

LESSONS LEARNED FROM MAINSTREAMING HIV INTO THE POVERTY ERADICATION ACTION PLAN IN UGANDA

DfID UGANDA

“Mainstreaming HIV Means Adapting Core
Business To Cope With The Realities Of HIV &
AIDS.”

October 2003

by

Kate Butcher

John Snow International Research & Training (UK)
Studio 325
Highgate Studios
53-79 Highgate Road
London NW5 1TL
Tel: +44 (0)20 7241 8599
Fax: +44 (0)20 7482 4395
email: info@jsiuk.com



CONTENTS

| | |
|--|----|
| Acronyms & Abbreviations | 3 |
| 1. Background | 4 |
| 1.1 Uganda's PEAP | 4 |
| 1.2 The PEAP Review Process | 5 |
| 1.3 Background to DFID Uganda's Approach to Mainstreaming HIV within the PEAP | 5 |
| 2. Entry Points for HIV in the PEAP | 8 |
| 2.1 Information & Evidence | 8 |
| 2.2 Human Resources Planning & Management | 8 |
| 2.3 ARVs | 8 |
| 2.4 Impact Mitigation | 9 |
| 2.5 Leadership & Advocacy | 9 |
| 2.6 Community Mobilisation | 9 |
| 3. Lessons Learned | 10 |
| 3.1 Common Understanding at Every Level of the Meaning of HIV Mainstreaming | 10 |
| 3.2 Improving the Evidence Base | 10 |
| 3.3 Co-ordinating Cross-Cutting Issues | 11 |
| 3.4 Supporting a Strategy for Mainstreaming HIV | 12 |
| 3.5 Mainstreaming Development Back into HIV | 12 |
| 4. Future Challenges | 14 |

ACRONYMS & ABBREVIATIONS

| | |
|---------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Anti retroviral therapy |
| ARV | Antiretrovirals |
| DfID | Department for International Development |
| DFIDU | Department for International Development Uganda |
| HIV | Human Immunodeficiency Virus |
| HR | Human Resources |
| JSI(UK) | John Snow International (UK) |
| LMSCE | Line Ministries Self-co-ordinating Entity |
| MDG | Millennium Development Goals |
| MoFPED | Ministry of Finance, Planning and Economic development |
| MTEF | Medium Term Expenditure Framework |
| NADIC | National AIDS Documentation and Information Centre |
| PEAP | Poverty Eradication Action Plan |
| SWG | Sector Working Group |
| TOR | Terms of Reference |
| TRIPS | Trade-Related aspects of Intellectual Property Rights |
| UAC | Ugandan AIDS Commission |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| VCT | Voluntary Counselling and Testing |
| WHO | World Health Organisation |
| WTO | World Trade Organisation |

1. BACKGROUND

Hailed as a Sub Saharan African success story Uganda's HIV prevalence has declined from a high of 20% in 1992 to 6.1% in 2001. This decrease has been attributed both to a significant change in sexual behaviour, with young Ugandans entering sexual activity later and having fewer non-regular partners, and high level political commitment. Despite this success, HIV is still a major issue with approximately 800,000 Ugandans presently living with HIV/AIDS and 1.7 million children orphaned by the disease¹.

Uganda was the first country to adopt a multi-sectoral approach to HIV, and in 1991 established the Ugandan AIDS Commission to advocate for and co-ordinate multi-sectoral response to HIV and AIDS.

However, UAC and line ministries have tended to respond to the call for mainstreaming by focusing on 'sensitisation' and condom distribution rather than addressing the issue more systematically at macro and institutional levels.

For the purposes of clarification, throughout the HIV mainstreaming process in Uganda the following definition and principles were followed:

Mainstreaming HIV means adapting core business to cope with the realities of HIV and AIDS.

Key principles of mainstreaming involve:

- identifying focused entry points,
- working within existing structures and strategies,
- working to a sector's comparative advantages, and
- identifying strategic partnerships.

In 2002 the National HIV Partnership Committee was established which brings together representatives from different sectors and stakeholder groups to support co-ordination of activities and strengthen the process of mainstreaming. This structure is seen as a potential mechanism for revitalizing the multi-sectoral response in Uganda.

