

HIV/AIDS IN PRSP: SOME PRACTICAL APPROACHES

by

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**Paper presented to Seminar for HIV/AIDS Focal Points,
Swedish and Norwegian Embassies in Sub-Saharan Africa
Cresta Golfview Conference Centre, Lusaka, Zambia
1 June 2005**

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In the world of acronyms among development practitioners – government, civil society, international organisations -- PRSP (Poverty Reduction Strategy Paper) has assumed a major place in debates and disputes, plans and policies, hopes and despairs. And when linked with the topic of HIV/AIDS, everything is made all the more complex.

I will try to avoid too much complexity this morning, since I have been asked to briefly provide some thoughts on a *practical approach* to how HIV/AIDS should be integrated into PRSP. Let me do this by (1) making some general remarks about the PRSP initiative, (2) summarising some conclusions from several important studies of the topic, (3) highlighting the Zambian case experience, and (4) offering some suggestions that may have practical relevance to this gathering of HIV/AIDS Focalpoints at Swedish and Norwegian Embassies in the Sub-Saharan region.

Let me start by acknowledging that my remarks rely heavily on several studies of this topic of HIV/AIDS and the PRSP. Two major studies include the Joint UNICEF and World Bank Review of December 2004, "Poverty Reduction Strategy Papers: Do They Matter for Children and Young People Made Vulnerable by HIV/AIDS," and the SIDA working paper of April 2005, "Poverty Reduction Strategies from an HIV/AIDS Perspective." Several other studies that have informed me can be found through a Google search of HIV/AIDS and PRSP. So my reflections are not original research, but an effort to pull together some thinking that might lead to some action.

1. Why Pay Attention to the PRSP?

It is very important to remind ourselves that the impetus for PRSPs is the *design*, indeed the *demand*, of the international financial institutions (IFIs), the IMF and the World Bank, that heavily indebted poor countries – HIPC – should prepare a strategic vision of economic and social development if they were to receive any significant debt relief. Countries like Zambia that had moved away from national development planning (too "socialistic" in our "capitalistic" environment of the 1990's!) now found the pressing need to put on paper detailed plans for enhancing economic activity and broadening social improvements. In addressing poverty reduction, macroeconomic issues were to be dealt with to promote broad-based growth, and major sources of financing needs and sources were to be identified. Key to the whole exercise was to be involvement of civil society, so that the final PRSP would be "owned" by the people.

(The IMF and the World Bank originally placed great emphasis on this PRSP approach, as demonstrating their commitment to improving the lives of the poor, many of whom, said critics, had been more impoverished by the structural adjustment programmes imposed by these two institutions. So strong was the endorsement of this approach that some wondered whether PRSP might have been initials standing for "Public Relations Strategy Paper"!)

Even a cursory review of the 42 PRSPs that were prepared and implemented by mid-2004, including 21 in sub-Saharan Africa, reveals a wide variety of positive and negative characteristics. *Positively*, poverty did come centre stage in many countries where policy and politics had sadly ignored it, even in the face of an obvious reality. Civil society groups worked with communities to explore effective responses to the poverty situations that denied integral and sustainable human development. But *negatively*, more rhetoric than reality

marked too much of the activity. Let me mention some of the problems that surfaced and you take note from your own various experiences:

- Dominance of macro-economic concerns as pushed by the IFIs that emphasised elements of the discredited structural adjustment approach (e.g., rapid liberalisation, indiscriminate privatisation) that created poverty situations rather than reducing them.
- Failure to do adequate costing tied to realistic targeting, meaning that PRSP planned activities were not backed by indicators and budget commitments. This made monitoring very difficult.
- Serious gaps between the good words of a written paper and the hard lines of an operational programme backed by political priorities. This led to what some have referred to as “implementation slippage” or even “implementation evaporation.”
- Window-dressing regarding “ownership” as civil society’s views, especially those critical of the macroeconomic parts of the PRSP, were largely ignored. The final texts often seemed more designed to please the international agencies than address the national priorities.

In all fairness, I do not intend to be overly-negative, because some good things have come from the PRSP processes in many countries where priorities were rightly ordered. But when we do some analysis of integrating HIV/AIDS into PRSPs, we need to know what we are dealing with. Moreover we need to face the fact that the PRSP is no longer the central focus of the international community. Indeed, the IFIs no longer promote “new” and “updated” three-year versions of the PRSP. For example, in Zambia, our PRSP is closed down and we are now designing a “National Development Plan.” Whether this will be the same animal in new clothes (new name!) remains to be seen.

So my question of “Why pay attention to the PRSP?” when we are dealing with HIV/AIDS is simply to give us a realistic context for our discussions.

