



USAID
FROM THE AMERICAN PEOPLE

POLICY GUIDANCE

MITIGATING THE DEVELOPMENT IMPACTS OF HIV/AIDS



September 2005

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Cover photo: A girl at a Project Concern International (PCI) drop-in center in India, where children attend classes and receive weekly healthcare. PCI is one of several NGOs assisted by USAID as part of its anti-HIV/AIDS efforts. The PCI centers provide street children with a haven from physical or sexual abuse and offer counseling, AIDS awareness, and prevention interventions. Charles North, USAID

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U.S. Agency for International Development



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Abbreviations

AEEB	Assistance for Eastern Europe and the Baltics
ARV	antiretroviral treatment drugs
CSH	Child Survival and Health Programs fund
CSO	civil society organization
DA	Development Assistance account
DG	democracy and governance
ESF	Economic Support Fund
FAO	Food and Agriculture Organization of the United Nations
FSA	Freedom Support Act
GAI	Global HIV/AIDS Initiative account
MoE	ministry of education
MTT	Mobile Task Team
PEPFAR	President's Emergency Plan for AIDS Relief
SO	strategic objective



Foreword

HIV/AIDS poses the most serious public health threat in the world today. Since the pandemic began in the 1980s, approximately 25 million people worldwide have died of AIDS, nearly 40 million are now living with HIV, and more than 15 million children (including 12 million in Africa) have lost one or both parents to the disease.

In his 2003 State of the Union address, President Bush announced the President's Emergency Plan for AIDS Relief (PEPFAR), the largest international health initiative in history initiated by a single government to address one disease.

Two years ago, the United States pledged to substantially increase its stake in the international battle against HIV/AIDS. In his 2003 State of the Union address, President Bush announced the President's Emergency Plan for AIDS Relief (PEPFAR), the largest international health initiative in history initiated by a single government to address one disease.

This effort includes a special focus on 15 nations that account for more than 50 percent of the world's infections, where we will support treatment for 2 million people infected with HIV/AIDS, prevent 7 million new HIV

infections, and support care for 10 million people infected and affected by HIV/AIDS.

USAID is proud to be a leading implementing agency for PEPFAR. Under the leadership of the State Department's Global AIDS Coordinator, USAID will continue working to prevent HIV transmission through a balanced "ABC" approach to behavior change: A is for abstinence, B for being faithful, and C for correct and consistent condom use. The President's Emergency Plan recognized that implementing an effective "ABC" strategy requires tailoring our approach to the culture and circumstances of the place we are working.

In addition to prevention, USAID will expand access to antiretroviral treatment, reduce mother-to-child transmission, increase the number of people reached by community and home-based care, and provide essential services to children impacted by HIV/AIDS.

At the same time, we all need to remember that the HIV/AIDS pandemic is more than a health emergency. It is a social and economic crisis that threatens to erase decades of development progress. The pandemic has tended to hit hardest in the most productive age groups and in developing countries that are least able to respond. HIV/AIDS is affecting every sector. In countries where it is most widespread, we are already seeing clear evidence of its negative impact on

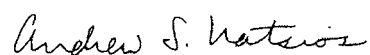
economic growth, agricultural production and food security, democracy and governance, and human capital.

This new policy guidance requires USAID operating units working in countries with high HIV prevalence (5 percent or higher) to include in their strategic statements an analytical discussion of the development impacts of HIV/AIDS and to develop and implement an appropriate multisectoral program response. Missions in countries where HIV national prevalence is less than 5 percent are encouraged to do likewise, especially those in countries where major states or provinces have high HIV prevalence.

This policy guidance includes a helpful summary of recent research on the

nature and scope of the impact of HIV/AIDS on development. It highlights some factors to consider in developing a program response and presents some examples of innovative USAID country strategies and programs already underway to address the problem.

Every part of USAID has a stake in the battle against HIV/AIDS because it affects everything we are trying to accomplish. I hope that this policy guidance is a useful tool in helping all of us to address the serious threat that this pandemic poses for development.



Andrew S. Natsios
USAID Administrator
September 2005

Executive Summary

USAID has been a key implementing agency in the President's Emergency Plan for AIDS Relief (PEPFAR), a comprehensive \$15 billion U.S. Government response to the HIV/AIDS crisis. Led by the Office of the U.S. Global AIDS Coordinator at the Department of State, PEPFAR is working in every region to expand access to antiretroviral (ARV) treatment, reduce mother-to-

to achieve its goals of providing ARV treatment to 2 million HIV-infected people, preventing 7 million new infections, and providing care to 10 million people infected or affected by HIV/AIDS, including orphans and vulnerable children. Meanwhile, the devastating impact of HIV/AIDS on overall development, a critical consequence of the epidemic, needs to be addressed at the country level.

This paper provides internal policy and strategy guidance to assist operating units in all sectors in HIV/AIDS-affected regions to develop and implement responses to mitigate the development impacts of HIV/AIDS.² Although all HIV/AIDS-affected countries are encouraged to develop appropriate responses, this paper especially calls on operating units in countries highly affected by HIV/AIDS (5 percent prevalence or higher) to

HIV/AIDS is one of the biggest challenges to development that we have ever faced. Our response must be Agency-wide. The HIV/AIDS pandemic is not just a health sector issue; it is the business of every officer in every sector in the Agency.

USAID Administrator Andrew S. Natsios, 2001¹

child transmission, increase the number of people reached by community and home-based care, provide essential services to children affected by HIV/AIDS, and promote education and behavior change programs that emphasize prevention of transmission.

Results in focus countries have been impressive, and PEPFAR is on track

- incorporate into strategic plans an *analytical discussion* of the impacts of HIV/AIDS on every development sector

¹ U.S. Department of State Cable 097109, June 2001.

² As policy and strategy guidance, this paper is complementary to and does not supersede the strategic priorities identified under PEPFAR. PEPFAR-funded HIV/AIDS prevention, treatment, and care activities certainly help mitigate the impacts of HIV/AIDS on development. However, this paper argues that *all* sectors need to better understand how HIV/AIDS affects performance and develop strategies to mitigate these impacts, especially in highly affected countries, where HIV/AIDS impacts tend to be most evident.

- describe the *approach* to address and mitigate these impacts
- establish appropriate indicators in performance management plans for *assessing* and reporting results

Annex 1 summarizes the available evidence of the impacts of HIV/AIDS on key development sectors. It also describes how many USAID programs have begun to assess those impacts and respond to mitigate the effects of HIV/AIDS, including lessons learned and emerging best practices in key sectors.

Scope of the HIV/AIDS Pandemic and Its Development Impacts

The spread of HIV/AIDS and its cost in human lives have been worse than anyone could have imagined when the pandemic began 20 years ago. In the early 1990s, health experts warned that by the beginning of the twenty-first century, 15–20 million people would be living with HIV. Now, 10 years later, the actual number is twice the experts' worst predictions: nearly 65 million people have been infected with HIV and approximately 25 million have died of AIDS.³ In 2004, approximately 39.4 million people around the world were living with HIV/AIDS. Today, AIDS is the leading cause of death in sub-Saharan

spread of the pandemic shows little sign of slowing. There were 5 million new HIV infections in 2004, or almost 14,000 people infected each day. HIV/AIDS is hitting hardest in the developing world. Approximately 95 percent of people with HIV/AIDS live in developing countries. Sub-Saharan Africa is the most severely affected region: several countries have a generalized epidemic with prevalence greater than 30 percent. Parts of Asia and Latin America are experiencing epidemics at the national or local level. Europe and Eurasia is the region with the fastest growing HIV/AIDS prevalence.

As bad as these numbers are, the devastating impact of the HIV/AIDS pandemic in terms of human lives and suffering tells only part of the story. The nonhealth impacts of HIV/AIDS on development are potentially more devastating than the health effects.⁴

The nonhealth impacts of HIV/AIDS on development are potentially more devastating than the health effects.

Africa and the fourth leading cause of death globally, killing approximately 8,500 people every day. Of the 3.1 million AIDS deaths in 2004, 510,000 were children under 15.

Although there have been some impressive country successes in Uganda, Senegal, and Thailand, the global

Agriculture and Food Security

- HIV/AIDS leads households to divest land and other family assets and spend savings while earning less, causing declines in agricultural production and productivity. Studies of rural families in Thailand have shown that farm output and income fall 52–67

³ Data for this section are from the *AIDS Epidemic Update: 2004* (Geneva: UNAIDS and WHO).

⁴ Annex I presents a more detailed discussion of the specific development impacts of HIV/AIDS.

percent in households affected by AIDS.⁵

- Unlike natural disasters, HIV/AIDS is prolonged, progressive, and persistent. HIV/AIDS intensifies chronic food insecurity for households and communities, increasing vulnerability to famine. Vulnerability is even more pronounced for those infected with HIV/AIDS because of their greater nutritional needs.
- According to UN Food and Agriculture Organization (FAO) estimates, the nine countries in Africa most affected by HIV/AIDS could lose 10–26 percent of their agricultural labor force by 2020.⁶ The loss of agricultural labor affects agricultural production, types of crops cultivated, and land use patterns. Further, HIV/AIDS jeopardizes sustainable resource management when wildlife and forest resources become overexploited.

Education

- As households lose breadwinners or must care for family members with AIDS, children often have to drop out of school to work or care for sick family members, or because the household can no longer afford school fees. In the Central African Republic and Swaziland, school enrollment has already fallen by 20–36 percent as a result of AIDS orphans

dropping out of school, according to government reports.⁷

- In countries with large HIV-positive populations, the quality of education is eroded due to the absence of teachers, untrained or poorly trained substitute teachers, and loss of senior administrative staff. AIDS mortality reduces the supply of trained teachers, and HIV/AIDS illness reduces the productivity of teachers infected, or caring for those infected, by HIV/AIDS.

