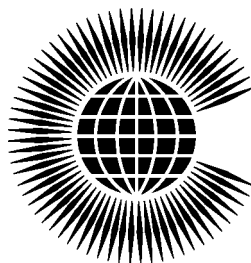


Guidelines for Implementing a Multi-Sectoral Approach to HIV/AIDS in Commonwealth Countries

Revised Version



Commonwealth Secretariat

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March 2003

PREFACE

The United Nations General Assembly Special Session on HIV/AIDS of June 2001 unequivocally identified HIV/AIDS as a major threat to human development and advocated a multi-sectoral approach to its control. At their meeting in Coolum, Australia in March 2002, Commonwealth Heads of Government acknowledged the threat HIV/AIDS poses to hard-won social and economic progress in much of Africa and elsewhere and reaffirmed their pledge to give high priority to the elimination of poverty in all development negotiations. They urged the public and private sectors as well as international organisations to join in a renewed effort to tackle the challenge the HIV/AIDS pandemic presents to countries, their people and to humanity itself.

The Commonwealth can make a specific contribution towards developing and implementing the needed multisectoral and multidimensional response, based on its strong comparative advantage. Commonwealth cooperation is manifested in various ways and at all levels - through the regular meetings of Commonwealth Heads of Government and Ministers as well as through the activities of Commonwealth associations and civil society organisations.

In recent years, the Secretariat's work on HIV/AIDS within the Commonwealth has shifted from a health to a development approach, engaging with all sectors of government, international agencies, Commonwealth associations, NGOs and the private sector in collaborative partnerships.

While there are no blueprints, applicable everywhere, at all times and under all conditions, for undertaking a multi-sectoral approach, these guidelines attempt to consolidate the knowledge that already exists and so provide a tool that Ministry officials, in different sectors and in partnership with others, can use to develop effective responses for combating the HIV/AIDS epidemic.



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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-based Organisation
HIV	Human Immunodeficiency Virus
NGO	Non-governmental Organisation
PLWHA	People living with HIV/AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
WHO	World Health Organization

I. INTRODUCTION

The need to implement a multi-sectoral, multifaceted approach to HIV/AIDS is urgent. Commonwealth and other national leaders and other stakeholders recognise this pressing need and are calling for multi-sectoral programmes through partnerships between government ministries and departments and between government and civil society. The signing of the Declaration of Commitment by governments at the United Nations General Assembly Special Session on HIV/AIDS in June 2001 commits national leaders *'to ensure the development and implementation of multi-sectoral national strategies and financing plans for combating HIV/AIDS.'*

When the Commonwealth Health Ministers met in Christchurch, New Zealand, in November 2001, they recommended that:

'Member countries should continue to implement a multi-sectoral, multifaceted approach to HIV/AIDS and should specially target orphans, young people, and women, taking into consideration the human rights of individuals.'

Following this, Commonwealth Heads of Government made another strong commitment to HIV/AIDS in the Coolum Declaration issued from their 2002 Meeting, stating:

"We are deeply conscious of the threat HIV/AIDS poses to hard-won social and economic progress in much of Africa and elsewhere. As leaders committed to each one of our citizens developing their human potential to the full, we pledge ourselves to combating this pandemic and the spread of other communicable diseases. We urge both the public and private sector, and international organisations, to join with us in a renewed effort to tackle the challenge HIV/AIDS presents to our countries and their people, and to humanity itself."

As a result of these recommendations, the Commonwealth Secretariat's Health Section commissioned the preparation of guidelines for implementing a multi-sectoral approach to HIV/AIDS in Commonwealth countries.

The guidelines are intended to assist those responsible for developing implementation and evaluation strategies for combating the HIV/AIDS pandemic through a coordinated, multi-sectoral approach, either at the national or decentralised level. The steps are not new and complement work conducted by the Commonwealth Secretariat, UNAIDS, WHO and other agencies.

Since a successful multi-sectoral approach must be relevant to a particular situation, it is not possible to prepare guidelines that can be followed step by step in every situation or in every country. The guidelines therefore introduce the main components of a multi-sectoral approach, remaining flexible enough to be adaptable for planning at the national level and also be of practical assistance to planners at district or community level.

A MULTI-SECTORAL APPROACH

Background

The cross-sectoral nature of the impact of the HIV/AIDS epidemic is today widely acknowledged by all the key stakeholders involved in the response. While Ministries of Health have a critical role to play in responding to the epidemic, leaving the management of the overall national response to them is unlikely to prove effective in the longer term. Government sectors and businesses are affected in many ways by this serious epidemic and hence have an important stake in participating in AIDS prevention, care and support activities at all levels, but especially in ensuring sustained, large-scale programmes. It must also be noted that women bear the brunt of providing care, usually unpaid, to family members and others infected with HIV/AIDS.

As examples: Ministries of Education have lead responsibility for implementing programmes for teachers, schoolchildren and their parents; Ministries with responsibility for Gender/Women's Affairs have a responsibility to ensure that a 'gender lens' is applied to all plans and programmes; Ministries of Agriculture for agricultural extension workers; Ministries of Defence for the military; Ministries of Labour can mandate workplace prevention programmes; private firms can contribute in cash and in kind. NGOs that are trusted by vulnerable populations are best placed to spearhead and deliver prevention and care programmes, in collaboration within communities. The mass media can promote safe sexual behaviour and actively foster positive attitudes towards those affected by HIV/AIDS.

Defining a multi-sectoral approach

The Commonwealth Think Tank Meeting held in London in July 2001 defined a multi-sectoral response to HIV/AIDS as follows:

"A multi-sectoral response means involving all sectors of society - governments, business, civil society organisations, communities and people living with HIV/AIDS, at all levels - pan-Commonwealth, national and community - in addressing the causes and impact of the HIV/AIDS epidemic. Such a response requires action to engender political will, leadership and coordination, to develop and sustain new partnerships and ways of working, and to strengthen the capacity of all sectors to make an effective contribution."

Strengths and possible limiting factors

The main strength of a multi-sectoral approach is that it creates a mechanism for information sharing and coordination, supporting the inclusion of all major stakeholders in society, regardless of their sector or work and their organisational affiliation.

Multilevel interventions that seek to involve a variety of partners in coordinated action have been shown to be more successful than those that work in isolation (UNAIDS, 1999, 2000a). Furthermore, coordinated economic, political and social efforts at national level are needed to reduce the vulnerability of particular groups and sections of society and must complement programmes and interventions operating at the level of the individual and the community.

A multi-sectoral approach is highly dependent on the capacity of those involved to effectively use existing networks and develop others, from national to community level, and to coordinate multiple strands of action. Lack of sufficient persons with such skills could limit the effectiveness of the response.