2. Some Conclusions about PRSPs and HIV/AIDS

The intricate relationship between poverty and HIV/AIDS is now routinely recognized. First, high prevalence rates of HIV/AIDS negatively affect human resources and disproportionately drain financial resources – both resources critically necessary to build sustainable development. Second, serious levels of poverty and deprivation create an enabling environment for the spread of the pandemic. But this *two-way link* between poverty and HIV/AIDS opens a third path for serious consideration: the potential that HIV/AIDS interventions have to reduce poverty. One obvious example would be that the lessening of infection among teachers can bring about the improvement of educational opportunities for children.

The studies that I reviewed in preparing these remarks repeatedly emphasised the three dimensions that characterise responses to HIV/AIDS;

- *Prevention*: limiting the spread of the disease
- *Treatment*: lessening the suffering of the person infected
- *Consequences*: mitigating the impact, economic and social

The SIDA study (seven of the eight countries African) notes that in the PRSPs analysed there is much more initial attention on prevention – e.g., targets, private sector involvement.

Later, as more people develop AIDS, there is attention on treatment – e.g., community-based care, provision of ARVs -- but not as much attention as might be expected. Consequences – e.g., two-way links, gender differences in impact, stigma – by and large receive limited attention depending on the overall scope of the PRSP.

It is noteworthy that in mentioning prevention targets, the PRSPs reviewed do not link up with the MDG targets. This demonstrates a lack of connection between international commitments and national strategies.

Because of the comprehensive nature of the SIDA study (comparing many different elements in HIV/AIDS policies and PRSP directives), it can point to a variety of factors necessary for more positive integration. These include greater links to the national budget, provision of monitoring indicators, clearer relationships between the PRSP and the national HIV/AIDS plans, strengthening of institutional frameworks and more effective involvement of civil society.

It is the UNICEF-World Bank study (covering 19 African countries) that highlights one of the major failings of PRSPs as relating to HIV/AIDS. This is the rather surprising fact that the situation of orphans and other vulnerable children receives very little attention. Only 33 percent of the PRSPs actually mentioned the issue of orphans and vulnerable children, something surely at odds with the direction of the MDGs and other United Nations commitments.

Most PRSPs speak of HIV/AIDS as a “cross-cutting” issue. But the UNICEF-World Bank study notes that HIV/AIDS interventions are still largely discussed in the context of health interventions. The deeper implications and wider involvements are not emphasized. For example:

- *PRSPs focus on economic growth* such as increased GNP, but rarely consider the impact that HIV/AIDS has on actually attaining the growth targets. (An interesting exception is noted in Uganda where attention is paid to the effect of HIV/AIDS on agricultural growth.)
- *PRSPs focus on social development* such as access to health and education services, but rarely mention the impact of HIV/AIDS on these services, e.g., in the loss of teachers and health professionals.

A consequence of the over-emphasis on interventions in the health sector in responding to HIV/AIDS is that *the importance of the larger socio-economic context is minimised*. And this has a bearing on key determinants of poverty reduction such as debt cancellation, fairer trade arrangements, quality (and not simply quantity) of economic growth patterns, etc. This returns us to the earlier observation that civil society had difficulty influencing the macroeconomic framework of the PRSP that were pushed especially by the IFIs.

Other studies brought up in the Google search provide additional insights into the status of the integration of PRSPs and HIV/AIDS. A DfID study (2003) notes that in Uganda the response to the call for mainstreaming (or cross-cutting) has focused more on sensitisation and condom distribution than on addressing the issue systematically at macro and institutional levels. Mainstreaming is generally understood as incorporating HIV issues into other programmes. But it should also mean an effort to assure HIV responses remain grounded in good development practice – which necessarily includes examining and challenging the macro issues.

Another macro issue is mentioned in an OXFAM study (2002) of Malawi, where an investigation is made of how HIV/AIDS affects land access, utilisation and control, with a particular focus on vulnerable groups that include those affected by HIV/AIDS. The study notes that mention of HIV/AIDS in the Malawi PRSP appears to be more in the style of “add-ons” rather than real integration. It recommends that a land policy that will be poverty reducing would include measures to improve the ability of those affected by HIV/AIDS to have secure access to land, to retain it and to utilize it effectively.

In Nepal and in Bangladesh PRSPs treat HIV/AIDS primarily as a health issue. In the Lesotho PRSP there is better attention paid to child and youth issues, with promotion of the rights of these groups.

Hopefully even this brief review of a few of the studies on PRSPs and HIV/AIDS begins to point to some *practical approaches* that this seminar can look at. But first of all, allow me to discuss briefly the Zambian case experience.

3. The Zambian Case re PRSP and HIV/AIDS

In introducing some analysis of the Zambian case, it is important to appreciate that Zambia is a very rich country, indeed one of the richest countries in Africa, with very poor people, indeed some of the poorest people in the world. Zambia is rich in natural resources of land, water, minerals, agriculture, tourist sites and rich in human resources of a people at peace for over forty years of Independence (we are the envy of our neighbours!). But the Zambians are poor, with 70% to 80% living below the poverty line, a life expectancy of 37 years, and a rank on the most recent *United Nations Human Development Index* of 164 out of 173 countries.

