsibilities of different actors; the outputs at each level; and mechanisms for partnership. It proposes a set of goals, targets, principles, as well as milestones for discussion. It explores the potential roles for African governments, donors, the private sector and the community sector, and describes the role and responsibility of the UNAIDS Cosponsors and that of the UNAIDS Secretariat. The "Framework for action" is a work in progress that has been negotiated by all constituencies. The UNAIDS Programme Coordinating Board of May 2000 has endorsed the framework as the IPAA strategy for all partners.

### **Why is the Partnership needed?**

Nearly 70% of the world's infection by HIV/AIDS, and 90% of deaths from AIDS are to be found in a region that is home to just 10% of the world's population. Infection levels are highest in the sub-Saharan region, access to care is lowest, and social and economic safety nets that might help families cope with the impact of the epidemic are grossly inadequate.

The need to mount an extraordinary response is thus overwhelming. Current national AIDS activities in Africa must be expanded dramatically to make an impact on the epidemic. Experience shows that when governments commit their political prestige and financial resources, involve civil society fully, emphasize prevention and care, and support activities in a range of sectors, they are able to limit the spread of the epidemic and mitigate the impact, and attract international support. Only then can the rate of new infections be slowed. African leaders are demonstrating unprecedented leadership in fighting HIV/AIDS; the time is ripe for an extraordinary effort.

### **What is the Partnership?**

The Partnership is a coalition of actors who, based on a set of mutually agreed principles, have chosen to work together:

- to achieve a shared vision,
- common goals and objectives, and
- a set of key milestones.

Its purpose is to establish and maintain processes by which governments, civil society, national and international organizations working against AIDS in Africa are enabled to work together more effectively to curtail the spread of HIV, sharply reduce its impact on human suffering, and halt the further reversal of human, social and economic development in Africa.

The actors of the Partnership are:

- African governments
- The United Nations
- Donors
- The private sector
- The community sector

The partners believe that by acting in synergy with others the impact of individual actions can be dramatically enhanced and they can seek to build on development through best practice at every level. As such, the Partnership can be understood as a series of overlapping partnerships at different levels, and between different actors, working to common targets:

- At *country level*, members of the Partnership undertake to work under the leadership of national governments within a common, strategic framework, frequently called a “national strategic plan for HIV/AIDS”. To be effective, this framework will identify core strategic and programmatic areas for intervention, and the role of different actors.
- At *regional and sub-regional level*, members of the Partnership will build on existing mechanisms for collaboration in the strengthening and development of regional resources, such as technical resource networks, available for rapid drawdown by national programmes seeking technical advice and training.
- At *global level*, the Partnership will identify processes and products in which to collectively invest. These will range from intensifying action on international public goods, to political processes, which are likely to result in greater resources and visibility for the epidemic, and where intensified and coordinated action is likely to have an impact.

## **Partnership: Vision, principles, international targets and the overall HIV/AIDS goal**

The vision of the International Partnership Against AIDS in Africa is that within the next decade African nations with the support of the international community will be implementing larger-scale, sustained and more effective multisectoral national responses to HIV/AIDS.

Through collective efforts, promotion and protection of human rights and promotion of poverty alleviation, countries will:

- Substantially reduce new HIV infections;
- Provide a continuum of care for those infected and affected by HIV/AIDS;
- Mobilize and support communities, NGOs and the private sector, and individuals to counteract the negative impact of the HIV/AIDS epidemic in Africa.

Principles are:

- African ownership and leadership of the Partnership at all levels: country and community priorities to drive the action, and implementation plans will be based on local priorities and contexts;
- Active involvement of people living with AIDS in setting the parameters of the Partnership and its design, implementation and evaluation;
- Focus on enhanced, more efficient results at country level;
- Respect, protection and fulfillment of human rights, compassion, and active opposition to all forms of stigma and exclusion of people living with HIV/AIDS;
- Promotion of public awareness both within and outside Africa of the HIV/AIDS epidemic as a development crisis that requires an urgent and sustained response on an unprecedented scale;
- Equal access to appropriate treatments and other scientific breakthroughs in prevention and care;
- Support for the development and implementation of joint national strategic action plans involving all relevant sectors;

- Partners fully committed to working jointly.

### **The ICPD+5 international target**

The ICPD+5 United Nations General Assembly Special Session (UNGASS) set a new internationally agreed target for addressing HIV/AIDS in the world. While not exclusive to Africa, this valuable target focuses world attention and commitment to address the HIV/AIDS epidemic. UNAIDS and donors have been called upon – and have agreed – to take the steps necessary to ensure that by 2005:

- At least 90 percent of young men and women aged 15-24 have access to information and skills required to reduce their vulnerability to HIV infection;
- HIV incidence in 15-24 year olds is reduced by 25 per cent in the most affected countries.

### **The overall HIV/AIDS goal**

While reducing transmission is one critically important aspect of addressing the epidemic, this will not be achieved in isolation of concomitant efforts to:

- provide care and support to those affected;
- reduce suffering and mitigate the impact of the epidemic;
- decentralize the response through local government and community action;
- expand the response in the education, health, workplace and communication sectors, among others, through significant social and economic policy adjustments, including the strengthening of social safety nets for the most vulnerable;
- substantially increase the investment of financial, technical and political resources in HIV/AIDS-focused efforts;
- begin to deal with the challenge of children orphaned by AIDS and vulnerable children.

The IPAA contributes to the achievement of an overall HIV/AIDS goal which builds on the ICPD+5 target. It is important to note that the IPAA itself is not directly responsible for achieving the results, but rather will contribute to their achievement.

The overall HIV/AIDS goal is:

To curtail the spread of HIV, and to reduce sharply the impact of AIDS on human suffering and on the development of human, social and economic capital in Africa

## **Partnership: operational considerations**

### **Outputs and milestones**

In order to guide and monitor the progress of the Partnership in the early phases, outputs and milestones have been agreed. They provide strategic guidance on how the Partnership should be implemented over the next two years to meet the long term international AIDS goal and will be reviewed and revised as necessary annually. They have been articulated in the following areas:

- Intensified country-level action;
- National capacity strengthening;
- Agreed goals, outputs and milestones;
- Advocacy and political mobilization;
- Increased financial resources;
- Effective partnership mechanisms.

### **IPAA functions and mechanisms at country level**

The key function of the Partnership at country level is to provide a mechanism for all actors to come together, under the leadership of government, in support of effective national strategic plans. While many countries already have national strategic plans, they have often failed to act as a platform around which all actors have been willing and able to programme their resources. The critical first step to coordinated working at country level is to develop a shared action plan, which will in most instances be incorporated into the national strategic plan; in others, they will supplement the existing national strategic plan. The key to their value lies in their role as a jointly negotiated and agreed statement of what all partners will do. For the purposes of this framework for action, they are referred to as “national action plans”.

**National Action Plans** may include some of these:

- shared analysis and shared perspective on ‘gaps’;
- shared priorities;
- negotiated and costed action plans;
- agreed milestones and indicators of achievement;
- agreed working arrangements and responsibilities such as national coordination mechanisms; common design and appraisal; implementation; monitoring and evaluation; use of technical resources;
- agreed resource mobilization plans, drawing on all partners (government, donors, private sector) or potential partners;
- mechanisms to include diverse and non-traditional partners, both national and international;
- mechanisms for ensuring timely resource transfer and technical support to district/community level actions;
- mechanisms to ensure active involvement of persons living with HIV/AIDS.

Most countries are engaged in strategic planning processes. Government, civil society, the private sector and external partners are already engaged in AIDS programmes. What does the Partnership bring in which is different? We can identify a number of gains:

The value added of the IPAA lies in:

- A *co-ordinated response*: In most countries there is immediate scope for improved co-ordination. The willingness to negotiate around nationally negotiated plans to identify gaps and improve efficiency will be a significant step forward in many countries.
- A *scaled up response* by better use of existing resources and new resources. Resources are more likely to flow towards well-designed, clearly costed and well-implemented programmes, especially where it is clear that mechanisms are in place for moving resources to district and community level.
- A *linked response*: the IPAA will ensure that countries are properly linked to sub-regional, regional, and international resources and initiatives. By improving communications and the quality of information, and where necessary ensuring that brokering functions are performed, the Partnership will ensure that countries are able to benefit from other international and regional investments in addressing the epidemic, including in best practice development, information, commodities or technical expertise.
- A response based on the best practices *learned from two decades of experience with the epidemic*: experience from two decades of the epidemic has generated a considerable body of good practice.

### **IPAA functions and mechanisms at regional level**

The key function of the Partnership at regional and sub-regional level is to ensure maximum impact at country level through cost-efficient high quality support for national programmes and for local initiatives within countries. Organizationally, inter-agency groups and networks of persons and institutions working on specific topics (e.g. voluntary counselling and testing, home-based care, management of STDs, AIDS and the education sector, national strategic planning, debt relief and AIDS, ethics/law and AIDS) will be the primary mechanisms for better coordination and stronger support to countries. Specific regional functions include the following:

- Coordination and strengthening of technical resources and improved mechanisms for rapid drawdown by any partner;
- Support to leading institutions for training, policy analysis, research, etc.
- Use of existing coordination mechanisms to act as a platform for advocacy
- Development of mechanisms to address cross-border issues which require sub-regional perspectives;
- Negotiations over the procurement of commodities, where regional/sub-regional levels have advantage over the national level.

## **IPAA functions and mechanisms at international level**

At international level the Partnership's key function will be to support country, sub-regional and regional initiatives and to take forward international actions that will further enable effective local responses. Functions include:

- Advocacy to support the Partnership and to increase public and private (e.g. business, foundation, NGO and others) resources;
- Monitoring of the progress of the IPAA;
- More effective use of existing co-ordination mechanisms to act as platform for advocacy;
- Identification of areas, issues and mechanisms where international action, brokering, or coordination will add value to sub-regional and country-level actions: these may include negotiations over commodities such as condoms, testkits etc.), advocacy for the development of new international public goods (particularly drugs and vaccines); amplifying the links between AIDS and poverty through the development of Poverty Reduction Strategy Papers (PRSPs), and debt reduction for Highly-Indebted Poor Countries (HIPC).