1.1 UGANDA'S POVERTY ERADICATION ACTION PLAN

The Poverty Eradication Action Plan (PEAP) articulates Uganda's poverty reduction strategy and outlines government priorities for the coming period. It influences budget allocations within the Medium Term Expenditure Framework and acts as a basis for donor assistance to Uganda. Priorities for the PEAP are made after extensive consultation with line ministries, civil society, development partners and the private sector. Participation in the process is made possible through working groups, which are made up of representatives from every sector or 'sector working groups' (SWG).

Over the last decade where HIV has been included in the PEAP it is only in the field of health and social services.

¹ The number of children who have lost one or both parents to HIV is estimated to rise to 3.5 million by the year 2010.

The lack of recognition in the PEAP of HIV as an economic, governance, security or livelihood issue challenges any efforts at effective mainstreaming and tend to ensure that the focus of HIV interventions remain in the field of social services. In a mature epidemic such as Uganda's, where an estimated 100,000 people become eligible annually for ART (i.e. demonstrate weakened immunity), and high morbidity and mortality rates undermine productivity and service delivery it is crucial that HIV is addressed more broadly as a development issue.

In addition, the PEAP process tends to be largely sectoral, for obvious reasons i.e. each ministry is fighting for a greater share of limited resources. In Uganda, HIV is the only cross-cutting issue without a ministerial home and so there is urgency for it to be seriously and effectively mainstreamed wherever possible. In order for this to happen, greater multi-sectoral co-ordination is needed at a high level and among decision makers.

In spite of the call and commitment to mainstreaming of HIV, it is often perceived as a separate and vertical issue; this perception is reinforced through the various HIV specific structures, budget lines and projects which have been established to respond to the disease.

The PEAP revision therefore, provides an opportunity and imperative to ensure that HIV issues are adequately reflected and resourced throughout all sectors for the plan's forthcoming 3-year duration.

1.2 THE PEAP REVIEW PROCESS

Consultation for the PEAP review began as early as October 2002. By July 2003, all sectors were gearing up to produce papers to highlight the key issues, which challenge poverty eradication within their respective sectors and strategies to overcome these challenges together with a budget.

A set of guidelines was provided by MoFPED that clearly laid out the chapter headings and desired layout of the text.

HIV was included together with other cross cutting issues at the end of the guide and subsequently in most of the papers reviewed, the topic occurred as a separate issue at the end of the document rather than integrated throughout the text.

Each draft was prepared and submitted to the PEAP review team housed in the Ministry of Finance Planning and Economic Development (MoFPED), where they were commented upon and sent back to the SWG teams for modification.

1.3 BACKGROUND TO DFID U'S APPROACH TO MAINSTREAMING HIV WITHIN THE PEAP

To ensure that HIV was effectively mainstreamed into the PEAP revision process DFID U adopted a four-pronged approach:

1. An HIV mainstreaming workshop for DFID U programme and advisory staff
2. An HIV mainstreaming workshop for the Line Ministries Self Co-ordinating Entity (LMSCE)
3. Development of an issues paper to inform UAC and Sector Working Groups
4. Review of selected SWG papers.

1.3.1 Mainstreaming Workshop for DFID U

In March 2003, DFID U commissioned JSI(UK) to design and deliver a half-day's workshop for programmatic and advisory staff on mainstreaming HIV as part of an in-week. This workshop provided staff with the opportunity to explore why and how HIV is an issue for them both personally and professionally, to map out how HIV contributes to and grows from vulnerability and finally to consider feasible areas for action which would enhance DFID U's overall response to HIV and *which would principally require modifying existing work plans rather than adding to them.*

Critically, given that DFID staff are frequently overloaded, emphasis was placed on the fact that mainstreaming does not necessarily mean creating additional activities but rather modifying and in some cases revising ways of doing business. A commitment to this basic principle was demonstrated during the action planning process, which was based on maximising the potential to mainstream HIV in core team's existing plans. A good example of this was the inclusion of two HIV related questions in a micro credit survey, which had already been commissioned by the office and was about to be piloted.

The action plans were then refined with members of the core teams and assessed for feasibility three months later (Butcher March 2003)

This process provided a thorough understanding of key issues to DFID U staff and since many of the advisors were actively involved in the PEAP review it equipped them to support their respective sectors to mainstream HIV in their SWG papers more effectively.

