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**SURVEY OF LEGISLATIVE EFFORTS TO COMBAT HIV/AIDS IN  
THE SOUTHERN AFRICA DEVELOPMENT COMMUNITY (SADC)  
REGION**

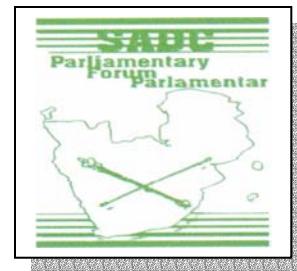
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**Report on the survey conducted by**

**The National Democratic Institute for International Affairs (NDI)  
The Southern African Development Community Parliamentary Forum (SADC PF)**

**November 2004**



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## PREFACE

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The SADC Parliamentary Forum has seized the initiative to place HIV and AIDS on top of the agendas for Member Parliaments, MPs and at the regional level. It is for this reason that the Forum commissioned the survey of legislative efforts to combat HIV and AIDS in the SADC region in 2004. We are convinced that even in countries where the Executive wing of Government has taken a strong leadership role in responding to the crisis, legislators have an important role to perform in mitigating this crisis as reflected in the survey. This is so because Parliaments are the law-making institutions in any SADC country and they are vested with authority for approving budgets and overseeing them. MPs influence the amounts of budgetary resources that are allocated to fight HIV and AIDS. Parliaments are also the designated institutions for holding public discussions and making decisions about policies that affect citizens. We are in agreement with the recommendations of this report that:

*“Legislators have a responsibility to represent the needs of their constituents by enacting legislation to protect the rights of those affected by HIV and AIDS, orphans and women as well advocating for [equal] access to health care.”*

Regrettably, however, this survey concludes that Parliamentarians are not taking full advantage of their constitutionally mandated powers to address the HIV and AIDS crisis. The survey revealed that many MPs are not actually engaged in HIV/AIDS activities. This readable survey provides practical proposals of what MPs can do, when and how (a few examples)

Our message is a call to action by Parliamentary leaders to fight this devastating scourge before it overwhelms our populations, our families and ourselves. Since a pandemic knows no artificial boundaries and barriers, leaders of our countries are duty bound to address this challenge.

What is even more challenging is the fact that our region is the most seriously afflicted in the world, according to surveillance global institutions. In these circumstances, complacency is not an option for MPs and Parliaments. The survey is therefore highly commended to all the leaders to not only study, but put it into practice with a clear gender lens of the double tragedies faced by women.

Kasuka Mutukwa



Secretary General  
SADC Parliamentary Forum

Khauhelo Raditapole



Chairperson  
SADC Parliamentary Forum  
Standing Committee on HIV  
and AIDS

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## **ACRONYMS**

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<b>ACHAP</b>	African Comprehensive HIV/AIDS Programme
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ARV</b>	Antiretroviral Drug
<b>CBO</b>	Community Based Organization
<b>GDP</b>	Gross Domestic Product
<b>HIV</b>	Human Immunodeficiency Virus
<b>MHEN</b>	Malawi Health Equity Network
<b>NAC</b>	National AIDS Council/Commission
<b>NACA</b>	National AIDS Coordinating Agency
<b>NDI</b>	National Democratic Institute for International Affairs
<b>NGO</b>	Non-Governmental Agency
<b>OHCHR</b>	Office of the High Commissioner for Human Rights
<b>PLWHA</b>	People Living with HIV/AIDS
<b>PMTCT</b>	Prevention of Mother to Child Transmission of HIV
<b>PPE</b>	Priority Poverty Expenditures
<b>PRSP</b>	Poverty Reduction Strategy Paper
<b>SADC</b>	Southern African Development Community
<b>SADC PF</b>	Southern African Development Community Parliamentary Forum
<b>SANASO</b>	Southern African Network of AIDS Service Organizations
<b>TACAIDS</b>	Tanzania Commission for AIDS
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>VCT</b>	Voluntary Counselling and Testing
<b>WHO</b>	World Health Organization

## **SECTION I**

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### **EXECUTIVE SUMMARY**

Each country in the SADC region is making a concerted effort to respond to the HIV/AIDS crisis, however, the degree to which such efforts are effective vary considerably from country to country. Programs to address prevention, treatment, and care exist in every country, but many governments lack the resources, both financial and human, to fully address the epidemic and its associated problems. Traditional norms and values, which contribute to the stigma around HIV/AIDS, have been slow to change, despite the significant number of public information campaigns about the epidemic and the disease. Stigma remains a major challenge and hinders the ability and willingness of political leaders to discuss the issue openly with their constituents and to become involved in education and awareness activities.

In some countries, the executive branch of government has taken a strong leadership role in responding to the crisis, while in others, the top leadership has remained relatively silent on the issue. Even in those countries where the executive has demonstrated a strong commitment to combat HIV/AIDS, legislators have an important role to play in mitigating the crisis. Parliaments are the designated government institutions for holding public discussions and making decisions about important policies that affect the lives of citizens. Legislators have a responsibility to represent the needs of their constituents by enacting legislation to protect the rights of those affected by HIV/AIDS, such as people living with the HIV/AIDS, orphans, and women, as well as advocating for equal access to healthcare. Because parliamentarians are responsible for determining national budget allocations, they are key players in influencing what percentage of the national budget goes to health and by extension, the amount of resources that are allocated to fight HIV/AIDS.

Information sharing between parliaments varies from country to country. Sharing of experiences, strategies, and policies takes place primarily through regional conferences and study missions; however there are disparities in the degree to which parliaments participate in such activities. Governments should create more channels of communication to ensure that all information about what each country is doing is shared throughout the region. Leaders need to share more information with one another so that best practices and lessons learned can be identified and replicated by other countries in their HIV/AIDS intervention programs. Presently, there is a large discrepancy between countries' capacities to access information and MPs' awareness about what other countries are doing to respond to the crisis. Countries that lack easy access to the Internet are particularly at a disadvantage.

Parliaments, however, are not taking full advantage of their constitutionally mandated powers to address the HIV/AIDS crisis. Beyond participating in developing the national budget and enacting some pieces of legislation, many MPs are not actively engaged in HIV/AIDS activities. Members are not adequately trained about the basic facts of HIV/AIDS and too few are speaking openly and knowledgeably about how to

deal with devastating impact of the disease. The SADC PF has encouraged all parliaments to establish separate portfolio committees on HIV/AIDS in order to enhance mechanisms for regional parliamentary interaction and coordination on HIV/AIDS issues. Establishing specific portfolio committees on HIV/AIDS in every parliament would raise the importance of the issue, strengthen parliamentary oversight of HIV/AIDS expenditures, and enhance information sharing about best practices within and between parliaments. Parliamentarians could also be using constituency outreach and parliamentary forums more effectively to develop broad-based consensus in order to mobilize increased action around HIV/AIDS issues.

Effectively coordinating a multi-sectoral response to HIV/AIDS is a significant challenge for governments in the region. Many respondents noted that coordination between health ministries; national AIDS coordinating agencies, NGOs, international donors, and parliaments was often inadequate and resulted in duplications and gaps in services and funding for HIV/AIDS activities. In some countries, there is confusion over the role of national AIDS coordinating agencies, and a lack of knowledge about the different activities each sector is implementing. In order to better manage all the various interventions, national monitoring mechanisms need to be established to review the effectiveness of current HIV/AIDS programs and to identify where additional programs are needed.

Without exception, legislators agreed that there are substantial benefits to be gained from a coordinated regional response to the epidemic. It is critical that countries in the region share information about HIV/AIDS interventions in order for parliaments to become aware of country best practices, which can serve as models in other countries. To support regional coordination efforts, governments need to increase the implementation of resolutions made by health ministers at regional meetings about HIV/AIDS and parliaments need more opportunities to exchange information with their colleagues in other countries about successful HIV/AIDS policies, strategies, and legislation.

The SADC PF can assist legislators to enhance their leadership role in the fight against HIV/AIDS by providing them with comparative information and policy tools on HIV/AIDS and by creating more regional opportunities for parliamentarians to exchange information, experiences, tactics, and strategies. The Forum can strengthen the existing network of parliamentarians that are focusing on the issue by organizing forums and other communication channels that enhance opportunities for developing good practice models and regional strategies. Increasing legislators' comparative knowledge about HIV/AIDS legislation, policies, budget allocations, and implementation monitoring mechanisms will enhance their capacity to lead a collective response to the crisis both at home and throughout the region.

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## **KEY FINDINGS**

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### ***At the MP Level***

- MPs use constituency outreach sporadically to address HIV/AIDS issues.
- Parliamentarians need more information about the basic facts of HIV/AIDS.

***At the Parliamentary Level***

- Most parliaments have adopted national HIV/AIDS strategic plans and policies to respond to the epidemic.
- Few parliaments have formally addressed the growing problems of orphans.
- Parliaments have not enacted sufficient HIV/AIDS specific legislation.
- Several parliaments have not established portfolio committees on HIV/AIDS.

***At the National Level***

- Most governments have adopted a multi-sectoral response to the epidemic.
- Implementation of HIV/AIDS national plans for treatment and care is incomplete in the majority of countries.
- Insufficient financial and human resources, weak health infrastructures, and poor coordination between governments, parliaments, and civil society are significant challenges.
- Stigma, fear, and discrimination around HIV/AIDS remain major impediments to the success of voluntary counselling and testing programs.
- Mechanisms for monitoring of HIV/AIDS programs and expenditures are not in place in all countries.

***At the Regional Level***

- Information sharing about HIV/AIDS interventions takes place more often at the ministerial level, than at the parliamentary or NGO level.

## **SUGGESTIONS FOR ENHANCING NATIONAL RESPONSES TO HIV/AIDS**

***At the MP Level***

- Provide more training to members of parliament on the basic facts of HIV/AIDS and on how to advocate more effectively for legal and policy frameworks in order to fully support the national response to HIV/AIDS.
- Strengthen constituency outreach efforts and skills of MPs on HIV/AIDS issues to mitigate stigma and fear and to promote more information sharing and collaboration between communities and their elected representatives.
- Speak out often about prevention, care, treatment, discrimination, and voluntary testing.
- Set an example by publicly announcing that you have been tested and encourage others to be tested.
- Organize oversight hearings that call for every ministry to account for their actions to address the HIV/AIDS crisis.

***At the Parliamentary Level***

- Parliaments in each country should review and amend as necessary all legislation affected by national AIDS policies in order to ensure that the rights of those affected by HIV/AIDS are protected.
- Establish separate portfolio committees on HIV/AIDS in every parliament.
- Strengthen the role of parliamentarians in monitoring national HIV/AIDS programs to ensure that funding reaches designated beneficiaries at the grassroots level.
- Encourage enhanced citizen involvement and collaboration with parliament in the fight against AIDS by holding more public hearings and town hall meetings on HIV/AIDS issues.

***At the National Level***

- Create better frameworks for cooperation and information sharing between international donors, government, civil society, and the private sector to minimize duplications and gaps in service delivery.
- Include representatives from civil society and PLWHA on government HIV/AIDS policy bodies.
- Increase engagement of the private sector in resource mobilization for HIV/AIDS.
- Increase budgetary allocations and monitoring of expenditures for HIV/AIDS prevention, care, and treatment programs.
- Strengthen monitoring and evaluation mechanisms for national HIV/AIDS programs.

***At the Regional Level***

- The SADC Parliamentary Forum should play a significant role in facilitating information sharing and joint interventions to combat HIV/AIDS in the region.
- Establish a regional HIV/AIDS parliamentary network that meets regularly to discuss HIV/AIDS issues and share information, strategies, and best practices of countries in the region and beyond.
- Establish a HIV/AIDS list-serve that regularly sends emails about new developments in HIV/AIDS research, preventions, care, policies, interventions, and other related information to parliamentarians who focus on HIV/AIDS issues.
- Launch a region-wide media campaign to combat stigma, misinformation, and denial featuring many MPs talking frankly about HIV/AIDS issues using radio, television, print media, and billboards.
- The SADC PF should propose model laws for consideration and adoption by member parliaments.
- Develop regional monitoring and evaluation tools to improve country performances in implementing SADC protocols on HIV/AIDS.
- Facilitate more opportunities for MPs to come together at the regional level to discuss how gender inequalities contribute to the spread of HIV/AIDS and to develop policy recommendations to ensure that women have equal access to prevention, treatment, and care.
- Strengthen regional coordination between countries on drug procurement and cross-border HIV/AIDS interventions.

- Invite regional nongovernmental organizations working on HIV/AIDS issues to partner with parliamentarians to build a consensus in developing a regional strategy for dealing with the crisis.

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## RECOMMENDATIONS FOR SPECIFIC LEGISLATIVE REFORMS

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In 1998, the Office of the High Commissioner for Human Rights (OHCHR) and the Joint United Nations Program on HIV/AIDS (UNAIDS) issued the *International Guidelines on HIV/AIDS and Human Rights*. The guidelines provide a blueprint for incorporating principles of international human rights law into national HIV/AIDS responses. The Commission on Human Rights has urged states to ensure that their laws and policies comply with these guidelines.<sup>1</sup> Included in the guidelines are topics that should be addressed in national legislation to ensure that human rights are protected within the context of HIV/AIDS. Such guidelines can assist parliamentarians in drafting or amending national legislation to address citizens' rights, needs, and concerns with regard to HIV/AIDS. The following list of recommended topics for legislative review is based on the UN international guidelines and, as needed, could assist parliamentarians in identifying issues that may require legislation reform.

- Discrimination against vulnerable groups in the workplace, schools, and healthcare facilities;
- Equal access to healthcare;
- Voluntary testing and informed consent in HIV testing;
- Confidentiality of medical information;
- Partner notification of HIV status;
- Regulation of blood-safety standards;
- Regulation of HIV-related goods and services;
- Intentional exposure or transmission of HIV;
- Regulation of sex industry;
- HIV prevention and care services in prisons;
- Gender equality with respect to property rights and marital relations;
- Protection against sexual violence;
- Children's rights with respect to sexual abuse and HIV education, testing, and prevention;
- Care and support of orphans; and
- Protection of rights of human participants in HIV/AIDS research.

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<sup>1</sup> Commission on Human Rights resolutions 1997/33, 1999/49, and 2001/51.