## **The roles, responsibilities and membership of the Partnership**

Members of the Partnership are those who state that they wish to work jointly with others in pursuit of an intensified response to AIDS in Africa, and are prepared to adjust their activities in line with Partnership principles. Members will be in agreement with the objectives, and milestones of the Partnership, and will be willing to act transparently, and to make information available to members of the Partnership, particularly at country level. While it is not envisioned that there will be any formal mechanisms in place for joining the Partnership, this internationally agreed Partnership document provides the basis for discussions and participation. At national level, the joint Action plan provides the vehicle for negotiating participation. It is clear that at each level of the Partnership, different partners will coalesce around different issues and instruments for taking forward action.

## **Conclusion**

A significant increase in the resources committed to the Partnership is needed from all Partners. While the Framework demonstrates the intention of all Partners to use existing resources more effectively and efficiently, significant progress will not be made without increasing the human, technical and financial resources available. In anticipation of these additional inputs, this Framework sets out a working agreement as to how they might be best deployed, in support of national strategic plans, and in cooperation with all other Partners. If new and existing resources are henceforth deployed in accordance with the Partnership principles, vision, goal and purpose, set out in this document, the IPAA stands ready to make significant strides against the epidemic in Africa.

# **A Framework for Action**

## **Working in Partnership: Intensifying national and international responses to AIDS in Africa**

### **I. INTRODUCTION**

1. The Partnership is a coalition of actors who have chosen to work together to achieve a shared vision, common goals, and a set of key milestones, based on a set of mutually agreed principles. Its purpose is to establish and maintain processes by which governments, civil society and especially the community sector, national and international organizations working against AIDS in Africa are enabled to work together more effectively to curtail the spread of HIV, sharply reduce its impact on human suffering, and halt the further reversal of human, social and economic development in Africa.

2. The actors of the Partnership are African governments; the United Nations; donors; the private sector<sup>1</sup> and the community sector<sup>2 3</sup>. As such, the Partnership can be understood as a series of overlapping partnerships at different levels, and between different actors, working to common objectives.

3. The purpose of this document is to describe an emerging strategy for working in partnership on AIDS in Africa. It maps out why we need to do this; why it is different from previous efforts. It discusses the roles and responsibilities of different actors; the outputs at each level; and mechanisms for partnership. It proposes a set of goals, targets, principles, as well as milestones for discussion. It explores the potential roles for African governments, donors, the private sector, and the community sector, and describes the role and responsibility of the UNAIDS Cosponsors and that of the UNAIDS Secretariat. The Framework for Action reflects an evolving process to better respond to AIDS in Africa, and thus overtime, will be revised as necessary. It is work in progress that has been widely discussed within and among all constituencies. The UNAIDS Programme Coordinating Board of May 2000 has endorsed the framework as the IPAA strategy for all partners.

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<sup>1</sup> The private sector includes diverse groups such as multinational corporations, pharmaceutical firms, foundations and trade unions.

<sup>2</sup> Under the Partnership, the community sector will be understood to start from individuals, families and communities who have organised themselves on basis of geographic, constituent and thematic areas to respond to the epidemic. The community sector includes the national and international NGOs, CBOs, religious organisations, traditional healers, youth organisations, women networks, networks of PHA, media houses, and special interest groups.

<sup>3</sup> Participating actors in the Partnership include national academic and research institutions.

## **II. BACKGROUND: WHY IS A PARTNERSHIP NEEDED?**

### **A. Problem statement**

4. The 1999 World AIDS Day figures spell out the stark reality of the epidemic for Africa: life expectancy at birth in southern Africa, which rose from 44 years in the early 1950s to 59 in the early 1990s, is set to drop to just 45 between 2005 and 2010 because of AIDS. In contrast, South Asians can expect by 2005 to be living 22 years longer than their counterparts in southern Africa. In Zimbabwe, one in four of the population lives with HIV/AIDS. 83% of deaths from AIDS occurred in Africa. Eastern and southern Africa are home to 4.8 percent of the world's population, yet have over 50 percent of the world's HIV-positive people and account for 60 percent of all lives claimed by AIDS since the epidemic began<sup>i ii</sup>.

5. The impact of AIDS currently being experienced in Africa will be present for years to come. Some of the wider dimensions of the AIDS crisis in Africa are now well recognized, as is the need to mount an extraordinary response. AIDS presents unique challenges requiring unparalleled action:

- The AIDS epidemic threatens human health and development, destabilizes society and is amplified and fuelled by wars, civil strife and movements of people. Moreover, AIDS differs from most other lethal epidemics as it claims lives during the period when people are at their most productive, and when they are likely to be parents of dependent children. In particular, AIDS has reversed four decades of development in Africa and threatens future development and populations.
- Studies have shown that when AIDS strikes a household, patterns of agricultural production change: in rural areas, output falls. This threatens food security in both the countryside and the city. A number of other consequences follow the spread of AIDS into a household: children may be pulled out of school; elderly people may have to fend for themselves as their own offspring die from the virus; savings may be spent on caring for the ill; other assets, such as home, land or livestock, may be sold off to pay for medical treatment.
- Because AIDS is associated with major stigma and shame, and touches on human sexuality, substance abuse, death, and human relations, it has not been an easy subject for governments, communities or individuals to deal with.
- The progression of the disease has outpaced all projections. For example, WHO projected in 1991 that in 1999 there would be 9 million infected individuals and nearly 5 million cumulative deaths in Africa; estimates made in 1999 are two to three times higher. The current estimate of 23.5 million infected individuals in Africa, an additional 4 million new infections per year, and 13.7 million cumulative deaths highlight the enormous burden that AIDS will place on countries for decades to come. Should all new infections cease today, the burden on populations, health systems and countries will endure for years. The epidemic of AIDS-related deaths is yet to come. Because of AIDS, life expectancy in Africa has dropped, and in some places may fall back to 1960s levels.
- By 2010, the approximately 40 million children orphans due to AIDS in Africa represent a human tragedy that is unprecedented. The effects on the social fabric of societies, political, social and economic stability of nations, and future development of nations will be great and, in many ways, unpredictable.

- Those particularly at risk are youth from 8 to 25 years of age. Youth, particularly girls, do not have full access to information, personal protective measures and legal protections. Young children below 15 years need to be specifically targeted before behaviour formation. Information and life skills need to be imparted at an early stage (e.g. 8 years) concerning themselves and relationships with others.
- Health systems are being placed under severe strain. For example, in heavily affected countries more than half of all hospital patients are infected with HIV. Teachers are dying – more than four a day in some countries. In the private sector, absenteeism and recruitment costs are rising.

6. Other factors have also been at work. There has been a range of failures of commission and omission, intentional and unintentional, that have led to the situation that Africa faces today.

- AIDS was perceived as one among many devastating and pervasive problems including conflict, acute poverty and killer diseases from malaria to TB, both within Africa and globally. Wars, famine, and political upheaval all contribute to the spread of the virus and prevent an adequate response. AIDS has consistently been pushed down the agenda as other problems and crises both in Africa and elsewhere have taken centre stage.
- AIDS has been viewed as an intractable problem, with few evidence-based solutions. It has taken time to demonstrate that it is possible to make a substantial impact on the course of the epidemic.
- AIDS has been dealt with primarily as a health issue, or even as a primarily medical problem, and not as a development issue, which has masked the full impact of the disease. Even in the health sector, the response has sometimes paid insufficient attention to the realities of limited health sector capacity and the stigma and other constraints in communities that have impeded their support to the use of services by those who need them.
- Moreover, AIDS programmes have relied heavily on traditional IEC messages based on the premise that “getting the message right” would lead to appropriate behaviours. It is increasingly evident that true participation of families and communities in analysing their own situation, particularly the situation of women and girls with respect to HIV/AIDS, is a prerequisite to success in addressing every aspect of HIV/AIDS, including stigma and discrimination.
- National AIDS programmes in a number of countries have suffered in general from the problems of a weak enabling environment for development: low political legitimacy of government, lack of transparency and accountability, absence of respect for human rights, and uncoordinated external assistance. While a good enabling environment alone will not bring about a successful national fight against HIV/AIDS, such an environment is a necessary precondition for success.
- The approach to AIDS has suffered more generally from the problems of development: in countries where, in varying degrees, strong government, accountability, respect for human rights, community participation and well-coordinated external collaboration have come together, there has been effective impact on the epidemic.

- The response of external partners and the UN has not kept pace with the epidemic; poor coordination and unfilled gaps – or a ‘boutique’ approach to AIDS projects – characterize many externally funded AIDS programmes.
- The lack of institutional and technical capacity in many countries to deal with an epidemic of this scale has undoubtedly played a part. This has been coupled with a lack of strong government ownership, externally driven priorities, and the substitution of international capacity for developing indigenous capacity in many countries.

7. The commitment of African governments is crucial to the reduction of the HIV/AIDS incidence and of negative socio-economic consequences. The recently emerging strong ownership of African countries is making the IPAA possible, and is a key factor to any coordinated, intensified action. This year, African political, religious and community leaders are breaking the silence surrounding HIV more than ever before, and are speaking out. Valiant efforts are being made in many countries, though political and institutional complexities continue to undermine a sustained response. The environment for intensifying the response in many African countries is becoming much more positive, signaling vital opportunities for a scaled up international response.

## **B. Targets for international action**

8. The international effort to control the HIV/AIDS epidemic is linked to a broader set of international development targets. These targets, agreed through the UN Summits of the last ten years, represent both a challenge and an opportunity for dealing with the HIV/AIDS epidemic. Many countries in Africa will find it extremely difficult to meet the targets and some will not meet them, because of the devastating impact of HIV/AIDS. But the targets are also an opportunity; they are a way of mobilizing action around the key areas of concern and a means of measuring progress. Above all, the targets demonstrate the need for intensified action on HIV/AIDS if we are to make progress on poverty reduction and sustainable development, hence demonstrating the need for the IPAA.