The sectoral and hierarchical organisation of government may pose some constraint, since National AIDS Programmes, located in Ministries of Health, may not have the authority to involve other Ministries and Departments. Such a situation should be addressed through various means.

Another factor, which may hinder the multi-sectoral response, is the sectoral nature of development which characterises the funding and mode of operation of donors, governments and NGOs. Non-health sectors may not perceive HIV/AIDS as directly relevant to their work or affecting their performance and so may have no great interest in becoming part of the response.

Finally, multi-sectoral programming requires additional time, effort and expertise.

Key Requirements

Key to a successful multi-sectoral response at national and local levels is the recognition by all that:

- HIV/AIDS is not just a health issue since it affects every aspect of life and society;
- Poor health poverty are important determinants of vulnerability and susceptibility to HIV;
- Gender inequity demands a 'gender lens' be applied to all aspects of the multi-sectoral approach;
- Other cultural, social and economic factors pertinent to the country shape the face of the local epidemic.

The multi-sectoral response, therefore, must:

- Be dynamic, flexible, strategic and coordinated;
- Take account of the size of the problem, identifying the vulnerable, high-risk groups;
- Involve national leaders, all government ministries and departments, with each taking responsibility for pre-determined aspects of the overall response and making the best use of its resources;
- Include sectors outside government - business, civil society organisations, communities, PLWHAs and others affected by the epidemic, with full recognition being given during the development of the response to existing activities which should be built upon. Particular attention should be given to supporting existing community coping strategies;
- Define roles and responsibilities, based on the comparative advantage of each player/stakeholder. It is not always necessary or appropriate for every sector to be involved in every area of activity;
- Occur at all levels in the country and be linked to action at the international level.

The response requires:

- **Effective leadership** which is critical for policy development; strategic planning; resource mobilisation; programme implementation, coordination, monitoring and evaluation. Government must take a leadership role at the national level and also create the enabling environments for leadership to emerge at all other levels.
- **Willingness by current key actors**, for example Ministries of Health, to relinquish control of areas for which they have traditionally held responsibility and to share such responsibility with other sectors and with communities. Each sector must consider how it is affected by and affects the HIV/AIDS epidemic, and develop sectoral plans of action that accord with National Strategic Plans.
- **New ways of working** within and among the sectors and with existing and new partners.
- **Capacity building and resource mobilisation** to enable all sectors, at all levels to contribute fully, and to support effective coordination. Management capacity is especially important within the public sector. Effective partnerships and coordination require mechanisms to promote good communication.
- **Clear accountability and open communication** among all partners and stakeholders.

The multi-sectoral approach in action

Uganda

- Uganda adopted a multi-sectoral response to HIV/AIDS prevention in 1993;
- The Uganda AIDS Commission was established, with 12 members;
- AIDS programmes were established in several government Ministries;
- The national Strategic Framework for HIV/AIDS activities (2000/1-2005/6) is a multi-sectoral plan, involving all relevant Ministries including Health, Labour, Gender, Defence, Education, Information and Agriculture.

Zambia

In Zambia, different Ministries have made specific commitments to addressing HIV/AIDS. The Cabinet Office has developed HIV counselling services. The Office of the President has encouraged the inclusion of HIV prevention messages in all speeches of the country's top political leaders. The Ministry of Defence has developed a plan for creating an orphans' fund to help with the upkeep and education of orphans of officers and men of the defence forces. The Ministry of Agriculture, Food and Fisheries proposes to train extension workers in social mobilization techniques for HIV/AIDS prevention and care, and in coping mechanisms for rural populations. The Ministry of Local Government and Housing is reviewing land policies and establishing AIDS offices in all its units across Zambia. The Ministry of Tourism is incorporating HIV/AIDS into the curricula of wildlife management schools and hotel and tourism managing institutes.

UNAIDS, 1998

II. STRATEGIC PLANNING

A successful multi-sectoral response requires the multi-sectoral approach to be integrated into the planning process at all levels.

Strategic Planning for a multi-sectoral response should be guided by the following principles:

- Respect for human rights, with particular attention to the gender dimension;
- Evidence-based decision-making;
- Accountability for programme decisions and funding allocations;
- Openness in stating objectives and expected results and reporting back to the public;
- A broadly participatory process which will in many cases expand the scope of existing partnerships and include new ones.

Many Commonwealth countries already have national strategic plans for HIV/AIDS. The next step is a process which takes account of all areas of need as well as the strengths of the several partners to enhance these plans and allow for the development of robust and relevant sector plans of action which accord with the national strategic direction. It may therefore be necessary for countries to review their national strategic plans to facilitate improved multi-sectoral action.

Possible partners to be targeted for involvement in planning

The following list is not exhaustive but gives some guidance as to the partners and stakeholders who should be involved. More than likely, each country will identify additional partners based on its own particular circumstances and response needs.

Sectors	Partners
Public Sector	Ministries of Planning, Finance, Labour, Gender/Women's Affairs Health sector Education sector Agriculture sector Mining/industrial sector Community development sector Social services sector Youth and sports sector Uniformed services Information and communication sector Housing sector Justice and human rights sector
Private Sector	Organised private sector coalitions for HIV/AIDS Workplace HIV/AIDS programme organisers Business clubs and associations
NGO/Civil Society Sector	PLWHAs Political, religious and traditional leaders Unions Professional associations NGO networking groups and women's organisations Faith-based organisations

The role of national, regional and district/community level managers in strategic planning

The roles of national and community managers in supporting strategic planning for a multi-sectoral approach are:

- Defining the planning process;
- Launching and supporting the plan;
- Implementing the planning process.

Over the years strategic planning of HIV/AIDS programmes has shifted from a top-down approach, which proved unworkable, to a participatory approach. Community involvement is key to successful planning, and where this occurs, the process is greatly strengthened.

The focus of the planning process differs between the national, regional, provincial, district and municipal levels. At the national level, the planning process establishes broad goals and objectives; determines specific national level programme roles, such as policies and national-level system support; demonstrates leadership in defining HIV/AIDS as a national priority; facilitates multi-sectoral coordination and mobilises national and external resources. At the regional and district levels, planning is based on the local situation and environment.

