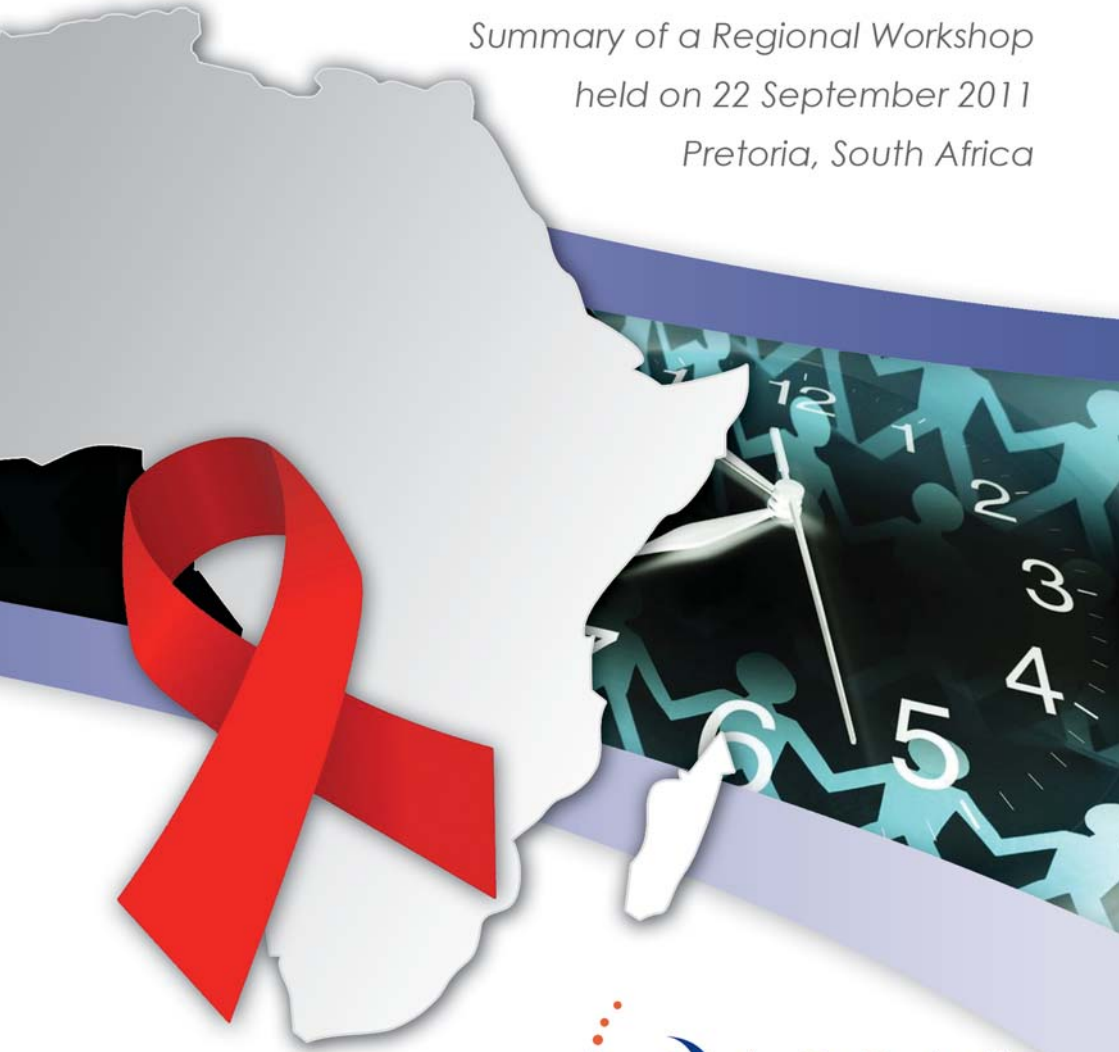
PREPARING FOR THE FUTURE OF HIV/AIDS IN AFRICA: A SHARED RESPONSIBILITY

Summary of a Regional Workshop
held on 22 September 2011
Pretoria, South Africa



Applying scientific thinking in the service of society

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The Academy of Science of South Africa (ASSAf) was inaugurated in May 1996 in the presence of then President Nelson Mandela, the Patron of the launch of the Academy. It was formed in response to the need for an Academy of Science consonant with the dawn of democracy in South Africa: activist in its mission of using science for the benefit of society, with a mandate encompassing all fields of scientific enquiry in a seamless way, and including in its ranks the full diversity of South Africa's distinguished scientists.