## **SECTION II**

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### **INTRODUCTION**

In many of the newly established democracies in southern Africa, political leaders are working to develop more effective national responses to the HIV/AIDS crisis. Despite such efforts, a number of countries still lack adequate legislation, policies, and coordinated responses to effectively diminish the impact of the epidemic. In their roles as legislators, advocates, and resource mobilizers, members of parliament have the capacity to significantly influence HIV/AIDS and related human rights issues at local, national, and regional levels. Because the HIV/AIDS pandemic crosses sovereign boundaries, the Southern African Development Community Parliamentary Forum (SADC PF) has begun to promote the role of parliaments in combating HIV/AIDS as one of the Forum's priorities. During a strategic planning workshop in Namibia, in February 2002, SADC PF members developed a SADC PF *Plan of Action on the Role of Parliaments in Combating HIV/AIDS* for legislatures to follow in addressing the pandemic. The plan, which was adopted at the Forum's biannual plenary assembly in Angola, in April 2002, calls for legislators to play a leading role in promoting awareness about the disease and in building consensus to develop cost-effective and sustainable solutions to the challenges HIV/AIDS presents to governments in the southern Africa region. The adopted SADC PF *Plan of Action* seeks to raise the profile of the anti-AIDS drive to a regional level and infusing a governance perspective to the campaign so that it becomes a permanent and commonly shared regional agenda. To improve national governments' response capabilities to the HIV/AIDS crisis, particularly within legislatures, the National Democratic Institute for International Affairs (NDI), in partnership with the SADC PF, conducted an assessment of existing national HIV/AIDS plans, policies and legislation in the Southern Africa region.

For the HIV/AIDS survey, the NDI and SADC PF assessment team travelled to SADC member parliaments to obtain information about current efforts by political leaders and members of parliament to address the immediate and long-term consequences of the epidemic. In each country, the assessment team gathered documents about national legislation and strategic plans on HIV/AIDS; interviewed members of parliament, representatives from health ministries, and NGO leaders to ascertain what actions they had taken to combat the crisis; and compiled comparative information about national responses, implementation, and monitoring activities. The findings from the survey and the collected documents will be entered into a database that is located on the SADC PF website: [www.sadcpf.org](http://www.sadcpf.org). The database is meant to provide easily accessible technical information and expertise on HIV/AIDS that will serve as a resource for members of parliament on best practices from countries in the region.

The assessment team conducted interviews and collected documents in the following countries: Angola, Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Tanzania, Zambia, and Zimbabwe. Ninety-two key informant interviews were completed with representatives from parliament, ministries of health, national AIDS coordinating agencies, NGOs, and the private sector. In each of the three

different response sections, there are similar response headings in order to contrast and compare the perceptions and responses of those from parliament, government, and civil society on certain key issues. The observations expressed in this report about national responses to HIV/AIDS are based on the interviews with key informants and do not reflect the views of either NDI or the SADC PF.

As part of the assessment, NDI and the SADC PF asked key respondents in each country to identify legislators who were particularly involved in promoting national responses to the HIV/AIDS crisis. These lawmakers will be invited to form the core of a regional network of parliamentarians who regularly share information and ideas about national action plans, strategies, and legislation to enable them to respond more fully to the challenges generated by the pandemic. Such a network will assist in promoting increased awareness about the crisis and will provide support to legislators in their efforts to respond more effectively to the threat that HIV/AIDS poses to all facets of development.

The factors most frequently mentioned by interview respondents as impediments to more robust HIV/AIDS interventions were stigma, fear, discrimination, lack of political will, corruption, inadequate financial resources, scarce human resources, and insufficient education. Priority needs to be given to education for citizens about prevention, care, and treatment in order to reduce the stigma and fear associated with HIV/AIDS and to encourage widespread participation in voluntary testing. Although varying degrees of political commitment exist in the countries, the implementation, coordination, and monitoring of HIV/AIDS responses should be strengthened in SADC countries. Parliamentarians need to have better access to comparative information about HIV/AIDS. Advocacy efforts should be expanded for HIV/AIDS programs and policies to meet the needs and concerns of their constituents, who are grappling with the social, economic, and health issues surrounding the epidemic.

## SECTION III

### BACKGROUND

The HIV/AIDS pandemic continues to have a disastrous impact on the political, economic, and social well-being of developing countries, draining poor nations of the workers and leaders necessary to sustain development. Countries with a high incidence of HIV/AIDS are grappling with deepening poverty and diminishing government capacity to provide goods and services to citizens. The adult prevalence rate of HIV/AIDS in the southern Africa region is the highest in the world. According to the UNAIDS 2004 report on the global HIV/AIDS epidemic, six countries in the region had adult (15 to 49 years) prevalence rates estimated at higher than 20 percent at the end of 2003: Botswana (37.3 percent), Lesotho (28.9 percent), Namibia (21.3 percent), South Africa (21.5 percent), Swaziland (38.8 percent), and Zimbabwe (24.6 percent).<sup>2</sup> African governments have attempted to respond to the crisis. At an Organization of African Unity Summit in Abuja in April 2001, leaders committed their governments to increase national health budgets to 15 percent of government revenue. Although a significant commitment, the increased spending on public health, if even attainable, may be insufficient to address all the needs resulting from the crisis.

❖ Estimated Percentage of Adults (15-49) Living with HIV/AIDS in SADC Countries at the End of 2003	
Angola	3.9%
Botswana	37.3%
Lesotho	28.9%
Malawi	14.2%
Mauritius	N/A
Mozambique	12.2%
Namibia	21.3%
South Africa	21.5%
Swaziland	38.8%
Tanzania	8.8%
Zambia	16.5%
Zimbabwe	24.6%

Source: UNAIDS 2004 Report on the Global AIDS Epidemic

At a meeting in Maseru, Lesotho in July 2003, SADC heads of state joined together to reconfirm their commitment to combating HIV/AIDS through regional collaboration, mutual support, and multi-sectoral participation as contained in the *SADC HIV/AIDS Strategic Framework and Programme of Action 2003-2007*. In the declaration that came out of that meeting, SADC leaders reconfirmed their commitment to the implementation of the Abuja Declaration, which has declared the AIDS situation as a state of emergency on the continent and designated the fight against AIDS as the highest priority in national development plans. SADC leaders identified five areas requiring immediate attention and action in the declaration: 1) prevention and social mobilization; 2) improved access to health care; 3) accelerating development and mitigating the impact of HIV/AIDS; 4) intensifying resource mobilization; and 5) strengthening monitoring and evaluation mechanisms.

Realizing that the HIV/AIDS epidemic is a crisis not only of public health, but also a threat to political, social, and economic well-being in African countries, executive branches in the region are struggling to meet the myriad of political and economic challenges that the epidemic poses. National legislatures have an important role in

<sup>2</sup> UNAIDS 2004 Report on the Global Aids Epidemic. [www.unaids.org](http://www.unaids.org)

responding to the epidemic by leading debates on HIV/AIDS issues and developing national policies that respond to the crisis. The dramatic impact of the epidemic demands difficult political choices. As the venue for debates over public policy issues, legislatures are the natural forum for national dialogues about the impact of HIV/AIDS on economic and political governance. Legislatures are also the institution of government through which citizens can hold their national government accountable for the implementation of policy and the allocation of budgetary resources.

In an effort assist parliamentarians to more fully realize their important role in responding to the AIDS crisis, a number of regional conferences, seminars, and workshops on the role of parliamentarians in addressing the HIV/AIDS crisis have taken place in southern Africa over the past several years. Although many of these forums have provided important opportunities for legislators from around the region to meet and discuss legislative approaches to address HIV/AIDS, relatively little has been done to ensure implementation of recommendations and actions. As a regional parliamentary body, one of the functions of the SADC PF is to facilitate the effective implementation of SADC policies and programs in the region, promoting peace, democracy, security and stability. The Forum also works to increase information sharing and knowledge among SADC parliaments. In this capacity, the SADC PF can play a key role in building the confidence of parliamentarians to take a leading role in addressing HIV/AIDS issues at the national and regional level and in enhancing parliamentarians' knowledge of HIV/AIDS policy issues through information dissemination networks.

NDI first began working with the SADC PF in 2000 to build the capacity of the Forum to observe and conduct election observations in SADC member countries and to report on such elections in an objective manner. Over the years, NDI and the Forum have conducted skills building programs for Members of Parliament and parliamentary staff to increase MPs' knowledge of electoral systems and processes in the region and to develop the capacity of parliamentary staff to organize and facilitate expert election observation missions. In addition to its work with the SADC PF on election observation, NDI has helped to develop the forum's website and conducted two assessments in partnership with the Forum: the first on the feasibility of establishing a regional learning centre for parliamentarians and staff and, the second on the information and technology capacity of SADC member parliaments. Both assessments were conducted in order to support the efforts of the SADC PF to provide a variety of support services and assistance to legislatures in order to effectively share best practices, standards, strategic planning, and other functions.

## **SECTION IV**

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### **MEMBER OF PARLIAMENT SURVEY RESPONSES**

#### ***Most Important Issues Facing Countries in the Region***

Most parliamentarians rated HIV/AIDS as the most critical issue that their countries need to address. The second issue most frequently mentioned by parliamentarians was the need to alleviate poverty, followed by education, unemployment, and political stability. Other issues that were frequently mentioned were economic stability, crime, budget constraints, and hunger. Many respondents stressed that these issues are inter-related. Problems such as poverty, HIV/AIDS, unemployment, budget constraints, hunger, crime, and economic stability are related development challenges. Most of the parliamentarians interviewed believed that the HIV/AIDS crisis could not be effectively addressed without simultaneously taking measures to mitigate poverty and its associated problems. Without access to adequate nutrition and education about HIV/AIDS prevention, treatment, and care, citizens will not benefit from the efforts by governments to address the HIV/AIDS crisis. Because lack of nutrition is linked directly to poverty and disease, many countries need to improve the productivity of the agricultural sector to increase food supplies and boost the economy. Several parliamentarians commented that gender equality was an important cross-cutting issue and should be addressed within the context of each of the other policy issues.

In each country, responses were mixed about whether the country had the capacity to deal with the HIV/AIDS crisis. Some parliamentarians stated that although their country had the financial and technical resources necessary to address the crisis, there was a question as to whether the political leadership had the will and commitment to effectively deal with the problem. Some complained that there was too much discussion and not enough action in response to the HIV and AIDS epidemic. Those who believed that their countries did have adequate capacity, acknowledged that state resources were severely stretched, and that a multi-sectoral approach, with involvement from government, civil society, and the private sector, was critical to the success of efforts to combat the problem.

Parliamentarians defined lack of capacity as the lack of adequate financial and human resources and technical expertise to effectively tackle the epidemic. It was suggested that most countries do not have adequate health infrastructures or health care delivery systems to deal with the increased demand for health services that have been generated by the epidemic. There is a shortage of trained health care workers, particularly doctors and nurses, and many clinics do not have medical staff to oversee treatment of patients living with AIDS.

#### ***Legislation on HIV/AIDS***

In most SADC countries, legislation is insufficient to protect citizen's rights in relation to HIV/AIDS issues. A few countries have enacted some pieces of AIDS-

specific legislation to deal with certain issues, such as workplace discrimination, and most have enacted a national AIDS policy. Parliaments need to enact additional legislation to ensure that all citizens are protected from discrimination and stigma; the rights of women and children are protected, particularly with respect to inheritance; and equitable access to treatment and care is available to all who need it.

In June 2004, the Parliament of **Angola** passed new HIV/AIDS legislation that guarantees the rights of PLWA and outlines necessary measures for the prevention, treatment, and care of HIV/AIDS. Every ministry, as well as NGOs and PLWA were consulted in the drafting of the new law and the national strategic plan. Members of the Women's Parliamentary Caucus were very active in promoting the new legislation to address the epidemic. The parliament is currently in the process of establishing a special committee on HIV/AIDS, which will be responsible for ensuring the implementation of the national strategic plan.

**Botswana** has national policies on HIV/AIDS prevention, treatment, and care, but does not have specific legislation on HIV/AIDS. There are regulations about shared confidentiality; for example, physicians are required to share information about a patient's positive status with those whose health might be affected by a patient's status. According to the parliamentarians interviewed, parliament needs to enact legislation that specifically addresses stigma and discrimination to ensure that the rights of people living with AIDS are protected under the law.

Recently, **Lesotho** established a parliamentary select committee on HIV/AIDS, which is responsible for drafting new legislation to address HIV/AIDS. In 2003, parliament enacted the Sexual Offences Act, which protects the rights of women with respect to marital rape and makes it a criminal offence to withhold information about one's HIV-positive status from a sex partner. The Ministry of Justice is also in the process of drafting HIV/AIDS-specific legislation. In late 2003, the government adopted a new policy document to strengthen its response to the crisis and agreed to establish a National AIDS Commission to lead the new initiative. The new commission replaced the Lesotho AIDS Programming Authority, which had been ineffective in implementing prevention and treatment programs.

**Malawi** adopted a national HIV/AIDS policy to deal with the crisis in October 2003, which was parliament's first major effort to address the crisis. Included in the national policy is a six-page appendix that identifies which legislative reforms should be enacted in order to effectively implement the HIV/AIDS policy. The Ministry of Justice is currently reviewing criminal, labour, public health, marriage, and taxation laws to ensure that they adequately address HIV/AIDS.

Although many of the rights accorded to citizens in the Constitution of **Mauritius** can be extended to HIV/AIDS issues, the country has only one law that deals with health issues, the Public Health Act. The law, however, does not address the rights of citizens to health care in relation to HIV/AIDS. Because intravenous drug use is the primary mode of transmission in Mauritius, the prime minister is advocating for legislation that would

allow NGOs to distribute clean syringes to IV drug users in order mitigate the spread of the disease. To bolster national prevention efforts, he also plans to propose legislation that would allow condom machines to be installed in every grocery store.

**Mozambique** has legislation to protect the rights of employees in the workplace with respect to HIV and AIDS. However, because most Mozambicans live in rural communities and do not work in the formal sector, this law does not protect the majority of citizens from discrimination. One parliamentarian noted that the reason for the paucity of AIDS legislation was due to the fact that political parties in the country do not work together to address the crisis. Because of the high level of partisanship in parliament, legislators lack a unified commitment to develop needed strategies and policies to combat the problem.

**Namibia** has national guidelines on human rights to protect people living with HIV and AIDS from discrimination and legislation exists that allows orphans to receive monthly payments until the age of 18 years. The Orphans Law, however, needs to be restructured to allow families who care for orphans to access these funds more easily. Currently, many orphans are not receiving these funds because the process for accessing them is confusing and laborious. The country does not have legislation to deal with the problem of people who intentionally infect others or laws that address the rights of citizens with regard to medical care.

Although there is no particular piece of legislation that addresses HIV/AIDS specifically in **South Africa**, parliament has enacted legislation to address the rights of citizens to health care. Parliament has been promoting a multi-sectoral approach since 1998 and has been applying existing legislation on issues such as poverty and education to HIV/AIDS issues. Members of parliament are planning to draft comprehensive childcare legislation after the 2004 presidential elections. One member stated that legislation should be enacted that makes it mandatory for the government to provide ARVs to all citizens who need them.

