

## **Organizing the UN Response to the Triple Threat of Food Insecurity, Weakened Capacity for Governance and AIDS, particularly in Southern and Eastern Africa**

### **Executive summary**

The scale and severity of the HIV/AIDS epidemic in southern and eastern Africa, interlinked with poverty, chronic and recurrent food insecurity, drought and weakened institutional capacity, mean that all UN agencies must urgently retool and scale-up their support of national and community capacities to enable a multi-sectoral response.

The purpose of this paper is to present a coherent system-wide policy and programming approach for the UN on HIV/AIDS with specific recommendations to be endorsed by the Chief Executives Board. After a brief introduction, the paper summarizes the inter-linkages between HIV/AIDS, food insecurity and governance (section II); it then identifies the paradigm shift required in the UN system in order to meet these new challenges (section III); lastly the paper presents programmatic and institutional actions UN agencies must undertake (sections IV and V).

**There are five fundamental ways in which the UN response must be either entirely new or radically scaled-up in order to make a difference.**

**First, results for households and communities.** While the UN will continue to work with, and through, governments, households and communities must be placed squarely at the centre of research and analysis, programme design and implementation, and, ultimately, assessments in order to determine UN success or failure.

**Second, simultaneous humanitarian and development action.** Given the combination of short-term shocks and long-term challenges associated with the crisis, the dichotomy of ‘humanitarian’ and ‘development’ assistance must be overcome; instead an approach should be composed of ‘developmental relief’ and ‘emergency development’. This approach applies equally to communities receiving traditional humanitarian assistance such as refugees and displaced persons.

**Third, accelerated capacity development.** Capacity building in a broad range of sectors will be required in order to enable governments, non-governmental organizations and communities to adapt to changing conditions shaped by the triple threat.

**Fourth, scaling-up women’s programming.** Women and girls bear a disproportionate burden of the AIDS crisis. Programmes dedicated to the economic and social empowerment of women must be initiated and scaled up. For effective prevention, universal access to sexual and reproductive health must be ensured.

**Fifth, a livelihoods approach.** A livelihoods approach recognises that there is need for action at household, community, local and national levels to address AIDS within a context which is most often defined by poverty and food insecurity. A range of livelihood interventions are required in order to address root causes of vulnerability within a context characterized by a generalized AIDS epidemic.

Based on these five principles and approaches, **eleven programmatic actions are recommended for UN agencies** to implement in southern and eastern Africa in order to achieve the targets outlined in the Declaration of Commitment (UN General Assembly Special Session on AIDS, June 2001) and, more broadly, the Millennium Development Goals:

- Action 1: Implement community safety net programmes*
- Action 2: Improve data collection on community impact and dynamics*
- Action 3: Strengthen livelihoods in highly affected communities and for key groups*
- Action 4: Undertake dedicated programmes for women's empowerment*
- Action 5: Undertake dedicated programmes to assist the growing orphan population*
- Action 6: Undertake urgent capacity building to fight AIDS, especially in the health sector*
- Action 7: Undertake urgent capacity building to deal with the impacts of AIDS*
- Action 8: Mainstream AIDS into development planning*
- Action 9: Build leadership to lead participatory programme reviews*
- Action 10: Advocate and support partnership forums*
- Action 11: Invest in monitoring, tracking and evaluation systems*

To implement these programmes, in an urgent manner which addresses simultaneously short-term needs and long-term challenges, requires a reorganization and an intensification of UN action. The UN must employ the tools at its disposal, in particular those of UN reform, direct its moral authority and invest managerial and financial resources to help its partners defeat the AIDS-compounded crises. **Eleven institutional actions are proposed for the UN system** to implement in eastern and southern Africa:

- Action 12: UN Country Teams in collaboration with governments to review CCAs and UNDAFs*
- Action 13: UN Theme Groups to prepare joint implementation support plans and report annually*
- Action 14: Review and strengthen the functioning of the UN Resident Coordinator system*
- Action 15: In a highly-affected small country, implement an accelerated vision of UN reform*
- Action 16: UN agencies to improve skills and modalities in working with new partners*
- Action 17: Enabling governments to coordinate external support and ensure accountability*
- Action 18: UN system, principally through RIACSO, to advocate with regional bodies and governments*
- Action 19: UN system to advocate and work with international partners to increase investments*
- Action 20: UN Country Teams to prepare policy and programme advocacy plans*
- Action 21: UNDG, in collaboration with IASC, to increase support and guidance to UN Resident Coordinator system; UN agency headquarters to strive to increase funding*

***Action 22:** A regional Directors' Group to serve as an oversight authority for UN action in southern and eastern Africa*

Finally, **a series of recommendations are made to the CEB** to endorse the actions in the paper.

The declaration entitled "Accelerating Country and Regional Action on HIV/AIDS in Eastern and Southern Africa made by UN regional directors for Africa, who met in Maputo on July 9, is attached as Annex 1.

## **I. Introduction**

1. A new kind of humanitarian crisis is emerging in Southern Africa. It is a deadly triad consisting of a lethal epidemic, deepening food insecurity and a hollowing out of government capacity. Rural livelihoods, already challenged by poverty, chronic food insecurity and insecure access to weakened social services, are now facing a crisis of immense dimensions and unknown trajectory. The HIV epidemic, having reached hitherto unimaginable prevalence levels bordering on 40 percent of adults in some countries, is now entering the phase of massive death from AIDS: 22,000 people are dying every week in the mainland SADC region. Fuelled in part by impoverishment and lack of essential public services, the epidemic continues to worsen, bringing in its wake new patterns of food insecurity, destitution and vulnerability. In 2002 food insecurity affected 14 million people in six southern African states. Communities' ability to withstand shocks has been severely compromised. Faced with the challenge of needing to do more to preserve lives and livelihoods, governments of the region are finding their principal asset - human resources in their institutions - is being eroded at an increasing rate.

2. This structural crisis in southern Africa has been unfolding for more than a decade. Other regions in Africa, in particular in the Horn, are starting to experience similar challenges of inter-linked crises. Not only are the existing financial and human resources inadequate for the task, but the policy tools for effectively combating HIV/AIDS and mitigating its wider impacts are also insufficient. The crisis demands transformed 'humanitarian' and 'developmental' responses, including longer-term commitments and new forms of management and partnership. Priorities will have to be reoriented, focusing scarce public resources immediately on sustaining human life and communities. At the same, it is essential that longer term issues are addressed immediately so that sufficient resources are mobilised to assist with the recovery of livelihoods and ensure the provision of social service as well as build capacity to respond to recurrent crises. The current crisis may also present a window of opportunity. African governments and the international community are determined to tackle the problem effectively, both through new ways of doing business and by unlocking new resources.