9. In June 1999, the international community responded to the need of the global AIDS epidemic by negotiating a new international development target. The ICPD+5 United Nations General Assembly Special Session (UNGASS) set a new internationally agreed target for addressing HIV/AIDS in the world<sup>4</sup>. While not exclusive to Africa, this valuable target focuses world attention and commitment to address the HIV/AIDS epidemic. Governments, UNAIDS and donors have been called upon – and have agreed – to take the steps necessary to ensure that, by 2005:

- At least 90 percent of young men and women aged 15-24 have access to information and skills required to reduce their vulnerability to HIV infection;
- HIV incidence in 15-24 year-olds is reduced by 25 per cent in the most affected countries.

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<sup>4</sup> Governments with the assistance from UNAIDS and donors, should, by 2005, ensure that at least 90 per cent and by 2010 at least 95 per cent, of young men and women aged 15-24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15-24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent. *ICPD+5 paragraph 70.*

10. Achievement of the ICPD+5 target is likely to result in the prevention of roughly 5 million new infections by 2010. Pursuing this and the other targets will catalyze and reinforce the important social and development policy changes that will be needed to slow and eventually reverse the course of the epidemic.

11. The ICPD+5 target describes one critically important aspect of addressing the epidemic – reducing transmission. However, two decades of experience with the epidemic reinforce the view that the prevention of HIV transmission will not be achieved without concomitant efforts to: provide care and support to those affected; reduce suffering and mitigate the impact of the epidemic; decentralize the response through local government and community action; expand the response in the education, health, workplace and communication sectors, among others, through significant social and economic policy adjustments, including the strengthening of social safety nets for the most vulnerable; substantially increase the investment of financial, technical and political resources in HIV/AIDS-focused efforts; and to begin to deal with the challenge of children orphaned by AIDS and vulnerable children .

12. Therefore, to effectively address the HIV/AIDS epidemic in Africa, the ICPD+5 prevention target needs to be broadened to reflect these concerns. This broader HIV/AIDS goal set out in paragraph 19 has been developed through participatory processes involving stakeholders responsible for achieving them<sup>iii</sup>. The following associated expected results will help focus these efforts and measure progress against them:

- Increased access to HIV prevention interventions;
- Provision of appropriate support and care to persons infected and affected by AIDS;
- Expanded and decentralized response to the epidemic;
- Increased financial, technical and political resource investments.

The box on page 14 sets out the overall HIV/AIDS goal and the expected results.

13. A number of other international development targets help focus these efforts and measure progress against them:

- a reduction by two-thirds in the rate of infant and childhood mortality by 2015;
- a reduction by three-quarters of the rate of maternal mortality by 2015;
- the attainment of universal access to reproductive health services before 2015;
- the achievement of universal primary education by 2015;
- a reduction by one-half in the proportion of people living in poverty by 2015;
- demonstrated progress towards gender equality and the empowerment of women by eliminating gender disparity in primary and secondary education;
- the implementation of national strategies for sustainable development in all countries by 2005, so as to ensure that current trends in the loss of environmental resources are effectively reversed at both global and national levels by 2015.

14. The Human Rights instruments in charters such as the Covenant on Economic, Social and Cultural Rights; the Covenant on Civil and Political Rights, the African Charter on Human and Peoples Rights, the Convention on the Elimination of Discrimination Against Women; and the Convention on the Rights of the Child provide a common starting point for a rights-based approach to HIV programming. This approach is essential if the rights of all people to services related to HIV/AIDS prevention and care are to be fully addressed.

### **III. PARTNERSHIP: VISION, PRINCIPLES, OVERALL HIV/AIDS GOAL AND PURPOSE**

#### **C. Vision and principles**

15. In the course of 1999, considerable discussion has taken place on the shared vision and principles that will characterize the Partnership. The following have emerged from consultations between Partners:

The vision of the International Partnership Against AIDS in Africa is that within the next decade African nations with the support of the international community will be implementing larger-scale, sustained and more effective multisectoral national responses to HIV/AIDS.

Through collective efforts, promotion and protection of human rights and promotion of poverty alleviation, countries will:

- Substantially reduce new HIV infections;
- Provide a continuum of care for those infected and affected by HIV/AIDS;
- Mobilize and support communities, NGOs and the private sector, and individuals to counteract the negative impact of the HIV/AIDS epidemic in Africa.

16. The principles are:

- African ownership and leadership of the Partnership at all levels: country and community priorities to drive the action, and implementation plans will be based on local priorities and contexts.
- Active involvement of people living with AIDS in setting the parameters of the Partnership and its design, implementation and evaluation.
- Focus on enhanced, more efficient results at country level.
- Respect, protection and fulfillment of human rights, compassion and active opposition to all forms of stigma and exclusion of people living with HIV/AIDS.
- Promotion of public awareness both within and outside Africa of the AIDS epidemic as a development crisis that requires an urgent and sustained response on an unprecedented scale.
- Equal access to appropriate treatments and other scientific breakthroughs in prevention and care.
- Support for the development and implementation of joint national strategic action plans involving all relevant sectors.
- Partners fully committed to working jointly.

## **D. The Partnership and the overall HIV/AIDS goal**

17. The IPAA wants to contribute to the achievement of the overall HIV/AIDS goal and the associated expected results as described in the following box. As such, the longer term HIV/AIDS goal is also the long term goal for the IPAA. It is important to note that the IPAA itself is not directly responsible for achieving the results, but rather will contribute to their achievement.

### **Overall HIV/AIDS goal and expected results by 2005<sup>5</sup>**

#### **Overall HIV/AIDS goal**

To curtail the spread of HIV, and to reduce sharply the impact of AIDS on human suffering and human, social and economic development in Africa

#### **Expected results**

##### **1. Increased access to HIV prevention interventions**

- A substantial percentage of young men and women aged 15-24 have access to information, tools and skills required to reduce their vulnerability to HIV infection;
- A substantial percentage of HIV-positive pregnant women have access to testing, counselling, treatment and alternative feeding programmes;
- A substantial percentage of blood units are screened for HIV, according to national or WHO guidelines.

##### **2. Provision of appropriate support and care to persons infected and affected by HIV/AIDS**

- A substantial percentage of infected and affected persons have access to essential health, education and social services;
- A substantial percentage of HIV-positive people have access to an appropriate continuum of care in accordance with locally established standards, including access to drugs for common opportunistic infections and to antiretroviral drugs;
- Each African country makes measurable progress toward using social, legal and human rights frameworks to address fear, stigma and discrimination;
- A substantial percentage of households currently caring for orphans receive help with care from outside the family.

##### **3. Expanded and decentralized response to the epidemic**

- National responses to HIV/AIDS are built on comprehensive human development agenda, on sound public health practices, human rights principles and sector policy adjustments in these sectors.
- A significant number of community level partnerships will have established success criteria for their actions against HIV/AIDS, and will be measuring progress towards achieving their goals.
- Emergency strategies to deal with specific circumstances for countries in conflict are developed by the end of 2000, to enable swift action when the situation arises in any country.

##### **4. Increased financial, technical and political resource investments**

- A substantial increase of additional technical and financial resources of governments and the International community required for scaling up the national response.
- Financial and other mechanisms in countries required to build local capacity, and allocate national and international resources in support of community level partnerships to be strengthened or established.
- A substantial number of national firms, foundations and international firms operating in Africa will be making in kind and/or financial contributions to AIDS programmes.

<sup>5</sup> Specific indicators and instruments to measure the achievement of the expected results will be developed over the course of 2000, taking into account indicators and instruments already developed and tested, in particular those developed jointly by the UNAIDS secretariat, WHO, USAID and the measure evaluation project of the University of North Carolina, Chapel Hill.

## E. Purpose

18. The purpose of the Partnership is, collectively, to address the question of how to fight AIDS in Africa.

It has been articulated as follows:

To establish and maintain processes by which governments, civil society, national and international organizations working against AIDS in Africa are enabled to work together more effectively to curtail the spread of HIV, sharply reduce its impact on human suffering, and halt the further reversal of human, social and economic development in Africa.

## F. Strategic considerations

19. If we are to achieve the ICPD+5 target<sup>6</sup> on reducing HIV transmission and the overall HIV/AIDS goal - and indeed, to ensure that the other IDTs in health, such as reducing child mortality, and universal education are achieved - the international community and national governments need to scale up significantly, their collective efforts in Africa against the epidemic. Only an urgent mobilization of this kind can curtail the spread of HIV, sharply reduce its impact on human suffering, and halt the further reversal of human, social and economic development in Africa. The International Partnership against AIDS in Africa is such a mobilization. A scaled up response is not only required in the worst affected countries, but also in low HIV prevalence countries which need to intensify the response to HIV/AIDS in order to maintain their low prevalence.

20. IPAA builds on existing efforts. In each country initiatives that work against HIV/AIDS are taking place, though mostly still on too small a scale. Many countries already have National Strategic Plans and a great deal has already been accomplished. The Partnership seeks to intensify, expand and replicate successful actions, and address the political and institutional challenges involved in doing so. It creates no new structures.

21. The actors of the Partnership believe that, by acting in synergy with others within the context of a shared strategic agenda, the impact of individual actions can be dramatically enhanced. The Partnership seeks to stimulate behavioural change among actors so that wasteful overlaps and gaps are minimized, local resources fully utilized and the "boutique" approach to project development shifted into nationally negotiated agreements that meet the needs of nationally driven agendas.

22. At present, impact on the epidemic at all levels is compromised by fragmentation; different actors pursue agendas in isolation from others. Instead of working within nationally negotiated and agreed strategic agendas, actors - whether government or non-government, UN, or private sector - have tended to address HIV/AIDS as an area for designing and implementing multiple, often small-scale projects, with their own objectives, management, monitoring and evaluation systems. Other types of fragmentation result from inadequate government commitment to ensuring coordination of all actors. While it is clear that projects will continue to be an important vehicle of both financial and technical resource-sharing, the International Partnership recognizes that many traditional patterns of donor assistance are inadequate vehicles for addressing HIV/AIDS in Africa. On the contrary, the AIDS epidemic makes painfully visible many of the current shortcomings of development practice. The actors in the Partnership therefore will seek to create and build on development through best practice at every level of the Partnership.

