

Making the Linkages: HIV/AIDS, Urban Local Government and The Urban Management Programme in Sub Saharan Africa

A discussion paper by
the UMP Regional Office for Africa

THE HIV/AIDS EPIDEMIC IN SUB SAHARAN AFRICA

The statistics

Globally Sub Saharan Africa is the region most affected by the epidemic and AIDS is now the leading cause of death in Sub-Saharan Africa. In 2001 AIDS killed 2.3 million African people. In 2001 3.4 million people in the region became infected, meaning that 28.1 million Africans now live with the virus. The majority of new infections occurred in young adults and in particular in young women, and most of these people do not yet know they carry the virus. HIV infection in Africa is mainly through unsafe heterosexual sex (without a condom) and through mother to child transmission.

Sub-Saharan Africa is experiencing diverse epidemics in terms of scale and maturity. However in general terms the average life expectancy in the region has dropped from 62 years to 47 years due to AIDS. In some countries worst affected by the epidemic, Botswana, Malawi, Mozambique and Swaziland, the average life expectancy is less than 40 years.

In Southern and Eastern Africa many countries show HIV prevalence rates in 2001 to be more than 30%, nearly 1 out of every 3 people. Antenatal clinics in urban Swaziland registered prevalence rates of 32.2% and in urban Botswana the registered prevalence rate was 43.9%. Prevention responses in these areas can be seen to be bearing fruit: the downward arc in prevalence rates in Uganda is continuing and antenatal clinics in urban areas have registered a fall in HIV prevalence from 29.5% in 1992 to 11.25% in 2000. Indications in Zambia show that HIV prevalence is declining among urban residents, particularly young women aged between 15-24.

In West Africa where AIDS cases surfaced much later than East and Southern Africa, 5 countries are now showing national adult prevalence rates over 5% (1 in 20 people): Burkina Faso, Cote d'Ivoire, Nigeria, Togo and Cameroon. In Senegal prevalence rates have been kept down with continued political support and leadership and integrated prevention programmes.

However even as countries upgrade and expand their response to the epidemic, the high prevalence rates in Sub-Saharan Africa mean that reducing the human toll will be a gradual and long-term process.

Young adults in Africa still show a dangerously limited knowledge and understanding of Aids. In recent UNICEF studies more than 70% of adolescent girls (15-19 years old) in Somalia and more than 40% in Guinea-Bissau and Sierra Leone have never heard of AIDS. The studies also found that more than 40% of adolescent girls in Kenya and Tanzania harbor serious misconceptions about how the HIV virus is transmitted.

By the end of the year 2000, 12.1 million children had lost their mother or both parents to the epidemic and this figure is forecast to double over the next decade. More and more infants are being born HIV-positive in badly affected countries and child mortality rates are rising dramatically. In Zimbabwe 70% of deaths of children under the age of 5 are due to AIDS.

The impacts

The impact of the HIV / AIDS epidemic in Sub-Saharan Africa is reversing years of development actions at all levels and throughout society. In a continent already burdened by huge socioeconomic challenges the AIDS epidemic is threatening human welfare and social stability. AIDS is the biggest threat to implementing the African Renaissance.

Poverty levels in Sub Saharan Africa are extremely high with three-quarters of the continent's population living on less than US \$2 a day. Economic hardships and programmes of structural adjustment have caused public health services to be cut back and have privatized many municipal services with resulting higher costs for access, marginalising the poor both in urban and rural locations.

The most devastating impact of HIV / AIDS in Sub Saharan Africa is that it contributes to impoverishment and deepens the vicious cycle of poverty already very present in the region.

Impact on the household

The poor suffer most from the impact of AIDS. The death of wage earners and young adults (potential wage earners) means that many households become impoverished and fragmented as children are sent away to extended family members to be looked after or find themselves heads of households. Providing these children with food, housing and education in face of disintegrating traditional safety nets and depleting government services will demand resources for many years to come. In Uganda 25% of households are caring for an AIDS orphan; stretching family budgets.

Caring for AIDS sufferers is a considerable drain on already tight household budgets. In urban areas in Cote d'Ivoire, spending on school education fell by half, food consumption went down by 41% per capita and health care expenditure more than quadrupled in households where a family member had AIDS. In Rwanda annual per capita health care expenditures for households with AIDS patients was US \$63 compared to average households where health care expenditure was US \$3.

Almost everywhere the burden at the family and community level falls on women, particularly the very young and elderly. In Swaziland school enrolment is reported to have fallen by 36% due to AIDS with girls most affected as they are required to assume family responsibilities of caring for the sick. In Zambia more than 50% of care givers to people with AIDS were females with wives spending more than 13 hours per day with the patient, greatly diminishing their capacity to generate income for the household.