3. The purpose of this paper is to present an overview of the inter-linkages between HIV/AIDS, food insecurity and governance (section II); to identify the paradigm shift required in the UN system in order to meet these new challenges (section III); and to propose a coherent system-wide policy and programming approach for the UN (sections IV and V). The focus is on southern Africa where the UN and its partners have been engaged for more than a decade in the struggle against AIDS and for more than a year specifically addressing the AIDS-food insecurity-governance triad. Proposals are made as recommended actions for endorsement by the Chief Executives Board, but it is hoped that at the same time the paper will inform a wider audience, including governments, NGOs and international development partners. The proposals outlined in this paper should be helpful for other regions of the world facing similar challenges.

4. A set of frameworks and initiatives already exist to guide the UN's response in southern Africa (see Box). The UNGASS Declaration of Commitment and the Millennium Development Goals provide powerful guidance for results which must be achieved. Specific work in early 2003 on southern Africa by the Inter-Agency Standing Committee on humanitarian affairs and by the Joint UN Programme on HIV/AIDS provides further direction. The goal of this paper is to detail

the programmatic activities and the institutional changes which must be undertaken if the UN is to achieve the goals it has set for itself.

### **Frameworks for action**

#### **Global frameworks**

- Millennium Development Goals (MDGs) adopted by the General Assembly in September 2000
- General Assembly Special Session on HIV/AIDS (UNGASS) Declaration of Commitment in June 2001: set goals to be achieved by 2003 and 2005

#### **Regional frameworks**

- African Union Member States committed to the Abuja Declaration on HIV/AIDS, Tuberculosis and other Related Infectious Diseases in April 2001
- New Partnership for Africa's Development (NEPAD) to more coherently tackle social, economic and political priorities on a continent-wide basis, launched July 2001
- Commission on HIV/AIDS and Governance in Africa (CHGA) created in 2003 in response to HIV/AIDS, sub-regional crises and governance challenges, chaired by the UN Economic Commission for Africa (ECA)
- Next Steps for Action in Southern Africa: A Report of the Special Envoy of the Secretary-General for Humanitarian Needs in Southern Africa, IASC, April 2003
- The UNAIDS response to the AIDS crisis in southern Africa, UNAIDS, April 2003

#### **Southern African Development Community (SADC) frameworks**

- SADC HIV/AIDS Strategic Framework and Programme of Action 2003-2007: aims to reduce infections, mitigate socio-economic impact, develop policies and legislation, and mobilise resources
- Maseru Declaration on the Fight against HIV/AIDS in the SADC Region, July 2003: reaffirms the commitment of SADC governments to urgently combat HIV/AIDS through multi-sectoral strategic action

#### **National frameworks**

- Poverty Reduction Strategy Papers (PRSPs) or other national development frameworks
- National AIDS strategic plans

## **II. A different kind of crisis**

### **Deepening household and community vulnerability to food and livelihood insecurity**

5. AIDS undercuts the resilience which households and communities draw upon to cope during periods of difficulty. In the face of an external shock, poor households respond with a variety of

strategies, including altering income generating activities and consumption patterns as well as calling upon family and community support. But AIDS strikes at productive adults, the asset most likely to help during a crisis. Infected adults may be unable to work. The burden of care increases, in both financial and social terms, for other family members. The impoverishment that results in all households as they use assets and savings during a crisis is amplified in HIV/AIDS affected households. In such households, food security is undermined, and children and adults in tend to be less well nourished. When adults die, the remaining household may be headed by a child or elderly adult or may even disintegrate completely. In communities whose coping mechanisms are already severely constrained, such as those composed of refugees or internally displaced people, AIDS amplifies that vulnerability. Although further research is required to determine the number of such households (which is itself complicated by an environment filled with stigma and in which people often do not know if they are HIV positive), the AIDS data which is available is staggering. More than 13 million productive adults in the mainland SADC region, out of an adult population of roughly 66 million are living with HIV and AIDS, including more than one million children. There are 5 million orphans. And all of these numbers are growing.

6. HIV/AIDS also weakens communities and their governance systems. Particularly in rural areas, where public services may be absent, traditional community support systems are crucial to impoverished households. But evidence shows that HIV/AIDS weakens this critical social and economic capital. Traditional knowledge such as locally adapted agricultural technologies may be gradually lost as working age adults die and leave children orphaned. Family members may grab the assets of their deceased relatives and force widows from their land. Whether in rural or urban areas, the burden of caring for sick people and orphans may ultimately overwhelm the ability or willingness of households to do more. Households and communities with fewer adults have less surplus adult-time to help others, undermining community resilience. In rural areas, increasingly impoverished communities may receive fewer visits from traders, or suffer a reduced availability of services and consumer products. Just as HIV/AIDS-affected households may ultimately disintegrate, so too may HIV/AIDS-affected communities through the loss of significant numbers of their members, economic collapse and social breakdown.

### **Destroying the capacity to govern and administer services**

7. Most countries in east and southern Africa have been facing constrained institutional capacity for decades due to structural factors that include inadequate financial, human and technological resources and, especially in poorer countries, economically induced emigration of professionals. With an average of 20 percent HIV prevalence among adults in the mainland SADC countries, AIDS-related illness and death multiply these existing problems, compromising governments' ability to meet their core mandate. Increasing AIDS-related absenteeism and death cuts the supply of human resources on the one hand, while the impact of AIDS on society changes the profile of demand on the other.

8. On the supply side -- especially in service oriented sectors such as ministries of agriculture, education, health and local authorities, who generally comprise the largest staff components of governments -- AIDS deaths reduce the quality and quantity of services. Specifically with respect to fighting AIDS, weakened government capacity obstructs its ability to undertake prevention and treatment activities, such as voluntary counselling and testing, the provision of anti-retrovirals or sexual and reproductive health services. In addition to the direct loss of skill and institutional

memory, financial costs increase for training of new staff, increased demand for health care, funeral pay-outs and pensions. In urban areas, where local authorities have responsibility for providing services, the impact of HIV/AIDS has eroded both their income base as well as their capacity to provide services. Beyond formal state systems, civil society and community organizations are also affected. But AIDS also affects demand. Critical examples include the growing numbers of orphans and vulnerable children who require a whole range of services; changing demographic patterns in communities that place more burdens on the elderly and children; and increased disease burden. Finally, the impoverishing effect of AIDS on households simply heightens the services demanded of the state and its partners.

