

**BUDGETARY TRANSPARENCY; WHERE ARE THE
HIV/AIDS CONCERNS?**

(A REVIEW OF LITERATURE)

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1. Executive Summary

The issues of availability of resources, their distribution and use in implementing activities that address HIV/AIDS is key in effectively managing the epidemic. Management of resources is even more complex in many countries of Sub-Saharan Africa, which are faced with threatening levels of the epidemic and are at the same time marred with scandalous levels of corruption and embezzlement of public resources. Promoting transparency and efficient use of scarce resources go a long way in supporting the Sub-Saharan African countries' efforts to address the AIDS epidemic.

The purpose of this paper is to elaborate the importance of transparency through mainstreaming the AIDS responses into national budgetary and resource allocation issues at all levels, to articulate some challenges nations face in mainstreaming AIDS in their budgetary management processes and also to make some concrete suggestions for action to enhance the AIDS Responses in the framework of budgetary management.

For purposes of this paper, budget transparency will be construed as a participatory and acceptable way of managing resources meant to address HIV/ AIDS, and which way guarantees maximum value for money.

2. Introduction

In countries where HIV/ AIDS is already reaping havoc and in those that are at risk of eminent generalized epidemics, the national response urgently needs to be placed at the center of budgetary management. In response to the epidemic, many

countries across the world have mounted formidable action against the epidemic. However, for the case of Sub-Saharan African, this action has not prevented the epidemic from spinning almost out of control.¹ The response to epidemic has been insufficient to slow the spread of HIV and effectively address its numerous social- economic consequences.²

In addition to other factors, one major factor that is responsible for the state of the AIDS epidemic in the world today is budgetary considerations. This paper aims at elaborating the importance of promoting transparency through mainstreaming the AIDS response into national budgetary and resource allocation issues at all levels, articulate some challenges nations face in mainstreaming AIDS in their budgetary management processes and also make some concrete suggestions for action to enhance the AIDS Responses in the framework of budgetary management.

In as much as budgetary concerns are universal in relation to the HIV/ AIDS response, this paper will largely limit itself to the Sub-Saharan African region, in light of the fact that Sub-Saharan African bears the heaviest burden of the AIDS epidemic in the world.^{3 4}

For purposes of this paper, budget transparency will be construed as a

¹ Government of Botswana and UNDP, (2000) Towards an HIV free Generation, Botswana Human Development Report 2000, p2, Col. II

²Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Zimbabwe p18

³ UNAIDS, (2000) Report on the HIV/AIDS Epidemic, p124

⁴ UNAIDS and WHO, (December 2001) AIDS Epidemic Update, P16, Col II

participatory and acceptable way of managing resources meant to address HIV/AIDS, and which way guarantees maximum value for money.⁵ Participation and accountability will be understood to be held by all partners to the National AIDS responses, ranging from the state, community sector, private sector, bi-lateral agencies and multi-lateral development partners.

3- IMPORTANCE OF TRANSPARENCY THROUGH MAINSTREAMING THE AIDS RESPONSES IN THE NATIONAL BUDGETARY AND RESOURCE ALLOCATION MANAGEMENT ⁶

Mainstreaming the AIDS responses in national budgetary and resource allocation issues carries with it major benefits, which will promote transparency in managing countries' AIDS resources and above all guarantee a sustainable impact on the epidemic. Some of these key benefits include:

3.1 Greater Political Attention

HIV/AIDS priorities become an integral part of the governments' routine business, thus attracting greater political attention, which further supports, the process of resource mobilization and allocation.

⁵ The 9th International Anti-Corruption Conference, 1999, Durban South Africa; World Resolution Against Corruption

⁶ Bjorkman, H. (2001) Placing HIV/AIDS at the Center of the Human Development Agenda, p3

3.2 Enhanced Coordination

Enhanced coordination of national responses as different government department and stakeholders will implement AIDS activities as part of their mandates. This will greatly reduce the implementation gaps where only a few line ministries develop and implement AIDS plans, where others wait for central instructions from the National AIDS Control Programs.

3.3 Minimizing Donor Dependency

Marshalling of National resources to finance AIDS activities and minimise dependency on donor driven programs. Donor funding would only be employed to bridge the domestic funding gaps as opposed to driving the AIDS responses in countries.

3.4 Government Leadership and Ownership

Government leadership and ownership of the implementation of AIDS activities at all levels. This is necessary for real and sustained results.

3.5 Institutionalization of AIDS activities

Institutionalization of AIDS activities in all government programs across all sectors as opposed to being project oriented. This will ensure that AIDS activities are not a reserved domain of the Ministries of Health and that they become truly multi-sectoral and multi-level in their implementation.

3.6 Decentralization of AIDS Activities

Many African countries are implementing decentralized forms of governance, mainstreaming will ensure that services reach the people through capacity building and enhancement at local administration levels. This will be through deliberate efforts by the local governments to scale up their AIDS response in conjunction with community groups that operate at the grassroots levels.

3.7 Enhanced Accountability and Monitoring

The accountability and monitoring frameworks existing in the different line ministries, departments and local authorities will be applied to AIDS activities, thus re-enforcing value for money for the AIDS programs implemented at all levels.