Economic Growth

- HIV/AIDS primarily strikes the working-age population. At the most basic level, HIV/AIDS undermines economic activity by driving up costs and decreasing productivity, while diverting resources away from savings and investment. HIV/AIDS also interrupts the transfer of knowledge or “know-how” from one generation to the next, disrupts organizations, encourages the emigration of professional elites (“brain drain”), and discourages domestic and foreign investment.
- In economies most affected by HIV/AIDS, recent research puts the reduction of the GDP annual growth rate at 0.5–2.6 percent.⁸ Over time, the progressive deterioration of the national economic infrastructure will

accelerate the negative impacts of HIV/AIDS on national economies. One recent study predicts that an inadequate response to fight HIV/AIDS in South Africa will lead to a “complete economic collapse” within three generations.⁹

Democracy and Governance

- In high prevalence countries, HIV/AIDS erodes the capacity of governments to meet the needs of their populations and is likely to reduce stability. As in the private sector, the loss or incapacitation of human resources—and thus the loss of incumbent knowledge, experience, skills, and institutional memory that accrues over many years of service and is transferred to future generations—could prove devastating for governance.
- Military and other uniformed services personnel often have HIV infection rates 2–5 times higher than the general population. HIV prevalence rates for the military are as high as 70–75 percent in Zimbabwe, Malawi, and South Africa, with some units in South Africa reaching rates up to 90 percent.¹⁰
- The breakdown of families, an increasing number of orphans and vulnerable children, declining life

5 United Nations, *The Impact of AIDS* (New York: UN Population Division, 2004).

6 FAO, *AIDS—A Threat to Rural Africa*, Food and Agriculture Organization Fact Sheet. <www.fao.org/focus/e/aids6-e.htm>

7 H. Björkman, *HIV and Poverty Reduction Strategies: Policy Note* (New York: UNDP, 2002)

8 Robert Greener, “AIDS and Macroeconomic Impact.” In *State of the Art: AIDS and Economics*, edited by Steven Forsythe (Washington, D.C.: The Policy Project, 2002).

9 Clive Bell, Shantayanan Devarajan, and Hans Gersbach, *The Long-Run Economic Costs of AIDS: Theory and an Application to South Africa*, Policy Research Working Paper No. 3152 (Washington, D.C.: World Bank, 2003).

10 Carla Koppell with Anita Sharma, *Preventing the Next Wave of Conflict: Understanding Non-Traditional Threats to Global Stability* (Washington, D.C.: Woodrow Wilson Center for Scholars, 2003). <<http://wwics.si.edu/topics/pubs/ACFEA.pdf>>

In every sector, HIV/AIDS erodes human capital, diverts scarce resources, degrades organizational capacity, fragments social and economic networks, and disrupts the transfer of knowledge and skills vital to the maintenance and enhancement of socioeconomic performance and development.

expectancy, and (in some cases) excess adult males, exacerbate unstable social and political conditions favorable to poverty, crime, exploitation, and unrest.

In summary, the adverse effects of HIV/AIDS accumulate over time, progressively undermining the capacity for growth and development and the ability to recover from shocks. In every sector, HIV/AIDS erodes human capital, diverts scarce resources, degrades organizational capacity, fragments social and economic networks, and disrupts the transfer of knowledge and skills vital to the maintenance and enhancement of socioeconomic performance and development. Individuals infected with HIV also experience opportunistic infections such as tuberculosis, causing further decline in growth and development. These changes produce a self-reinforcing downward spiral that becomes increasingly more difficult to arrest the longer it continues.

Breaking through this spiral requires strategic action and activities that counteract the impact of HIV/AIDS on growth, capacity, networks, and knowledge accumulation. To be most effective, such activities ought to be multisectoral and crosscutting.

The profound impact of HIV/AIDS on other sectors is well understood by many world leaders. In a recent speech on food security in Africa, UN Secretary-General Kofi Annan called for a comprehensive, multisectoral approach to fighting AIDS and related problems:

Today, Africa faces a deadly triad of related burdens—food insecurity, HIV/AIDS, and an emaciated capacity to govern and provide services. . . . We cannot find viable solutions to the challenge of food security unless we address the challenges of AIDS and governance at the same time.¹¹

The far-reaching impact of HIV/AIDS and the need for a comprehensive response are also recognized by the highest levels of the U.S. political leadership. At the bill-signing ceremony for the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 on May 27, Secretary of State Colin Powell remarked:

As President Bush has said, ‘The advance of freedom and hope is challenged by the spread of AIDS.’ Responding to HIV/AIDS is not only

a humanitarian and a public health issue; HIV/AIDS also carries profound implications for prosperity, democracy, and security.

USAID is well positioned to work on these issues. The Agency has been at the forefront of HIV/AIDS care and prevention efforts since 1986, leading the way in reducing the impact of the pandemic on orphans and vulnerable children.

More recently, USAID has worked with other partners under PEPFAR to extend access to ARV drugs where they are most needed in 15 focus countries.

Since 1999, USAID also has been advancing the concept of multisectoral programs to mitigate the development impacts of HIV/AIDS. The Bureau for Africa has taken the lead in providing technical and financial support for these efforts. Moreover, a number of regional and country programs have done innovative work on multisectoral responses to the HIV/AIDS pandemic at the field level.¹² Drawing on lessons learned from this field experience, annex 1 presents some “best practices” that may serve as models for other operating units.

¹¹ Remarks to the G-8 Contact Group on Food Security in Africa, March 2003.

¹² In this paper, actions that each sector undertakes to mitigate the impact of HIV/AIDS on its core business and promote prevention of HIV/AIDS and ill health is called a multisectoral approach.



Policy Guidance

To achieve its strategic objectives, USAID must help countries mitigate the adverse impact of HIV/AIDS on key sectors such as agriculture, democracy and governance, education, and health. The Agency must also demonstrate how successful mitigation programs can be achieved and build capacity to sustain the efforts. Strengthening these key sectors will synergistically reinforce other programs aimed at HIV/AIDS prevention, care, and treatment.

USAID needs to exercise strong leadership and work closely with its partners to effectively respond to the development impacts of HIV/AIDS. To that end, this policy guidance requires operating units working in highly affected countries¹³ to develop and implement strategies and programs that harness the expertise and resources of every sector to

- mitigate the negative impact of HIV/AIDS on achievement of development objectives (e.g., in agriculture, natural resource management, economic growth, democracy and governance, health, and education)
- strengthen country capacity to improve development program per-

formance and thereby reinforce the global effort to combat the spread of HIV/AIDS

All USAID bureaus and missions working in highly affected countries must plan, implement, and coordinate appropriate multisectoral programs that respond to the impacts of HIV/AIDS.¹⁴

USAID country and regional strategies must reflect attention to mitigating the impacts of the pandemic in countries highly affected by HIV/AIDS. Strategic plans must include an analytical discussion of the extent to which HIV/AIDS is affecting performance in each of the proposed or existing strategic objective areas in an operating unit's program. Based on this analytical discussion, strategies must describe the approaches the operating unit intends to use to mitigate significant impacts of HIV/AIDS on the program's planned results. Operating units must also incorporate appropriate changes in their program performance monitoring and evaluation plan in strategies. Possible changes include indicators to track results and improve the evidence base for further strategic planning and assessing the impact of HIV/AIDS on the operating unit's program.

¹³ This paper defines highly affected countries as those with an HIV prevalence of 5 percent or higher. In some countries with national HIV prevalence levels less than 5 percent, this guidance has relevance to states/provinces with prevalence rates greater than 5 percent within the country.

¹⁴ This should include applying a multisectoral approach in a cross-sectoral manner—not only collaborating within a given sector, but across sectors to coordinate effective planning and programming strategies to address HIV/AIDS impacts.

Each USAID operating unit program is aimed toward one of five operational goals: promoting transformational development, strengthening fragile states, supporting strategic states, providing humanitarian relief, or addressing global issues and special concerns. Each operating unit's multisectoral work on HIV/AIDS in highly affected countries is expected to be consistent with its primary operational goal. Best practice exists for multisectoral programming in transformational development countries, humanitarian response situations, and, to some extent, in fragile states programs (for example, in postconflict situations). Less experience exists in multisectoral global issues programming. In some cases, the global issues—special concerns goal may not, by nature, lend itself to the multisectoral approach. Therefore, the requirement for a multisectoral approach in a high prevalence country in which only global issues or special self-standing concerns are addressed will be decided case-by-case. Annex 1 contains examples related to USAID's operational goals, as well as to sectors.

Keys to Implementing Multisectoral HIV/AIDS Strategy Programs

Both internal and external factors can create barriers to multisectoral or integrated programs. These include program specialists/teams working in isolation; funding constraints; the limited reach of interventions; uncertainty regarding efficacy and replicability of programs; and communication barriers. Some illustrative approaches to overcoming these obstacles are summarized below. Operating units in highly affected countries should consider these and other factors

relevant to their program settings when developing multisectoral programs to address the impacts of HIV/AIDS.

Creating Interdisciplinary HIV Teams

Often, each USAID strategic objective team includes mainly specialists in only one sector or program area. In addition, each team tends to focus on managing the resources within its span of control and doing the things its members know how to do best. This combination of factors tends to result in vertical programs, or “stovepiping.”

The most successful multisectoral programs in the field are in missions where the HIV team consists of representatives from all affected strategic objective areas—not just health specialists. An interdisciplinary membership helps all team members understand how HIV/AIDS affects their programs and how the impacts of HIV/AIDS might be mitigated.

While USAID has a significant role to play in mitigating the effects of HIV/AIDS, an effective multisectoral response will require close collaboration with other U.S. Government agencies. USAID can provide technical leadership for a coordinated, multisectoral approach to addressing HIV/AIDS impacts and engage country and international partners, as well as the NGO, private sector, and donor communities.

Funding Multisectoral Programs from More Than One Account

By definition, multisectoral or integrated programs require that two or more operating units cooperate to

identify and achieve objectives that are either shared or mutually reinforcing. This collaboration may require more effort up front, but the reward is that all parties achieve results in a cost-effective manner. This approach is also referred to as “wraparound” programming.

Joint programming (whether parallel or cofinanced) also offers possibilities for designing interventions that benefit more than one strategic objective.¹⁵ For example, offering HIV prevention instruction in secondary schools may result in a lower rate of HIV transmission, which, in turn, may reduce student absenteeism and increase school enrollment rates.