The Parliament of South Africa passed the Academy of Science of South Africa Act *(Act 67 of 2001)* which came into operation on 15 May 2002.

This has made ASSAf the official Academy of Science of South Africa, recognised by government and representing South Africa in the international community of science academies.

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ACRONYMS AND ABBREVIATIONS

ART	Antiretroviral therapy
ARV	Antiretroviral
ASSAf	Academy of Science of South Africa
DHS	Demographic and Health Survey
EID	Early infant diagnosis
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IOM	Institute of Medicine
IT	Information technology
NAC	National AIDS Council
NDP	National Development Plan
NGO	Non-government organisation
PEPFAR	President's Emergency Programme for AIDS Relief
PMTCT	Prevention of mother-to-child transmission
SACU	Southern African Customs Union
SAfAIDS	Southern Africa HIV and AIDS Information Dissemination Services
STI	Sexually transmitted infections
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNAS	Uganda National Academy of Sciences
US	United States (of America)
USNAS	United States National Academy of Sciences
WHO	World Health Organisation

FOREWORD

Since its inception, the Academy of Science of South Africa (ASSAf) has had a strong focus on matters that affect the health and well-being of people in South Africa, as well as those in the region and on the continent. This focus is evident through two completed consensus studies, namely on *HIV/AIDS, TB and Nutrition* (2007) and *Revitalising Clinical Research* (2009). In addition, workshops on Maternal, Newborn and Child Health (2008), HIV/AIDS (2010) and Multi-drug Resistant Tuberculosis (2010) highlight the Academy's interest in health matters.

The one-day workshop (22 September 2011), based on the US National Academies Institute of Medicine's (IOM) report *Preparing for the Future of HIV/AIDS in Africa: A Shared Responsibility*, was a further example of ASSAf's health interests and represented successful collaboration with the IOM. South Africa, with ASSAf as official science academy, was one of two African countries that were selected to domesticate/contextualise the report within a local setting. In view of the enormous challenges facing South Africa, and some of our neighbouring countries, in respect of HIV/AIDS, ASSAf elected to domesticate the report by hosting a regional workshop.

The main objective of the workshop was to promote and disseminate the IOM report at a regional level and also to provide a platform for participating countries to discuss the US President's Emergency Programme for AIDS Relief (PEPFAR) transition. The eight countries represented included Botswana, Lesotho, Mozambique, South Africa, Swaziland, Uganda, Zambia and Zimbabwe. This proceedings report is a summary of the workshop discussions.

ASSAf greatly appreciates the role of the IOM in facilitating funding for this workshop and also thanks the IOM staff for their support. Professors Salim Abdool Karim and Ames Dhai are acknowledged for facilitating the ASSAf workshop. All workshop participants are acknowledged for their contributions.

Professor Roseanne Diab
Executive Officer: Academy of Science of South Africa

INTRODUCTION

The high burden of HIV/AIDS in sub-Saharan Africa

The sub-Saharan Africa region still remains the region most heavily affected by HIV/AIDS. In 2010, about 68% of all people living with HIV resided in sub-Saharan Africa and the region also accounted for 70% of new HIV infections. However, there has been a notable decline in the regional rate of new infections. The epidemic continues to be most severe in southern Africa, with South Africa having more people living with HIV (an estimated 5.6 million) than any other country in the world (*UNAIDS World AIDS Day Report,* 2011).

Workshop objectives and organisation/structure

The main objective of the workshop was to promote and disseminate the Institute of Medicine (IOM) report, *Preparing for the Future of HIV/AIDS in Africa: A Shared Responsibility*, at a regional level, thereby extending participation to other partners in the southern African region. The report examined the future of, and how to prepare for, the HIV epidemic in Africa. Another objective of the workshop was to discuss how African countries define the United States (US) President's Emergency Programme for AIDS Relief (PEPFAR) transition.

The Academy of Science of South Africa (ASSAf), through funding facilitated by the IOM of the US National Academies of Sciences (USNAS), held a one-day regional workshop on 22 September 2011 in Pretoria, South Africa. The workshop participants included representatives from Botswana, Lesotho, Mozambique, South Africa, Swaziland, Uganda, Zambia and Zimbabwe. The participants discussed the IOM report and also shared their countries' challenges relating to the HIV epidemic and strategies on how best to try to combat the disease. This report is a summary of these discussions.