4 CHALLENGES OF MAINSTREAMING AIDS INTO BUDGETARY MANAGEMENT PROCESSES

In as much as there are great benefits in mainstreaming AIDS in the daily management of budgetary processes in countries, over the past fifteen years of a recognized AIDS epidemic in Sub-Saharan Africa, there have been major challenges of attaining this optimal level in the AIDS response. Some of the key challenges include;

4.1 Weakness in working in Partnership

Isolated efforts have been the order of the day in many countries, with different partners demarcating their own territory as far as the response to AIDS is concerned. The territories range from physical locations to thematic areas. Weaknesses in finding a common operational platform have often resulted in very little collaboration between partners including the government departments, the Civil Society Organizations (CSOs), the private sector, the bilateral development partners and the multilateral development partners. Minimal efforts are put in working in partnership at the planning level thus at implementation level each stakeholder “goes their way”. This has frustrated the AIDS mainstreaming and integration processes, as many components require collaboration of several sectors and actors.⁷ The fact that many countries’ planning processes are somewhat top-down, it makes it even more difficult to establish effective partnerships between government and other stakeholders.⁸ Weaknesses in establishing effective partnership could be attributed to many factors including the levels of capacity of the different partners. Partners are at different levels of "growth" in the participation in the AIDS response. In some countries like Zambia and Uganda, community groups have excelled in some thematic areas like Voluntary Counseling and Testing (VCT) where as government departments are struggling to cope with VCT. In other countries, government units like higher institutes of learning have excelled in areas like research. So it becomes practically

⁷ Binswanger, H. p2174, Col I, Scaling Up HIV/AIDS Programs to National Coverage, Science Reprint, Vol 288, The American Association for Advancement of Science

⁸ UNDP, (2002) Change with Continuity - Strengthening country level responses HIV/AIDS, (Draft), p10

challenging to get different partners with different interests and capacities to work effectively together, unless each of them is ready to see the benefits of teaming up with the other. The same variations are true for the different line ministries.

Commenting on the challenges faced by civil society organizations in Botswana, the BHDR (2000) says that the work of non-governmental organizations and community-based organizations is made more difficult by inefficient interface with government. It further reports that government departments have failed to develop strong synergies to move their common agenda forward.⁹ In Uganda, there are open hostilities between government and CSOs over donor funding. CSOs are accused of having “taken over” receiving donated funds after accusing government of losing funds through corruption and embezzlement. In order to zero down on CSOs, government is revising the NGO Statute.¹⁰ At the international level, the competition between Civil Service Organizations and governments is recognized. In a comment about the Bush Administration’s plan of by-passing governments in delivering foreign aid, Shlaes says “if you cannot entirely overcome one economic law – fungibility – you may as well take advantage of another – competition”.¹¹ Therefore with isolated and sometimes conflicting efforts, it has been very difficult to mainstream HIV/AIDS in national budgetary processes, as the magnitude of the response required cannot easily be forecasted with reasonable degrees of precision.

⁹ Government of Botswana & UNDP (2000) Towards an HIV Free Generation, Botswana Human Development Report 2000,p46, Col. I

¹⁰ Guweddeko, F. (2002) Governments vs NGOs; A Clash of Beggars? The Sunday Monitor, 3rd March

¹¹ Shlaes A, 2002, In Monterrey, Bush gives Aid but seeks results; Financial Times, Tuesday Mar 19th, p 15

4.2 Difficulties in effectively Coordinating National Responses

As seen in section 4.1 above, the weaknesses in building strong partnerships at country level have a direct bearing on effectiveness of coordinating the national response. In as much as the government National AIDS Control Programs (NACPs) have the mandate of coordinating all planning, implementation and monitoring of AIDS activities in countries, it has been very difficult where each partner does their own bit without feeling compelled to report to the NACPs.¹² This has even been made worse, where the partners do not access the nationally negotiated resources and have to depend on individual efforts of soliciting for resources from mainly foreign-based donors, to whom they feel accountable.¹³

Co-ordination has been further hampered by lack of core funding for many co-ordination units to effectively do their work. In countries like Angola, it is reported that for the National Strategic Plan for STD/HIV/AIDS 200-2003 there is limited government intervention to pay salaries.¹⁴ In Burkina Faso, for the year 2001- 2005, the National Multi-Sectoral Plan (NMP) is allocating only approximately 4% of the budget to the co-ordination process.¹⁵ In Uganda resources for the implementation of AIDS activities for the period 1998- 2000 were vested in the Ministry of Health, leaving the co-coordinating agency with barely no resources to undertake its mandate. In other countries including

¹² Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Uganda p12, Sec. C

¹³ Shlaes, A. (2002), In Monterrey, Bush gives Aid but seeks results; Financial Times, Tues Mar 19th, p 15

¹⁴ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Angola p9 Sec. D

¹⁵ See Table 1 Below, Section 4.4

Ethiopia and Central African Republic, AIDS control activities are vested in the Ministries of Health, which makes it practically and protocol wise difficult for Ministries of Health (MOH) to co-ordinate other line ministries.¹⁶ In Burkina Faso, the AIDS plan has been made to follow the health policy objectives.¹⁷ This makes it even harder for co-ordination as other line ministries and government departments tend to act as observers as the Ministries of Health implement what is considered an "AIDS Health Plan".