It is in this paradoxical context of poverty amidst riches (the *internal* and *external* causes of which would require another and much longer presentation!) that the issue of HIV/AIDS has to be addressed. The HIV prevalence rate today is estimated at 16.5% among adults (15-49 years). But while this very large number of the population is infected, 100% of the population is *affected*. In the face of HIV/AIDS, we all live in an economy of crisis, a climate of fear, a culture of death.

Because the organisation I work with, the Jesuit Centre for Theological Reflection (JCTR), hosted the Civil Society for Poverty Reduction (CSPR) that provided input into the Zambian PRSP process, I can share some direct reflections about the integration of the PRSP and HIV/AIDS. The CSPR, an umbrella organisation of dozens of NGOs and CBOs, played a major role in the preparation of the PRSP finalised in Zambia in 2001. To help Zambians know more about the PRSP, we took the 200 dense pages of the government document and reduced them to twenty pages of simple explanations with cartoons, and then reduced it again into a small brochure which was translated into the seven major local languages and distributed in the thousands all around the country.

Where and how is HIV/AIDS in the Zambian PRSP? HIV/AIDS is seen as a “cross-cutting issue,” along with gender and environment. These cross-cutting issues are treated in a separate chapter in the PRSP. But as the UNICEF-World Bank study notes, HIV/AIDS is also mentioned in several other sectors of the PRSP, such as health, education and agriculture.

Among the “first priority” activities in the section that treats HIV/AIDS as a cross-cutting issue are:

- Reduce new infections – sensitisation and condom distribution
- Reduce socio-economic impact – support home-based care, ART programmes
- Improve quality of life for OVCs – provide feeding programmes, assure school attendance, address trauma of being orphaned

“Second priority” activities include improving services for sexually transmitted diseases, preventing mother to child transmission, and providing medicine for TB patients. It is possible to conclude, then, that health response is the major emphasis of the Zambian PRSP as regards HIV/AIDS. It is significant to note, however, that orphans and vulnerable children do find a place in the Zambian document.

While CSPR was actively engaged in providing input into the formulation of the PRSP, it has been even more active in the monitoring and evaluation of the programmes. Its analyses have shown that good words have not always been translated into good actions. Some effort at costing of activities was made in the Zambian PRSP. But the national budgets have been ambiguous – to say the least – about allocations to poverty reduction activities. For example, the 2005 budget considers salaries of teachers as poverty reduction expenditures. True, there is a relationship between adequately paid teachers and poverty reduction, but salaries should not per se be considered poverty reduction measures. This is something that can give a deceiving picture of actual poverty reduction expenditures.

CSPR analysis has pointed to other considerations in the implementation of a PRSP that takes account of HIV/AIDS. For example, gender analysis notes that while community-based care giving is important, the burden inevitably falls upon already overburdened women. The provision of VCTs in clinics in rural areas are often at a distance from communities (one man commented that if he walked twenty kilometres to take the test and discovered that he was HIV-positive, he would probably die on the way walking back home!). And provision of ARVs is often not done in a holistic fashion – e.g., employees in the mining sector are supplied with the drugs to keep them in working condition, but their possibly infected spouses are not cared for.

The Zambian government has devoted a considerable amount of attention in the past few years to the *macro-economic measures* required by the IFIs for us to meet the elusive “HIPC Completion Point.” Our national budgets have been more “pro-HIPC” than “pro-poor.” Now that magical moment has come about – by no means an adequate response to our huge external debt burden, since we still will pay between US\$ 100 million and US\$ 150 million in debt servicing over the next many years and our debt sustainability will be measured in terms of highly optimistic projections of export earnings. While we may have “sustainable debt” according to the measurements of the IFIs, we do not yet have “sustainable development” according to the measurements of the ordinary Zambian citizen.

Indeed, Zambia is a good case of how a PRSP can consider HIV/AIDS in isolation from larger macro-economic structural dimensions of development. As mentioned earlier, there will be no second round of PRSP in Zambia, since we now are preparing a National Development Plan that is supposed to build on the former PRSP but may use different language and even different orientations. Indeed, recent pronouncements from our Minister of Finance and National Planning seem to offer clear hints that poverty is *not* the key focus anymore, but economic growth, wealth creation, etc., are the priorities. What this means for an appreciation of the *two-way link between HIV/AIDS and poverty* remains to be seen – admittedly with some skepticism and consternation on my part!

4. Suggestions for Practical Approaches

In preparation for this seminar, you participants were asked to answer some questions about “scaling up and increasing the level of ambition” with regard to HIV/AIDS responses. The last question asked how the Embassy might link up with the national PRSP and if there were operational terms in the PRSP that it would be possible to follow up.