BACKGROUND ON PEPFAR AND THE IOM REPORT

At the time that the US government created PEPFAR, it was viewed as a relief activity that would provide an immediate response to the crisis by providing lifesaving drugs to countries where the HIV epidemic was most serious. The programme did not consider the need for a long-term response to the HIV epidemic. PEPFAR was separate from the Global Fund to Fight AIDS, Tuberculosis and Malaria (referred to as the Global Fund), because it had one goal: to place patients on antiretroviral therapy (ART), at any cost. However, five years into the programme, the original goal had to be reassessed. The IOM was commissioned to undertake an evaluation of PEPFAR that would feed into the review of the programme's mandate. The evaluation reflected the programme's remarkable achievements, as well as concerns about the sustainability of the programme and the need for individual countries to take responsibility for long-term planning. The report did not offer advice on how the transition should occur.

In view of the IOM's evaluation, the renewal of PEPFAR by the US Congress was founded on certain requirements, one of which was that PEPFAR would have to train 140 000 new healthcare workers in Africa to meet the needs of providing AIDS-related healthcare. PEPFAR was also required to transition to a longer term perspective, and this led to commissioning of the IOM to consider the long-term response to the HIV/AIDS epidemic in Africa, and the consequent publication of the IOM report on *Preparing for the Future of HIV/AIDS in Africa: A Shared Responisbility.*

PEPFAR transition

The PEPFAR transition was discussed and it was emphasised that, in the long-term, this transition will impact on all the countries represented at the workshop. The creation of the Medical Education Partnership Initiative (MEPI) was highlighted as the first step towards achieving the number of newly trained healthcare workers by PEPFAR. MEPI offers grants to train and retain medical

professionals in Africa and it is anticipated that similar, large-scale grants would be made available for nursing professionals.

It was mentioned that programmes in Africa that impact on healthcare are very diverse, complicated and intertwined and that the long-term sustainable approach for PEPFAR should take this into account. It was added that PEPFAR 2 would take these issues into account and would influence the approach taken by PEPFAR 3 in terms of addressing US support for Africa's efforts in defeating HIV/AIDS. It was stressed that this will help to avoid actions that are well intended, but not always done in the best interests of Africa.

Concerns were raised about the sustainability of the programme in Africa in the context of the current situation, characterised by the lack of political will, the low level of responsibility of African governments towards their people, and Africa's dependency on funding from the West.

It was also highlighted that the plan to transition would have to take into account each country's economic situation.

IOM report

Prof Salim Abdool Karim and Prof Ames Dhai explained the IOM committees' statement of tasks; they also gave a brief synopsis of the IOM report, its findings and recommendations. They highlighted that the outcome of the IOM evaluation of PEPFAR had been presented for discussion and public input before finalisation of the IOM report, ensuring that the academic exercise was complemented by the operationalisation of the recommendations at the required level.

LONG-TERM PLANNING FOR HIV/AIDS

In response to the IOM report findings and recommendations, workshop representatives highlighted various issues and challenges. The discussion points are summarised as follows:

• Multi-stakeholder approach to long-term planning for HIV/AIDS

Countries indicated that strategies for HIV/AIDS need to be inclusive and agreed upon by all stakeholders. In Mozambique, for example, each ministry's strategic plan has to be underpinned by the national HIV/AIDS strategy. This improves the level of ownership of the problem and contributes to sustainability. It was added that implementation of the strategies must be coordinated between the various ministries. Since HIV/AIDS is not only a health matter, but also determined and impacted by cultural and social aspects of society, it requires a multi-sectoral approach by governments. In addition, future responses to the epidemic in Africa should not discount the work already done in this regard.

It was noted that countries have their own ten-year strategic plans to deal with the HIV/AIDS epidemic and hence, it is necessary to assess and improve each country's plan without delay. However, concerns were raised about strategic plans that are often not based on the needs of the country, and interventions that are not evidence-based. Representatives noted that individual countries would have to take ownership of the ten-year plan for shared responsibility in relation to the HIV/AIDS epidemic in Africa.

The issue of social determinants on HIV/AIDS was extensively discussed. It was agreed that social determinants should be an integral part of a shared responsibility approach and this approach would have to be founded on trust, which will lead to fruitful partnerships. In addition, communities have to be priority partners in the fight against HIV/AIDS with a decentralised process being crucial.

Representatives emphasised that it is necessary to develop solid tools that contribute to a shared-responsibility approach in the region and to help sustain the political response to HIV/AIDS. Concerns were raised about the fact that there is often less focus on prevention than on treatment, hence the difficulty of convincing politicians of the importance of preventative measures.

