ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC

Committee on Emerging Social Issues

First session
4-6 September 2003
Bangkok

HEALTH AND DEVELOPMENT: SELECTED ISSUES: TACKLING HIV/AIDS AS A DEVELOPMENT CHALLENGE

(Item 5 (a) of the provisional agenda)

Note by the secretariat

SUMMARY

Many of the key drivers of HIV infection are socio-economic in origin. Thus, an effective response to mitigate the devastating consequences of an HIV/AIDS pandemic must address broader development factors.

This document complements and follows upon ESCAP documentation on the theme topic of HIV/AIDS that had been prepared for the fifty-ninth session of the Commission. Thus, it is intended to serve as a road map for expanding multiministerial responses to HIV/AIDS.

This document focuses on strategic planning to tackle HIV/AIDS as a development challenge. In this regard, strategic planning involves planning and directing a crucial campaign to “halt and reverse the spread of HIV/AIDS by 2015” (Millennium Development Goal 6, Target 7). Key principles in this approach include national leadership at the highest levels and the participation of stakeholders throughout the process. Another key operational principle is the integration of HIV/AIDS concerns into national development policies and programmes. This reinforces political commitment at the highest level, places the national AIDS response within a long-term development ethos, coordinates the response across government ministries and creates a wider national partnership.

As the region moves into the third decade of the HIV/AIDS pandemic, national and international communities have a historic opportunity to take advantage of growing public support to fight AIDS in developing countries. Most urgently needed is the political will to provide adequate financial resources that can support a strategic approach for a multiministerial response. Any further delay in mounting effective prevention and care efforts would see the ESCAP region, with the most populous countries in the world, forfeit its opportunity to prevent the HIV/AIDS pandemic from spinning out of control.
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>TACKLING HIV/AIDS AS A DEVELOPMENT CHALLENGE</td>
<td>1</td>
</tr>
<tr>
<td>A.</td>
<td>HIV/AIDS and development</td>
<td>1</td>
</tr>
<tr>
<td>B.</td>
<td>Need for a paradigm shift</td>
<td>1</td>
</tr>
<tr>
<td>II.</td>
<td>“WALK THE TALK”</td>
<td>2</td>
</tr>
<tr>
<td>A.</td>
<td>Historical overview of national AIDS planning</td>
<td>2</td>
</tr>
<tr>
<td>B.</td>
<td>Principles of a national strategic planning process</td>
<td>4</td>
</tr>
<tr>
<td>C.</td>
<td>Three key steps in strategic planning</td>
<td>4</td>
</tr>
<tr>
<td>D.</td>
<td>Strategic plan formulation</td>
<td>6</td>
</tr>
<tr>
<td>E.</td>
<td>Institutional mechanisms and implementation planning</td>
<td>7</td>
</tr>
<tr>
<td>F.</td>
<td>Programme design and implementation</td>
<td>9</td>
</tr>
<tr>
<td>G.</td>
<td>Maintaining the integrity of national HIV/AIDS action</td>
<td>9</td>
</tr>
<tr>
<td>III.</td>
<td>BANKROLL COUNTRY-LEVEL HIV/AIDS ACTION</td>
<td>10</td>
</tr>
<tr>
<td>A.</td>
<td>Optimizing available resources</td>
<td>10</td>
</tr>
<tr>
<td>B.</td>
<td>Mobilizing additional domestic resources</td>
<td>11</td>
</tr>
<tr>
<td>C.</td>
<td>Resource networks, resource partners</td>
<td>12</td>
</tr>
<tr>
<td>IV.</td>
<td>REGIONAL SUPPORT FOR NATIONAL ACTION</td>
<td>14</td>
</tr>
<tr>
<td>V.</td>
<td>CONCLUSION</td>
<td>17</td>
</tr>
</tbody>
</table>

References .......................................................................................... 18
I. TACKLING HIV/AIDS AS A DEVELOPMENT CHALLENGE

A. HIV/AIDS and development

1. The HIV/AIDS pandemic has followed a distinct course in different areas of the ESCAP region. Nevertheless, several broad development dynamics are at play in the spread of HIV in Asia and the Pacific. They include poverty, gender inequality, population mobility, lack of access to information and essential services, especially among youth and other vulnerable groups, including sex workers, injecting drug users (IDUs) and migrant workers (ESCAP 2003).

2. The relationship between HIV prevalence rates, on the one hand, and poverty levels and income inequalities, on the other, is complex and differs from place to place. There are, however, some key characteristics.

3. Developing countries, home to 80 per cent of the world’s population, have 95 per cent of persons living with HIV/AIDS (Bloom and others 2002). Where the disease has emerged, it appears that the poorer the country, the higher the HIV prevalence, and the greater the income inequality in the country, the more serious the epidemic. Additionally, low rankings on the United Nations Development Programme Human Poverty Index are also linked to HIV prevalence rates.