As households struggle to cope with the impacts of AIDS they sell more assets to pay for healthcare and funeral costs, thereby eroding their asset base and deepening the cycle of poverty.

Impact on the economy and business

As AIDS affects mainly young working adults there is a generalized impact of economic productivity. The specific impacts on business depends, to an extent, on the benefit package offered by individual firms but includes:

- Absenteeism;
- Hiring replacement workers;
- Cost of treatments and funerals;
- Reduced productivity;
- Retraining of workers;
- Providing family pensions.

A survey of 15 firms in Ethiopia over a 5 year period have shown that 53% of all illnesses among staff were AIDS related. In Zimbabwe a law had to be passed that funerals may only be held on weekends as the sheer number of funerals was becoming disruptive to the economy. Production loss due to AIDS on a Malawi tea plantation in 1995/1996 was shown to be 3% of gross profit. The cost of AIDS to business is higher in labor intensive business commonly the mainstay of African economies, such as commercial farming, transportation, wood processing and construction.

Many people in Sub Saharan Africa earn their livelihood through small-scale / home-based businesses in both the informal and formal sector. AIDS is having devastating effects on small businesses as self-employed people either become ill with AIDS themselves or have to look after someone in their household who has AIDS, thereby spending more time away from work and

spending more of their financial resources on health care. The risk of business failure and loss of livelihoods becomes much greater in these circumstances.

Most African countries depend on a small number of highly skilled personnel to manage the economy and provide core government and private sector services to populations. Badly affected countries are losing these skilled personnel to AIDS at an alarming rate. 12% of all educators in South Africa were estimated to be HIV positive in 2000 and in Botswana 4% of children have lost a school teacher to AIDS. In Zambia deaths among health care personnel have increased 13 fold between 1980-1990 largely as a result of HIV infections. The loss of skilled personnel greatly reduces the quality and quantity of basic services that the government can deliver and contributes to the rising costs of accessing infrastructure, deepening the cycle of poverty in areas affected by the AIDS epidemic.

URBAN LOCAL GOVERNMENT AND HIV/AIDS

In 2001 34% of Sub Saharan Africa's rapidly growing population of 611 million lived in urban areas. As more and more people live in urbanized areas so too will the demands on municipal infrastructure greatly increase. Against this backdrop of rapid urbanization the decentralization movement in Sub-Saharan Africa is becoming a reality with increasing responsibilities for urban services and products being devolved to local government.

Local governments capacity to respond and take up these responsibilities are being constrained by the availability of financial and technical resources and more recently by the devastating impact of the HIV / AIDS epidemic.

The role of Local Government

In most Sub-Saharan African countries, local government, as the level of government closest to communities, is responsible for ensuring a good quality of life to citizens and for promoting sustainable social and economic development.

Local Government provides political leadership and a development vision for an area and builds partnerships with the local stakeholders to implement and take forward this vision.

In most instances Local Government responsibilities cover areas such as:

- Provision of administrative infrastructure and services;
- Provision of water and sanitation infrastructure and services;
- Provision of road and transport infrastructure and services;
- Provision of health and education infrastructure and services;
- Provision of social and welfare infrastructure and services;
- Provision of economic infrastructure (markets) and services;
- Provision of land for residential, business or other uses such as burial grounds;
- Regulations to ensure a healthy and safe environment.

In order to provide these services and products local government collects rates or taxes from citizens and is responsible for managing these public funds in a transparent and accountable way. Already many Local Governments in Sub-Saharan Africa are battling with the very limited financial resources available to implement their mandate. In the wake of the HIV / AIDS epidemic and the associated impoverishment of households it will become harder and harder for Local Government to raise the resources necessary to provide basic services, thereby increasing the impoverishment of the community as a whole.

It should not be forgotten that local government is also an important employer. It therefore as an employer has a number of responsibilities towards its staff, including providing them with a healthy and safe working environment and access to information and training to enable them to develop as individuals. Local Government staff who develop AIDS will be significantly restricted in their ability to perform and deliver services.

Reviewing these areas of responsibilities it is clear that Local Government has a significant role to play in managing the impacts of the HIV / AIDS epidemic which are being felt in Sub-Saharan Africa. Also Local Government is feeling the impacts of the epidemic which are negatively affecting its ability to provide basic services and infrastructure at the local level.