GAI and CSH funds can be used for the HIV/AIDS components of broad sectoral or multisectoral activities that contribute directly to the Agency program component “reduce transmission and impact of HIV/AIDS.” However, operating units must use other funds to support activities that do not have a direct and measurable impact on HIV/AIDS.¹⁶ Strategic objectives and activities that cannot be funded with CSH or GAI should be supported with program resources from other accounts, but consistent with the approaches proposed in the strategic plan to mitigate HIV/AIDS impacts on these strategic objectives. When planning multisectoral

¹⁵ Funding may be through the Development Assistance account (DA), Economic Support Fund (ESF), Freedom Support Act (FSA), Assistance for Eastern Europe and the Baltics (AEEB), Child Survival and Health Programs fund (CSH), or the Global HIV/AIDS Initiative (GAI).

¹⁶ For more information on allowable uses of CSH and GAI funds for multisectoral HIV/AIDS activities, see the latest CSH guidance, especially appendix III <www.usaid.gov/policy/ads/200/200mab.pdf>

programs, care must be taken to ensure that funds from different accounts are used for purposes intended by Congress and the administration.

Forms of Coordination That Do Not Require Joint Funding

A number of activities in different sectors do not require additional funding and yet can yield significant results. Examples include better coordination of activities within the sector or with other sectors, reallocation of activities in high prevalence areas for concerted actions, and consideration of other donors as potential funding sources.

- *Integration of HIV/AIDS impact planning into sectoral, poverty-reduction, or other development strategies.* In countries or regions heavily affected by HIV/AIDS, the impacts of HIV/AIDS on sector performance and human capital has to be carefully assessed and strategies developed for their mitigation. Such assessments are best done in collaboration with donors, government, and civil society, drawing on the expertise of development-sector specialists who understand the effects, and health specialists who understand the causes.
- *Scaling up of successful pilot programs.* Multisectoral pilot programs may be implemented to test their efficacy in a particular country setting. Country strategies should make provision for scaling up such programs if they achieve significant measurable results and when other conditions are present (e.g., continuation in the programmatic area, availability of program resources, and host-country commitment).

- *Research and performance monitoring.* The pilot phase of multisectoral programs may require special research studies to test hypotheses about how to measure and monitor the effects of HIV/AIDS on development, or vice versa. Similarly, operations research may be useful for testing the efficacy of alternative multisectoral interventions to reduce the spread of HIV/AIDS.
- *Information sharing.* A key challenge in implementing multisectoral HIV/AIDS activities is efficiently sharing relevant information with colleagues as it becomes available. Knowledge management techniques can be of great assistance in addressing this challenge for USAID headquarters, missions, and partners. Relevant knowledge management techniques include the formation of USAID-partner “community of practice” networks to share information, recent studies, and best practices with all those working on cross-sectoral HIV/AIDS issues. The use of knowledge management web-based collaboration tools has also been effective in allowing members of a community of interest to share baseline data, analyses and reports, maps, and websites; schedule and conduct meetings; and set up topic-specific folders where members can post and access information. USAID has begun using such collaboration tools internally.

A number of key tools and references for developing and implementing a multisectoral approach to address HIV/AIDS can be found in annex 2.

Getting Started: Illustrative Activities¹⁷

Analyze the Impact and Initiate Strategies

- Assess recent and projected trends in the spread of HIV/AIDS by country, region, and demographic characteristics.
- Assess the impact of HIV/AIDS on each sector, such as agriculture, education, democracy and governance, and health. On the basis of these assessments, set HIV/AIDS mitigation objectives and plan and implement multisectoral long- and short-term responses.
- Analyze the long-term impact of HIV/AIDS on economic growth and develop strategies to reduce the overall adverse impact.
- Review the policies and programs of different sectors for their impact on HIV/AIDS in particular and health in general.

Provide Food Security

- Develop coordination between agriculture, food security, food aid, nutrition, democracy and governance, and HIV/AIDS programs to meet the basic food needs of the vulnerable population, including those affected by complex emergencies or poor political enabling environments.
- Reestablish physical capital assets for income generation to vulnerable

¹⁷ Annex 1 contains illustrative multisectoral activities and best practices from USAID/Washington and field programs.

households and improve their access to income and food.

Strengthen Governance and Management

- Review and strengthen host-country policies and allocate sufficient human and financial resources to support efforts to assess and mitigate HIV/AIDS impacts on development.
- Review allocation and utilization of financial resources available for different sectors in light of HIV/AIDS and determine ways to improve management and accountability and achieve results.
- Encourage public-private partnerships to assure implementation of policies and programs that address the administration and management of service delivery problems caused by HIV/AIDS in different sectors.

Expand Human Resource Capacity

- Estimate the workforce and skill requirements in each sector and develop a public sector human resource strategy to respond to manpower shortages and improve the utilization of available skills.

- Promote adoption of workplace policies and programs for HIV/AIDS prevention, treatment, and mitigation in the public and private sectors to prevent the loss of skilled labor.

Reduce Vulnerability of Populations to HIV/AIDS and Other Diseases

- Promote the adoption and implementation of growth strategies that reduce the social and economic inequities that make women and youth particularly vulnerable to HIV/AIDS and other health problems.
- Encourage a stronger focus on youth. Youth represent the future and yet have the highest HIV/AIDS prevalence rates and the highest level of unemployment (40–60 percent). Long-term prevention programs should be linked to local institutions that can assist in providing livelihood opportunities.

Improve Knowledge and Develop Innovative Thinking

- Strengthen knowledge management. Much HIV/AIDS work consists of learning by doing. Lessons need to be captured to share—within USAID

and with others—to improve future activities.

Conclusion

The development of this policy guidance on HIV/AIDS mitigation is based on the mounting evidence that in highly affected countries the HIV/AIDS pandemic is having a negative impact on all sectors supported by USAID development assistance.

USAID has made addressing HIV/AIDS in a multisectoral manner a high priority for its assistance programs. This policy guidance calls on operating units working in highly affected countries to develop and implement strategies and programs that harness the expertise and resources of every sector.

Specifically, an analytical discussion of the impacts of HIV/AIDS on development must be incorporated into strategic plans. Based on this analytical discussion, strategies must describe the approaches the operating unit intends to use to mitigate the impacts of HIV/AIDS on all of the program's planned results. Operating units must also incorporate appropriate changes in their program performance monitoring and evaluation plan in strategies.

Annex I. USAID's Experience Assessing and Mitigating Multisectoral Development Impacts of HIV/AIDS

Introduction

This annex draws heavily on the Agency's experience with HIV/AIDS in Africa, where research, multisectoral programming, and best practices are extensive.¹ However, USAID missions need to take local conditions into account when addressing the consequences of HIV/AIDS, which are being felt in every sector where USAID works. The pandemic continues to deepen in Africa and is advancing unchecked in Asia and Eastern Europe.² But innovative responses to mitigate its impacts are being implemented in all regions. Among examples are initiatives that promote the establishment of HIV/AIDS workforce policies in Thailand; the Tata Steel "Safe Highway" project, which established HIV/AIDS clinics targeting truck drivers in India; and

collaborations between democracy and governance (DG) programs and HIV/AIDS initiatives in Russia.

This annex summarizes what we know about the impacts of HIV/AIDS on development and some early program efforts to mitigate these impacts. Discrete development sectors are discussed, though sectors are not disconnected from each other, as the effects of HIV/AIDS so thoroughly exemplify. All sectors share issues related to human capital development, the devastating impacts and increased risks for vulnerable groups such as women and youth, and funding constraints.³

The Impacts of HIV/AIDS on Socioeconomic Development

The Second Multisectoral Meeting on Rethinking HIV/AIDS and Development referred to two emerging critical issues: human capacity and youth and

¹ In this paper, *multisectoral approach* refers to actions each sector undertakes to mitigate the impact of HIV/AIDS on its core business and promote HIV/AIDS prevention. However, a multisectoral approach may be applied in a cross-sectoral manner, collaborating across sectors to coordinate effective planning and programming strategies to address HIV/AIDS.

² UNAIDS, *2004 Report on the Global AIDS Epidemic: 4th Global Report* (Geneva: UNAIDS, 2004). <www.unaids.org/bangkok2004/GAR2004_pdf/UNAIDSGlobalReport2004_en.pdf>

³ Two recent publications provide excellent summaries of the demographic and socioeconomic impacts of HIV/AIDS: Markus Haacker, ed., *The Macroeconomics of HIV/AIDS* (Washington, D.C.: International Monetary Fund, 2004), and United Nations, *The Impact of AIDS* (New York: UN Population Division, 2004).

children affected by HIV/AIDS.⁴ The erosion of human capacity, disruption of professional and social networks, and other impediments to the transfer of knowledge and experience have profound societal implications. The deterioration of human capacity and its destructive effects on households, organizations, and public and private institutions should not be underestimated. Loss of human capital is only one element. Other important effects are disruption to routines, undermining of organizations, and the psychosocial toll associated with those losses.

Moreover, as countries and donors attempt to scale up efforts to address HIV/AIDS, progress is systematically undercut by losses associated with the epidemic. In the most affected countries, HIV/AIDS has the potential to cripple the socioeconomic and political infrastructure needed for stability and to move forward developmentally. If a country is unable to reverse this trend, conditions will be ripe for further acceleration of HIV infection and a downward spiral. HIV/AIDS is thus not only a public health problem, but a systemic management challenge.⁵

HIV/AIDS impacts and their subsequent effects on human capacity strike vulnerable populations—such as orphans, youth, and women—most severely. The epidemic affects their capacity and ability to protect themselves from the consequences of HIV/AIDS, including increased exposure to HIV infection. It is a vicious cycle: the HIV-*affected* become more vulnerable, thus more susceptible to becoming HIV-*infected*. HIV/AIDS deepens poverty when households already on the margins of survival sell off assets, whether to pay for medical care and funeral expenses or compensate for income and farm productivity lost due to illness. The deaths of economically active adults increase household dependency ratios, or the number of children and elderly supported in a household. Frequently, dependency ratios increase as households absorb orphans.

In some cases, orphans not taken in by other families create child-headed households. With fewer breadwinners and more demands on consumption, children may be forced to leave school because school fees cannot be paid. Children may also need to help the household replace labor and income lost due to death or illness. Some seek other means of survival, such as providing sex for food, gifts, or money. Female- and child-headed households bear an even more difficult burden because of limited and inequitable property rights, fewer opportunities for income generation, and the stigma attached to the disease.