1.3.2 Workshop with the LMSCE

With the support of the HIV Partnership Committee, the Line Ministry Self-co-ordinating Entity was set up principally to ensure that HIV was effectively mainstreamed throughout all ministries and departments. The constituents of the LMSCE are nominated focal points from different ministries whose task is to ensure that HIV is mainstreamed throughout the department and sector.

At the request of UNAIDS, DFID supported a workshop for the LMSCE to deepen understanding of mainstreaming in preparation for the PEAP review.

Several problems were identified during this workshop:

- 1) Focal points had already submitted action plans to the World Bank for resources to help them mainstream HIV although they had not reached a common and operational understanding of mainstreaming. This rendered the workshop invalid since there was no logical 'next step' as a result of a better understanding of the concept other than rewriting the action plans'
- 2) Most of the focal points are insufficiently senior to effect real change throughout their departments.
- 3) Without top-level support and a team of change agents within ministries and departments change is unlikely to occur.

1.3.3 Issues Paper

To support the PEAP review an issues paper was prepared with the UAC to identify why and how HIV is relevant to all the following four PEAP pillars:

1. Rapid and sustainable economic growth and structural transformation
2. Strengthening good governance and security,
3. Increasing the ability of the poor to raise their incomes
4. Improving the quality of life of the poor.

The questions the paper sought to address were:

- How might the epidemic undermine the development targets set out under the PEAP's pillars?
- How might the focal areas of each pillar actually be contributing to the spread of the epidemic?
- What opportunities exist in the pillar's directives to enhance the HIV response including mitigation strategies?

This paper was prepared together with UAC and after consultation with a range of representatives from different agencies and ministries.

It was then distributed to the sector working groups during the launch workshop for the PEAP revision process.

Members of the Partnership Committee were variously allocated to the 17 different SWGs to advocate for and support the inclusion of HIV as a mainstream issue into the SWG papers. The success of this strategy depended greatly on the commitment and capacity of the individual.

UAC had a key technical role to play at this stage since many of the groups acknowledged the importance of HIV but felt that they lacked the knowledge and technical ability to mainstream it effectively.

Unfortunately due to human resource and time constraints UAC were unable to provide the requisite support to many of the groups.

As the HIV issues paper was being prepared, so too were other cross cutting issues papers (gender, social development, social protection). It was unfortunate that these papers were not better co-ordinated since opportunities for identifying synergies between cross cutting issues were lost.

1.3.4 Review of Sector Working Group Papers

Three months later the consultant returned again to review key sectors' working group papers (agriculture, education, health and social development) to ensure that HIV was appropriately addressed. It was hoped that the public services SWG paper would also be reviewed to examine whether HIV had been considered with Human Resource planning. Unfortunately the public service group had not yet been convened and thus the paper was not ready.

This meant that coverage of Human Resources as an institutional issue was poorly served.

Where possible the groups responsible for writing their sector working papers were consulted with and as some of the DFID advisors were active members of these groups the value of the earlier DFID workshop was proved.

At this stage it was noted that groups had little difficulty in identifying the issues, which challenged their progress, but were finding it difficult to suggest strategies for addressing these issues. In addition, some concerns were raised that the final distillation of SWG papers might well involve editing out much of the detail and reduce HIV once more to a social issue alone.

It became clear that a strategy, according to the four key principles of mainstreaming (page 3), would be useful to guide UAC and other PC members to help SWGs to determine HOW they might address the issues which HIV presents to their sectors, and to enable them to move beyond the concept of HIV mainstreaming as sensitisation and awareness raising.

Consultations were held between the UAC, the consultant and the PEAP revision team in the MoFPED and a paper was developed which highlighted the following issues and entry points in the PEAP for HIV.

2. ENTRY POINTS FOR HIV IN THE PEAP

2.1 INFORMATION AND EVIDENCE

It became clear throughout the review, and has been cited elsewhere, that there is a dearth of quantitative evidence which links HIV with macroeconomic growth and with poverty in general. This lack of data undermines arguments for increased resource allocation. Lack of knowledge about the real costs of HIV renders it impossible to budget effectively to address them.

Although qualitative and small-scale studies are available as is anecdotal evidence this does not withstand the rigours of economic argument.