Another challenge raised was that political will fluctuates according to political leadership and directly influenced one of the report's recommendations, namely, "the establishment of a governance contract", and the consequent difficulty of monitoring compliance with the agreement between two parties. Therefore, sustainability of political will should be considered in preparation for the future of HIV/AIDS in Africa.

• Human resource challenges

It was noted that in order to prepare for the long-term projections of the epidemic, it is essential to build capacity for basic research and increase government resources in this regard. Africa has trained scientists but many of them leave Africa and do not intend returning, thus creating considerable strain on the efforts to combat HIV/AIDS.

The dominance of one international non-government organisation (NGO) in the field of HIV/AIDS in Africa, which has also resulted in a serious lack of human resource development in African countries, was also highlighted.

It was also noted that joint platform funding does not provide funding to the humanitarian and the economic situation of a particular country, and does not support civil societies. It was suggested that an optimal model should address the human resources challenges in the context of specific social, political and economic environments. This model will sustain the health sector and encourage scientists and healthcare workers to stay in Africa.

• Funding challenges

Concerns were raised that in terms of the current PEPFAR funding, it appeared that US-based NGOs are benefiting from the funding at the expense of

national NGOs. Further, the business sector is not interested in investing in HIV/AIDS-related activities, therefore national NGOs are left to rely on government funding. It was then suggested that PEPFAR funding should become more qualitative and less quantitative.

Workshop representatives indicated that, within their countries, more US-based NGOs are being established and that they are funded by PEPFAR. In order for them to overcome the policy decision taken by PEPFAR to scale back on funding to US-based NGOs in Africa, these US-based NGOs are registering 'local African branches', but in fact they remain US-based. This was regarded as a huge challenge in terms of long-term planning.

The difficulty of accessing funding by local NGOs was mentioned as being also due to the emphasis on quality and the high standards set by the US NGOs, such that local NGOs struggled to meet these high standards. It was then suggested that an effort must be made to close the gap between scientists and politicians.

The suggestion that PEPFAR funding should be given to governments instead of NGOs was intensely debated, with workshop representatives stating that they found this disturbing as some African governments have failed to do what is necessary in respect to the HIV/AIDS epidemic. It was noted that it was civil society that had pressured governments and influenced change in terms of the approach to HIV/AIDS. It was added that if NGOs were deprived of PEPFAR funding, they would be forced to close down, and governments would not account for the funds as they pursue their own political agendas. The levels of corruption in Africa were mentioned as an aspect that would most certainly have an impact on PEPFAR's continued assistance to African countries.

NATIONAL HIV/AIDS STRATEGIES/RESPONSES: PROGRESS REPORTS

Country representatives who were participating in the workshop shared their national HIV/AIDS strategies and how these strategies fit in with long-term planning, shared responsibility and ownership.

Botswana

Botswana has a National Operational Plan for 2010–2016 in place, aligned with Early Infant Diagnosis (EID) and the priority areas for the prevention of HIV infections, system strengthening, strategic management and treatment care and support. In terms of shared responsibility, Botswana has continued to demonstrate extraordinary levels of political commitment to the national response to the HIV/AIDS epidemic. Their National AIDS Council (NAC) is chaired by a high-level politician. The NAC comprises representatives of the private, public and civil society sectors, emphasising the importance of shared responsibility as part of the national response to HIV/AIDS.

Their key elements of national ownership include:

- political ownership and stewardship;
- government's clear aspirations for the national AIDS programme;
- government as the architect of the overall process, facilitating inputs from civil society, private sector, NGOs and donors;
- institutional and community ownership involving active engagement of local institutions and communities in the delivery of the national programme, ownership of the final decision and management of the funds.

Botswana views ownership in terms of the capabilities of local institutions and communities that are required to deliver in terms of the activities of the response.

The country's sustainable financing options include building on predictable external innovative and domestic commitments. Botswana is the recipient of funding from a variety of sources including PEPFAR. It is anticipated that this funding will decline over time and the process of transition has commenced. A sustainability strategy is currently being developed, focusing on building the capacity of civil society organisations in order for them to sustain themselves beyond donor funding. It has become evident that civil society organisations are weak in terms of the national response to HIV/AIDS, particularly in terms of the internal systems, and the country's intention is to focus capacity-building efforts in that area.