In 2001, **Tanzania** developed a national policy on HIV/AIDS and parliament enacted legislation to establish the Tanzania Commission for AIDS (TACAIDS) to coordinate and monitor the national response to HIV/AIDS. Although the national AIDS policy is not legally binding, the policy addresses the rights of people living with HIV/AIDS (PLWHA) and the right to freedom from discrimination in relation to employment, education, and health care. Legislation needs to be developed to specifically deal with HIV/AIDS issues, such as deliberate infection and workplace discrimination.

The **Zambian** parliament established the National AIDS Council (NAC) in 2002 to serve as the coordinating body for national HIV/AIDS programs. There have been some problems with implementation of the NAC law and the council has not had the impact anticipated by lawmakers when they drafted the legislation. Existing laws need to be reviewed and amended to tackle AIDS issues. For example, a rape law has existed for

some years, but it contains no statutes that address AIDS. The country has no legislation to deal with persons who intentionally transmit the virus.

In **Zimbabwe**, parliament has enacted several laws that deal expressly with HIV/AIDS. Parliament enacted the National AIDS Council Act, which established the government body that is responsible for coordinating HIV/AIDS activities. The Sexual Offences Act makes it a crime for anyone to intentionally infect another person with the virus and Zimbabwe is the first country in the region to enact legislation addressing this problem. In addition, parliament enacted the National AIDS Policy, which provides a strategic framework for implementing HIV/AIDS programs. Parliament's most innovative piece of legislation is one that seeks to respond to the financial demands posed by HIV/AIDS. The law calls for a national three percent AIDS levy, which allows the government to tax three percent of each worker's annual income to fund HIV/AIDS programs. Parliamentarians noted that the country needs additional legislation to address HIV/AIDS in the workplace and discrimination. In addition, respondents said that HIV/AIDS monitoring and evaluation mechanisms in the country need strengthening. One parliamentarian said policies should be developed to guide people on how to implement HIV/AIDS programs according to HIV/AIDS legislation, because legislation provides the structural framework for such programs.

### ***The Role of Legislators in Combating HIV/AIDS***

Members of parliament in all SADC countries agreed that as legislators they had important roles to play in responding to the crisis. Despite awareness about their responsibility to lead the country in responding to HIV/AIDS, many members of parliament acknowledged that they needed to provide more leadership in dealing with the crisis. There was consensus that more members of parliament should speak out about the ABCs of prevention (abstain, be faithful, condom use), treatment, care, discrimination, and voluntary testing. To date, only one president in the region has announced publicly that he has been tested for HIV and the results.

*"Parliamentarians should be availed with adequate resources, information, and time to engage in HIV/AIDS related advocacy work in their constituencies. Such work should include workshops, seminars, and visiting people affected and infected with HIV/AIDS. Parliaments should fund raise and support home based care and other NGO, Community based organizations, civil society and faith-based initiatives."*

**-SADC PF Communiqué, on the Role of Parliaments in Combating HIV/AIDS; Windhoek 24 February 2002**

Parliamentarians have a role in influencing public opinion and informing the public about important policy issues. It was suggested that every speech by MPs should include mention of HIV/AIDS, especially with regard to prevention. In one country, the chair of the health committee believes all MPs should set an example by going for testing and announcing the results in order to diminish the stigma and fear around AIDS. By publicly announcing their status, MPs can convey the message that testing can lengthen one's life and protect one's partner. Some parliamentarians are encouraging journalists

to write more about the crisis to increase public awareness about how to deal with HIVAIDS, especially with respect to prevention and care.

One of the designated roles of members of parliament is to monitor the activities of ministries and to provide oversight of the executive branch. A South African MP commented that parliamentarians in **South Africa** should organize oversight hearings that call for every ministry to account for their actions to address the AIDS crisis, especially to support people living with HIV/AIDS, in order to ensure that all ministries are playing an active role in responding to the crisis.

In reviewing the national budget, MPs have the ability to allocate funding to support effective national HIV/AIDS programs. Although some parliaments have allocated significant amounts of the national budget for HIV/AIDS programs, many parliamentarians do not actively advocate for HIV/AIDS programs and initiatives. One MP suggested that in addition to allocating funds to the national budget, individual members should participate more actively at schools and other local institutions in activities to raise awareness about AIDS. One parliamentarian in **Botswana** raised more than 50,000 Pula by walking 80 kilometres to raise national awareness about HIV/AIDS.

In order to conduct more effective constituency outreach and advocacy activities around HIV/AIDS, members of parliament need more training on all aspects of the epidemic. In some parliaments, MPs commented that it was difficult to conduct constituency outreach activities because they lacked the finances for such activities and the small allowances that they did receive for constituency activities was not adequate to cover the cost of fuel needed to travel the long distances between communities.

### ***Successful Parliamentary Responses to HIV/AIDS***

Many parliaments are promoting a multi-sectoral response to the crisis. The Parliament of **Botswana** has significantly increased the national budget allocation for health and HIV/AIDS programs and currently spends about \$70 million annually for the national AIDS response. Parliament has established a HIV/AIDS Committee, which has been very active in advocacy work. When revising the country's national policy on HIV/AIDS in 1998, the government included NGOs and the private sector in all stages of the process. The revised national policy addresses ethical and legal implications of HIV/AIDS related to testing, confidentiality, and discrimination and defines how programs should be coordinated through the National AIDS Council. In 2002, Botswana became the first African country to offer free antiretroviral (ARV) treatment and drugs for opportunistic infections through the public health system to people living with HIV/AIDS (PLWHA).

In **Malawi**, Parliament's Budget and Finance Committee has targeted a limited number of health care programs that should be given priority both in Malawi's poverty reduction strategy paper (PRSP) and in the country's national budget. The committee and the Malawi Health Equity Network (MHEN), a network of NGOs involved with health care issues, are working together to monitor government performance with regard

to expenditures on the targeted health care programs. The committee has lobbied government to ensure that such priority poverty expenditures (PPE) are integrated into the larger monitoring and evaluation system of the PRSP review. The committee is tracking allocations for PPEs from the Ministry of Finance through the Ministry of Health. At the grassroots level, MHEN is monitoring targeted programs to ascertain whether funds allocated for essential drugs, health care worker training, and increased health care salaries have actually reached the intended beneficiaries.

The HIV/AIDS Subcommittee in Malawi's parliament has made several practical recommendations to improve the country's response to the pandemic. The committee has proposed the following actions: establish a parliamentary standing committee on HIV/AIDS; ensure that all allocated expenditures for HIV/AIDS are protected; all MPs should undertake voluntary testing; include parliament as an ex-officio member of the NAC Board; and request that churches adopt a silent policy on the issue of condoms.

**Namibian** legislators have initiated some successful programs to combat HIV/AIDS. Legislation was recently enacted to support efforts to manufacture affordable ARVs locally. Parliament was instrumental in establishing a company in the country to manufacture condoms. Free condoms are now widely available at hospitals, clinics, and hotels. Parliament also supported the launch of free female condoms throughout the country.

The idea for **South Africa**'s integrated approach to fighting HIV/AIDS originated in parliament and could serve as a model for other countries in the region. Parliament has allocated eight-percent of South Africa's GDP to fight the epidemic, which is a two-thirds increase in funding for HIV/AIDS compared to the previous budget. MPs are using every platform available to them to increase information about HIV/AIDS.

Unique among parliaments in the region is the **Tanzanian** Parliamentarians AIDS Coalition (TAPAC), which is comprised of a core group of Tanzanian parliamentarians who have joined together to mobilize their colleagues and constituents to address the HIV/AIDS epidemic. The coalition works to inform and encourage their fellow parliamentarians to use their leadership roles to fight AIDS at the national and local level. Over 100 parliamentarians, including the Prime Minister and the Speaker belong to the coalition. The coalition advocates for adequate budget allocations for HIV/AIDS, monitors the effectiveness of national programs, promotes legislation to eliminate discrimination against PLWHA, and works to mitigate the stigma and denial associated with the disease.

**Zimbabwe**'s parliament enacted the Sexual Offences Act, which makes it a crime for someone to knowingly infect another person with HIV/AIDS and mandates the state to protect victims of this offence. Another piece of legislation, the National AIDS Levy, allows the government to levy a three-percent tax on the annual salaries of employees in government, parastatals, and the private sector to support national HIV/AIDS programs. Because of the levy, parliament has been able to increase national budget allocations for HIV/AIDS interventions.

### ***Major Challenges to HIV/AIDS Interventions***

Those factors most frequently mentioned by legislators as impediments to more robust HIV/AIDS interventions were stigma, fear, discrimination, lack of political will, corruption, inadequate financial resources, inadequate human resources, and inadequate education. Priority needs to be given to education for citizens about prevention, care, and treatment in order to reduce the stigma and fear associated with HIV/AIDS and to encourage widespread participation in voluntary testing. Parliamentarians need to have better access to comparative information about HIV/AIDS in order to advocate more effectively for HIV/AIDS programs and policies to meet the needs and concerns of their constituents who are grappling with the social, economic, and health issues surrounding the epidemic.

In **Angola**, parliamentarians noted the lack of adequate human, financial, and technical resources as major hindrances in the fight against HIV/AIDS. Although legislators believe there is political will to address the HIV/AIDS crisis, the end of the long civil war has required urgent attention and funding for issues such as resettlement of the population, repatriation of refugees, detonation of landmines, and the general reconstruction of the country.

According to legislators in **Botswana**, discrimination, fear, and stigma are significant obstacles to winning the war against HIV/AIDS. Continuous education about prevention, care, and treatment needs to be provided in schools and in communities to increase citizen's awareness about HIV/AIDS, including the beneficial effects of ARVs and the importance of good nutrition for those living with the disease. One MP noted that PLWHA have an important role to play as advocates and they should be included more at meetings and conferences to talk about their experiences and insights living with AIDS. PLWHA can be a powerful example that people with AIDS can live active and productive lives if they have access to drugs and adequate nutrition.

Parliamentarians interviewed in **Lesotho** agreed that the country needs more financial resources and educational programs to effectively respond to HIV/AIDS. Parliamentarians stated that more education about HIV/AIDS and related issues should be provided, particularly for members of parliament and ministers. More emphasis needs to be placed on training in order to assist people in developing the skills to deal with such issues as living with AIDS and discrimination in the workplace.

Respondents in **Malawi** stated that the major impediments in combating the epidemic were religious beliefs, false information about the cause, prevention, and treatment of the disease, and the tension between modern and traditional beliefs. All these factors hinder people from getting tested and being open about their HIV status. A lack of political will and a lack of a united response among parliamentarians were also mentioned as factors that weaken national efforts to deal with the crisis.

An integrated national program, with HIV/AIDS linkages between all sectors is needed in **Mozambique**. Respondents remarked that parliament should take a more

active role on the issue by exercising more oversight of the state's expenditures on HIV/AIDS. Another challenge is the fact that MPs tend to act along party lines rather than speaking out as individual leaders on HIV/AIDS issues.

**Namibian** legislators stated that stigma and the lack of adequate financial resources are obstacles to improving the country's response to HIV/AIDS. Primary among these is the need for increased funding for HIV/AIDS programs. With adequate financial resources, one legislator noted, the government could provide citizens with more voluntary counselling and testing (VCT) centres, more drugs, more education, more treatment facilities, and more training. Stigma and fear prevent people from being tested. Those who do volunteer to be tested are not open about their status because there is a tendency in communities to isolate people who are known to be HIV positive. It was suggested that parliament should be more active in efforts to raise public awareness and understanding about HIV/AIDS issues because the lack of understanding is the source of stigma. Parliamentarians should be role models by demonstrating tolerant and supportive attitudes towards PLWHA.

Similarly, parliamentarians in **South Africa** mentioned denial, stigma, and fear of rejection as major challenges to effective prevention and treatment. Because people are afraid to reveal their positive status, SADC governments do not know the actual number of people living with HIV/AIDS. All the current figures are estimates, based on numbers derived from natal clinics.

*"The government needs to change its HIV/AIDS education program strategy. Many people still do not know how to use a condom. People are calling for the government to do more about prevention and treatment. Many people have been afraid to get tested and know their status because they do not have access to treatment."*

- Parliamentarian

Governments cannot respond with the necessary treatment if those who are positive do not notify others of their status. One MP suggested that parliament should enact legislation that makes HIV/AIDS a notifiable disease. Another respondent commented that feelings of blame and guilt around HIV/AIDS are still prevalent and are major hindrances in dealing with the epidemic. The government should provide more counselling centres with counsellors who are properly trained to better address the devastating impact of the disease on families and communities.

**Zambia** faces numerous barriers in its efforts to cope with the impact of HIV/AIDS. The country lacks adequate financial and human resources to meet the needs of its citizens. In addition to the impediments to access to treatment posed by a shortage of clinics and trained health care workers, people must travel long distances on poor roads, many of which are inaccessible during the rainy season, to reach treatment facilities. Parliament could assist the country to surmount these obstacles by pressuring the government to increase budgetary support for HIV/AIDS treatment.

**Zimbabwe**'s national strategic plan for HIV/AIDS does not have clear guidelines for implementing HIV/AIDS activities, which parliamentarians viewed as a major problem. Parliamentarians also noted that coordination between the Ministry of Health,

the National AIDS Council, NGOs, and the private sector was poor and, as a result, there are duplications in efforts and funding for HIV/AIDS activities. A lack of political will was also mentioned as an impediment to an effective national response to the HIV/AIDS crisis. Respondents noted that the current political and economic crisis is an acute challenge. Significant reductions in international donor assistance, coupled with the country's lack of foreign reserves and hyper-inflation, have dramatically diminished available funds for HIV/AIDS prevention, treatment, and care programs.

### ***Parliamentary Perceptions of Government Responses to HIV and AIDS***

Legislators in all the SADC countries believe that their governments are making a substantial effort to respond to the crisis. Nonetheless, several respondents stated that although their governments were making an effort to do all that they could, the efforts were insufficient. A few noted that part of the problem was the fact that governments had waited too long to respond and as a result, were overwhelmed by the magnitude of the demand for health and social services needed to deal with the impact of HIV/AIDS. Many MPs commented that despite efforts by most governments to mount a multi-sectoral response, effective coordination between ministries remains a challenge in virtually every country.

Parliamentarians in **Angola** stated that the government was making an effort to address the HIV/AIDS crisis, particularly at the ministries of health, education, social welfare, and labour. The Ministry of Health has been a strong advocate for greater government commitment to fighting AIDS, and as a result, the president's office now coordinates the national AIDS program and the president serves as the chairperson of the National AIDS Commission. The government recently opened a new hospital in Luanda, which provides free ARVs and counselling to PLWHA. One respondent noted that most of the services for PLWHA are only available in Luanda and such services should be made available in all the provinces as soon as possible.

