



Joint United Nations Programme on HIV/AIDS

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## **PROGRAMME COORDINATING BOARD**

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### **Provisional agenda item 7**

#### **Framework for the International Partnership against AIDS in Africa**

##### **EXECUTIVE SUMMARY**

The PCB meeting of June 1999 declared the HIV/AIDS epidemic in sub-Saharan Africa as a development crisis, endorsed the concept and principles for developing an International Partnership against AIDS in Africa (IPAA) and requested the UNAIDS Secretariat to report back on a regular basis to the PCB and other partners on the progress made in advancing the Partnership.

The Partnership has developed as a broad coalition of actors that, under the leadership of the African governments involved, seeks to curtail the spread of HIV, reduce its impact on human suffering and halt the reversal of economic and social development in Africa. Through the combined efforts of the actors (African governments, United Nations organizations, donors, the private sector and the community sector), the IPAA is stimulating political awareness, mobilizing additional resources and strengthening national prevention and control programmes.

At a meeting convened by the UN Secretary-General on 6 December 1999, all constituencies committed to reach agreement on a "Framework for Action" for a major intensification and mobilization to address the epidemic in Africa. The Framework of the IPAA describes an emerging strategy for working in partnership on AIDS in Africa. It maps out why we need to do this; why it is different from previous efforts. It proposes the targets and goals to which the Partnership contributes and the outputs and milestones for the next two years. It explores the functions and mechanisms of the IPAA at each level and the roles and responsibilities of different actors. The Framework has been negotiated within and among all constituencies including work by an international drafting committee representing all constituencies. It will be revisited every year and can be revised, based on further lessons learned. The document presented to the PCB is in two parts, the executive summary and the substantive framework for action.

##### **ACTION REQUIRED**

The PCB is requested to approve the proposed Framework for Action of the International Partnership against AIDS in Africa.

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## EXECUTIVE SUMMARY

The purpose of this *document* is to describe an emerging strategy for working in partnership on AIDS in Africa. It maps out why we need to do this; why it is different from previous efforts; the roles and responsibilities of different actors; the outputs at each level; and mechanisms for partnership. It proposes a set of goals, targets, principles, as well as milestones for discussion. It explores the potential roles for African Governments, Donors, the Private sector and the Community sector, and describes the role and responsibility of the UNAIDS Cosponsors and that of the UNAIDS Secretariat. The "Framework for action" is a work in progress that has been *negotiated by all constituencies* and is now submitted for approval to the UNAIDS PCB in May.

### Why is the Partnership needed?

Nearly 70% of the world's infection by HIV/AIDS, and 90% of deaths from AIDS are to be found in a region that is home to just 10% of the world's population. Infection levels are highest in the sub-Saharan region, access to care is lowest, and social and economic safety nets that might help families cope with the impact of the epidemic are grossly inadequate.

The need to mount an *extraordinary response* is thus overwhelming. Current national AIDS activities in Africa must be expanded dramatically to make an impact on the epidemic. Experience shows that when governments commit their political prestige and financial resources, involve civil society fully, emphasize prevention and care, and support activities in a range of sectors, they are able to limit the spread of the epidemic and mitigate the impact, and attract international support. Only then can the rate of new infections be slowed. African leaders are demonstrating unprecedented leadership in fighting HIV/AIDS; the time is ripe for an extraordinary effort.

### What is the Partnership?

The Partnership is a *coalition* of actors who, based on a set of mutually agreed principles, have chosen to work together:

- to achieve a shared vision,
- common goals and objectives, and
- a set of key milestones.

Its *purpose* is to establish and maintain processes by which governments, civil society, national and international organizations working against AIDS in Africa are enabled to work together more effectively to curtail the spread of HIV, sharply reduce its impact on human suffering, and halt the further reversal of human, social and economic development in Africa.

The *actors* of the Partnership are:

- African Governments
- The United Nations

- Donors
- The Private sector
- The Community sector

The partners believe that by acting in synergy with others the impact of individual actions can be dramatically enhanced and they can seek to build on development through best practice at every level. As such, the Partnership can be understood as a series of overlapping partnerships at different levels, and between different actors, working to common targets:

- At *country level*, members of the Partnership undertake to work under the leadership of national governments within a common, strategic framework, frequently called a “national strategic plan for HIV/AIDS”. To be effective, this framework will identify core strategic and programmatic areas for intervention, and the role of different actors.
- At *regional and sub-regional level*, members of the Partnership will build on existing mechanisms for collaboration in the strengthening and development of regional resources, such as technical resource networks, available for rapid drawdown by national programmes seeking technical advice and training.
- At *global level*, the Partnership will identify processes and products in which to collectively invest. These will range from intensifying action on international public goods, to political processes, which are likely to result in greater resources and visibility for the epidemic, and where intensified and coordinated action is likely to have an impact.

## **Partnership: Vision, principles, international targets and the overall HIV/AIDS goal**

The **vision** of the International Partnership Against AIDS in Africa is that within the next decade African nations with the support of the international community will be implementing larger-scale, sustained and more effective multisectoral national responses to HIV/AIDS.

Through collective efforts, promotion and protection of human rights and promotion of poverty alleviation, countries will:

- Substantially reduce new HIV infections;
- Provide a continuum of care for those infected and affected by HIV/AIDS;
- Mobilize and support communities, NGOs and the private sector, and individuals to counteract the negative impact of the HIV/AIDS epidemic in Africa.

### **Principles are:**

- African ownership and leadership of the Partnership at all levels: country and community priorities to drive the action, and implementation plans will be based on local priorities and contexts;
- Active involvement of people living with AIDS in setting the parameters of the Partnership and its design, implementation and evaluation;

- Focus on enhanced, more efficient results at country level;
- Respect, protection and fulfilment of human rights, compassion, and active opposition to all forms of stigma and exclusion of people living with HIV/AIDS;
- Promotion of public awareness both within and outside Africa of the HIV/AIDS epidemic as a development crisis that requires an urgent and sustained response on an unprecedented scale;
- Equal access to appropriate treatments and other scientific breakthroughs in prevention and care;
- Support for the development and implementation of joint national strategic action plans involving all relevant sectors;
- Partners fully committed to working jointly.

### **The ICPD+5 international target**

The ICPD+5 United Nations General Assembly Special Session (UNGASS) set a new *internationally agreed target* for addressing HIV/AIDS in the world. While not exclusive to Africa, this valuable target focuses world attention and commitment to address the epidemic in the 25 most affected countries, 24 of which are in Africa. Governments, UNAIDS and donors have been called upon – and have agreed – to take the steps necessary to ensure that in these most affected countries by 2005:

- At least 90 percent of young men and women aged 15-24 have access to information and skills required to reduce their vulnerability to HIV infection;
- HIV incidence in 15-24 year olds is reduced by 25 per cent.

### **The overall HIV/AIDS goal**

While reducing transmission is one critically important aspect of addressing the epidemic, this will not be achieved in isolation of concomitant efforts to:

- provide care and support to those affected;
- reduce suffering and mitigate the impact of the epidemic;
- decentralize the response through local government and community action;
- expand the response in the education, health, workplace and communication sectors, among others, through significant social and economic policy adjustments, including the strengthening of social safety nets for the most vulnerable;
- substantially increase the investment of financial, technical and political resources in HIV/AIDS-focused efforts;
- begin to deal with the challenge of children orphaned by AIDS and vulnerable children

The IPAA contributes to the achievement of an overall HIV/AIDS goal which builds on the ICPD+5 target. It is important to note that the IPAA itself is not directly responsible for achieving the results, but rather will contribute to their achievement.

The overall HIV/AIDS goal is:

To curtail the spread of HIV, and to reduce sharply the impact of AIDS on human suffering and on the development of human, social and economic capital in Africa

## **Partnership: operational considerations**

### **Outputs and milestones**

In order to guide and monitor the progress of the Partnership in the early phases, *outputs and milestones* have been agreed. They provide strategic guidance on how the Partnership should be implemented over the next two years to meet the long term international AIDS goal and will be reviewed and revised as necessary annually. They have been articulated in the following areas:

- Intensified country-level action;
- National capacity strengthening;
- Agreed goals and indicators;
- Advocacy and political mobilization;
- Increased financial resources;
- Effective partnership mechanisms.