4. In addition to the negative impact of HIV/AIDS on national development, strategies for development, particularly when they inadvertently place people in situations that increase their vulnerability to HIV, may actually exacerbate the epidemic. The expansion of transport systems, infrastructure development, urbanization and greater mobility, along with widening inequalities, which often accompany the early stages of rapid development, could facilitate the growth of the epidemic. Migration in search of income and employment in new economic growth zones could increase the risk of HIV infection. Moreover, the epidemic tends to flourish among people and communities that are deprived of the benefits of successful development, that is, basic services such as education and health care, secure employment, shelter and social safety nets essential for sustaining livelihoods.

B. Need for a paradigm shift

5. The devastating consequences of the AIDS epidemic for the socio-economic fabric calls for a paradigm shift to tackle HIV/AIDS as a development challenge, and not merely as a medical health issue. Such a paradigm shift in the approach to HIV/AIDS must be consistent with a continuum of HIV/AIDS prevention, care, treatment and support.

6. Tackling HIV/AIDS as a development challenge will involve planning for and managing the socio-economic impact of the epidemic, while also taking into consideration the risks and vulnerability factors that drive the spread of HIV/AIDS. These include the above-mentioned factors of poverty, gender inequality, population mobility, lack of access to information and essential...
services, especially among youth and other vulnerable groups, including sex workers, IDUs and migrant workers.

7. A strategic approach to HIV/AIDS planning must therefore be informed by an understanding of the human development context that shapes and is shaped by the dynamics of the HIV/AIDS epidemic.

8. This document takes account of the fact that a set of three publications (ST/ESCAP/2249, 2250 and 2251) on HIV/AIDS (see section IV below), as well as the executive summary of the theme study on HIV/AIDS (E/ESCAP/1267), have been issued for the fifty-ninth session of the Commission. It goes beyond these and proposes a road map for expanding multiministerial responses to HIV/AIDS.

9. Thus, this document focuses on strategic planning to tackle HIV/AIDS as a development challenge. In this regard, strategic planning refers to the ability to plan and direct a crucial campaign to “halt and reverse the spread of HIV/AIDS by 2015” (MDG 6, Target 7). Such a planning process involves addressing the following questions:

- What is the current situation of HIV/AIDS?
- What is the desired future situation regarding HIV/AIDS?
- How does one get to the future desired situation?
- What are the social and economic factors that impede or accelerate the ability to reach this future desired situation?

10. Working from these questions in a step-by-step manner, country teams can translate the answers into specific activities with cost implications, targets and defined management and implementation responsibilities.

II. “WALK THE TALK”

11. The dynamics of HIV and its multifaceted determinants are such that the HIV prevalence in a country or affecting a specific population group may change, sometimes dramatically after having remained relatively stable for a lengthy period. Planning for effective and relevant responses to HIV/AIDS therefore demands approaches that are responsive to diverse and changing situations unique to HIV/AIDS epidemics. Such approaches are the essence of strategic planning embodied in national strategic plans (NSPs).

A. Historical overview of national AIDS planning

12. At the global level, the World Health Organization (WHO) led the response to HIV/AIDS in the mid- to late 1980s. During the 1980s to 1991, WHO assisted in drawing up and implementing over 145 national AIDS programmes (NAPs), short-term plans and medium-term plans.
13. National plans in this early period were characterized by their public health approaches to an epidemic. Almost all NAPs were coordinated by and located within ministries of health, underscoring a largely unidimensional and mono-sectoral approach which addressed the biomedical and health-related aspects of HIV/AIDS. Furthermore, the earlier NAPs proved inadequate as a framework for engaging different sectors of government as well as non-governmental organizations, the private sector and other national stakeholders.

14. Another feature of the early planning processes was the framework of universal norms and the assumption of uniform contexts in working out strategies and activities. Such frameworks meant that differences in individual situations and in national needs and capabilities were not sufficiently taken into account in the planning process.

15. The accelerated growth of the epidemic in the late 1980s and early 1990s prompted the realization that an effective response to HIV/AIDS had to take into account the complex dynamics, determinants and consequences of HIV infection prevailing in each country (ChanKam and others 2001). By the early 1990s, several countries that were seriously affected by the epidemic had become all too aware that the disease was a multidimensional problem requiring a multisectoral response.

Example: The case of Thailand

Prior to 1989, the Government of Thailand’s policy on HIV/AIDS control followed a standard public health approach, which emphasized case reporting of AIDS through the medical system (World Bank n.d.). The first event towards a change in approach was the implementation of a national “sentinel” surveillance system to monitor HIV infection in key population groups in 1989 and the public dissemination of results. This coincided with the development of a short-term AIDS plan developed by the Communicable Disease Control Department of the Ministry of Public Health and supported by WHO.


A number of important developments just prior to and during the Anand administration had a profound and lasting effect on AIDS policy in Thailand:

- Epidemiological surveillance served as a critical tool for generating public awareness, political commitment and action.
- AIDS policy was coordinated by the Office of the Prime Minister, with an officially multisectoral National AIDS Prevention and Control Committee, chaired by the Prime Minister. This signalled political commitment at the highest level. It also ushered in the formal participation of non-governmental organizations (NGOs) in the policy-making process. NGO participation formally opened up the dialogue to those outside the health sector.
- A massive public information campaign on AIDS was launched.
- The “100 per cent condom programme” was adopted nationwide to promote universal use of condoms in brothel-based provision of sex work services.