In many countries AIDS programmes and initiatives have focused on national level responses through assistance to Government line Ministries, which has by the nature of Government administration restricted the response to sectoral areas. It is now understood that multisectoral strategies are required to effectively address the HIV / AIDS epidemic, moving away from the belief that HIV / AIDS is a purely health issue. Local Government by its nature and the extent of its responsibilities at the local level provides the best conduit for developing and implementing such multisectoral strategies. As with many other areas of social and economic development, it is clear that locally developed and owned strategies to address HIV / AIDS will also be more effective and sustainable in the long term.

KEY IMPACTS OF HIV/AIDS AT LOCAL GOVERNMENT LEVEL

The epidemic will	The epidemic could.....
Reduce the projected number of people and change the demographic structure of the population	Compromise the ability to deliver services if large numbers of employees have AIDS
Reduce life expectancy	Increase bad debts
Increase infant mortality	Divert expenditure into health and welfare
Increase the demands on the health care system	Create a skills shortage
Increase poverty and exacerbate inequalities	
Result in large numbers of orphans	
Increase the number of aged who need care (loss of adult children)	
Increase the number of burial plots required	
Affect income and expenditure patterns	
Reduce the ability of households to pay for services, rates, rents, taxes	
Threaten productivity due to increased absenteeism, loss of skills, higher employment benefits	
Threaten investment made in training and education	

Urban Local Government and HIV / AIDS

Urban environments pose a particular context for the management of the HIV / AIDS epidemic. Urban areas typically bring together high population densities and increase interaction between diverse groups. Urban populations are often mobile and in areas of Sub Saharan Africa where migrant labor systems are well-established urban nodes are key areas of interaction between populations.

Today up to two-thirds of African urban dwellers live in informal settlements with inadequate transport, water, sanitation, electricity and health services. Crime and particularly violent crime against women (including domestic violence) are worsening in many African cities and towns as living conditions deteriorate. The capacity of urban areas to generate employment and provide social services is failing to keep pace with the rapidly growing urban population. These conditions have led to an environment where all diseases, including HIV / AIDS spread much quicker.

Urban areas are also not self-contained entities. Although information is not available to make a generalization about the relative incidence of HIV / AIDS in urban and rural areas the epidemic has been able to span both populations. Many urban dwellers who develop HIV / AIDS return home to rural families to be nursed and inversely many rural dwellers with HIV / AIDS leave for urban areas in order to avoid the stigma of AIDS in a rural community or in the

hope of accessing medicines. Civil strife and natural disasters across Sub Saharan Africa have also contributed to rural-urban migration and disrupted the stability of rural populations.

Urban areas can, however, also provide opportunities to the management of the HIV / AIDS epidemic in Africa. As the Executive Director of UN- Habitat in her statement at the United Nations Special Session on HIV / AIDS in June 2001 said, 'cities are not only the incubators of HIV / AIDS. They can also provide opportunities for better education, information and prevention of its risks. Beyond prevention, housing and adequate living conditions have been established as critical in the success of care and treatment regimes for HIV / AIDS. Pro-poor participatory urban governance is an integral part of the UNCHS campaign on good urban governance, and as UN focal point for cities and local authorities, UNCHS will encourage Mayors and associations of cities to strengthen their efforts in combating HIV / AIDS.'

A PROPOSED LOCAL GOVERNMENT RESPONSE

A Local Government response to the HIV / AIDS epidemic is best reviewed by defining two clear areas of action:

1. Action *internally* targeting local government employees;
2. Action *externally* targeting the wider community.

The internal response – a workplace response

The internal response to HIV / AIDS can also be considered as a general workplace response. This response aims to integrate HIV / AIDS as a priority into workplace policies and to put in place a comprehensive programme for HIV / AIDS prevention and care.

A workplace response must be built around the principles of equality and equity, non-discrimination, responsibility, inclusion and human dignity. At all times employees living with HIV / AIDS must be accorded the same rights as all other employees and must be ensured of confidentiality regarding their HIV status. Testing for HIV should at all times be with the informed consent of the employee and accompanied by counseling. A successful work place response is best developed through consultation and participation from employees and their representatives.

Prevention responses in the workplace should address on the following areas:

- Information and education to all employees to develop their understanding of HIV / AIDS. On-going awareness activities are essential to reinforce the message. Methodologies such as peer education can be implemented to further disseminate information on HIV / AIDS.
- Personal protection to employees who render First Aid as there is a small risk of HIV transmission in an accident situation. Training should be provided to advise on procedures to be used in accident situations. Drivers are vulnerable to road accidents and should be provided with a minimum First Aid kit.
- Employees should have access to barrier methods, such as condoms, which provide protection against HIV infection. Where possible condoms should be available at a minimum cost.
- Employees should be encouraged and supported to undertake HIV testing as part of their personal responsibility to protect their loved ones. Confidential HIV testing must be accompanied by counseling, providing an opportunity to review lifestyle options. Employees should also be encouraged to seek treatment of sexually transmitted diseases (STDs) as untreated STDs greatly increase the risk of HIV transmission.