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<sup>6</sup> see footnote 4, p 11.

23. At country level, members of the Partnership undertake to work under the leadership of national governments within a common, strategic framework, frequently called a "national strategic plan for HIV/AIDS". To be effective, this framework must identify core strategic and programmatic areas for intervention, and the role of different actors. Where national plans for HIV/AIDS have not yet been well operationalized, national governments in collaboration with all partners must improve the quality and completeness of these plans. The plans must be endorsed by all partners. National strategic plans for HIV/AIDS will also need to be well integrated into countries' other national development frameworks, including the comprehensive development frameworks (CDF); United Nations Development Assistance Framework (UNDAF); medium term expenditure frameworks; poverty reduction strategy papers; and major sector strategies. Moreover, the national strategic framework will emphasize the role of decentralized levels of government and communities in AIDS activities, recognizing the role of the different actors according to their strategic comparative advantages.

24. Clearly many countries already have national strategic plans, though these have not always provided a basis for coordinated action by all actors. The real challenge will be developing a credible national process for addressing HIV/AIDS which anchors the efforts of all actors within national plans. A second major challenge will be to ensure that local and community level action is facilitated in this process, and that non-traditional partners are facilitated to take part. A third challenge is to develop viable strategies for countries experiencing civil unrest, political upheaval or war.

25. At regional and sub-regional level, members of the Partnership will build on existing mechanisms for collaboration in the strengthening and development of regional resources, such as technical resource networks including South-South cooperation, available for rapid draw-down by any partners seeking technical advice and training. Additionally, all partners will work on identification of the characteristics, dynamics and implications of the AIDS epidemic in the region with a view to identifying entry points for evidence-based and high-impact interventions; develop mechanisms for addressing cross-border issues such as migration; engage in political and resource mobilization; negotiate for necessary commodities (particularly male and female condoms, HIV testing kits, drugs) where this is better addressed as a regional issue. Subregional actions by partners will be valuable in sharing information, successes and failures among individuals and institutions in different countries, and in finding ways to give effective support to regional institutions engaged in the response to the epidemic that can offer sustainability, cost-efficiency and rapid response to country level needs as well as a vantage point for addressing regional challenges.

26. At global level, the Partnership will identify processes and products in which to collectively invest. These will range from intensifying action on international public goods, to political processes, which are likely to result in greater and more appropriate distribution of resources and visibility for the epidemic, and where intensified and coordinated action is likely to have an impact. An example of the latter might include summits such as those of the G8, the World Health Assembly and the annual meetings of the World Bank; international development conferences, such as Copenhagen and Beijing+5; and international debt relief initiatives. The Partnership will also enhance the development and dissemination of tools for implementing and monitoring new areas such as multisectoral HIV work, care and support interventions, and coping strategies such as for orphans and vulnerable children.

## IV. PARTNERSHIP: OPERATIONAL CONSIDERATIONS

### G. Outputs and milestones

27. In order to guide and monitor the progress of the Partnership in the early phases, a series of outputs and milestones have been agreed. These are not designed to replace the overall HIV/AIDS goal or expected results as indicated in paragraph 19 above but to provide strategic guidance on how the Partnership should be implemented over the next two years to meet the long term international HIV/AIDS goal. The outputs and milestones will be reviewed and revised as necessary annually. They have been articulated in the following areas:

- Intensified country-level action
- National capacity strengthening
- Agreed goals, outputs and milestones
- Advocacy and political mobilization
- Increased financial resources
- Effective partnership mechanisms

28. The milestones for the IPAA for the years 2000 and 2001 below are the result of the consultations between partners:

#### Outputs and milestones

##### 1. Intensified country level action

Strategies and approaches to scale up national HIV/AIDS interventions, consistent with IPAA principles developed and implemented.

##### *Milestones for years one and two*

- By 2001, at least 12 countries will have: 1) a technically sound NSP; 2) an implementation plan, including all 5 constituencies and staffing/ resources; 3) an inventory of technical resources for implementing the plan; 4) a resource mobilization strategy to secure needed resources.
- National strategic plans reviewed and operationalized in 12 countries by 2001 and at least 20 countries by 2002.
- National level partnerships include coherent strategies for facilitating community level action, mechanisms for rapid resource transfer to district/community level, and involvement especially of civil society and the community sector.
- Financial mechanisms in place and working for allocating national and international resources in support of effective action at national, sub-national and local levels in 12 countries by 2001 and at least 20 countries by 2002.
- Partnership mechanisms defined, negotiated and working in 12 countries by 2001 and at least 20 countries by 2002.
- Efficient monitoring system in place to monitor the impact of the response to the epidemic in 20 countries by 2001.

## 2. National capacity strengthening

Strategies and mechanisms strengthened and implemented both regionally and nationally, that will ensure effective, rapid and appropriate technical support and capacity-building in national programmes and to identify and respond to regional and sub-regional issues.

### *Milestones for years one and two*

- National strategic plans in 6 countries include capacity-building strategies drawing on national and regional resources by June 2000.
- Strategies for an intensified response to HIV/AIDS by sectors other than the health sector developed in 6 countries by the end of 2001.
- Strategies developed within SWAPS<sup>7</sup> contributing to strengthen sector capacities to better respond to HIV/AIDS by the end of 2001.
- Strategies developed in six countries to strengthen absorptive capacity by 2001.
- Strategy for regional technical resource strengthening in one subregion completed by December 2000, and in other subregions by June 2001 to support country needs.
- Interagency groups<sup>8</sup>, backed by Inter-Country teams identified and established as functioning technical resource networks on at least three priority topics in West-Central and East-Southern regions by December 2000.
- Inventory of technical resources compiled and available at country and regional level by December 2000.
- Financial and contracting mechanisms for rapid draw-down of technical expertise negotiated and agreed for one subregion by December 2000, and for other subregions by June 2001.

## 3. Agreed goals, outputs and milestones

A set of goals, outputs and milestones for intensifying action against AIDS in Africa, and for achieving the ICPD+5 target<sup>9</sup>.

Each country develops specific goals and milestones.

Nonetheless, the overall HIV/AIDS goal and expected results, as well as the outputs and milestones for the IPAA as a whole (as set out in this document), are needed and will be revisited on an annual basis to ensure continued consistency and relevance.

### *Milestones for years one and two*

- By the end of 2000, at least 12 countries have developed and negotiated goals, outputs and milestones with their partners at country level.
- Annual IPAA meeting reviews indicators and milestones.
- By the end of 2000, all UN agencies reviewed and reoriented their programmes of cooperation to appropriately reflect the importance of HIV/AIDS.

## 4. Advocacy and political mobilization

Expanded international and national political commitment and resources to address HIV/AIDS in Africa

### *Milestones for years one and two*

- Political commitment demonstrated in national and international instruments (e.g. budget speeches and multilateral development strategies).
- African political commitment to addressing epidemic clearly indicated at African Development Forum and other political fora in 2000-2001.
- G8 summit further recognizes importance of AIDS in

<sup>7</sup> SWAPS: Sector Wide Approaches, Programmes and Strategies

<sup>8</sup> Inter agency groups already exist to collaborate and coordinate common activities at regional and inter country levels, for example the STD Task force in Africa, comprising African governments, WHO, UNAIDS, African Union against AIDS and STI (AUSTI), USAID, CIDA, GTZ, NGOs, EU; the MTCT interagency working group comprising UNICEF, UNFPA, WHO, UNAIDS Secretariat; The working Group on Youth, comprising USAID, UNICEF, WHO, UNAIDS Secretariat, GTZ etc.

<sup>9</sup> See footnote 4, p.12

Africa: funding for AIDS in Africa increases through UN funding, bi- and multilateral channels..

- A joint advocacy initiative, initiated by UNFPA and involving other partners is agreed by mid- 2000.
- A substantial increase in the number of national firms, foundations and international firms operating in Africa, publicly advocating for greater multisectoral responses to HIV/AIDS.
- Strategy for a coordinated response to the availability of international public goods relevant to AIDS in Africa developed during 2000 (covering commodities such as condoms and test kits, drugs, vaccine development, microbicides).

## 5. Increase financial resources

Strategies developed and promoted which will mobilize additional resources for AIDS in Africa, and utilize existing resources more effectively, building on established resource transfer and management mechanisms and exploring new ones where needed.

### *Milestones for years one and two*<sup>10</sup>

- African governments substantially increase appropriate investments (human, financial) for AIDS in Africa.
- A substantial increase in the number of national firms, foundations and international firms operating in Africa, making in kind or financial contributions to HIV/AIDS programmes.
- Resource tracking mechanisms in place and working effectively by end of 2001.
- Volume of aid by traditional and non-traditional partners (such as donors, the business community, foundations and local communities) substantially increased.
- Cost-effectiveness data collected and analysed to provide governments with tools for making financial allocative decisions.
- All UN Cosponsors report at end of years 2000 and 2001 on their level of financial expenditures for AIDS in Africa, against explicit targets set at beginning of period.
- Poverty Reduction Strategy Papers, Social Fund strategies debt relief and other mechanisms include AIDS activities in 6 countries by December 2000 and in 12 countries by December 2001.

## 6. Effective partnership mechanisms

Mechanisms agreed, implemented and sustained to ensure the effective functioning of the Partnership.

### *Milestones for years one and two*

- All partners have prompt access to the information they need through an information- sharing system established and managed by UNAIDS secretariat.
- Monitoring and evaluation mechanisms in place and effectively monitoring progress towards IPAA milestones.
- Country-level, regional and international coordination mechanisms bringing together all 5 constituencies of the IPAA in place and working.
- By 2001, indicators for country level partnerships developed (e.g. frequency of joint analysis, joint monitoring, joint reviews etc.).
- UN system capacity to participate in the IPAA increased through measurable allocation of human and technical resources.
- Secretariat capacity to lead a complex partnership and providing guidance and leadership (with Cosponsors) on strategy; technical best practice; and progress monitoring.

<sup>10</sup> The UNAIDS Secretariat is leading a refining process to identify the need, the absorptive capacity and to establish new financial targets by 2001.