Lesotho

The IOM report recommendations were considered to be practical and representative of the future of HIV/AIDS in Lesotho. Some of the recommendations had already been adopted in the country. Task-shifting is taking place, home-based caregivers have received training in communities, and patients on antiretroviral therapy (ART) have been trained to encourage and assist others to adhere to their treatment. These actions have been taken as a response to the shortages of healthcare professionals. Lesotho has adopted the combination prevention approach, as well as the World Health Organisation (WHO) guidelines in respect of early treatment.

The issue of a multi-sectoral approach to the HIV/AIDS epidemic was stressed, especially with regard to capacity building that is only focused on health professionals. The issue of the Global Fund offering incentives to health professionals as a mechanism for retention, while other role players in the healthcare system are ignored was highlighted as important in Lesotho. Representatives indicated that this has led to much bitterness and chaos in the Lesotho healthcare sector. They stated that it had become evident that a multi-sectoral approach should be applied to training and capacity building, focusing on health professionals as well as the wider healthcare system and scientific researchers.

In terms of the IOM report recommendation on the use of information technology (IT) for purposes such as tele-consultations, it was stated that Lesotho

would still need to investigate best practices for application in the country.

Lesotho's ten-year National Development Plan (NDP) incorporates the national HIV/AIDS strategic plan, which prioritises prevention and encapsulates issues of human rights. In addition, the NDP deals with sustainable strategies for the response, such as the integration of services. PEPFAR had provided funding to refurbish clinics, as well as most of the health centres in Lesotho as part of the integrated approach to healthcare and the mainstreaming of programmes within the private and the public sectors.

A National Prevention Strategy which addresses the key drivers of the epidemic and underscores early treatment as a form of prevention has been developed. Their health sector developed a human resource strategy that deals with issues such as retention of health professionals and healthcare workers, as well as service delivery in the sector.

Challenges experienced in Lesotho in relation to the HIV/AIDS programme include:

- the shortage of human resource capacity;
- programmes that were unsuccessful in reversing the epidemic;
- government remaining the main source of funding for the HIV/AIDS programmes, followed by PEPFAR;
- the lack of scientific research capacity, resulting in a gap in scientific evidence.

Mozambique

In Mozambique, HIV/AIDS efforts are coordinated at district, provincial and national levels. The National Strategic Plan for HIV/AIDS is based on principles relating to the strength of health and social welfare services at local level, the availability of economic resources and decentralisation. The country's civil society participated in planning and implementing the National Strategic Plan. A Partner Forum, an important coordinating instrument comprising national and international stakeholders, meets monthly. The two major donors, one of which is PEPFAR, also participate on this forum.

The IOM report would be presented to the Partners Forum to consider its domestication. Mazambique's NAC's structures are set at different levels and are under the leadership of the President of Mozambique, provincial governors and district administrators. This presents a unified voice in terms of communication about HIV/AIDS. The development of strategic plans at all levels is an inclusive exercise that has involved all stakeholders, enhancing multisectoral ownership of the strategies. Emphasis is placed on improving existing instruments, rather than creating new ones.

Since the mainstreaming of AIDS, the NAC offers support to the planning process in each ministry and collaborates with them to maximise available resources. The involvement of community health trainers and health and social welfare agents who work directly with communities and are accountable to relevant health and social welfare centres at district level is being addressed.

Challenges experienced in Mozambique in relation to the HIV/AIDS epidemic:

- The capacity of the national budget necessitates an improved funding model, as less than 10% of the national budget is allocated to the health sector. Therefore, it is necessary to rely on donor funding.
- Most of the funds received from PEPFAR are given to the US NGOs in the country. A small proportion is allocated to national NGOs, which lack capacity to run effective and efficient programmes.
- A lack of commitment from some international donors, which results in unsustainable programmes.
- The ART human capacity development and training.

Prevention is reinforced in all aspects of the NAC's work, and the Minister of Health and the university in Maputo are committed to HIV/AIDS research. Although much work is being done to combat the epidemic, there is still much to do, particularly in educating the youth, especially young girls, about HIV/AIDS prevention.

Swaziland

Swaziland has developed a National Strategic Framework for HIV/AIDS. However, the costs of implementation of the plan have not been calculated and requirements were not clearly articulated for the purpose of potential donors. The health sector had developed a task-shifting policy and the health sector plan was informed by the National Strategic Framework for HIV/AIDS. PEPFAR is actively involved in Swaziland and a strategic plan for HIV/AIDS (including a plan for human resources) is in place.