ROLES OF NATIONAL AND COMMUNITY MANAGERS IN MULTI-SECTORAL STRATEGIC PLANNING	
Defining the planning process	<ul style="list-style-type: none"> • Identifying key stakeholders, including PLWHAs • Identifying constraints/obstacles to HIV/AIDS programme planning and possible ways to overcome them • Engaging in community advocacy for acceptability of the planning process • Contributing to design of planning process
Implementing the planning process	<ul style="list-style-type: none"> • Collecting and validating information and data • Identifying target groups • Contributing experience and information • Analysing information • Setting priorities • Identifying clear objectives • Identifying culturally-acceptable approaches • Identifying potential partners • Identifying resources • Keeping the public informed of planning progress • Being accountable for resources and results

<p>Launching and supporting the plan</p>	<ul style="list-style-type: none"> • Advocating for acceptability of the plan by the broader community • Raising and allocating resources • Active partnering in implementation • Overseeing plan implementation • Conducting reviews of the plan and making necessary revisions
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Steps in strategic planning

Strategic planning for a multi-sectoral approach has four basic steps:

- Step 1: Situation assessment;
- Step 2: Response assessment;
- Step 3: Formulation of strategic plan;
- Step 4: Resource mobilisation and resource allocation.

These steps are applicable at national and local levels.

Situation assessment (Step 1)

The main purpose of the situation assessment is to gather information about HIV/AIDS in the population(s) under consideration. This information includes:

- Epidemiological data, such as prevalence of HIV and sexually transmitted infections in vulnerable key groups;
- Main risk behaviours that are driving the epidemic;
- Health, socio-economic, political, cultural, and legal factors that contribute to vulnerability to HIV infection, e.g. accessibility of health services, gender equity issues, migration, property rights, educational opportunities and workplace/employment issues;
- Present and projected impact of HIV on the community.

The situation assessment will produce a map of those at risk, how they are at risk, as well as the size of the population and how and where they interact in ways that increase vulnerability to HIV infection. The situation assessment is important for planning in three areas:

- Estimating the needs of the key vulnerable groups and of total need;
- Prioritising needs;
- Exploring in more detail the interactions that determine the dynamics of how the epidemic is spreading.

In addition to assessments of need, Ministries/Departments will also carry out assessments to identify internal and external impacts of HIV/AIDS on the functioning of the Ministry/Department. These assessments should inform the crafting of the sector's response for effectively meeting the needs of society and individuals.

- **Internal impacts.** This involves understanding the extent and consequences of HIV/AIDS among ministry or departmental employees; e.g. for every teacher infected, the education of some 20-50 students will be affected, or for every head of household infected economic and healthcare costs will be borne by the female(s) of the household.
- **External impacts.** This concerns the impact that the activities of a sector has on the HIV/AIDS situation e.g. infrastructure projects may increase worker mobility which may in turn increase the spread of HIV/AIDS.

Response assessment (Step 2)

Response assessment involves making an inventory of the main programmes and initiatives in the country which address the factors and needs identified in the situation assessment.

This includes:

- Examination of the current response of various sectors - government programmes (national and regional) and those generated by community groups and the private sector;
- Focussing on responses to the identified priority issues/areas, assessing the spread of HIV and its impact in the particular social, cultural, economic and political circumstances of the country;
- Assessing these responses for acceptability, adequacy and relevance;
- Identifying gaps in the response and examining why they exist;
- Analysing why a response works or does not.

Even when evaluations are available, they may not provide all the information. Interviews, site visits and other field research may therefore be necessary in investigating the reasons behind the strengths and weaknesses of a programme.

Response assessment identifies:

- **Levels of current programme coverage.** Response assessment provides information about current programmes. Together with the situation assessment, response assessment can also identify priority areas not being covered and identify potential areas for increasing coverage.
- **Model programmes.** Response assessment can identify successful model programmes and the components that can be replicated or adapted in other settings.
- **Capacity.** The response assessment provides information on the capacity to respond in terms of the infrastructure, skills and systems available, and identifies areas that need to be developed to fully mobilise a multi-sectoral response.
- **Partnerships.** Response assessment can identify those who are involved in the current response and any partners who may have been omitted. It is important for planners to assess whether PLWHAs have been included sufficiently.
- **Technical resources.** Response assessment also identifies potential implementing agencies and available technical expertise. Sharing information about successes and failures as well as obstacles and opportunities will save time and help to minimise the use of culturally inappropriate strategies.

For a response assessment at the sectoral level, the planning team must examine the impact of HIV/AIDS on:

- The quality and quantity of services provided within the sector;
- The sector's ability to supply the necessary services;
- Organisation of the sector;
- The role of service providers;
- Human resource policy and management practices;
- Planning and management of sector resources;
- Availability of public and private resources for the sector;
- Donor support to the sector.

The National AIDS Programme Manager or equivalent would normally direct a national response assessment. Since much of the information gathering, contacts made and briefings given during the situation assessment would also be useful for the response assessment, it is preferable to have the same team conduct both assessments. The team may be guided by a committee which could include representatives of relevant ministries, donors and development agencies.

Formulating the strategic plan (Step 3)

The situation and response analyses will provide planners with most of the information necessary to formulate a strategic plan for a multi-sectoral approach to HIV/AIDS. The strategic plan would include:

- Priority areas and the rationale for their selection;
- Specific objectives for each priority area;
- Strategies to address objectives for each priority area;
- Overall targets, including indicators (or benchmarks) and how they will be measured;
- Partners and their roles in the planning process;
- The involvement of PLWHAs;
- Estimated budget funding sources.

The determination of priorities will take into consideration:

- The state of the HIV epidemic;
- Level of risk behaviour among different groups;
- Geographical focus;
- Level of resources;
- Leadership capacity for implementation;
- Community readiness and ability to implement suitable interventions.

A strategy is only as good as the initiatives it comprises. There are usually key projects which form the cornerstone of most strategies. Unless the necessary funding, goods and services, people, political support and partnerships are available for these projects, the whole strategy will fail.

Responsibility for planning a multi-sectoral approach

This usually falls to a government appointed/identified group. In some countries the process will be coordinated by the National AIDS Programme Manager or equivalent under the

direction of the National AIDS Committee or other body with overall responsibility for AIDS policy. In other countries, governments may choose to give to the national planning agency responsibility for planning for HIV, as for other areas of human development.

The situation assessment team is often from a national, academic or private institution in the country and is able to continue to monitor the situation and maintain a database. Other team members should be chosen from different disciplines to contribute their perspectives and knowledge to the situation assessment.

In some countries, a lot of time and effort may be required for planning for HIV, particularly among groups in different sectors who may feel HIV is not their business. In such cases, strong leadership will be needed to drive the process, overcoming taboos and indifference and placing the epidemic at the centre of the development agenda.