9. For political institutions which oversee the governance process, the death of elected officials and senior members of the civil service hurts leadership capacity. Added to AIDS deaths in institutions critical to law and order, such as the uniformed services or the judiciary, it may amount to a threat to basic security, particularly in combination with other crises, such as wide-spread food insecurity.

### **The vicious cycle**

10. In a setting of poverty and chronic hunger, any external shock hitting a household undermines its ability to deal with pre-existing challenges. Whether it is a poor family hit by an HIV infection, or an already-HIV affected household hit by drought, the addition of AIDS to the mix of development challenges increases the chances that households will simply not have the means to escape poverty and benefit from development opportunities. The destruction by AIDS of human resources of governmental and national non-governmental institutions aggravates the situation further.

11. More specifically with regards to the spread of HIV, the compounded crises in southern Africa contribute directly to increased transmission. Households and communities in distress, whether due to poverty, lack of access to effective basic services, or drought and acute food insecurity, are less likely to receive critical information and services that discourage transmission of HIV. They may be less aware of the risks of infection, and are less likely to focus on long-term consequences of decisions in the face of immediate, household-threatening problems. Increased migration, whether voluntary in search of income or forced seeking refuge from conflict, opens up the possibility for increased sexual encounters and abuse.

12. Women play a central role in this cycle, paradoxically both as the core of household resilience but also as an actor subject to exploitation. In all countries in the region, women are amongst the poorest. Women are more vulnerable to HIV infection than men, both biologically and due to economic and social inequalities, such as lack of employment opportunities, poor access to education and information, and weak control over resources. When faced with limited livelihood options, many turn to commercial and transactional sex. External shocks can make the problem worse: all six of the southern African countries where food assistance was prioritized last year saw women and girls resorting to 'survival sex', exchanging sex for food, money or consumption goods.

13. The poverty and food insecurity associated with the compounded crises not only exacerbates

the spread of HIV, it also directly worsens its impact. It reduces the resources available to households and communities for caring for people who are ill. A lack of food and poor nutrition weaken peoples' immune systems to all infections, including HIV. Without anti-retrovirals, other drugs to combat opportunistic infections and good nutrition, the development of HIV to full-blown AIDS and eventual death is hastened.

14. Finally, in many ways, the worst is yet to come. In 2001, an estimated 1.1 million people died in the mainland SADC region from AIDS. But the number is still rising, and is not expected to peak until between 2005 and 2010. While more research is required to better understand the 'impact wave' of the epidemic, it is clear that the compounding effects of AIDS, external shocks such as drought, long-standing challenges of poverty, and weakened institutional capacity have created a downward spiral. The UN must help empower households and communities to escape it.

### **III. Changing gears**

15. The threat that AIDS may reverse decades of development, undermine economic growth and unravel the social fabric that has held communities together during previous crises demands a re-tooling of UN responses. There are five fundamental ways in which the UN response must be either entirely new or radically scaled-up in order to make a difference.

#### **Results for households and communities**

16. Households and communities must be placed squarely at the centre of research and analysis, programme design and implementation, and, ultimately, assessments in order to determine UN success or failure. Given the limited resources and absorption capacity in the region, the UN system will need to focus jointly on interventions and institutions, which have the largest possible outreach (schools, health centres). While the UN will continue to work with, and through, governments, the new crisis requires UN agencies to prioritize engagement with households and communities whose vulnerability and suffering lie at the heart of the crisis, and whose support mechanisms must be central to the response. New relationships with government, NGO and the private sector are needed to help the UN better support communities' governance systems and strengthen their resilience. Understanding why certain households and communities are more resilient than others is key to an effective UN response. Placing households and communities at the centre of analysis and action means the UN must improve its knowledge of local conditions and its skills and modalities to support communities. At the same time, the UN must work to help governments ensure that national systems of governance are channelling resources to, and empowering, community structures.

#### **Simultaneous humanitarian and development action**

17. The interlinked crisis of food insecurity, poverty, governance and AIDS combines recurrent, seasonal shocks (erratic rainfall/drought) and longer term, chronic challenges (HIV/AIDS, food insecurity, and poverty). UN activities must recognize, assess, and respond to the immediate humanitarian needs (such as insecure access to food, water, health care or education) caused by the combined impact of HIV/AIDS with other shocks, while simultaneously and equally urgently planning programmes both to reverse the accelerating erosion of government, community and



household capacity and to confront food insecurity and poverty. Both developmental relief - humanitarian assistance that contributes to sustainable development - and emergency development - urgent and accelerated assistance to aid nations in overcoming the long-term negative impact of AIDS, must be put into practice. Like traditional humanitarian assistance, the response must move quickly and draw on international human resources to complement in-country capacity; and like traditional development assistance, it must focus on capacity building, improving existing structures and sustainability.

### **Accelerated capacity development**

18. Capacity building in a broad range of sectors will be required in order to enable governments, non-governmental organizations and communities to adapt to changing conditions shaped by the triple threat. The application of 'emergency development' is most critical for the building of institutional capacity, whether at national or community level, to scale up the response to the pandemic. As noted, in high impact countries, government institutions are being emptied by AIDS deaths. Not only governments are affected; civil society is as well, hindering their ability to support infected individuals and affected households.

### **Scaling-up programmes to empower women**

19. Women and girls bear a disproportionate burden of the AIDS crisis. Women are more easily infected, make up at least 59 percent of all adults living with HIV/AIDS in the SADC region, and they play a key role in care. Girls are also care-givers, and are more likely to lose development opportunities – such as being pulled from school as households cope. Women comprise the majority of African farmers, are the backbone of agricultural systems and are key drivers of both rural and urban economies. Ongoing mainstreaming of women's issues must be continued, but programmes dedicated to economically and socially empowering women must be initiated and scaled up. Gender roles must also be addressed, looking both to empower women in their relations with men, and to work with men to promote safe sexual behaviour and a supportive environment for women's empowerment.