Therefore, with no or less efficient centralized co-coordinating mechanism, mainstreaming the AIDS response in the budgetary management processes is very complex, as unified data is difficult to come by. This is clearly manifested in the great under reporting in the AIDS sentinel surveillance reports that are produced by Ministries of Health year after year, yet other sectors like CSOs have data, which never gets integrated in the official national statistics.

4.3 The low levels of resources available to address HIV/AIDS

There are insufficient levels of resources available to many countries to make an effective AIDS response.¹⁸ In an “egg and chicken” like phenomenon, government departments do not mainstream AIDS in their budgetary plans because they do not have sufficient resources, and are often under pressure from the ministries of finance to minimise their budgetary deficits. On the other hand,

¹⁶ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Ethiopia p10, Central African Republic p7

¹⁷ UNDP & UNAIDS, (2001) Round Table Conference of Donors for HIV/ AIDS control in Burkina Faso- 2001- 2005, Summary Document, p7

¹⁸ The World Bank, (1999) Intensifying Action Against HIV/AIDS in Africa; Responding to a Development Crisis, p25

without providing for the AIDS activities in periodical development and recurrent plans/budgets, public funds cannot be committed to address them.¹⁹ The key issue is that without sufficient resources, government departments are slow in mainstreaming AIDS issues in their or annual, mid-term and long-term plans. In fact, the realization of an effective response in many countries is threatened by inadequate funding.²⁰

It is also reported that many countries, especially in the hardest hit Southern African belt, are unwilling to borrow resources to implement the AIDS activities.^{21 22} This could be attributed to their middle-income status among other factors. However, it has greatly hampered the mainstreaming of AIDS in their budgetary processes. This has led some of these countries to depend on foreign aid in form of grants, which is very limited, unreliable and comes with conditionalities. These conditionalities may not necessarily fit in the national priorities. For 2001-2005 National Multi-sectoral Plan, Burkina Faso anticipates that foreign donations should amount to an estimate of over 80% of the financing needs.²³ In the case of Angola, for the National Strategy Plan for STD/HIV/AIDS 2000-2003 there is 100% dependency on external financing.²⁴ This puts undue stress on the activities if the donors do not respond with the anticipated level of generosity. In Malawi, it is reported that in 1996, over 95% of resources for AIDS

¹⁹ Bjorkman H, (2001) Placing HIV/AIDS at the Centre of the Human Development Agenda. Checklist for mainstreaming HIV/AIDS into Development Instruments, p 9

²⁰ Harvard AIDS Institute, (2000) African Partners for HIV and AIDS, Kenya, p 11

²¹ The World Bank (1999) Intensifying Action Against HIV/AIDS in Africa; Responding to a Development Crisis, p33

²² Mogae, F G. (December 2000), Personal Communication, ADF 2000, p 5-6

²³ UNDP and UNAIDS, (2001) Round Table Conference of Donors for HIV/AIDS control in Burkina Faso-2001-2005, Summary Document, Table 3.1d, p18, sec 1.4.5

²⁴ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Angola p 9, Sec. D

activities were from donors and it was difficult to isolate expenditure on HIV/AIDS by activity²⁵ as different agencies accessed funding from different donors on a piece-meal basis. This makes it difficult for government to be advised on the expenditure on HIV/AIDS, either in absolute terms, relative to total public expenditure or relative to resources mobilized from donors. This lack of baseline information on financing responses makes it very difficult to mainstream HIV/AIDS in the budgetary management process.²⁶

4.4 Distribution of the Resources Available for AIDS responses in Countries

Arising from limited resources to respond to HIV/AIDS in many Sub-Saharan African countries, the question of distribution of the limited available resources among stakeholders, regions and thematic areas poses an even harder challenge to mainstreaming AIDS in the national budgetary processes. In the Burkina Faso National Multi- Sectoral Plan 2001-2005, the approximate percentages of allocations are as indicated below;²⁷

SECTOR	PERCENTAGE
Health	35
Non- health	15
Community	38
Private	11
Decentralised	07
National Co-ordination	04
Total	100

Table 1: Approximate Allocation of Resources for the NMP, 2001-2005, Burkina Faso

Source: Reformulated from Table 2.2b; Planned Costs for Strategic Thrust and area of Intervention (CFA F)

²⁵ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Malawi p14

²⁶ Bjorkman, H. (2001) Placing HIV/AIDS at the Centre of the Human Development Agenda, p4-5

²⁷UNDP & UNAIDS, (2001) Round Table Conference of Donors for HIV/ AIDS control in Burkina Faso- 2001- 2005, Summary Document, p13