## H. Country level partnerships

### Key functions of the Partnership

29. The key focus of the Partnership is at *country level*. The key function at country level is to provide a mechanism for all actors to come together, under the leadership of government, in support of effective national strategic plans. While many countries already have national strategic plans, they have often failed to act as a platform around which all actors have been willing and able to programme their resources. The critical first step to coordinated working at country level is to develop a shared action plan, the characteristics of which are described below. These shared plans – whatever nomenclature is chosen – will in most instances be incorporated into the national strategic plan; in others, they will supplement the existing national strategic plan. The key to their value lies in their role as a jointly negotiated and agreed statement of what all partners will do. For the purposes of this framework for action, they are referred to as “national action plans”.

#### National Action Plans may include some of these or other items:

- shared analysis and shared perspective on ‘gaps’;
- shared priorities;
- negotiated and costed action plans;
- agreed milestones and indicators of achievement;
- agreed working arrangements and responsibilities such as national coordination mechanisms; common design and appraisal; implementation; monitoring and evaluation; use of technical resources;
- agreed resource mobilization plans, drawing on all partners (government, donors, private sector) or potential partners;
- mechanisms to include diverse and non-traditional partners, both national and international;
- mechanisms for ensuring timely resource transfer and technical support to district/community level actions;
- mechanisms to ensure active involvement of persons living with HIV/AIDS.

30. In many countries, achieving a change of partner behaviour of this magnitude will require fundamental reform, not only on the part of external investors, but in the capacity of governments to coordinate their partners. The steps to achieve a National Action Plan of this nature will therefore need to be *incremental*, building on what is already in place.

31. The cornerstone of the approach will be for those involved to shift from a modus operandi of working *independently*, to working more *collectively*, and to do so within the framework provided by the national multisectoral strategic planning process. An institutional mind-shift needs to be encouraged to ensure that collaboration mechanisms at country or regional level can be made to work effectively.

## Value added at country level

32. Most, if not all, countries are engaged in strategic planning exercises. Government, civil society and the private sector are already engaged in programmes; external partners are already funding projects. What then does the Partnership bring which is different? We can identify a number of gains:

- *A coordinated response.* In most countries there is immediate scope for improved coordination. For example, in countries with a number of external donor partners, the commitment at senior headquarter level to more collaborative action will facilitate organizational behaviour change at national level. The willingness to negotiate around a single, nationally owned strategy will be a significant step forward in many countries, identifying gaps and overlaps, and adding to efficiency. Whereas many donors are accustomed to coordinating with national entities, efforts are required to involve new partners such as the private sector, foundations, multisectoral actors, local governments, NGOs, CBOs and labour organizations.
- *A scaled up response:* the commitment of the Partnership is to significantly increase the resources available to national governments and communities. At present it is estimated that, outside of South Africa, the total spent on AIDS in Africa is approximately \$165 million a year. Current estimates suggest that between \$800 million and \$ 2.5 billion a year are needed to mount an adequate response to the epidemic, depending on what is included in the package. While a key impact of coordinated effort is better use of *existing* resources, the IPAA signals a clear message that *more resources* need to be made available, from national governments, and from traditional and non-traditional sources. Resources are more likely to flow towards well designed, clearly costed and well-implemented programmes, especially where it is clear that mechanisms are in place for moving resources to district and community level.
- *A linked response:* The Partnership will ensure that countries are properly linked to sub-regional, regional and international resources and initiatives. By improving communications and the quality of information, and where necessary ensuring that brokering functions are performed, the Partnership will ensure that countries are able to benefit from other international and regional investments in addressing the epidemic, including in best practice development, information, commodities, or technical expertise.
- *A response based on best practice and rapid learning from others:* experience from two decades of the epidemic has generated a considerable body of good practice. For example it is clear that, to mount an effective health sector response, basic services need to be in place, including prevention, education and counselling, basic medical care and support, prevention and treatment of Sexually Transmitted Infections (STI), establishment of Voluntary Counselling and Testing services (VCT), diagnostic facilities, training of health and allied workers, affordable drugs and safe blood. Prior experience indicates that best practice in political and social action and multisectoral approaches must also be shared and implemented.

## **Mechanisms for building partnerships**

33. There are a number of proposed mechanisms for moving the Partnership forward at country level. These include Partnership events, National Action Plans, expanding the membership of the Theme Groups, and further efforts to improve partnership coordination.

34. Partnership events: African governments have invited UNAIDS and other external partners to take part in Partnership missions. The initial visits that have taken place have been in the form of scoping exercises, with the purpose of mapping out a process for taking forward strategic planning, building partnerships, mobilizing resources, identifying opportunities for scaling up the response, and articulating constraints to an expanded response to the epidemic. Missions are one tool among others to accelerate those country-level processes required to support the national response. While there may be no such thing as a “typical process”, the Partnership will, at the request by governments, support them as they intensify action:

- in the development of national strategic plans;
- in the preparation and organization of round tables or similar events of all partners, in which the national AIDS plan is endorsed and each partner explicitly commits resources to implement it. Preparation for such a round table should include ensuring that: the national strategic plan is costed and spells out managerial/technical skills requirements; that it contains country-specific goals, targets, and indicators, mindful of community-level action; that all partners have been well informed about the national planning process and are familiar with the contents of the resulting plan; and each partner organization has carefully developed its position on how it will invest in the national AIDS plan;
- in the development of implementation plans as well as monitoring and evaluation tools;
- in the development and investment in specific mechanisms for central and local level capacity-building and for channelling financial resources efficiently to local governments and community-based activities. Such mechanisms (e.g. training programmes, use of local consultants, support to national and local AIDS coordinating bodies, etc) should be consistent with the national strategic plan and with the principles of regional capacity-building and ensure financial accountability.

The coordinated working of all partners to organize this support will be reflected in a National Action Plan.

35. National Action Plan: This joint plan of action is based on, and supports the implementation of, the national strategic plan. In countries where external partners have agreed to work together in specific sectors, some quasi-formal mechanism signalling the start of this process has been useful, such as a joint statement of intent. If some partners decide that they wish to enter into common management arrangements, a more formal memorandum of understanding may be required. Other instruments that have been found useful to facilitate joint working are the development by partners of a Code of Practice, which covers more general issues relating to the clarification of roles and behaviour of donors, government and other partners.

36. The intention is to have made substantial progress in six countries<sup>11</sup> by June 2000 and twelve countries by the end of the year which will provide valuable further insights into the mechanisms needed to kick-start and refine the process. At the same time, it is clear that HIV/AIDS activity continues throughout Africa, both in high and low HIV-prevalence countries: the basic principles of the IPAA should be applied wherever governments and external partners are working together.

37. Clearly, enhanced coordination is needed to intensify the response to AIDS, and what mechanisms will be used will differ from country to country. One key mechanism already in place is the Theme Group, which provides a coordination mechanism for the UN. Following the London meeting, Theme Groups were asked to broaden their membership to include bilaterals, and nine<sup>12</sup> have already done so. While the Theme group is a valuable mechanism to discuss and share information on the contributions of partners in the response against HIV/AIDS, the Government is responsible for partner coordination. Theme Groups can help, but never substitute the Government in its coordinating tasks. The choice of coordination mechanism therefore needs to be identified on a case-by-case basis.

## **I. Regional and sub regional partnerships**

### **Functions**

38. The key function of the Partnership at regional and sub-regional level is to ensure maximum impact at country level through cost-efficient, high quality support for national programmes and for local initiatives within countries. Specific regional functions include the following:

- Coordination and strengthening of sub-regional technical resources and improved mechanisms for rapid draw-down by any partners. These include support for development and implementation of National Strategic Plans;
- Support to leading regional/subregional institutions for training, policy analysis, research, programme design and information exchange;
- More effective use of *existing* coordination mechanisms and initiatives to act as a platform for advocacy and improved coordination for national programmes;
- Identification of cross-border and multi-country issues which require sub-regional perspectives, and the development of mechanisms for addressing them;
- Negotiations over the procurement of commodities, where regional/sub-regional levels have advantage over the national level.

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<sup>11</sup> Burkina Faso, Ethiopia, Ghana, Malawi, Mozambique, Tanzania

<sup>12</sup> Theme Groups in Burkina Faso, Côte d'Ivoire, Djibouti, Ethiopia, Ghana, Kenya, Rwanda, Uganda, Zambia

## **Mechanisms**

39. At sub-regional level, efforts are already underway, facilitated by the Secretariat, to bring together and expand the regional/subregional activities of UN agencies, bilateral organizations, and African institutions. Organizationally, inter-agency groups and networks of persons and institutions working on specific topics (e.g. voluntary counselling and testing, home-based care, management of STDs, AIDS and the education sector, national strategic planning, debt relief and AIDS, ethics/law and AIDS) will be the primary mechanisms for better coordination and stronger support to countries. Over the course of 2000, it is intended to develop frameworks to deepen sub-regional partnerships. Mechanisms for pursuing this piece of the IPAA include the UNAIDS Inter Country Teams, the Regional AIDS Training Network, the Country Support Teams of UNFPA and other existing networks. Partners of the IPAA support the strengthening of these mechanisms for inter-agency coordination and collaboration, provided that no new or overarching structures were created.

40. Such interagency groups and networks will:

- Map sub-regional resources, with emphasis on current pools of dedicated or transferable skills in the region (drawing on on-going work to develop inventories);
- Identify ways to strengthen regional organizations and resources;
- Lay out options for expanding multi-country technical resource networks focusing on specific topics of highest priority to African countries;
- Propose mechanisms for making technical resources rapidly available to national programmes;
- Identify further mechanisms for addressing areas where sub-regional action adds value to national programmes;
- Strengthen regional and subregional networks;
- Improve mechanisms for sharing of information, and best practice must be enhanced.

41. The regional or sub-regional pieces of the Partnership will emphasize expanding functions, not bureaucratic structures. Light-weight, flexible coordination mechanisms are envisaged that help to provide coherence and clarity to existing resources, and to identify gaps where further actions are required.

