

Programming Guide for Strategy Papers

Programming Fiche	Author: R. Boyle, J. Garay Amores, DEV B/3 Amended by Vanessa Rousselle, STEPS Consulting Social
HIV / AIDS <i>Amended to show how a disability dimension could be included, in the framework of the project</i> www.make-development-inclusive.org ; contact catherine.naughton@cbm.org	Date: January 2006 Amended on: October 2007

For justifications on the disability entry points see: **Justifications to support the inclusion of a disability perspective HIV AIDS**

1. HIV/AIDS, development and poverty alleviation

The HIV/AIDS pandemic is slowing down development efforts and exacerbating poverty. In Sub-Saharan Africa, AIDS is the major killer of adults at the peak of their reproductive and economic lives. It has wiped out the hard-won gains in life expectancy over the past half-century in the hardest-hit countries. AIDS-related illness is dramatically raising the demand for expensive medical care and fuelling a resurgence of tuberculosis, its most common opportunistic infection. AIDS deaths are robbing the workforce of some of its most skilled members, leaving families without breadwinners and children without parents. In South Africa and Zambia, for instance, AIDS-affected households had their monthly income fell by 66-80% due to coping with AIDS-related illness.

The number of people living with HIV/AIDS globally has reached its highest level at the end of 2005 with an estimated 40.3 million people, up from an estimated 37.5 million in 2003. In 2005 there were 4.9 million new infections and 3.1 million people died of AIDS-related illnesses; of these, more than 500.000 were children.

Nevertheless, there is a window of hope with the confirmation that HIV/AIDS prevention really works. In this connection, the recently published UNAIDS/WHO AIDS epidemic update shows that adult HIV infection rates have decreased in certain countries (Kenya, Zimbabwe, Haiti) and behaviour changes to prevent the infection such as increased use of condoms, delay of first sexual experience and fewer sexual partners have played a key part in these declines. **However, people with disabilities, who constitute at least 10 % of the population, have poor access to these prevention services, while they are at equal or greater risks. Surveys show that that information campaigns are not designed to be accessible to people with disabilities.**

The relation between HIV/AIDS, development and poverty alleviation has been clearly acknowledged by the international community through the inclusion of confronting HIV/AIDS as one of the eight Millennium Development Goals (MDG 6: “Combat HIV/AIDS, malaria and other diseases”). Response to HIV/AIDS is also an important part of the EC/EU development agenda as outlined in the European Consensus and the European

Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2013).

2. How to analyse the HIV/AIDS situation in a country context?

To understand the HIV/AIDS situation and needs for interventions in a given developing country, the following parameters are useful:

- **Assess the situation of and the response to HIV/AIDS** through the review of the documents prepared for the preparation or the revision of the National Strategic Plan. Assessments made by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the President's Emergency Plan for AIDS Relief (PEPFAR), EU Member States, UN agencies, and multilateral and bilateral donors would also be an useful source of information.
- **Assess country's commitment to HIV/AIDS.** Has the country a multisectoral National Commission on HIV/AIDS? Has the country an updated and multisectoral National Strategic Plan on HIV/AIDS? **Has the country multisectoral Strategic plan on HIV&AIDS paid attention to vulnerable groups (i.e. refugees, women, people with disabilities...)?** Has the country a costed and evidence-based annual priority AIDS action plan? Does the PRSP include specific mentions to the response to HIV/AIDS? Has the Parliament been involved in the policy dialogue related to HIV/AIDS?
- **Assess how priority HIV/AIDS needs are translated into appropriate budget allocations.** What is the national budget share for HIV/AIDS? Financial allocations for HIV/AIDS are only included in the Ministry of Health budget or other Ministries concerned by the epidemic such as Ministries of Education, Women Condition, Tourism, Agriculture and Defence, and the Home Office have their own budget allocations?
- **Assess stakeholders' involvement in HIV/AIDS.** Are associations of people living with HIV/AIDS, vulnerable populations (**like disabled peoples organisations**), NGOs, faith based organizations and the private sector involved in all phases of the national strategic planning process, namely planning, implementation, monitoring and evaluation?
- **Assess policies and plans related towards universal access to treatment.** Has the country developed policies and plans related to scaling up HIV-prevention, treatment, care and support with the aim of coming as close as possible to the goal of universal access to treatment by 2010? **Do the policies and plans target vulnerable groups like refugees, women, persons with disabilities?**

An indicative set of indicators to monitor progress based on the global commitments included in the UN Millennium Declaration and the UNGASS Declaration is provided in Annex B below.

3. How HIV/AIDS can be addressed in the community's response strategy?



The European Consensus addresses HIV/AIDS through two complementary and mutually supportive approaches: as an objective in its own right and as a cross-cutting issue for mainstreaming in all development policies.

3.1 HIV/AIDS as an objective in its own right

In addressing HIV/AIDS as an objective in itself, the European Consensus foresees four main lines for EC/EU interventions at country level:

- a close policy and programmatic link with the Programme for Action, namely its strategic areas for EU actions (Political and policy dialogue, Capacity building and Financial resources),
- a close link with sexual and reproductive health and rights, and the promotion of gender equality and equity, **rights of persons (including women) with disabilities,**
- the need to strengthen health systems, particularly to address the exceptional human resource crisis of health providers and to make medicines including antiretroviral drugs more affordable for the poor,
- within the “Education for All” initiative, a particular attention has to be devoted to the promotion of girls’ education and safety at school including HIV/AIDS prevention education. **This involves ensuring access to educational messages for persons with disabilities, whatever is their impairment.**

3.2 HIV/AIDS as a cross-cutting issue

As a cross-cutting issue, HIV/AIDS should be mainstreamed in main activities including activities that are not directly concerned with the issue and into the work programme of specific sector support. Through policy dialogue with partner countries, the mainstreaming of HIV/AIDS in national policies and PRSPs should be promoted.