The results of Thailand’s initial strategic planning were dramatic. Projections have suggested that the annual number of new HIV infections peaked in the early 1990s and then declined by more than 80 per cent. Since 1993, an estimated 200,000 fewer people have been infected with HIV than would otherwise have been the case. This is an accomplishment that few other countries, if any, have been able to replicate and is widely cited as a rare example of an effective national AIDS prevention programme.
B. Principles of a national strategic planning process

16. The case of Thailand, as well as a number of other national responses, is instructive for the overarching principles of a national strategic planning process:

- National or government leadership at the highest levels is necessary if there is to be an effective and sustainable national response: It is vital that national Governments be responsible for setting the agenda and leading the entire strategic planning process.

- Participation of key stakeholders throughout the process: As with Governments, there must be genuine and strong participation of key stakeholders throughout the planning process, including the broad range of national actors, public and private sector, NGOs, people living with HIV/AIDS, and international partners, such as international agencies and NGOs, and bilateral donors. Securing their participation from the outset is also central to mobilizing their resources.

C. Three key steps in strategic planning

17. The foregoing discussions suggest three key steps in any strategic planning process: situation analysis, response analysis and strategic plan formulation (UNAIDS 1998).

Situation analysis

18. The first step, specifically with regard to HIV/AIDS planning at the national level, must be a situation analysis:

- Where does the country stand in terms of HIV/AIDS?
- What are the likely trends in the near and medium terms?
- What are the major factors and patterns of risk behaviour driving the epidemic?
- What are the main social or environmental factors contributing to the vulnerability of individuals and communities and/or placing them in risk situations?
- What socio-economic impact does the epidemic have or is it likely to have and in what areas?
- What are the priority areas or issues that need to be addressed now and in the short and medium terms?
- What blocks improvement or change in priority areas?
- What opportunities are there for positive change?

Response analysis

19. Following a situational analysis is a response analysis. A response analysis typically involves two phases that examine the adequacy (initial phase) and effectiveness and efficiency (second phase) of the existing response to address the priority areas and needs identified in the situation analysis.

/…
20. The initial phase of the response analysis process probes the adequacy and relevance of the response:

- What is actually being done to address areas and issues that the situation analysis has pinpointed as critical to HIV/AIDS prevention and impact mitigation in the country?
- Is it relevant in terms of specificity and adequate in terms of coverage?
- Are there still major gaps?
- Are there ongoing initiatives that are no longer relevant to the current situation?

21. This inquiry is especially relevant today as countries such as Cambodia and Thailand, which already have national AIDS responses, begin planning for significantly expanded responses.

22. Response analysis is essential to catalyse (as in the case of Cambodia) and revitalize (as in the case of Thailand) national strategic plans in the face of new challenges.

23. After ascertaining priorities from the situation analysis and determining what response are still relevant in the current situation, the second phase of the response analysis examines response effectiveness and efficiency in relation to priority areas and issues, including the potential for a scaled-up national response:

- Is everything working equally well and having an impact on the situation in the priority areas?
- What is working?
- What is not working?
- What are obvious and not-so-obvious obstacles?
- How adequate are human and financial resources?
- Or, how appropriate are these resources?
- How sound are the activities and strategies?
- How culturally acceptable are the activities and strategies?
- How much resistance is there from communities and key decision makers?
- Is there conflict with vested interest or pressure groups?

24. In addition to seeking answers to these questions, there should also be reflection on possible opportunities that may have been missed:

- Are there potential new partners who could contribute to the effectiveness and coverage of activities?
- Are there further opportunities to integrate HIV/AIDS-related activities into ongoing initiatives?
- Are there new programme initiatives, such as rapid testing technologies or new strategies for reducing mother-to-child transmission, that should be considered for introduction?
25. The findings from the response analysis will in turn set the stage for the next step --- formulation of a new strategic plan (see section D below).

- The case of Cambodia

In 1997, the National AIDS Programme in Cambodia conducted a situation and response analysis which brought together all the major stakeholders, from provincial AIDS offices to NGOs, bilateral donors, international organizations and the United Nations system (Ministry of Health of Cambodia 1997). By then, Cambodia was already ranked as one of the hardest-hit countries in the region. The analysis clearly pointed to an epidemic that had spread from core vulnerable groups to the general population. It pinpointed the major factors fueling its growth: poverty, in-country and cross-border migration, high levels of sexually transmitted infections (STIs) and the availability of, and demand for, sex work services.