## **J. Partnership at the international level**

### **Functions**

42. At international level, the Partnership's key function will be to support country and subregional and regional initiatives and to take forward international actions that will further enable effective local responses. Functions include:

- Advocacy supporting the progress of the IPAA;
- Monitoring the progress of the IPAA Technical support, negotiation and advocacy to make more effective use of existing coordination mechanisms and initiatives to act as a platform for advocacy and improved coordination for national programmes<sup>13</sup>;
- Identification of areas, issues and mechanisms where international action, brokering, or coordination will add value to sub-regional and country-level actions: these may include negotiations over commodities (for example: male and female condoms; test kits; drugs; breast-milk substitutes); advocacy for the development of new international public goods (particularly drugs and vaccines and other forms of knowledge); improved co-ordination of international processes relevant to HIV/AIDS in Africa (e.g. amplifying the links between HIV/AIDS and poverty through the development of Poverty Reduction Strategy Papers (PRSPs), and debt reduction for Highly-Indebted Poor Countries (HIPC));
- Advocacy to increase public and private (e.g. business, foundations, NGO, labour organization, etc.) resources;
- Provision of secretariat functions performed by UNAIDS to ensure maximum communication, coordination, facilitation, standard setting and impartial information and advice to all actors within the Partnership (see paragraph 47 below).

### **Mechanisms**

43. It is recommended however, that an International Partnership against AIDS in Africa Stakeholder Meeting take place annually at the international level, with representatives from all of the Partnership's constituents. This will provide the basis for clear accountability and agreement on progress of the Partnership against agreed milestones in the areas of intensified action in countries, national capacity strengthening, agreed goals and indicators, advocacy, resource mobilization and effective partnership mechanisms.

44. Each of the five constituencies (African governments, UN, donors, the Private sector and the Community sector) will identify means of organizing themselves to increase communication within their specific constituency, as well as to periodically meet to discuss issues.

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<sup>13</sup> These include mechanisms such as the EU; G7/8; G77, United Nations Special Initiative for Africa; UNDG; OAU, the Economic Community of West African States (ECOWAS), the Southern African Development Community (SADC), the Economic Community of Central African States (ECCAS), the Common Market for Eastern and Southern Africa (COMESA) and the East African Community (ECA) and the Common Wealth Regional Health Secretariat.

## K. Membership, roles and responsibilities of the Partnership

45. Members of the Partnership are those who state that they wish to work jointly with others in pursuit of an intensified response to AIDS in Africa, and are prepared to adjust their activities in line with Partnership principles. Members will be in agreement with the goals, outputs and milestones of the Partnership, and will be willing to act transparently, and to make information available to members of the Partnership, particularly at country level. While it is not envisioned that there will be any *formal* mechanisms in place for joining the Partnership, this internationally agreed Partnership document provides the basis for discussions and participation. At national level, the joint Action Plan provides the vehicle for negotiating participation. It is clear that at each level of the Partnership, different partners will coalesce around different issues and instruments for taking forward action.

46. All actors have a role in advocacy and resource mobilization for a scaled up response to HIV/AIDS in Africa. They are also responsible for policy development and monitoring and evaluation of the intensified action. Members of the IPAA commit themselves to supporting full involvement of persons living with or affected by HIV/AIDS. More specific roles of each of the actors are summarized in the following box:

| Actors              | Roles and Responsibilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| African governments | <ul style="list-style-type: none"> <li>• National leadership, political commitment and mandates translated into concrete action</li> <li>• Operationalize institutional reforms to implement the intensified response</li> <li>• Appropriate allocation of resources</li> <li>• Mobilize all sectors for multisectoral and decentralized action</li> <li>• Strengthen icountry coordination mechanisms</li> <li>• Strengthen local level partnerships</li> <li>• Promote transparency and accountability</li> </ul> |
| UN                  | <ul style="list-style-type: none"> <li>• Convening of Partnership events</li> <li>• Enhanced coordination of UN agency activities in country</li> <li>• Support to planning and strategic development</li> <li>• Facilitation of technical collaboration</li> <li>• Norm setting and best practice documentation</li> <li>• Direct programme and financial support</li> <li>• Coordination of the Global Response</li> </ul>                                                                                        |
| Donors              | <ul style="list-style-type: none"> <li>• Country and regional level action</li> <li>• Technical cooperation</li> <li>• National and international political mobilization</li> <li>• Support local and regional level networks</li> </ul>                                                                                                                                                                                                                                                                            |
| Private sector      | <ul style="list-style-type: none"> <li>• In-country responses</li> <li>• Workplace policy and prevention programmes</li> <li>• Community outreach programming, including organizational development support for NGOs and CBOs</li> <li>• International responses</li> <li>• Technical collaboration</li> <li>• Sector-specific expertise</li> <li>• Key role in provision of HIV/AIDS goods and commodities</li> <li>• Promotion of care and support for PHA</li> </ul>                                             |

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Community sector | <ul style="list-style-type: none"> <li>• Information sharing and networking</li> <li>• Support organizational development of national NGOs and CBOs</li> <li>• Quality service delivery</li> <li>• Programmes design, implementation and delivery</li> <li>• Provide support and supervision to each other</li> <li>• Promote transparency and accountability</li> <li>• Community mobilization to ensure ownership of the national and community response</li> <li>• Spiritual and moral guidance</li> <li>• Strengthening of regional and country level networks</li> <li>• Promote specialization among PHA groups</li> <li>• Ensure development of expertise</li> <li>• Developing and maintaining a data base of resourceful persons</li> <li>• Acting as campaigners for prevention and care</li> <li>• Provide support to other members of the partnership</li> <li>• Offer technical and financial support to the local civil society</li> </ul> |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

#### **47. The role of the UNAIDS Secretariat within the IPAA**

##### **At country level**

- Work through the Theme Group and within international partners to support national governments and other partners in the scaling up of national efforts through the development of the National Action plan;
- Facilitate partnership-building, strategic planning and management processes;
- Facilitate capacity-building inputs through the technical resources and information networks.

##### **At sub-regional level**

- Facilitate development of shared technical resource and information networks;
- Strengthen catalytic and facilitating functions of the Inter-Country teams;
- Preparation and maintenance of up-to-date inventories of technical and programme resources.

##### **At international level**

- International political advocacy and mobilization with partners around key opportunities, including the brokering of international public goods, drawing on the UN's convening power;
- Overall co-ordination and facilitation of the Partnership direction;
- Information capture, and dissemination through a variety of communication channels;
- Resource tracking, and overall monitoring of investment in HIV/AIDS in Africa;
- Assistance to African governments looking for external partners and resources, and to new international partners who want to play a role in the Partnership;
- Establishing mechanisms for those who wish to channel resources for the Partnership;
- With relevant Cosponsors, standard setting and continued impartial information on best practice;
- Accountability functions, both for achieving the milestones and for holding other partners to account, and resolving disputes;
- Monitoring of the International Partnership against AIDS in Africa.

## IV. CONCLUSION

48. A significant increase in the resources committed to the Partnership is needed from all Partners. While the Framework demonstrates the intention of all Partners to use existing resources more effectively and efficiently, significant progress will not be made without increasing the human, technical and financial resources available. In anticipation of these additional inputs, this Framework sets out a working agreement as to how they might be best deployed, in support of national strategic plans, and in cooperation with all other Partners. If new and existing resources are henceforth deployed in accordance with the Partnership principles, vision, goal and purpose, set out in this document, the IPAA stands ready to make significant strides against the epidemic in Africa.

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<sup>i</sup> In 1999, the twenty-five worst affected countries in the world are, in order: Zimbabwe, Botswana, Namibia, Zambia, Swaziland, Malawi, Mozambique, South Africa, Kenya, Rwanda, Central African Republic, Djibouti, Côte d'Ivoire, Uganda, Tanzania, Ethiopia, Togo, Lesotho, Burundi, Congo, Burkina Faso, Cameroon, Democratic Republic of Congo, Haiti and Nigeria. This list is according to the prevalence rate for HIV infection in the adult population (15-49 years).

<sup>ii</sup> As early as 1992, the OAU recognized the growing seriousness of the epidemic. In 1998, a resolution of the OAU Summit of Heads of State in Ouagadougou called on the international community for the global resources necessary to address the epidemic. In late 1998 the UNAIDS Secretariat began a broad process of consultations with African leaders in 20 African countries, with UNAIDS Cosponsors, and with bilateral donors, with NGOs and with the private sector, to respond to this call for action from African leaders, and to chart a course for an intensified response by the international community to AIDS in Africa. In 1999, a set of key meetings took place to prepare for an international partnership against AIDS in Africa. In January 1999, in Annapolis, the UNAIDS Cosponsors adopted a resolution to create and support an International Partnership. At a meeting in London, in April 1999, co-hosted by the UK Government and UNAIDS, bilateral development agencies acknowledged the gravity of the AIDS epidemic and drafted a statement which set out principles for action, mechanisms for sustaining partnership and recommendations for operationalization of the Partnership. Other consultations, notably in Dakar, Lusaka and Washington, as well as bilateral talks, and work with the private and NGO sector have contributed to an emerging consensus and articulation of the need for the response to AIDS in Africa to be characterized by partnership, rather than fragmented action. The UN Secretary-General brought together on 6-7 December 1999 for the first time the five constituencies of the Partnership and asked them to plan an unprecedented response commensurate with the scale of HIV/AIDS. HIV/AIDS in Africa was also the subject of the first United Nations Security Council meeting of the century. It was the first time that the Security Council, which is tasked to preserving peace and security, devoted a meeting to a development or health issue. A further indication of the rising priority of the epidemic to African governments can be seen in the Memorandum of the African Governors to the President of the World Bank on the occasion of the Annual Meetings of the IMF and the World Bank Group.

<sup>iii</sup> Stakeholder consultations described in the document are noted in the IPAA Resource document: Progress Towards Common Goals: the Meeting of the UNAIDS Cosponsoring Agencies at Annapolis, the Meeting of Donor Countries on the International Partnership Against HIV/AIDS in Africa at London, the Meeting of UN Theme Group Chairs, National AIDS Programme Managers, and UNAIDS Country Programme Advisors at Maputo, the Meeting with NGO Representatives of the International Partnership Against AIDS in Africa at Dakar, the Consultations of the Non-Governmental and Community-Based Organizations at Lusaka, the Consultation with Christian Leaders and Development Organizations – Journey into Hope: Consultation on HIV/AIDS-Related Issues at Gabarone.