*"Gender issues should be given priority because as a group, women are most affected by poverty and AIDS. The budget needs to be increased for gender issues, using a two-pronged approach that targets gender and HIV/AIDS together."*

- Parliamentarian

Under the leadership of President Mogae, the government of **Botswana** is making an immense effort to combat the epidemic. The government has established multi-sectoral HIV/AIDS committees at both the district and local levels. HIV/AIDS committees exist in every ministry. There are HIV/AIDS coordinators in all of the parastatals. The government has successfully implemented key interventions in the fight against HIV/AIDS, such as programs for prevention of mother to child transmission (PMTCT); community home based care, orphans, and antiretroviral (ARV). Despite these efforts to tackle the crisis, there are still some issues that the government needs to address. For example, homosexuals still lack a voice in the country. The National AIDS Coordinating Agency (NACA) has encountered some difficulty in coordinating the various ministries' HIV/AIDS programs. One MP suggested that the NACA should

remain in the president's office rather than in the Ministry of Health because the president has the power to put pressure on the other ministries to address HIV/AIDS issues, while the health ministry does not have that authority.

Although parliamentarians in **Lesotho** believe that the government is committed to confronting the epidemic, there are problems with directing funds properly and some suggested that money has been misspent. Each ministry has allocated two-percent of its budget to HIV/AIDS activities. Ministries, however, are not sharing information with one another about how they are spending their money for HIV/AIDS and, as a result, there is some duplication of activities.

The government of **Malawi** is making an effort to address the crisis, but members of parliament noted that the government waited too long to acknowledge there was a problem with HIV/AIDS. Even though cases of HIV/AIDS were diagnosed in Malawi in the 1980s, there was such intense stigma associated with the disease; the government remained, until recently, silent on the issue. During the past year, the government successfully negotiated access to the Global Fund and is currently in the initial stages of implementing the new HIV/AIDS strategic plan. To date, ministries and departments have not been working together. In 2002, each ministry allocated two-percent of its budget for mainstreaming HIV/AIDS into its activities. When the Health Committee conducted oversight hearings, they discovered that most ministries had not done anything to address HIV/AIDS issues. One respondent commented that this lack of commitment in the ministries is mirrored throughout the different departments of government.

At 0.8 percent, **Mauritius** is fortunate to have the lowest prevalence rate in the region. Part of the reason that HIV/AIDS has not reached crisis proportions in Mauritius is because the country responded immediately when the first cases of HIV/AIDS appeared in 1987. The prime minister, who presides over the National AIDS Committee, has successfully involved all stakeholders in responding to HIV/AIDS. The government has been providing free ARVs to all PLWHA since 2002. Universal VCT is available and free milk is provided to babies of HIV positive mothers for the first two years of life.

In **Mozambique**, the government response to HIV/AIDS has been minimal. Although the government has established some structures for coordination on HIV/AIDS activities, they do not work efficiently. Respondents stated there is a lack of motivation to cooperate because the top structures, beginning with the president's office, do not coordinate or share information with the other institutions that are supposed to be involved in responding to HIV/AIDS issues.

When asked if their government was doing enough to fight HIV/AIDS, parliamentarians in **Namibia** had mixed responses. One MP stated that the government claimed that it was providing free ARVs to HIV positive mothers, but in reality less than 10 percent of the mothers are participating in the program. Another criticism was made about the government's failure to adequately deal with the rapidly expanding problem of care for orphans. Despite such criticisms, the Namibian government has instituted a number of measures to respond to the crisis, including establishing HIV/AIDS

committees at all levels of government to deal with HIV/AIDS. National guidelines exist to protect the rights of PLWHA and there are programs to provide free ARVs to AIDS patients and HIV positive mothers in six of the country's regions, which will be expanded throughout the country over the next five years. Namibia is currently negotiating with pharmaceutical companies to allow the county to produce its own ARVs sometime in the next three to five years. Additionally, the government has increased training for health care workers to improve the availability of care for PLWA and their families.

Some **South African** MPs stated that the government was performing well in its efforts to combat the epidemic, while others noted that there was still confusion about the national HIV/AIDS plan and policies and how to put them into action. For example, there have been delays in getting the PMTCT program underway and it has yet to be fully implemented nationwide. The country has employed a multi-sectoral approach to deal with HIV/AIDS problems. An innovative approach to combat AIDS has been developed by the Ministry of Agriculture, which has launched a program to distribute starter packs of seed to poor families in order to improve their nutritional levels and to promote income generation from excess produce. The goal of the program is to ensure that vulnerable citizens have access to adequate nutrition, which is a critical factor in the success of HIV/AIDS treatment programs.

The government of **Tanzania** completed its design of a new multi-sectoral strategic framework for HIV/AIDS in early 2003, which is coordinated by the Tanzania Commission for AIDS. One of the primary objectives of the new strategy is to increase commitment and leadership among national authorities and leaders at all levels in the national response to HIV/AIDS. Tanzania has increased the priority of HIV/AIDS on the national agenda by including AIDS in the development of its PRSP process and linking it with the country's debt relief measures.

Even though the prevalence rate has recently gone down in **Zambia**, the government has been slow in launching a plan to combat the epidemic. The National AIDS Council was not established until 2002 and the 15 percent budget allocation for health called for in the *SADC Plan of Action for HIV/AIDS* has not been met. Despite these drawbacks, the government has given every ministry an allotment for HIV/AIDS activities and has allowed NGOs the freedom to carry out interventions. Parliamentarians agreed that coordination between the ministries and government needs improvement. The AIDS Council is responsible for coordinating linkages between the ministries, but to date, the council has not had much impact in coordinating a national response to HIV/AIDS.

Although **Zimbabwe**'s national AIDS levy provides funding for HIV/AIDS, there have been problems in ensuring that those funds are channelled to HIV/AIDS activities because there is no defined structure or procedure for implementing HIV/AIDS programs. Coordination between ministries is poor. For example, the Ministries of Labour and Social Services are responsible for assisting orphans, but to date the ministries have failed to implement a program that enables orphans to access the funds for school fees that have been allocated to them. In an effort to improve coordination

between the ministries, the government recently established HIV/AIDS coordinating desks in each ministry, which are responsible for coordinating with other ministries and the AIDS Council. However, the ministries have yet to develop a plan for coordinating activities at the local level.

### ***Parliamentary Perceptions of Institutions Responsible for Combating HIV/AIDS***

When asked which institutions had the primary responsibility for dealing with HIV/AIDS, ministries of health were most often mentioned, followed by national AIDS councils and NGOs. Respondents agreed, however, that every institution has, to a varying degree, a responsibility to combat HIV/AIDS. Churches were often mentioned as having an important role in promoting the message about prevention, although in some countries respondents commented that churches tended to view HIV/AIDS as a sin, thereby contributing to the stigma associated with AIDS. In general, MPs viewed national AIDS councils as the institutions responsible for coordinating HIV/AIDS interventions, while NGOs were perceived as the most effective institutions in providing home-based care services and education about living with AIDS. Respondents in all countries agreed that the private sector should be playing a larger role in addressing HIV and AIDS issues.

Of particular note is the fact that few parliamentarians mentioned parliament as an institution with a major responsibility for dealing with HIV/AIDS, despite the fact that parliament is the institution responsible for legislating a response to the HIV/AIDS emergency. This omission seems to contradict MP responses to questions about the role of parliament and legislators in fighting the epidemic, which revealed a general consensus that parliament and legislators have a significant responsibility and leadership role in dealing with the problem.

**Angolan** respondents identified the Ministry of Health, NGOs, and the National AIDS Commission as the institutions that have the most responsibility in dealing with the epidemic. One parliamentarian noted that despite a lack of finances and human resources, NGOs were playing a major role in responding to the crisis and “setting the pace for government”.

An MP in **Botswana** stated that with the exception of the national budget, NGOs play a more important role and are more knowledgeable about some issues than the government in responding to the HIV/AIDS crisis. In Botswana, the office of the president has played an exemplary leadership role in addressing the crisis, by directing significant attention and funding to a wide array of programs aimed at preventing, treating and caring for those affected by HIV/AIDS. Other institutions mentioned as responsible for HIV/AIDS in Botswana were parliament, ministries, churches, the private sector, traditional healers, and the judiciary. Traditional healers also have a role because many people go to them for treatment. However, many traditional healers are not adequately educated about the AIDS virus and the need for people living with AIDS to get treatment at hospitals. Collaboration between traditional healers and medical doctors should be improved to ensure that traditional healers are aware of the need to employ

modern drugs when treating persons with AIDS and related opportunistic diseases, such as tuberculosis.

In **Namibia**, MPs cited the government, the ministries of health, education, defence, works, and transport as those institutions most responsible for addressing HIV/AIDS issues. All these ministries are conducting HIV/AIDS campaigns and workshops. NGOs, such as Catholic Aids Action, were lauded for their work to address the problem in the country's regions. MPs noted that traditional leaders are involved in HIV/AIDS activities and they have a strong influence in changing citizen's attitudes and behaviour. One parliamentarian commented that volunteers are doing much of the home-based care work and financial resources should be made available to them in return for the work they do caring for others.

**Zambian** parliamentarians criticized their parliament and the Ministry of Health for not responding more robustly to the crisis. They acknowledged that NGOs and churches in Zambia have taken the greatest responsibility in educating people about the AIDS virus and in providing training for the care of people living with AIDS and orphans. To date, the government has not adequately supported home-based care programs or the plight of orphans. Although the government has been very vocal about HIV/AIDS to increase citizen awareness about the disease, NGOs and churches are the primary actors in responding to citizen's needs.

*"Each country should have a designated role in addressing HIV/AIDS issues within the SADC framework. For example, one country would focus on developing expertise on prevention, while another would focus on developing the most effective way to care for people living with HIV/AIDS. Countries with different focuses would regularly share information about best practices in order for all countries to benefit from the particular issue expertise developed by each country."*

-Parliamentarian

**Zimbabwean** legislators differed in their opinions about how well the National AIDS Council had played its role as the institution responsible for coordinating HIV/AIDS activities. Some viewed the council as effective, with NGOs serving a complementary role by filling the gaps in services where there is inadequate funding. Others criticized the council for failing to effectively coordinate NGO activities. The Council of Churches, the Zimbabwe Traditional Healers Association, NGOs, and CBOs have been deeply involved in AIDS activities and programs, but their activities are not coordinated and there are duplications, with too many interventions in some areas and not enough in others. One respondent suggested that there should be a mechanism for bringing NGOs together at a national conference in order to review the effectiveness of the AIDS council. Recently, the council began working with an international donor to determine what activities should be implemented to most effectively address the HIV/AIDS-related needs of people.

## ***Regional Coordination and Awareness of HIV/AIDS Interventions in Neighbouring Countries***

Without exception, legislators agreed that there are significant benefits to be gained from a coordinated regional response to the epidemic. It is critical that countries in the region share information about HIV/AIDS interventions in order for parliaments to learn about best practices and experiences that can serve as models for responding more effectively to the epidemic. Many respondents mentioned that countries should be coordinating efforts to acquire affordable drugs at the regional level. At the ministerial level, there is some regional cooperation and health ministers come together to develop common strategies. The idea of establishing a regional fund to buy drugs in bulk is currently under discussion by ministers of health from SADC countries. At the parliamentary level, there is a need for better coordination of HIV/AIDS responses. The SADC PF Committee on Education is working to promote more discussion about HIV/AIDS and girls' education among parliamentarians in the region. The committee is studying the gender dimension of AIDS and the role of women in traditional societies, where power imbalances contribute to women's increased vulnerability to HIV/AIDS.

The SADC PF has encouraged all parliaments to establish separate portfolio committees on HIV/AIDS. Such committees can serve as coordinating mechanisms through which parliaments share information, interact, and liaise on HIV/AIDS issues. Some MPs stated that in order to increase support for coordination efforts, resolutions made by ministers and MPs at regional meetings should be better enforced. Presently, many parliaments do not have separate HIV/AIDS committees and still include HIV/AIDS under the portfolio of health committees. Establishing separate HIV/AIDS committees would raise the importance of the issue and increase awareness in parliaments about HIV/AIDS issues. For example, when the SADC PF HIV/AIDS Committee meets, members share reports, model legislation, and other information about the epidemic. HIV/AIDS committees in national parliaments could table reports from those meetings in order to increase members' awareness about interventions in neighbouring countries.

Although some parliaments are making an effort to learn how other parliaments in the region are responding to HIV/AIDS, information sharing needs to increase in order for MPs to gain comparative information about best practices and effective HIV/AIDS interventions. In general, legislators' awareness about what other parliaments in the region are doing to address the crisis is limited. For example, in **Zambia**, members of the Health Committee stated that they were not aware of the interventions in other countries, except for Senegal, which they had visited. In some parliaments, respondents complained that MPs who attended SADC and international AIDS conferences rarely shared information about those meetings with their colleagues in parliament after returning home.

In **Angola**, parliamentarians stated that they were not aware of the achievements in the fight against HIV/AIDS in other SADC parliaments because information sharing between countries was sporadic and incomplete. Although the Angolan parliamentarians

were aware that the Botswana government provides free ARVs, they did not have information about the country's strategy and implementation plan for the universal provision of ARVs.

Regional coordination is needed because there is significant cross-border migration and many of the problems confronting governments are similar. Efforts to contain AIDS in one country cannot be effective if neighbouring countries continue to have rising prevalence rates. One legislator commented that there is a growing problem with citizens travelling from their communities to neighbouring countries to get treatment. This places increased pressure on the already severely strained health infrastructure of host countries. Regional agreements and protocols should be implemented to mobilize resources for health care infrastructures and provision of ARVs across the region to mitigate the disparities between countries in treatment and care. Countries need to have regional coordination on cross-border HIV/AIDS programs to target long-distance truck drivers and cross-border traders, who have statistically higher prevalence rates because of their travel. **Zimbabwe** has a program called *Corridors of Hope* on its borders with Zambia and South Africa to educate vulnerable groups about HIV/AIDS prevention. This type of program could be replicated along other high traffic borders in the region.

### ***Parliamentary Perceptions of the Role of the International Community in Combating HIV/AIDS***

All respondents agreed that the international community has an important role to play in assisting African countries to respond to the HIV/AIDS crisis. The types of international assistance most often mentioned were financial, especially for the procurement of ARVs and medical equipment. Many MPs mentioned the need for increased technical support to train more doctors, nurses, and other health care workers. All African countries have a shortage of trained health care workers and several respondents noted that something should be done to curtail the recruitment of African nurses to developed countries, which lure them away with higher salaries and better working conditions. Technical assistance is also needed to train teachers in prevention education and to develop their counselling skills. Others stated that the international community could assist African countries in negotiating with pharmaceutical companies to lower prices for drugs. Several parliamentarians mentioned the need for increased international coordination and cooperation on research about the virus and its prevention, treatment, and care.