The composition of the team responsible for planning the multi-sectoral approach to HIV/AIDS will vary depending on the HIV/AIDS situation in the country. However a few principles are generally applicable to all situations. These are:

- The team should include representatives from different sectors and key target groups including PLWHAs, women and youth. This will facilitate the integration of HIV/AIDS activities into development plans.
- Key stakeholders should be involved in formulating the plan. This is an essential step in mobilising human, financial and other resources. Stakeholders include national and international NGOs, UNAIDS, donors, private sector, community organisations, people affected by HIV/AIDS, ensuring adequate representation in terms of gender, age and other factors of vulnerability.
- The team should have appropriate expertise in the different priority areas to be covered as well as in strategic planning itself.

Steps in formulating the strategic plan

1. Re-examine the national guiding principles;
2. Define the priority areas for a national response;
3. Set objectives in priority areas;
4. Develop strategies to reach objectives in priority areas;
5. Develop a strategic framework for the national response;
6. Examine the strengths and weaknesses of proposed strategies;
7. Revise objectives and strategies, where necessary;
8. Plan flexible management and funding to ensure support for emerging strategies.

1. *Re-examine the national guiding principles*

The guiding principles, often stated in the constitution, in international conventions to which the country is a signatory, and in national policy documents should govern all strategies in the response to HIV, and it is helpful to re-examine them before going on to formulate strategies.

2. *Priority-setting*

Developing effective strategic plans will require priority-setting that takes into account the stage of the epidemic, the level and adequacy of the current response, the absorptive

capacity of systems and infrastructure to respond further, and especially the level of response that will help slow the spread of the epidemic. Most of this information will be available from the situation and response assessments conducted earlier. Each country, through analysis of its own situation, will identify its own priority areas for action in a strategic plan.

From the lessons learned and best practices from international and regional responses to HIV/AIDS, UNAIDS has identified a set of areas for action in the global response. They include:

- care for PLWHAs;
- mitigating the impact on people infected and affected by HIV/AIDS;
- reducing the vulnerability of young people and other specific population groups, in particular women and sex workers;
- promoting safer sexual behaviour for young people, other specific population groups and for the general public;
- promoting and distributing condoms;
- preventing and controlling STDs;
- providing a safe blood supply;
- promoting safer drug injection behaviour; and
- promoting a supportive ethical, legal and human rights environment.

This list is not exhaustive or applicable in all situations.

Thailand: A successful multi-sectoral AIDS programme

The key to Thailand's success in reducing the rate of new HIV infections from 140,000 a decade ago to 30,000 in 2001 has been strong leadership and broad-based multi-sectoral action implemented on a national scale over a short period of time. A clear objective was set to lower HIV transmission via commercial sex, and the relevant ministries, programmes and policies were mobilised to achieve that objective, including most importantly 'the 100% condom programme', but also a massive campaign to make condom use socially acceptable. The Thai Ministry of Public Health, Ministry of Interior and Office of the Prime Minister were the main public agencies involved. The principle of focusing government efforts on a smaller set of achievable outcomes that would have the greatest effect and then sustaining those results as the programme expands is an important lesson for AIDS control efforts in countries with fewer resources.

3. *Set objectives in priority areas*

While there may be an overall goal for the national response, for each priority area there should be a general objective to be reached by the end of the period covered by the plan. Often the general objective will be reached only through achieving some specific objectives.

4. *Develop strategies to reach objectives in priority areas*

For the formulation of strategies, planners will know from the response assessment which initiatives:

- Are working and can be continued and expanded;
- Are not working and need a new, more strategic approach;
- Are not relevant to current needs and should be dropped;
- Have not been used at all.

The response assessment would have already identified the reasons why initiatives are not working and why priority areas are being neglected. This will indicate problems projects have faced, and obstacles that have prevented important issues being raised and appropriately addressed. Planners can develop steps to deal with those obstacles or look for ways to avoid them altogether.

The situation and response assessments may also have identified missed opportunities for building the national response to HIV. Planners should incorporate these opportunities into their strategies. Often this will bring new partners into the response - Ministries, private companies, state institutions, and communities. A well-designed strategy will take advantage of existing strengths of different sectors by encouraging each to contribute whatever it does best. The strengths of the UN agencies, international government donors and NGOs vary. By considering such comparative strengths in the planning process, countries can make the most of the resources available.

5. *Develop a strategic framework for the national response*

The elements to define the strategic framework are now available. They include: the guiding principles, objectives in priority areas, broad strategies that will enable the country to reach those objectives. The situation and response assessments should provide information about the institutional capacities and characteristics of the country which can be used to define the institutional framework to implement those strategies. All these elements taken together constitute the strategic framework for the national response to HIV/AIDS, which is an essential part of the strategic plan.

6. *Examine the strengths and weaknesses of proposed strategies*

Once the strategic plan has been prepared, planners should revisit the strategies to ensure that no previously unforeseen obstacles jeopardise them, and that no opportunity has been neglected.

Planners should examine the strategies principally for three criteria:

- Acceptability;
- Technical soundness;
- Feasibility and affordability.

7. *Revise objectives and strategies where necessary*

While examining strengths and weaknesses, the planners may have identified weak points. They are likely to find that they have proposed far more strategies than can be realistically undertaken in an immediate response. Both the objectives and strategies should be revised at this point, if necessary. In such revisions, planners should choose those strategies most likely to succeed, with the greatest impact on the epidemic at an acceptable, social, financial and political cost.

8. Plan flexible management and funding to ensure support for emerging strategies

A key strength of strategic planning is that it takes into account a changing situation. Strategies may be revised or abandoned, new strategies can be supported and expanded. However this requires:

- Constant monitoring of the ongoing response;
- Building in flexible management;
- Establishing appropriate mechanisms that would allow the funding of unplanned, newly emerging successful initiatives.

When planners identify strategies, they also identify partnerships that will provide the human and material resources to enable those strategies to succeed.

Mechanisms for generating and disbursing funds from the national treasury, foreign loans or grants should be addressed in the national plan. The plan may specify the proportion of funds to be derived from the national treasury, the mechanisms for acceptance, some mechanism for ensuring accountability by the various institutions - government, private and community-based - that are financed by public or foreign sources to undertake activities in the field of HIV/AIDS.

In line with flexible management, and in order to be able to react most effectively to changing situations and emerging responses, there should be a close working relationship between the monitoring body and those with the power to decide how funds are to be spent. Some countries have built flexibility into their national plan by earmarking funds especially for the support of emerging strategies, and allowing those who are monitoring the response to spend it in ways most appropriate to the changing situation.

Programme planners must prioritise activities according to available funds and other resources. This will ensure a consensus on the priority of the interventions and on the funding and resources available to implement them.