### **IPAA functions and mechanisms at country level**

*The key function of the Partnership at country level* is to provide a mechanism for all actors to come together, under the leadership of government, in support of effective national strategic plans. While many countries already have national strategic plans, they have often failed to act as a platform around which all actors have been willing and able to programme their resources. The critical first step to coordinated working at country level is to develop a shared action plan, which will in most instances be incorporated into the national strategic plan; in others, they will supplement the existing national strategic plan. The key to their value lies in their role as a jointly negotiated and agreed statement of what all partners will do. For the purposes of this framework for action, they are referred to as “national action plans”.

**National Action Plans** may include some of these:

- shared analysis and shared perspective on ‘gaps’;
- shared priorities;
- negotiated and costed action plans;
- agreed milestones and indicators of achievement;
- agreed working arrangements and responsibilities such as national coordination mechanisms; common design and appraisal; implementation; monitoring and evaluation; use of technical resources;
- agreed resource mobilization plans, drawing on all partners (government, donors, private sector) or potential partners;
- mechanisms to include diverse and non-traditional partners, both national and international;
- mechanisms for ensuring timely resource transfer and technical support to district/community level actions;
- mechanisms to ensure active involvement of persons living with HIV/AIDS.

Most countries are engaged in strategic planning processes. Government, civil society, the private sector and external partners are already engaged in AIDS programmes. What does the Partnership bring in which is different? We can identify a number of gains:

The value added of the IPAA lies in:

- A *co-ordinated response*: In most countries there is immediate scope for improved co-ordination. The willingness to negotiate around nationally negotiated plans to identify gaps and improve efficiency will be a significant step forward in many countries.
- A *scaled up response* by better use of existing resources and new resources. Resources are more likely to flow towards well-designed, clearly costed and well-implemented programmes, especially where it is clear that mechanisms are in place for moving resources to district and community level.
- A *linked response*: the IPAA will ensure that countries are properly linked to sub-regional, regional, and international resources and initiatives. By improving communications and the quality of information, and where necessary ensuring that brokering functions are performed, the Partnership will ensure that countries are able to benefit from other international and regional investments in addressing the epidemic, including in best practice development, information, commodities or technical expertise.
- A response based on the best practices *learned from two decades of experience with the epidemic: experience from two decades of the epidemic has generated a considerable body of good practice.*

### **IPAA functions and mechanisms at regional level**

*The key function of the Partnership at regional and sub-regional level is to ensure maximum impact at country level through cost-efficient high quality support for national programmes and for local initiatives within countries. Organizationally, inter-agency groups and networks of persons and institutions working on specific topics (e.g. voluntary counselling and testing, home-based care, management of STDs, AIDS and the education sector, national strategic planning, debt relief and AIDS, ethics/law and AIDS) will be the primary mechanisms for better coordination and stronger support to countries. Specific regional functions include the following:*

- Coordination and strengthening of technical resources and improved mechanisms for rapid drawdown by any partner
- Support to leading institutions for training, policy analysis, research, etc.
- Use of existing coordination mechanisms to act as a platform for advocacy
- Development of mechanisms to address cross-border issues which require sub-regional perspectives
- Negotiations over the procurement of commodities, where regional/sub-regional levels have advantage over the national level.

## **IPAA functions and mechanisms at international level**

At international level the Partnership's key function will be to support country, sub-regional and regional initiatives and to take forward international actions that will further enable effective local responses. Functions include:

- Advocacy to support the Partnership and to increase public and private (e.g. business, foundation, NGO and others) resources;
- Monitoring of the progress of the IPAA;
- More effective use of existing co-ordination mechanisms to act as platform for advocacy;
- Identification of areas, issues and mechanisms where international action, brokering, or coordination will add value to sub-regional and country-level actions: these may include negotiations over commodities such as condoms, testkits, etc.), advocacy for the development of new international public goods (particularly drugs and vaccines); amplifying the links between AIDS and poverty through the development of Poverty Reduction Strategy Papers (PRSPs), and debt reduction for Highly Indebted Poor Countries (HIPC)

## **The roles, responsibilities and membership of the Partnership**

Members of the Partnership are those who state that they wish to work jointly with others in pursuit of an intensified response to AIDS in Africa, and are prepared to adjust their activities in line with Partnership principles. Members will be in agreement with the objectives, and milestones of the Partnership, and will be willing to act transparently, and to make information available to members of the Partnership, particularly at country level. While it is not envisioned that there will be any *formal* mechanisms in place for joining the Partnership, this internationally agreed Partnership document provides the basis for discussions and participation. At national level, the joint Action plan provides the vehicle for negotiating participation. It is clear that at each level of the Partnership, different partners will coalesce around different issues and instruments for taking forward action.

## **Conclusion**

A significant increase in the resources committed to the Partnership is needed from all Partners. While the Framework demonstrates the intention of all Partners to use existing resources more effectively and efficiently, significant progress will not be made without increasing the human, technical and financial resources available. In anticipation of these additional inputs, this Framework sets out a working agreement as to how they might be best deployed, in support of national strategic plans, and in cooperation with all other Partners. If new and existing resources are henceforth deployed in accordance with the Partnership principles, vision, goal and purpose, set out in this document, the IPAA stands ready to make significant strides against the epidemic in Africa.



## **A Framework for Action**

### **Working in Partnership: Intensifying national and international responses to AIDS in Africa**

#### **I. INTRODUCTION**

1. The Partnership is a *coalition* of actors who have chosen to work together to achieve a shared vision, common goals, based on a set of mutually agreed principles, and a set of key milestones. Its purpose is to establish and maintain processes by which governments, civil society and especially the community sector, national and international organizations working against AIDS in Africa are enabled to work together more effectively to curtail the spread of HIV, sharply reduce its impact on human suffering, and halt the further reversal of human, social and economic development in Africa.

2. The actors of the Partnership are African Governments; the United Nations; Donors; the Private sector<sup>1</sup> and the Community sector<sup>2 3</sup>. As such, the Partnership can be understood as a series of overlapping partnerships at different levels, and between different actors, working to common objectives.

3. The purpose of this *document* is to describe an emerging strategy for working in partnership on AIDS in Africa. It maps out why we need to do this; why it is different from previous efforts; the roles and responsibilities of different actors; the outputs at each level; and mechanisms for partnership. It proposes a set of goals, targets, principles, as well as milestones for discussion. It explores the potential roles for African Governments, Donors, the Private sector, and the Community sector, and describes the role and responsibility of the UNAIDS Cosponsors and that of the UNAIDS Secretariat. The Framework for Action reflects an evolving process to better respond to AIDS in Africa, and thus overtime, will be revised as necessary. It is work in progress that has been widely discussed within and among all constituencies and is submitted for approval to the UNAIDS PCB in May 2000.

#### **II. BACKGROUND: WHY IS A PARTNERSHIP NEEDED?**

##### **A. Problem statement**

4. The 1999 World AIDS Day figures spell out the stark reality of the epidemic for Africa: life expectancy at birth in southern Africa, which rose from 44 years in the

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<sup>1</sup> The private sector includes diverse groups such as multinational corporations, pharmaceutical firms, foundations and trade unions.

<sup>2</sup> Under the Partnership, the community sector will be understood to start from individuals, families and communities who have organised themselves on basis of geographic, constituent and thematic areas to respond to the epidemic. The community sector includes the national and international NGOs, CBOs, religious organisations, traditional healers, youth organisations, women networks, networks of PHA, media houses, and special interest groups.

<sup>3</sup> Participating actors in the Partnership include national academic and research institutions.

early 1950s to 59 in the early 1990s is set to drop to just 45 between 2005 and 2010 because of AIDS. In contrast, South Asians can expect by 2005 to be living 22 years longer than their counterparts in southern Africa. In Zimbabwe, one in four of the population lives with HIV/AIDS. Eighty-three percent of those who have died from AIDS have done so in Africa. Eastern and southern Africa are home to 4.8 percent of the world's population, yet have over 50 percent of the world's HIV-positive people and account for 60 percent of all lives claimed by AIDS since the epidemic began<sup>i ii</sup>.

