SUPPORTING NATIONAL HIV/AIDS RESPONSES

UNDP

An Implementation Approach

The Answer Lies Within

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UNDP's support to National HIV/AIDS responses, is aimed at enabling people to envision a better future for themselves, their organizations and their countries. This innovative approach results in people making a shift in their response by taking responsibility, making informed decisions, changing their personal and professional behaviour, and collective strategies, giving way to a more holistic response to the epidemic.

CONTENTS

LIST OF ACRONYMS

ADF	African Development Forum
AIDS	Acquired Immune Deficiency Syndrome
BDP	Bureau for Development Policy
CBO	Community Based Organization
CSO	Civil Society Organization
DRI	District Response Initiative
FHI	Family Health International
HIV	Human Immune Virus
IPAA	International Partnership Against AIDS in Africa
M&E	Monitoring and Evaluation
MTP	Medium-Term Plan
NAC	National AIDS Commission
NEPAD	New Partnership for Africa's Development
NGO	Non-Governmental Organization
NSF	National Strategic Framework
NSP	National Strategic Plan
RA	Response Analysis
SA	Situation Analysis
SPP	Strategic Planning Process
TOR	Terms of Reference
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children Fund
USAID	United State Agency for International Development
WHO	World Health Organization

With 42 million people infected worldwide, HIV/AIDS is one of the world's most serious development crises. Still viewed by many policy makers as a health issue, the epidemic remains the economic, social and development challenge of highest priority. Thus, responding to HIV/AIDS is becoming an integral part of the development planning process in both high and low prevalence countries.

This document has been developed through a consultative process initiated in July 2002 by UNDP's Expert Meeting in Dakar. The years of planning and implementation experiences of experts were captured, debated and synthesized.

UNDP believes that it is essential to develop mechanisms that bring in the voice and concerns of people into the development response. The commitment is to help countries implement strategic, multi-sectoral and multilevel responses to HIV/AIDS, employing holistic methodologies that address the root causes fuelling the epidemic.

As a UNAIDS co-sponsor, UNDP's mandate is to ensure that national planning and associated delivery systems for the HIV/AIDS response address existing gaps, bring in the required policy shifts and use methodologies that produce results. Distinct from the roles of other UNAIDS co-sponsors and other UN agencies, UNDP focuses on approaches aimed at creating an enabling policy, legislative and resource environment, essential for an effective and truly multi-sectoral response to the epidemic. UNDP is uniquely placed to operationalize a set of synergistic approaches using multiple entry points – individuals, systems and society. UNDP is also uniquely placed to integrate strategies and approaches that are mutually reinforcing such as HIV/AIDS and governance and HIV/AIDS and development. Transformative methodologies and implementation of breakthrough initiatives are needed and will be used to address the individual, social and economic causes of the epidemic as well as the institutional inertia often encountered in governments and agencies.

As part of UNDP's Convening Role within UNAIDS, this document has been circulated among co-sponsors and partners dedicated to expanding the horizons of creating an extraordinary development response worldwide for the epidemic.

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1 INTRODUCTION

HIV/AIDS multi-sectoral strategic planning has been promoted and successfully undertaken in a number of countries. In most cases, the planning process results in the design and completion of national strategic frameworks (NSF) or plans. While such frameworks continue to provide valuable strategic orientation, they have often not served the intended purpose of guiding successful and well-coordinated implementation at national, provincial, regional, district, constituency and community levels.

To date, the transformation of strategic frameworks into effective and coordinated action remains a major concern for most governments and their partners. The broad diversity of actors, the numerous sectors involved and the variety of components of the response illustrate the complexity of implementation and coordination. To achieve a strategic m ulti-sectoral response, it is important to develop a strategic framework and management approach consistent with national policies, priorities and local experiences.

1.1 Challenges

The challenges related to the planning processes and implementation require continued elaboration. However, a review of recent experiences in many countries has shown these common challenges:

- Ensuring appropriate and sustained national leadership to manage the planning and implementation process;

- Obtaining broader ownership of the national strategic framework by country actors;

- Acquiring both national and international capacity to closely support the process over the medium term;

- Involving key sectors and representatives of decentralized institutions, including traditional authority in all stages of the process;

- Developing practical partnerships between the government, civil society organizations, the private sector and communities in the design and implementation of the national response;

- Inability of certain development partners to adopt national priorities for their support programmes; and

- Clearer definition of roles, responsibilities and accountabilities of those charged with planning and implementing the response.

Fig. 1 National Strategic Planning
Source: UNAIDS 2002
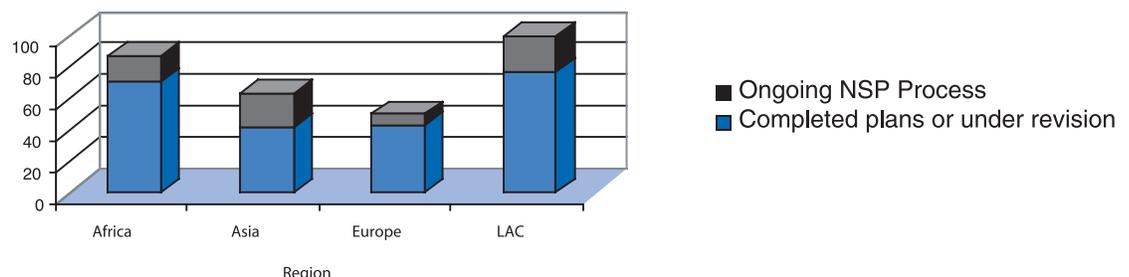
These challenges notwithstanding, strategic planning remains an essential process to develop relevant and innovative responses to HIV/AIDS within continuously changing environments. About 40 countries in Africa and many in the Latin America and Caribbean region (LAC) have undertaken a strategic planning process (see Fig. 1). While the lessons have clearly highlighted some process issues, they have generated approaches, which can guide a new vision and inspire a new way of planning that allows weaknesses to be turned into strengths and opportunities. A new approach must facilitate the planning process and strategic management of national response, take community concerns into account, ensure more active involvement of non-health sectors and create a more conducive environment for the implementation of strategic frameworks. Most importantly, a commitment to doing things differently must improve the quality of life of people infected and/or affected by HIV/AIDS.

Purpose of Document 1.2

This document is primarily intended for use by national HIV/AIDS coordination and management bodies responsible for strategic planning and management of national HIV/AIDS responses. It serves as a complement to existing tools and the UNAIDS guides to the strategic planning process for national responses.

The main purpose of this document is to:

1. **Introduce transformative methodologies aimed at promoting a deeper understanding of the complexity of the epidemic in order to ignite hope, foster transformation and produce results.**

2. **Strengthen the process of strategic planning so that it is made more viable and is effectively geared to support a continuum of planning, implementation, evaluation and assessment of national responses.**

It is intended for use both in the context of technical assistance and in country situations where substantial strategic planning and management expertise already exist. A planned Web-based version will enable users to link to other tools and guides. This document recognises that governments will require different technical inputs and that each country will be at a different stage of implementation of the national HIV/AIDS response.

This document attempts to address the complexity of HIV/AIDS through a more holistic framework of analysis, which must include a heightened understanding of individual values and behaviour, as well as collective culture and norms. How these work within complex systems and structures is an important underpinning of the guide. It provides a new global context and an understanding of the need for a strategic management approach. It revisits situation and response analyses and the need to adopt methodologies that foster a deeper understanding of the epidemic. It also provides processes for moving from planning to implementation with the full participation of individuals, communities, districts and public/private sector organizations. Finally, it emphasizes the importance of addressing monitoring and evaluation (M&E), self-reflection and reviews, and strategic information management as an integral aspect of the national response.

2 GENERATING EFFECTIVE NATIONAL HIV/AIDS RESPONSES

Strategic planning for HIV/AIDS is a continuous process that must contribute to reaffirming national leadership and strengthening partnerships at all levels. It must create suitable conditions for the implementation of the national strategic framework. To achieve these conditions, the management of the planning process itself must be both strategic and should be the responsibility of government and national stakeholders.