Where resources are already constrained, a poor evidence base is unlikely to gain the attention of the fiscal planner.

2.2 HUMAN RESOURCE PLANNING AND MANAGEMENT

Human resource issues, although cross cutting, tended to be neglected in papers. This may have been because the Ministry of Public services group had not yet met (and MoPS has ultimate responsibility for HR), nevertheless, the lack of systematic time linked data on Human Resources challenges a coherent plan for HR management especially in the light of a mature HIV epidemic.

The issue extends beyond one of numbers to skills deficits and the need to plan ahead for issues such as ARVs and the HR implications which this might have, for example, on the public health services.

2.3 ARVs

Discussion around increasing access to ARVs is naturally high on the agenda especially with WHO programmes aiming to reach 3 million people in SSA by 2005 and the promise of the Global Fund for drugs and Bush monies. The absence of discussion around ARVs in SWG papers was notable.

It is crucial within the PEAP that consideration is given to how increased access to ARVs may impact on the public health system itself so that related shocks can be pre-empted. For instance according to Kombe, for 4% coverage of VCT alone in Uganda 20% of the country's lab technicians would be required. Since lab technicians have work extending beyond VCT or ARV related tests, it is clear that without increased numbers of trained staff to perform related functions there will be a knock on effect within the public health sector.

While the impact of ARVs on health systems need to be better understood, there are other systemic implications: government procurement systems are not yet properly functional, to which a stock out of VCT tests since March 2003 bears testimony. Avoiding clinical resistance to first line ARVs cannot be guaranteed under such conditions.

ARVs also have a high commodity value and without a transparent and effective procurement system will not be secure.

In addition, ARVs have serious implications for Uganda's international trade policies and how they comply with the WTO and TRIPS regulations. If Uganda's ability to import generic drugs is compromised, so too will be access to ARVs.

2.4 IMPACT MITIGATION

While prevention should remain the cornerstone of Uganda's response, the fact that 100,000 people are estimated to become eligible for ARVs annually highlights the need for government and communities to be considering impact mitigation approaches in their strategies. In the short and medium term where ARVs are not likely to be universally available, efforts should be made to develop guidance for different sectors on which impact mitigation strategies are the most valuable at different levels.

A greater understanding of how the epidemic has impacted and will impact on the government's ability to achieve its development targets is of utmost importance so that plans and resources can be targeted appropriately and effectively.

2.5 LEADERSHIP AND ADVOCACY

There is no doubt that Uganda enjoys the highest political support in the fight against HIV. However, there remains a need to ensure a common understanding of the how and why HIV threatens Uganda's equitable development at every level of government. In addition, recent international focus on Uganda as the world's 'success story' can lead to complacency and HIV fatigue. HIV and AIDS are long-term emergencies, which require continued and changing innovative approaches to retain attention and commitment. Certainly, improving the evidence base and demonstrating quantitative impact is one such strategy.

2.6 COMMUNITY MOBILISATION

Community mobilisation represents a real opportunity for effective HIV mainstreaming. As such it is an ideal strategic entry point. Most of the documents reviewed outlined strategies to enhance their respective sector's community responses but without a clear concept of how HIV might be addressed at this level. Since the impact of HIV is felt most keenly at community and household level, and since the response has largely occurred at this level, a coherent community mobilisation strategy would enable different sectors to respond to HIV while playing to their comparative advantages.

For example, for agricultural extension workers to play to their comparative advantages they should *not* be expected to be HIV educators but rather to incorporate HIV issues in their professional approach for example supporting impact mitigation methods for households affected by HIV. Part of the comprehensive approach to community mobilisation should be knowing how and where to refer people to for services not directly linked to agriculture, for example VCT. The principle of strategic partnerships is of critical importance here, in terms of efficiency especially in an environment where funding for HIV specific programmes often outstrips funding available through the MTEF.

3. LESSONS LEARNED

Throughout the process outlined above, several important lessons were learned about mainstreaming HIV into the PEAP process, most importantly, the need to distinguish between issues and how HIV challenges development and strategies to address these.

Since the issues are well described elsewhere (Butcher March 2003, July 2003, Oct 2003), the following points focus on possible strategic responses which DFID can support to ensure that HIV is effectively mainstreamed within Poverty Reduction Strategy Papers.