Based on the above analysis, the reviewers recommended that Cambodia base geographic and population priorities on the current epidemiological situation. Given the burden of HIV/AIDS, they also recommended that the provision of care and support be a priority cross-cutting strategy. With regard to sex work and STIs, specific priority activities were recommended to initiate and expand interventions among sex workers and their clients, promote condom use, especially in sex work settings, and improve the accessibility and quality of STI services. Another area for development and/or improvement was the capacity for voluntary testing and counselling. The team also emphasized the need for a response to match the dynamics of the epidemic, recommending that socio-behavioural and socio-economic research be strengthened for better programme design and policy guidance.

Cambodia was singled out as a success story in 2002, after it was able to successfully stabilize the previous four to five years of rocketing HIV infection rates. This was a result of properly planned and implemented strategies reflecting a combination of government commitment and the involvement of civil society organization and community efforts.

D. Strategic plan formulation

26. As the case of Cambodia illustrates, the situation and response analysis provides planners and all key stakeholders with the information they need to plan effectively. The formulation of a strategic plan necessarily entails a number of sequential planning steps:

- Setting criteria for identifying priority areas.
- Identifying and agreeing on the priority areas.
- Setting clear objectives within the priority areas.
- Developing or mapping out the strategies to attain the objectives.
- Defining the broad activity areas within the strategies.
- Identifying and assigning broad responsibilities for implementation.
- Setting broad targets and indicators for monitoring and evaluation.

27. The lessons learned from countries such as Cambodia and Thailand need to be applied diligently at the stage of strategic plan formulation. Involvement of all would-be implementation partners ensures their ownership of the plan. It has the added benefit of setting up a platform for the...
kind of effective partnerships that are well-known features of the more successful and sustainable HIV/AIDS programmes.

28. Often, national strategic planning is seen as referring only to the process by which a national or central-level plan or framework is developed. In fact, however, its scope is much wider and includes strategic approaches to planning for HIV/AIDS at decentralized levels, provincial/state, and even municipal, and also with respect to planning on thematic areas or project development.

29. Within large countries such as China, India or Indonesia, adopting strategic approaches to planning at the provincial, district or county level is clearly as critical as the need for a national or central framework. But even moderate-size countries can exhibit more or less important internal differences with regard to the epidemic, its determinants and impact.

30. Likewise, in planning for national responses in specific “thematic” areas (e.g., injecting drug use and HIV, STI prevention and care, blood safety) or even when it comes to discrete NGO or community projects, the application of strategic approaches and thinking as described for national-level planning remains as valid and important. The content and scope will naturally differ for “national” strategic plans per se and those that are developed for decentralized levels or “thematic” areas.

31. At the national level, the outcome is likely to be a framework that sets out key principles and policies, major objectives and the broad strategies to reach those objectives. Progressing to a more decentralized level --- with provincial or district plans, for example --- more detailed objectives would be expected, with correspondingly more detailed strategies and discrete activities.

E. Institutional mechanisms and implementation planning

32. Strategic planning (as discussed in the preceding sections) is distinct from implementation planning. Strategic planning focuses broadly on the strategies, resources and targets of the national (provincial or district) programme, while implementation planning gives more detailed attention to how the strategies are to be carried out. Implementation planning looks in particular at how resources will be allocated as well as the annual, interim steps for achieving the broader strategic planning targets.

33. Commitment at the highest levels of government is essential to lead senior ministers and civil servants in a shared understanding of HIV/AIDS as a socio-economic development problem. Such commitment and shared understanding is the foundation for establishing a multiministerial response to the epidemic. Appropriate political, organizational, planning and budgetary mechanisms are required that provide the necessary institutional framework for a multiministerial programme to be implemented and sustained.
34. In this regard, a key institutional mechanism is the national AIDS committee (NAC). At the national level, the establishment of an NAC with a broad membership spanning all relevant government ministries is the most important strategy for achieving a multiministerial response. The effectiveness of the committee is maximized when all relevant ministries are involved and there is high-level ministerial representation.

35. The head of State/Government should ideally chair the NAC. Such high-level involvement increases the degree of cross-ministerial support and participation in the NAC. It sends a powerful signal nationwide that the Government as a whole is fully committed to the fight against AIDS and that the participation of all sectors is required. The participation of civil society and the private sector in the NAC strengthens the national response by enlarging the range of stakeholder involvement.

36. In terms of functionality and role, the NAC secretariat should have the resources to undertake the following:

- Coordinate the multiministerial and multisectoral response;
- Develop the capabilities of all ministries to mainstream HIV/AIDS into their ongoing work programme;
- Support the development and functioning of a similar coordination structure at subnational levels (local, district, province/state);
- Integrate AIDS into national economic and development planning;
- Integrate HIV/AIDS into impact assessments of major development projects;
- Mainstream allocation of the AIDS budget into the existing planning and budgeting process in each ministry;
- Ensure, through appropriate member selection and the inclusion of women’s organizations, that the NAC is able to respond fully to the gender dimensions of the epidemic;
- Ensure that people living with and those affected by HIV/AIDS are adequately represented in the membership of the NAC.

37. Establishment of subnational AIDS committees, e.g., provincial and district AIDS committees (PACs and DACs), is an important strategy to catalyse and reinforce the subnational participation of various ministries and sectors. This strategy enhances the use of subnational administrative structures and community resources to facilitate the development of local-level HIV/AIDS responses.