2.1 HIV/AIDS as a Complex Planning Issue

Strategic planning for HIV/AIDS is based on a number of principles and strengths, and requires sufficient preparation to create the favourable conditions for optimal operation. Since the introduction of the four UNAIDS Strategic Planning Modules, strategic planning processes undertaken in numerous countries have generated new knowledge and a deeper understanding of what is needed for more innovative national responses. The planning and implementation challenges listed below have provided inspiration for a new vision to addressing the complexities of HIV/AIDS:

- Achieving the correct balance between participation by key stakeholders and technical needs;

- Selection of appropriate tools and the linking of planning and implementation stages;

- Translating the strategic framework into action at all levels and estimating implementation costs;

- Monitoring and evaluation of activities at all levels, including the selection of indicators; and

- Facilitating and supporting the implementation process from national level to community level

To respond effectively to the epidemic, a deeper understanding of the issues around its spread and impact on individuals, communities, institutions and society is necessary. Additionally, a methodology that awakens hope and new possibilities in individuals is crucial if the epidemic is to be reversed.

A "recast" strategic approach to planning and implementation must go beyond the usual technical exercises to become an empowering and transformative process energizing the individual, communities, structures and systems (See Annex 2).

2.2 Challenges of Partnerships

Within the past five years, several global initiatives have influenced national responses to HIV/AIDS.

The response at the global level has been marked by, among others, the formation of the International Partnership Against AIDS in Africa (IPAA); the African Development Forum (ADF 2000), which resulted in the "African Consensus and Plan of Action: leadership to tackle HIV/AIDS"; the meeting of African Heads of States on HIV/AIDS, Malaria and Tuberculosis and the resultant

commitment of Abuja in 2001 to allocate 15% of national budgets to health; The New Economic Partnership for African Development (NEPAD); and the United Nations General Assembly Special Session on HIV/AIDS and its Declaration of Commitments (UNGASS 2001).

To meet the post–UNGASS Declaration challenge of ensuring an extraordinary national response, countries must redouble efforts to address core HIV/AIDS issues with interventions on an unprecedented scale. Much of the international call for the intensification of action against the epidemic relies on strengthening responses at the country level in a strategic manner and adopting approaches that engender effective change with continuity.

Multilateral and bilateral agencies are making increased resource commitments to HIV/AIDS. The World Bank Multi-sectoral HIV/AIDS Projects have contributed substantially to raising resources in support of national responses, while the Global Fund for AIDS, TB and Malaria underscores the increasing availability of international resources for health and HIV/AIDS and the need to adopt new approaches to access and manage these funds. In particular, the Global Fund needs to be accounted for in national HIV/AIDS plans and health strategies. Private companies and foundations continue to make financial resources available for research and treatment.

Harmonizing Stakeholder Response   2.3

Many countries are obliged to engage in exercises to design poverty alleviation strategies and revise national institutional frameworks to better manage and coordinate multi-sectoral responses. Governments are encouraged to delegate responsibilities to decentralized sectors and entities, and develop people-centred local and community responses. Within this context, HIV/AIDS is increasingly viewed within the realms of governance, gender and human rights promotion.

A critical challenge for governments is to harmonize multi-sectoral and multi-level HIV/AIDS national frameworks within national development strategies.

There is a new urgency for HIV/AIDS action as the numbers of funding and implementing partners increase there is a need to reduce the risk of duplication, overlap and fragmentation. National AIDS Coordinating Bodies and key donor governments have committed to the *Three Ones* principle for coordination which provide guidance to enhance coordination and harmonization. The principles are:

- One agreed HIV/AIDS action Framework that provides the basis for coordinating the work of all partners:

- One National AIDS Coordinating Authority, with a broad based multisectoral mandate:

- One agreed country level Monitoring and Evaluation System.

Key to the principles is ensuring *exceptional AIDS* action is maintained to speed up the response and make effective and efficient use of resources towards sustainable results. At the same time this requires that AIDS action is mainstreamed into routine development and social service provision.

2.4 Ensuring a Continuum of Planning and Implementation

The need to accelerate and scale-up existing responses, as well as decentralize implementation in support of community action and development requires new thinking. The main aim of HIV/AIDS strategic framework updates will be to facilitate and expand development focused implementation of HIV/AIDS plans at all levels and by key sectors and communities. Integrating planning and implementation is critical and requires overall strategic management and coordination of activities. It entails providing national planners, policy makers, providers of technical assistance and implementers with the requisite operational inputs that will assist them to seamlessly integrate the planning and implementation processes.

2.5 Integrating HIV/AIDS into National Development Policies

As an approach, integrating HIV/AIDS into the overall national development context is increasingly recognised as a significant way to both expand and focus responses to the epidemic. It provides a straightforward planning method as a way of addressing HIV/AIDS within national development instruments, sectors, programmes, and decentralized institutions. As a planning approach, it carefully looks at issues of comparative advantage, workplace programming and wider issues of impact.

At the national level, HIV/AIDS is being incorporated into development plans, policies and strategies. Therefore, reflecting the strategies of a national strategic framework in national development plans and instruments constitutes the essence of integrating HIV/AIDS. Examples include national development plans, Poverty Reduction and Debt Relief Instruments and Highly Indebted Poor Country Initiatives. It is important to note that explicit action to take advantage of the benefits of including HIV/AIDS in these instruments needs to be articulated.

At the sectoral level, both private and public, health and non-health institutions. including large NGOs, are encouraged to recognise the potential impact on both their internal or workplace settings, (i.e. personnel recruitment and retraining, productivity, operating procedures, policies, etc.) and external operations (i.e. service provision and support for target groups). Sector integration is a particularly appropriate way to integrate HIV/AIDS into both the workplace and core business of government. This process should become part of a government's annual planning, budgeting and monitoring cycle.

At the sub-national level, decentralized institutions, service providers, programmes, projects, local businesses, local NGOs, CBOs, religious organizations, etc., are usually the primary focus of implementation and action for HIV/AIDS programming. Due to their acknowledged roles in implementation of HIV/AIDS responses, national NGOs, the private sector, and ministerial sectors should be guided to integrate HIV/AIDS into their internal and external environments.

It is important to reiterate that the strategic planning process forms an integral part of the overall strategic management of national responses and as such must be understood as a flexible iterative process, designed to accommodate change and promote implementation at national, sub-national and community levels.

Fig. 2 The Strategic Management Process
Source: JSA Consultants Int. 2002

Situation/Response Analysis

Monitoring, Evaluation & Strategic Information Management

National Strategic Framework Development

Institutional Arrangements, Resource Management

Community & Local Level Planning & Implementation

Support to Coordination Capacity Building

Decentralized Planning & Implementation

Sectoral Operational Planning & Mainstreaming

Fig. 2 provides a schematic representation of the HIV/AIDS strategic management process, actors and components. It should not be taken as a rigid sequential set of steps, as they are often undertaken simultaneously and are influenced by externalities that cannot be always factored into the management process in a fluid manner. The schematic representation also notes the importance of *facilitating* a planning and implementation process, *coordination* and continuous *capacity building.*

3.1 Planning for Implementation

HIV/AIDS is no longer seen as just a health problem. Thus, second-generation plans for national responses placed emphasis on the involvement of non-health sectors. However, these proposed multi-sectoral approaches did not clearly define the roles and responsibilities of the different actors within the national response. Additionally, the potential impact of HIV/AIDS on the sectors was not recognised and specific sectoral responses to the epidemic were not explicitly defined.

In most cases, governments have expressed their political commitment to national responses, but have rarely been able to translate this commitment into effective actions. Development partners continue to implement their own programmes according to their own mandates and priorities. Thus, the traditional understanding of the strategic planning process must be expanded to one that prepares for implementation. Key issues are: strengthening capacities in participatory planning, ensuring strong government commitment for both human and financial resources, and long-term technical support by development partners.

3.2 Guiding Principles for a Holistic and Strategic Approach

HIV/AIDS strategic management approaches centre on flexibility of the planning and implementation process, management towards objectives, decentralized implementation and appropriate human resource development. While these central elements should be adapted differently in *low and high prevalence countries* according to the course impact of the epidemic, they remain essentially valid throughout the planning and implementation phases.