This distribution raises key concerns on the level of resources allocated to national coordination, the private sector and the decentralized services of the local governments. In other countries like Botswana, government holds most of the resources. The private sector and civil society organizations have very little to implement their activities.²⁸ In many African countries, community groups are not effectively involved in preparing funding documents and hence not given equal priority when it comes to resource allocation.²⁹ Similarly, many community groups are not able to prepare marketable funding documents to be able to access resources from competitive national programs.³⁰ In addition, the bureaucracies involved in approval of projects for disbursement of finances do not portray the sense of urgency with which Africa must address the AIDS epidemic in the 21st century.³¹ Illustrating the problem of resource distribution, the Botswana Human development Report 2000 comments, “In 1999, for example, the government announced a package of services available to support group members, PLWA and orphans. Almost a year later however, many of the potential beneficiaries are still waiting.”³²

²⁸ Government of Botswana & UNDP, (2000) Towards an HIV Free Generation, Botswana Human Development Report 2000, p46, Col. II

²⁹ Katana.M, Makokha. J, & Mugweni. F, (2000) Media Relations Training for African Community Groups and members of the Press, Sec 6.1

³⁰ Katana. M, Makokha. J, & Mugweni. F, (2000) Media Relations Training for African Community Groups and members of the Press, Sec 6.1

³¹ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Angola, p9, Sec D

³² Government of Botswana & UNDP, (2000) Towards an HIV Free Generation, Botswana Human Development Report 2000, p46, Col. I

Distribution of resources is even harder in countries faced with internal conflicts and those under economic embargoes.³³ Under these circumstances, government priorities change quite often and there are a lot of budgetary pressures, thus many commitments end up not being met. In such countries, programs of community groups are the worst affected when it comes to resource allocation and re-allocation.

4.5 Integration of AIDS Activities in the Routine Work of Government Ministries and Departments.

Despite the claimed high level of awareness and commitment of African governments to the cause of addressing HIV/AIDS, the real integration of AIDS activities within the mainstream activities of government departments and ministries is still very limited.^{34 35} The National AIDS Plans have too often remained separate from the “regular” planning of countries, with little or no national budgetary allotment for the AIDS plans.³⁶ Most AIDS programs are implemented through government health service programs.³⁷ Other ministries attempt to implement AIDS activities but with reduced relevance and coverage.³⁸

On a larger scale, the plans are left unimplemented, not implemented strategically

³³ Katana. M, Makokha. J, & Mugweni. F, (2000) Media Relations Training for African Community Groups and members of the press, sec 6.1

³⁴ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Mozambique p2, Sec B

³⁵ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Uganda p12

³⁶ UNDP, (2002) Change with Continuity - Strengthening country level responses to HIV/AIDS (Draft), p8

³⁷ The World Bank, (1999) Intensifying Action Against HIV/AIDS in Africa; Responding to a Development Crisis, p38 Sec. V

³⁸ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Mozambique p2, Sec B

or ignored by other partners with differing agendas.³⁹ Those that are implemented are implemented on an adhoc basis, being largely donor driven.

South Africa, one of the countries in the world with the biggest burden of HIV infections both in proportion of the population and in absolute numbers,⁴⁰ is reported to have weekly cabinet meetings but HIV/ AIDS issues are not regularly discussed at this level.⁴¹ The World Bank asserts that "not all African leaders and development agencies are convinced of the seriousness of the epidemic nor do they realize the potential impact it will have on their countries."⁴² In the case of Botswana, despite the personal commitment of His Excellency President Festus Mogae and the Minister of Health Hon. Joy Phamaphi, the level of integration of AIDS activities in the mainstream government plans is minimal.^{43 44} There are no budgets developed by other sectors other than the health sector in many countries, in order to ensure that the response to the epidemic is adequately funded from a wide range of sources including domestic budgets.⁴⁵ There are also major differences between the commitment of resources for AIDS activities by both the African government and their development partners and the actual disbursement of resources. Many African governments today, because it is trendy to have

³⁹ UNDP, (2002) Change with Continuity - Strengthening country level responses to HIV/AIDS (Draft), p8

⁴⁰ UNAIDS, (2000) Report on the Global HIV/AIDS Epidemic, p124

⁴¹ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, South Africa, p10

⁴² The World Bank, (1999) Intensifying Action Against HIV/AIDS in Africa; Responding to a Development Crisis, p25

⁴³ Government of Botswana and UNDP, (2000) Towards an HIV Free Generation, Botswana Human Development Report 2000, p46, Col. II

⁴⁴ Mogae FG, (December 2000), Personal Communication, p2, ADF

⁴⁵ Bjorkman, H. (2001) Placing HIV/AIDS at the Centre of the Human Development Agenda. p4, Sec. C

budgetary allocations from domestic resources, are announcing commitments, which are yet to be disbursed to implement activities.⁴⁶

4.6 Evaluation of AIDS activities for Value for Money

Monitoring and evaluation of AIDS activities poses a challenge for all partners in the effort to address AIDS in Africa.⁴⁷ There are major difficulties in determining what is being currently spent on HIV/AIDS in many Sub-Saharan African countries.⁴⁸ The existing estimates are far from the truth due to the fact that many countries have very weak co-ordination mechanism to the extent that its not known with good levels of certainty as to who is doing what and at what cost and what impact it is having on the epidemic.^{49 50} It is even more difficult to determine the cost-effectiveness of the interventions implemented by different players, as the results cannot be measured against the investment because of minimal availability of data.⁵¹ In fact many AIDS strategic plans do not indicate how impact and cost effectiveness will be measured.^{52 53} Other national plans would like to give priority to less cost intensive programs, without indicating how the cost efficiency will be measured.⁵⁴ One of the reasons as to why, despite the over fifteen years of AIDS response in Sub-Saharan African countries, more