38. Its effectiveness, as in the case of the national response, is affected by the degree to which representatives of relevant ministries at the subnational level are included in the respective PACs and DACs, the commitment of the respective government leaders as chairpersons of the Committee, the effectiveness of secretariat support, participation of civil society, including people living with HIV/AIDS and the private sector, and action taken on gender equality in committee membership.
39. It is important to ensure that there is consistency between national and subnational priorities while appropriately reflecting the local dimensions of the epidemic. As is the case for national-level success, capability-building is required of the secretariat of the respective subnational AIDS committee (usually the provincial Ministry of Health).

40. In turn, each ministry can also help to mobilize commitment and contributions from relevant sectors and build their capability for an expanded AIDS response. The mainstreaming of HIV/AIDS allocations for each ministry within provincial budgets rather than through project-based application mechanisms enhances provincial ability to mount timely responses.

F. Programme design and implementation

41. The strategic plan defines goals, priority objectives and key strategies for each objective. It also broadly identifies responsibility for implementation and a set of targets and indicators.

42. The next step is to translate the objectives into specific work plans (or implementation plans) for putting the strategic plan into action. There are key implementation strategies for each objective: a purpose, strategic outputs, measurable anticipated results, activities, inputs, an estimated time frame, responsibilities for all partners, a monitoring and evaluation strategy and a budget.

43. As with strategic planning, operational planning and execution can be carried out at the central, provincial or local levels. Strategic plans are often set within a time frame of three to five years, while implementation plans should be set year by year to allow for greater specificity of the work being planned and the flexibility needed to adapt to change in future years. It is always tempting to overdo an implementation plan by making it too ambitious. Programme managers should resist this as much as possible so that the plans remain feasible and realistic and can be successfully delivered.

44. The monitoring and evaluation strategy involves: (a) routine, daily assessment of ongoing activities and progress of what is being done (monitoring); and (b) episodic assessment of overall achievements, i.e., what has been achieved and what impact has been made (evaluation). In effect, monitoring and evaluation determine which activities are efficient and effective and should be expanded further, and which are not and should be stopped or would benefit from capability-building.

G. Maintaining the integrity of national HIV/AIDS action

45. The concept of sustainability generally relates to the ability of the implementing organization and partner organizations involved in a programme to continue to pursue the objectives when initial funding declines or ceases. While securing long-term financial resources is critical to programme continuity, it is essential for programme managers to look more broadly at the issue of sustainability.
46. Determining whether a programme should be sustained is a matter of assessing the need for it and its level of success in addressing that need. If there is a need and the programme is successfully addressing it, the implementing organization must consider the appropriate level and mechanisms for continuing it.

47. Is the programme meeting all the identified needs? If not, how can it be expanded? Can the current implementation structure be extended to accommodate the need for growth, or should the implementing agency take on additional partners? Should the primary implementing agency evolve into a facilitation body, catalysing the participation and adoption of the programme by other organizations? Is there sufficient capacity to continue the programme and expand it?

48. Planning for sustainability requires, among other things, building strategic alliances with and networks of partners who share a common vision and commitment to the point of contributing their own resources for the shared vision to be fulfilled. Partners at all levels and in all sectors have an important role in alliance building.

III. BANKROLL COUNTRY-LEVEL HIV/AIDS ACTION

49. Resource mobilization is often viewed as something that follows the planning process. Often it is equated with the mobilization of new or additional resources, or only with financial resources. In fact, resource mobilization is an integral part of a strategic planning process and must include mobilizing financial resources as well as people, communities, goods and technical services.

50. Resource mobilization effectively takes place when key stakeholders and potential donors are involved throughout the strategic planning process. In addition to resolving the ownership issue, such involvement goes a long way towards mobilizing the resources of various concerned communities for future implementation. At the same time, it helps to strengthen existing partnerships and build new ones. Identifying new partners and involving both the public and private sectors in the planning process is fundamental to countering the multifaceted determinants and consequences of HIV/AIDS.

A. Optimizing available resources

51. Resource mobilization is about making better use of available resources as much as securing additional ones. In this regard, the situation and response analyses can and must contribute to the optimal allocation and use of available and potential resources. The following questions need to be probed as they have implications for resource mobilization:

- Is the current response relevant?
- Are current responses effective and are they cost-effective?
- What are the new priorities?
- Are there opportunities for reprogramming and/or reallocating resources?

/…
52. By pinpointing interventions that are less than effective, adopting and adapting good practices and lessons learned, setting priorities and allocating resources accordingly, strategic planners can maximize the use of available resources. Additional or new technical and financial resources are required in the resource-constrained settings within which most developing country HIV/AIDS programmes operate.

53. By demonstrating their ability and commitment to make judicious use of existing resources, national programmes can be all the more successful in raising new ones. Plans that result from genuine strategic planning processes are a concrete expression of that ability and commitment, as is demonstrable national political leadership on the issue. Together they are a powerful means of mobilizing both national and external resources.