Here are the basic guiding principles:

- Joint national leadership involving partnerships between communities, private sector and government by genuinely committing to the future and taking a stand;

- Facilitation and development of national capacities to plan and implement breakthrough initiatives, as well as mutual learning and documentation of the entire process;

- Involvement of communities and People Living with HIV/AIDS, women's groups, youth groups and other key groups in all stages of the strategic planning and implementation process;

- Appropriate situation and response analysis focussed on HIV/AIDS and its impact on people is essential using methods that foster deeper understanding of the epidemic and provide avenues for new possibilities and opportunities;

- Creation of an enabling environment for an expanded multi-sectoral and multi-level responses;

- Involvement of international partners, their conformity to national priorities, and provision of sustainable support to the response;

- Adoption of global/regional commitments such as UNGASS Declaration;

- Adoption of transformative methods in the planning and implementation process to ensure that hope is ignited, transformation is fostered and results are achieved; and

- Adoption of community capacity enhancement processes as an empowering process to promote community-led HIV/AIDS responses.
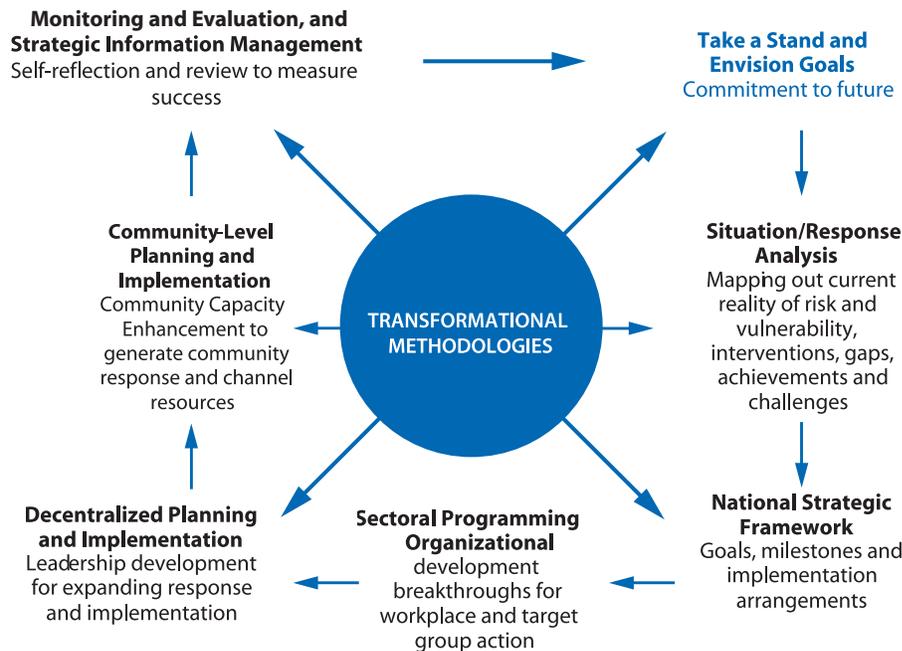
The different stages of developing a national HIV/AIDS response: situation analysis, response analysis, strategic framework formulation, resource mobilization have been well developed in the four modules of the UNAIDS Strategic Planning Guide. The purpose here is to revisit the process in order to understand how to better adapt it to different national contexts. This involves developing an understanding of progress made in strategic planning since 1998, when the modules were introduced, and key international developments.

The strategic planning process is part and parcel of strategic management and coordination of the national response. In other words planning and implementation in a seamless continuum of the national response. This section takes into account the expected results of each stage in the process and is intended to help use the four UNAIDS modules in an innovative manner that enhances implementation.

Experience shows that the situation and response analysis should focus more on human-centred analysis, building on forces and opportunities that will transform national responses.

UNDP's is introducing a Response Implementation Framework (RIF) which is highly innovative as it starts with taking a stand and envisioning a new future, maps out current reality based on situation and response analysis and is designed to support sectoral programming for HIV/AIDS, decentralized action and community led processes as can be seen below:

Fig. 3 Response Implementation Framework: An Intergrated Approach

Monitoring and Evaluation, and Strategic Information Management
Self-reflection and review to measure success

Take a Stand and Envision Goals
Commitment to future

Community-Level Planning and Implementation
Community Capacity Enhancement to generate community response and channel resources

TRANSFORMATIONAL METHODOLOGIES

Situation/Response Analysis
Mapping out current reality of risk and vulnerability, interventions, gaps, achievements and challenges

Decentralized Planning and Implementation
Leadership development for expanding response and implementation

Sectoral Programming Organizational
development breakthroughs for workplace and target group action

National Strategic Framework
Goals, milestones and implementation arrangements

4.1 Situation and Response Analysis

When the Strategic Planning Modules were conceived, it seemed logical to separate the situation and response analyses. However, experience has shown that this separation might not be as productive as originally envisaged. In many ways, the analysis of the situation is directly or indirectly linked to the analysis of the response. For example, when the capacities of health-sector institutions are assessed, the question of their contribution to the response is directly linked. The same can be said of analyses of communities or associations, where separating the situation analysis from that of the response is at times artificial and confusing. In addition, the same actors using similar participatory methodologies undertake both situation and response analyses in most cases.

It is therefore recommended that during the strategic planning process the two elements are combined as *National HIV/AIDS Assessment*, which analyses the existing situation of sectors, structures or institutions in direct relation to their responses, assessing their contribution and impact to the national response. Clearly, adjustments in the methodology and time frame need to be made to allow for more significant inputs from communities. Those who facilitate and guide the process need to allow space for these largely qualitative inputs before scaling up national responses.

To better understand the underlying causes of the spread of HIV/AIDS, the 4 quadrant framework is an effective tool. It can be used for analysis and to gain a deeper understanding of societal and individual values and actions. Mapping out the current reality of the epidemic or any of its components along the four quadrants, shows the complexity of the challenge, helping us to map out realistic responses. (Refer to Annex 2)

Most countries already have Situation and Response Analyses or National HIV/AIDS Assessments as part of their existing National Strategic Frameworks. In many countries, however, it may be worthwhile to revisit the Situation and Response Analyses. This can at times take the form of a simple review or an in-depth analysis of the plan, as well as the evolving picture of the epidemic and its response in a country.

4.2 Outcome of National HIV/AIDS Assessments

Many aspects of the combined SA and RA will be conducted in a similar manner as before (see box above), using the UNAIDS modules as orientation and guide. However, new elements may include the following:

Local Experiences Captured

People and communities are responding to HIV/AIDS and this has changed their situation, providing a very different basis for an expanded response. A wider participation of local-level actors and communities in the analyses will involve greater community and civil society situation and responses, to guide and influence national responses. The challenge, therefore, in developing the National HIV/AIDS Assessment is to capture this local voice rich in experience, content and perspectives.

Sector Impact Assessed

An expanded National HIV/AIDS Assessment will include a focus on sectors and ministries by using a mainstreaming approach from the beginning. While many sectors and ministries have already begun to respond by developing sectoral HIV/AIDS plans, their assessment of impact must go beyond their own workforce, in terms of vulnerability, absenteeism, mortality, etc., to examine how a sector and individuals could have an impact on the epidemic and vice versa.

Human Rights and Ethical Issues Outlined

In the past, human rights and ethical issues have largely been treated on a theoretical level. However, as epidemics mature, legal, ethical and human rights issues may come to the forefront of public interest. Ethical questions related to access to drugs and vaccine development have already been raised. Similarly, interventions which may save the child, only to orphan it when parents, who do not have access to care, die, as well as labour and workforce issues and regulations such as illegal testing, black lists etc., now require closer attention. The legal and political framework developed to address these complex issues (laws, ethical committees etc.) must come through explicitly as a response. The UNGASS Declaration of Commitment, which centres on a human rights perspective, can guide the new thinking at the country level.

Formulation of a National Strategic Framework (NSF)   4.3

Although the UNAIDS Planning Modules envisage the elaboration of a strategic plan, nearly all outcomes of the planning process tend to result in national strategic frameworks rather than plans. The documents rarely contain such elements as timelines, responsibilities, budgets and core activities.