In 2010, 60% of revenue was lost through the Southern African Customs Union (SACU). The country is classified by the World Bank as a lower to middle-income country and therefore attracts very few donors. Currently, there are only two major donors funding HIV/AIDS efforts in the country: PEPFAR and the Global Fund, making it difficult for the country to respond effectively to the epidemic. Since 2009, antiretroviral (ARV) drugs have been purchased by the government. Swaziland also has serious problems in terms of AIDS orphans, and the government feeds 44 000 children per day. AIDS activist groups have played a role in ring-fencing funds for HIV/AIDS and health services in the country. The 2011/12 budgets of all other ministries, except Health and Education, have been cut by 30%.

Studies have been undertaken to establish the drivers of the HIV/AIDS epidemic in Swaziland. Some of the key drivers of new infections are:

- multiple concurrent partnerships;
- the low rate of male circumcision;
- socio-environmental factors such as gender and prevention issues;
- wife inheritance and forced marriages.

The Southern Africa HIV and AIDS Information Dissemination Services (SAfAIDS) is also working with Swaziland, partnering at a national level as part of a shared responsibility.

Swaziland representatives stated that the IOM report should have included social, economic and cultural determinants of HIV/AIDS. Further, civil society plays a major role in the response to HIV/AIDS and should receive the neces-

sary support. It was highlighted that due to the changing nature of the HIV epidemic it becomes necessary to consider two or five-year plans rather than ten-year plans in response to the mosaic of HIV/AIDS. These plans should be costed on a *per capita* basis and according to the disease burden on the country and should be operationalised.

The classification of countries, mainly by the World Bank, could be misleading as this was done on economic grounds alone and neglected other important social factors. It was stated that the disease burden of a country should be used to establish whether or not a country should receive funding. In addition, it is necessary to consider task-shifting, as well as task-sharing to compensate for the lack of capacity.

Uganda

In Uganda, 1.2 million people were living with HIV/AIDS in 2009, of which 125 000 were newly infected. Nearly 345 000 people are currently on ART, but for each one on ART, two more people become infected. Uganda had the highest fertility rate in Africa, with an estimated 1.4 million pregnancies annually, and 82 000 pregnant women were HIV-infected. Without the necessary interventions, 30% of these mothers would infect their babies with HIV, resulting in 24 600 infected children each year. Only a small percentage of pregnant women deliver their babies in hospitals, making it difficult to ensure that infants are tested for HIV at birth.

In Uganda millions of US dollars donated to support HIV projects and programmes have been lost because of the lack of infrastructure to absorb the funding. Significant progress would be made in HIV/AIDS care in Uganda if procurement systems, work plans, budgets, forecasting, logistics and warehouse management were efficient. The majority of funding for HIV/AIDS in Uganda comes from bilateral donors with the US through PEPFAR. Currently, Uganda's health sector is extremely under-funded at 10.6% of the national budget, and 6% of the health budget is allocated to HIV/AIDS interventions. Funding directed at treating HIV/AIDS, TB and malaria results in the neglect of the rest of the healthcare system. It is therefore necessary for Uganda to find a sustainable source of funding to eventually replace donor funding.

The recommendations of the IOM report were reviewed and domesticated for Uganda, and it became evident that government should take up a strong leadership role in addressing the epidemic. It was stated that the IOM report is a powerful advocacy tool aimed at refocusing on prevention and promotion of national ownership of the epidemic. Initially, Uganda had been successful in its efforts to control HIV infection rates. The importance of strong leadership in controlling the HIV epidemic was emphasised.

The recommendations of the Uganda National Academy of Sciences (UNAS) report provides a strategy for the leaders of Uganda to regain control of the HIV epidemic and avoid undue negative consequences in view of the projected future of the HIV/AIDS epidemic. It was stated that the US should continue to be a major player in the global arena in promoting a global response and global solidarity concerning the HIV/AIDS epidemic in Africa.

The UNAS report concurred with the IOM report's conclusion that, *"Just as Africa is a mosaic of countries and cultures, HIV/AIDS is a mosaic of different epidemics in different countries and regions in Africa and around the world, each with its own dynamic character; the politics, economics and socio-cultural drivers of HIV/AIDS are distinct in different settings. As a result, programmes and policies should reflect local circumstances. Therefore, the recommendations need to be tailored to individual countries and their epidemics".*

Zambia

Zambia has a strategic plan on HIV/AIDS, as well as implementation, and monitoring and evaluation plans for the next five years in which the steps to be taken and how to share responsibilities are clearly spelled out. However, financial resources remain a major challenge to the fulfilment of these plans, as the national budget allocation to the health sector is too low to effectively lift the burden of HIV/AIDS in the country. Government funding for the National HIV/AIDS Programme was reduced because of donor commitment to this cause, and hesitation to transfer resources from other sectors. A balanced response between treatment and prevention could increase the effectiveness of the programmes and interventions.