5. The impact of AIDS currently being experienced in Africa will be present for years to come. Some of the wider dimensions of the AIDS crisis in Africa are now well recognized, as is the need to mount an extraordinary response. AIDS presents unique challenges requiring unparalleled action:

- The AIDS epidemic threatens human health and development, destabilizes society and is amplified and fuelled by wars, civil strife and movements of people. Moreover, AIDS differs from most other lethal epidemics as it claims lives during the period when people are at their most productive, and when they are likely to be parents of dependent children. In particular, AIDS has reversed four decades of development in Africa and threatens future development and populations.
- Studies have shown that when AIDS strikes a household, patterns of agricultural production change: in rural areas, output falls. This threatens food security in both the countryside and the city. A number of other consequences follow the spread of AIDS into a household: children may be pulled out of school; elderly people may have to fend for themselves as their own offspring die from the virus; savings may be spent on caring for the ill; other assets, such as home, land or livestock, may be sold off to pay for medical treatment.
- Because AIDS is associated with major stigma and shame, and touches on human sexuality, substance abuse, death, and human relations, it has not been an easy subject for governments, communities or individuals to deal with.
- The progression of the disease has outpaced all projections. For example, WHO projected in 1991 that in 1999 there would be 9 million infected individuals and nearly 5 million cumulative deaths in Africa; estimates made in 1999 are *two to three times higher*. The current estimate of 23.5 million infected individuals in Africa, an additional 4 million new infections per year, and 13.7 million cumulative deaths highlight the enormous burden that AIDS will place on countries for decades to come. Should all new infections cease today, the burden on populations, health systems and countries will endure for years. The epidemic of AIDS-related deaths is yet to come. Because of AIDS, life expectancy in Africa has dropped, and in some places may fall back to 1960s levels.
- By 2010, the approximately 40 million children orphans due to AIDS in Africa represent a human tragedy that is unprecedented. The effects on the social fabric of societies, political, social and economic stability of nations, and future development of nations will be great and, in many ways, unpredictable.
- Those particularly at risk are youth from 8 to 25 years of age. Youth, particularly girls, do not have full access to information, personal protective measures and legal protections. Young children below 15 years need to be specifically targeted before behaviour formation. Information and life skills need to be imparted at an early stage (e.g. 8 years) concerning themselves and relationships with others.

- Health systems are being placed under severe strain. For example, in heavily affected countries more than half of all hospital patients are infected with HIV. Teachers are dying – more than four a day in some countries. In the private sector, absenteeism and recruitment costs are rising.

6. Other factors have also been at work. There has been a range of failures of commission and omission, intentional and unintentional, that have led to the situation that Africa faces today.

- AIDS was perceived as one among many devastating and pervasive problems including conflict, acute poverty and killer diseases from malaria to TB, both within Africa and globally. Wars, famine, and political upheaval all contribute to the spread of the virus and prevent an adequate response. AIDS has consistently been pushed down the agenda as other problems and crises both in Africa and elsewhere have taken centre stage.
- AIDS has been viewed as an intractable problem, with few evidence-based solutions. It has taken time to demonstrate that it is possible to make a substantial impact on the course of the epidemic.
- AIDS has been dealt with primarily as a health issue, or even as a primarily medical problem, and not as a development issue, which has masked the full impact of the disease. Even in the health sector, the response has sometimes paid insufficient attention to the realities of limited health sector capacity and the stigma and other constraints in communities that have impeded their support to the use of services by those who need them.
- Moreover, AIDS programmes have relied heavily on traditional IEC messages based on the premise that “getting the message right” would lead to appropriate behaviours. It is increasingly evident that true participation of families and communities in analysing their own situation, particularly the situation of women and girls with respect to HIV/AIDS, is a prerequisite to success in addressing every aspect of HIV/AIDS, including stigma and discrimination.
- National AIDS programmes in a number of countries have suffered in general from the problems of a weak enabling environment for development: low political legitimacy of government, lack of transparency and accountability, absence of respect for human rights, and uncoordinated external assistance. While a good enabling environment alone will not bring about a successful national fight against HIV/AIDS, such an environment is a necessary precondition for success.
- The approach to AIDS has suffered more generally from the problems of development: in countries where, in varying degrees, strong government, accountability, respect for human rights, community participation and well-coordinated external collaboration have come together, there has been effective impact on the epidemic.
- The response of external partners and the UN has not kept pace with the epidemic; poor coordination and unfilled gaps – or a ‘boutique’ approach to AIDS projects – characterize many externally funded AIDS programmes.

- The lack of institutional and technical capacity in many countries to deal with an epidemic of this scale has undoubtedly played a part. This has been coupled with a lack of strong government ownership, externally driven priorities, and the substitution of international capacity for developing indigenous capacity in many countries.

7. *The commitment of African Governments* is crucial to the reduction of the HIV/AIDS incidence and of negative socio-economic consequences. The recently emerging strong ownership of African countries is making the IPAA possible, and is a key factor to any coordinated, intensified action. This year, African political, religious and community leaders are breaking the silence surrounding HIV more than ever before, and are speaking out. Valiant efforts are being made in many countries, though political and institutional complexities continue to undermine a sustained response. The environment for intensifying the response in many African countries is becoming much more positive, signaling vital opportunities for a scaled up international response.

## **B. Targets for international action**

8. The international effort to control the HIV/AIDS epidemic is linked to a broader set of international development targets. These targets, agreed through the UN Summits of the last ten years, represent both a challenge and an opportunity for dealing with the HIV/AIDS epidemic. Many countries in Africa will find it extremely difficult to meet the targets and some will not meet them, because of the devastating impact of HIV/AIDS. But the targets are also an opportunity; they are a way of mobilizing action around the key areas of concern and a means of measuring progress. Above all, the targets demonstrate the need for intensified action on HIV/AIDS if we are to make progress on poverty reduction and sustainable development, hence demonstrating the need for the IPAA.

9. In June 1999, the international community responded to the need of the global AIDS epidemic by negotiating a new international development target. The ICPD+5 United Nations General Assembly Special Session (UNGASS) set a new internationally agreed target for addressing HIV/AIDS in the world<sup>4</sup>. While not exclusive to Africa, this valuable target focuses world attention and commitment to address the epidemic in the 25 most affected countries, 24 of which are in Africa. Governments, UNAIDS and donors have been called upon – and have agreed – to take the steps necessary to ensure that, by 2005, in these most affected countries:

- At least 90 percent of young men and women aged 15-24 have access to information and skills required to reduce their vulnerability to HIV infection;
- HIV incidence in 15-24 year-olds is reduced by 25 per cent.

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<sup>4</sup> Governments with the assistance from UNAIDS and donors, should, by 2005, ensure that at least 90 per cent and by 2010 at least 95 per cent, of young men and women aged 15-24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15-24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent. *ICPD+5 paragraph 70.*

10. Achievement of the ICPD+5 target is likely to result in the prevention of roughly 5 million new infections by 2010. Pursuing this and the other targets will catalyze and reinforce the important social and development policy changes that will be needed to slow and eventually reverse the course of the epidemic.

11. The ICPD+5 target describes one critically important aspect of addressing the epidemic – reducing transmission. However, two decades of experience with the epidemic reinforce the view that the prevention of HIV transmission will not be achieved without concomitant efforts to: provide care and support to those affected; reduce suffering and mitigate the impact of the epidemic; decentralize the response through local government and community action; expand the response in the education, health, workplace and communication sectors, among others, through significant social and economic policy adjustments, including the strengthening of social safety nets for the most vulnerable; substantially increase the investment of financial, technical and political resources in HIV/AIDS-focused efforts; and to begin to deal with the challenge of children orphaned by AIDS and vulnerable children .

12. Therefore, to effectively address the HIV/AIDS epidemic in Africa, the ICPD+5 prevention target needs to be broadened to reflect these concerns. This broader HIV/AIDS goal set out in paragraph 19 has been developed through participatory processes involving stakeholders responsible for achieving them<sup>iii</sup>. The following associated expected results will help focus these efforts and measure progress against them:

- Increased access to HIV prevention interventions;
- Provision of appropriate support and care to persons infected and affected by AIDS;
- Expanded and decentralized response to the epidemic;
- Increased financial, technical and political resource investments.