The key lesson learned during this exercise was the importance of the process rather than the product. Spending time with sector working groups and coaching them through the meaning of mainstreaming as they write their papers will have longer lasting benefits than spending time reviewing papers which have already been conceptualised and written.

3.1 COMMON UNDERSTANDING AT EVERY LEVEL OF THE MEANING OF HIV MAINSTREAMING

It is essential that key sectors and working groups share a common understanding of what mainstreaming HIV means and why it is *important before the review takes place*.

Although efforts were made for the LMSCE to arrive at this understanding prior to the review their influence over the process and involvement in the SWG papers was minimal.

In addition, it became apparent that there was no clear understanding of the process of mainstreaming within UAC, nor of the concept of impact mitigation; in general approaches tended to focus on 'sensitisation'.

Since UAC has the mandate to co-ordinate the multi-sectoral response and is politically situated above the Line Ministries in the Office of the President, it is critical that its capacity and commitment to fulfil this mandate is strengthened.

Recommendation :

A mainstreaming workshop for UAC staff and Partnership Committee members to ensure a common working definition of HIV mainstreaming.

Identification of the key influencers/decision makers including high-level policy makers (top management of ministries) and the MoFPED and the facilitation of an HIV mainstreaming workshop for them. Mid level and junior focal points alone are unlikely to have sufficient influence to change the way their sector works.

Such a shared understanding and commitment to a mainstream approach to HIV would ideally be in place before the PEAP process begins.

3.2 IMPROVING THE EVIDENCE BASE

There is a clear need for a more robust evidence base, which links HIV to poverty both at macro and micro levels. In addition, this data needs to be well co-ordinated and managed so that it is readily available in the future to support arguments for resources in future iterations of the PEAP.

The means of collecting this data are complex; most mass data collection mechanisms are hasty affairs, which would not provide sufficient safety for respondents to discuss their own experiences of HIV, which explains why the household surveys continue to focus on HIV awareness.

Recommendations:

Studies which seek to quantify the impact of HIV on livelihoods and households as well as on national productivity should be supported.

In addition, regular time linked data is needed to map Human Resource trends, both in terms of personnel and skills deficits.

Human Resource Information Systems are often costly and lengthy affairs, and it may be more desirable to engage a HR expert to examine existing data collection systems and modify them in order to capture relevant HIV related information.

More in depth and less extensive studies should be supported annually or biannually to ascertain the trends over time of how HIV impacts on households.

The National AIDS Documentation and Information Centre (NADIC) in the UAC should be strengthened to ensure that data is collected and readily available to inform key planning processes.

NOTE: Future large scale macroeconomic studies are planned for 2004 in four countries in Africa under the auspices of the Africa Commission on HIV based in Addis Ababa of which Alan Whiteside from HEARD is a chief member, and their progress should be followed.

3.3 CO-ORDINATING CROSS-CUTTING ISSUES

As a crosscutting issue, HIV shares many characteristics with other cross cutters i.e. gender, social development and protection: for maximum efficiency and effect the points of synergy need to be identified before the process begins. For example, there are many close connexions between improving the status of women and enhancing the HIV response. Similarly HIV is closely related to social protection and equity: HIV affected households are less likely to have long term plans, be able to save, or protect their land and assets. Thus improved social protection measures for the poor in general will have positive impacts on HIV affected households. In order for this synergy to be expressed within the PEAP papers, a prior understanding of mainstreaming is essential.

During the PEAP revision in Uganda, a range of consultancies were supported by different international development partners to address cross cutting issues: gender, social development, social protection, HIV and the MDGs. These consultancies were organised independently of each other.

Recommendation:

Where donors support consultants to provide guidance to sectors on how to incorporate cross cutting issues into the PEAP, greater co-ordination at the TOR stage would ensure that synergies and points of commonality between issues were more closely considered. This in turn would lead to greater clarity within country about how cross cutting issues interact and would reduce unnecessary duplication or competition of issues.

In addition, UAC should be proactive in seeking synergies and forming alliances with other cross cutting issues and their responsible ministries.