### **A livelihoods approach**

20. A livelihoods approach recognises that there is need for action at household and community levels to address AIDS within a context which is most often defined by poverty and chronic food insecurity. AIDS-specific interventions can only be successful if they are integrated with those actions designed to address the long-term causes and consequences of poverty and related development challenges. Immediate constraints facing households, caused by poverty and food insecurity, are a major influence on household decision-making and must be taken into account in the fight against AIDS. The same community structures that are necessary to cope with crises and assist in the prevention, care and treatment of AIDS are those being weakened by poverty. A range of livelihood interventions are required, looking both at rural areas, where the largest number of HIV positive individuals live, where poverty levels are highest and food insecurity most threatening, and urban areas, which continue to attract the migration of youth, where, percentage-wise, HIV infections levels are higher, and where unemployment is endemic.

21. In the highly affected countries of southern and eastern Africa, the UN must introduce innovative and accelerated activities in these five areas. Outside of this high-impact region, wherever AIDS threatens UN agencies must consider putting in place such programmes in an anticipative and preventative fashion.

22. Along with these five areas for innovation, three further long-standing principles underline the actions proposed in the following sections. First, there is the development principle of the **respect of human rights**. All actions will be designed using a rights-based approach which seeks to empower individuals and communities to achieve their rights. Second, **existing structures** and institutions should be built upon wherever possible, rather than creating additional ones. Third, in specific reference to the AIDS crisis, the principle of **mainstreaming** should always be applied: every development activity provides an opportunity to harness social interactions to change behaviour to prevent, and mitigate the impact of HIV and AIDS. Fourth, effective response to halting the epidemic requires expanded efforts on prevention, treatment and care, in a mutually reinforcing manner.

#### **IV. Key UN Programmatic Actions**

23. In the face of the combined crises and the challenges described in the preceding section “Changing Gears”, UN agencies must review, re-orient and scale-up relevant programmes to ensure that results are achieved. Global goals already exist, as presented by the frameworks listed in the introduction. The most critical are the Millennium Development Goals – which covers poverty, hunger and AIDS – and for AIDS more specifically, the Declaration of Commitment. The goals of the latter relate to halting and reversing HIV infection rates; ensuring access to life prolonging treatments and care for people living with HIV and AIDS; ensuring care and protection for orphans and people made vulnerable by AIDS (including the elderly); and helping governments develop and operationalize strategies to mitigate and deal with the consequences of HIV/AIDS on human rights and development. Especially given the recent radical drop in the price of anti-retroviral treatment, rolling-out access to these drugs has become key. A key supplementary goal, for example, is WHO’s ‘three by five’ – three million HIV positive people reached with anti-retroviral treatment by 2005. The links between treatment and prevention programmes are proven, however, and both must be pursued simultaneously.

24. To achieve these targets at the necessary scale, the UN's overall aim must be to support in-country capacities – including those of national, local and community governance systems – to mount a multi-sectoral response. The programmatic gaps in the five areas outlined in section III must be filled if scale is to be achieved and targets met. It is anticipated that UNDG in collaboration with the IASC, through proactive support and interaction with the Resident and Humanitarian Coordinators, will guide the overall follow-up process, keeping the CEB periodically informed on progress in implementing the actions proposed.

25. In the southern Africa region, significant momentum has already been created in this direction. In July, 2003, a meeting of UN directors for the Africa region was organized and resulted in a declaration with specific, deliverable actions (see Annex 1). The programmatic actions

outlined below, and the institutional re-orientation presented in section VI, build on these commitments in a desire to achieve UN system-wide endorsement of their implementation. All actions are written as recommended for eastern and southern Africa, although they are pertinent wherever AIDS threatens.

### **Safety-nets, livelihoods and highly-affected communities**

26. To address short-term needs and long-term development challenges simultaneously, UN agencies must be ready to use safety nets immediately to ensure that households have access to critical services, while at the same time assisting them to strengthen their ability to earn a livelihood.

27. Safety nets and similar programmes will address the short-term, humanitarian needs that require an immediate response. While they should build upon existing government welfare and social programmes, in order to respond urgently they may also draw upon more external human resources than would normally be the case for traditional ‘development’ work. Programming should integrate local participation and ensure community control over resources channelled to them, and integrate capacity-building components. Temporary assistance may be required to enable households and communities to replenish their asset base to re-establish their productive capacity and/or access services (such as education) which may have associated direct or indirect costs. In other words, interventions must employ a ‘developmental relief’ approach. This approach applies equally to communities receiving more traditional humanitarian assistance, such as those composed of refugees or internally displaced people.

***Action 1: Community safety nets.** Work with governments, local authorities, bilateral agencies and non-governmental development partners to provide and institutionalize programmes for income maintenance or asset strengthening for households and citizens to maintain their access to services and/or re-establish productive capacity. Long term social programmes may be required for extremely poor households, including those impoverished by HIV/AIDS.*

28. Concurrent with the implementation of such activities, and in the context of the triple crisis in southern Africa, increased research must be undertaken to improve the understanding of the vulnerability of communities as a whole. Topics for needed empirical research include: i) the long-term consequences on heavily impacted farming communities, ii) the quantification of households made vulnerable by AIDS (such as child-headed, elderly headed, those with increased dependency ratios or those caring for sick adults, and specific age groups), iii) the impacts of gender imbalance created by increased female deaths, iv) the impact of the loss of human resources on local government, service provision and other community structures, and v) a better empirical understanding of the linkages between HIV/AIDS and nutrition. Better data will improve programming not only by revealing where help is needed, but also by illuminating how communities remain resilient. Higher quality information will help determine the appropriate programming balance between focusing on specifically AIDS-affected households (which may be difficult due to lack of awareness of HIV status and/or an environment of stigma) versus addressing impoverished households in general. Improved knowledge, in combination with the participation of local institutions, will help ensure that programmes avoid skewed effects like households claiming

sick individuals to receive benefits.

**Action 2: *Improved data.*** *Expand and strengthen UN and partners' assessment and surveillance capacities in order to carry out vulnerability mapping to identify and better understand the dynamics of highly-affected communities.*

29. Simultaneously, a longer term, development-oriented approach will be geared principally towards increasing incomes and enhancing the food security of households and communities. In rural areas, programmes to enhance agricultural production and incomes will assist farmers – including increasing numbers of farmers who are orphans, teenagers, widows, the elderly and women – to develop the skills, knowledge and organization that they need to access inputs, services and markets, and to establish sustainable, low risk farming systems. Activities include micro-credit, agricultural production and marketing programmes, use of labour-saving practices, training, employment creation, education and functional literacy activities, among many others. In urban areas, with the possible exception of agricultural activities, all of these programmes are equally important, if not more so due to the absence of land as a productive asset. As well, access to shelter and residential security is key to ensuring sustainable livelihood in an urban setting. Opportunities in all categories must be made available for women. Activities must be cognizant of how to help particularly vulnerable households, such as those which are child-headed, female-headed, supporting sick adults or extra children, or elderly-headed. All interventions must integrate HIV/AIDS activities, benefiting from every opportunity to fight the epidemic.