### ***Parliamentary Perceptions of the Role of the SADC PF in Assisting Parliaments to Respond to the HIV/AIDS***

When asked what the SADC PF could do to help them respond more effectively to the epidemic, MPs often mentioned the need for more opportunities to exchange information. One respondent suggested that the Forum should develop an exchange program for members of parliamentary committees that are responsible for HIV/AIDS to increase opportunities for MPs to share information and observe best practices in other

countries. Such a program would increase parliaments' knowledge about what approaches to HIV/AIDS work and which do not and would develop their capacity to launch a collective response to the crisis. Another respondent stated that the SADC PF should transform itself into a regional parliament, whose decisions, particularly about HIV/AIDS policies, are legally binding in every SADC country.

Another MP commented that the Forum should increase its active engagement with parliaments to ensure that MPs play a more active role in fighting HIV/AIDS. Examples of active engagement would be providing more opportunities for MPs to meet regularly to analyze laws in each country; assisting MPs to strengthen parliamentary oversight of resources for HIV/AIDS; organizing forums for MPs to share ideas and develop good practice models; and assisting parliaments to develop regional approaches for the procurement and manufacture of affordable drugs.

Parliaments lack resources and adequate staff to do the necessary research on HIV/AIDS issues. The SADC PF could assist parliaments by providing parliaments with information about current, in depth research on HIV/AIDS. Such research could also include comparative information about successes and failures in national HIV/AIDS interventions in countries worldwide.

## SECTION V

### MINISTRY OF HEALTH AND NATIONAL AIDS COORDINATING AGENCY SURVEY RESPONSES

#### *Government Perceptions of the HIV/AIDS Situation in SADC Countries*

There was general consensus among respondents from ministries of health that HIV/AIDS poses a serious developmental challenge of a magnitude that has never been encountered before in the region. Governments have never been confronted with a crisis that impacts every segment of society and requires such vast resources. In several countries, the full impact of AIDS is just now being felt from the large numbers of people who are sick and dying from AIDS. Many respondents commented that there was no coordination in efforts to combat the epidemic and that national AIDS programs lacked experienced staff to manage and implement national AIDS strategies.

*"Because of the denial and stigma, people continue to spread the virus. Also, the problem with orphans is immense and interventions for orphans are not coordinated with other interventions."*

- National AIDS Commissioner

Governments lack adequate human and financial resources to respond to the crisis. More people need to be trained in how to provide effective prevention, treatment, and care. The lack of financial resources is linked to political will and the shortage of human resources. Despite the large amount of funding that SADC countries receive from the Global Fund, governments do not have sufficient funds to meet the service demands posed by HIV/AIDS. NGOs are surviving on funding from international donors to implement their programs and many lack the capacity to develop funding proposals.

The growing number of orphans is a major problem and SADC countries lack the capacity to fully provide the support and care that children need. One informant noted that despite efforts to educate citizens about AIDS, people are still afraid to accept assistance for AIDS-related problems because discrimination and stigma are so pervasive. There continues to be a lack of adequate information about the virus, particularly at community levels, where traditional views and practices persist about the relatively powerless role of women in relationships and in society.

<i>❖ Estimated number of Orphans (0-17) due to AIDS in SADC Countries at the end of 2003</i>	
Angola	110,000
Botswana	120,000
Lesotho	100,000
Malawi	500,000
Mozambique	470,000
Namibia	57,000
South Africa	1,100,000
Swaziland	65,000
Tanzania	980,000
Zambia	630,000
Zimbabwe	980,000

*Source: UNAIDS 2004 Report on the Global AIDS Epidemic*

#### *Government Responses to the HIV/AIDS Crisis*

In every country, health ministry respondents believe that their governments are committed in their efforts to respond to the crisis, although there is a disparity among

countries in their capacity to deal with the epidemic. The majority of governments have developed a national HIV/AIDS strategic plan. Most have initiated a multi-sectoral approach, but many have encountered problems implementing the plan because of poor coordination and a lack of human and financial resources.

Since the end of the civil war, the government of **Angola** has developed a national strategic plan, established a hospital for the treatment of HIV/AIDS, improved the safety of the country's blood supply, and established PMTC programs in some hospitals.

Compared to other countries in the region, the **Botswana** government has arguably done the most to respond to the crisis, in part because the government took immediate action regarding testing and blood screening when HIV/AIDS first became a problem. The initial response in Botswana was focused solely on health issues because the government at first viewed AIDS as primarily a health problem. Because Botswana has a good health care system and nutrition levels are high, the impact from the disease was largely hidden during the early years of the epidemic. Government did not respond as fully at first because it did not realize the magnitude of the problem. An aggressive, multi-sectoral response is now in place, but a more rapid response needs to occur at the mid-management level. The National AIDS Coordinating Council was established in 2001 and all ministries have HIV/AIDS coordinators at every level of government. The government has allocated funding for a nation-wide program for the prevention of mother to child transmission of HIV, free condoms, TB prevention, training for health care workers, and prophylactic ARV treatment for rape survivors. The government holds donor forums twice a year and has formed partnerships with the private sector.

The government of **Malawi** has created a National AIDS Commission. The government is allocating all the resources that it can afford to address HIV/AIDS and all sectors of government have a budget for HIV/AIDS programs. Most of the government's interventions are targeted at prevention.

According to those interviewed in **Lesotho**, the government has not allocated adequate funds to fight the epidemic. A respondent noted at the time of the interview in early 2003, that the Health Ministry had yet to receive any of the funding allocated for HIV/AIDS in the most recent national budget and that the allocated funding was about one-seventh of the money needed to implement programs.

In **Mauritius**, the government is implementing a national HIV/AIDS strategic plan that includes strategies for prevention, treatment, care, and support for people living with AIDS. Sufficient funding is allocated to the government's HIV/AIDS program and the government provides grants to NGOs for HIV/AIDS activities. The country has a National AIDS Committee that meets quarterly to review progress in implementing the national plan. The prime minister chairs this committee, which is comprised of 14 other ministers.

Respondents in **Mozambique** stated that the government was making a significant effort, but this effort was not adequate to effectively deal with the crisis.

Several laws have been drafted and published related to ARVs, treatment of people living with HIV/AIDS, and the prevention of mother to child transmission of the virus.

Although the **Namibian** government is making a concerted effort to deal with the AIDS crisis, one respondent stated that political leadership needs to be enhanced and each ministry should strengthen its response efforts, despite their limited financial and human resources. As part of the government's decentralization plan, regional councils have been tasked with coordinating regional HIV/AIDS programs. These programs have only had a limited success because some councils have not done much to develop programs. Where councils have shown more commitment in addressing the problem, there is good coordination between local and regional governments and NGOs.

Those interviewed at the **Tanzania** Ministry of Health believe that the government is making a strong effort to increase awareness in the country about the epidemic and its prevention, treatment, and care. To address the needs of the growing number of orphans, the government has created the Social Action Trust Fund, which provides grants to community organizations and NGOs working with AIDS-affected families. The trust fund is one of the largest trust funds for orphans in Africa. Funding from the trust fund is used to pay school fees and to provide for the needs of children who have lost parents to AIDS. Funding from the trust fund is provided in the form of loans to community groups in order for the fund to increase its capital and provide increased assistance to children.

To enhance information sharing and coordination, the government of **Zambia** has established a cabinet-level committee on HIV/AIDS that is comprised of eight ministers who report directly to the president. In turn, members of the National AIDS Council report directly to the cabinet committee. Fifteen percent of the national budget is currently allocated to health. All ministries have been allocated funds to use specifically for HIV/AIDS activities. The government recently budgeted 15 billion kwacha in order to provide ARVs to ten thousand citizens. People who can pay a portion of the cost of the drugs, while those who cannot afford to pay anything, receive free drugs. The government is considering creating a revolving fund for ARVs that would be funded by private sector contributions.

*"There are a multitude of activities to respond to the crisis, but it is not clear which activities are really effective because there is not an efficient monitoring mechanism. Even the government does not know which groups are doing which activities because many of the interventions are informal."*

-National AIDS Commissioner

The government of **Zimbabwe** has declared HIV/AIDS a national disaster and enacted the AIDS levy to enable the government to allocate more funding for health in the national budget. Although nearly 15 percent of the budget is allocated for health, this amount is not adequate because the vast majority of Zimbabweans use the public health care system, which has been severely strained by the epidemic and economic crisis.

Some governments are beginning to shift some of the responsibility for implementing AIDS programs to the communities, in order to empower existing structures and organizations at the local level. In Zimbabwe, the National AIDS Council disperses funding through a decentralized mechanism directly to the local level to enable NGOs to access funding more easily. NGOs access funds through local structures according to community work plans. As a result, the uptake of resources has increased at the local level. The National AIDS Council has identified a focal person in each ministry, who is responsible for being well-informed on HIV/AIDS activities and for designing a HIV/AIDS work plan for their ministry. Each ministry also has a subcommittee on AIDS.

### ***Ministry of Health/National AIDS Coordinating Agency Success Stories***

Most key informants from ministries of health gave their health ministry high marks for performance. Most have played a major role in developing national strategic HIV/AIDS plans and organizing awareness campaigns. In many countries, ministries have been responsible for implementing programs to prevent mother to child transmission of HIV/AIDS, to provide universal treatment for opportunistic infections, to distribute free condoms, and to educate the public about prevention.

The **Botswana** Ministry of Health has designed a program to provide free ARVs to all citizens and is already implementing a program that provides free ARVs to all pregnant and nursing mothers. The ministry is working to increase the accessibility of testing centres and the number of trained healthcare workers, particularly nurses. The National AIDS Coordinating Agency's (NACA) major achievement has been to engage all segments of society in a coordinated response to the epidemic. The NACA is implementing a monitoring and evaluation strategy to improve tracking and coordinating of funding for AIDS activities. A mid-term HIV/AIDS plan, which is under review, contains clear guidance about the roles and responsibilities of different stakeholders, who are also participating in the review.

The **Mauritius** has been very proactive in responding to HIV/AIDS. The Ministry of Health created an AIDS Unit before there were any incidences of HIV/AIDS recorded in the country. The primary objective in creating the unit was to establish a prevention and awareness program to prevent HIV/AIDS from becoming a major problem in the country. Other Ministry of Health accomplishments include: providing free ARVs to people living with HIV/AIDS; consolidating blood transfusion safety; offering free drugs, medical follow-up, and milk for HIV positive mothers and babies; and establishing day care centres to provide treatment and care for people living with HIV/AIDS.

The Ministry of Health in **Mozambique** has established policies to protect workers' rights in the workplace; to provide chemotherapy to those who need it; and to provide ARVs to HIV-positive mothers to prevent unborn children from being infected by the virus. The ministry has also been actively involved in the implementation of a national prevention campaign.

**Zambian** respondents stated that the ministry's decision to take a multi-sectoral approach has resulted in a strong commitment from all stakeholders to join in the fight against AIDS. The ministry has been successful in securing funding to begin the first phase of free ARV distribution in the country. Currently, 500 people are receiving free ARVs and with the new funding, the goal is to provide drugs to 10,000 Zambians.

The **Zimbabwe** Health Ministry and National AIDS Council use a decentralized approach to implement HIV/AIDS activities through local structures. Such an approach allows communities to take ownership of AIDS programs at the local level. By decentralizing the implementation of its HIV/AIDS program, the roles and responsibilities of different groups are more clearly defined, improving coordination of HIV/AIDS activities throughout the country.

### ***Major Challenges Facing Health Ministries and National AIDS Coordinating Agencies***

Despite the progress that many health ministries have made in responding to the crisis, societal attitudes are impeding their efforts to prevent the spread of AIDS and to care for those who are affected by the epidemic. It is crucial to change societal attitudes to reduce stigma, discrimination, and risky behaviour. Although all countries have implemented education and prevention campaigns, several key informants stated that the success in convincing people to practice safe sex has been mixed. There is a disconnect between what people know about prevention and their actual behaviour. Because of the huge cost of HIV/AIDS, no ministry has enough human and financial resources to deal with all the demands of the epidemic.

The adult HIV/AIDS prevalence rate in **Angola** is estimated at about four percent, which is significantly lower than most of the other SADC countries. Ministry of health respondents noted, however, that the low infection rate gave many Angolans the impression that the epidemic was not a serious problem in the country. Health officials stated that most of the HIV/AIDS programs were only in the capital, Luanda, and only about 4,000 people were currently receiving ARV treatment.

Although there is large amount of funding available for HIV/AIDS in **Botswana**, the country's small pool of human resources is a major handicap for the Ministry of Health. As is the case in other SADC countries, there are not enough doctors, nurses, or pharmacist to meet the demands for treatment and care. The National AIDS Coordinating Agency is hindered by a lack of supporting legislation. The agency has not been given a clearly defined role or a legal mandate, which it needs in order to require other partners to provide information that is needed to inform program development. Many partners are confused about the agency's role and do not understand that it is solely a coordinating body and not an implementer. The coordinating agency has developed guidelines for NGOs on how to access funding, but many NGOS still do not understand the process.

Respondents in **Malawi** stated that the major challenge for the ministry and the NAC was the high rate of employee burnout caused by the emotionally draining aspect of dealing with the crisis. Another problem facing the ministry is the constantly changing need for new skills to respond to the changing demands of the crisis. Continuous training is required to respond to new developments around HIV/AIDS. For example, malaria is now presenting differently because of AIDS and treatment for malaria must be changed accordingly, which requires new training and skills for health care workers.

Ironically, respondents from the Health Ministry of **Mauritius** stated that the country's low prevalence rate is a major handicap because people do not feel concerned about AIDS and the epidemic remains invisible. Stigmatization and discrimination around HIV/AIDS prevent people from seeking testing and treatment even though drug provision is universal and free. Sustaining provision of ARV treatment to all who need it will be a challenge if the prevalence rate increases.

Respondents in **Namibia** and several other countries viewed coordination problems as a significant challenge for health ministries. In Namibia, a national AIDS coordinating program has been established in the Health Ministry, but the government's effort to coordinate responses has not been effective because the coordinating program is understaffed. Although the ministry is working to add new positions, there is a question about whether the ministry is the best place to house the coordinating program. Some believe it would be better to have the program in the office of the president or as a separate body.

As is the case with other countries in the region, financial, technical, and human resources are not sufficient to effectively address the crisis in **Tanzania**. Twelve percent of the current national budget is allocated to health, but it is insufficient. One respondent stated there was not even enough money to provide ARVs to health workers. Although the country receives assistance to combat HIV/AIDS from many international donors, including several UN agencies and the Global Fund, the country's capacity to absorb funding for HIV/AIDS is low. The country lacks the necessary human resource management capacity in ministries, NGOs, and local governments to formulate and implement strategic plans to control the epidemic and to effectively mainstream HIV/AIDS activities into all national programs.

**Zambians** also viewed coordination and monitoring as challenges. The Health Ministry lacks complete information about what different groups are doing in the country to combat AIDS and how much money from donors is actually being spent for HIV/AIDS activities. Another challenge is to how to implement an effective ARV distribution program. Because of the limitations in the country's infrastructure, as is the case in many other SADC countries, it is difficult to reach remote communities in Zambia.