Designing a good monitoring and evaluation system and plan is essential. Monitoring and evaluation allows for important periodic reviews of critical benchmark indicators and design of a strategy for revising the plan, as required. (See section on Monitoring and Evaluation)

The national strategic plan will serve as the framework for regional and district plans. While the structure of the regional and district plans can be similar to the national plan, the amount of detail will increase at the regional and district levels because implementation planning becomes more specific. Regional and district plans will include specific activities and definite time lines, identify specific actors and their roles, and itemise budgets and funding sources.

A shared National Action Plan for all partners at country-level may include some of the following items:

- Shared analysis and shared perspective on 'gaps';
- Shared priorities;
- Negotiated and costed action plans;
- Agreed milestones and indicators of achievement;
- Agreed working arrangements and responsibilities such as national coordination mechanisms, common design and appraisal, implementation, monitoring and evaluation, use of technical resources;
- Agreed resource mobilisation plans, drawing on all partners (government, donors, private sector) or potential partners;
- Mechanisms to include diverse and non-traditional partners, both national and international;
- Mechanisms for ensuring timely resource transfer and technical support to district/community-level actions;
- Mechanisms to ensure active involvement of PLWHAs.

Resource mobilisation and resource allocation (Step 4)

Resources for multi-sectoral approaches include human resources, financial resources, and goods and services.

- **Human resources.** These are the people needed to design, implement and follow-up activities and projects. They may be from different Ministries and other government bodies, international agencies, national or international NGOs, the private sector etc.
- **Financial resources.** These may come from a wide variety of sources: government budget, grants from international development agencies, AIDS foundations etc., NGO budgets and private sector.
- **Goods and services.** These include: vehicles and computer equipment, office space, media facilities, financial, technical or medical advice, training services, meeting places and event venues.

Finally, an important resource often overlooked is the time that people may contribute voluntarily to various important aspects of HIV/AIDS work - from high-level political advocacy to community services.

Resource partners

Current and potential 'resource' partners include government, donors, international development agencies, UN agencies, private sector, NGOs and communities. All of these groups may be operating at different levels: local/district, provincial/regional, national and international. It is useful to map these using a simple table, as follows.

Partner	Local/ district	Provincial/ regional	National	International
Government				
Donors/international development agencies				
UN agencies				
Private sector				
NGOs				
Communities				

Resource mobilisation through the strategic planning process

Resource mobilisation is an integral part of the national multi-sectoral strategy and action plan for HIV/AIDS. It draws on all partners or potential partners.

Mobilisation of resources is not only about securing new or additional resources but also making better use of, or optimising, existing ones. This takes place in the following ways:

Involve key multi-sectoral and multi-level partners in the planning process

As many of the actual and potential partners in the multi-sectoral response should be involved in the planning process, for example different government sectors, community organisations and NGOs, including associations of PLWHAs, academic and research institutions, the private sector, and international donors. This will ensure 'ownership' both of the process and of the output. Involvement of key stakeholders in formulating the strategic plan is an important step towards mobilising the financial and human resources of the different partners towards implementation.

Ensuring high-level political leadership is crucial. The viability and sustainability of programmes will depend on the extent to which the response to HIV is built into the national development framework.

Targeted communities must participate at relevant stages of the planning process. They will need to play a decisive role in fighting HIV/AIDS because of their capacity for social mobilisation, their awareness of the local cultural and social context, and their daily influence on the lives of their members.

Most national HIV/AIDS programmes rely to some extent on external support. The active participation of development partners in the national strategic planning process will ensure coherence and maximise the benefits to the country of resource allocation to a priority area.

Optimising existing resources

To make better use of existing resources, the following key questions should be asked:

1. Is the current response still relevant?
2. Are current responses effective and, in particular, are they cost-effective?
3. Are there opportunities and/or demands for reallocation and reprogramming of resources? Where are the priorities now?

1. Is the current response still relevant?

Situations change over time and place and strategies and activities which are relevant now may be less so in the future. Reprogramming these same resources for areas that are now more relevant is an effective way of mobilising resources.

A large pool of untapped human resources exists in many countries (e.g. Red Cross and other volunteers, out-of-school youth, church groups etc.) that can be mobilised to increase the human resources to fight the epidemic. Ways should be found to mobilise these human resources.

2. Are current multi-sectoral responses effective and, in particular, are they cost-effective?

Multi-sectoral responses are intended to reinforce and enhance existing prevention, care and mitigation interventions, not to replace them. Estimating the effectiveness of multi-sectoral AIDS interventions or strategies can be complicated. Factors to determine success or failure could include among others:

- Adequacy of resources - technical, financial, goods and services and human;
- Technical soundness;
- Cost-effectiveness.

Resource allocation decisions are generally made on the basis of cost-effectiveness which enables planners and other stakeholders to rank interventions. The following four steps can be used to estimate the cost of implementing a set of HIV/AIDS interventions on a national scale:

1. Establish the size of target groups.
2. Define current and future coverage for interventions.
3. Consider existing constraints to implementation.
4. Estimate costs.

Best practices and lessons learned need to be shared widely to avoid unnecessary waste of time and resources on less effective interventions.

3. Are there opportunities and/or imperatives for reallocation and reprogramming of resources? Where are the priorities now?

It is important that the multi-sectoral response remain relevant within the changing contexts of HIV/AIDS epidemics. An ongoing process of reflection and analysis is important to allow the various partners in a national response to remain alert to new situations and opportunities as they evolve, so as to maximise the benefits of timely reprogramming and resource allocation. It can also be seen as being alert to the obstacles that have to be overcome, and minimising the losses that may arise through, for example, the continued channelling of resources to areas that may be less critical now than others or may have ceased to be priorities altogether.

Mobilising additional resources

Mobilisation of resources for multi-sectoral responses takes place through:

- involving all major stakeholders in the strategic planning process;
- ensuring that scarce resources are channelled to the highest priorities, and to the most cost-effective strategies and approaches.
- identifying and mobilising new partnerships;
- developing technical resource networks (as promoted by UNAIDS and its co-sponsors in key areas at national and regional levels making technical expertise more readily accessible to countries);
- fundraising from donors.

Involving major donors as potential resource partners in the planning process, should ensure 'ownership' of the resulting strategic and action plans and a greater willingness to contribute resources for the implementation of activities. It will also make the same donors more receptive to requests for additional funds to expand the response or initiate new projects.

III. CAPACITY BUILDING

Capacity building for a multi-sectoral response to HIV/AIDS involves development or strengthening of operational capabilities of institutions in different sectors to efficiently perform priority functions. Capacity building will be required in all sectors but would be particularly relevant for those sectors not previously considered to have a direct role in combating HIV/AIDS.