**Action 3: *Livelihood strengthening.*** *Target support to enable highly-affected communities and women, youth and orphans, the elderly and people living with HIV/AIDS to enhance their ability to earn a livelihood, e.g. through agricultural skills development, micro-finance and vocational training programmes. HIV/AIDS prevention and mitigation interventions will be mainstreamed.*

30. Aside from targeting geographical communities, there are particular vulnerable and high-risk groups who require specific, tailored support. Communities must be involved in identifying such vulnerable groups in order to reduce the risks of worsening their problems; insensitive targeting can unwittingly create and accentuate stigma and discrimination.

31. Priorities include women and girls who bear the brunt of the social and economic impacts of the epidemic. Women do most of the caring for people living with HIV/AIDS and of children orphaned by AIDS. They are the backbone of food production systems, and are responsible for household management and chores. Gender roles impacting on sexual relations need to be addressed.

**Action 4: *Scaling-up programmes to empower women.*** *UN agencies will support the UN Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa and review all programming to ensure that support to women is scaled-up for dealing with AIDS prevention and impact and for contributing to enhanced household livelihoods.*

32. Orphans are another priority group, suffering the psychological impact of loss of one or both parents, taking on adult responsibilities for which they are not prepared, having limited entitlement to resources such as land and even food, and reduced chances of completing their education. Young people in general are a critical target group, representing the future generation whose capacity can be developed to support their extended families in this time of crisis.

**Action 5:** *Orphans. UN Country Teams in southern Africa will review their portfolios to ensure orphan-specific needs are covered, and that all existing programmes are reviewed in light of a rapidly increasing orphan population.*

33. For all of these actions, planners must involve organizations of people living with HIV/AIDS in design and implementation. This involvement will not only lead to more effective activities, but such partners are key for fighting stigma and bolstering prevention and care efforts.

### **Capacity-building to ensure prevention, care and treatment for AIDS**

34. As outlined in section III, the UN must move to both respond to immediate (humanitarian) needs and accelerate development assistance to help households, communities and governments cope. For purposes of this paper, capacity building assistance can be divided into two categories. First, assistance is needed urgently to help governments institute programmes and communities develop responses to fight AIDS directly. Second, assistance is needed to ensure the continuous provision of services in the face of the depletion of human resource capacity.

35. Capacity building is required to help governments and their partners scale-up their programmes to prevent the spread of HIV/AIDS and mitigate its impacts. In the health sector, capacity must be built to scale-up and roll-out the provision of anti-retrovirals and drugs to fight opportunistic infections. A key factor in assuring affordable access to drugs is helping countries to benefit from WTO declarations and decisions such as the TRIPS and Public Health declaration adopted at the WTO Ministerial Meeting in Doha in 2001 as well as the decision adopted on 30th August in the General Council of the WTO. These allow countries facing AIDS and other public health problems with insufficient domestic manufacturing capacity to import low cost pharmaceutical products including active ingredients, finished products and diagnostic kits at affordable prices.

36. Regarding prevention, universal access to sexual and reproductive health services is essential given that HIV is principally spread through sexual transmission. Beyond the health sector, every government ministry should be assessing how it can help; fighting AIDS successfully requires a multi-sectoral approach which covers prevention, care and treatment. This should include both the establishment of prevention, care and treatment programmes for its own workforce as well as the integration of AIDS prevention activities into their regular work. In the context of chronic and recurrent food insecurity in southern Africa, the providers of emergency services ? just like any other sector ? must look at how AIDS activities can be integrated into their work. This includes prevention, care and treatment work with refugees and displaced persons.

**Action 6:** *Capacity building to fight AIDS. UN agencies, within their respective mandates, to*

*assist with capacity-building with their partners in all sectors to tackle the AIDS crisis, especially in the sectors of health care (including the equitable roll-out of affordable anti-retroviral treatment and technical and legal assistance), education, rural development and agriculture, youth programming, support to women, employment and emergency relief.*

37. Beyond improving capacity to fight AIDS, capacity building assistance is also required in all sectors to help governments cope with the attrition of staff caused by AIDS. If societies are to avoid a collapse of services (whether in the provision of water, agricultural extension, health care, education or the assurance of security by uniformed corps) and an associated disappearance of development opportunities for communities, the UN with its partners must support governments to take extraordinary measures to bolster the human and financial capacities of its institutions. The UN must support governments to formulate and implement new approaches such as fast-track training or national service programmes, to use adaptive strategies such as a change in retirement ages or labour laws, or to tap under-utilised resources, such as from private institutions, academia and civil society. In line with an approach which combines ‘humanitarian’ and ‘development’ perspectives, immediate assessments and actions must be taken to provide external help with service delivery (e.g. health care and education) in cases where populations are lacking access to basic services, even while longer term work is taken to build national capacity. Tensions between maintaining macro-economic stability and the need for, and absorption of, increased resources for scaling-up programmes should be resolved within national poverty reduction strategies.

**Action 7:** *Capacity building to deal with AIDS impact.* UN agencies, within their respective mandates, to assist sectoral partners counter the devastating affects of HIV/AIDS on their human resources, and provide such emergency assistance as is necessary to ensure the continuous provision of basic services.

38. Analytical gaps remain. While there are many sector-specific studies concerned with how the epidemic impacts upon education, or agricultural extension, there are few analyses that integrate the different sectoral studies into a comprehensive, integrated framework. Furthermore, there are few if any analyses targeting the impact of HIV/AIDS on local authorities and urban governance.

### **AIDS as a core development issue**

39. Generalized AIDS epidemics cripple countries efforts to achieve the Millennium Development Goals, as highlighted by declines in life expectancy of more than a decade in several African countries. Consequently, all principle macro-level development instruments, such as national development plans or poverty reduction strategy papers (PRSPs), must include a strategy to prevent and/or mitigate the impact of HIV/AIDS. In high impact countries – including all of the mainland SADC countries which have an average adult prevalence of 20 percent and countries in the Horn of Africa including Ethiopia – as well as in countries where the impact even threatens to be high, integrating AIDS activities into the principal development plans is a matter of urgency.