The box on page 15 sets out the overall HIV/AIDS goal and the expected results.

13. A number of other international development targets help focus these efforts and measure progress against them:

- a reduction by two-thirds in the rate of infant and childhood mortality by 2015;
- a reduction by three-quarters of the rate of maternal mortality by 2015;
- the attainment of universal access to reproductive health services before 2015;
- the achievement of universal primary education by 2015;
- a reduction by one-half in the proportion of people living in poverty by 2015;
- demonstrated progress towards gender equality and the empowerment of women by eliminating gender disparity in primary and secondary education;

- the implementation of national strategies for sustainable development in all countries by 2005, so as to ensure that current trends in the loss of environmental resources are effectively reversed at both global and national levels by 2015.

14. The Human Rights instruments in charters such as the Covenant on Economic, Social and Cultural Rights; the Covenant on Civil and Political Rights, the African Charter on Human and Peoples Rights, the Convention on the Elimination of Discrimination Against Women; and the Convention on the Rights of the Child provide a common starting point for a rights-based approach to HIV programming. This approach is essential if the rights of all people to services related to HIV/AIDS prevention and care are to be fully addressed.

### **III. PARTNERSHIP: VISION, PRINCIPLES, OVERALL HIV/AIDS GOAL AND PURPOSE**

#### **C. Vision and principles**

15. In the course of 1999, considerable discussion has taken place on the **shared vision and principles** that will characterize the Partnership. The following have emerged from consultations between Partners:

The **vision** of the International Partnership Against AIDS in Africa is that within the next decade African nations with the support of the international community will be implementing larger-scale, sustained and more effective multisectoral national responses to HIV/AIDS.

Through collective efforts, promotion and protection of human rights and promotion of poverty alleviation, countries will:

- Substantially reduce new HIV infections;
- Provide a continuum of care for those infected and affected by HIV/AIDS;
- Mobilize and support communities, NGOs and the private sector, and individuals to counteract the negative impact of the HIV/AIDS epidemic in Africa.

16. **The principles** are:

- African ownership and leadership of the Partnership at all levels: country and community priorities to drive the action, and implementation plans will be based on local priorities and contexts.
- Active involvement of people living with AIDS in setting the parameters of the Partnership and its design, implementation and evaluation.
- Focus on enhanced, more efficient results at country level.
- Respect, protection and fulfilment of human rights, compassion and active opposition to all forms of stigma and exclusion of people living with HIV/AIDS.
- Promotion of public awareness both within and outside Africa of the AIDS epidemic as a development crisis that requires an urgent and sustained response on an unprecedented scale.

- Equal access to appropriate treatments and other scientific breakthroughs in prevention and care.
- Support for the development and implementation of joint national strategic action plans involving all relevant sectors.
- Partners fully committed to working jointly.

#### **D. The Partnership and the overall HIV/AIDS goal**

17. The purpose of the IPAA is to contribute to the achievement of the overall HIV/AIDS goal and the associated expected results as described in the following box. As such, the longer term HIV/AIDS goal is also the long term goal for the IPAA. It is important to note that the IPAA itself is not directly responsible for achieving the results, but rather will contribute to their achievement.

## **Overall HIV/AIDS goal and expected results by 2005<sup>5</sup>**

### **Overall HIV/AIDS goal**

To curtail the spread of HIV, and to reduce sharply the impact of AIDS on human suffering and human, social and economic development in Africa

### **Expected results**

#### **1. Increased access to HIV prevention interventions**

- A substantial percentage of young men and women aged 15-24 have access to information, tools and skills required to reduce their vulnerability to HIV infection;
- A substantial percentage of HIV-positive pregnant women have access to testing, counselling, treatment and alternative feeding programmes;
- A substantial percentage of blood units are screened for HIV, according to national or WHO guidelines.

#### **2. Provision of appropriate support and care to persons infected and affected by HIV/AIDS**

- A substantial percentage of infected and affected persons have access to essential health, education and social services;
- A substantial percentage of HIV-positive people have access to an appropriate continuum of care in accordance with locally established standards, including access to drugs for common opportunistic infections and to antiretroviral drugs;
- Each African country makes measurable progress toward using social, legal and human rights frameworks to address fear, stigma and discrimination;
- A substantial percentage of households currently caring for orphans receive help with care from outside the family.

#### **3. Expanded and decentralized response to the epidemic**

- National responses to HIV/AIDS are built on comprehensive human development agenda, on sound public health practices, human rights principles and sector policy adjustments in these sectors.
- A significant number of community level partnerships will have established success criteria for their actions against HIV/AIDS, and will be measuring progress towards achieving their goals.
- Emergency strategies to deal with specific circumstances for countries in conflict are developed by the end of 2000, to enable swift action when the situation arises in any country.

#### **4. Increased financial, technical and political resource investments**

- A substantial increase of additional technical and financial resources of governments and the International community required for scaling up the national response.
- Financial and other mechanisms in countries required to build local capacity, and allocate national and international resources in support of community level partnerships to be strengthened or established.
- A substantial number of national firms, foundations and international firms operating in Africa will be making in kind and/or financial contributions to AIDS programmes.

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<sup>5</sup> Specific indicators and instruments to measure the achievement of the expected results will be developed over the course of 2000, taking into account indicators and instruments already developed and tested, in particular those developed jointly by the UNAIDS secretariat, WHO, USAID and the measure evaluation project of the University of North Carolina, Chapel Hill.



## E. Purpose

18. The **purpose** of the Partnership is, collectively, to address the “how” question in fighting AIDS in Africa.

It has been articulated as follows:

To establish and maintain processes by which governments, civil society, national and international organizations working against AIDS in Africa are enabled to work together more effectively to curtail the spread of HIV, sharply reduce its impact on human suffering, and halt the further reversal of human, social and economic development in Africa.

## F. Strategic considerations

19. If we are to achieve the ICPD+5 target<sup>6</sup> on reducing HIV transmission and the overall HIV/AIDS goal - and indeed, to ensure that the other IDTs in health, such as reducing child mortality, and universal education are achieved - the international community and national governments need to scale up significantly, their collective efforts in Africa against the epidemic. Only an urgent mobilization of this kind can curtail the spread of HIV, sharply reduce its impact on human suffering, and halt the further reversal of human, social and economic development in Africa. The International Partnership against AIDS in Africa is such a mobilization. A scaled up response is not only required in the worst affected countries, but also in low HIV prevalence countries which need to intensify the response to HIV/AIDS in order to maintain their low prevalence.

20. IPAA *builds* on existing efforts. In each country initiatives that work against HIV/AIDS are taking place, though mostly still on too small a scale. Many countries already have National Strategic Plans and a great deal has already been accomplished. The Partnership seeks to intensify, expand and replicate successful actions, and address the political and institutional challenges involved in doing so. It creates no new structures.

21. The actors of the Partnership believe that, by acting in synergy with others within the context of a shared strategic agenda, the impact of individual actions can be dramatically enhanced. The Partnership seeks to stimulate behavioural change among actors so that wasteful overlaps and gaps are minimized, local resources fully utilized and the “boutique” approach to project development shifted into nationally negotiated agreements that meet the needs of nationally driven agendas.

22. At present, impact on the epidemic at all levels is compromised by fragmentation; different actors pursue agendas in isolation from others. Instead of working within *nationally* negotiated and agreed strategic agendas, actors - whether government or non-government, UN, or private sector - have tended to address HIV/AIDS as an area for designing and implementing multiple, often small-scale

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<sup>6</sup> see footnote 4, p 12

projects, with their own objectives, management, monitoring and evaluation systems. Other types of fragmentation result from inadequate government commitment to ensuring coordination of all actors. While it is clear that projects will continue to be an important vehicle of both financial and technical resource-sharing, the International Partnership recognizes that many traditional patterns of donor assistance are inadequate vehicles for addressing HIV/AIDS in Africa. On the contrary, the AIDS epidemic makes painfully visible many of the current shortcomings of development practice. The actors in the Partnership therefore will seek to create and build on development through best practice at every level of the Partnership.