B. Mobilizing additional domestic resources

54. The multisectoral response to HIV/AIDS can be further enhanced through the integration of AIDS into the national social and economic development plan. This strategy not only helps in mainstreaming AIDS into the regular work of each ministry, but also allows the AIDS programme to have access to the national overall development budget.

55. As many of the key drivers of HIV infection are socio-economic in origin, an effective AIDS response must address broader development factors. Improving development indicators necessarily requires that there be an adequate response to HIV/AIDS that has significant social impact. The integration of HIV/AIDS into national social and economic planning is a strategy that recognizes the interconnectivity of HIV/AIDS and development and promotes multisectoral solutions to the epidemic.

56. HIV/AIDS should also be a key issue during the development of poverty reduction strategies. Integrating HIV/AIDS into that process improves linkages with national development programmes, utilizes the experience and skills of national development planners and facilitates access to ministry resources and to the national development budget. It also ensures political commitment at the highest level, places the national AIDS response within a long-term development ethos, coordinates the response across government ministries and creates a wider national partnership. National development planners are key allies for mainstreaming AIDS into the development work of all ministries and for increasing the government budget on AIDS.

57. Government budgets on AIDS need to be significantly increased. Governments can do more to mobilize domestic resources, as Thailand demonstrated in the early 1990s. National budgets contain huge potential for savings and redistribution.

58. Most international declarations and programmes of action in recent years emphasize the need to mobilize domestic resources for social and environmental purposes. However, when faced with /...
calls to increase funding for social development, a common government response is to point to a lack of financial resources.

59. Serious analysis of national budgets shows, however, that sufficient funding would be available if existing public and private resources were reallocated. Some ways in which Governments could make additional resources available for tackling HIV/AIDS include the following:

- Reforming their tax systems into more socially responsible and egalitarian ones (raise taxes on corporate profits, assets, inheritance and high incomes and eliminate tax loopholes and other forms of tax avoidance);
- Eliminating harmful subsidies and unproductive expenditures (e.g., military budgets);
- Enforcing controls on corruption.

C. Resource networks, resource partners

60. The focus in mobilizing additional resources is often on international development agencies. However, it is worth looking beyond the traditional donor Governments and agencies.

61. While external donors will likely represent a major component, there are equally important national resource partners (e.g., NGOs, the private sector and various communities, including people living with HIV/AIDS) that could provide significant technical and financial resources. These could be identified in the process of strategic planning, particularly during situation assessment and analysis.

- Donors/international development agencies

62. In the early years of the HIV/AIDS epidemic, multi- and bilateral development agencies were the major source of resources, especially financial, for national HIV/AIDS programmes. Although the overall financial support to AIDS programmes has declined in recent years, development aid from bilateral donors remains an important, if not the most important, source of financial and human resources, goods and services for many resource-poor countries.

- The United Nations system

63. Multilateral funding support has generally declined. Multilateral support now focuses more on catalytic action, technical assistance and advocacy, including efforts to leverage additional resources.

64. The Joint United Nations Programme on HIV/AIDS (UNAIDS) was established to maximize resources and ensure greater coherence of United Nations system efforts in support of country responses. With the establishment of UNAIDS and the increasing effectiveness of United Nations theme groups on HIV/AIDS, especially at the country level, it is anticipated that there will be stronger
and better coordination not only of the United Nations system’s support but also that of overall external aid in general.

65. Through UNAIDS and its co-sponsors, a number of common benefits in addition to a stronger and more coherent United Nations system response are becoming increasingly available to all countries, including (a) improved access to and exchange of best practices, (b) improved access to technical resources (e.g., through technical resource networks) and (c) better access to goods and services, including condoms and drugs.

- **NGOs**

66. There are now innumerable AIDS-specific NGOs, national and international, that intervene and provide services across the whole range of prevention and treatment and care strategies and activities. They play a vital role and make significant contributions to successful national and subnational responses. NGOs are usually also more ready to take risks, such as allocating resources for untested strategies, or starting up pilot projects in new geographic and thematic areas. As for international NGOs, they provide links to wide networks and are therefore sources of substantial technical and financial support.

- **Private sector**

67. Governments can create a conducive environment for the corporate sector to discharge its social responsibilities and demonstrate good corporate citizenship. The Bill & Melinda Gates Foundation in the United States of America, the Prince of Wales International Business Leaders Forum in the United Kingdom of Great Britain and Northern Ireland and the Naandi Foundation in India are examples of public and private sector partnerships that focus on critical development issues such as HIV/AIDS and poverty reduction. Research by Ranbaxy Co., India, for the treatment of HIV/AIDS, and by VaxGen, United States, are examples of corporate sector good practice that inspire hope and pave the way for other private sector companies to do the same for their own employees.

68. A new resource channel is the Global Fund to Fight AIDS, Tuberculosis and Malaria, which is an international, independent public-private partnership designed to attract and manage significant new sums of money to finance the fight against these diseases. Since its launch in 2002, it has created an innovative, demand-driven model whereby country-level grant applications are developed and submitted by a consortium of public and private sector NGOs, government officials and organizations representing people living with HIV, TB and malaria.