**Action 8:** *Mainstreaming AIDS into development planning.* Support the efforts of governments and their partners to take into account how AIDS affects the context for basic development planning (such as in PRSPs), and to mainstream AIDS activities in those

*plans as appropriate.*

## **Leadership and management of the fight against AIDS**

40. Strong leadership on the part of government and non-governmental actors in society is the key to an effective AIDS response. Leaders need both reliable data and opportunities to debate policy options, evaluate successes and failures, and identify gaps to help inform fundraising and programming.

41. The UN will undertake several programmatic actions to ensure the full participation of key groups, such as communities, people living with HIV/AIDS, NGO service providers, faith-based organizations, women, and a range of government ministries and public service agencies. UN agencies and programmes will invest in improving data collection and dissemination, harmonizing, where possible, to minimize duplication, and building capacity of local partners to undertake monitoring and evaluation activities. Locally designed, implemented and owned programmes are the most successful, and are able to attract and absorb foreign funding effectively. It will be necessary to have an accurate country by country review of resource utilization and flows – covering the origins of funds from the UN system, bilateral donors and other sources – in support of HIV/AIDS programmes.

42. By supporting the involvement of all actors in forums where such information is used, the UN will contribute to the transparent, democratic development and implementation of public policy on AIDS. Actions 9 to 11, noted below, have already been committed to by the Regional Directors of UN system agencies in Africa for application in southern Africa and in the Horn.

**Action 9:** *Leadership and programme reviews.* Support leadership development programmes and country-led, broad-based participatory reviews of national strategic plans in order to assist governments in identifying and addressing implementation obstacles, capacity strengthening requirements and resource availability and mobilization needs.

**Action 10:** *Participatory partnership forums.* Assist in the development of national and decentralized HIV/AIDS partnership fora to ensure broad-based participation of public and private actors and effective coordination of the response.

**Action 11:** *Monitoring, evaluation and tracking systems.* Assist in the development of national systems for monitoring the epidemic and tracking resource flows and utilization to fully leverage and operationalize larger funding commitments from the Global Fund, the World Bank's MAP and others, as well as to evaluate the impact of programmes.

## **V. A System-wide response**

43. To implement the programmatic actions outlined above, in an urgent manner which addresses simultaneously short-term needs and long-term challenges, requires a reorganization and an

intensification of UN action. The UN must employ the tools at its disposal, in particular those of UN reform, direct its moral authority and invest managerial and financial resources to help its partners defeat AIDS.

### **Building on UN reform**

44. UN reform efforts led by the Secretary General and enacted by bodies including the Chief Executives Board (CEB), the High Level Committee for Programmes (HLCP) and the UN Development Group (UNDG) provide a platform for accelerating UN action. An important element of UN reform is the attempt to rationalize UN efforts and reduce duplication. It remains a goal of the UN to reduce burdensome transaction costs for partners, particularly governments.

45. **Common country assessment/UN development assistance framework.** Together, the CCA and the UNDAF provide a vehicle for the UN to dialogue jointly with government and other partners to identify how UN actions will support national efforts. In the context of southern Africa, UN country teams must use UNDAFs – as the UN Country Team’s principal ‘business plan’ – innovatively so that they meet the urgent timeframe and scaling-up requirements of governments. This may mean reviewing CCAs and/or UNDAF’s mid-stream, or altering expected time frames, or integrating them with the consolidated appeals process to ensure all needs are covered efficiently and without duplication.

***Action 12:** UN Country teams in southern Africa to review with governments CCAs, UNDAFs and other relevant strategic frameworks to ensure that UN resources are focused as appropriate on the AIDS epidemic and its compounding of other development challenges. UNDG or other relevant bodies to provide support for any such reviews and assist with quality control.*

46. UN Resident Coordinator system. The UN Resident Coordinator system provides a means to ensure unified UN leadership and priority-setting, jointly addressing issues which cross agency mandates and improve transparency and accountability of the UN. UN Theme Groups can help Resident Coordinators facilitate coordinated action by UN agencies, and UNAIDS has learned that the presence of a dedicated staff can boost their effectiveness. The UN Resident Coordinator system and the CCA/UNDAF process have helped to redefine how the UN works at country level, although slowly evolving headquarters practices do not yet sufficiently encourage coherent programming. The interrelated crises in southern Africa provide, however, an opportunity to accelerate the utilization of these tools to improve the delivery of UN assistance, while underscoring the need for continued strengthening of the UN Resident Coordinator system. Experience has shown that additional capacity to support the Resident Coordinator perform these functions is key.

***Action 13:** UN Theme Groups on AIDS to develop immediately Joint UN Implementation Support Plans on AIDS in each country in southern Africa to assist national efforts through joint UN programming, and pooling UN technical and financial resources for HIV/AIDS. Plans must fit within UNDAFs – as the UN’s principal ‘business plan’ – which is in turn defined with respect to supporting national policies and programmes. Annual reports on these plans and progress will be incorporated into the Resident Coordinator annual reports, reviewed by UNDG and UNAIDS.*



**Action 14:** *Review the capacity of the UN Resident Coordinator system in southern Africa and take appropriate actions to strengthen capacity where necessary.*

### ***Small Countries – Opportunity for UN reform pioneers***

47. Some of the most highly affected countries in the southern Africa region, such as Swaziland, Lesotho, Botswana and Namibia, are small geographically and/or in population. Despite the damage to development caused by the AIDS-compounded crisis, they tend to receive less investment by the UN agencies, in terms of staff and resources, due to their small size. To address this problem, it is proposed that UN reform in its most visionary form be implemented in one or more of these small countries.

**Action 15:** *In one highly affected small country, to be recommended by UNDG consider implementing an accelerated version of UN reform by establishing, on a pilot basis, a single UN office hosting multiple agencies, allowing for joint programming of HIV/AIDS funding, and consolidating cooperation frameworks. The pilot initiative would be evaluated before replication.*

### **Better partnerships to expand the national response**

48. In order to work quickly addressing both short-term and long-term needs, and to ensure that households and communities are at the centre of analysis and action, the UN must improve its ability to work with civil society and community organizations. Modalities of implementation must include, but go beyond, governments as partners. The UN, using its unique space in the development community, must use its authority to bring together different actors including government, bilateral agencies, international and national NGOs, the private sector, academic institutions, religious bodies and other community organizations. The UN should focus more of its capacity building, technical assistance and financial resources on these actors. Support to these institutions will also help bolster capacity gaps in government.