In the past, consensus among key actors engaged in the national response has been difficult, limiting the meaningful prioritization of objectives and strategies. As such, a revised process for developing a national strategic framework should actively address issues of obtaining *consensus on prioritized national strategies and interventions*. In this way, international partners can be guided in channelling their financial and technical assistance to support national objectives, instead of starting initiatives based on their own priorities.

Estimate Resources for NSF

An important consideration in the formulation of national strategic frameworks is whether there should be a cost estimate before operational plans are developed. Country-level experience has shown that a medium-term estimate of available resources for key intervention is useful for the Framework. However, it would be more practical to prepare a detailed cost estimate during the annual operational planning cycle.

National Strategic Framework: Expected Outcome   4.4

It is important to maintain the *central status of the NSF,* which spells out the vision and broad orientation of the response and how it should be organized. The document will contain references and linkages for the broader national development plans, including decentralized plans, strategies to overcome poverty and stimulate social, economic and human development, and on how to reach out to donors.

National Ownership

The NSF is a *sine qua non* for all other plans and projects, responses and interventions but it does not replace them. When the NSF is elaborated and approved by national consensus, it should be owned by all sectors of society, including external partners. To achieve national ownership, different sectors and partners must be fully involved in developing the National Assessment and the NSF. Ownership is achieved through consultations, submission of inputs, and national development planning processes.

Key Features of the National Strategic Framework

The national strategic framework should summarize the SRA and provide the strategic orientation for all actors, institutions and individuals to stimulate their respective responses and mainstream HIV /AIDS into the wider context of national development.

The national strategic framework should have the following characteristics:

- Outline of a five-year strategic direction for the national response.

- Promote HIV/AIDS mainstreaming in the Development Planning Process in the country.

- Sectoral obligations and guidelines for mainstreaming (including government ministries, private sector, NGOs)

- Intensify focus at the district level and provide guidelines for decentralized planning and implementation of HIV/AIDS activities at sub-national levels.

- Mechanisms for monitoring and evaluation, self- reflection and reviews of the implementation process at all levels.

- National plan showing who will monitor and evaluate the implementation process, how and when it will be done, and the financial requirements.

- Strategic information management system, which clearly outlines what system will be used to document, report, analyse, and disseminate information on the achievements and challenges regarding implementation.

- Roles, responsibilities and relationships of the national coordinating body and other bodies set up to support the national response.

- Indicate the human resource and capacity building requirements needed to ensure successful implementation.

4.5   Transforming National Strategic Frameworks

At the Strategic Planning Stage

Where a country intends to, or has already started a Strategic Planning Process, the government and stakeholders can revise the planning approach to include a new and flexible planning and implementation approach for the rest of the planning process.

During Implementation

During implementation, the government may decide to revisit the strategic framework without interrupting activities. It can be a mid-term review or part of an annual review, which can take into account recent technologies, for example, the introduction of antiretroviral drugs, and Millennium Development Goals commitments and targets such as those of the UNGASS Declaration of Commitment.

During Evaluation of Medium-Term Plans

There may be a need to undertake a comprehensive end-of-cycle evaluation of the progress and impact of the national response (e.g. evaluation at the end of an MTP II plan). This is a good opportunity to introduce a more strategic approach to managing the response, starting from an in-depth National HIV/AIDS Assessment, including a linked situation and response analyses and the design of the strategic framework and implementation modalities.

In the first and second cases, the facilitator or facilitation team could use these suggestions as a checklist to ensure that there are clear areas of responsibilities for implementation and buy-in from major stakeholders. In all three cases, facilitation should lead to the introduction of new and holistic approaches and a vision of planning and strategic management aimed at changing the situation and improving the quality of people's life. A revised strategic planning approach means being able to draw on the process for inspiration to adjust, re-orient and broaden actions or interventions.
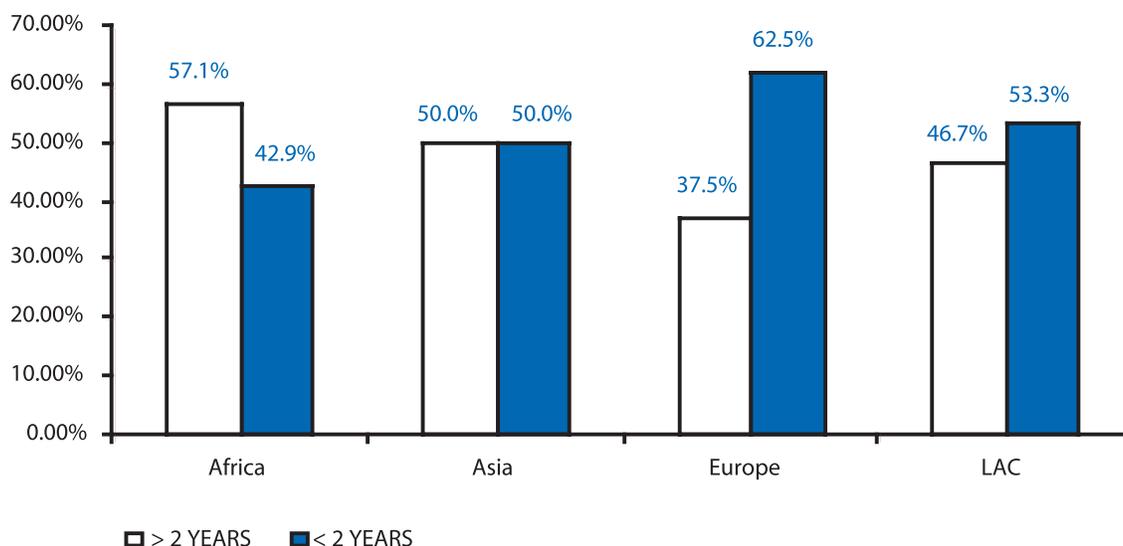
Updating Strategic Frameworks

Given the drastic changes over the last two years – in particular the increased international availability of resources and the reduced drug prices that make treatment more accessible – plans must be updated in a rapid and participatory manner to ensure their relevance to governments and partners in ongoing programming. Fig. 4 indicates the percentage of responding countries where the National AIDS framework has been updated within the last two years; Africa 42.9%, Asia 50%, Europe 62.5% and LAC 53.3%.

Failure to review and update a strategic framework may result in duplication and lack of harmonization as national priorities and other elements of the response may not be adhered to.

Fig 4. Strategic Framework Updates
Source: UNAIDS 2004

Percentage of responding countries where the UNAIDS Secretariat reported that the national AIDS framework had been upated with in the last two years

5 MAKING THE STRATEGIC FRAMEWORK WORK

The early involvement of different sectors and partners in the National HIV/AIDS Assessment may begin to provide the background information and sensitisation necessary for the development of appropriate plans at the central and decentralized levels. A major challenge, however, lies in the ability of these different levels to translate the NSF into concrete plans. Experience has shown that the momentum often generated by situation and response analyses and framework formulation is not sustained or translated into the development of operational plans. Thus, many countries have experienced significant delays in moving from an accepted NSF to operational planning and implementation. It is at this point, therefore, that careful preparation and attention to a deeper facilitation process should be paid.

5.1 Sector Responses

To assist with the movement from planning to implementation, mainstreaming tools and concepts will be relied upon to develop annualized sector operational plans. Through the mainstreaming process, each sector would have already developed a specific profile consisting of situation and response analyses and HIV/AIDS impact assessments. Sectors will be encouraged to plan for HIV/AIDS in both the internal (workplace) and external (service provision area) domains, based on their mandate and comparative advantage. To establish relevant local-level strategic linkages, activities outlined in sector plans should be also included in the district or local government plan so as to facilitate multi-sectoral cooperation and coordination. The inputs may include financial and human resources, technical assistance and policy support. Examples are enhanced sector budget lines for HIV/AIDS, increased decentralized funds, creation of sector posts at the decentralized level, and enhanced strategic partnerships across sectors.