Agriculture

HIV/AIDS Impacts on Agriculture, Livelihoods, Food Security, and Nutrition

Because many of the countries worst affected by HIV/AIDS rely heavily on agricultural trade to pay for raw materials and imports, significant declines in productivity adversely affect their development prospects. The effects of HIV/AIDS on the agriculture sector are enormous in magnitude and multidimensional in scope, affecting not only individual households and communities, but also national economies, food security, natural resource management, and future development. Because HIV/AIDS tends to affect adults in their most productive years, it diminishes a household's ability to produce food. The pandemic has had an enormous impact on the agricultural labor force, which makes up most of the labor force of the affected countries. The FAO estimates that the nine countries most affected by HIV/AIDS could lose 10–26 percent of their agricultural labor force by 2020.

HIV/AIDS also affects food security by impoverishing families and reducing their ability to buy food. Poor rural households sell their productive assets, including livestock, to care for the sick or pay funeral expenses. With such assets go their only savings, which compromises their future livelihoods. A widow- or orphan-headed household affected by HIV/AIDS may be required to go to further extremes to survive. Girls and women are particularly vulnerable: they are susceptible to deeper impoverishment and HIV/AIDS infection because of their lack of access to land,

4 USAID, *The 2nd Multisectoral Meeting on Rethinking HIV/AIDS and Development: A Review of USAID's Progress in Africa, Meeting Report March 12–13, 2002* (Washington, D.C.: USAID, 2002). <www.afir-sd.org/Documents/HIVAIDS%20meeting_report.pdf>

5 Ishrat Z. Husain and Peter Badcock-Walters, "Economics of HIV/AIDS Impact Mitigation: Responding to Problems of Systemic Dysfunction and Sectoral Capacity." In *State of the Art: AIDS and Economics*, edited by Steven Forsythe (Washington, D.C.: The Policy Project, 2002).

limited educational opportunities, and the practice of exchanging sex for food or cash.

Several studies documented fairly consistent effects of AIDS-linked illness and death on farming systems, including reduction in land use, declining crop yields, changes in cropping patterns, reductions in the range and diversity of crops, poorer diets, lower economic returns, loss of soil fertility, and declines in livestock activities.⁶ Affected households may mobilize labor resources by taking children out of school, and assets are progressively stripped. Other long-term effects of premature AIDS-related deaths include the erosion of the wealth of agricultural knowledge that farmers derive from years of interaction with the environment. There is growing evidence that HIV/AIDS-affected households shift from farm (and nonfarm) labor market opportunities to reliance on basic survival agricultural economics, characterized by inefficient input, output, credit, labor allocation, and utilization patterns. At a broader level, the epidemic is also undermining the viability of commercial farms and agroindustrial enterprises.⁷ While documented evidence is still sparse, there are

indications of reduced output of key commodities at national levels.⁸

In addition, HIV infection accelerates the vicious cycle of inadequate dietary intake and disease that leads to malnutrition. In turn, malnutrition increases the risk of HIV transmission from mothers to babies and the progression of HIV infection.⁹ Nutritional deficiencies may lead to immune suppression, which leads to increased HIV replication and hastened disease progression. Increased morbidity brings heightened nutrient requirements and reductions in the efficacy of absorption and utilization of nutrients.¹⁰

USAID's Response

USAID has been supporting the work of the emerging regional network on HIV/AIDS, Rural Livelihoods and Food Security or RENEWAL. It has been addressing gaps in knowledge and practice since 2001, and is facilitated by two centers of the Consultative Group on International Agricultural

Research (CGIAR).¹¹ RENEWAL involves national networks of agricultural institutions; public, private, NGO, and farmers' organizations; and partners in HIV/AIDS and public health. National networks now exist in Malawi (HASARNET) and Uganda (HASNET), and others will form this year. Their purpose is to show that fresh thinking in agricultural research and development policy and concerted action can lessen the impact of HIV/AIDS and help prevent HIV infection.

It is increasingly apparent that a livelihood¹² perspective is needed to assess situations and develop appropriate strategies for addressing food insecurity in the context of HIV/AIDS. Such strategies include the following:

- *Bridging the Knowledge Gap.*
There is a need to increase understanding of the interrelationship between HIV/AIDS and food security and the actions derived from this interrelationship. That interactions are two-way is increasingly understood, but far more attention continues to be paid to HIV/AIDS impacts on agriculture and people dependent on agriculture, rather than how agricultural systems, policy, and practice affect the spread of HIV.

6 Paul Harvey, *Draft 1. HIV/AIDS: What Are the Implications for Humanitarian Action? A Literature Review* (London: Humanitarian Policy Group, Overseas Development Institute, July 2003). <www.odi.org.uk/Food-Security-Forum/docs/Harvey.pdf>; World Bank, *Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis* (Washington, D.C.: World Bank 1999). <www.worldbank.org/afr/aids/aidstrat.pdf>

7 Gabriel Rugalema, Silke Weigang, and James Mbwika, *HIV/AIDS and the Commercial Agricultural Sector of Kenya: Impact, Vulnerability, Susceptibility, and Coping Strategies* (Rome: UNDP/FAO, 1999).

8 T. Yamano and T.S. Jayne, *Measuring Impacts of Prime-Age Adult Death on Rural Households in Kenya*, Tegemeo Working Paper 5 (Nairobi: Tegemeo Institute of Agricultural Policy and Development 2002). <www.tegemeo.org/documents/work/wp5-meas.pdf> Yamano and Jayne found that the total area of crops under cultivation in Kenya did not decline as a result of an HIV/AIDS death, but the composition of crops differed, depending on the age, gender, and position in the household of the deceased household member. HIV/AIDS deaths may thus alter the national output of cereal and cash crops.

9 Ellen G. Piwoz and Elizabeth A. Preble, *HIV/AIDS and Nutrition: A Review of the Literature and Recommendations for Nutritional Care and Support in Sub-Saharan Africa* (Washington, D.C.: USAID, 2000). <www.dec.org/pdf_docs/PNACK673.pdf>

10 R.D. Semba and A.M. Tang, "Micronutrients and the Pathogenesis of Human Immunodeficiency Virus Infection," *British Journal of Nutrition* 81 (1999): 181–89.

11 <www.ifpri.org/renewal/index.htm>

12. The FAO states: "A livelihood refers to the means a person has access to for securing the necessities of life, including one's abilities, the resources at his disposal, and the activities through which he makes a living. A person's livelihood is sustainable when one is able to cope with and recover from stress and shocks, maintain or improve one's capabilities and assets, and ensure that the next generation will equally have access to sustainable means of living." <www.fao.org/documents/show_cdr.asp?url_file=/docrep/006/ad694e/ad694e02.htm>

There is poor understanding of how factors promoting susceptibility to HIV relate to those that promote vulnerability to the worst consequences of HIV/AIDS. Much research is of limited depth and breadth. It remains focused on smallholder farming in high HIV/AIDS prevalence countries in eastern and southern Africa, and overemphasizes individuals as passive victims overcome by HIV/AIDS, rather than as innovators.

- *Promoting Multisectoral Responses.* Even in countries where HIV/AIDS is deeply rooted and the policy environment is responsive, there is scant evidence of multisectoral responses. In the agriculture sector—one that often plays a central role and from which the large majority of people gain their livelihood—the response of institutions has been inadequate. There have been only a few scattered, small-scale attempts to incorporate HIV/AIDS into food security and rural livelihood programming. For the most part, ministries of agriculture and major donors have yet to mainstream the implications of HIV/AIDS into their policy processes. Where organizations have become involved—whether agricultural ones taking HIV/AIDS on board or HIV/AIDS organizations factoring in food security—they have tended to do so in isolation. There is a real need for effective mainstreaming and broad collaboration so the scale, breadth, and depth of response better match the impacts of HIV/AIDS epidemics. For example, in high HIV/AIDS prevalence areas, combin-

ing emergency interventions with development programming should be attempted to save lives and livelihoods. This would permit smoother transition from crisis stabilization to sustainable development activities.

- *Developing Evidence on What Works.* There is little empirical evidence to guide responses. Where organizations have launched actions that address HIV/AIDS–food security links, these have rarely been monitored. Clear operational hypotheses and indicators are seldom stated or followed; “best practices” are announced that have never been properly evaluated or compared.

Where possible, strategies that seek to address HIV/AIDS–food security interactions should explicitly take into account and propose mechanisms for surmounting or minimizing the above obstacles. Ideally, approaches should address the need for initiating research on impacts or actions that builds the evidence base while strengthening local capacity. Because the type of interactions are situation-specific and the pandemic is decimating local capacity, there is an urgent need to facilitate nationally driven processes for preventing and mitigating HIV/AIDS.

Lessons Learned and Recommendations¹³

- Contractors, grantees, and other partners who work in all sectors should

include strategic plans for HIV/AIDS prevention in their proposals.

- There is a need to ensure that information and statistics are collected and used to promote responsible agricultural practices such as growing less labor-intensive crops. Research on the effects of HIV/AIDS on agriculture needs to be documented and incorporated into agricultural strategies.
- There is inadequate information on best practices for responding to the HIV/AIDS pandemic in the agriculture sector. More research and better evaluation and documentation are required and need to be disseminated. Better indicators are needed to capture progress, including those on governance and management issues.
- Studies indicate that “mobile men with money” are at greater than average risk for getting infected with and transmitting HIV. This means that alternative training possibilities need to be explored, such as providing stipends to allow families to be together during long-term training, using information technology to replace long periods of travel and family separations, and developing graduate training opportunities in-country, perhaps at regional universities.
- Agricultural officers need to receive comprehensive training that takes into account HIV/AIDS. Among issues that should be addressed are ensuring the preservation of agricultural techniques and identifying appropriate and less labor-intensive cropping strategies.

¹³ Many lessons learned and recommendations listed are derived from *The 2nd Multisectoral Meeting on Rethinking HIV/AIDS and Development*.

- Missions are encouraged to develop strategies that include HIV/AIDS in agricultural projects and programs. Ideally, this would include input from a multisectoral HIV/AIDS rapid response team.
- All mission staff are not expected to become HIV/AIDS experts. However, to make adjustments to counteract HIV/AIDS impacts, staff must understand how HIV/AIDS could undercut programmatic activities in agriculture-related strategic objectives (SOs).