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## List of Acronyms

|        |                                                                                                    |
|--------|----------------------------------------------------------------------------------------------------|
| AIDS   | Acquired Immune Deficiency Syndrome                                                                |
| CBO    | Community-Based Organization                                                                       |
| CDF    | Comprehensive Development Framework                                                                |
| CIDA   | Canadian International Development Agency                                                          |
| COMESA | Common Market for Eastern and Southern Africa                                                      |
| ECA    | Economic Commission for Africa                                                                     |
| ECCAS  | Economic Community of Central African States                                                       |
| ECOWAS | Economic Community of West African States                                                          |
| GTZ    | Deutsche Gesellschaft für Technische Zusammenarbeit                                                |
| HIPC   | Highly-Indebted Poor Countries                                                                     |
| ICPD+5 | The 1999 review of progress since the International Conference on Population & Development of 1994 |
| IDT    | International Development Target                                                                   |
| IPAA   | International Partnership Against AIDS in Africa                                                   |
| MTCT   | Mother-to-Child Transmission                                                                       |
| NGO    | Non-Governmental Organization                                                                      |
| OAU    | Organization of African Unity                                                                      |
| PCB    | Programme Coordinating Board                                                                       |
| PHA    | People living with or affected by HIV/AIDS                                                         |
| PRSP's | Poverty Reduction Strategy Papers                                                                  |
| SADC   | Southern Africa Development Community                                                              |
| STD    | Sexually Transmitted Diseases                                                                      |
| STI    | Sexually Transmitted Infections                                                                    |
| SWAP   | Sector Wide Approaches, Programmes and Strategies                                                  |
| UNAIDS | Joint United Nations Programme on HIV/AIDS                                                         |
| UNDAF  | United Nations Development Assistance Framework                                                    |
| UNDG   | United Nations Development Group                                                                   |
| UNFPA  | United Nations Population Fund                                                                     |
| UNGASS | United Nations General Assembly Special Session                                                    |
| UNICEF | United Nations Children's Fund                                                                     |
| USAID  | United States Agency for International Development                                                 |
| VCT    | Voluntary Counselling and Testing                                                                  |
| WHO    | World Health Organization                                                                          |

David Karpf – 3211 Pecan Draw Court, Sugar Land, TX 77479

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December 1, 2000

Honorable William J. Clinton  
President of the United States  
The White House  
1600 Pennsylvania Avenue  
Washington, DC 20500

Dear Mr. President:

My name is David Karpf. I am fifteen years old and a Boy Scout with Troop 731 in Sugar Land, Texas. I am currently working towards Eagle rank and am starting my Eagle Scout project. The agency I am working with is a newly remodeled single room occupancy facility for homeless veterans in Houston, Texas, The DeGeorge at Union Station. I was particularly interested in this project because I am also a member of the Naval Junior Reserve Officer Training Corps at my high school and hope to serve my country in some capacity in the future.

The DeGeorge was established for the purpose of housing homeless veterans and bringing them back into society with support from the regional veterans' programs, job search and interviewing assistance, support groups and so on. Many of the residents come into the facility with very few personal belongings. The main part of my Eagle Scout project will be collecting personal care items for the veterans and packaging them for distribution as veterans enter and leave the facility.

The facility was renovated and operates with financial support from the Greater Houston Housing Corporation, US Vets and the Veterans Administration Medical Center. The facility will eventually house a VAMC clinic on site. Although the renovation provided very nice rooms and the basic necessities of bed, desk, bathroom, refrigerator etc., there was no allowance for furniture and other accessories for the common area of the facility where the residents will gather for social activities and educational programs. Several of the resident veterans mentioned to me that they would really like to have an American flag in a flag stand for this lobby area where they gather. It would mean a lot to these men and women who served their country in time of war.

I am asking if it would be possible for you to arrange for the provision of an American flag and flag stand for the lobby area of the DeGeorge at Union Station in honor of the service given to the United States of America by these veterans. If such a gift is possible, my ROTC unit would be proud to install the flag with an appropriate ceremony at this facility.

I thank you in advance for your consideration of this request.

Sincerely,



David Karpf

*AMA*

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ALTERNATIVE MARKETING ACCESS, INC.  
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Email: ama3@idt.net

November 20, 2000

Ms. Sandra Thurman  
Director: National AIDS Policy  
The White House  
Facsimile: (202) 456-2438

**Re: WorldSpace Foundation HIV/AIDS Initiative – Bridging the Informational Divide**

Dear Sandra :

As you are aware, I'm assisting WorldSpace Foundation (WSF) in an HIV/AIDS initiative: Bridging the Informational Divide. I have enclosed a transmittal letter and the concept paper so we can explore the possibility of convening a meeting to promote this important technological opportunity.

I have been sharing the staggering statistics, of which you are already aware, with people in our network. Already, 14 million people have died of AIDS worldwide. The United Nations estimates that there are 33.4 million adults and children currently living with HIV and AIDS in the world. Of that number, 22.5 million (or 70%), live in sub-Saharan Africa. Each day in Africa there are 5,500 AIDS deaths in Africa and 11,000 new HIV infections. Recognizing the magnitude of this global crisis, leaders from governments, multilateral agencies, and civil society are mobilizing to fight what is the single most critical development issue facing humankind today. The impact of HIV/AIDS cannot be underestimated.

While many new HIV/AIDS initiatives are under way, to date no serious effort has yet been mounted to combine digital satellite technology and information to help prevent the spread of HIV/AIDS in Africa. At the core of WSF's initiative is the conviction that information is the key to sustainable social and economic development. Digital technology is the most efficient, reliable and cost effective solution to bridging the information divide in Africa. This WorldSpace Foundation initiative offers an integrated technology solution that is capable of providing, at low setup and ongoing cost, information to even the most remote location, independent of local telephony or power infrastructure.

The enclosed concept paper provides a summary of the technology and infrastructure, methodology of the initiatives and introduces the strategic partners involved with WSF.

I will take the liberty of contacting your office in the event that further information is required, and to request your guidance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Walker Williams', with a stylized, flowing script.

Walker A. Williams  
President

encls:



WORLDSPACE  
FOUNDATION

Combining Technology and Education to  
Help Prevent the Spread of HIV/AIDS  
in Africa

**Concept Paper**

For additional information please contact:

**Walker Williams**  
**President**

or

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*Concept Paper: WorldSpace Foundation HIV/AIDS Initiative*

## **Introduction**

HIV/AIDS is ravaging communities around the world, but rates of infection are spiking most dramatically in Africa. The statistics are staggering. The United Nations estimates that there are 33.4 million adults and children currently living with HIV and AIDS in the world. Of that number, 22.5 million (or 70%), live in sub-Saharan Africa. The impact of HIV/AIDS on the developing economies in Africa cannot be underestimated – HIV/AIDS is crippling Africa's future and creating even greater economic instability where poverty is already present.

A key obstacle in the fight against the acceleration of the HIV/AIDS pandemic in Africa is the lack of access to information. The populations that are often most at risk – economically disadvantaged communities living in rural and isolated areas – do not have an accurate and reliable source of information on HIV/AIDS prevention.

WorldSpace Foundation (WSF), a U.S.-based 501(c)(3) nonprofit organization, has teamed up with other non-governmental organizations (NGOs) such as Africare and the National Council of Churches/Church World Service to bridge this informational divide in Africa. Through this cooperative initiative, WSF and its partners will develop reliable educational programming that will be broadcast through the revolutionary WorldSpace technology of digital satellite radio. A single WorldSpace digital radio receiver in a community can reach hundreds of listeners and is a very cost-effective way to disseminate information to isolated areas throughout the entire African continent. For more information on the technology, see "WorldSpace Technology" on page 6.

This initiative is scheduled to begin on December 1, 2000, World AIDS Day, and continue through 2001 to disseminate targeted HIV/AIDS awareness and prevention information through WorldSpace digital satellite receivers to at least 500 locations across the continent of Africa. The near-term objective of the initiative is to change behavior positively through the dissemination of information on health care training, voluntary counseling and testing, treatment, and condom usage. In the context of this initiative, WSF is exploring the feasibility of partnering with the United Nations Development

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Program (UNDP) to incorporate a massive public awareness campaign into the larger education initiative. The longer-term objective of the initiative is to continuously provide effective programs on HIV/AIDS, other public health concerns, and broader educational topics to these communities.

WorldSpace Foundation's initiative will reach at least one million African people across all demographic strata throughout sub-Saharan Africa. Combined with a complementary project being managed by Africare, this HIV/AIDS education and awareness campaign will reach more than three million people in 2001. Even the poorest communities, including those in rural areas with no electricity, will have access to this vital HIV/AIDS information through the use of the battery-operated radio receivers and the adaptation of the technology to solar power. The cost to implement this initiative over a one-year period is \$2.5 million.

### **Developing the Programming**

WorldSpace Foundation was created in 1997 by WorldSpace Corporation as a legally separate entity to provide educational and social development programming on 5% of the digital capacity on each of the three WorldSpace satellites: AfriStar™, AsiaStar™ and AmeriStar™.<sup>1</sup> See page 7 for a description of WorldSpace Foundation.

WSF uses a portion of its capacity on the AfriStar™ satellite for its flagship audio project, the Africa Learning Channel (ALC). The ALC broadcasts audio radio programming 24 hours a day, 7 days a week to East, West, Central and Southern Africa. The program material is collected from any number of WorldSpace Foundation's many NGO and United Nations agency program partners, and post-produced by WSF staff in its own studio. The channel documents the groundbreaking social development work of African groups, and broadcasts formal and informal educational materials. It is through this channel that WSF will broadcast the initiative's HIV/AIDS programs, including those produced in partnership with Africare and the National Council of

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<sup>1</sup> AfriStar™ was launched October 1998, covering Africa and the Middle East; AsiStar™ was launched March 2000, for Asia-Pacific; AmeriStar™ will be launched in 2001, for Latin America and the Caribbean.