Governments' Annual Planning and Implementation Cycle

Sectors and institutions will be supported through facilitation to develop two-part HIV/AIDS operational plans, where these are needed. A short-term "start-up" plan with a time frame extending to the commencement of the next government planning and budgeting cycle, and a 12-month plan to be implemented within that cycle. Included in these sector plans, will be basic minimum packages with capacity building inputs designed to enhance the understanding, planning, budgeting and coordination by sector focal persons and committees.

This approach permits the continuation of planned activities or preparations and mobilization for full engagement by a sector in the national response. Start-up plans can involve no additional costs or sometimes institutional set-up costs. The alignment of HIV/AIDS plans to government planning and budget cycles is critical if activities are to be made routine and funded from government budgets. Once drafted, operational plans should undergo a validation process to ensure commitment to the details of implementation and awareness of roles and responsibilities.

Sector Outcomes   5.2

The sector and institutional process is expected to strengthen the roles of HIV/AIDS units or focal points, as they will be in the forefront of implementing workplace programmes. Sector start-up plans and yearly implementation plans are the expected outcome of this early implementation stage. These annual costs can offer an indication of the full cost of a national strategic framework, often a requirement of external partners.

Several mainstreaming instruments or tools have been developed to assist in the integration of HIV/AIDS into the development process, sectors and programmes. Experience with their use is only recently being gained. Some of the key material include: *The UNAIDS Toolkit for Mainstreaming HIV/AIDS into Development Instruments; UNAIDS/GTZ Mainstreaming HIV/AIDS: A Conceptual Framework and Implementing Principles, Mainstreaming and Planning Guide for HIV/AIDS*; and the *AIDS Toolkit* and *AIDS* Brief prepared by the Health Economics and HIV/AIDS Research Division of the University of Natal. A UNDP checklist for mainstreaming HIV/AIDS into development instruments and selected sectors is provided in Annex 3.

Decentralized Planning and Implementation   5.3

The district or local government is essentially the implementation level of national HIV/AIDS strategies. It is also the level where local and community action meets government initiatives and services. It is often difficult to distinguish between district multi-sectoral HIV/AIDS bodies, which serve as broad oversight committees, and those actually charged with operational and secretariat functions. A local facilitation team can help to achieve this separation.

Local facilitation teams with a certain amount of independence from local authorities should be encouraged to be at the core of decentralized planning and implementation activities. A District HIV/AIDS multi-sectoral group with an understanding of HIV/AIDS strategic processes should be established where they do not exist. Districts, for example, should learn to execute national priority strategies in a way that articulates and coordinates local/community responses. To develop this, the team should facilitate, analyze and document district specific HIV/AIDS situation and responses, detailing local determinants, key vulnerable groups and local impact of the epidemic. In many cases, a series of capacity building sessions in the areas of planning, team building, advocacy, reporting, coordination and reviews must be provided to the team.

District HIV/AIDS Responses

A local strategic process should also result in an understanding of the medium-term financial and human resources required for a scaling up of responses. Together with local stakeholders, the facilitation team will develop yearly district multi-sectoral HIV/AIDS action plans that detail activities, costs and implementers. These plans must be guided by the objectives and strategies of the NSF, district development plans where present, vertical programmes and the district HIV/AIDS situation and response.

Plans will be reviewed on a yearly basis and will be a summary of objectives and activities of decentralized sectors, NGOs, CBOs, communities, and vertical HIV/AIDS programmes. This annual process in principle will ensure that gaps are covered, duplications reduced and financial and human resources properly managed. A HIV/AIDS multi-sectoral oversight group must avoid becoming implementers as its key role should be in management, coordination, progress reviews and reporting as well as advocating for the mobilization of local, human and financial resources.

5.4   Local Outcomes

The expected outputs will include the establishment of local bodies or teams where they do not exist for the facilitation of all local-level HIV/AIDS responses; processes for community facilitation and support mechanisms for developing community profiles; budgeted district HIV/AIDS plans with implementation arrangements; sources of funding and funding mechanisms; and processes for documentation and reporting on implementation activity and finance.

Community Outcomes

With this approach, community proposals and responses (derived through Community Capacity Enhancement Processes) will become an integral part of district responses, supported and accounted for by District multi-sectoral teams. It is important to encourage documentation and reporting approaches that intrinsically promote national and local learning. This may ensure greater national scale-up or coverage over time.

5.5   Coordinating National Responses

The complexities of managing a national multi-sectoral response have already been noted in this guide. Increasingly, national coordinating bodies are among others, charged with overseeing and managing the entire process, as well as ensuring that international commitments and goals are given national impetus and attained. Implementation plans based on annual estimates should be compiled after the finalization of the national strategic framework. These cost estimates will serve as a tool for monitoring resource allocation to sectors and to priority strategies of the framework. The national coordinating body itself will therefore be required to develop a coordination and management plan that details monitoring functions and support to implementing agencies, such as sectors, NGOs and districts. This support will be hinged on assisting sectors to mainstream HIV/AIDS activities and develop operational plans, and offering advice on where to obtain technical expertise for implementation.

As a major implementer of the national response, a country's health ministry must be also encouraged to develop a health sector-specific HIV/AIDS response plan and present its annual HIV/AIDS actions as an integral part of the national response effort. While there will be considerable variations, a coordination plan must provide a regular comprehensive overview of where financial resources are targeted and how efficiently they are used in line with the major priority areas and target groups of the NSF.

5.6   Resource Management

There is continued national and international emphasis on the mobilization of resources for national responses as a priority. While substantial national resources may be available in many instances their appropriate allocation, disbursement and use are poor. Most governments and international partners may wish to obtain resource estimates for national HIV/AIDS costs in the medium term. As such, sector and district implementation plans are likely to be closely scrutinized. Using country-specific assumptions and methods, these yearly budgets can be extrapolated for medium-term projections of areas in a national response where additional commitments of resources will be required. For some countries, these plans will be designated and launched as a Medium-term National Strategic Plan for HIV/AIDS. The national coordination body should ensure that mechanisms are in place for periodic reviews and public accountability forums.

Resource Mobilization

In the strategic management of national responses, resource mobilization is only one key aspect of resource management. To achieve effective management, sources and flows of financial resources must be estimated and assessed at the start of the planning process – and reassessed as implementation proceeds. In this way, implementation budgets can be more closely monitored and more effectively linked to the overall objectives of the national response (see Fig. 5).

Resource Allocation and Disbursements

Beyond resource mobilization, is the important issue of resource allocation, responsibility for which should be located at a relatively high level of government, such as the Cabinet Committee. Allocations must reflect the priorities of the national strategic framework. An additional function of the strategic management process is to ensure the efficient and timely transfer and disbursements of resources to implementing partners and agencies. Past experiences have shown that it is not always the lack of funding that constrains implementation, but rather uncertainty and delayed flows of funds.

Track Funds

A challenging aspect of fund management is determining appropriate funding mechanisms for communities and NGOs. The tracking of funds or economic governance of HIV and AIDS resources is becoming more important as global sources of funding multiply. Where accountable government systems are in place at the decentralized level, funds may be usefully channelled through local government institutions. This approach provides a less cumbersome way in which government and international partner funds can be pooled or at least earmarked, disbursed and accounted for implementation.

Mobilizing Local Resources

Last but not least, the capacity of local structures (districts, wards, communities) to mobilize their own financial resources to support the local process should be encouraged. There are already convincing experiences from many parts of Africa, where districts and even community organizations contribute in a significant way to HIV/AIDS activities. These financial contributions are often a strong indication of the local commitment and enhance the prospects of a sustained response.

Fig. 5 Linking Resources, Objectives and Budgets

Adapted from: The Futures Group International 2002

Overall Goals

▼

Estimated Resources

▼

National Objectives

▼

Activities

▼

Budgets

Budgets Linked to Goals & Objectives

5.7   Expected Outcomes of Resource Management

A realistic, prioritized national framework should be based on broad financial estimates as much as possible. At the operational plan stage, when detailed plans are outlined on a yearly basis, funds available will be reassessed and may be used to further adjust priorities and objectives on a cost-effective basis. This may be a way of providing more fungible and predictable HIV and AIDS "quality" resource flows to implementers without delays and bottlenecks.