Democracy and Governance

HIV/AIDS Impacts on Democracy and Governance

Evidence increasingly confirms that HIV/AIDS threatens state capacity for democratic governance. The spread of the virus over two decades has led to the loss of human and social capital, economic decline, loss of tax revenues, and weakened service provision. While demands on the state to deliver public goods have increased, public capacity to respond has decreased. At the state level, among the most immediate potential threats are lower levels of social and economic investments; higher levels of corruption, discrimination, and encroachment on human and civil rights; and greater internal insecurity. These impacts may stall developing states that were on an upward trajectory in terms of basic governance or—far worse—may add to the inability of failed and failing states to provide even the most basic services and security for their

populations. What legitimacy or social cohesion these states may have can be further eroded when they are less able to invest in their own populations or govern effectively, making them particularly vulnerable to economic downturn, conflict, and humanitarian disasters.

Implementation Capacity

HIV/AIDS decreases the state's capacity to carry out its responsibilities. A ministry, army, or other government institution depends on the accumulated professional skills and social networks of seasoned staff. Increased mortality and morbidity due to HIV/AIDS diminishes a bureaucracy through loss of staff and increased absenteeism. The loss of the knowledge, experience, and skills that accrue over many years of service can prove devastating for governance. Consequently, overburdened organizations will likely become increasingly ineffective, especially given increased demands from those infected and affected by HIV/AIDS for services, policies, and resource allocations.

Social Capital

As HIV progresses to AIDS, it disrupts daily routines, fragments associational networks, and overstretches social capital. The disease debilitates workers in all professions, citizens belonging to all types of associations, and people in the most productive stages of their lives. As a result, civil society organizations (CSOs)—many already weak and fragile from neglect or repression—must cope with loss of leadership and membership. HIV-stricken communities must spend more time and resources on basic survival and caring for the sick and orphaned, displacing other social,

political, and economic obligations that otherwise might have defined a community of interest. To the extent that social capital is undermined, it becomes harder to strengthen civil society. It is also harder for civil society to advocate reforms, monitor government, and partner with it for change.¹⁴

Shorter Time Horizons

Changes in human behavior leading to increases in crime and corruption have also been attributed to HIV/AIDS. Alex de Waal asserts, "Reduced LEA [life expectancy from adulthood], coupled with the increased need for immediate medical expenditure, also distorts the structure of incentives and deterrents for opportunistic or corrupt behavior."¹⁵ With the prospect of early death, sanctions become less meaningful, and may spur increased criminal behavior to maximize family gain. In addition, individuals pressed to respond to short-term survival have less time and inclination to participate in endeavors that require long-term commitments, such as those strengthening governance, promoting broad-based participation by civil society, and fostering democratic processes.

¹⁴ This observation is more salient if Barnett and Whiteside are correct that HIV/AIDS has raged in countries with weak civil societies. T. Barnett and A. Whiteside, "HIV/AIDS and Development: Case Studies and a Conceptual Framework," *The European Journal of Development Research* 11, no. 2 (December 1999): 200–34.

¹⁵ Alex de Waal, "How Will HIV/AIDS Transform African Governance?" *African Affairs* 102, no. 12 (2003). Alex de Waal is director, Justice for Africa, and adviser on HIV/AIDS and governance for the UN Economic Commission for Africa.

Democracy, Security, Rule of Law, and Conflict

In high prevalence countries, the epidemic raises the risk of affecting elections and political processes. It can reduce the capacity to hold free and fair elections, influence voting issues, and alter the political landscape. In addition, HIV/AIDS threatens internal and international security and the proper functioning of the courts. The HIV/AIDS rate among military personnel is estimated to be at least twice as high as that in the general population, and reductions in the number and readiness of trained personnel endanger a country's overall security and the rule of law.¹⁶

USAID's Response

Several African missions have spearheaded cross-sectoral programs involving democratic governance and HIV/AIDS, and USAID's DG office is involved in HIV/AIDS programs in 10 countries. To create commitment and engagement, USAID's DG staff provided technical assistance and training to parliamentarians in Tanzania, South Africa, and Kenya. DG also supported legal reforms and human rights in Angola and anticorruption efforts in Zambia. In many sub-Saharan countries, the primary focus of USAID missions has been to strengthen the capacity of civil society to support youth, women, human-rights and faith-based groups, people living with HIV/AIDS, and others affected by and working on HIV/AIDS.

USAID assisted the National Democratic Institute to work with the Southern Africa Development Commission Parliamentary Forum to create a southern Africa regional information network on HIV/AIDS for legislators. The initiative resulted in a country-by-country survey of legislative actions and initiatives on HIV/AIDS; the development of an accessible database to collect and disseminate this information throughout the region; and support for a network of parliamentarians to facilitate the exchange of information, best practices, and policy initiatives.

Additionally, within USAID's Bureau for Economic Growth, Agriculture and Trade, the Office of Poverty Reduction/Urban Programs worked with missions, regional organizations, and municipal organizations to better understand the impact of the HIV/AIDS pandemic on governance and delivery of municipal services and to support capacity building and information sharing activities by African municipal officials.

USAID has supported the development of toolkits that address HIV/AIDS issues from a governance viewpoint. The NGO PACT collaborated with the Agency to produce *Survival Is the First Freedom*,¹⁷ a community-based toolkit that applies DG approaches to HIV/AIDS issues such as stigma, increasing community capacity, citizen participation, information flows, rule of law, and organizational capacity. Rollout of the toolkit began in 2001, and workshops

have been conducted in Ethiopia, Uganda, Kenya, Tanzania, Zimbabwe, and Zambia. Another toolkit, *Strategic Management Tools to Support HIV/AIDS Policy Change*, is intended mainly for policymakers and advocacy groups that seek to shape or accelerate the implementation of national HIV/AIDS policies and donors that support these efforts.¹⁸ The toolkit, used in workshops in Washington and Africa, has supported partners in Kenya, Tanzania, Namibia, and South Africa.

Lessons Learned and Recommendations

U.S. official dialogue should emphasize the importance of leadership and knowledge of impacts of HIV/AIDS at all levels of government and society. This is needed to mobilize action that responds to HIV/AIDS and promotes dialogue on human rights, equity, stigma, prevention, care, and treatment.

- USAID governance agendas and partner country requirements need to match capacities to implement them. Many agendas need to be simplified or scaled back. SOs should be reviewed for the feasibility of taking into account the effects of HIV/AIDS as well as for country innovations needed to ensure availability of critical services. These may include providing for highly targeted immersion training to help build critical but scarce skills, training at 150–300 percent of estimated needs,

16 UNAIDS, *AIDS in the Military*, UNAIDS Best Practice Collection, May 1998 (Geneva: UNAIDS, 1998). <www.unaids.org/html/pub/publications/irc-pub05/militarypv_en_pdf.pdf>

17 PACT-AIDS Corps, *Survival Is the First Freedom: Applying Democracy and Governance Approaches to HIV/AIDS Work* (Washington, D.C.: PACT-AIDS Corps, 2001). <www.pactworld.org/initiatives/aidscorps/HIVAIDS_toolkit.pdf>

18 USAID and MSI, *Draft. Strategic Management Tools to Support HIV/AIDS Policy Change* (Washington, D.C.: USAID and Management Systems International, 2001). <www.dec.org/pdf_docs/PNACS718.pdf>

and contracting with labor sources in low-prevalence populations or areas.

- Administration of HIV/AIDS services and funding requires urgent attention in high prevalence countries, where coordinating and accountability mechanisms are weak and the influx of large amounts of HIV/AIDS-specific funds is anticipated. A new thrust for accountability in country programs may be transparent and proper management of HIV/AIDS resources.
- Civil society provides an important opportunity to enhance government and political accountability on a large scale, while also providing many critical services at the community level. Civil society has responded remarkably to the AIDS crisis. Examples include The AIDS Support Organization (TASO) in Uganda, a civil society alliance for better accountability in Zambia, and a citizen's group that lobbies to ensure that Zimbabwe's AIDS tax funds are spent appropriately. Options for USAID support include coalition building and networking between DG NGOs and HIV/AIDS advocacy groups, cross training, and capacity building.
- HIV/AIDS issues can be a focus for work in all DG subsectors, including building legislative capacity through support for public hearings or research capability and assisting media to present sensitive issues and engage in investigative reporting. Other examples are anticorruption efforts that target budget transparency and procurement reform for ministries of

health, independent boards, and oversight of antiretroviral drugs (ARVs), as well as work that supports dialogue on civil obligations of party leaders or on framing HIV/AIDS as an election issue.

- Think tanks and universities can help monitor the impacts of HIV/AIDS on communities and states. They can call attention to actions—such as human rights violations and blatant discrimination—and help prevent precedents that will leave a society weaker once it begins to move beyond the epidemic.
- More research, evaluation, and documentation of effective multisectoral approaches are needed to determine which are most successful.

Education

HIV/AIDS Impacts on Education

A country's most important natural resource is its people, and the future of any country depends on the education of its people. HIV/AIDS increases already high teacher and administrator attrition and student dropout rates, while reducing enrollment and progression. HIV/AIDS also causes the number of orphans to swell. The pandemic directly and indirectly affects every aspect of educational access and quality and compromises national and regional economic growth prospects.

Most research examining the impacts of HIV/AIDS on the education sector focuses on declining school enrollment (demand) and declining numbers of qualified teachers, administrators, and

other education personnel (supply). In the worst affected HIV/AIDS countries, under 5 mortality and illness increases; fewer children are born; and children, especially girls, may be removed from school to care for sick relatives, replace lost labor, or take on other family responsibilities. As household incomes and assets become depleted, children may be removed from school when families can no longer afford fees and expenses. Households may also place little value on education when the future seems unpromising. Moreover, children remaining in school may require services to support the special emotional and educational needs of orphans and other HIV/AIDS-affected children.