A representative from **Zimbabwe**'s National AIDS Council stated that the biggest challenge is the need to review the National AIDS Council Act in order to identify the responsibilities of each level of government in responding to HIV/AIDS to improve

coordination between national, district, and rural councils, and traditional leaders. Other problems include the significant attrition rate of health care workers, who are leaving the country in large numbers because of the economic crisis. As a result, some clinics do not have any doctors or nurses to administer drugs. The foreign exchange crisis in Zimbabwe is impeding the Health Ministry's ability to provide all citizens with adequate nutrition and access to care, including safe blood transfusions. Donors want to provide support, but the government requires that they exchange foreign currency at the official rate, which greatly reduces the value of funding for health. The ministry would be able to provide many more ARVs and screen blood for the HIV virus if the country had more foreign currency reserves. At the time of the interview in November 2003, a one-month supply of imported drugs cost 600,000 Zimbabwean dollars.

### ***Perceptions of Government Regarding the Role of Parliament in the Fight Against HIV/AIDS***

Respondents from health ministries in every country agreed that parliaments have a major role to play in the fight against AIDS. Many referred to the importance of legislation and leadership in responding to HIV/AIDS. Most of those interviewed, however, commented that MPs were not responding as fully as they should in their roles as legislators, role models, and advocates for change. Legislation to address HIV/AIDS issues needs to be expanded in every country and many MPs are not using their leadership role to speak out often and openly about the problem and its solutions. In many countries, coordination between parliament and the Ministry of Health and National AIDS Councils needs to be strengthened on HIV/AIDS issues. All countries lack adequate legislation to address HIV/AIDS issues.

Representatives from **Angola**'s Ministry of Health stated that parliamentarians should be responsible for formulating laws, motivating their constituents in the fight against HIV/AIDS, and leading by example. The ministry has made a concerted effort to involve legislators, both individually and collectively, in HIV/AIDS activities and programs.

Until recently, the role of parliament in fighting HIV/AIDS has been minimal and not part of the mainstream effort in **Botswana**. According to those interviewed, parliament's role should be to review legislation in order to create an enabling environment to support HIV/AIDS policies. In general, the country does not have adequate laws with regard to HIV/AIDS. Parliament should make a thorough legislative review of such issues as rape, domestic violence, homosexuality, employment, and people living with AIDS. Parliament has recently amended one section of the penal code to include the issue of HIV/AIDS when sentencing a rapist. If convicted of rape, a person is required to be tested for the virus and, if positive, will receive a longer prison sentence than a person who is HIV negative. The Committee on HIV/AIDS was initially slow to respond to the crisis, but now is very active. The committee invited staff at the voluntary counselling and testing centres to come to parliament to talk to members about the centres and the work that they do there. Despite such efforts, parliamentarians need to be better role models and as one respondent suggested, more members should go for testing

and announce that they have done so, in order demonstrate that they are not afraid to know their status and to help reduce the fear and stigma about testing.

Until recently there was confusion about the roles of the Ministry of Health and the **Lesotho** AIDS Programme Coordinating Authority (LAPCA). In October 2003, the Cabinet decided to dissolve the LAPCA and replaced it with the National AIDS Commission, which is an autonomous body and responsible for coordinating HIV/AIDS activities. The Cabinet authorized enactment of legislation that will put the commission into operation and which designates how commissioners are appointed, the term of service, roles and responsibilities, and the reporting requirements. The ministry continues to act a consultant to interested MPs and provides training to parliament when requested.

The Parliament of **Malawi** has recently begun working more closely with the National AIDS Council. For example, on the issue of providing condoms to prisons, the committee worked with the council to reach an agreement with prison officials about providing condoms to prisoners. In 2003, parliament for the first time discussed the budget allocation for HIV/AIDS and the need to monitor budget allocations for AIDS programs and activities. The National AIDS Council engages with parliamentarians through the policy development process, which contributes to information sharing about HIV/AIDS and other related issues.

Parliamentarians in **Mauritius** have been supportive of HIV/AIDS programs and both ruling and opposition members sit on the National AIDS Committee. Members and ministers are implementing programs on HIV/AIDS and related issues, such as poverty alleviation and preventing the sexual exploitation of children. Parliament is in the process of developing better legislation to address HIV/AIDS issues, such as wilful transmission. Parliament is using Australian legislation as a model because the country has good laws to protect both infected and uninfected citizens. One shortcoming to date in parliament's response to AIDS is related to the issue of free needle exchanges. Most of the transmission of HIV in Mauritius is through the sharing of needles by intravenous drug users. Parliament recently formed a task force to study and develop legislation for a free needle exchange program. Although the country's Constitution protects a number of human rights that are related to HIV/AIDS issues, legislation with regard to HIV/AIDS is not adequate. For example, the Public Health Act, which covers all aspects of citizen's rights to health care, does not have any language that specifically addresses HIV/AIDS.

With the exception of the enactment of legislation to protect employees' rights in the workplace, the Parliament of **Mozambique** has not been playing an active role in addressing the AIDS crisis. Those interviewed stated that MPs are not well informed about HIV/AIDS issues and that there is no mechanism in place to facilitate information sharing between the Ministry of Heath and parliament. Legislation is needed to address such issues as wilful transmission.

A representative from the Ministry of Health in **Namibia** stated that although funding from the Global Fund has improved the country's ability to respond to the crisis,

political leaders should be more active in promoting a national response. MPs should be taking more of a leadership role in addressing the issues of discrimination, stigma, and human rights in relation to HIV/AIDS. A respondent suggested that parliament hold forums to share information about successful programs in order to generate more ownership of the national response. As Botswana and Uganda illustrate, an effective national response must have strong commitment from the top leadership and Namibia needs to have stronger leadership at all different levels of government. There are structural gaps in the relationship between the Health Ministry and parliament. Because parliament does not have a standing committee on health or HIV/AIDS, the ministry has been hosting luncheons for MPs to discuss different AIDS issues in an attempt to increase information sharing between the two institutions. The country still has not developed policies about workplace programs for government employees and it was suggested that the prime minister should take the initiative to develop such a program in the public sector.

Ministry of Health respondents gave the Parliament of **Tanzania** high marks for its active role in responding to the AIDS crisis. The Parliamentarians AIDS Coalition was described as being very strong and its members are active leaders in national HIV/AIDS activities and have been involved in spearheading their own projects and fundraising initiatives for HIV/AIDS.

In **Zambia**, a respondent from the National AIDS Council stated that parliamentary leadership and monitoring are important to develop policies about AIDS and to encourage communities to be more active in responding to the epidemic. It was noted, however, that many MPs, are not speaking out enough about HIV/AIDS and related issues, though some are involved in NGO activities at different levels. Because Zambia has a multi-sectoral response to AIDS, a respondent suggested that parliament establish a committee that deals only with HIV/AIDS issues with a focus on mainstreaming AIDS into all other related issues, such as poverty, education, employment, and gender. Parliament has been involved in advocacy efforts and enacted legislation to create the National AIDS Council. Parliament has held workshops for members on how to respond to the crisis. Some MPs have requested HIV/AIDS materials from the council to distribute in their constituencies. The degree of MP involvement with HIV/AIDS activities in communities is partly influenced by the availability of resources, which vary among constituencies. With the exception of the NAC Act, all Zambian laws were enacted before the advent of the crisis and existing laws need to be reviewed by parliament within the context of AIDS. There is proposed legislation that parliament is researching to address HIV/AIDS in relation to issues such as wilful infection, child defilement, labour, and marriage.

When asked what they thought the role of parliament should be in fighting HIV/AIDS, respondents from **Zimbabwe**'s NAC said that MPs had several roles. With respect to their role as legislators, MPs, in consultation with other stakeholders, need to review the AIDS Act to identify gaps and lessons learned in order to strengthen that legislation and better address certain issues. Coordination between the Parliamentary Committee on HIV/AIDS and the NAC is good. The committee regularly consults with

the NAC and committee members often visit communities to determine if what the NAC recommends for programs is effectively meeting the needs of people. At the invitation of parliament, the NAC has organized HIV/AIDS workshops for MPs and is working to engage members more fully in HIV/AIDS activities in their constituencies. Interviewees stated that MPs should discuss HIV/AIDS more openly and including the shame, fear, and stigma that surround AIDS to create an environment that supports behaviour change. One person commented that it would be a major breakthrough if MPs publicly announced their status.

The Zimbabwe Parliament has developed a legal framework to protect women's rights by amending the Marriage Act and Rape Act. The Sexual Offences Act, which addresses the issue of wilful transmission, seeks to strengthen prevention of AIDS. Although considerable legislation has been enacted, parliament needs to create a similar legal framework to better address discrimination, which would enhance harmonization of AIDS legislation and bring discrimination more to the forefront. Parliament has accomplished much legislatively, but cannot fully respond to the AIDS crisis until the country's political and economic crisis is resolved. One respondent commented that a locally brokered political settlement is a critical factor in the success of efforts to prevent and treat HIV/AIDS.

### ***Regional Cooperation among Health Ministries/National AIDS Coordinating Agencies***

With regard to health ministries, regional forums exist within the structures of SADC and the AU to support information sharing and joint programs. Ministers also participate in study tours to neighbouring countries to learn about other national policies and programs to address HIV/AIDS issues. National AIDS coordinating agencies, however, do not have such forums and as a result, there is not as much interaction between leaders at this level. Although there are bilateral programs and joint commissions to address HIV/AIDS, the impact of AIDS on truck drivers, sex workers, and orphans has not been adequately addressed at the regional level. Cooperation in the development of prevention programs and treatment centres along transport corridors that link countries with their neighbours need strengthening.

Respondents in some countries noted that senior health officials do not share information from regional forums on HIV/AIDS with their colleagues and other stakeholders after they return home and, as a result, those countries do not benefit as fully as they could from regional meetings to address HIV/AIDS issues. Despite this shortcoming in some countries, other countries are benefiting from regional cooperation between health ministries. For example, the Botswana Ministry of Health has been very involved in working with other health ministries in the region and sharing information about the success of its VCT centres and PMTCT programs, which some countries are planning to replicate.

### ***Government Perceptions Regarding the Role of SADC and the SADC PF in Responding to HIV/AIDS***

All of those interviewed agreed that regional organizations have a critical role to play in responding to the crisis and that countries need to develop a common approach in dealing with AIDS issues. SADC countries are trying to organize a meeting of national AIDS coordinating agencies in order to identify commonalities where they can work together to develop more effective networks, share regional experts, and coordinate drug procurement. SADC could serve as a vehicle through which countries in the region negotiate for lower drug prices, procure ARVs in bulk, or assist some countries in manufacturing drugs for the entire region.

Particularly in the areas of advocacy, harmonization of laws, and sharing of information and best practices, the SADC PF is an appropriate structure to assist parliamentarians in strengthening their capacity as leaders in the fight against AIDS. The Forum could also assist parliamentarians to develop a regional strategy for AIDS prevention, treatment, and care that would have uniform regulations that are agreed to by member states. One permanent secretary stated that although SADC has been responsible for initiating a number of protocols, implementation is a challenge. To increase and improve countries' performance in adhering to agreements, the Forum should develop reliable monitoring and evaluation tools to determine how well programs are being implemented and develop a valid database about the results of countries' HIV/AIDS interventions and their effectiveness.

## SECTION VI

### NGO SURVEY RESPONSES

#### *NGO Perceptions of the HIV/AIDS Situation in SADC Countries*

As primary implementers of HIV/AIDS activities and services, NGOs play a major role in responding to the epidemic. NGO representatives who were interviewed were well-informed about the issues and challenges of HIV/AIDS and outspoken about what is effective and what is lacking in their governments' efforts to address the AIDS crisis. With the exception of Mauritius, NGO representatives in every country described the HIV/AIDS situation in their countries as a severe problem. HIV prevalence rates are continuing to rise in many countries along with sickness and death from AIDS, creating large numbers of orphans and reducing workforces in the region.

One Angolan NGO representative stated that the HIV/AIDS situation was very serious in the country because the prevalence rates were based on estimates and no one was certain of the magnitude of the problem. According to this respondent, HIV/AIDS has the potential to kill more Angolans than the civil war, if left unchecked.

*"The situation is a disaster. HIV/AIDS is eroding all the gains made earlier in economic and social development."*

*"The epidemic is now at its peak and the impact is really serious as deaths escalate, orphan numbers increase, and people are losing their jobs due to increased absenteeism."*

*"The current situation is bleak and stigma is still a huge over-riding issue."*

-NGO Descriptions of the HIV/AIDS Situation in SADC Countries

Even in Botswana, which has devoted considerable attention and resources to prevention and care, it was reported that many people are still afraid of being tested. As one respondent stated: "People are only coming for help after they have become very sick and are much more susceptible to the adverse effects of treatment." It was also reported that there is a bottleneck in the flow of HIV/AIDS funding from the government to the communities and a lack of transparency in the funding process for NGOs working on AIDS activities. For example, one NGO submitted a proposal to the government in July 2002 and had yet to receive a response from the government at the time of the interview in September 2003.

Malawi's rising infection rate, said one respondent, and is partly due to the lack of a national dialogue about the need to change behaviour. Little is being done in terms of prevention, and as a result, there is increased sickness, death, and orphans. The loss of parents and incomes is creating high levels of hopelessness. People feel powerless and overwhelmed by the crisis. Very few volunteer and testing centres exist in the country and none are located in rural areas. The government, however, has begun efforts to increase the number of VCT centres, and the provision of ARVS.

NGOs in **Mozambique** described the situation as dramatic, despairing, and chaotic because there is no political leadership or a coordinated response to the crisis. There needs to be more collaboration throughout the country to develop strategic alliances between government, civil society, and the private sector. According to interviewees, the government did not seek civil society input for the new strategic HIV/AIDS plan for 2004-2009.

According to respondents in **Namibia**, when HIV/AIDS first appeared, the country had an opportunity to prepare to address the epidemic, but failed to do so. Since the beginning of the epidemic, each response measure has been too late. There are areas where there is still low awareness about the serious impact of the crisis, such as the problem of AIDS orphans and vulnerable children. The infection rate of pregnant women in Namibia was 22 percent in 2002 and some areas of the country have prevalence rates as high as 38 percent. All the social and economic circumstances around AIDS are also a problem, such as poverty and poor nutrition, which are integral contributors to the epidemic. From a governance perspective, community needs are rapidly changing, and there is an urgent need to focus on social services in communities. The full impact of the epidemic is yet to be felt. The country is rapidly losing human resources and there is no one to take their place.

Although **South Africans** knew from the beginning that AIDS was a fatal disease, the government questioned the link between HIV and AIDS, and consequently did not initiate prevention programs. In response to the government's position, some NGOs began organizing marches and civil disobedience to mobilize citizens around the issue. NGOs also began educating people about preventing and living with HIV/AIDS. Despite increased public awareness in South Africa about HIV/AIDS, stigma and violence persist against people living with AIDS. Some South African NGOs believe that the government should revise its strategy for HIV/AIDS education, prevention, and treatment.