A greater focus on a resource management approach–through mobilization, allocation, disbursement and tracking–should result in improved costing, cost-effectiveness, disbursement mechanisms, monitoring and accountability. A properly decentralized national financing mechanism will not only provide better access to timely funding, but also increase the absorptive capacity of the multiple implementers, including communities, CBOs, NGOs and decentralized government agencies. Therefore local initiatives should be enhanced and governments encouraged to make their own contribution to the response in order to make it more owner-driven and sustainable in the longer term.

5.8   Supporting National Implementation

As noted in section 3, perhaps the most important aspect of supporting the national HIV/AIDS response is providing technical expertise and inputs to support implementation. This suggests a process that is committed to the medium or long term and, as such, has substantial human and financial resource implications. Experience has shown that the absence of facilitating implementation may in the longer run delay effective responses and, in effect, worsen the course and cost of the epidemic.

Build Capacity for Implementation

The concept of supporting and facilitating implementation of national responses is a more recent development, with current experience mostly derived from local and district responses. The facilitation has been primarily based on the principle of ownership, building on existing strengths and capacity development. Local-level facilitation has involved: operational planning, building partnerships, community entry and mobilization, and knowledge management. While the national level may be more complex to facilitate, it essentially requires the same skills and expertise in supporting district/local responses.

Areas of Capacity Building

Typically, the areas that will require facilitation and capacity development for implementing the national response are:

- HIV/AIDS and mainstreaming;
- Operational planning and budgeting;
- Communication and team building;
- Strategic information management; and
- Financial management and accountability.

However, facilitators would need to experiment with new approaches and tools and seize fresh opportunities to enhance implementation.

Use Local Expertise

Sustained implementation cannot be achieved without capacity development and facilitation. Facilitation of implementation therefore presents a particular challenge of long-term sustainability in terms of retention of skilled and trained staff and the lateral transfer of skills and expertise to sufficient numbers of people. To address this, facilitating capacity development should be a priority as it addresses much of the underlying causes of the difficulty in retaining skilled personnel.

Promote Public and Private Joint Action

Who should facilitate the implementation process? First, support for capacity development is necessary to ensure adequate levels of mentoring and creation of self-confidence. New experience in managing national responses suggests that the answer may lie in using a collaborative mix of international experts, national public- and private-sector specialists and national institutions with a common understanding of the epidemic. The goal is to ensure that they form coherent and flexible teams that can facilitate and support implementation at different levels and in flexible ways. The implication of the approach, is that drawing skills and expertise from a relatively wide range of milieus will make it possible to obtain the diverse skills required to support implementation on a sustained basis.

Earmark Funds for Capacity Development

Facilitation has international and national costs. National costs have to be realistically budgeted to take account of logistical considerations and the use of local private-sector experts as well as public-sector staff who are asked to work outside their usual domain. Resource requirements for facilitation will vary from country to country and will depend on the willingness of implementers to commit adequate resources in a routine manner (e.g. transportation, office space, and additional human resources). Funding for this type and level of facilitation should be budgeted for in detail in the annual management plans of the authority charged with coordinating or managing the national response. External financing may be sourced for this purpose. International partners and the UN agencies must be made aware of the levels of sustained commitment required to facilitate implementation.

6 MONITORING AND EVALUATION AND HIV/AIDS STRATEGIC INFORMATION MANAGEMENT

Most national strategic plans do not have adequate Monitoring and Evaluation (M&E) plans that outline regular monitoring steps, processes or output indicators. Evaluation and reviews, largely seen as external activities aimed at measuring impact of responses, are usually absent from the plans. Additionally, a basic user-friendly information management system capable of tracking progress from the national level to the local level is often lacking. M&E and information management of the national response are generally regarded as key functions of the National AIDS Council or Commission. Modalities for such information systems remain a national challenge. In most circumstances these should be clearly articulated and integrated into the NSF.

Harmonize National and International Benchmarks

The M&E planning process should be considered at the joint situation and response analysis stage, when previous benchmarks and indicators are being reviewed. In order to meet the post-UNGASS challenges in particular, international goals, obligations and indicators, including UNGASS itself, NEPAD and others such as the Abuja Declaration, need to be adapted and harmonized with national goals and targets. Special attention should be given to resolving the various and, at times, conflicting demands by external agencies and institutions to develop specific M&E systems for their programmes or projects. Efforts already undertaken by UNAIDS and others to harmonize the results of HIV/AIDS indicators should be used, and training efforts by technical agencies consolidated and integrated into national implementation process.

Develop Sector-Specific Indicators

Sectors in particular will be encouraged to develop their own benchmarks and indicators related to their mandates, responsibilities, targets and human-resource capacities. This approach may improve their sense of involvement and enhance their abilities to track their own progress and success. The M&E aspects of the planning process should be well integrated into the overall SPP and should also be backed by technical expert facilitation as required. Plans should also include sourcing for trained personnel. The process must ensure that detailed modalities and mechanisms for ensuring implementation of M&E are not neglected.

Finally, a distinction should be made between the evaluation of the planning process itself, (often undertaken as an assessment for allocating resources by international partners) and the evaluation of the national response, which is intended to draw out successes, identify gaps and deepen understanding of the impact of the response to the epidemic.

6.1 Expected Outcomes

In the integration of M&E into an overall strategic information system, district, sector, NGO and resource management information should be included. A Country Response Information System will be useful in managing the national response, as well as in providing information to track international commitment. Indicators should be manageable and collection processes cost-effective. As far as possible, a result-based HIV/AIDS Monitoring and Evaluation should be integrated into existing M&E systems in sectors, districts, etc.

Adapt UNGASS Indicators

In terms of addressing responsiveness to each country's UNGASS Declaration of Commitment on HIV/AIDS, the four goals and targets should be observed. These are: prevention; care, support and treatment; reduction of vulnerability and mitigation of social and economic impact. The list of core UNGASS indicators, (see Annex 1), should form the basis of monitoring the progress and impact of national responses in the medium and long term.

Support for Monitoring and Evaluation 6.2

M&E and HIV/AIDS strategic information management for countries have for some time been considered by the different technical units of UNAIDS and other partners (WHO, UNICEF, World Bank, MEASURE Evaluation, FHI, USAID). The challenge has been one of facilitating the development and maintenance of relevant in-country systems and institutions. There is a need for facilitation to streamline the multiple international systems and indicators being developed for countries. Selected indicators should be based on UNGASS goals and targets.

Assess Available Strategic Information

As an initial facilitation exercise, country teams consisting of national and international experts should keep a record of the preparation work that preceded the development of national systems, including a comprehensive review of all available materials and information. The teams should bring together the different elements of HIV/AIDS strategic information, such as published literature and reports, indicators prepared by outside agencies and project-specific information. Having such information on hand would be an advantage in terms of cost, speed, and sustainability.

Promote Strategic Information Systems

The facilitation of the development of an appropriate information system would involve having an international partner moving to harmonize efforts and the selection of likely tools. The next few steps would be: inventory and needs assessment; development of the content, i.e. the definition of the information to be included in the system; the development of software systems and functional linkages; and multi-level staff training. The outcome of such a country response information systems is expected to have three components:

- An input component that can be updated continuously;
- A data bank or repository of multiple information databases; and
- An output or report component from which diverse reports and information can be generated for stakeholders and the overall strategic information system.

The key to achieving an effective strategic information system is to phase the development in a way that makes it possible to access basic information at an early stage even as work is being done to produce more sophisticated data. Data collection will remain the core source for response data. As such, it will be necessary for the requisite capacity and local tools to be developed. These will provide the necessary inputs for core data and a basic information system. It will be a challenge to concurrently identify the existing capacity, introduce the system and, where necessary, build additional capacity.