69. The impact of the HIV/AIDS epidemic on the private business sector has been growing steadily in recent years and has become quite visible in some places. Nevertheless, many business leaders remain to be persuaded that AIDS prevention programmes for their own employees are in their own rational self-interest.

/...
70. In economic terms, such prevention programmes can be marketed as “minimizing costs” or “profit-loss prevention” and protection of valuable fixed investment in “human capital”. The advantage of developing new partnerships with private businesses is that they have substantial resources available. At the same time, their workplaces provide excellent opportunities to reach the labour force in large numbers and with high impact.

- **Communities**

71. Potentially the greatest resource capacity is to be found within the communities which can be mobilized around the issue of HIV/AIDS. “Communities” are defined not just in terms of geographical proximity, although this will often be the case, but in the broad, inclusive sense of groups of people who may be bound by culture, religion, beliefs, practices and, above all, a common concern with and interest in HIV/AIDS prevention and care. These communities bring a multitude of resources, including capabilities, the reach of grass-roots networks and preparedness to respond to HIV/AIDS.

- **Technical resource networks**

72. As national responses evolve and new strategies emerge, countries increasingly require technical know-how. The demand for such expertise in a wide range of programme areas and in specific prevention and care issues is growing as more countries seek to pre-empt the threat of the epidemic and expand their response to HIV/AIDS. The sharing of lessons learned through hands-on experience could assist countries in shortening the learning curve, thus gaining time and, in the process, saving much-needed resources.

73. In this regard, identifying and mobilizing new partnerships involve the development of technical resource networks, as a way of broadening a country’s or region’s resource base and making specific technical expertise more readily accessible to countries. UNAIDS and its co-sponsors are promoting and supporting the development and strengthening of such technical resource networks in a number of key areas at both the national and regional levels.

**IV. REGIONAL SUPPORT FOR NATIONAL ACTION**

74. ESCAP and the United Nations agencies (especially the co-sponsors in UNAIDS) have a key role to play in meeting the needs of countries wishing to adopt strategic planning for HIV/AIDS action.

75. UNAIDS, for example, has drafted a four-module guide for countries that are ready to embark on strategic planning. The UNAIDS guidelines introduce the main concepts of strategic planning. They are flexible enough so that they can be adapted and can serve as a practical guide for planners at
the district or community level. UNAIDS also facilitates the provision of technical expertise, capacity-building, monitoring and evaluation and resource mobilization support for countries embarking on HIV/AIDS-related strategic planning.

76. In preparation for the fifty-ninth session of the Commission (phase II, Bangkok, 1-4 September 2003, focusing on the theme topic of HIV/AIDS), ESCAP produced a set of three complementary publications that may be used in strengthening responses to HIV/AIDS in the region. These are summarized as follows:

- **Integrating Economic and Social Concerns, Especially HIV/AIDS, in Meeting the Needs of the Region**: This is the theme study published for the fifty-ninth session. It examines current and prospective HIV/AIDS trends and the impact of the pandemic in the Asian and Pacific region. It would be a useful guide in situation and response analyses.

- **Saving Our Future: Multiministerial Action Guide**: This publication serves as a reference for Governments that wish to develop an expanded multiministerial response to the pandemic. It draws from experience gained in tackling HIV/AIDS in other parts of the world. The Guide explains the actions of seven offices/ministries, in particular the office of the head of government/head of State and the ministries of health, finance, education, welfare, labour and agriculture.

- **HIV/AIDS Prevention, Care and Support: Stories from the Community**: This publication shares positive ideas and creative solutions for action to stop the spread of HIV/AIDS. It contains a collection of stories of community partners working together: individuals, civil society organizations, Governments and donors.

77. In the light of the background provided in this document on the need to enhance the effectiveness of national responses, through, inter alia, expanding multiministerial involvement in HIV/AIDS action, the Committee is invited to consider the modalities proposed below for ESCAP action.

78. The ESCAP secretariat could provide regional support to national HIV/AIDS-related actions aimed at MDG 6, Target 7 fulfilment and implementation of the United Nations Declaration of Commitment on HIV/AIDS, through follow-up by the Executive Secretary, as well as through specific ESCAP interventions and judicious use of the intergovernmental economic and social development forums that ESCAP convenes.

*The Executive Secretary of ESCAP could:*

- Approach heads of government/State in the Asian and Pacific region, as well as ministers, to encourage their personal commitment to leading urgent expansion of the scope and coverage of
government programmes to curb the spread of HIV/AIDS, in partnership with civil society and the private sector, as appropriate. In this regard, the Executive Secretary would urge the allocation of adequate resources and the formulation and implementation of relevant policies in consonance with the Declaration of Commitment.

- Approach chief executive officers of business corporations to increase private sector engagement in tackling HIV/AIDS, including preventing its spread among their employees.