⁴⁶ UNDP, (2002) Change with Continuity - Strengthening country level responses HIV/AIDS, (Draft) p3

⁴⁷ Government of Botswana and UNDP, (2000) Towards an HIV Free Generation, Botswana Human Development Report 2000, p46, Col. I

⁴⁸ Bjorkman, H. (2001) Placing HIV/AIDS at the Centre of the Human Development Agenda, p4, Sec. C

⁴⁹ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Uganda, p12

⁵¹ UNAIDS, (1998) Cost effectiveness Analysis and HIV/AIDS, p3, Col II

⁵² Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Angola, p9

⁵³ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Benin p11

ground is being lost, is because of the poor cost- efficiency of the programs that are being implemented and the wrongly perceived cost efficiency. It has been thought until recently, that prevention is cheaper than care and treatment, so more effort was being given to prevention and yet year after another, infection rates are on the increase.

The high levels of corruption, poor governance and lack of financial accountability in many African countries have not helped the evaluation process for AIDS activities in regard to value for money.⁵⁵ It is known that some cost-ineffective projects are approved because the managers of AIDS programs have worked out "kickback" arrangements with implementing partners. Similarly, the implementation processes are not spared the thrust of corruption, with tendering processes manipulated in favor of those who are willing to offer "gifts to the awarders". The 9th International Anti-Corruption Conference of 1999 recognized public procurement as one area in which corruption has made a strong base, by resolving to work for increased transparency in the procurement processes.⁵⁶ All this has led to cost inefficiency in implementing programs on AIDS in Africa.

4.7 The Size of Interventions

Because of limitations in integrating HIV/AIDS issues in mainstream government programs, the persistent insufficiency of resources and the problems of working in

⁵⁴ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Tanzania p11

⁵⁵ Shlaes, A. (2002), In Monterrey, Bush gives Aid but seeks results; Financial Times, Tues., Mar 19th, p15

⁵⁶ Inspectorate of Government (Government of Uganda), 2001; The Inspector, World Resolutions Against Corruption

partnership, many AIDS programs especially delivery of services are implemented by small civil society organizations with very limited funding and reach.⁵⁷ From his experience in working in the Kagera region of Northern Tanzania, a region which first suffered the AIDS epidemic in Sub-Saharan Africa, Binswanger reports that a population of 1.9m people with over 200,000 orphans was served by NGOs who work in only two of the five districts, leaving the others with little AIDS services.⁵⁸ Many of these programs depend on donor funding and with the change in donor priorities, the programs are left with no technical and financial capacity to meet the rising demand for their services.⁵⁹ Such small interventions cannot easily be quantified and governments have very little data upon which to base the move for mainstreaming AIDS activities in national budgetary processes.⁶⁰

4.8 **Statutory Mandates of the National AIDS Control Programs (NACPs)**

National AIDS Control Programs are supposed to have an overall responsibility of planning and coordinating; and ensuring successful implementation of AIDS programmes in countries.⁶¹ As the epidemic evolved, different countries instituted their AIDS Control Programs according to what they thought was appropriate at the time. Because HIV/AIDS was just seen as a disease, it was natural to place the AIDS control program within the health line ministry. Examples include Benin,

⁵⁷ The World Bank, (1999) Intensifying Action Against HIV/AIDS in Africa; Responding to a Development Crisis, p38, Sec V

⁵⁸ Binswanger, H. (2000), p2173, Scaling Up HIV/AIDS Programs to National Coverage; Science Reprint, Vol 288; The American Association of Advancement of Science

⁵⁹ Government of Botswana and UNDP, (2000) Towards an HIV Free Generation, Botswana Human Development Report 2000, p46 Col. I

⁶⁰ Harvard AIDS Institute ,(2000) Africa Priorities for HIV and AIDS, Malawi, p14

Uganda, Botswana, Cameroon, Central African Republic, DRC, and Eritrea. Because this was a time when there was very little to offer in terms of care and treatment, the mandate of NACPs under the Ministries of Health was put in jeopardy. Among other factors, the misguided mandate of some NACPs is responsible for the skyrocketing levels of infection in many African countries. Other line ministries with a high comparative advantage in mobilizing people like gender, youth, culture, and education, only waited when Ministries of Health had something to do in their departments. Secondary, the NACPs under the Ministries of Health did not have an enabling environment to mobilize resources to quickly address the threat of the epidemic in all sectors.

In the wake of going multi-sectoral, and the need for drumming high-level political commitment, several countries have re-organized their NACPs and positioned them in the Offices of the Presidency. Examples include Uganda, Kenya, and South Africa. Other NACPs are in-between Offices of the Presidency and Ministries of Health. This has had serious mandate related problems including failures in many countries to table policy documents to cabinet, for lack of clarity as to which cabinet minister should do it.