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Annex 1: Draft List of Core UNGASS Indicators

INDICATORS	REPORTING SCHEDULE	METHOD OF DATA COLLECTION
GLOBAL ACTION		
1. Amount of funds spent by international donors on HIV/AIDS in developing countries and countries in transition	Annual	Survey on resource flows
2. Amount of public funds for research and development of global public goods including vaccines and microbicides	Annual	Survey on resource flows
3. % of multinational and private sector companies which are present in developing countries and which have HIV/AIDS workplace policies and programmes	Annual	Desk review
4. % of international organizations which have workplace and staff training programmes	Annual	Desk Review
5. Level of HIV/AIDS advocacy	Annual	Qualitative assessment(s)
NATIONAL ACTION		
National Composite Policy Index (see next page)	Annual	Country assessment questionnaire
Amount of national funds spent by governments on HIV/AIDS	Annual	Survey on resource flows
NATIONAL PROGRAMME		
1. % of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission * **(Target: 90% by 2005; 95% by 2010)**	Every 4-5 years	Population-based survey
2. % of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sex partner*	Every 4-5 years	Population-based survey
3. Ratio of current school attendance among orphans to that among non-orphans in the age-range 10-14 years*	Every 4-5 years	Population-based survey
4. % of schools with teachers who have been trained in life-skills based HIV/AIDS education and who taught it during the last curriculum year	Biennial	School-based survey & education programme review
5. % of large enterprises/companies which have HIV/AIDS prevention and care policies and programmes	Biennial	Workplace survey
6. % of injecting drug users who have adopted behaviours that reduce transmission of HIV	Biennial	Special survey
7. % of patients with STIs at health care facilities who are appropriately diagnosed, treated and counselled	Biennial	Health facility survey
8. % of HIV positive pregnant women receiving a complete course of ARV prophylaxis to prevent MTCT	Biennial	Health facility survey & programme monitoring
9. % of people with advanced HIV infection receiving ARV combination therapy	Biennial	Programme monitoring
IMPACT ASSESSMENT		
1. % of young people (pregnant women) aged 15-24 who are HIV infected * **(Target:25% in most affected countries by 2005 25% reduction globally by 2010)**	Biennial	HIV sentinel surveillance
2. % of infants born to HIV infected mothers who are infected **(Target: 20% reduction by 2005; 50% reduction by 2010)**	Biennial	Estimate based on programme coverage

* Millennium Development Goals

National Composite Policy Index

(National Action Indicators - Number 1)

A. Strategic plan	1. Country has HIV/AIDS integrated into its general development plan
	2. Country has a functional national multi-sectoral HIV/AIDS management/ coordination body
	3. Country has a functional HIV/AIDS forum for interaction between Government, the private sector and civil society
	4. Country has an HIV/AIDS coordinating forum for civil society organizations
	5. Country has evaluated the socio-economic impact of HIV/AIDS and developed multi-sectoral strategies including strategies for youth and for the workforce
	6. Country has a strategy that addresses HIV/AIDS issues among its national uniformed services (including its armed forces and civil defence forces)
B. Prevention	1. Country has a policy on reproductive and sexual health education with specific provisions for young people
	2. Country has a policy and prevention programmes to promote and protect the health of groups with high or increasing rates of HIV infection
	3. Country has a policy and prevention programmes for migrants and mobile workers
	4. Country has a policy to expand information, education and communication in HIV and access to essential commodities
	5. Country has a policy to reduce mother-to-child HIV transmission
C. Human rights	1. Country has legislation, regulation and/or other measures to eliminate all forms of discrimination against the rights of people living with HIV/AIDS
	2. Country has a legal and policy framework that protects the employment rights and benefits of workers living with and affected by HIV/AIDS
	3. Country has a policy for the promotion of the rights of women and girls affected by or at-risk of HIV/AIDS
	4. Country has regulations to ensure that HIV research protocols are evaluated by an independent ethics committee
D. Care & support	1. Country has reviewed its national pharmaceutical policies and practices concerning antiretroviral and other HIV/AIDS related drugs
	2. Country has a policy to strengthen healthcare systems including factors affecting the provision of HIV-related drugs
	3. Country has a policy to provide psychosocial care for people affected by HIV/AIDS including those from marginalized groups
	4. Country has a policy that addresses the needs of orphans and other vulnerable children

Annex 2: Four-Quadrant Framework:
Deepening Understanding - Aligning Value and Action

UNDP supports governments and other stakeholders to undertake comprehensive and effective action to address the development dimensions of the HIV/AIDS epidemic. For over ten years, the case has been made for HIV/AIDS as a growing development challenge resulting in much analysis and impact assessment. Though necessary, this has been insufficient.

UNDP also stresses the urgent need to tackle HIV/AIDS, not only as a health concern, but also as a complex development and governance priority that must be integrated into national planning and implementation processes. UNDP believes that it is essential to develop mechanisms that bring in the voice and concerns of people into the development response. The commitment is to help countries implement strategic, multi-sectoral and multilevel responses to HIV/AIDS, employing holistic methodologies that address the root causes fuelling the epidemic. The model of the Four-Quadrant Framework[1] helps deepen our understanding by demonstrating the links between our individual and group attitudes or norms and our consequent actions as individuals and groups.

The Four-Quadrant Framework illustrates the different aspects of the challenge before us, laying out how the actions and behaviours of individuals and groups embody common values and principles. In planning for a strengthened and expanded extraordinary response, at individual, community and societal levels, it is important that we understand and employ these dynamics in our strategies to produce the desired results. For example, it is vital that we consider societal and individual values and actions in our strategic planning. The planning process has to be more than simply a routine of technical exercises but a truly effective, empowering and transformative process.

Individual – attitudes and values	Individual – behaviour and skills
Collective – culture and norms	Collective – systems and structures

[1] Adapted from the work of noted scholar Ken Wilber

Annex 3: UNGASS Checklist

Leadership for an extraordinary response	■ Do the goals and targets of the national plan cover the following four key areas identified in the Declaration:
	  a) prevention of new infections;
	  b) provision of improved care and services;
	  c) reduction of vulnerability; and
	  d) mitigation of the social and economic impact of HIV/AIDS
	
	■ Have multisectoral national strategies been developed that address the epidemic?
	
	■ Have national financing plans been developed that ensure resources for HIV/AIDS activities?
	
	■ Is the government sharing information on experiences in fighting HIV/AIDS through regional/ international cooperation?
	
	■ Does the national plan address the gender inequality dimensions of the epidemic, including the impact on the spread of the virus and the impact on women's roles and responsibilities?
	
	■ Have partnerships by the government been developed with the UN system, inter-governmental organizations, PLWA, vulnerable groups, medical scientific and educational institutions, NGOs, business sectors, trade unions, media, community organizations, faith-based organizations and traditional leaders.
	
	■ Are PLWA and civil society involved in designing, planning, implementing and evaluating programme to address HIV/AIDS?

Prevention	■ Have time-bound national targets been established to reduce HIV prevalence among young people and infants? ■ Have national strategies, policies and programmes been developed that address the gender dimension of the epidemic as well as women's empowerment, promotion and protection? ■ Has the response to HIV/AIDS in the work settings – both formal and informal been strengthened? ■ Have national strategies been developed and implemented that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers? ■ Have universal precautions in health care settings been planned and implemented to prevent transmission of HIV infection?

Reducing stigma and protecting human rights	■ Do the national strategies:
	  a) confront stigma, silence and denial;
	  b) eliminate discrimination and marginalization; and
	  c) fully protect all human rights and fundamental freedoms?
	
	■ Have legislation, regulations and other measures been enacted, strengthened and enforced to eliminate discrimination against people living with HIV/AIDS and members of vulnerable groups?

Reducing vulnerability	■ Have national strategies, policies and programmes been developed and /or strengthened which ensure access of both girls and boys to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection? ■ Have national strategies, policies and programmes been developed and /or strengthened to strengthen reproductive and sexual health programmes? ■ Have strategies, policies and programmes been in place to reduce the vulnerability of individuals at risk of HIV infection (MSM, commercial sex, injecting drug use and others)? ■ Have measures been implemented to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services?