The ESCAP secretariat could:

- Harness its multidisciplinary advantage in several fields (e.g., social development, urban and rural poverty reduction, macroeconomics and development planning, transport, trade and investment, and statistics) to advance a regional agenda on tackling HIV/AIDS as a development challenge. In this regard, the secretariat could focus on the following:

  - Providing a regional platform for review of progress made by Governments, the United Nations system and other key actors, with a view to highlighting good practices, identifying areas that have been inadequately addressed for more focused attention and resource support, as well as reaffirming the collective commitment to addressing HIV/AIDS issues in the most populous region in the world.

  - Promoting knowledge transfer and skills building, drawing from lessons learned in the more advanced epidemic countries, to benefit those countries that show signs of following the same course and should thus respond in a similar manner. In this regard, the knowledge transfer and skills building would aim to alert the leadership of the countries, build national response capability and enhance evidence-based policy strengthening and increase resource flows to areas to be identified for targeted interventions.

  - Accelerating expansion of national multiministerial responses, including by facilitating the subregional and intersubregional dissemination of lessons learned and good practices generated for country-level application with the support of United Nations theme groups on HIV/AIDS.

  - Developing generic training materials and approaches for adaptation by non-health ministries in their inclusion of HIV/AIDS issues in their regular programmes and to protect their staff at all levels through appropriate prevention, care and support measures. In this regard, efforts could begin with ministries of finance and planning, trade, transport and social development.

  - Supporting the Asia-Pacific Leadership Forum in its efforts to engage ministries of finance and planning in strengthening the effectiveness of national responses to HIV/AIDS.

  - Supporting capability-building for more effective trade negotiations by the least developed and developing countries and areas of the Asian and Pacific region regarding lowering the costs and improving the availability of antiretroviral drugs (ARVs), drugs for opportunistic infections,
needles, syringes and drugs for substitution treatment for drug addiction, as well as condoms that meet international standards.

- Encouraging intercountry and interministerial collaboration in support of HIV prevention related to migration, as well as the prevention of trafficking and the sexual exploitation of children and youth.
- Supporting approaches to HIV/AIDS prevention among vulnerable groups, including life-skills training for young people in non-formal education settings.
- Continuing creative use of the opportunities provided by ESCAP intergovernmental forums, including Commission and legislative committee sessions, to raise awareness of HIV/AIDS issues.

Governments in the ESCAP region could strengthen regional cooperation for tackling HIV/AIDS issues by:

- Engaging in dialogue with donor agencies to encourage the formation of a donor consortium, an important feature of which is a common HIV/AIDS framework for efficient resource utilization that would be effective in supporting national priorities and stopping the spread of HIV/AIDS in the region.
- Sharing knowledge and resources, pooling expertise, forging a regional alliance and strengthening the sense of a common regional commitment to tackling the HIV/AIDS pandemic. Special attention has to be paid to issues that have particular significance for the region such as mobility, migration and trafficking.
- Engaging in WTO negotiations, consistent with the agreement reached at the Doha Ministerial Meeting in 2001, to exempt from national legislation governing intellectual property rights the patenting of life-saving drugs, such as ARVs, that directly affect people living with HIV/AIDS.

V. CONCLUSION

79. The HIV/AIDS epidemic has evolved over the past 20 years to the point that HIV/AIDS experts refer not only to epidemics and sub-epidemics at the global and regional levels, but also within individual countries. The scope and nature of the responses to HIV/AIDS have also evolved over this time, in some countries more effectively than in others.

80. More often than not a national programme has been a loosely connected array of discrete public and private sector activities that may or may not be guided by common goals, objectives and targets. Years of experience, valuable lessons, emerging technical strategies, expanded partnerships and increased donor funding all point to the importance and relevance of strategic planning at all levels, for a multiministerial, multisectoral approach to tackling HIV/AIDS.
81. The externally driven planning processes and plans are increasingly being replaced by participatory, community-driven strategies responsive to resource levels and citizen sensitivities. It is time to transform limited demonstration projects into an effective, multi-layered, national-level response guided by across-the-board strategic approaches to planning and implementation. Participatory strategic planning could facilitate optimal use of available and future resources, as well as greater flexibility to respond to the new challenges and opportunities that lie ahead.

82. As the world moves into the third decade of HIV/AIDS, the national and international communities have a historic opportunity to take advantage of growing public support to fight AIDS in developing countries. A host of prevention and treatment interventions have been proved successful and the ESCAP region provides some of the best examples of that success. In both Cambodia and Thailand, a multisectoral response has turned back the epidemic that would have otherwise killed millions more. In the Lao People’s Democratic Republic, a strong multisectoral response halted the epidemic before it began.

83. Most urgently needed is the political will to provide adequate financial resources that can support a strategic approach for a multiministerial response. Any delay in mounting effective prevention and care efforts would see the region forfeit its opportunity to prevent the epidemic from spinning out of control.

References


ESCAP (2003). Integrating Economic and Social Concerns, Especially HIV/AIDS, in Meeting the Needs of the Region (United Nations publication, Sales No. E.03.II.F.24).


/…