**Action 16:** *UN agencies must increase their skills and establish modalities to build partnerships with local organizations to better access communities and households and to facilitate dialogue and joint planning across governmental and non-governmental sectors.*

### **Efficient coordination**

49. Management of the relationships with numerous development partners, each of whom often desires individual agreements and implementation arrangements, further burdens governments' overstretched human and financial resources. UN reform is designed to reduce this burden, with regards to government relations with the UN, by unifying and rationalizing UN planning. The UN should also use its position and authority to encourage a rationalization of agreements, negotiations, resource mobilization efforts, committees, reporting requirements, and monitoring and evaluation programmes of all development partners. In order for the UN to be in a position to use its influence

credibly, a strong Theme Group on HIV/AIDS and adequately staffed offices with expertise on AIDS are essential. The experience of UNAIDS – whose field staff have helped make UN Theme Groups on HIV/AIDS a success – should be learned from and built upon. High quality CCAs and UNDAFs will also help by serving to bring together partners around common objectives, thus facilitating common proposals and implementation modalities.

50. A key opportunity in the case of the crisis in southern Africa is the consolidation of committees involved in resource mobilization and the scaling-up of national multi-sectoral responses to AIDS. To the extent possible, the UN should work to support government leadership of a single rational, participatory committee structure which can efficiently manage funds mobilized from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank's MAP programme and bilateral donors.

**Action 17:** *UN agencies, through the UN Resident Coordinator system, UN Theme Groups on HIV/AIDS and individual agencies, to support government efforts to rationalize structures to manage and coordinate partners' efforts. **Government capacity should be built and mechanisms supported to better coordinate donor programming and investments and promote accountability.***

#### **UN country and regional advocacy**

51. A number of UN agencies are already engaged in a range of information and communication activities designed to increase awareness, prevent the transmission of AIDS and facilitate access to services to mitigate its impact. Many are focused on youth. Other agencies are focusing their communications' efforts on poverty and livelihoods. These important sector-specific activities must remain core programmatic work of the UN.

52. In addition, the UN must also engage in advocacy targeted on influencing the policy environment. The UN has an opportunity, given its mandate, to articulate and promote policy positions, based on research, to promote the achievement on an individual, household and community level of the rights outlined in the UN Charter and other UN agreements, such as the Universal Declaration of Human Rights and the UN General Assembly's Declaration of Commitment on HIV/AIDS. At the country level, UN Country Teams must similarly use their combined moral authority and neutral positioning to develop integrated policy advocacy plans, based on research and strategic information.

**Action 18:** *Principally through RIACSO and supported by individual agency efforts, the UN should undertake advocacy with regional bodies including SADC, NEPAD and the African Union to ensure government commitments to address the AIDS-compounded crises in a coordinated way.*

**Action 19:** *The UN should undertake advocacy with international partners including donor-nation governments and multilateral institutions to promote coordinated investment, increased financing to fight the triple crisis facing southern Africa and threatening other regions, accelerated debt relief, the easing of macro-economic conditionalities in*

*light of the crisis, and the scaling-up of AIDS programmes, including access to affordable treatment.*

**Action 20:** *UN Country Teams should develop informed advocacy plans to utilize strategic information for ongoing advocacy on key national issues surrounding HIV/AIDS (such as access to treatment, women's issues, HIV prevention centering on young people, and orphans and vulnerable children's issues) and how it compounds other development challenges.*

## **Headquarters, regional and field management of commitments**

53. In order to achieve the objectives and implement the programmatic actions outlined in this paper, UN agency resources must be secured, invested at country level, and managed accountably.

54. First, clear directives and resources must come from headquarters and regional offices. Directives are helpful to country offices because they provide a mandate to country representatives to review and re-orient existing plans. However, headquarters instructions alone, without resources to back them up, is a formula for failure. Moreover, UN actions and levels of investment at the country level must be made transparently.

55. Second, in regions where the confluence of AIDS with other crises threatens multiple countries, regional leadership mechanisms can focus management attention and ensure accountability. Regional Directors, with line responsibility over country programmes, have the requisite authority to be accountable for results. In southern Africa, for example, Regional Directors from the UN system have constituted themselves as a responsible body to oversee deliverables listed in their declaration following a meeting on July 9, 2003 in Maputo. This group will be supported by an multi-agency regional office, based upon the existing Regional Inter-Agency Coordination and Support Office (RIACSO) and the UNAIDS Inter-Country Team. This multi-agency office will organize periodic meetings of the Regional Directors, monitor the activities of the UN system in the region, prepare reports for the Regional Directors on progress or obstacles, share information and document case studies for rapid dissemination, and provide a consistent interlocutor for regional bodies such as SADC.

**Action 21:** *UNDG in collaboration with the IASC, and utilizing the experience of RIACSO, should provide direct operational support and guidance to the Resident and Humanitarian Coordinators to ensure a coordinated response to AIDS-compounded crises, and UN agency headquarters should strive to provide increased funding.*

**Action 22:** *A Regional Directors' group which met for the first time in Maputo in July 2003 should continue to serve as an oversight authority in southern Africa and the Horn of Africa to provide UN leadership and assure accountability for UN actions. They will rely upon RIACSO (or its successor) as a secretariat to support their responsibilities and represent the group of directors regionally on AIDS and related issues.*

## **VI. Actions by the CEB**

56. The CEB may wish to:

- Endorse the general analysis and programming approach outlined in this paper, in particular the five areas requiring UN innovation and scaling-up.
- Endorse the eleven proposed programmatic actions and the eleven proposed institutional actions for the UN, and suggest that the UNDG, IASC and the other pertinent UN inter-agency bodies to help to initiate follow-up by undertaking measures to ensure capacity exists for their implementation.
- Provide the necessary political support to carry out the action points.
- Stress the importance of striving to increase financial investments in country level actions directed at HIV/AIDS in southern and eastern Africa.
- Make the paper public as an indication of the intentions of the UN system with regards to the inter-linked crises of food security, weakened capacity for governance and AIDS in the eastern and southern Africa region.
- Suggest that the paper be made available to all countries and regions threatened by AIDS, so that they may take it into consideration in formulating and implementing their own plans and strategies.
- Consider requesting UNDG in coordination with IASC, and in consultation with RIACSO as appropriate, to take the lead on follow-up and to inform the CEB periodically on progress in implementing the twenty-two actions contained in the paper.

