

MAINSTREAMING THE POLICY AND PROGRAMMING RESPONSE TO THE HIV EPIDEMIC

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Mainstreaming: HIV as a Development Issue

It is now commonplace to argue that policy and programming responses to the HIV epidemic need to be multisectoral and multidimensional. But what has happened on the ground has generally been a far cry from this. There continues to be a narrow understanding of the epidemic, both its causes and its consequences, and policies and programming responses have in most countries continued to be focused on a narrow set of conditions and issues.

The HIV epidemic is a developmental issue and it is essential in all areas to "mainstream HIV, for example, in village self-help schemes, food security policies and programmes, regional planning and so on. It is readily agreed by many that development is causally related to the spread of HIV infection; that development affects what is feasible in terms of the response to the epidemic, and that efforts to strengthen the development performance of countries can themselves worsen as well as improve the possible policy and programming responses to the epidemic.

Unless these developmental parameters are adjusted, through a strengthening of policy and programming responses, there will be an intensification of the social and economic costs of the epidemic which will increasingly undermine all of the national and international efforts to achieve sustainable human development. To take a few examples-

Poverty is clearly a major factor in leading to behaviours which increase the transmission of HIV, and furthermore the numbers of those destitute will be raised as a result of the epidemic - both directly and indirectly. Research undertaken as part of the UNDP Regional Project for Asia and the Pacific in Thailand and the Philippines on households affected by the epidemic, has established not only short-term effects on family incomes, but longer-term consequences caused by the erosion of assets and reduction in employment which threatens family survival.

Creating the conditions essential for sustainable agriculture will become even more intransigent given the actual and predicted effects of changing agricultural labour supplies - particularly its gender and age distribution - on rural systems of production and infrastructure. That the effects are severe is confirmed by studies of the impact of HIV on agrarian systems in Africa undertaken by FAO, The results of these studies are presently leading to a re-examination of agricultural policy and programming.

Environmental objectives will become increasingly unattainable as the epidemic worsens economic performance and undermines the national capacity to respond not only to the epidemic but to other developmental priorities.

In many countries, public services are now suffering the loss of skilled and professional labour which threatens their effective functioning at the same time as programmes of retrenchment are being put in place. How to mainstream HIV in programmes of public sector reform in high

prevalence countries remains a critical challenge. Sustaining human and institutional capacity in key development sectors such as health and education is fundamental to achieving development objectives such as the MDGs.

What is needed is a more complex understanding of the epidemic than has existed hitherto, together with an increased capacity for designing and implementing more effective policy and programming responses. All of these conditions need to be present for an effective worldwide response to the epidemic, of which UNAIDS is an important component.

Mainstreaming HIV has to contain all of these - a more complex understanding; a capacity for improved design of programmes and projects through new processes which are socially inclusive; and new and different and more participatory systems for implementing programme responses.

If these conditions are not met then policies to mainstream HIV may produce outcomes similar to attempts to mainstream gender, where many organisations have much experience. At least one eminent development practitioner has argued that "mainstreaming gender has been a way of forgetting about it". There is unfortunately more than a grain of truth in this observation. The lessons of UNIFEM and others need to be captured in any attempts to mainstream HIV for, unless they are, then efforts to do for HIV what has too often failed for gender will lead to similarly disappointing and ineffective outcomes.

An Example: Legal, Ethical and Human Rights

It may be useful to turn to the example of HIV and legal, ethical and human rights where it is essential to raise awareness of the central importance of an enabling framework of laws and rights, and in strengthening national capacity to respond. Too often policies for HIV are seen as having separate components, and human rights is sometimes just another of these elements. But this misses the essential point; that everything to do with HIV has to be founded in a set of appropriate ethical principles. This objective cannot be achieved through the imposition of "standards" from outside nor by setting up human rights watchdogs, although the latter may have some value.

To be effective policies need to be based on a collaborative approach that seeks to protect human rights and establish supportive ethical principles through working with affected communities and their allies, irrespective of whether one is addressing issues of prevention, research, care or whatever.

Mainstreaming here entails a process - working collaboratively with the legal and affected communities to strengthen national capacity in the area of ethics. **In so far as this process is successful there will be opportunities for improved programming across the range of development practice and NOT just in areas of narrowly defined projects for HIV.**

Thus non-discriminatory labour practices are relevant and important for all workers but they are absolutely crucial for effective workplace programmes for HIV prevention, care and support and access to treatment. Similarly, establishing new relationships of confidentiality and trust are critical for the kinds of socio-behavioural research on the epidemic which is needed for an

effective programming response to HIV. This is also equally valid in other areas of development where research is too often extractive, externally defined and inadequately founded in any acceptable set of ethical principles.

Mainstreaming HIV: Some Practical Proposals

The **final objective** of mainstreaming HIV is self evident: to ensure a more effective policy and programming response to the HIV epidemic. How best to achieve this objective is much more problematic. But there is now a good deal of experience in this area upon which to build. There will need to be prior capacity building for a broad range of development practitioners and others in order to bring about the desired set of outcomes. Since in general this capacity for mainstreaming is not currently in place it will need to be created and strengthened if a more integrated approach to HIV is to be feasible.