In the light of what I have presented here, let me conclude my brief analysis by suggesting seven practical approaches that you might consider in asking about how HIV/AIDS should be integrated into the PRSP. Many of these approaches you may already be involved with. But I offer the suggestions as a way of stimulating further reflection and action.

1. *Exercise some “realistic caution.”* By this I mean that some good hard looks at the PRSP in your local area are called for. The studies I have only lightly touched upon in this paper intimate that the current versions of PRSPs by and large do not in fact integrate HIV/AIDS responses in ways that have clear targets, are costed and tied to national budgets, are subject to monitoring, and are actually being implemented. Are these instruments of national planning really the best place to put our efforts? Has the government moved on to other national plans (as in Zambia)? I don't discourage attention to PRSPs, I simply urge recognition of their weaknesses as well as their potentials.
2. *Pay attention to “harmonisation” and accountability.* If any funds are to be distributed in the scaling up, they certainly should be subject to the effort to provide better coordination between the many donors and the government and civil society. It cannot be denied that there is great suspicion among many citizens, indeed among many agencies, that too much money is being poured into “holes” marked with AIDS red ribbons! A good PRSP with a good HIV/AIDS perspective can prompt more effective use of funds, but this requires a commitment to harmonisation among all parties concerned. When you talk “scaling up,” keep this in mind.
3. *Deal with all three dimensions of response.* The activities of prevention, treatment and consequences must be more equally dealt in order to avoid imbalances in approaches of integrating HIV/AIDS and the PRSP. Where prevalence levels are not so high, it is understandable that more attention is on prevention. But even here, a prevention approach that is multi-sectoral, moving beyond sensitisation and condom distribution, is essential. Moreover gender issues and the challenge of focusing more prominently on orphans and other vulnerable children must be central.
4. *Promote better analysis of the two-way links and the structural issues.* The PRSP in many countries may speak of HIV/AIDS as a cross-cutting issue but still relate to it primarily as a medical issue. Good socio-economic analysis puts us into issues such as debt cancellation and makes us pay attention to the ways in which poverty is a consequence of policies such as imposed structural adjustment programmes. We hear repeatedly that HIV/AIDS interventions can indeed reduce poverty, but we need sharper analysis of this, better models of how it can occur.
5. *Build capacity, utilise capacity.* The experience of designing and implementing PRSPs in the many countries you come from shows the obvious need for better capabilities to integrate HIV/AIDS into the programmes and better skills to monitor the implementation of these programmes. Much attention has been place on building capacity. But has this capacity always been used effectively, e.g., in local research, in programme management, in political advocacy? In Zambia we have trained many local groups in the country to be involved in the PRSP process but we are now asking ourselves whether we have effectively made use of them, e.g., now that we are moving out of the PRSP into the NPD.
6. *Call for and support better monitoring and evaluation.* As mentioned often in the studies on PRSPs, there is a lack of clear targets in their setting out of programmes. This occurs, of course, not only in HIV/AIDS-related areas. The MDG targets do not appear as influential in design and implementation. This lack of clear targets makes monitoring and evaluation difficult always and

ineffective often. A practical approach that can have significant consequences would be to support improved monitoring, especially that done on the local level by local people.

7. *Encourage civil society.* From their start, the PRSPs have been touted as a development plan that would be truly “owned” by the people of the country. The IFIs required consultation in the development of the original plan. This of course occurred in different ways in different countries. (Zambian civil society was highly active in providing input into the PRSP.) Given the role that NGOs, FBOs, CBOs and other civil society groups play in relating to HIV/AIDS, they surely have a role in seeing to the integration of HIV/AIDS into the PRSPs. A practical approach now is to encourage active civil society engagement in monitoring and evaluation, in budget advocacy, in linking the challenge of HIV/AIDS to the deeper issues of sustainable development.

Conclusion

In any “scaling up” activity relating to HIV/AIDS, the current context must be taken into consideration. In most of the sub-Saharan countries represented here in this seminar, the PRSP is a major component in the context. What I have attempted to do here is to focus on the role that the PRSP was expected to play, the strengths and weaknesses of HIV/AIDS integration into the PRSP, the lessons from the Zambian experience and suggestions for practical approaches.

In order to avoid a situation within which the PRSP – *Poverty Reduction Strategy Paper* – becomes a *Public Relations Strategy Paper* for the international financial institutions and for national governments concerned about popularity, civil society groups and friends like Swedish and Norwegian embassies must be alert to the technical and political complexities at hand. Hopefully our discussion here this morning will contribute to that alertness and thus contribute to our common goal, meeting the HIV/AIDS challenge more effectively, more compassionately. That’s my hope, that’s my prayer!

Thank you!

31 May 2005

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