The overall purpose of capacity building is to ensure greater efficiency and effectiveness in planning, implementation, coordination, resource management and evaluation of prevention, care and support programmes for sectors at all levels.

Building capacity

Pre-requisites for capacity building:

- Define key functions;
- Assess options for capacity building;
- Strengthen capacity building programmes.

Define key functions

Key functions to be carried out by professionals in relevant institutions must be clearly defined at the start of the assessment process.

Assess options for capacity building

When trying to strengthen capacity around a specific function, determine which is the best strategy for the function.

Strengthen capacity building programmes

As the need for new skills is identified, the training to develop these must be included in the capacity building programmes. It will be essential to identify the most effective and efficient ways of doing this.

Key challenges

Some key challenges in capacity building for a multi-sectoral response are:

- Ensuring multi-sectoral collaboration among government and private institutions;
- Addressing the short and long-term skills development of managers, implementers and service providers;
- Developing systems for improving performance and ensuring quality;
- Ensuring functional basic infrastructure that helps individuals communicate and network;
- Developing resource pools of local trainers and facilitators;
- Recognising and responding to the need for management of institutional change; and
- Recognising the effect of socio-cultural and religious influences.

IV. MONITORING AND EVALUATION

Monitoring and evaluation systems are integral to a multi-sectoral response. They provide programme managers, implementers and policy makers with timely information not only on the status of implementation of programme activities but also, importantly, on the key issues of their effectiveness, efficiency and continued relevance. For monitoring and evaluation to be effective there must be a plan that sets out as a minimum: clear, achievable, and time-bound objectives, outputs and outcomes, realistic targets and meaningful indicators.

A monitoring and evaluation system for HIV/AIDS should compile data of four types: (1) Knowledge, attitudes and sexual behaviour/practices; (2) Programme context, inputs and outputs; (3) Coverage and quality of key services; and (4) Health status. Each country needs to choose its own particular indicators according to the state of the epidemic.

Most countries have existing monitoring and evaluation structures which they will use, and some of the data needed will be available from existing information systems. However these systems may need strengthening.

Evaluation will highlight lessons learned which will be used to improve the efficiency of programme implementation; as well as programme outputs, progress towards outcomes; early indicators of trends towards longer term impact.

Comprehensive guidelines have been developed by UNAIDS for monitoring, evaluation and surveillance – “*National AIDS Programmes: A Guide to Monitoring and Evaluation and Guidelines on Second Generation Surveillance*”. These documents provide detailed information on indicators for prevention and care, as well as methods which countries can use for monitoring, evaluation and surveillance.

Monitoring and evaluation unit

A country programme will usually support the establishment of a monitoring and evaluation unit in the national HIV/AIDS council or secretariat. The unit will define the scope of work on programme activities to be included in the monitoring and evaluation arrangements.

As regards implementation, the monitoring and evaluation unit will normally be responsible for developing a data collection system to establish the performance indicators of each programme component, clearly distinguishing among (a) programme outputs; (b) progress towards outcomes; and (c) early indicators of trends towards longer term impact. The unit will need to determine what monitoring and evaluation will be done by the line Ministries and the national HIV/AIDS council structures at the various levels of activity, and collate regular reports submitted by them.

V. ADMINISTRATION AND MANAGEMENT

Guiding principles

Key principles to guide stakeholders in making decisions about how to implement multi-sectoral approaches in their situations have been identified as:

- ***Governance and participation***
 - Ensure full participation by government, private sector and civil society, including youth, women and PLWHAs - in all aspects of the governance, design and implementation of multi-sectoral approaches.
 - Base administrative and resource management structures for multi-sectoral approaches on locally determined priorities.
- ***Accountability for resources and results***
 - Ensure that funds are transferred through efficient, accountable, decentralised mechanisms.
 - Ensure full accountability for resources, transparency and effectiveness.
 - Use a results-oriented approach by selecting clear objectives for measuring success.

Decentralised planning, funding and programming

Many Commonwealth governments have decentralised planning and funding of programmes, from the central level to district authorities, to establish delivery systems that are both cost-effective and equitable.

When developing guidelines for the implementation of the multi-sectoral response within a decentralised system, stakeholders and planners should consider the following:

- The plan for a multi-sectoral approach should be designed in an organisational framework that includes participatory strategic planning and management. It should identify what actions to take, what resources are required, and what results are expected.
- Stakeholders must invest sufficient resources and effort to develop a financial and administrative management system to monitor the flow of resources from the national to the local level. Mechanisms must be set up to ensure accountability.

- A methodology for monitoring and evaluation must be agreed, preferably a unified system. Existing health management information systems and standardised national surveys can be used whenever possible.
- Designing a multi-sectoral response requires procuring drugs, medical supplies and other commodities. Stakeholders must develop and support efficient procurement mechanisms, such as bulk purchasing.

Responses at different levels

Administration and management is examined at four levels: national, state/provincial, district and community.

National level response

A multi-sectoral approach requires a national HIV/AIDS secretariat or coordinating body, with overall responsibility for AIDS policy, directly linked to the highest level of government with participation from sector Ministries, PLWHAs, youth and women, and from other civil society groups and the private sector.

The national AIDS coordinating body could establish linkages to the Ministry of Finance to ensure that HIV/AIDS programmes are mainstreamed into the various sectoral programmes and development programmes. The Ministry of Finance can also hold sectoral programmes accountable for achieving results. The national AIDS coordinating body would usually implement and lead strategic planning programmes for a multi-sectoral approach, conduct policy analysis, design operational approaches for delivering interventions, and establish an information clearinghouse.

Special units have been set up in some ministries to coordinate sectoral activities relating to HIV/AIDS. Each sector would be in charge of implementing its own components of the projects in consultation with the national HIV/AIDS programme, technical Ministries, NGOs and other private sector organisations which have been actively involved in the preparation of projects, ensuring their consistency with the national HIV/AIDS strategic plans.

Administrative and management structure for the multi-sectoral, multi-level response in Kenya

- The Government of Kenya has established the National AIDS Control Council (NACC), which has developed a National Strategic Plan for HIV/AIDS under the World Bank Programme. The objectives of the Council are to mobilise resources and provide a framework for leadership and implementation at all levels.
- AIDS Control Units (ACUs) will be established in each Ministry and will be responsible for mainstreaming HIV/AIDS into the core functions of the Ministries. ACUs will follow the government's approach for sector-specific responses to the epidemic. *See Appendix 1.*
- Provincial, District and Constituency AIDS Control Committees (PACC, DACC, CACCs) are responsible for coordinating the decentralised aspects of the strategy's implementation. CACCs will be responsible for the coordination of efforts at the community level.