**Zimbabwe** NGOs described the HIV/AIDS situation as a disaster in their country because it is reversing all the social and economic gains that have been made over the past 20 years. There are few medicines or services in rural areas. The country is beginning to feel the full impact of the epidemic at the household level. There is limited openness around AIDS and stigma and taboo are common. Those who are HIV positive are open about their status, are often ostracized by their communities. Because of the denial and stigma, people are not tested and continue to spread the virus.

NGOs noted that there are a multitude of activities in Zimbabwe to respond to the crisis, but it is not clear which activities are effective because there is not an efficient monitoring mechanism. The government does not know which groups are doing which activities because many of the interventions are informal. The country needs a national monitoring and evaluation plan for all HIV/AIDS activities.

## ***NGO Suggestions for Improving National Responses to HIV/AIDS***

A majority of NGO representatives stated that coordination and cooperation between governments and NGOs should be strengthened. Most countries have a plethora of civil society groups working to address various AIDS issues, but governments too often do not know what each organization is doing and as a result, there are duplications and gaps in HIV/AIDS activities. HIV/AIDS interventions should be more systematic, coordinated, and monitored down to the grassroots level so that the countries know which interventions are effective and which are not.

*"There should be more monitoring of programs so that the country knows which interventions are effective and which are not. More attention needs to be directed at the issues of poverty and nutrition, which are closely related to HIV/AIDS."*

- NGO Respondent

Many NGO respondents believe that education about all aspects of HIV/AIDS should be increased in order to diminish the stigma, fear, and misinformation that continue to surround the epidemic. The current levels of silence and stigma around the epidemic keep it hidden and hamper efforts to prevent the disease. Respondents reported that information about HIV/AIDS is not reaching the most vulnerable people at the community level. One respondent stated: "The government needs to expand prevention and education campaigns in the rural areas because people living in those areas have little awareness about the causes and consequences of the virus." In one province in Angola, people with AIDS have been beaten to death.

Political rhetoric needs to be matched with committed action and open dialogue about HIV/AIDS issues. Citizens and leadership at all levels must take responsibility for dealing with the problem. NGOs and PLWHA should be included more in developing national HIV/AIDS policies and programs because these groups have first-hand knowledge and experience dealing with the epidemic at the community level.

## ***NGO Perceptions of Government Achievements and Shortcomings in Responding to HIV/AIDS***

There was considerable variance in responses to the question about governments' achievements. Some presidents received praise for their leadership, while others were criticized for their lack of demonstrated political commitment. Several countries are making progress in implementing PMTCT programs, providing free testing and counselling, and increasing citizen access to ARVs and other drugs. In contrast, some governments have not made much progress in implementing a tangible response to the epidemic.

In **Angola**, NGO respondents viewed the passage of new HIV/AIDS legislation as a significant achievement. The establishment of the National AIDS Commission and the adoption of the national strategic plan were also noted as important advancements by the government in its effort to address HIV/AIDS issues in the country. Some respondents

noted, however, despite the involvement of all government ministries in the national HIV/AIDS response, their budgets are inadequate and leadership needs to be strengthened at all levels of government.

A significant factor in **Botswana**'s success in mounting a full response to the crisis has been the president's strong commitment and leadership in finding solutions. The president chairs the National AIDS Council. Other significant achievements are the government's provision of universal and free ARVs, widely available free testing, and PMTCT programs. According to those interviewed, the ARV program has been more successful than the PMTCT program because there has been more community mobilization, training, and education about ARVs. Botswana is also participating in a vaccine trial program.

The government's willingness to talk openly about the crisis was cited as a major achievement by **Malawians**, who noted that the previous government was silent on the issue. Establishing the National AIDS Commission, appointing a Minister of HIV/AIDS, developing a national strategic HIV/AIDS plan, and funding for NGOs to HIV/AIDS activities were all mentioned as achievements. Most agreed that addressing HIV/AIDS issues is now very high on the government's agenda.

Similar to Botswana, **Mauritius** provides free ARVs to all people who need them and the prime minister chairs the National AIDS Committee. NGO representatives gave the government high marks for responsiveness to NGO demand around HIV/AIDS issues. The only government shortcoming mentioned was the need to develop a needle exchange program and a detoxification centre for women.

Although **Mozambique** has enacted a labour law to address HIV/AIDS issues in the workplace, NGO respondents stated that the law is not being implemented. The government has established voluntary testing and counselling centres and is working to make access to ARVs available to citizens.

The **Namibian** government has developed good policies on HIV/AIDS and formed a successful coalition with NGOs to acquire funding from the Global Fund. Many ministries have made HIV/AIDS a priority; for example, the Ministry of Education has revised the school curriculum to include an HIV/AIDS component and developed a policy to address the problem of HIV positive teachers and staff. The government is implementing an ARV program in stages and currently two hospitals provide drugs to people living with AIDS. It was noted, however, that although policies for provision of ARVs and other programs are achievements, they are not being implemented as widely as they should be to effectively address the crisis. Part of the problem is the country's shortage of qualified medical staff to administer drugs and to monitor follow up treatment for people living with AIDS.

**South Africans** commended their government for its effort to educate citizens about how to live a healthy lifestyle and the importance of good nutrition to prevent AIDS or prolong life if HIV positive. NGOs stated that the government had created an

open environment in which groups were free to speak out and advocate for changes regarding the government's lack of action on certain issues. In response to citizen demands for universal access to treatment, the government enacted legislation to provide ARVs to every citizen who needs the drugs. Prior to this achievement, the government won a court case against the pharmaceutical companies that paved the way for the government to begin manufacturing its own generic drugs locally.

The South African government has expanded the PMTCT program to include the provision of free formula to children until they can be tested at nine months to determine if they have the virus. Despite its relative wealth, the government lacks adequate funding for HIV/AIDS and monitoring of existing programs is also inadequate. In addition, many doctors are not properly trained about how to treat HIV/AIDS or assist patients in dealing with the emotional and discriminatory aspects of living with AIDS.

**Zambian** NGOs declared that establishing the National AIDS Council and mainstreaming HIV/AIDS into all ministries have maximized the government's response to the crisis and are noteworthy achievements. Respondents stated that the government has demonstrated its political will to combat the epidemic by developing HIV/AIDS policies that are, in turn, implemented by the NAC. A HIV/AIDS education program is successfully being implemented throughout the country.

Although Zambian NGOs believe that the government has good intentions, they stated that poor coordination between different groups working on HIV/AIDS issues has resulted in some duplication in efforts. Funds from the Global Fund have begun to flow into the country and the government needs to ensure that funds are properly channelled to the grassroots level, as ARVs are still not available to citizens in rural communities.

Establishing the AIDS Trust Fund and the National AIDS Council have been major accomplishments in **Zimbabwe**. The current budget allocates nearly 15 percent to health, which meets SADC guidelines. Although the country has succeeded in establishing the structures to deal with HIV/AIDS, programs are fragmented and there are many gaps in service delivery because of a shortage of resources. For example, only mission hospitals are able to participate in the PMTCT program because the state run hospitals do not have enough trained staff to administer the program. NGOs in the country reported that the government has not effectively explained its AIDS policy to citizens and there are many questions about how resources from the Trust Fund are managed. There is also confusion about the role of the AIDS Council because it appears to be competing with NGOs instead of coordinating and facilitating their activities.

## ***NGO Perceptions of Other Major Players in the Fight Against HIV/AIDS***

Outside of government, NGOs viewed themselves as having the most important role in responding to the AIDS crisis. Many NGOs in the region were actively engaged in HIV/AIDS activities before governments became involved, particularly with respect to public awareness campaigns and home-based care. Within the government sector, NGOs stated that parliaments, ministries of health, and national AIDS coordinating agencies had the most responsibility for HIV/AIDS. Churches and the private sector were also mentioned often as having a role to play in combating HIV/AIDS. Almost without exception, however, respondents commented that coordination was lacking between all the different players and there was inadequate monitoring of the effectiveness AIDS policies and program activities.

Effectively coordinating all the players and their roles to efficiently address the HIV/AIDS epidemic is a major challenge in countries across the region. In most countries, NGOs stated that it was not clear who reports to whom or the mandates of the various government institutions responsible for different aspects of HIV/AIDS. For example, in **Botswana**, there is confusion about the role of the National AIDS Coordinating Agency, which is responsible for coordinating programs. Respondents, noted, however, that it was not clear what the agency is doing and which institutions are responsible for implementing which programs. There is also confusion among Botswana NGOs about the role of the African Comprehensive HIV/AIDS Partnership (ACHAP), which is the partnership between the government, the Gates Foundation, and the Merck Company Foundation. The two foundations have pledged \$50,000 each over the next five years to support the government's program to address the AIDS crisis and ACHAP is the mechanism that administers funds for the program. However, NGOs working on AIDS programs have not been successful in obtaining funding from ACHAP to support their prevention and care work because the proposal application process is confusing. As a result, much of the available funding from ACHAP has yet to be accessed by NGOs.

In some countries, respondents said there was a lack of space for civil society representation in the HIV/AIDS policymaking process and that when NGOs are invited to sit on committees and task forces, they have no real influence. In other countries, NGOs are invited to parliamentary and national AIDS coordinating agency meetings in order to ensure that civil society is well informed of government policies and programs. In **Namibia**, the government's first proposal to the Global Fund was rejected because other stakeholders were not involved in its development. When NGOs collaborated on the application, it was approved and since that time, government has been including NGOs in HIV/AIDS workshops and activities.

*"There should be an office for people living with AIDS (PLWA) in the Ministry of Health that advocates and monitors the needs of PLWA. People living with AIDS need to be included more in the policy decision making process because those decisions directly affect their lives."*

- NGO Respondent

NGOs in many SADC countries have formed national coalitions and regional networks that advocate for HIV/AIDS issues. Some have identified strategic partners in the region around specific issues. For example, NGOs have joined together around treatment issues as part of a pan-African access movement. CBOs, however, do not have networks at the regional level, and they need capacity building to increase their ability to advocate for treatment and care at local levels.

### ***NGO Perceptions Regarding the Role of Parliament***

Many NGO respondents believe that AIDS-specific laws should be enacted by parliaments. NGOs included the following issues related to HIV/AIDS that should be addressed by legislation: stigma and discrimination, gender equity, wilful infection, employee rights, mandatory testing of healthcare workers, informed consent for vaccine trials, privacy rights, marriage, inheritance rights of women and children, orphan care, rape, and price regulation of drugs.

In SADC countries where parliaments have enacted HIV/AIDS specific legislation, there can be problems with implementation and enforcement. In some countries, citizens are not aware of HIV/AIDS laws because they are not publicized. For example, **Zimbabwe** has legislation on anti-discrimination and wilful transmission, but according to Zimbabwean respondents, the laws are not implemented because of a lack of awareness about their existence and insufficient resources to enforce them. In **Namibia**, there is a law on universal free education, but orphans cannot afford school uniforms or book fees, and therefore cannot attend school. Although the Namibian parliament has adopted a welfare payment policy for orphans, there is a major backlog in the delivery of those payments.

The survey revealed that there is a lack of communication between members of parliament and constituents about HIV/AIDS laws and their rights under such laws. In some countries, parliamentary responses to the AIDS crisis have not been publicized and NGO respondents were not aware of any efforts by MPs to address the problem. Results of a national survey in Namibia in 2003 revealed that while two-thirds of citizens viewed HIV/AIDS as the country's most important public issue, only one-half of MPs surveyed said they had spoken publicly about the epidemic. Many NGOs stated that MPs should be more responsive to their constituencies by enacting more legislation to address citizen needs and playing a larger role in influencing fiscal allocations for HIV/AIDS in the national budget.

*"There is a gap between government policy and implementation. Political leaders are making declarations that aren't being implemented. If the government implemented more for what it says it will do, we would be further along in our response to the crisis."*

- NGO Respondent

One respondent suggested that parliaments establish a specific committee to oversee the mobilization of funding for HIV/AIDS and to monitor implementation and enforcement of HIV/AIDS legislation. Another respondent noted that the greatest

impediment to parliaments' ability to respond to the crisis is the ongoing lack of openness about the disease. If members would begin to make public disclosures about their own status, it would counter the strong sense of denial that currently exists in most parliaments.

Some parliaments have invited NGOs to address members about HIV/AIDS activities at the grassroots level in an effort to enhance dialogue and increase members' awareness of HIV/AIDS issues, particularly at the community level. In Zimbabwe, the Social Welfare and Health and Child Welfare Committees have worked closely with NGOs to include their recommendations in developing the national budget and parliament has held several HIV/AIDS workshops for members. And in some countries, NGOs have been actively lobbying parliaments to ensure that parliamentarians address the needs of people living with AIDS when developing legislation.

### ***The Role of the Private Sector***

Because of the growing numbers of employees that are being lost to AIDS-related illness and death, companies are slowly becoming more involved in the fight against HIV/AIDS throughout the region. Several large companies, particularly in the mining and petroleum industries, have established HIV/AIDS programs, which provide various services such as education about prevention, testing, treatment, and counselling to employees and their families. Many companies also provide financial support to NGOs for HIV/AIDS activities. All respondents agreed that the private sector should play a role in increasing employee awareness about prevention and treatment and in providing health care to workers.

**Angolan** NGO respondents noted that petroleum companies have prevention programs and provide medicine and other types of support to HIV positive workers, but companies have not been actively involved in the fight against HIV/AIDS in the communities where they are located.

In **Botswana**, many community organizations receive financial support from the private sector. Companies donate food, train peer educators, and employ their own HIV/AIDS counsellors. A grocery store chain donates food to Coping Centres for people living with AIDS and other organizations that provide support to PLWHA. The most cited best practice model is the mining company, DEBSWANA, which provides free counselling, testing, and antiretroviral treatment for its employees and their dependents.

Currently, only three companies in **Malawi** have HIV/AIDS programs for their employees. NGOs have been pressing companies to establish programs for workers and more companies have begun to realize that providing free ARVs is economically beneficial because it mitigates the loss of productivity from AIDS-related illness and death. An international company in Malawi distributes maize to people living with AIDS. The private sector in **Mauritius** has provided a lot of financial support to NGOs working on AIDS issues and companies also offer transportation assistance, free publicity, and food for HIV/AIDS programs and activities.

**Namibian** businesses have formed a business coalition to address HIV/AIDS in the workplace. Some companies offer programs on prevention and counselling. Although some companies in the mining sector in Namibia provide free testing and ARVs, most companies in the country cannot afford many health benefits, such as free ARVs. A South African respondent stated that taxes on all corporations should be increased in order to provide needed funding for HIV/AIDS programs and ARVs for workers.

