PRIORITY HIV/AIDS ISSUES FOR REVISED PEAP

Presentation by
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UGANDA AIDS COMMISSION

National Consultative Conference on PEAP Revision

Kampala, 28-30 October 2003
ORDER OF PRESENTATION

1. Context of HIV/AIDS
2. Consultation Process
3. Concerns and Observations
4. Guidance on Mainstreaming
5. Sustained Momentum
INTRODUCTION

• HIV prevalence declined considerably
• Health, development problem, security risk
• Uganda pioneered multi-sectoral approach
• Policy: All aspects of epidemic; whole society contributes

National AIDS Commissions to coordinate
-Aim: equity, efficiency

National Strategic Framework (NSF)/PEAP Objective
**HIV/AIDS IMPACTS**

- Prevalence levels show signs of stagnation
- Labour forces and productivity have decreased
- AIDS is leading cause of death for 15-49 year olds
- Women are the most severely affected
- Over 25% households are headed by women
- Decline in poverty rates is slowing down
- Rising rural/urban poverty gap
- Conflict in North fuels epidemic
- Increased orphans and vulnerable children (OVC)
MAINSTREAMING RATIONALE

• AIDS degrades quality of life; erodes household incomes; hampers social development and macro economic growth; threatens national security

• All sectors must be supported to address HIV/AIDS

• HIV/AIDS be better highlighted in Revised PEAP
CONSULTATIONS MADE

Working with Uganda HIV/AIDS Partnership Committee; TA, UAC:

• Contributed to Public Administration (PA) SWG

• Formed Technical Working Group (TWG) for HIV/AIDS Crosscutting Issue

• Participated in Sector Working Groups (SWG)

• Reviewed draft SWG reports
CONCERNS AND OBSERVATIONS

• PEAP 2000 HIV is concentrated in Pillar 4
• PEAP recommends HIV be mainstreamed into all Pillars development plans
• Need to build on existing strategies and progress indicators; consider the full extent of the epidemic
• Ministries have focused on “awareness raising” and ‘sensitization’
• Impact studies are *ad hoc* and scantily documented
CONCERNS……

• Limited clarity about specific impact of epidemic on each sector and the necessary responses

• PEAP 2000 addressed HIV/AIDS mainly as a service delivery and social, rather than systemic and structural issue

• PSR 2002 recognizes necessity for structural/systemic change
GUIDANCE ON MAINSTREAMING

Documents produced:

- “Mainstreaming HIV/AIDS Issues into PEAP” provides evidence for rationale and guidance
- Process of Mainstreaming HIV/AIDS” identifies actions to promote synergies across ministries, sectors and with other cross cutting issues
- UAC PEAP Sector Revision Report, articulates crucial coordination role of Commission
GUIDANCE...

Working definition for Mainstreaming:

- Sectors adapt their core business to cope with realities of epidemic - paradigm shift
- Appreciate and can show how HIV/AIDS impacts on their performance, how their work might reduce or increase HIV spread
- Maximise opportunities within each sector’s mandate to contribute towards HIV/AIDS efforts
GUIDANCE…

Key principles of mainstreaming

• Understanding impact of the issue on development
• Identifying focused entry points
• Working within existing structures and strategies as far as possible
• Working to comparative advantage
• Identifying strategic partnership
NEW DEVELOPMENTS

Since PEAP 2000:

- UNECA (ADF), UNGASS, MDGs/PEAP, UHDR, PSR
- Falling ARV drug prices
- Programmes: MAP-CHAI, DRI, Action Research,
NATIONAL RESPONSE PROGRESS

• Coordination; Partnership alignment; District leadership guideline
• Policy Revision: OVC, ARV, Vaccine Plan
• Mid-Term Review (MTR) of NSF will review cost from $180m– $300m
RECOMMENDED APPROACHES

• Many issues identified cut across all sectors
• Each sector should focus on issues raised under each Pillar, not on a single Pillar where sector is subsumed
Pillar 1: Economic growth

- HIV contributes to about 1% GDP loss
- Conflict in the North with unsettled mobile populations
- Increased OVC number
Pillar 2: Good governance

• HIV/AIDS thrives in conflict situations
• High levels of new HIV infection among abducted children
• Morbidity is likely to continue for long
• Continued attrition of HR expected
• With high commodity value, ARVs may fuel corruption
Pillar 3: Ability to raise incomes

• Not fully understood how PMA will impact on AIDS affected households; or how HIV might undermine PMA objectives

• HIV/AIDS affected households should, therefore, be specifically addressed
Pillar 4: Quality of life

Further opportunities to:
- better incorporate HIV/AIDS into reproductive health discourse and practice
- address HIV/AIDS through structural change
SYNERGIES AND PARTERSHIP

• Most cross-cutting issues complementary: Eg,
  - Improving socioeconomic status of women affects HIV/AIDS responses
  - Improved social protection benefits HIV affected households

• Innovative strategies are required to harmonise HIV/AIDS and other programmers
STRATEGIES FOR SUSTAINED MAINSTREAMING

• Comprehensive HIV/AIDS impact study - critical and urgent
• AIDS Impact Model - imperative
• Information and evidence:
  - Socio-economic study on interaction between HIV/AIDS and poverty in Uganda
  - Regular micro-economic level surveys to assess impact on households
  - Strengthened NADIC
STRATEGIES....

• Human Resource (HR) planning and management
  - Incorporate information linking HIV/AIDS to HR capacity in existing information systems
  - Expand HIV/AIDS impact studies on Pastoralism; Fisheries
STRATEGIES....

- Community mobilization
  - Coordinate existing approaches and initiatives for community development
- Enhanced impact mitigation and social protection
- ARVs
  - Ensure that procurement systems can guarantee uninterrupted flow of drugs and equipment
STRATEGIES ....

• Leadership
  - Support sustained communication strategies for HIV/AIDS mainstreaming
  - Strengthen NADIC as the repository for information and knowledge on HIV/AIDS impact mitigation efforts countrywide
MEASURING SUCCESS OF MAINSTREAMING

• Process and outcome indicators as in NSF 2000-2005
• National Sero-Survey 2004
• MTR will improve strategies and monitoring indicators
• COORDINATION: Supportive, inclusive, participatory
• Maintain momentum of success; keep in lead