State/provincial-level response

In many countries the state or provincial government serves as an intermediary governing structure between national and district levels. State/provincial-level officials have varying degrees of responsibility for planning, allocating resources, and ensuring results.

District-level response

The district-level response represents a critical operational strategy, particularly in countries with increasing prevalence, because it prioritises delivery of interventions by stakeholders at the local level. A district-level response should:

- Establish an inter-sectoral district HIV/AIDS coordinating unit with a common goal to mobilise for action against AIDS, and a composition similar to that of the national coordinating body;
- Conduct a district-wide situational analysis that mobilises stakeholders and helps to shape information for strategic planning;
- Develop a district-wide strategic plan that prioritises interventions for specific target populations, defines sectoral responsibilities, develops necessary delivery and resources that can be transferred down to implementers at community level;
- Ensure that district AIDS coordinators are responsible for monitoring and evaluating the impact of resources.

Community-level response

Decentralisation and methodologies for participatory development provide new opportunities for establishing partnerships between service providers and communities. Key partners at the community-level include: religious and traditional leaders, NGOs, CBOs, community committees/structures, and community development associations. In these new partnerships, communities can undertake to:

- Identify and solve problems;
- Strengthen partnerships between the gender, health and education sector services and community-based programmes;
- Increase access to interventions in high risk areas and supply essential commodities to trained providers;
- Expand referral systems;
- Develop inter-sectoral partnerships to deliver integrated interventions.

Many countries are developing community-based structures or building on existing ones to support HIV/AIDS interventions e.g. Community AIDS coordinating committees/councils.

Operationalising a multi-sectoral response to HIV/AIDS

- Appoint a high-level national task force, comprising sectoral Ministries, civil society and the private sector, to assess the current status of the HIV/AIDS programme and review the current national plan for HIV/AIDS to identify gaps;
- Collect data to forecast the impact of the epidemic on the country and specific sectors to mobilise leaders at all levels;

- Ensure the body responsible for the oversight and implementation of the national HIV/AIDS programme has the authority and resources to implement a proper multi-sectoral response;
- Identify and mobilise critical partners;
- Appoint skilled and committed leaders to guide and manage the response;
- Mobilise the necessary resources from the government, donor agencies and private sector;
- Build capacity throughout the country to respond;
- Mobilise communities to design and implement programmes;
- Monitor and evaluate interventions regularly and revise strategies as required.

Mainstreaming HIV/AIDS into the development agenda

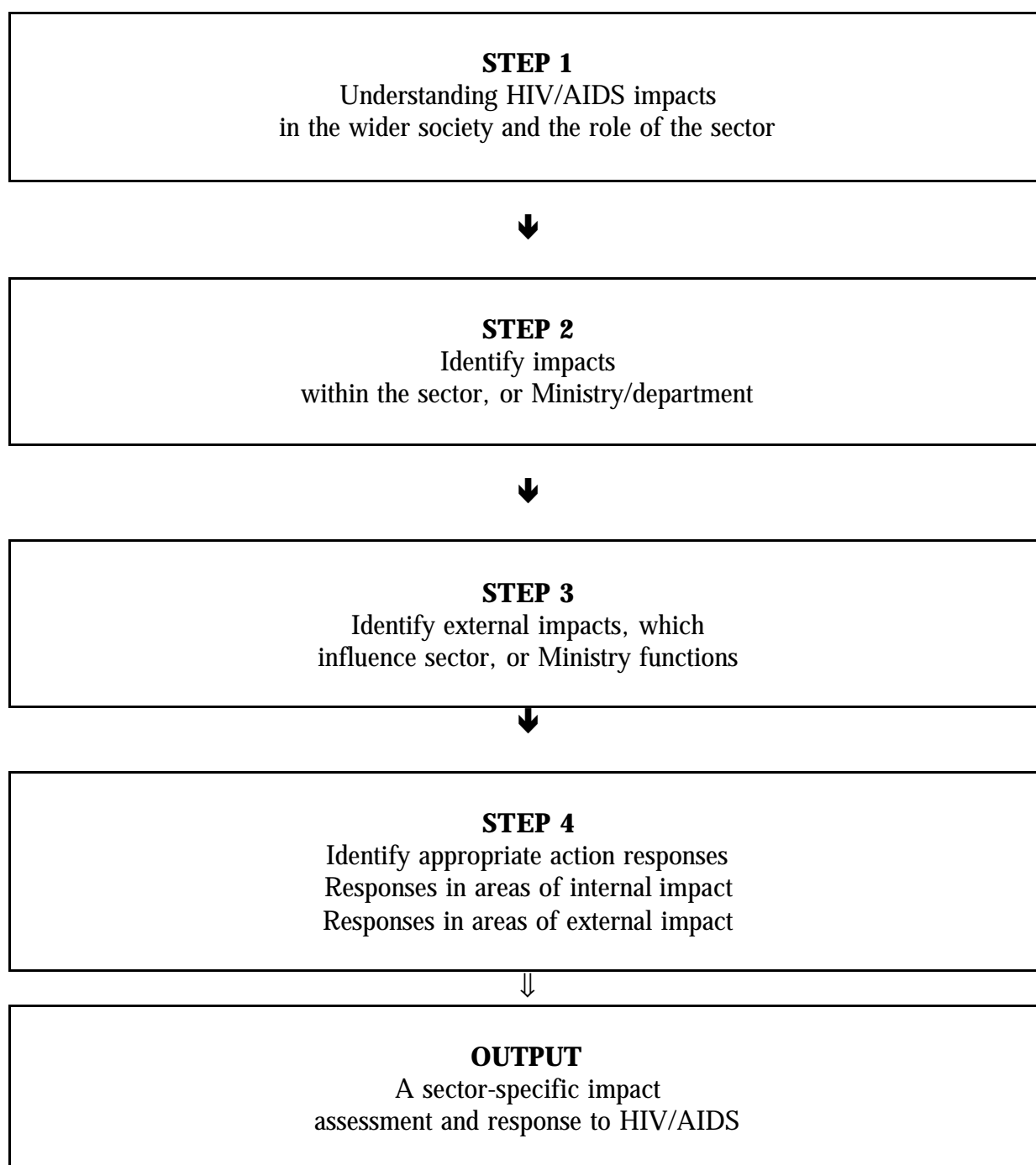
In some Commonwealth countries, governments are mainstreaming the HIV/AIDS response into the development agenda. A key objective is to use debt-relief resources to expand the multi-sectoral response. The main actions are to:

- Mainstream HIV/AIDS into national development instruments, e.g. the National Development Plan/Programme; the Poverty Reduction Strategy Paper (PRSPs); the UN Development Assistance Framework; the World Bank Common Development Framework and the Medium-Term Expenditure Framework; national implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Beijing Platform for Action, and the Commonwealth Plan of Action on Gender and Development;
- Complete national HIV/AIDS strategic plans;
- Ensure that debt-relief programmes contain major commitments to the performance targets contained in the national HIV/AIDS strategic plans and PRSPs;
- Fully integrate HIV/AIDS responses into country Medium-Term Expenditure Frameworks;
- Establish a resource transfer mechanism to ensure that decentralised implementers in the public and private sector can make optimal use of the budgetary savings from debt relief and other savings.