For the NACPs based in the Offices of the Presidency, there is lack of technical competence in managing issues; instead, political sentiments and statements, which may not necessarily have practical validity, drive the programs. This is a

⁶¹ Harvard AIDS Institute (2000) Africa Priorities for HIV and AIDS, Uganda p12, Sec A

key dilemma, which needs to be sorted out before effective mainstreaming of HIV/ AIDS can be achieved.

4.9 **Priority setting for HIV/ AIDS programs**

Much emphasis is being put on mainstreaming AIDS in health sector plans.^{62 63}

Good as this sounds, it leaves out all the other sectors, for a weakness that is not attributable to the health sector itself, but to the national leadership. Other sectors, which effectively have equal or even higher added value to the response, are not given the due priority. Another priority challenge is seen in the different areas of intervention; prevention, care and support, and treatment and also identification of the target groups; women, men, young girls, young boys and the elderly. In as much as the different areas of intervention are meant to be complementary, attempts have been made to draw artificial lines, thus making mainstreaming and budgetary allocations complex. The artificial lines meant that more resources, in as much as they are available should be allocated to what is perceived to be priority. An attempt has also been made to draw lines between the different target populations; young and old, women and men and yet the social dynamics are such that there is an inter-general transmission of HIV in Africa.⁶⁴ In other countries, priority is given to interventions, which are perceived to be less cost-intensive.⁶⁵

Therefore, because priority of interventions is given to different parameters, the

⁶² Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, South Africa p2, Sec B

⁶³ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Uganda p12, Sec D

⁶⁴ Government of Botswana and UNDP, (2000) Towards an HIV Free Generation, Botswana Human Development Report 2000, p27

⁶⁵ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Tanzania p11 Sec D

issue of mainstreaming is not given priority, as there is a tendency to believe that programs can be undertaken effectively on piecemeal basis.

5- **POSSIBLE ACTIONS TO ENHANCE AIDS RESPONSES WITHIN THE FRAMEWORK OF BUDGETARY MANAGEMENT**

All is not lost; there are practical remedies, which could be employed to address the mainstreaming gap of the AIDS responses, and institute reasonable levels of transparency. Some countries have already employed them, albeit in limited proportions and have achieved some positive indicators. These possible actions form part of a whole package of steps that could be taken to support the mainstreaming process. No order will be proposed, but it should be noted that they play complementary role to each other.

5.1 Expanding the Response to involve all Partners

With new targets set by countries through the Declaration of Commitment on HIV/AIDS, the AIDS response at country and regional level must follow a pattern of working in true collaboration and partnership with clearly laid down common agendas and priorities, and reducing operational differences.^{66 67}

⁶⁶ UNGASS, (June 2001) Declaration of Commitment on HIV/ AIDS, Art 32

⁶⁷ UNAIDS, (May 2000) The International Partnership Against AIDS in Africa, Progress Report, p1

The Key Themes of the Declaration of Commitment on HIV/AIDS:

- i- Leadership
- ii- Prevention
- iii- Care, support and treatment
- iv- HIV/ AIDS and human rights
- v- Reducing vulnerability
- vi- Children orphaned and made vulnerable by AIDS
- vii- Alleviating social and economic impact
- viii- Research and development
- ix- HIV/ AIDS in conflict and disaster affected regions
- x- Resources
- xi- Follow-up

For further details, please contact www.unaids.org and or www.un.org/ga/aids

Effective partnerships could be built starting from the planning process through incorporation of the civil society movements at all levels.^{68 69} The planners should focus on a people-based participatory and a bottom-up planning process.⁷⁰ Working in partnership should provide a mechanism for all actors to come together under the leadership of natural government, with defined roles and responsibilities.⁷¹

Working in partnership will create a coordinated response using existing resources yet resulting in a magnitude of action, which is greater than the sum of the individual partners' intervention. With the expansion of the response to include all partners and especially government departments and ministries, the

⁶⁸ UNDP (2002) Change with Continuity - Strengthening country level responses HIV/AIDS, (Draft) p13

⁶⁹ UNECA, December 2000,p1, Theme I; ADF, Online Discussion Summary

⁷⁰ UNDP (2002) Change with Continuity - Strengthening country level responses HIV/AIDS, (Draft) p10

⁷¹ UNAIDS, (May 2000) The International Partnership Against AIDS in Africa, Progress Report, p1

mainstreaming processes will be foreseen as each line ministry, will have its identified roles and responsibilities articulated.

5.2 Coordination of the AIDS Responses at National Level

With building of effective partnerships, co-ordination is possible and should be done by first, establishing a clear statutory mandate of the National AIDS Control Programs which is not disputable by any institutions or individuals. With the urgency with which the Declaration of Commitment on HIV/AIDS considers the response, the coordinating agency should be an independent institution not answerable to any line ministry to cut down on bureaucracy. The National AIDS programs should be allowed to develop leadership, which is free from interference from political ideology.⁷² It should be able to marshal technical resources with which it could support line ministries to mainstream AIDS in their day-to-day activities. The coordination process should place priority on strengthening national capacity for dialogue with donors and national financial and planning authorities to ensure the synergistic and effective use of national and external resources.⁷³ The coordination process should have sufficient resources to undertake its responsibility and monitor the trend of the response in the country.