The HIV epidemiology, in Zambia, according to the Demographic and Health Survey (DHS) report reflected a 1.3% decrease in the prevalence of HIV between 2001 and 2007. The comparison of HIV prevalence by province in 2001/02 and 2007 showed a decrease in six of the nine provinces in the country. Zambia's fight against AIDS depends on donor funding from international funders. During 2005 and 2006, most of the funding went towards ART, as well as the care and support of HIV patients.

Zambia also held a Prevention Convention, that was attended by representatives from the nine provinces and all districts. Prevention strategies in response to six drivers of the epidemic were discussed. It is anticipated that a concerted effort to increase male circumcision and the successful use of condoms would lead to a substantial reduction in the prevalence of HIV/AIDS.

The National AIDS Programme ensured that screening for HIV of all blood units collected in a quality-assured manner was maintained at 100% during 2009 and 2010. The ART programme coverage increased from 32.9% in 2006 to 75% in 2010, with a total of 345 000 patients on ART, 25 000 of whom were children. Over 500 ART sites have been established nationwide. Preventing mother-to-child transmission (PMTCT) coverage had increased from 29.7% in 2006 to 85% in 2010 at over 1000 sites. In terms of counselling and testing, 15% of women and men aged between 25 and 49 were tested and informed of their status, while 85% of the population remained oblivious to their HIV status. Only 13% of males were circumcised despite general acceptance of the practice and the awareness that circumcision would lead to a decreased prevalence of HIV.

The National AIDS statistics framework has been developed to manage a multi-sectoral response for the period from 2011 to 2015 and aims to achieve a 50% reduction in the number of vulnerable households, in order to work towards an HIV-free country by 2030.

The achievements of the NAC partnership with the government of Zambia in the fight against HIV/AIDS include:

- resolving 50% of the human resources crisis through capacity-building efforts and continued health and medical education;

- offering technical support to public and private institutions through guidelines and evidence-based strategies;
- instituting ethical principles with regard to the protection of human subjects in terms of scientific research.

The NAC has supported the National HIV/AIDS Programme in Zambia through:

- operational research and evaluation studies on issues such as the impact of PMTCT and various behavioural surveys;
- development of critical measurement tools, such as public expenditure tracking;
- high-level advocacy on universal access and participation in policy forums.

Zimbabwe

The Zimbabwean National AIDS Strategy was developed in 2010 for the period until 2015, through a highly participatory process. The strategy is evidence-based and the cost of implementation of the strategy had been calculated. Funding is being sought for the implementation of the strategy. In terms of sharing responsibilities and tasks, the NAC is mandated to coordinate HIV/AIDS activities and had established mechanisms to ensure effective coordination between the private and public sector and the NGOs. The National Partnership Forum and the Tripartite Forum also serve as coordinating mechanisms. There is encouragement to work through existing structures at all levels to avoid the fragmentation of financial resources. Provision was made for community-based training, interventions and networking at all levels.

Significant scientific and clinical research is being done, particularly at the University of Zimbabwe that facilitates and contributes to evidence-based programme development and interventions. Further research into social and operational issues related to HIV/AIDS is facilitated through the NAC to the NGOs and organisations to complement clinical research. The priorities of the NAC are treatment, prevention and systems' strengthening.

Various activities have been identified against each of the following primary and secondary HIV prevention strategies:

- primary health education, which is paramount to the prevention of HIV;
- promoting safer sexual behaviour through encouraging appropriate practices;
- promoting early treatment of STI and appropriate care to patients;
- promoting testing and counselling for HIV and AIDS;
- scaling up of activities towards the prevention of mother-to-child transmission (PMTCT) of HIV;
- promoting male circumcision services;
- research projects that contributed to the reduction of prevalence of HIV.

Some of the challenges related to the ongoing battle against the HIV/AIDS epidemic include:

- The lack of a mechanism to establish local, regional and national funding to ensure sustainability as most of the funding to date comes from donors.
- The lack of capacity to measure incidence of HIV in the country.
- The attrition of medical professionals who have left the country to practise elsewhere, even though the EU-funded Support Programme and the Global Fund have provided temporary financial assistance in an attempt to retain the professionals.
- The lack of support systems for HIV patients who were on early treatment.

The legislative frameworks rarely support the objectives and aims of the HIV/AIDS prevention programmes, particularly in relation to sex workers.