To support HIV/AIDS mainstreaming, the policy dialogue should be expanded to Ministries concerned by the epidemic such as Ministries of Education, Women Condition, Tourism, Agriculture and Defence, and the Home Office, **Ministry of Social affairs**, in addition to the Ministry of Health. Issues such as promotion of widespread knowledge and awareness of HIV/AIDS, and promotion of respect for and solidarity with people living with HIV/AIDS should be part of Ministries plans and funded by appropriate allocations included in their respective budgets.

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Annex

A. Useful links for more information on the concept

EC Programming tools and policy documents

- “EC/EU Policies and Strategies on HIV/AIDS at Country Level” (January 200/6)

- “Programming Guidelines for Country Strategy Papers: Health, AIDS and Population (HAP)”, Detailed version – December 2005
- Guidelines for Monitoring Progress in Health, AIDS and Population, February 2003.
- “A European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2013)”: COM(2005) 179 final, April 27, 2005 and Council Conclusions, May 24, 2005
- Joint Statement by the Council and the Representatives of the Governments of the Member States Meeting within the Council, the European Parliament and the Commission on European Union Development Policy “The European Consensus”, November 22, 2005). The European Parliament welcomed the Joint Statement by its resolution P6_TAPROV(2005)0528.
- Communication from the Commission to the Council and the European Parliament “EU Strategy for Action on the Crisis in Human Resources for Health in Developing Countries”, COM(2005) 642 final, December 12, 2005

International policy documents and Web sites

- United Nations, United Nations Millennium Declaration: United Nations General Assembly, 55th session, New York, September 8, 2000, Resolution 55/2
- United Nations, Declaration of Commitment on HIV/AIDS: United Nations General Assembly, 26th special session on HIV/AIDS, New York, June 25-27, 2001, Resolution S- 26/2
- United Nations, 2005 World Summit Outcome
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- AIDS epidemic update: December 2005, UNAIDS/WHO, Geneva, 2005
- The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
- President’s Emergency Plan for AIDS Relief (PEPFAR)
- [Disability and HIV&AIDS: Capturing hidden voices, Global Survey, World Bank / Yale University, April 2004](#) -
- www.africacampaign.info

B. Indicative set of HIV/AIDS indicators

An indicative set of indicators is provided below. This set of indicators is based on the UN Millennium Declaration and the UNGASS Declaration.

Input Indicators – Financial	Percentage		
Spending on HIV/AIDS as a % of the Health budget			
Spending on HIV/AIDS as a % of other Ministries budget (indicate which Ministries)			
Spending on physical accessibility of buildings and services as a % of the Health budget			
Spending on adaptation of messages as a % of the HIV&AIDS budgets			
Spending on training of Health and VCT staff on disability awareness as a % of the Health Budget			
Input Indicators – Policy, administrative, regulatory	Yes	No	Ideal
Existence of a multisectoral National Commission on HIV/AIDS			Yes
Existence of an updated and multisectoral National Strategic Plan on HIV/AIDS			Yes
Existence of a costed and evidence-based annual priority AIDS action plan			Yes
Existence of a PRSP including specific mentions to the response to HIV/AIDS			Yes
Existence of objectives targeting vulnerable groups like persons with disabilities in the updated plan			
Output Indicators	Rural	Urban	Total
Number of Voluntary Counselling and Testing (VCT) centres			
Number of physically accessible VCT services and buildings			
Number of Prevention of Mother-to-Child Transmission (PMCT) centres			
Number of health services providing antiretroviral treatment (ART)			
Number of health services accessible to /providing anti-retroviral treatments to persons with disabilities			
Number of health staff trained on ART			
Number of health staff trained on disability awareness and HIV and AIDS			
Number of community workers trained on ART			
Number of community workers trained on disability awareness			
Existence of adapted information materials			

Outcome Indicators	Target
HIV prevalence among pregnant women aged 15-24 years (MDG indicator) (also included in the EC core MDG indicators)	25% reduction by 2010
<i>Incl. women with disabilities</i>	
Condom use at last high-risk sex (MDG indicator)	
Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (MDG indicator)	95% by 2010
<u>Percentage of population of with disabilities with comprehensive correct knowledge of HIV&AIDS</u>	
Contraceptive prevalence rate (MDG indicator)	
Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years (MDG indicator)	
Percentage of schools with teachers who have been trained in life-skills-based HIV/AIDS education and who taught it during the last academic year	
Percentage of health staff with comprehensive correct knowledge on disability and HIV&AIDS	
Percentage of large enterprises/companies that have HIV/AIDS workplace policies and programmes	
Percentage of patients with sexual transmitted infections at health-care facilities who are appropriately diagnosed, treated and counselled	
<i>Incl. % patients with disabilities</i>	
Percentage of HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission	
<i>Incl. % women with disabilities</i>	
Percentage of people with advanced HIV infection receiving antiretroviral combination therapy	
<i>Incl. % people with disabilities</i>	
Percentage of injecting drug users who have adopted behaviours that reduce transmission of HIV (applicable to countries where injecting drug use is an established mode of HIV transmission)	
Percentage of HIV-infected infants born to HIV-infected mothers	50% reduction by 2010
Impact indicators	
Reduction of the spread of the HIV/AIDS epidemic Halted the HIV epidemic by 2015 and begun to reverse it (MDG 6)	
Reduction of the spread of HIV&AIDS epidemic among persons with disabilities	