23. At *country level*, members of the Partnership undertake to work under the leadership of national governments within a common, strategic framework, frequently called a "national strategic plan for HIV/AIDS". To be effective, this framework must identify core strategic and programmatic areas for intervention, and the role of different actors. Where national plans for HIV/AIDS have not yet been well operationalized, national governments in collaboration with all partners must improve the quality and completeness of these plans. The plans must be endorsed by all partners. National strategic plans for HIV/AIDS will also need to be well integrated into countries' other national development frameworks, including the comprehensive development frameworks (CDF); United Nations Development Assistance Framework (UNDAF); medium term expenditure frameworks; poverty reduction strategy papers; and major sector strategies. Moreover, the national strategic framework will emphasize the role of decentralized levels of government and communities in AIDS activities, recognizing the role of the different actors according to their strategic comparative advantages.

24. Clearly many countries already have national strategic plans, though these have not always provided a basis for coordinated action by all actors. The real challenge will be developing a credible national process for addressing HIV/AIDS which anchors the efforts of all actors within national plans. A second major challenge will be to ensure that local and community level action is facilitated in this process, and that non-traditional partners are facilitated to take part. A third challenge is to develop viable strategies for countries experiencing civil unrest, political upheaval or war.

25. At *regional and sub-regional level*, members of the Partnership will build on existing mechanisms for collaboration in the strengthening and development of regional resources, such as technical resource networks including South-South cooperation, available for rapid draw-down by any partners seeking technical advice and training. Additionally, all partners will work on identification of the characteristics, dynamics and implications of the AIDS epidemic in the region with a view to identifying entry points for evidence-based and high-impact interventions; develop mechanisms for addressing cross-border issues such as migration; engage in political and resource mobilization; negotiate for necessary commodities (particularly male and female condoms, HIV testing kits, drugs) where this is better addressed as a regional issue. Subregional actions by partners will be valuable in sharing information, successes and failures among individuals and institutions in different countries, and in finding ways to give effective support to regional institutions engaged in the response to the epidemic that can offer sustainability, cost-efficiency

and rapid response to country level needs as well as a vantage point for addressing regional challenges.

26. At *global level*, the Partnership will identify processes and products in which to collectively invest. These will range from intensifying action on international public goods, to political processes, which are likely to result in greater and more appropriate distribution of resources and visibility for the epidemic, and where intensified and coordinated action is likely to have an impact. An example of the latter might include summits such as those of the G8, the World Health Assembly and the annual meetings of the World Bank; international development conferences, such as Copenhagen and Beijing+5; and international debt relief initiatives. The Partnership will also enhance the development and dissemination of tools for implementing and monitoring new areas such as multisectoral HIV work, care and support interventions, and coping strategies such as for orphans and vulnerable children.

## **IV. PARTNERSHIP: OPERATIONAL CONSIDERATIONS**

### **G. Outputs and milestones**

27. In order to guide and monitor the progress of the Partnership in the early phases, a series of outputs and milestones have been agreed. These are not designed to replace the overall HIV/AIDS goal or expected results as indicated in paragraph 19 above but to provide strategic guidance on how the Partnership should be implemented over the next two years to meet the long term international HIV/AIDS goal. The outputs and milestones will be reviewed and revised as necessary annually. They have been articulated in the following areas:

- Intensified country-level action
- National capacity strengthening
- Agreed goals and indicators
- Advocacy and political mobilization
- Increased financial resources
- Effective partnership mechanisms

28. The milestones for the IPAA for the years 2000 and 2001 below are the result of the consultations between partners:

## Outputs and milestones

### 1. Intensified country level action

Strategies and approaches to scale up national HIV/AIDS interventions, consistent with IPAA principles developed and implemented.

#### *Milestones for years one and two*

- By 2001, at least 12 countries will have: 1) a technically sound NSP; 2) an implementation plan, including all 5 constituencies and staffing/resources; 3) an inventory of technical resources for implementing the plan; 4) a resource mobilization strategy to secure needed resources.
- National strategic plans reviewed and operationalized in 12 countries by 2001 and at least 20 countries by 2002.
- National level partnerships include coherent strategies for facilitating community level action, mechanisms for rapid resource transfer to district/community level, and involvement especially of civil society and the community sector.
- Financial mechanisms in place and working for allocating national and international resources in support of effective action at national, sub-national and local levels in 12 countries by 2001 and at least 20 countries by 2002.
- Partnership mechanisms defined, negotiated and working in 12 countries by 2001 and at least 20 countries by 2002.
- Efficient monitoring system in place to monitor the impact of the response to the epidemic in 20 countries by 2001.

### 2. National capacity strengthening

Strategies and mechanisms strengthened and implemented both regionally and nationally, that will ensure effective, rapid and appropriate technical support and capacity-building in national programmes and to identify and respond to regional and sub-regional issues.

#### *Milestones for years one and two*

- National strategic plans in 6 countries include capacity-building strategies drawing on national and regional resources by June 2000.
- Strategies for an intensified response to HIV/AIDS by sectors other than the health sector developed in 6 countries by the end of 2001.
- Strategies developed within SWAPS<sup>7</sup> contributing to strengthen sector capacities to better respond to HIV/AIDS by the end of 2001.
- Strategies developed in six countries to strengthen absorptive capacity by 2001.
- Strategy for regional technical resource strengthening in one subregion completed by December 2000, and in other subregions by June 2001 to support country needs.
- Interagency groups<sup>8</sup>, backed by Inter-Country teams identified and established as functioning technical resource networks on at least three priority topics in West-Central and East-Southern regions by December 2000.
- Inventory of technical resources compiled and available at country and regional level by December 2000.
- Financial and contracting mechanisms for rapid draw-down of technical expertise negotiated and agreed for one subregion by December 2000, and for other subregions by June 2001.

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<sup>7</sup> SWAPS: Sector Wide Approaches, Programmes and Strategies

### 3. Agreed goals, outputs and milestones

A set of goals, outputs and milestones for intensifying action against AIDS in Africa, and for achieving the ICPD+5 target<sup>9</sup>.

Each country develops specific goals and milestones.

Nonetheless, the overall HIV/AIDS goal and expected results, as well as the outputs and milestones for the IPAA as a whole (as set out in this document), are needed and will be revisited on an annual basis to ensure continued consistency and relevance.

### 4. Advocacy and political mobilization

Expanded international and national political commitment and resources to address HIV/AIDS in Africa

### 5. Increase financial resources

Strategies developed and promoted which will mobilize additional resources for AIDS in Africa, and utilize existing resources more effectively, building on established resource transfer and management mechanisms and exploring new ones where needed.

#### *Milestones for years one and two*

- By the end of 2000, at least 12 countries have developed and negotiated goals, outputs and milestones with their partners at country level.
- Annual IPAA meeting reviews indicators and milestones.
- By the end of 2000, all UN agencies reviewed and reoriented their programmes of cooperation to appropriately reflect the importance of HIV/AIDS.

#### *Milestones for years one and two*

- Political commitment demonstrated in national and international instruments (e.g. budget speeches and multilateral development strategies).
- African political commitment to addressing epidemic clearly indicated at African Development Forum and other political fora in 2000-2001.
- G8 summit further recognizes importance of AIDS in Africa: funding for AIDS in Africa increases through UN funding, bi- and multilateral channels..
- A joint advocacy initiative, initiated by UNFPA and involving other partners is agreed by mid-2000.
- A substantial increase in the number of national firms, foundations and international firms operating in Africa, publicly advocating for greater multisectoral responses to HIV/AIDS.
- Strategy for a coordinated response to the availability of international public goods relevant to AIDS in Africa developed during 2000 (covering commodities such as condoms and test kits, drugs, vaccine development, microbicides).