⁷² UNECA, (December 2000) Theme 2; ADF, Online Discussions Summary, p3

⁷³ UNDP, (2002) Change with Continuity - Strengthening country level responses HIV/AIDS, (Draft), p20

5.3 Mobilization of Additional Resources

The subject of resources and their availability or non-availability should be a consideration of planners in all areas.⁷⁴ Mobilization of additional resources is needed and more effective use of existing resources is possible with the incorporation of AIDS activities in the existing services offered by line ministries, government departments and development partners including civil society organizations. This is in line with the principle of working in partnership and effective co-ordination of the national response. Some countries like Benin, Burundi, and Nigeria have created National Funds to support AIDS programs. Coordination of the financial resource base of the national AIDS responses is key to attracting additional resources from the private sector, the international bilateral and multi-lateral agencies, and the community sector fundraising efforts⁷⁵. New sources of funding must be identified and mobilized through new or renewed leadership within the national responses.⁷⁶ It is very crucial to marshal national funding so as to reduce dependency on donor funding, which puts the programme at risk in case the donor funding does not trickle through as anticipated. The key issue is government leadership in resource mobilization and ensuring community participation at all levels. At the international level, the process of scaling up aid has already begun, for example through the Global Fund to Fight AIDS Tuberculosis and Malaria, which attracted \$1.9b even before its form was defined.

⁷⁴ UNAIDS, (2000) Guide to the strategic planning process for a national response to HIV/ AIDS, Resource Mobilization Module

⁷⁵ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Harare, Botswana p4

⁷⁶ UNDP, (2002) Change with Continuity - Strengthening country level responses HIV/AIDS, (Draft) p23

However, the effort of supporting poor countries to deal with the AIDS epidemic needs to be sped up to match the levels of the epidemic.

5.4 Enhanced Resource Allocation to add Value to the AIDS Programs

As early as 1993, some countries like Uganda had already conceived the multi-sectoral approach to the AIDS epidemic and developed broader frameworks through which all sectors could participate.⁷⁷ However, these frameworks were not complemented with adequate resources. Therefore a prioritization of national budgetary allocations for HIV/AIDS programs at all levels, including the local governments levels, will go along way in making all sectors and other relevant stakeholders mainstream AIDS in their existing programs.⁷⁸ Opportunities for re-allocation of existing resources should be explored and the cost-effectiveness of these programs be evaluated.

5.5 Integration of AIDS Activities in the Line Ministries' Programs

For an effective response, and in order to achieve sustainable synergy across sectors, adequate integration of the AIDS response in all line ministries programs is crucial. This will help to ensure that AIDS is not a reserved domain of the Ministry of Health. This can be achieved through intensive lobbying with the policy makers in different ministries, government departments, CSOs and other development partners and through an empowering and transformation process,

⁷⁷ Uganda AIDS Commission (2000) The National Strategic Framework for HIV/AIDS Activities in Uganda: 2000/1- 2005/6

⁷⁸ UNGASS, (June 2001) Declaration of Commitment on HIV/ AIDS, Art 82

which will emphasize the fact that with the advent of AIDS, it is not business as usual. This movement of integrating AIDS into the national planning processes has already begun. It needs to be further intensified and made more practical. The planning processes should not be seen as an end in themselves but as a means of scaling up and strengthening capacity of other partners and stakeholders to effectively take up the challenge of AIDS and become AIDS competent. Such integration should be consistent with national policies and priorities as well as the lessons learnt from the past.⁷⁹ Integration will help to support improved long term development planning and access to the overall national development budgets.

5.6 Monitoring and Evaluation of the AIDS Responses in Relation to Value for Money

The sustainability of the national responses will depend to a larger extent, on an efficient monitoring process especially the area of cost-service delivery.^{80 81} Constant monitoring of the cost effectiveness of programs is crucial to ensure that there is no wastage of resources. Monitoring and evaluation will provide crucial information to support the decision-making processes in the future. This is coupled with the fact that in the framework of the UNGASS targets, significant financial investment will be made available to the AIDS response by many countries.⁸² Therefore such risky undertakings must be supported with constant and regular evaluation to minimize unpredictable losses and to ensure optimal use

⁷⁹ UNDP, (2002) Change with Continuity - Strengthening country level responses HIV/AIDS, (Draft) p12

⁸⁰ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Botswana p18, Sec. B

⁸¹ Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Kenya p11, Sec. B

⁸² Harvard AIDS Institute, (2000) Africa Priorities for HIV and AIDS, Harare, Botswana p18, Sec. B

of the scarce resources. The UNGASS Declaration of Commitment goes ahead to propose some mechanisms that can be employed to monitor action. These mechanisms include conducting periodical reviews of progress made in realizing the commitments, use of adequate epidemiological data to monitor the trend of the epidemic and also observing the levels of protection of human rights of people living with HIV/ AIDS.⁸³

5.7 Priority Setting

Through protracted consultative processes with all stakeholders and partners at all levels, national AIDS responses' priorities should be agreed upon, depending on the needs of the people and the cost-benefit analysis of the different interventions. With clear objectives, possible actions and timelines, different partners should identify activities that fall within their statutory mandates, and with facilitation from the National AIDS Control Programs, mainstream such activities in their development and recurrent plans. Priority should never be tagged on donor desires or cost-intensiveness of programs, as the lessons learnt in the past are that these conditionalities have not helped Africans to have a sustainable impact of the epidemic.