In 1999 alone, an estimated 860,000 children lost their teachers to HIV/AIDS in sub-Saharan Africa.¹⁹ While there is evidence that demand for education is declining (compared to what would be expected without HIV/AIDS), it remains likely that the supply of educational staff will be unable to meet even these diminishing demands in many countries. Although the size of the school-age population will be smaller than it would have been without HIV/AIDS, in only a few countries is it expected to fall.²⁰ For example, it is estimated that over 13,000 new teachers will have to be trained in Swaziland between 1999 and 2016, rather than the

19 UNAIDS and Inter Agency Task Team on Education, *HIV/AIDS & Education: A Strategic Approach* (Paris: IIEP Publications, 2003). <www.unaids.org/en/in+focus/topic+areas/schools.asp>

20 World Bank, *Education and HIV/AIDS: A Window of Hope* (Washington, D.C.: World Bank, 2002). <www-wds.worldbank.org/servert/WDS_IBank_Servlet?pcont=details&eid=000094946_02043004023371>

6,000 that were estimated to be needed with HIV/AIDS absent.

Teachers and administrators are skilled labor, not easily or inexpensively replaced. HIV/AIDS weakens national education infrastructures at every level—managerial, financial, and pedagogical—and from central administration to district and school levels. In countries with large populations affected by HIV/AIDS, the quality of education is eroded by teacher absences, untrained or poorly trained substitute teachers, and loss of senior administrative staff. AIDS mortality reduces the supply of trained teachers, and HIV/AIDS illness reduces the productivity of infected teachers. Particularly in rural areas, where one or two teachers constitute a school's teaching staff, a death or persistent absence due to HIV/AIDS-related illness is devastating.

USAID's Response

HIV/AIDS is affecting regions at different rates, and the response should be region-specific. USAID's Bureau for Africa has developed a three-part strategy to address HIV/AIDS within the education sector:²¹

1. Build the capacity of ministries of education (MoEs) for long-term strategic planning and management of HIV/AIDS impacts on teachers, administrators, and pupils. For example, the impact on teachers could be mitigated by increasing their access

to treatment drugs and/or by recruiting and training additional teachers.

2. Strengthen formal and nonformal delivery of lifeskills education for pupils and teachers to cover areas such as how to prevent HIV/AIDS transmission, resist peer pressure, and combat the stigma attached to the disease. Lifeskills curricula that emphasize the development of gender-equitable behaviors and attitudes are an effective intervention to prevent HIV/AIDS.
3. Support innovations by MoEs, communities, and NGOs relating to delivering formal and nonformal basic education to orphans and other HIV-affected children, especially girls.

In 2000, USAID codeveloped with the University of Natal and funded the Mobile Task Team (MTT) on HIV/AIDS and Education, a multidisciplinary group of Africa-based professionals specializing in the impact of HIV/AIDS on education. MTT members have specific expertise in education policy, management and information systems, HIV/AIDS and health, economics modeling and statistics, monitoring and evaluation, and program design. A selected team can be deployed at short notice, on request from a USAID mission and an MoE, at no cost to the country concerned, though the MoE or local donors must pay for workshops and follow-on priority activities. The key objective of the MTT is to help empower MoEs and their partners to develop a systematic, sustainable response to the impacts of HIV/AIDS on education. The MTT's success is measured by the extent to which the MoE makes use of the knowledge, tools, models, and training

provided to design and implement a prioritized action plan.

USAID also participates in the UNAIDS Interagency Working Group on HIV/AIDS and Education. This group shares lessons learned, exchanges ideas on agency perspectives and joint interests, and discusses ways to collaborate effectively in various country-level initiatives in the education sector in sub-Saharan Africa.

Lessons Learned and Recommendations

- It is important to support and strengthen lifeskills curricula, including HIV/AIDS prevention, in country-specific ways. Teachers must also be trained in participatory methodology, and they should provide ongoing support to pupils.
- Community-level input must be ensured to assist efforts by MoEs, NGOs, and donors to develop and implement school-level HIV/AIDS management and prevention activities.
- A quality learning environment—specifically a safe school setting—must be ensured because it is a key factor in successful lifeskills and HIV prevention education. Studies suggest that peer-learning settings where high-risk sexual practices occur—multiple partners, intimidation, and sexual coercion—are a significant barrier to promoting and implementing these curricula.
- As MTT work continues and expands, it needs to further increase the capacity of MoEs to collect and use HIV-relevant information. Accurate

21 USAID, "USAID Response to the Impact of HIV/AIDS on Basic Education in Africa," *Africa Bureau Brief*, 2 (2002). <www.usaid.gov/locations/sub-saharan_africa/publications/docs/hived_brief.pdf>

data are needed on teacher and pupil absence, attrition, and mortality. These data should be available to education managers who need to plan for quality education.

- Education policies should be audited and evaluated by MoEs for relevance to HIV/AIDS management. This includes policies on teacher leave and funeral benefits; enforcement of teacher codes of conduct; and teacher recruitment, placement, and retention.
- More research is required on the special education needs of orphans and children affected by HIV/AIDS, especially street children. Nutrition and health components should be included within this examination.
- More collaboration with other development partners is needed to devise strategies for providing educational access to the most vulnerable children and out-of-school youth. A primary objective should be to find ways to overcome the boundary between formal and nonformal education.
- An effort should be made at the field level to increase political will and capacity to implement HIV/AIDS activities in education.

Economic Growth

HIV/AIDS Impacts on Labor, Macroeconomic Growth, Competitiveness, and Investment

A high prevalence of HIV/AIDS seriously reduces the potential for economic growth. It diverts resources away from productive inputs to crisis management, reduces the availability and productivity

of factors of production (particularly labor), and increases the risks of economic activities, especially investment. The longer HIV/AIDS is allowed to spread unaddressed, the more dramatic is the erosion of skills, disruption of networks and other income-generating linkages, and disorganization in major institutions needed to foster growth and development. Moreover, the longer HIV/AIDS proceeds, the more difficult and costly it will be to recover. In Africa, for example, the high prevalence of HIV/AIDS has resulted in greater overall consumption, less investment, and decreased economic growth.²²

HIV/AIDS derails the growth potential of private sector growth and macroeconomic development, mainly by diminishing returns of labor and increasing investment risks. Conceptually, this nonlinear effect of HIV/AIDS may be described as a disproportionate decrease of economic growth that results from decreased savings and investment, increased prices, and decreased productivity.

In Africa, debilitating labor market losses caused by HIV/AIDS are a major constraint to a healthy, growing economy. These effects can be illustrated directly and indirectly. Directly, loss of skilled and unskilled labor and absenteeism cause gaps in private sector and macroeconomic performance. Indirectly, the macroeconomic effects of labor shortages are budgetary diversions in national budgets, from research

22 Malcolm F. McPherson, "Non-Linear Macro Effects of HIV/AIDS: An Overview." Draft. Center for Business and Government, John F. Kennedy School of Government, Harvard University, May 2003.

and development to health issues.²³ Other documented, indirect effects are a decline in macrostability, increased investor risk, and lack of competitiveness on a global scale.

The effects of HIV/AIDS on trade and investment have been well researched, supporting strongly held assumptions on increased costs of inputs (such as labor and capital) and adverse effects on competitive goods, foreign investment, and trade. Economist and HIV/AIDS expert Alan Whiteside documented the "hidden tax" effect of the epidemic as a cost that weighs heavily upon the poor, who bear the burden when investment and resources are diverted away from social care and benefits.²⁴

There is no guaranteed remedy to the serious decline in economic growth due to HIV/AIDS. As the disease advances, worker absenteeism and gaps in the supply of fulltime workers are increasingly acute, resulting in higher costs for reliable labor and production inputs. The diminished intergenerational transfer of knowledge and loss of institutional memory have also been documented. Future research, development, and investment are undermined by the need to divert resources to address the HIV/AIDS crisis.

23 M.F. McPherson, D. Hoover, and D. Snodgrass, "The Impact on Economic Growth in Africa of Rising Costs and Labor Productivity Losses Associated with HIV/AIDS," paper prepared for the CAER-II project, John F. Kennedy School of Government, Harvard University, 2000.

24 Alan Whiteside, "Health, Economic Growth, and Competitiveness in Africa." In *The Africa Competitiveness Report 2004*, edited by E. Hernández-Cata, K. Schwab, and A. Lopez-Claros (Geneva: World Economic Forum, 2003).

USAID's Response

USAID supported and participated in a conference in Durban in June 2003 entitled *HIV/AIDS and Business in Africa and Asia*, which reviewed recent evidence of HIV/AIDS impacts on business and economic growth and highlighted successful public/private partnerships aimed at mitigating these impacts. Looking to the future, adjusting to the realities of HIV/AIDS, improving economic growth to offset its negative impacts, and encouraging open information to allow market forces to adjust will become more urgent.

USAID advocates a threefold approach to address HIV/AIDS through program activities:

- focus on lessons learned and move forward by assisting the means of production (such as labor and capital) to increase competitiveness and growth
- use USAID emerging programs in financial markets, trade liberalization, and enterprise development to encourage economic growth, help offset economic losses, and generate resources to deal with HIV/AIDS
- increase information dissemination so markets can adjust to and help deal with HIV/AIDS

Lessons Learned and Recommendations

- Impact analyses of HIV/AIDS on key economic sectors are needed to implement programs that mitigate the impacts of the disease.

- HIV/AIDS should be incorporated into development planning and economic growth strategies that set priorities and maximize efficient use of available resources.
- Growth strategies are needed to reduce inequalities in economic and social power and develop and implement poverty reduction programs, especially for vulnerable and affected populations.
- Microfinance, food-for-school, and school fee removal are among potential interventions to deter families from unrecoverable disinvestment strategies, such as sale of land and other productive assets or withdrawal of children from school.
- A range of potential program interventions is needed to protect and promote investments in human capital at all levels.
- Encouraging cost-effective HIV/AIDS workplace policies of testing, treatment, and nondiscrimination can help reduce the private sector costs of HIV/AIDS and allow continued investments in HIV/AIDS-affected economies.
- Programmatic response must invest in institutional capacity across the board, including governments, businesses, NGOs, and churches. All play a role in mitigating the economic impact of HIV/AIDS.
- Programs need to address the economic futures of large numbers of orphans and vulnerable children and youth, focusing on skillbuilding in

agriculture, self-employment, and lifeskills.