#### *Milestones for years one and two*<sup>10</sup>

- African governments substantially increase appropriate investments (human, financial) for AIDS in Africa.
- A substantial increase in the number of national firms, foundations and international firms operating in Africa, making in kind or financial contributions to HIV/AIDS programmes.
- Resource tracking mechanisms in place and working effectively by end of 2001.
- Volume of aid by traditional and non-traditional partners (such as donors, the business community, foundations and local communities) be substantially increased.
- Cost-effectiveness data collected and analysed to

<sup>8</sup> Inter agency groups already exist to collaborate and coordinate common activities at regional and inter country levels, for example the STD Task force in Africa, comprising African Governments, WHO, UNAIDS, African Union against AIDS and STI (AUSTI), USAID, CIDA, GTZ, NGOs, EU; the MTCT interagency working group comprising UNICEF, UNFPA, WHO, UNAIDS Secretariat; The working Group on Youth, comprising USAID, UNICEF, WHO, UNAIDS Secretariat, GTZ etc.

<sup>9</sup> See footnote 4, p.12

<sup>10</sup> The UNAIDS Secretariat is leading a refining process to identify the need, the absorptive capacity and to establish new financial targets by 2001.

## 6. Effective partnership mechanisms

Mechanisms agreed, implemented and sustained to ensure the effective functioning of the Partnership.

provide governments with tools for making financial allocative decisions.

- All UN Cosponsors report at end of years 2000 and 2001 on their level of financial expenditures for AIDS in Africa, against explicit targets set at beginning of period.
- Poverty Reduction Strategy Papers, Social Fund strategies debt relief and other mechanisms include AIDS activities in 6 countries by December 2000 and in 12 countries by December 2001.

### *Milestones for years one and two*

- All partners have prompt access to the information they need through an information-sharing system established and managed by UNAIDS secretariat.
- Monitoring and evaluation mechanisms in place and effectively monitoring progress towards IPAA milestones.
- Country-level, regional and international coordination mechanisms bringing together all 5 constituencies of the IPAA in place and working.
- By 2001, indicators for country level partnerships developed (e.g. frequency of joint analysis, joint monitoring, joint reviews etc.).
- UN system capacity to participate in the IPAA increased through measurable allocation of human and technical resources.
- Secretariat capacity to lead a complex partnership and providing guidance and leadership (with Cosponsors) on strategy; technical best practice; and progress monitoring..

## H. Country level partnerships

### Key functions of the Partnership

29. The key focus of the Partnership is at *country level*. The key function at country level is to provide a mechanism for all actors to come together, under the leadership of government, in support of effective national strategic plans. While many countries already have national strategic plans, they have often failed to act as a platform around which all actors have been willing and able to programme their resources. The critical first step to coordinated working at country level is to develop a shared action plan, the characteristics of which are described below. These shared plans – whatever nomenclature is chosen – will in most instances be incorporated into the national strategic plan; in others, they will supplement the existing national strategic plan. The key to their value lies in their role as a jointly negotiated and agreed statement of what all partners will do. For the purposes of this framework for action, they are referred to as “national action plans”.

**National Action Plans may include some of these or other items:**

- shared analysis and shared perspective on ‘gaps’;
- shared priorities;
- negotiated and costed action plans;
- agreed milestones and indicators of achievement;
- agreed working arrangements and responsibilities such as national coordination mechanisms; common design and appraisal; implementation; monitoring and evaluation; use of technical resources;
- agreed resource mobilization plans, drawing on all partners (government, donors, private sector) or potential partners;
- mechanisms to include diverse and non-traditional partners, both national and international;
- mechanisms for ensuring timely resource transfer and technical support to district/community level actions;
- mechanisms to ensure active involvement of persons living with HIV/AIDS.

30. In many countries, achieving a change of partner behaviour of this magnitude will require fundamental reform, not only on the part of external investors, but in the capacity of governments to coordinate their partners. The steps to achieve a National Action Plan of this nature will therefore need to be *incremental*, building on what is already in place.

31. The cornerstone of the approach will be for those involved to shift from a modus operandi of working *independently*, to working more *collectively*, and to do so within the framework provided by the national multisectoral strategic planning process. An institutional mind-shift needs to be encouraged to ensure that collaboration mechanisms at country or regional level can be made to work effectively.

**Value added at country level**

32. Most, if not all, countries are engaged in strategic planning exercises. Government, civil society and the private sector are already engaged in programmes; external partners are already funding projects. What then does the Partnership bring which is different? We can identify a number of gains:

- *A coordinated response.* In most countries there is immediate scope for improved coordination. For example, in countries with a number of external donor partners, the commitment at senior headquarter level to more collaborative action will facilitate organizational behaviour change at national level. The willingness to negotiate around a single, nationally owned strategy will be a significant step forward in many countries, identifying gaps and overlaps, and adding to efficiency. Whereas many donors are accustomed to coordinating with national entities, efforts are required to involve new partners such as the private sector, foundations, multisectoral actors, local governments, NGOs, CBOs and labour organizations.

- *A scaled up response:* the commitment of the Partnership is to significantly increase the resources available to national governments and communities. At present it is estimated that, outside of South Africa, the total spent on AIDS in Africa is approximately \$165 million a year. Current estimates suggest that between \$800 million and \$ 2.5 billion a year are needed to mount an adequate response to the epidemic, depending on what is included in the package. While a key impact of coordinated effort is better use of *existing* resources, the IPAA signals a clear message that *more resources* need to be made available, from national governments, and from traditional and non-traditional sources. Resources are more likely to flow towards well designed, clearly costed and well-implemented programmes, especially where it is clear that mechanisms are in place for moving resources to district and community level.
- *A linked response:* The Partnership will ensure that countries are properly linked to sub-regional, regional and international resources and initiatives. By improving communications and the quality of information, and where necessary ensuring that brokering functions are performed, the Partnership will ensure that countries are able to benefit from other international and regional investments in addressing the epidemic, including in best practice development, information, commodities, or technical expertise.
- *A response based on best practice and rapid learning from others:* experience from two decades of the epidemic has generated a considerable body of good practice. For example it is clear that, to mount an effective health sector response, basic services need to be in place, including prevention, education and counselling, basic medical care and support, prevention and treatment of Sexually Transmitted Infections (STI), establishment of Voluntary Counselling and Testing services (VCT), diagnostic facilities, training of health and allied workers, affordable drugs and safe blood. Prior experience indicates that best practice in political and social action and multisectoral approaches must also be shared and implemented.

### **Mechanisms for building partnerships**

33. There are a number of proposed mechanisms for moving the Partnership forward at country level. These include Partnership events, National Action Plans, expanding the membership of the Theme Groups, and further efforts to improve partnership coordination.

34. Partnership events: African governments have invited UNAIDS and other external partners to take part in Partnership Missions. The initial visits that have taken place have been in the form of scoping exercises, with the purpose of mapping out a process for taking forward strategic planning, building partnerships, mobilizing resources, identifying opportunities for scaling up the response, and articulating constraints to an expanded response to the epidemic. Missions are one tool among others to accelerate those country-level processes required to support the national response. While there may be no such thing as a “typical process”, the Partnership will, at the request by governments, support them as they intensify action:



- in the development of national strategic plans;
- in the preparation and organization of round tables or similar events of all partners, in which the national AIDS plan is endorsed and each partner explicitly commits resources to implement it. Preparation for such a round table should include ensuring that: the national strategic plan is costed and spells out managerial/technical skills requirements; that it contains country-specific goals, targets, and indicators, mindful of community-level action; that all partners have been well informed about the national planning process and are familiar with the contents of the resulting plan; and each partner organization has carefully developed its position on how it will invest in the national AIDS plan;
- in the development of implementation plans as well as monitoring and evaluation tools;
- in the development and investment in specific mechanisms for central and local level capacity-building and for channelling financial resources efficiently to local governments and community-based activities. Such mechanisms (e.g. training programmes, use of local consultants, support to national and local AIDS coordinating bodies, etc) should be consistent with the national strategic plan and with the principles of regional capacity-building and ensure financial accountability.

The coordinated working of all partners to organize this support will be reflected in a National Action Plan.

35. **National Action Plan:** This joint plan of action is based on, and supports the implementation of, the national strategic plan. In countries where external partners have agreed to work together in specific sectors, some quasi-formal mechanism signalling the start of this process has been useful, such as a joint statement of intent. If some partners decide that they wish to enter into common management arrangements, a more formal memorandum of understanding may be required. Other instruments that have been found useful to facilitate joint working are the development by partners of a Code of Practice, which covers more general issues relating to the clarification of roles and behaviour of donors, government and other partners.