The University of Harare's Medical School has an intake of 200 students per year, but has more recently experienced challenges in terms of retention of skills and health professionals.

EFFECTIVE IMPLEMENTATION OF STRATEGIC PLANS AND IOM RECOMMENDATIONS

It became clear through the discussions that most African countries experience challenges in terms of adequate training to ensure that the wide range of activities relating to HIV/AIDS prevention are carried out efficiently and effectively. Even though countries are all aware of what needs to be done to fight the epidemic, they need to know how they can be helped to move forward in a different scenario without neglecting what is already in place. Further, there is a package of different issues that has to be well coordinated in the implementation of the various national strategic plans. It is also clear that research is required in order to determine models and interventions that would assist in scaling up prevention.

Collaborative partnerships and the role of science academies

There is a need for science capacity as well as for capacities, such as grant-writing skills, to secure funding. Building these capacities through South–South partnerships should be investigated.

Effective strategic plans are built on a foundation of evidence, underpinned by solid data. It was emphasised that academies have the expertise and resources available to contribute towards an acceptable scientific base for national HIV/AIDS strategies. Workshop participants noted the following:

- It is necessary for Africa to develop its own, clear plan to prepare for the future of HIV/AIDS and to be able to indicate funding opportunities to donors.

- Substantial capacity is available in the region, particularly in South Africa, to assist local NGOs to access donor funding through writing of grant applications. The lack of capacity of local NGOs to manage finances discouraged PEPFAR funding of those organisations.

- Opportunities for research fellowships are available in South Africa and are freely offered to talented people who require training and development in different areas. However, the opportunities are not being exploited because of a lack of awareness.

It was suggested that existing academies, such as those of Uganda and South Africa, could put together a panel of experts to support and contribute to efforts in other countries, for example, to undertake mathematical projections of the long-term impact of HIV, or to make available health workers' training curricula. The academies could be engaged in establishing such a panel. ASSAf indicated that they would be able to facilitate capacity-building efforts in Africa, particularly by building on existing collaborative activities between ASSAf and other regional Academies. ASSAf could utilise existing partnerships with other academies in the region to access experts and assemble a panel that would address regional concerns relating to the HIV/AIDS epidemic.

The importance of building on the experiences of other countries, through scientific collaborations, and sharing of information between countries in the region was strongly emphasised. The establishment of a joint training, capacity building and support structure coordinated through the academies was proposed. It was also indicated that academies provide a neutral framework or platforms from which efforts from different countries could be coordinated.

Academies have access to the best scientists, both locally and internationally, and could be relied upon to assist where appropriate. However, it was cautioned that the academies' efforts in this regard would require funding. PEPFAR was suggested as a possible funder for this type of capacity building as it is part of the shared responsibility approach recommended by the IOM report.

CONCLUDING KEY MESSAGES

All workshop participants agreed that it was clear what actions are necessary and both the issues and challenges were understood. It was agreed that it was necessary to consider ways of facilitating the realisation of the recommendations of the IOM report. The key messages were as follows:

- A significant reduction of HIV incidence can be achieved through prevention activities, strong national leadership and good strategic frameworks, regardless of whether a cure or a vaccine for HIV/AIDS is found.
- The IOM report recommendations can be used as part of the advocacy at a regional level to promote shared responsibility by various stakeholders.
- It is necessary to ensure that whatever is implemented is evidence-based.
- The US government has demonstrated its willingness to support Africa in the fight against HIV/AIDS. It is now up to the African leadership to determine how to grow beyond dependency on donor funding.
- There is a need to put good plans in place and also to ensure that they are achieved.
- Accountability for the future through the development of effective HIV/AIDS strategic plans is crucial.
- Assistance to develop the necessary capacities, leadership and coordination that would help in achieving set goals is also essential. Training is an important area where support is required.
- It is also necessary to identify a set of requirements for implementation in order to address prevention.
- The establishment of a movement for the African shared responsibility would reinforce the struggle against HIV/AIDS in Africa.

Strong emphasis was placed on the importance of leadership, good governance and political commitment in order for Africa to stop this pandemic.

Representatives concluded by undertaking to share the IOM report with their respective governments, NGOs, civil society organisations and other

stakeholders. They also agreed that the concept of shared responsibility in terms of an evenly distributed load shared between evenly matched partners is crucial.

Prof Abdool Karim ended by saying that Africa would have to take leadership and show leadership in directing the funding efforts of PEPFAR, and in doing so would find the US government a willing partner.

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