- Tools are needed for strategic planning, capacity building, information sharing, and program monitoring and evaluation.
- Continued engagement and mobilization of the private sector is required to provide key intervention points for mitigation and prevention activities.
- Programs need to be designed and expanded to develop the economic capacity of communities to respond to resource needs of care and support for the sick and for orphans and vulnerable children and youth, including microfinance, fundraising strategies, and market-linkage programs.

Health

HIV/AIDS Impacts and the Healthcare Sector

The devastating toll of HIV/AIDS on health status is well documented in high prevalence HIV/AIDS countries, where most infant mortality rates are higher than they would have been without HIV/AIDS, and, in some areas of sub-Saharan Africa, higher than they were 10–15 years ago.²⁵ The worst affected HIV/AIDS countries cannot afford to neglect either the direct implications of more individuals seeking healthcare or indirect health impacts of the epidemic. As a 1999 World Bank report stated, “There is little hope that any develop-

²⁵ Karen A. Stanecki, *The AIDS Pandemic in the 21st Century*. Draft Report, XIV International Conference on AIDS, Barcelona, July 2002 (Washington, D.C.: USAID and U.S. Census Bureau, 2002). <www.dec.org/pdf_docs/PNACPB16.pdf>

ment goals for health (e.g., reduced infant, child, and maternal mortality; reduced mortality from malaria) can be achieved in the face of AIDS.”²⁶

In almost all high prevalence countries, health sector management problems have been exacerbated by HIV/AIDS. These systems, often already fragile, have become increasingly dysfunctional. The sector is affected by the reduction in the numbers and efficiency of the health workforce, distortions in allocation of resources to treat health problems, further deterioration in the quality of services, and a general decline in the capacity of the system to meet the increasing demand for services.

The scale of increased healthcare demand is significant. Young adults, normally not significant users of healthcare, are the prime targets of the epidemic and create additional demand. In some of the worst affected HIV/AIDS countries, 50–80 percent of hospital beds are occupied by AIDS patients. A report on hospital admissions in rural South Africa noted an 81 percent increase in total admissions, while admissions in adult tuberculosis wards increased by 360 percent and nontuberculosis AIDS cases went up forty-threefold.²⁷ A shortage of beds may translate to poorer quality of care when AIDS patients can only be admitted during later stages of the illness.

While demand is increasing, the capacity to deliver healthcare services is declining. The morale of healthcare staff is likely to decline with increased workloads, high mortality in normally healthy populations (including colleagues), and higher perceptions of vulnerability to HIV infection. A workforce study in Malawi showed a sixfold increase in the prevalence of HIV infection among health staff during the 1990s.²⁸ Burnout may exacerbate an ongoing exodus of health personnel from highly affected HIV/AIDS countries to countries actively recruiting and providing incentives to emigrate. Healthcare workers are as likely as the general population to become infected and die from the epidemic, though they may be at greater risk for contracting tuberculosis and other coinfections of HIV/AIDS. Within the health professions, illness, death, and emigration create additional human resource capacity problems.

The countries worst affected by HIV/AIDS can least absorb the extra financial and human resource burden on their healthcare systems. UNAIDS estimates that the annual direct costs of HIV/AIDS in sub-Saharan Africa are \$30 per capita, not including ARV treatment. Very few African countries exceed \$10 per capita for overall public health spending.²⁹ As more HIV infections progress to AIDS, expendi-

tures for treatment and care will rise exponentially. There is great concern that health sectors will drain national treasuries in countries already strapped for resources, leaving little for other important development sectors. Within the health sector, many public health officials express anxiety that funds needed for issues such as child survival and family planning will be diverted for HIV/AIDS.

USAID’s Response

USAID has been making efforts to reduce HIV/AIDS impacts on the capacity of health sectors to deliver quality services, especially at the community level. In view of the need to deliver ARV therapy and the deterioration in health systems, USAID is increasing emphasis on health system strengthening, which even countries with serious HIV/AIDS impacts have yet to undertake. USAID’s support for health system strengthening includes policy change, human capacity development, NGO and public sector capacity strengthening, and improvement in quality of services.

Prevention remains a high Agency priority. USAID has supported the delivery of prevention messages in other sectors, including through workplace, microenterprise, and agricultural programs. Other cross-sectoral collaborations—at mission levels and USAID/Washington—has been particularly fruitful in developing policy changes to improve the allocation of resources for mitigation, provide a legal framework for reducing the impact on women and other vulnerable populations, and

26 World Bank, *Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis* (Washington, D.C.: World Bank, 1999). <http://hiv.aidsclearinghouse.unesco.org/even.php?ID=1106_201&ID2=DO_TOPIC>

27 Ibid.

28 Linda Tawfik and Stephen N. Kinoti, *The Effect of HIV/AIDS on the Health Sector in Sub-Saharan Africa: The Issue of Human Resources* (Washington, D.C.: USAID, 2001). <www.dec.org/pdf_docs/PNACP346.pdf>

29 UNAIDS, *Report on the Global HIV/AIDS Epidemic 2002* (Geneva: UNAIDS, 2002). <www.unaids.org/html/pub/global-reports/barcelona/brglobal_aids_report_en_pdf.htm>

set up guidelines for implementing key components of HIV/AIDS programs. For example, in South Africa, health and economic growth SO teams worked together to change policies on impact mitigation that resulted in increased budgetary allocation for mitigation efforts and governmental explorations of cost-effective measures to assist small businesses. In Tanzania, the health and DG sectors partnered to help the government address organizational issues in establishing a multisectoral HIV/AIDS program. USAID also supported the development and application of tools and methodologies that help countries allocate resources in accordance with program priorities, such as the development of national health accounts with an HIV/AIDS component. The Agency also helped develop models that estimate the costs of delivering ARV treatment in resource-poor settings.

Many missions devoted DG resources to mobilizing communities and civil societies. The DG and health sectors have also worked together in a few countries to strengthen NGO and CSO capacity to address HIV/AIDS. For example, CORE (Communities Responding to the HIV/AIDS Epidemic), managed by CARE, is working with different sectors to enable faith-based organizations to provide care and support and convey prevention messages. Health and DG SO teams have also worked together on anticorruption and decentralization. Health offices of several missions are working with DG counterparts to promote civil society participation in government decisionmaking on treatment and care, reducing discrimination, strengthening the judiciary to enforce

law, and training parliamentarians to address HIV/AIDS issues.

USAID has supported analyses of human resource capacity, a critical component of the impact of HIV/AIDS on the healthcare sector in some of the worst affected HIV/AIDS countries. For example, the Quality Assurance and Workforce Development Project commissioned a study of Zambia's manpower requirements to help the country plan human resource development in the sector. A human capacity development taskforce was formed at USAID/Washington to recommend ways to strengthen human capacity in countries experiencing heavy losses of workers. Additionally, USAID partners are providing training to implement pilot programs for ARV implementation, developing a rapid assessment tool to assess human capacity in high prevalence countries, and developing models to determine human resource requirements for scaling up HIV/AIDS treatment. An important step in cross-sectoral collaboration is to link these planning efforts with other sectors, such as education or DG.

USAID has supported multisectoral activities for the care and support of affected households and individuals. The activities comprise advocacy for human rights and reduced discrimination against affected persons, food security and nutrition, the care of orphans and vulnerable children, treatment of the disease, and income generation. Health and DG sectors also worked together in the areas of advocacy, human rights, and civil society participation in government decisionmaking. In Nigeria, DG, education, and health SO teams focused

on gender, addressing women's political participation, girls' basic education, and health programs. The Office of Food for Peace is providing support for food security and nutrition in 7 of 15 countries targeted by the President's Emergency Plan for AIDS Relief (PEPFAR). The office also supports C-Safe (Consortium for Southern Africa Food Security Emergency), which offers valuable lessons on how to target food aid to HIV-infected persons and reestablish livelihoods in southern Africa.

As the disease progresses, nutrition requirements increase but the capacity of affected households to cultivate land or earn enough income to buy food declines. Thus, affected households need help with income-generating activities and appropriate cultivation techniques. Agriculture and economic growth SO teams worked with health SO teams to analyze cropping patterns of HIV/AIDS-affected households (Zambia), introduce laborsaving technology (Zimbabwe), and arrange for microfinance opportunities for generating rural livelihood prospects (Uganda).

Lessons Learned and Recommendations

- Though USAID has supported activities geared toward health system strengthening, more concerted and coordinated efforts are needed to strengthen whole health systems and address systemic problems.
- The effectiveness of core HIV/AIDS interventions under PEPFAR depends, in part, on the support of other sectors. For example, agriculture can work to provide nutrition to

affected families, economic activities can improve the status of women, health activities can encourage mothers to adopt proper breastfeeding practices, and education is needed for orphaned children. Thus, strengthening the capability of these sectors to provide necessary services is essential. In this way, communities can be reached with a comprehensive package of care, support, and prevention activities.

- Sustainability of care and support is a major issue, as the number of AIDS cases and the longevity of affected individuals increase. Social services will have to be gradually replaced with support for income-generating activities for families who have low capacities to work. A strategy for this type of economic support needs to be developed in collaboration with the private sector. In this respect, empowering women economically must be the highest priority, and PEPFAR specifically encourages these activities.
- Projects focused on human capacity development must be expanded or implemented. Youth have the highest HIV/AIDS incidence rates and highest levels of unemployment (40–60 percent). Long-term prevention programs have to be linked to livelihood opportunities. This is an emerging trend in USAID mission programs and needs to be strengthened. Such programs help reduce human resource shortages as well as the inequities that fuel the epidemic.
- Ownership and commitment of ministries such as planning and finance are essential for proper allocation and

utilization of resources for HIV/AIDS and health. Therefore, analytical work on the impact of HIV/AIDS will help develop and implement sound policies.

Illustrative Best Practices for a Multisectoral HIV/AIDS Program Strategy

USAID/Washington has focused on research and bridging the knowledge gap; the development of sectorally specific toolkits; coordination within intra-agency and interagency working groups; and the development of partnerships with research institutions, universities, and PVOs. The leader in promoting the multisectoral approach is the Bureau for Africa's Office of Sustainable Development, which has provided support to all SOs in its portfolio to incorporate HIV/AIDS concerns. The office formed technical working groups on HIV/AIDS in each sector to promote sound sectoral responses; analyze best practices in the field; and collaborate with the University of Natal to develop, disseminate, and use toolkits for different sectors. Of particular note are the efforts of the office's education team to develop a wide-ranging strategy to address HIV/AIDS, including the MTT approach (see box on page 25). The office has also sponsored two consultative meetings and made significant contributions to three USAID-sponsored conferences on multisectoral responses to HIV/AIDS. These contributions not only brought a more coherent approach to addressing HIV/AIDS, but sensitized staff to the need to analyze the impacts of HIV/AIDS on sectoral objectives.