Children orphaned and made vulnerable by HIV/AIDS	■ Have national policies and strategies been developed/implemented to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and children infected and affected by HIV/AIDS?
HIV/AIDS in conflict and disaster affected regions	■ Have national strategies been developed/implemented that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations?
Care, support and treatment	■ Have national strategies been developed to strengthen health care systems including the provision of HIV-related drugs? ■ Have national strategies been developed to strengthen family and community-based care that take the particular burden on women's domestic responsibilities into account? ■ Have national strategies been developed to provide psychosocial care for individuals, families and communities affected by HIV/AIDS? ■ Have HIV-infected women and babies access to effective treatment and interventions to reduce mother-to-child transmission of HIV
Research and Development	■ Have appropriate steps been taken to locally develop research on and/or accelerate access to HIV vaccine, prevention, care and treatment technologies and monitoring treatment? ■ Are efforts made to encourage the development of national research infrastructure, laboratory capacity, improved surveillance systems, data collection, processing and dissemination, and training of basic and clinical researchers, social scientists, health care providers and technicians?
Alleviating social and economic impact	■ Has an evaluation of the economic and social impact on the HIV/AIDS epidemic been made? ■ Have multisectoral strategies been developed to: a) Address the impact at individual, community and national levels; b) Develop and accelerate the implementation of national poverty reduction strategies to address the impact of HIV/AIDS; c) Adjust and adapt economic and social development policies to address the impact of HIV/AIDS on economic growth, provision of essential economic services, labour productivity, and government revenues. ■ Have national legal and policy frameworks been developed that protect the rights and dignity of persons living with and affected by HIV/AIDS, in the workplace?
UN country team	■ Have the UN country team developed strategies to support the host country's efforts on each of the above-listed item?

Annex 4: Checklist for mainstreaming HIV/AIDS into development instruments

DEVELOPMENT INSTRUMENT	ALL COUNTRIES	WORST AFFECTED COUNTRIES
National development plans and budgets	■ Are HIV/AIDS priorities reflected in national development plans, vision statements and other such instruments? ■ Have adequate public resources been allocated to the National Strategic HIV/AIDS Plan and Program? ■ Have adequate public resources been allocated to the various government sectors and/or ministries for HIV/AIDS activities? ■ Are public resources available for province, district and village-level HIV/AIDS activities? ■ Are HIV interventions reflected in public expenditure frameworks, ensuring that the budget of the National AIDS programme is linked to national budgets as well as annual budgets of line ministries, provincial governments, and districts? ■ Are there adequate institutional linkages and collaboration between the National HIV/AIDS Coordination Unit and the Ministry of Finance/Planning, in order to facilitate all |of the above?	■ Have national development plans, vision statements and other such instruments taken into account analysis of the devastating impact of HIV/AIDS on all aspects of human development and economic prospects? ■ Has the impact of HIV/AIDS morbidity and mortality on public revenues been properly analysed and have adjustments in macro-economic planning been made accordingly. ■ Has the impact of HIV/AIDS on all sectors been addressed in budget allocation decision-making, such as the need to recruit and train skilled public servants to replace those that have died of HIV/AIDS ■ Are poverty and social funds that reach districts and community organizations being used to fund HIV/AIDS prevention, care and impact mitigation programmes, as part of national poverty and social development strategies? ■ Do HIV/AIDS concerns figure prominently in debt-relief negotiations and HIPC documents, and are debt relief savings being earmarked for HIV interventions?
Poverty reduction strategies (including PRSPs)	■ Do the PRS include specific commitments, targets, medium-term goals, short-term action targets related to HIV prevention, care and impact mitigation? In the case of PRSPs, is HIV/AIDS reflected as a cross-sectoral, "Goal-Level" priority? ■ Are the PRS and the National Strategic HIV/AIDS Plans properly linked, complementing each other, sharing common targets and priorities, etc?	■ Has the impact of HIV/AIDS on poverty reduction efforts been analysed? ■ Has accelerating HIV/AIDS morbidity and mortality among young adults been factored into the calculation of poverty reduction and economic growth targets, and projections for reaching the MDGs? ■ Has the PRS been appropriately adapted, accelerated and scaled-out to address the generalised human development impact of HIV/AIDS? ■ Have the PRS been adapted to respond specifically to people and communities particularly affected by HIV/AIDS, especially the needs of orphans, and the elderly? ■ Have the PRS been adjusted to respond to the needs of women affected by HIV/AIDS?

DEVELOPMENT INSTRUMENT	ALL COUNTRIES	WORST AFFECTED COUNTRIES
Sector plans and budgets		
All sectors	■ Are mechanisms in place to ensure synergy between sector interventions and maximum HIV prevention/care service coverage? ■ Are mechanisms in place to support strategic partnerships/alliances between line ministries and civil society actors? ■ Has the government introduced workplace policies, such as changes in work routines to help employees living with HIV/AIDS remain productive as long as possible? ■ Have all line ministries introduced work-place HIV prevention for their staff? ■ Has the government introduced a code of conduct for public sector employers that prohibits discrimination against people living with HIV/AIDS and protects their dignity and human rights?	■ Have all line ministries formulated policies to counteract the impact of high morbidity and mortality rates among civil servants and have budgets been adjusted to take into account the likely loss of public revenues due to the economic impact of HIV/AIDS?
Education	■ Does the Ministry of Education have a visionary HIV/AIDS policy, allowing awareness raising to take place in incremental steps starting at primary school level? ■ Is the Ministry of Education providing sex education for students at an appropriately early age, including HIV/AIDS awareness raising, life skills training, and behaviour change communication? ■ Are teachers trained and empowered to provide effective HIV/AIDS education and do appropriate materials and resources support them?	■ Has the Ministry of Education introduced policies to address the impact of HIV/AIDS on both the demand- and supply- side of their services (lower demand because of fewer school-aged children due to lower fertility and higher child mortality, as well as lower supply of teachers due to high HIV/AIDS-related mortality?
Health	■ Has the Ministry formulated a strategy to introduce delivery and administration of antiretroviral treatment and drugs for opportunistic infections, including training, infrastructure, treatment protocols, etc.? ■ Has the Ministry adequate resources and capacity to carry out sero-surveillance, voluntary testing and counselling, condom distribution, maintenance of a blood supply safe, and other health-related HIV interventions. ■ Is the country's STD programme effective and adequately funded?	■ Are programmes in place to support community and home-based care, outreach initiatives, support services, counselling, etc? ■ Has the Ministry of Health formulated policies and strategies to cope with various scenarios of accelerating demand for health services due to HIV/AIDS and accompanying TB epidemics?

Annex 4: Checklist for mainstreaming HIV/AIDS into development instruments

DEVELOPMENT INSTRUMENT	ALL COUNTRIES	WORST AFFECTED COUNTRIES
Welfare and social protection	■ Are strategies in place to reach children and youth not in school with HIV/AIDS prevention and awareness raising services?	■ Have public institutions in charge of welfare and social protection revised their operations and coverage in view of the impact of HIV/AIDS? ■ Are welfare institutions responding to the more specific needs of people and communities particularly affected by HIV/AIDS, including the needs of orphans, women, and the elderly?
Uniformed Services	■ Have the Ministry of Defence, police departments and other uniformed services formulated policies and set aside resources for HIV education, condom distribution, and other HIV-related activities targeted at military personnel? ■ Has the police force been trained in issues of non-discrimination and protection of the rights of people living with HIV/AIDS?	■ Have the Ministry of Defence, police departments and other uniformed services strategies in place to counteract accelerating and high mortality among its members, and the impact on security?
Labour	■ Has the Ministry of Labour forged partnerships with private employers to launch nation-wide workplace HIV prevention campaigns and care/treatment programmes? ■ Is the Ministry of Labour promoting principles and codes of practice on HIV/AIDS in the workplace, promoting non-discrimination, measures to accommodate the needs of workers living with HIV/AIDS, etc?	■ Is the Ministry of Labour assessing the impact of HIV/AIDS on labour productivity and supply, and formulating policies to counteract this impact, in partnership with private sector employers? ■ Are issues related to HIV/AIDS and informal / unorganized labour, migration, and unemployment being address?
Justice	■ Is there legislation that respects the human rights of people living with HIV/AIDS, protecting them from discrimination and other violations? ■ Is the judicial system equipped and have judges been trained, to deal with cases related to discrimination of people living with HIV/AIDS, inheritance issues, etc? ■ Have laws that discriminate against women and render them vulnerable to HIV/AIDS been reviewed and eliminated? ■ Have laws that violate the human rights of 'men who have sex with men' and render them vulnerable to infection been identified and eliminated?	