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Churches/Church World Service. (See the appendix for background information on Africare and the National Council of Churches/Church World Service).

Thirty percent of the ALC's current programming is already focused on HIV/AIDS-related issues, including segments on treatment methodologies being implemented throughout Africa, the growing problem of children orphaned by AIDS, and effective prevention initiatives in Tanzania and Uganda. Through this initiative, WSF will develop additional HIV/AIDS-related programming in a variety of formats (interviews, dramas, testimonials, etc.) which will be designed to capture the attention of the audience, reinforce positive healthy lifestyles and encourage behavioral changes. Segments could focus on such topics as: debunking the myths and misconceptions surrounding HIV/AIDS; explaining the value and necessity of universal testing; promoting compassionate family and community responses to people living with AIDS; and dramatizing the link between HIV/AIDS and sexually transmitted diseases (STDs).

The programming developed through this initiative will incorporate existing programming by African NGOs, as well as create original programming highlighting African projects. An example of this new programming will be a series of segments on the Moringa tree project of the National Council of Churches/Church World Service (CWS). For the past three years, CWS has undertaken a pilot project in southwestern Senegal to test the nutritional value of Moringa tree components. This pilot has conclusively demonstrated the nutritional value of Moringa leaves and dried leaf powder, and their usefulness in preventing and quickly curing cases of malnutrition. By broadly disseminating information about the curative powers of the Moringa tree through the Africa Learning Channel, CWS will be able to test – on a grand scale – the tree's potential in helping to correct nutritional imbalances in people suffering from the HIV/AIDS virus.

WSF is also considering working with the United Nations Development Program Working Group on HIV/AIDS in Africa (UNDP) to incorporate a collaborative public

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awareness and advocacy campaign as part of the foundation's HIV/AIDS programming.

UNDP has an existing public awareness campaign that is based on leveraging:

- ◆ the initial contributions of the MAC AIDS Fund to expand the involvement of the corporate, non-governmental, policy, entertainment, religious and grassroots sectors;
- ◆ the personal and professional networks of the 30-plus highly visible members of UNDP's Working Group on HIV/AIDS in Africa to create public awareness activities and messages inside and outside of Africa.

The purpose of incorporating this public awareness campaign in the WorldSpace Foundation initiative is to:

- ◆ break the silence about HIV/AIDS within Africa, and
- ◆ generate additional resources to fight the disease from within Africa and throughout the global community.

With the active involvement of UNDP program officers throughout Africa, the HIV/AIDS public awareness messages carried continent-wide through the WorldSpace technology can be reinforced by educational activities at the local level. Input from UNDP and UNAIDS personnel and networks will also be used in developing the messages.

### **Outreach and Dissemination**

For the programming to be effective and make a difference, people need to be able to hear and internalize the information. WorldSpace Foundation will work with its NGO partners to distribute the digital radio receivers to 500 sites in 15-25 countries throughout Africa. In addition, WSF and its partners will coordinate discussion groups at each site to enable listeners to explore their own understanding and misconceptions regarding HIV/AIDS, identify things they can do to avoid contracting and spreading the disease, and talk about ways of coping with the effect of the pandemic in their families and communities. Through these intensive and interactive listening and discussion sessions, participants will become "agents of change," who will spread information and positive attitudes about HIV/AIDS prevention to their peers. One series of broadcasts and discussion sessions, therefore, could have a multiplier effect in the change of behavior.

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The coordinators of the discussion groups will also feed information back to WorldSpace Foundation regarding the audiences' reaction to the programs and offer suggestions for future program topics. With this feedback, WSF will be able to create ongoing programming that is relevant and of interest to the communities.

Language is a key issue, as there are numerous indigenous languages throughout Africa. The WSF initiative will tackle this challenge in two ways: 1) by using multi-lingual discussion group coordinators who can synthesize and translate the information for the audience, and 2) by re-broadcasting through community radio stations who will also provide translation. The community radio stations will increase the outreach of the WSF HIV/AIDS initiative by enabling sites without the digital receivers to hear the programming.

### **WorldSpace Technology**

The WorldSpace system is a series of three geo-synchronous satellites with coverage in Africa and the Middle East (AfriStar™), Asia-Pacific (AsiaStar™) and Latin America and the Caribbean (AmeriStar™). Using powerful beams, the satellites transmit to approximately 14 million square kilometers each. The three beams allow for a mix of continent-wide and region-specific programming.

Special radio receivers are required to capture the satellite signals. The receivers run on batteries or external power, and can be adapted to function by solar power. Because of the digital nature of the system, WorldSpace Foundation can run both audio and multimedia programming. The receivers have a dataport that, when connected to a computer with a Pentium processor and a special digital data adapter, allow the user to download text-based material and dynamic images directly from the satellite.

The system is ubiquitous, providing crystal clear digital audio channels to any point on the Africa continent. With its multi-media capacity, the WorldSpace system transcends

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the difficulties of unreliable telephone systems at a fraction of the cost of most Internet-based projects.

### **Brief Description of WorldSpace Foundation**

WorldSpace Foundation was established in 1997, as a 501(c)(3) nonprofit organization to provide educational and other social development information to people in developing countries who are disadvantaged by poverty, illiteracy, rural isolation and lack of information. WSF has been granted access to channel capacity on three solar-powered WorldSpace Corporation satellites whose continent-spanning "footprints" encompass Africa and the Middle East, Asia-Pacific, and Latin America and the Caribbean, respectively. WSF also has been given the right to purchase WorldSpace digital radio receivers at reduced cost, which it may then distribute at subsidized cost to schools, NGOs and other community-based groups that work with disadvantaged populations.

WorldSpace Foundation operates independently from WorldSpace Corporation. It has its own Board of Directors, its own staff, and serves exclusively non-profit purposes. WorldSpace Corporation provided start-up funding for WorldSpace Foundation and has been making subsequent annual contributions, although these are decreasing over time. The foundation must raise all of its program expenses and the remainder of its operating budget from other charitable sources in the U.S. and abroad. Neither the corporation nor any of its principals derive, in any way, financial benefit from the activities and proceeds of the foundation or its affiliates.

### **Financial Implications of Initiative**

The WorldSpace Foundation HIV/AIDS initiative is part of a broader project, conducted in partnership with Africare, to reach a total of 1,000 sites in Africa with HIV/AIDS prevention education and counseling. Africare submitted a one-year proposal for \$5.9 million to USAID to conduct this initiative in 500 sites in 15 countries across sub-Saharan Africa. Africare will use the USAID funding to coordinate with local NGOs and national health services on the following objectives:

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- ✓ utilize and document the effectiveness of digital radios coupled with traditional information and education communication activities to improve community understanding of the causes of AIDS
- ✓ build the capacity of community-based organizations and NGOs to engage in effective community mobilization efforts to prevent HIV/AIDS
- ✓ increase the number of individuals and households adopting safe sex practices and seeking counseling and treatment

WSF is seeking private funding in the amount of \$2.5 million to serve three overarching and mutually reinforcing objectives at 500 additional sites in 15-25 countries throughout sub-Saharan Africa:

- ✓ widely communicate effective ways to combat the HIV/AIDS pandemic, and change behaviors in accordance with HIV/AIDS prevention
- ✓ provide advanced digital satellite radio receivers to assist in bridging the digital and informational divide in Africa
- ✓ incorporate a continent-wide public awareness campaign to encourage behavioral change in light of the HIV/AIDS pandemic

The digital radio receivers will remain with the sites following the one-year period. Therefore, the audience at these sites will continue to have the benefit of the WorldSpace programming long after the initiative has ended.

The following is a summary of WorldSpace Foundation's budget for this initiative.

|                                                                          |                    |
|--------------------------------------------------------------------------|--------------------|
| Production of HIV/AIDS programming and coordination of discussion groups | \$1,320,000        |
| Digital radio receivers (500), including shipping and tariffs            | 150,000            |
| Public awareness campaign                                                | 700,000            |
| Management of project                                                    | 325,000            |
| <b>TOTAL BUDGET</b>                                                      | <b>\$2,495,000</b> |

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Africare is a private, non-profit organization, dedicated to improving the quality of life in rural Africa. For more than 25 years, Africare has assisted in food, water, environment, health and emergency humanitarian aid because of the growing HIV/AIDS pandemic in Africa. As referenced in the "Financial Implications" section of this concept paper, Africare is seeking USAID funding for 500 sites in 15 African countries (Angola, Benin, Burundi, Eritrea, Ethiopia, Ghana, Mali, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Zambia, and Uganda).

On New Year's Eve of 1999, Africare, in association with WorldSpace Corporation, piloted the use of digital radios to distribute HIV/AIDS awareness and prevention information in Ghana and Nigeria during a millennium dance event. The successful event attracted the participation of 1,500 people in two urban and one rural locations in Nigeria. In Ghana, 1,000 persons attended each of the two urban events. Six national leaders, including the Queen mother and the national coordinator of the AIDS control program also attended the Ghana event. During the 10-hour event, music and public awareness messages were broadcast through the WorldSpace system, informing the public about the disease and its prevention. In both countries, Africare partnered with local NGOs to coordinate and host the events.

**National Council of Churches/Church World Service**

The National Council of Churches of Christ in the USA is the nation's leading organization in the movement for Christian unity. Church World Service (CWS) is the relief, development, and refugee assistant's ministry of 35 Protestant, Orthodox, and Anglican denominations and communions representing 140,000 congregations nationwide. Founded in 1946, CWS works in partnership with indigenous organizations in more than 80 countries worldwide, supporting the sustainable self-help development of

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poor people, meeting emergency needs and addressing the root causes of poverty and powerlessness.

Church World Service's near-term objective is to engage African communities in conversations about HIV/AIDS awareness and prevention and the nutritional value of the Moringa tree and its components through the WSF Africa Learning Channel. CWS will target its top 200 CROPWALK locations – which together raised \$6 million in 1999 – to add 10% to their pre-mile pledges to generate additional revenue to support CWS' Moringa tree program as part of WorldSpace Foundation's HIV/AIDS initiative.