A few companies in **Zambia** have instituted AIDS policies and workplace programs, but the majority has yet to address the problem. An international petroleum company in Zambia has developed a HIV/AIDS policy, which protects workers against discrimination, and provides testing, education, and treatment to employees and their families. Strict confidentiality is maintained about employees who participate in the program. Because of confidentiality, only the doctors who treat employees know which workers are HIV positive. Since the program began, the rate of employee absenteeism has gone down. Larger companies in Zambia have formed the Business Coalition Against AIDS, which provides a forum for companies to share information about HIV/AIDS programs. The coalition supports orphanages, provides confidential counselling, and maintains an HIV/AIDS help line. The coalition is also working to address stigma through its educational programs to enhance awareness about the disease.

### ***Information Sharing and Collaboration Among NGOs in the Region***

Although there is some regional collaboration at the ministerial level, there is not much regional coordination between NGOs. Information sharing between NGOs needs to be increased. Some NGOs do have a regional approach. For example, the Southern African Network of AIDS Service Organizations (SANASO) has country networks and member organizations in ten SADC countries. The mission of the network is to promote collaboration among NGOs and increase cooperation between civil society and government in order to strengthen the response to HIV/AIDS throughout the region. SANASO organizes regional workshops for NGOs in an effort to promote information sharing and to highlight best practices in the region. Most NGOs, however, felt that the network was inadequate.

The Southern African AIDS Information Dissemination Service (SAfAIDS) is a Zimbabwe-based regional HIV/AIDS organization that works with other organizations, development agencies, and policy makers by providing information about best practices and promoting appropriate responses to the epidemic.

SAfAIDS works with organizations in other countries in the region and networking has increased between groups, particularly in Zimbabwe, South Africa, and Uganda on

*"Sometimes NGOs exchange information at conferences, but apart from those meetings, there are not forums for NGO information sharing. International NGOs are working to reach communities and mobilize local organizations, but they are not in every community."*

**- NGO Respondent**

treatment issues. The Foundation for Community Development, a civic group in Mozambique has been working to collaborate more with NGOs in Namibia, Lesotho, Botswana, and Zimbabwe on developing a regional response to the HIV/AIDS epidemic.

Information sharing between parliaments varies from country to country. Sharing of experiences, strategies, and policies takes place primarily through regional conferences and study missions; however there are significant disparities between parliaments in their participation in such activities. Governments should create more channels of communication to ensure that all information about what each country is doing is shared throughout the region. Leaders need to share more information with one another so that best practices and lessons learned can be identified and replicated by other countries in their HIV/AIDS intervention programs. Presently, there is a large discrepancy between countries' capacities to access information and MPs' awareness about what other countries are doing to respond to the crisis. Countries that lack easy access to the Internet are particularly at a disadvantage.

Parliamentarians should be working to ensure that action plans agreed to at regional meetings are implemented at the country level. One respondent suggested that each country should have a designated role in addressing HIV/AIDS issues within the SADC framework. For example, one country would focus on developing expertise on prevention, while another would focus on developing the most effective way to care for people living with HIV/AIDS. Countries with different focuses would regularly share information about best practices in order for all countries to benefit from the particular issue expertise developed by each country.

Another respondent suggested that SADC should establish a regional pool of funds to target aspects of HIV/AIDS that are particularly problematic. For example, a regional pool of funds could be used to provide free ARVs to refugees who are HIV positive. HIV positive refugees are a major problem in the region because of the extent of cross-border migration of people. Many refugees in countries are HIV positive but are ineligible to receive free ARVs because of their non-citizen status. HIV/AIDS prevalence rates are particularly high in cross-border areas, especially along truck routes, where prevalence rates are the highest in the region. More joint programs need to be implemented by countries along shared borders. A regional fund could also be used to assist countries that are lagging behind in their efforts to combat the epidemic. Providing additional funding to such countries could increase their capacity to deal with the crisis and prevent them from adversely affecting countries that have made advances in the fight against HIV/AIDS.

One finding from the survey was the fact that some NGO respondents questioned the efficacy and commitment of SADC in responding to the epidemic in view of the fact that the organization does not appear to have achieved much beyond the documents and rhetoric. Although ministers and political leaders discuss regional strategies and policies at HIV/AIDS conferences and are signatories to regional action plans, respondents noted that regional agreements are often not implemented because some governments do not have a strong commitment to ensuring that regional agreements receive a high priority.

Establishing a monitoring mechanism in the region to identify if individual countries are complying with regional agreements would be useful, however, enforcing country compliance would be difficult to implement.

## **SECTION VII**

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### **ANNEX**

#### **OBJECTIVE OF SURVEY**

The overall goal of the survey was to create a pool of easily accessible information on HIV/AIDS for members of parliament in southern Africa in order to increase awareness about the different legislative options and alternatives for addressing the crisis. By providing parliamentarians with comparative information and policy tools on HIV/AIDS, they will be better equipped to assume their leadership roles on HIV/AIDS issues by initiating more debate and legislation, ensuring oversight of government programs and budgets, and representing their constituents' needs and concerns.

The region-wide survey was undertaken to assist the Secretariat of the SADC PF in its efforts to monitor activities, disseminate information, and support efforts of parliaments and members of parliament in southern Africa to combat HIV/AIDS. The survey was designed to gather information about national policies, plans, and actions on HIV/AIDS with a special emphasis on best practices, lessons learned, and challenges to successful interventions.

In addition to conducting key respondent interviews and preparing this report, the assessment team gathered all available documents on HIV/AIDS, including national strategic plans, policies, reports, legislation, and oversight measures. Information from the survey will be made available on the SADC PF website to legislators throughout the region to promote information sharing about HIV/AIDS policies and interventions that can be adopted for use in other countries in the region.

As part of the survey, the assessment team asked each of the respondents to identify parliamentarians in their respective countries who had shown exemplary leadership and commitment to HIV/AIDS issues. The SADC PF plans to form a network of leaders, who regularly exchange ideas, information, and best practices on HIV/AIDS in the region. Through this network, information sharing between parliaments will be increased and more effective interventions developed.

#### **SURVEY METHODOLOGY**

In-depth interviews were conducted with key informants in 11 countries in the SADC region: Angola, Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Tanzania, Zambia, and Zimbabwe. In each country, the assessment team met with members of parliament, committee chairs, representatives from health ministries, national AIDS councils, and civil society organizations in order to determine the extent of national efforts to combat HIV/AIDS. The assessment team inquired about the following topics during its survey in each country:

- Extent of legislation to specifically to address HIV/AIDS issues;
- Degree of legislative participation in mobilization efforts to address HIV/AIDS;
- HIV/AIDS task forces, committees, and national strategic plans that have been established;
- Multi-sectoral responses to HIV/AIDS;
- Implementation, coordination, and monitoring of national HIV/AIDS programs;
- Budget allocations and other financial resources for HIV/AIDS;
- Government support for organizations working on HIV/AIDS;
- Challenges to effective national responses; and
- Regional cooperation in responding to HIV/AIDS issues.

The assessment team conducted in-depth interviews and collected HIV/AIDS documents at each parliament in order to obtain information to meet the stated objectives. The team used three different questionnaires for each of the three different groups interviewed: members of parliament, ministries of health and national AIDS councils, and NGOs. A total of 89 people were interviewed: 36 members of parliament; 19 representatives from ministries of health and national AIDS coordinating agencies; 34 representatives from NGOs; and one representative from the private sector.

Before conducting the interviews and collecting the data, NDI completed a desktop study of existing national HIV/AIDS policies, strategic plans, legislation, and reports in the SADC countries. This included looking at financing mechanisms and budget allocations for HIV/AIDS programs and activities in order to document how governments are prioritizing HIV/AIDS issues and the degree to which they are addressing the priority areas identified in the *SADC HIV/AIDS Strategic Framework and Programme of Action 2003-2007*. In addition, NDI collected comparative information about HIV/AIDS programs and policies from international donors and countries outside the region to include in the database.

## **SECTION VIII**

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## **SECTION IX**

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### **APPENDIX**

#### ***Interview Questions***

##### **Parliament**

1. What do you consider to be the five most important issues that the country has to deal with presently?
2. How would you rank the issues in terms of the emergency and importance to the country?
3. Do you think the country has the capacity to deal with the issue of HIV/AIDS? (*human, financial resources, and technical capacities*)
4. What is your opinion of existing legislation on HIV/AIDS? Do you think it is adequate in the war against HIV/AIDS? (*what types of legislation are needed*)
5. Do you think the current government is doing enough to fight HIV/AIDS? (*examples of government accomplishments*)
6. How well do you think the different ministries and departments in your government have worked together in the campaign against HIV/AIDS? (*example of inter-ministerial and inter-departmental efforts*)
7. Do you think that the parliament has played and continues to play its part well on HIV/AIDS? (*examples of parliament's accomplishments*)
8. What do you see as the role of individual legislators in the fight against HIV/AIDS?
9. Are there individual legislators you would want to single out as having played an exemplary role in the war against HIV/AIDS?
10. Which institutions do you think have the main responsibility in the fight against HIV/AIDS and have they played their roles well?
11. What would you consider the major shortcomings in the war against HIV/AIDS and how can these obstacles be overcome? (*suggestions on the role of parliament in surmounting these hindrances*)
12. How would you compare the achievements of your country in HIV/AIDS interventions to that of some of neighbouring countries?

13. Are there successes in your parliament's response to the crisis that could serve as a model for other countries? (*for example, what percentage of the national budget is allocated to health*)
14. Are you aware of what parliaments in other SADC countries have done in the war against HIV/AIDS? (*examples of specific actions*)
15. Do you think there is a need for countries to coordinate their efforts in the region? And if so, what kinds of cooperation do you recommend?
16. What kind of support do you need from the international community to assist the country in responding more effectively to the pandemic?
17. What should the SADC PF do to help you in responding more effectively to the crisis?

Ministry of Health/National AIDS Commission

1. How would you describe the HIV/AIDS situation in the country today?
2. Do you believe the government is doing all it can to manage the HIV/AIDS pandemic? (*what percentage of budget is allocated to health*)
3. Who do you view as the major players in the fight against the HIV/AIDS pandemic?
4. Which departments under your ministry are charged with the responsibility of fighting HIV/AIDS? (*examples of specific roles*)
5. What do you view as your biggest achievements as a ministry in the HIV/AIDS campaign?
6. What are the major challenges facing the ministry in the fight against HIV and AIDS?
7. Do you think the health ministry has received adequate support for its HIV/AIDS programs? (*sources of support, both local and international*)
8. What role can other government ministries play in the fight against HIV and AIDS?
9. What do you view as the role of the parliament in the fight against HIV and AIDS?
10. To what extent does the health ministry engage with MPs either individually or collectively to address HIV/AIDS issues? (*describe specific forums*)

11. Are there MPs that stand out as being particularly committed to HIV/AIDS issues?
12. To what extent does the parliamentary committee dealing with HIV/AIDS help the ministry in its efforts to address HIV/AIDS issues? (*examples of achievements and failures of the committee*)
13. Do you believe the country has adequate laws to address HIV/AIDS related issues, such as discrimination and orphans? (*examples of existing laws and how they have helped*)
14. What do you consider the main achievements and shortcomings of parliament in the fight against HIV/AIDS? (*enactment of HIV/AIDS laws*)
15. What kind of cooperation exists between your ministry and your counterparts in neighbouring countries in responding to HIV/AIDS? (*examples of cooperation*)
16. What do you see as the role of regional organizations such as SADC in responding to the HIV/AIDS crisis?

#### NGOs

1. How would you summarize the HIV/AIDS situation in the country?
2. What do you believe is the best way forward in the fight against HIV/AIDS?
3. What do you view as the government's main achievements in responding to the HIV/AIDS crisis? (*examples of specific achievements*)
4. Which institutions in the country are responsible for dealing with HIV/AIDS and how have they played their roles?
5. Do you think the country has adequate laws to deal with HIV/AIDS related issues fairly and effectively? (*knowledge of existing laws*)
6. Are there laws regarding HIV/AIDS that you think parliament needs to enact?
7. What would you say are the major achievements and failures of parliament in responding to the HIV/AIDS crisis?
8. Do you think that parliament, the government, and NGOs are effectively coordinating their efforts in dealing with the crisis?
9. How would you rate the performance of the ministry of health in responding to the HIV/AIDS problem? (*examples of successes and failures*)

10. Are there individual members in parliament who you think are particularly committed to HIV/AIDS issues? (*examples of specific achievements*)
11. What other institutions aside from government have made significant contributions in the fight on HIV/AIDS? (*examples of specific achievements*)
12. Do NGOs in your country share HIV/AIDS information and experiences with their counterparts in neighbouring countries? (*specific examples*)
13. Do you think efforts to combat AIDS would be more effective if governments in the region worked on joint programs to deal with the crisis?
14. What do you view as the role of the private sector in the war on HIV/AIDS?
15. What types of external support do you think the country needs to strengthen its efforts in responding to HIV/AIDS?

## ***Assessment Team***

### **Professor Sheila Dinotshe Tlou**

Prof. Sheila Tlou is a Professor of Nursing in the Faculty of Education and HIV/AIDS Coordinator at the University of Botswana. She holds a PhD in Nursing Sciences, and certificates in women's health and gender studies from the University Illinois at Chicago. She has written books, book chapters, journal articles and monographs on gender-related topics, including HIV/AIDS, sexual and reproductive health rights, and community based approaches to HIV/AIDS prevention, care and support.

Prof. Tlou is a member of the UN Group of Eminent Persons on the Task Force for Women, Girls and HIV/AIDS in Southern Africa. In 2001, she was invited to address the United Nations Commission on the Status of Women on "Women, the Girl Child, and HIV/AIDS." She participated as a panelist in side events on Women and HIV/AIDS organized by WHO and UNAIDS at the UN Special General Assembly on AIDS (UNGAS) in June 2001. Professor Tlou has been a consultant for the World Health Organization, the International Council of Nurses, the United Nations Commission on the Status of Women, UNAIDS, and she currently participates in the International Community Educator Recruiter meetings for the HIV Vaccine Trials Network.

### **Susan L. McCarty**

Susan McCarty is a senior program manager for Southern and East Africa programs at the National Democratic Institute for International Affairs (NDI) in Washington, DC. In this capacity, Ms. McCarty oversees the planning and implementation of programs to strengthen democratic values, practices, and institutions in the southern Africa region.

Since joining the Institute in 1999, Ms. McCarty has managed regional initiatives and multi-year programs in Malawi, Namibia, and Zimbabwe. Such programs have focused on enhancing democratic practices in relation to parliaments, civil society, political parties, election processes, government ethics, and HIV/AIDS.

Ms. McCarty holds a B.A. in Philosophy from the University of Oklahoma and a M.S. in International Relations from the Georgetown University School of Foreign Service.