An **intermediate objective**, which is essential for achieving the objective of better programming for the epidemic, has to be to establish in all those involved in the development of policies and programmes ways of reasoning and responding such that in their daily work they automatically understand the relevance of what they do for the HIV epidemic. **This is quite different from proforma approaches to mainstreaming; it demands understanding of the issues and a personal and professional commitment to pursue policies and programmes which effectively address the problems of the HIV epidemic.** This means seeing development issues, for example, through a lens that always asks the question, “how is development affected by the epidemic and how does the epidemic effect development?”

How are these human capacities to be strengthened? This is the familiar problem of development; ownership of process and responsibility for outcomes, achieved through processes which are collaborative and supportive.

Many things can contribute to the achievement of the objectives outlined above. But it is important to realise at the outset that there is no single solution or way to proceed. As with much else in development there will have to be a process of trial and error, and it is crucial that there be opportunities for reflection and learning. **There is no known technique for mainstreaming which is applicable everywhere, at all times and under all conditions.** But there are ways of moving closer to both the intermediate objective of better development practice which integrates HIV, and thus to the achievement of better and more effective policy and programming responses.

What are the steps required at the present time to move forward the response towards mainstreaming so as to generate more effective outcomes? The following is an illustrative listing of some of the strategies that are relevant.

Development practitioners need to start from a base of common understanding of the epidemic if there are to be genuinely collaborative solutions to difficult problems. This common base of understanding does not presently exist amongst the organizations of the UN system, nor within national governments, nor within the private sector (including NGOs, CBOs etc). The “Three Ones” principle is perhaps a useful instrument for ensuring coherence within a coordinated response to the epidemic. but will achieve its objectives only in so far as it is based on complex understanding of all of the issues and mobilisation of all relevant partners.

Attempts to mainstream HIV/AIDS are less than fully successful because those designing programmes and projects often do not have the required capacity. By the time that programmes/projects and plans are reviewed it is usually too late to influence what has been designed and will be implemented. **In some ways this is the core of the problem: to try to ensure that policies and programmes which affect and are affected by the HIV epidemic do take account of what needs to be done, and can be done.** This is an intractable problem, but one which is amenable to solution. There is here a role for training, for programme staff in agencies and other donors, for consultants, in government and in NGOs, CBOs etc. But who will take responsibility for the development of capacity that is needed in all regions and in many countries?

Training is only the first step towards mainstreaming and will need to be supported in other ways if it is to lead to a sustained change in programming responses. There are many other ways to generate insight and commitment to mainstreaming. These include activities to strengthen national capacity for applied socio-economic research, not just on the epidemic as traditionally defined, but on those structural conditions which often determine the speed of spread of infection and pattern of effects of the epidemic.

Programming will remain narrowly focused as long as the research base remains limited. Once the data confirm the role of poverty amongst women as a factor in the spread of HIV infection, or the ways in which food security is affected by the epidemic, then and only then will it be feasible to determine what are the problems to be addressed and how to go about responding in ways which are effective. Some of these responses will be direct, such as nutrition programmes and free access to education for affected children. Some will be indirect, for example micro credit schemes for women, along the lines of the Grameen Bank.

There is a need for examples of effective mainstreaming if development practitioners are to respond to recommendations that this is worthwhile. So documenting examples of what works and transferring the lessons is important. Publications are important in this respect, but even more critical are opportunities for discourse; talk can be an effective instrument for change, including changes in policy and programming, and opportunities need to be found for this to occur. **So workshops can have an important role to play in strengthening human resource capacity but those who attend will often need to be supported by sustained technical support.**

There are many opportunities for meetings and discussions at national and sub-national levels where experiences are documented and explored. An activity used by UNDP and others has been that of facilitated study tours where inter-disciplinary national teams (from public and private sectors) have visited a number of countries, initially to observe what is happening, and then to build on that experience back home. Many modalities now exist such as those of UNDP [Technical Cooperation among Developing Countries (TCDC) and Transfer of Knowledge Through Expatriate Nationals (TOKTEN)] where the intention is to transfer south-south learning and experience so as to produce better development outcomes.

Conclusions

This note has explored some aspects of mainstreaming but in no sense is it intended to be exhaustive. Several observations from the foregoing deserve repetition:

there are no blueprints for undertaking mainstreaming that will be effective

it is possible to avoid costly lessons by observing and internalising the experiences with mainstreaming gender

effective responses to the HIV epidemic require mainstreaming throughout all development activities given the structural factors central to the epidemic

process is crucial both for the design of how to undertake mainstreaming as well as in the implementation of programmes

there are many innovative approaches to mainstreaming and these need to be explored, expanded and used

the activities essential for mainstreaming need to be sustained over time and supported, and are not a once-for-all event.

(Professor Des Cohen, revised 2006)