Multisectoral Responses from the Field

USAID missions recognize the need to address HIV/AIDS in innovative, multisectoral ways. Among approaches emphasizing multisectoral efforts is USAID/India's 2003–07 HIV/AIDS strategic plan. The mission is working in geographic priority states to support workplace interventions, such as collaborating with the Confederation of Indian Industry to increase private sector responses to HIV/AIDS. USAID/India has also been engaging a spectrum of government ministries in HIV/AIDS issues, developing relationships and involving them in mission interventions to mitigate HIV/AIDS. In Russia, where NGO involvement in service delivery is a relatively new approach, the mission supported NGO and municipal partnerships that connect HIV/AIDS and TB programs with civil society. The mission's DG sector also collaborated with the health SO to use HIV/AIDS messages in communication campaigns.

However, it is in Africa, with world's highest HIV/AIDS prevalence rates, where USAID has developed the most comprehensive multisectoral programs to address HIV/AIDS. Two such examples are highlighted from the Agency's missions in South Africa and Zambia.

USAID/South Africa

USAID/South Africa has actively pursued multisectoral HIV/AIDS initiatives, though the mission maintained the identification, development, and management of these activities within the technical SO teams. The mission makes limited HIV/AIDS funding

available directly to other SO teams, and developed clear procedures for identifying and approving use of HIV funds to ensure compliance with Agency guidance. Furthermore, USAID/South Africa worked to broadly engage the South African Government and assist in incorporating HIV/AIDS in development planning. For example, it worked with South Africa's National Treasury to determine the impact of HIV/AIDS on the country's development plan and budget needs over the medium term. To facilitate the planning process, the mission also provided technical advisors to key ministries—such as the treasury, education, public service and administration, housing, and health.

Some examples of mission-supported HIV/AIDS initiatives are listed below:

Democracy and Governance

- Strengthening awareness and respect of human rights, including the rights of HIV-positive people, and strengthening the capacity of local governments to plan responses to HIV/AIDS.
- Working with the justice system on issues concerning violence and abuse of women and children, including empowering victims of sexual abuse to provide evidence in court. This is important because a significant portion of HIV/AIDS transmission occurs through rape and sexual abuse.

Education

- Funding the development of HIV/AIDS-inclusive education material for primary schools.

- Assisting the National Department of Education's introduction of HIV/AIDS prevention materials into lifeskills curricula in primary schools and helping the department conduct a workforce analysis of the impact of HIV/AIDS.
- Introducing the HIV-positive Muppet (Kami) into the popular television series, *Takalani Sesame*.
- Providing assistance to the National Youth Commission for a training project aimed at increasing levels of knowledge of HIV/AIDS among youth, providing support services through counseling and support groups, and promoting positive living for people living with HIV/AIDS and vulnerable groups.

Economic Growth

- Supporting analyses of the economic impact of HIV/AIDS on businesses, housing, and vulnerable populations, and assisting the development of a macroeconomic forecasting model that incorporates the impacts of HIV/AIDS and helps identify and evaluate the most affected sectors.

Vulnerable Populations

- Exploring links with community-based job-creation projects for vulnerable groups, including people living with HIV/AIDS.
- Offering housing guarantees for HIV-vulnerable households, and assisting with local housing planning to initiate foster care units and cluster housing schemes for AIDS orphans.

- Testing programs that provide fortified food to pregnant women

USAID/Zambia³⁰

Recognizing the complex nature of the HIV/AIDS epidemic, USAID/Zambia started a multisectoral HIV/AIDS program to address the epidemic holistically, involving people, institutions, and governments at every level and across key sectors. The multisectoral HIV/AIDS program uses a two-tiered approach, operating at national as well as district and community levels. At the national level, sustainability is ensured through partnership with government ministries, though the program's key focus is at the district level. Collaboration at the district level permits a comprehensive, targeted program that can be scaled up. The use of participatory approaches in activities at these levels helps ensure quality and sustainability.

The multisectoral program is managed by a coordinator who is supported by a mission HIV/AIDS and Orphans Working Group with representatives from all four mission SOs. Through the working group, SO teams can mainstream HIV/AIDS in their respective sectors at low cost and create new entry points for prevention and mitigation efforts. Moreover, collaboration among all SO teams and within the working group has introduced a norm of interaction and synergy across the mission. USAID/Zambia seeks to coordinate interventions to strengthen capacity and improve the policy and regulatory en-

30 USAID/Zambia, *Country Strategic Plan FY 2004–2010*. <www.usaid.gov/zm/csp_zambia_final_vol_1_july_22_2003_public_copy.doc>

vironment—at all levels of society and across all sectors—to reduce HIV/AIDS prevalence and its sectoral impacts and improve livelihood opportunities for people living with AIDS and orphans and vulnerable children.

USAID/Zambia’s multisectoral responses are intrasectoral and intersectoral. In an intrasectoral response, a sector-specific SO (such as in agriculture, education, health, or governance) assesses the impact of HIV/AIDS on the sector and undertakes a sectoral response to reduce the impact of the epidemic on its core business. This strengthens the sector’s ability to contribute to economic development and HIV/AIDS care and prevention. The success of this approach depends on all SOs, as activities are implemented under respective intermediate results. Intersectoral responses to HIV/AIDS are carried out by a specific SO for HIV/AIDS activities that cuts across different sectors. These activities have built in the overall coordination, monitoring, evaluation, and reporting of mission-level HIV/AIDS activities. They also provide appropriate technical assistance to other SOs to implement activities.

USAID/Zambia has supported HIV/AIDS activities to respond to the epidemic’s impacts on agriculture, private sector development, DG, and education, in addition to responses to increase capacity of the health sector. In USAID/Zambia’s HIV/AIDS Multisectoral Strategic Framework (2001), multisectoral activities are categorized in four key areas:

Best Practice In Focus: The Mobile Task Team (MTT)

The University of Natal’s MTT is an action-oriented planning activity that helps MoEs develop a systematic response to the HIV/AIDS epidemic. The model is now being adapted for health and other sectors.

The MTT’s work with a MoE typically begins with a request from a USAID mission that proposed the resource to the ministry. A team of up to four African experts (health economists, physicians, and education managers) from the MTT is mobilized to establish and maintain an ongoing relationship with the MoE. First, the team works with the MoE and mission staff to prepare for a 3–5-day workshop to develop a vision statement and strategic plan. At the discretion of the MoE, the initial workshop involves ministry planners, educators, NGOs, and other stakeholder groups, including USAID, UNAIDS, DFID, UNICEF, UNESCO, and other donors. The ministry provides or finds funding for on-the-ground costs and handles local logistics, while USAID funds the MTT facilitators. Together, workshop participants assess the country’s situation; revisit existing plans; and develop a comprehensive, prioritized, and achievable action plan that includes monitoring and measurement components.

A key output is a detailed report that reflects the current impact of HIV/AIDS on education and the MoE response; a shared vision for the future; consensus on prioritized goals and objectives to achieve this vision; and a detailed, achievable action plan with target dates and allocation of responsibility. There is also reporting to public

and political levels, further planning, and refinement.

To effectively support these MoEs and transfer skills, the MTTs developed a series of tools, techniques, templates, and models. These include rapid appraisal frameworks; vision, goal, and objective-setting techniques; program prioritization; teacher demand and supply modeling; district level data collection systems; partnership database development; analysis of technical assistance requirements; and monitoring and evaluation frameworks. Following the workshops, the MTT also trains core groups of local education managers in critical skills for HIV/AIDS response. The aim is to develop a network of managers and planners who can design and implement long-term countermeasures to the pandemic at central, provincial, and district levels.

Since August 2000, the MTT has worked directly with MoEs in seven African countries and offered regional support to several others. Early signs of the effectiveness of the MTT include its work on comprehensive strategic and implementation plans for HIV/AIDS management in MoEs in Zambia, Malawi, Namibia, Ghana, Kenya, and several provincial departments of education in South Africa. While the MTT was developed in response to a request from the Zambian MoE and other educational planners, the basic approach and many MTT tools promise to be an innovative mechanism, in other sectors and cross-sectorally.

For more information, see <www.ukzn.ac.za/heard/>.

- *coordination*—activities in which USAID sectors, implementing agencies or partners, and other donors build partnerships and links through collaboration
- *assessment and strategic planning*—activities where the impact of HIV/AIDS on the sector, its staff, and outcomes are assessed and strategic plans for responses are developed
- *implementation of HIV interventions in the key areas of education, microenterprise, agriculture, and the workplace*—activities that build the capacity of public and private sector workforces and provide HIV/AIDS services that are accessible to sectoral partners in ministries and the private sector
- *sharing tools and linking interventions through referral networks*—activities that involve sharing technical tools and linking services across providers for synergistic interventions
- Other sector efforts must build on health sector activities to attain needed results.
- USAID staff in all sectors are eager to work on HIV/AIDS-related activities.
- Everyone does not need to become an HIV/AIDS expert; staff only need to know where to go when expertise is needed.
- Both the ambassador and the mission director must champion multisectoral efforts for them to succeed.

While specific USAID operating units have taken a lead in multisectoral approaches, the approach has sector, bureau, office, and mission champions throughout the Agency, including Administrator Andrew Natsios, who requested that all sectors take HIV/AIDS issues into account as part of their programs.

An integrated and coordinated response is crucial to successful implementation of a multisectoral strategy to address the negative impacts of HIV/AIDS on development.

Lessons learned from USAID/Zambia’s multisectoral approach include the following:

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The U.S. Agency for International Development (USAID) is an independent federal agency that receives overall foreign policy guidance from the Secretary of State. For more than 40 years, USAID has been the principal U.S. agency to extend assistance to countries recovering from disaster, trying to escape poverty, and engaging in democratic reforms.

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