3.4 SUPPORTING A STRATEGY FOR MAINSTREAMING HIV

The next critical step to prepare for the PEAP is the identification and agreement both of key issues for the PEAP to address and of strategic entry points for their operationalisation. The experience from Uganda suggests that identifying issues is more readily done than reflecting on how they might best be addressed, through which sectors and whether existing structures can be used or modified to enhance the national response to prevention, care and impact mitigation.

The key strategic entry point for HIV mainstreaming in Uganda was community mobilisation. Each key service sector (health, education, agriculture, labour) outlined its own approach and requirements for a scaled up community mobilisation plan and the next natural step would be to bring the different sectors together to outline their community approaches to agriculture, education etc and to agree on how HIV most naturally fits **‘working to a sector’s comparative advantages’** and where, **‘working within existing structures’**.

Because of resource constraints, and in order to maximise resources, it will be important to both prioritise sectors and activities in terms of which are likely to have the greatest impact (probably health, education, agriculture, labour local government).

Such multi sectoral co-ordination needs to have the commitment of key decision makers at national level, but it is essential that local level constituencies are also involved (in particular Ministry of Local Government) to ensure that achievable **‘strategic partnerships’** can be developed.

The principal purpose of this multi sectoral collaboration and co-ordination is to determine which complementary roles each sector will play in responding to the epidemic. Once these roles are clear the responsibilities will return to sectoral responsibilities and the need for multi-sectoral collaboration will return to one of sharing lessons learned.

Recommendation :

As a natural corollary of the work outlined above, a process should be set in train involving decision makers from key service sectors (at the very least education, health, gender, labour and social development, agriculture, public services and local government) to determine the best way to mainstream HIV through existing plans. This forum would enable different sectors to determine their comparative advantages in the fight against HIV, their points of synergy and ways to maximise existing resources and to scale up a broader response. It also provides the opportunity for sectors to learn about each other’s work and enhances the likelihood of their working in strategic partnerships.

Once sectoral roles are determined, the existing Partnership Committee and other multi-sectoral platforms should suffice as a platform for lessons learned.

3.5 MAINSTREAMING DEVELOPMENT BACK INTO HIV

While mainstreaming HIV is generally understood to mean putting HIV issues into other programmes, it is just as important to ensure that HIV responses remain grounded in good development practice: in Uganda, to some extent HIV is already seen as a vertical issue rather than a systems issue. This is in part because of so much (relative to other issues) earmarked funding generally outside the MTEF, and also because of the vertical structures, which have grown up to advocate for the issue.

Nowhere is this brought more starkly into focus than in the field of ARVs, where the focus is on the drugs but the weakest link is so often the overall health system.

In arguing for additional resources for orphans affected by HIV it is easy to overlook the fact that 50% of orphans in Uganda did not lose their parents through HIV. Thus, an approach, which supports all orphans and recognises different needs within the groups is essential.

Thus the question to ask is how are the strategies we pursue to reduce poverty among those affected by HIV and AIDS different from poverty reduction strategies for non-affected households?

The critical issue remains to ensure that our policies and approaches do not discriminate against those without HIV and do promote equitable development. It is essential to establish the understanding that in a low income country with a generalised epidemic HIV and poverty are inseparable. Therefore to address HIV will mean addressing the needs of the poor and to address the needs of the poor will mean addressing HIV.

4. FUTURE CHALLENGES

Having HIV adequately reflected across the PEAP document is not an end in its self. The challenge to assist sectors and Line Ministries to incorporate and implement HIV mitigation strategies into their daily work will continue. The UAC and NADIC have a major role to play in providing technical guidance on how to do this. Development partners have a role in supporting sectors to do this and ensuring that cross cutting issues are not forgotten. Ultimately the poverty monitoring and analysis unit in the MoFPED together with the UAC have the role to monitor sector's responses and determine whether enough is being done.

For any further information or copies of the documents referred to please contact Kate Butcher, JSI(UK) (e-mail: kbutcher@jsiuk.com) and Angela Spilsbury, DFID Uganda (e-mail: aspilsbury@dfid.gov.uk).

John Snow International Research & Training (UK)
Studio 325
Highgate Studios
53-79 Highgate Road
London NW5 1TL
Tel: +44 (0)20 7241 8599
Fax: +44 (0)20 7482 4395
email: info@jsiuk.com