Scaling up the multi-sectoral approach in Uganda

The Government of Uganda is scaling up a multi-sectoral approach to support the prevention initiatives, care and support programmes, and impact mitigation interventions. By mainstreaming HIV/AIDS with the Uganda Poverty Eradication Action Plan (PEAP), all sectoral programmes can consider developing sector-specific HIV/AIDS interventions. This will optimise the multi-sectoral response. It has also resulted in the Ministry of Finance incorporating HIV/AIDS in the Poverty Action Fund. The Medium-Term Expenditure Framework (MTEF), 2000-2002, a budget of US\$110 million was allocated to support scaling up of the national multi-sectoral HIV/AIDS response. Prior to this, the government provided no resources in the MTEF for these priorities.

Flowchart of steps to develop a sector-specific response to HIV/AIDS



World Bank, 2000

BIBLIOGRAPHY

Adeyi, O., Hecht, R., Njobvu, E., Soucat, A. (2000). AIDS, Poverty Reduction and Debt Relief: A toolkit for mainstreaming HIV/AIDS Programmes into Development Instruments, UNAIDS/ World Bank, Geneva.

Ainsworth, M. and Teokul, W. Breaking the silence: setting realistic priorities for AIDS control in less developed countries. *Lancet* 2000; 356: 5560.

Commonwealth Secretariat. The Coolom Communiqué, March 2002, Commonwealth Heads of Government Meeting.

Commonwealth Secretariat. Report of a Commonwealth Think Tank Meeting: A Multi-Sectoral Approach to Combating HIV/AIDS in Commonwealth Countries, 19-20 July 2001, London.

EC. 1996. Considering HIV/AIDS and development assistance: A toolkit. Fransen, L., Whiteside, A, Commission of the European Communities.

Hecht, R., Adeyi, O., I. Semini, Making AIDS Part of the Global Development Agenda. Finance and Development. March 2002, Vol. 39, No.1.

HIV/AIDS - a global emergency: a multi-sectoral response for the Commonwealth. Report of a conference held in Melbourne, Australia, October 2001 organised by the Para55 Group in collaboration with the Commonwealth Secretariat, Commonwealth Foundation, Commonwealth Business Council.

Lampety P., Zeitz P., Larivee C. Strategies for an Expanded and Comprehensive Response (ECR) to a National HIV/AIDS Epidemic, Family Health International, 2002.

Matlin, S., Spence, N. Gender analysis must be incorporated into multisectoral responses. UN Division for the Advancement of Women, 2000.

Piot, P., Aggleton, P. 1998. 'The Global Epidemic'. *AIDS Care*, 10 (Suppl. 12).

Rojanapithayakorn, Wiwat and Robert Hanenberg. 1996. The 100% Condom Programme in Thailand. *AIDS* 10 (1): 1-7.

Topouzis, D., and Hemrich, G., Multisectoral responses to HIV/AIDS: Constraints and opportunities. *J. Int. Dev.*, 12 Jan. 2000.

United Nations General Assembly, Twenty-sixth special session. S-26/2 Declaration of Commitment on HIV/AIDS. August 2001.

UNAIDS. 1998. Guide to the Strategic Planning Process for a national response to HIV/AIDS. UNAIDS Best Practice Collection.

UNAIDS. 1998. Expanding the global response to HIV/AIDS through focused action. Best Practice Collection, 98.1. Geneva: UNAIDS. 1998.

UNAIDS. 1999. Resolution to create and support the partnership. International Partnership against HIV/AIDS in Africa. Meeting of the UNAIDS Cosponsoring Agencies and Secretariat. Annapolis, MD, January 1999.

UNAIDS. 1999. AIDS epidemic update: December 1999, Geneva: UNAIDS, November 1999.

UNAIDS. 1999. Summary Booklet of Best Practice Collection. Issue 1. Geneva.

UNAIDS. 1998. Gender and HIV/AIDS: UNAIDS Technical Update. Best Practice Collection. 1999.

UNAIDS. 2000. A Framework for Action: The International Partnership Against AIDS in Africa, UNAIDS, May 2000.

UNAIDS. 2000. Report on the Global HIV/AIDS epidemic, June 2000. Geneva.

UNAIDS. 2000. Innovative Approaches to HIV Prevention. Selected Case Studies. UNAIDS Best Practice Collection. Geneva. October 2000.

UNAIDS. 2000. National AIDS Programmes: A Guide to Monitoring and Evaluation. June 2000. Geneva: UNAIDS.

UNAIDS. 2000. Guidelines on Second Generation Surveillance. 2000. Geneva.

UNAIDS. 2001. Together we can: Leadership in a world of AIDS. UNAIDS. June 2001.

Whiteside, A. (Ed.) AIDS Briefs - Series for Sectoral Managers and Planners and Professionals, HEARD, University of Natal, Durban.

World Bank. 1999. Confronting AIDS: public priorities in a global epidemic, revised edn. New York: Oxford University Press, October 1999.

World Bank, 1999. Intensifying Action Against HIV/AIDS in Africa: Responding to a development crisis (World Bank, 1999).

World Bank. 2000. Project Appraisal Document for Proposed Credits in the amount of US\$59.7 million and US\$50 million, respectively, to the Federal Democratic Republic of Ethiopia and the Republic of Kenya in support of the first phase of the US\$500 million multi-country HIV/AIDS Programme for the Africa Region, Washington, DC.

World Bank. Costs of scaling HIV program activities to a national level in Sub-Saharan Africa: Methods and Estimates. Aids Campaign Team for Africa. Prepared for the Africa Development Forum, December 2000.

WHO Global Program on AIDS, 1996. AIDS Briefs: Integrating HIV/AIDS into Sectoral Planning, Barnett, T., Blas, E., Whiteside, A. Geneva: WHO.