36. The intention is to have made substantial progress in six countries<sup>11</sup> by June 2000 and twelve countries by the end of the year which will provide valuable further insights into the mechanisms needed to kick-start and refine the process. At the same time, it is clear that HIV/AIDS activity continues throughout Africa, both in high and low HIV-prevalence countries: the basic principles of the IPAA should be applied wherever governments and external partners are working together.

37. Clearly, enhanced coordination is needed to intensify the response to AIDS, and what mechanisms will be used will differ from country to country. One key mechanism already in place is the Theme Group, which provides a coordination mechanism for the UN. Following the London meeting, Theme Groups were asked to

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<sup>11</sup> Burkina Faso, Ethiopia, Ghana, Malawi, Mozambique, Tanzania

broaden their membership to include bilaterals, and nine <sup>12</sup> have already done so. While the Theme group is a valuable mechanism to discuss and share information on the contributions of partners in the response against HIV/AIDS, the Government is responsible for partner coordination. Theme Groups can help, but never substitute the Government in its coordinating tasks. The choice of coordination mechanism therefore needs to be identified on a case-by-case basis.

## **I. Regional and sub regional partnerships**

### **Functions**

38. The key function of the Partnership at regional and sub-regional level is to ensure maximum impact at country level through cost-efficient, high quality support for national programmes and for local initiatives within countries. Specific regional functions include the following:

- Coordination and strengthening of sub-regional technical resources and improved mechanisms for rapid draw-down by any partners. These include support for development and implementation of National Strategic Plans;
- Support to leading regional/subregional institutions for training, policy analysis, research, programme design and information exchange;
- More effective use of *existing* coordination mechanisms and initiatives to act as a platform for advocacy and improved coordination for national programmes;
- Identification of cross-border and multi-country issues which require sub-regional perspectives, and the development of mechanisms for addressing them;
- Negotiations over the procurement of commodities, where regional/sub-regional levels have advantage over the national level.

### **Mechanisms**

39. At sub-regional level, efforts are already underway, facilitated by the Secretariat, to bring together and expand the regional /subregional activities of UN agencies, bilateral organizations, and African institutions. Organizationally, inter-agency groups and networks of persons and institutions working on specific topics (e.g. voluntary counselling and testing, home-based care, management of STDs, AIDS and the education sector, national strategic planning, debt relief and AIDS, ethics/law and AIDS) will be the primary mechanisms for better coordination and stronger support to countries. Over the course of 2000, it is intended to develop frameworks to deepen sub-regional partnerships. Mechanisms for pursuing this piece of the IPAA include the UNAIDS Inter Country Teams, the Regional AIDS Training Network, the Country Support Teams of UNFPA and other existing networks. Partners of the IPAA support the strengthening of these mechanisms for inter-agency coordination and collaboration, provided that no new or overarching structures were created.

40. Such interagency groups and networks will:

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<sup>12</sup> Theme Groups in Burkina Faso, Côte d'Ivoire, Djibouti, Ethiopia, Ghana, Kenya, Rwanda, Uganda, Zambia

- Map sub-regional resources, with emphasis on current pools of dedicated or transferable skills in the region (drawing on on-going work to develop inventories);
- Identify ways to strengthen regional organizations and resources;
- Lay out options for expanding multi-country technical resource networks focusing on specific topics of highest priority to African countries;
- Propose mechanisms for making technical resources rapidly available to national programmes;
- Identify further mechanisms for addressing areas where sub-regional action adds value to national programmes;
- Strengthen regional and subregional networks;
- Improve mechanisms for sharing of information, and best practice must be enhanced.

41. The regional or sub-regional pieces of the Partnership will emphasize expanding functions, not bureaucratic structures. Light-weight, flexible coordination mechanisms are envisaged that help to provide coherence and clarity to existing resources, and to identify gaps where further actions are required.

## **J. Partnership at the international level**

### **Functions**

42. At international level, the Partnership's key function will be to support country and subregional and regional initiatives and to take forward international actions that will further enable effective local responses. Functions include:

- Advocacy supporting the progress of the IPAA;
- Monitoring the progress of the IPAA Technical support, negotiation and advocacy to make more effective use of existing coordination mechanisms and initiatives to act as a platform for advocacy and improved coordination for national programmes<sup>13</sup> ;
- Identification of areas, issues and mechanisms where international action, brokering, or coordination will add value to sub-regional and country-level actions: these may include negotiations over commodities (for example: male and female condoms; test kits; drugs; breast-milk substitutes); advocacy for the development of new international public goods (particularly drugs and vaccines and other forms of knowledge); improved co-ordination of international processes relevant to HIV/AIDS in Africa (e.g. amplifying the links between HIV/AIDS and poverty through the

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<sup>13</sup> These include mechanisms such as the EU; G7/8; G77, United Nations Special Initiative for Africa; UNDG; OAU, the Economic Community of West African States (ECOWAS), the Southern African Development Community (SADC), the Economic Community of Central African States (ECCAS), the Common Market for Eastern and Southern Africa (COMESA) and the East African Community (ECA) and the Common Wealth Regional Health Secretariat.

development of Poverty Reduction Strategy Papers (PRSPs), and debt reduction for Highly Indebted Poor Countries (HIPC));

- Advocacy to increase public and private (e.g. business, foundations, NGO, labour organization, etc.) resources;
- Provision of secretariat functions performed by UNAIDS to ensure maximum communication, coordination, facilitation, standard setting and impartial information and advice to all actors within the Partnership (see paragraph 47 below).

### **Mechanisms**

43. It is recommended however, that an International Partnership against AIDS in Africa Stakeholder Meeting take place annually at the international level, with representatives from all of the Partnership's constituents. This will provide the basis for clear accountability and agreement on progress of the Partnership against agreed milestones in the areas of intensified action in countries, national capacity strengthening, agreed goals and indicators, advocacy, resource mobilization and effective partnership mechanisms.

44. Each of the five constituencies (African Governments, UN, donors, the Private sector and the Community sector) will identify means of organizing themselves to increase communication within their specific constituency, as well as to periodically meet to discuss issues.

### **K. Membership, roles and responsibilities of the Partnership**

45. Members of the Partnership are those who state that they wish to work jointly with others in pursuit of an intensified response to AIDS in Africa, and are prepared to adjust their activities in line with Partnership principles. Members will be in agreement with the objectives, and milestones of the Partnership, and will be willing to act transparently, and to make information available to members of the Partnership, particularly at country level. While it is not envisioned that there will be any *formal* mechanisms in place for joining the Partnership, this internationally agreed Partnership document provides the basis for discussions and participation. At national level, the joint Action Plan provides the vehicle for negotiating participation. It is clear that at each level of the Partnership, different partners will coalesce around different issues and instruments for taking forward action.