Resources should be invested into those activities that would best meet the needs of the population at minimal cost and/or maximized benefits, so as to lift the burden of the epidemic in societies. For example, it should not be difficult to

⁸³ UNGASS, (June 2001) Declaration of Commitment on HIV/AIDS, Arts 94-96

recognize that treating AIDS patients and supporting hard hit communities and not prevention alone will have a sustainable impact on the spread of further infections. Denial and fear, which are still active forces in Africa, should be lifted. Local and national decision makers should allocate funding to interventions that look risky but promise higher returns.⁸⁴

It should be observed here that even within the same country, different people and different areas will have different priorities and all efforts should be made to meet the different specifications of these needs. Therefore, in the wake of decentralization in many developing countries, these countries should be facilitated to define their own priorities to the epidemic.⁸⁵ ⁸⁶ In as much as accountability for donor resources is not questionable, donor countries and agencies should be helped to re-orient their policies and perceived priorities to fit in the nationally negotiated priorities. Despite the fact that HIV/AIDS is a global crisis, local challenges differ from one country to another, one region to another and one community to another.⁸⁷ Therefore, international donor countries and agencies are not best suited to predetermine the allocation of resources for countries hardest hit by HIV/AIDS.

⁸⁴ Binswanger, H. (2000) Scaling Up HIV/AIDS Programs to National Coverage, p2174; Science Reprint, Vol 288; The American Association of Advancement of Science

⁸⁵ Magae, FG. (December 2000) Personal Communication, p3, ADF

6. CONCLUSION

It is apparent that the issues of budgetary transparency in regard to the AIDS epidemic are at different levels in different countries and even within countries, are different in different locations and sectors. What is required is a powerful synergy to transform the existing efforts in mainstreaming AIDS issues into national budgetary and planning mechanisms. There is a lot of commitment on the side of governments to achieve this. It is accepted by not only African governments and Heads of State, but globally, that HIV/AIDS is the greatest threat to the well being of the future generations.^{88 89 90}

There is also consensus and commitment among African Heads of State on the need to secure adequate financial resources at the national level to address AIDS,^{91 92} and also to consolidate the management of AIDS in all appropriate development sectors using a multi-sectoral strategy.⁹³

There is also recognition for the need of a well co-ordinated, transparent and accountable mechanism to ensure delivery of AIDS interventions and programs to the people⁹⁴.

⁸⁶ Binswanger, H. (2000) Scaling Up HIV/AIDS Programs to National Coverage, p2174; Science Reprint, Vol 288; The American Association of Advancement of Science

⁸⁷ UNECA, (December 2000) Theme II; ADF, Online Discussions Summary, p3

⁸⁸ UNDP,(2002) Change with Continuity - Strengthening Country Level Responses HIV/AIDS, (Draft), p2

⁸⁹ UNGASS June 2001- Declaration of Commitment on HIV/ AIDS, UNGASS June 2001, Art 3

⁹⁰ Abuja Declaration, April 2001, Sec. 13 (See www.uneca.org/adf2000/abuja/20declaration.htm)

⁹¹ Abuja Declaration, April 2001, Sec. 18-19 (See www.uneca.org/adf2000/abuja/20declaration.htm)

⁹² Abuja Declaration, April 2001, Sec. 30 (See www.uneca.org/adf2000/abuja/20declaration.htm)

⁹³ Abuja Declaration, April 2001, Sec. 23 (See www.uneca.org/adf2000/abuja/20declaration.htm)

⁹⁴ ADF 2000, The African Concesus and Plan of Action; Leadership to overcome HIV/AIDS, Sec5-11 (See www.uneca.org/adf2000/concesus.htm)

In as much as there is recognition for transparency, this is yet to be attained in many countries. The challenge goes beyond mainstreaming AIDS in the different sectors of government departments, to cultivating passion for the human life in the minds and hearts of all heads of government ministries and departments, and other partners. AIDS should be a lesson for all of us in Africa to learn how backward in social responsibility we have gone and try to patch up, starting with transparency in the use of funds meant for AIDS work, before time runs out on us.

List of Abbreviations

ADF	African Development Forum 2000
AIDS	Acquired Immune-Deficiency Syndrome
BHDR 200	Botswana Human Development Report, 2000
CSOs	Civil Society Organizations
HIV	Human immunodeficiency Virus
MOH	Ministry of Health
NACPs	National AIDS Control Programs
NGO	Non-Governmental Organizations
NMP	National Multi-Sectoral Plan
PLWA	People Living with AIDS
UNAIDS	Joint United Nations Program on AIDS
UNDP	United Nations Development Program
UNECA	United Nations Economic Commission for Africa
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organization