\* \* \* \* \*

# Annex 1. Declaration of Regional Directors

## DECLARATION

### ACCELERATING COUNTRY AND REGIONAL ACTION ON HIV/AIDS IN EASTERN AND SOUTHERN AFRICA

#### UN REGIONAL DIRECTORS' MEETING

Wednesday, 9 July 2003

Maputo, Mozambique

We, the UNAIDS Executive Director, Regional Directors, Heads of Delegations of the UN agencies, meeting in Maputo, Mozambique, on 9 July 2003, are greatly concerned by the combined devastation caused by the continuing HIV/AIDS epidemic and the food crisis in Southern Africa and the Horn of Africa.

- We commit ourselves to a major intensification of UN support for national HIV/AIDS responses in the region, as well as firmly and explicitly centering HIV/AIDS within the humanitarian and development work of the UN system in Southern Africa and the Horn of Africa.
- We commit ourselves to ensuring the UN system role is strategic, that it directly responds to the national priorities in countries, and that it addresses the capacity constraints critical to their successful implementation. In particular, we commit to developing country-level, joint UN Implementation Support Plans to support national efforts, and we commit to providing annual reports by UN Theme Groups on achievements against these plans.
- We commit ourselves to working with governments and regional bodies, such as the Southern African Development Community (SADC), Commission on HIV/AIDS and Governance in Africa (CHGA), and the New Partnership for Africa's Development (NEPAD), to develop more effective short-, medium- and long-term strategies to respond to the HIV/AIDS crisis and to support the findings of the High-Level Committee on Programme (HLCP) on the nexus of HIV/AIDS, Governance, and Food Security.
- In this respect, we commit ourselves to reinforcing the UN System and to investing the necessary financial and human resources to strengthen our overall capacity to confront the HIV/AIDS epidemic in the region.

#### **We agree to the following key deliverables to intensified and unified UN action:**

We commit ourselves to defining a limited number of objectives and measurable "UN system deliverables" needed to focus leadership attention and support, to catalyse further action, and to respond to partner expectations and demands of the UN system as a whole in each country in the region.

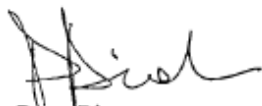
We commit ourselves to improving the monitoring and evaluation of UN country-level performance, including the development of an accountability mechanism for UN Theme Groups on HIV/AIDS.

We propose the following actions for achievement by the UN system (in collaboration with governments and partners) in Southern Africa and the Horn of Africa region by the end of 2004:

- We commit to support **country-led, broad-based participatory review of National Strategic Plans** in order to assist governments in identifying and addressing implementation obstacles, capacity strengthening requirements and resource availability and mobilization needs to address short-term and long-term development and humanitarian challenges.
- We commit to **developing Joint UN Implementation Support Plans** to assist national efforts through joint UN programming, pooling UN technical and financial resources, and using Common Country Assessments (CCAs), the UN Development Assistance Framework (UNDAF), Millennium Development Goals (MDGs) and other development instruments, including the Poverty Reduction Strategy Paper (PRSP).
- We commit to assist the development of **national systems for monitoring the epidemic and tracking resource flow and utilization** to fully leverage and operationalise larger funding commitments from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the World Bank's Multi-country AIDS Program (MAP), and others, as well as **evaluating the impact of programmes**.
- We commit to assist the development of **national HIV/AIDS partnership fora** to ensure broad-based participation of public and private actors and effective coordination of the response.
- We commit to assist UN Country Teams in developing **informed advocacy plans** to utilize strategic information for ongoing advocacy on key national issues surrounding HIV/AIDS (such as access to treatment, women's issues, HIV prevention centering on young people, and orphans and vulnerable children issues).
- We commit to assisting the establishment of **integrated "safety net" programmes**—as highlighted in the UN Special Envoy for Humanitarian Needs in Southern Africa's Next Steps paper—to ensure sustainable provision of humanitarian assistance to highly vulnerable groups, households, and communities with continuing needs.
- We commit to the full implementation of **UN HIV/AIDS workplace programmes**, meeting the International Labour Office (ILO) minimum standards described in its *ILO Code of Practice on HIV/AIDS and the World of Work*.

### Support and Oversight Mechanism

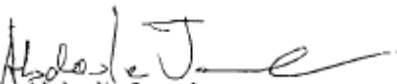
- We agree to ensure that oversight and support mechanisms, and management systems are put in place to achieve the key deliverables.
- We commit ourselves as **The Regional Directors' Group on HIV/AIDS in Africa** as the oversight body, with the authority already vested in us as UN Regional Directors to holding at least annual meetings to review progress toward meeting key deliverables, identifying the gaps and opportunities in implementation, and to refine or adjust guidance as needed.
- We agree to the decision by the UNAIDS Secretariat to jointly locate its UNAIDS Inter-Country Team in Eastern and Southern Africa with the Regional Inter-Agency Coordination and Support Office (RIACSO) in Johannesburg, and to work as an inter-agency resource on HIV/AIDS in the region.



Dr. Peter Piot  
UNAIDS Executive Director



Dr. Ebrahima Samba  
WHO-AFRO Regional Director



Mr. Abdoulie Jannah  
UNDP Regional Director for Africa



Ms. Fama Hane-Ba  
UNEPA Director for Africa Division



Ms. Regina Amadi-Njoku  
ILO Regional Director for Africa



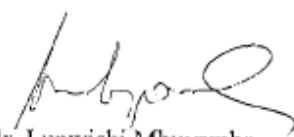
Mr. Ayalew Abai  
UNICAF Acting Regional Director  
Eastern and Southern Africa Region (ESARO)



Mr. Mike Sackett  
WFP Regional Director and  
Regional Coordinator for the Special Envoy



Mr. Chris Kaye  
Head, OCHA Regional Office  
for Southern Africa

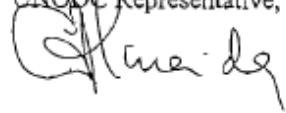


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Mr. Peter Vandor  
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Ms. Christiane D'Almeida  
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