46. All actors have a role in advocacy and resource mobilization for a scaled up response to HIV/AIDS in Africa. They are also responsible for policy development and monitoring and evaluation of the intensified action. Members of the IPAA commit themselves to supporting full involvement of persons living with or affected by HIV/AIDS. More specific roles of each of the actors are summarized in the following box:

| Actors              | Roles and Responsibilities   |
|---------------------|--|
| African Governments | <ul style="list-style-type: none"> <li>• National leadership, political commitment and mandates translated into concrete action</li> <li>• Operationalize institutional reforms to implement the intensified response</li> <li>• Appropriate allocation of resources</li> <li>• Mobilize all sectors for multisectoral and decentralized action</li> <li>• Strengthen icountry coordination mechanisms</li> <li>• Strengthen local level partnerships</li> <li>• Promote transparency and accountability</li> </ul>  |
| UN                  | <ul style="list-style-type: none"> <li>• Convening of Partnership events</li> <li>• Enhanced coordination of UN agency activities in country</li> <li>• Support to planning and strategic development</li> <li>• Facilitation of technical collaboration</li> <li>• Norm setting and best practice documentation</li> <li>• Direct programme and financial support</li> <li>• Coordination of the Global Response</li> </ul>   |
| Donors              | <ul style="list-style-type: none"> <li>• Country and regional level action</li> <li>• Technical cooperation</li> <li>• National and international political mobilization</li> <li>• Support local and regional level networks</li> </ul>   |
| Private sector      | <ul style="list-style-type: none"> <li>• In-country responses</li> <li>• Workplace policy and prevention programmes</li> <li>• Community outreach programming, including organizational development support for NGOs and CBOs</li> <li>• International responses</li> <li>• Technical collaboration</li> <li>• Sector-specific expertise</li> <li>• Key role in provision of HIV/AIDS goods and commodities</li> <li>• Promotion of care and support for PHA</li> </ul>  |
| Community sector    | <ul style="list-style-type: none"> <li>• Information sharing and networking</li> <li>• Support organizational development of national NGOs and CBOs</li> <li>• Quality service delivery</li> <li>• Programmes design, implementation and delivery</li> <li>• Provide support and supervision to each other</li> <li>• Promote transparency and accountability</li> <li>• Community mobilization to ensure ownership of the national and community response</li> <li>• Spiritual and moral guidance</li> <li>• Strengthening of regional and country level networks</li> <li>• Promote specialization among PHA groups</li> <li>• Ensure development of expertise</li> <li>• Developing and maintaining a data base of resourceful persons</li> <li>• Acting as campaigners for prevention and care</li> <li>• Provide support to other members of the partnership</li> <li>• Offer technical and financial support to the local civil society</li> </ul> |

## **47. The role of the UNAIDS Secretariat within the IPAA**

### **At country level**

- Work through the Theme Group and within international partners to support national governments and other partners in the scaling up of national efforts through the development of the National Action plan;
- Facilitate partnership building, strategic planning and management processes;
- Facilitate capacity-building inputs through the technical resources and information networks.

### **At sub-regional level**

- Facilitate development of shared technical resource and information networks;
- Strengthen catalytic and facilitating functions of the Inter-Country teams;
- Preparation and maintenance of up-to-date inventories of technical and programme resources.

### **At international level**

- International political advocacy and mobilization with partners around key opportunities, including the brokering of international public goods, drawing on the UN's convening power;
- Overall co-ordination and facilitation of the Partnership direction;
- Information capture, and dissemination through a variety of communication channels;
- Resource tracking, and overall monitoring of investment in HIV/AIDS in Africa;
- Assistance to African governments looking for external partners and resources, and to new international partners who want to play a role in the Partnership;
- Establishing mechanisms for those who wish to channel resources for the Partnership;
- With relevant Cosponsors, standard setting and continued impartial information on best practice;
- Accountability functions, both for achieving the milestones and for holding other partners to account, and resolving disputes;
- Monitoring of the International Partnership against AIDS in Africa.

## **V. CONCLUSION**

48. A significant increase in the resources committed to the Partnership is needed from all Partners. While the Framework demonstrates the intention of all Partners to use existing resources more effectively and efficiently, significant progress will not be made without increasing the human, technical and financial resources available. In anticipation of these additional inputs, this Framework sets out a working agreement as to how they might be best deployed, in support of national strategic plans, and in cooperation with all other Partners. If new and existing resources are henceforth deployed in accordance with the Partnership principles, vision, goal and purpose, set

out in this document, the IPAA stands ready to make significant strides against the epidemic in Africa.

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<sup>i</sup> In 1999, the twenty-five worst affected countries in the world are, in order: Zimbabwe, Botswana, Namibia, Zambia, Swaziland, Malawi, Mozambique, South Africa, Kenya, Rwanda, Central African Republic, Djibouti, Côte d'Ivoire, Uganda, Tanzania, Ethiopia, Togo, Lesotho, Burundi, Congo, Burkina Faso, Cameroon, Democratic Republic of Congo, Haiti and Nigeria. This list is according to the prevalence rate for HIV infection in the adult population (15-49 years).

<sup>ii</sup> As early as 1992, the OAU recognized the growing seriousness of the epidemic. In 1998, a resolution of the OAU Summit of Heads of State in Ouagadougou called on the international community for the global resources necessary to address the epidemic. In late 1998 the UNAIDS Secretariat began a broad process of consultations with African leaders in 20 African countries, with UNAIDS Cosponsors, and with bilateral donors, with NGOs and with the private sector, to respond to this call for action from African leaders, and to chart a course for an intensified response by the international community to AIDS in Africa. In 1999, a set of key meetings took place to prepare for an international partnership against AIDS in Africa. In January 1999, in Annapolis, the UNAIDS Cosponsors adopted a resolution to create and support an International Partnership. At a meeting in London, in April 1999, co-hosted by the UK Government and UNAIDS, bilateral development agencies acknowledged the gravity of the AIDS epidemic and drafted a statement which set out principles for action, mechanisms for sustaining partnership and recommendations for operationalization of the Partnership. Other consultations, notably in Dakar, Lusaka and Washington, as well as bilateral talks, and work with the private and NGO sector have contributed to an emerging consensus and articulation of the need for the response to AIDS in Africa to be characterized by partnership, rather than fragmented action. The UN Secretary-General brought together on 6-7 December 1999 for the first time the five constituencies of the Partnership and asked them to plan an unprecedented response commensurate with the scale of HIV/AIDS. HIV/AIDS in Africa was also the subject of the first United Nations Security Council meeting of the century. It was the first time that the Security Council, which is tasked to preserving peace and security, devoted a meeting to a development or health issue. A further indication of the rising priority of the epidemic to African Governments can be seen in the Memorandum of the African Governors to the President of the World Bank on the occasion of the Annual Meetings of the IMF and the World Bank Group.

<sup>iii</sup> Stakeholder consultations described in the document are noted in the IPAA Resource document: Progress Towards Common Goals: the Meeting of the UNAIDS Cosponsoring Agencies at Annapolis, the Meeting of Donor Countries on the International Partnership Against HIV/AIDS in Africa at London, the Meeting of UN Theme Group Chairs, National AIDS Programme Managers, and UNAIDS Country Programme Advisors at Maputo, the Meeting with NGO Representatives of the International Partnership Against AIDS in Africa at Dakar, the Consultations of the Non-Governmental and Community-Based Organizations at Lusaka, the Consultation with Christian Leaders and Development Organizations – Journey into Hope: Consultation on HIV/AIDS-Related Issues at Gabarone.

**List of Acronyms**

|        |  |
|--------|--|
| AIDS   | Acquired Immune Deficiency Syndrome  |
| CBO    | Community-Based Organization   |
| CDF    | Comprehensive Development Framework  |
| CIDA   | Canadian International Development Agency  |
| COMESA | Common Market for Eastern and Southern Africa  |
| ECA    | Economic Commission for Africa   |
| ECCAS  | Economic Community of Central African States   |
| ECOWAS | Economic Community of West African States  |
| GTZ    | Deutsche Gesellschaft für Technische Zusammenarbeit  |
| HIPC   | Highly Indebted Poor Countries   |
| ICPD+5 | The 1999 review of progress since the International Conference on Population & Development of 1994 |
| IDT    | International Development Target   |
| IPAA   | International Partnership Against AIDS in Africa   |
| MTCT   | Mother-to-Child Transmission   |
| NGO    | Non-Governmental Organization  |
| OAU    | Organization of African Unity  |
| PCB    | Programme Coordinating Board   |
| PHA    | People living with or affected by HIV/AIDS   |
| PRSP's | Poverty Reduction Strategy Papers  |
| SADC   | Southern Africa Development Community  |
| STD    | Sexually Transmitted Diseases  |
| STI    | Sexually Transmitted Infections  |
| SWAP   | Sector Wide Approaches, Programmes and Strategies  |
| UNDAF  | United Nations Development Assistance Framework  |
| UNDG   | United Nations Development Group   |
| UNFPA  | United Nations Population Fund   |
| UNGASS | United Nations General Assembly Special Session  |
| UNICEF | United Nations Children's Fund   |
| USAID  | United States Agency for International Development   |
| VCT    | Voluntary Counselling and Testing  |
| WHO    | World Health Organization  |