Care responses in the workplace should address the following areas:

- Counseling to employees is valuable in assisting people infected with HIV or affected by HIV to cope with issues related to the infection.
- Health packages provided by the local government should, where possible, provide medical interventions / drugs which can prolong the life of HIV positive employees.

- The local government must act decisively to protect the rights of people living with HIV / AIDS and ensure that discrimination is not practiced in the workplace. HIV infected employees are entitled to the same benefits as uninfected employees.

Management responses should focus on the following areas:

- Undertaking regular (annual) impact assessment to inform the HIV / AIDS work place programme of the impacts of the epidemic, including an assessment of financial costs associated with the epidemic. This impact assessment is valuable for strategic planning within the local government and can also feed into a review of employee benefits in the context of HIV / AIDS.
- A skills succession plan should be developed to ensure that key management and technical skills are not lost to the local government through the loss of certain employees, thereby negatively affecting the performance of the local government.
- The political and public leadership structures within the local government should use all appropriate occasions to demonstrate to employees their support for the HIV/AIDS workplace programme.

Implementation of a workplace response requires that an official be mandated to lead the HIV / AIDS workplace programme. This official may require support from a group / task team of employees from across the local government structure.

An ideal person would display the following qualities:

- Seniority within the local government structure, preferably within management and development areas;
- An interest in HIV / AIDS and an understanding of the issues;
- Credibility with key stakeholders and with local communities;
- Leadership qualities;
- Good inter-personal, facilitation and communication skills;
- Experience of planning and financial control and an understanding of higher tiers of government.

Within the workplace as within the larger community, a number of barriers are encountered in taking forward an HIV / AIDS response. These barriers include issues such as denial of the problem, apathy from employees, inappropriate attitudes to people living with HIV / AIDS, inadequate resources and lack of information. These barriers can be very frustrating and it is important to take steps to address them early on. Continuous advocacy and action (even small gestures) to demonstrate how change can occur is crucial. Building a team of like-minded people who share the same goals can also be effective in taking a response forward.

The external response – a strategy for a city

Local Government is responsible for protecting and promoting the health of its citizens. Within the context of the HIV / AIDS epidemic, this responsibility broadens to encompass: minimizing the personal and social impact of HIV / AIDS, challenging discrimination against people living with HIV / AIDS and supporting the mobilization of communities and community responses to the epidemic.

Developing an HIV / AIDS strategy is a good way to guide local government actions in addressing the HIV / AIDS epidemic. An HIV / AIDS strategy for a city essentially describes a framework for a local response to the epidemic. The strategy is usually built around the following key stages:

1. A contextualisation of the HIV / AIDS problem;
2. An identification of core values and guiding principles for the local government;
3. An identification of priority areas for action as well as roles and responsibilities;
4. A compilation of indicators to monitor success.

A number of key areas can be identified where local government policy will change in response to the HIV / AIDS epidemic. These strategic areas are outlined below:

- Education and information to prevent HIV / AIDS transmission including means to reach illiterate people;
- Orphans - provision of child care institutions or foster care;
- Care to people with AIDS and the terminally ill - either home based or institutional;
- Land requirements for cemeteries / burial plots will increase and land requirements for new residential / business development will decrease;
- Ability of households to pay for local government services (water, sanitation, refuse) and decreasing locally raised revenue;
- Increasing sale of informal real estate as households liquidate assets;
- Changing health facilities / staffing to cope with HIV / AIDS infections – improve access to STD treatment, HIV testing and related counseling;
- Reduction in school attendance – inability to pay fees or children withdrawn to provide care to sick family members or to run income generation enterprises;
- Welfare policies (are they still appropriate in light of impacts of HIV / AIDS?);
- Housing policies (do they take into account changing family structures due to HIV/AIDS impacts?);
- Risk reduction programmes for groups at high risk such as commercial sex workers or children in difficult circumstances.

There are also a number of HIV/AIDS specific functions that Local Government can carry out in order to support a city strategy for HIV / AIDS. Such functions could include:

- Demonstrate leadership commitment on HIV / AIDS and publicly acknowledge the seriousness of the epidemic;
- Mobilize community leaders and the private sector to participate in a local partnership against HIV / AIDS;
- Increase awareness, support debate and encourage action in prevention and care of people living with HIV / AIDS and strengthen community responses in these areas;
- Identification of networks and processes to prioritize HIV / AIDS as an on-going issue;
- Provide care and support to people living with HIV / AIDS in a non-discriminatory environment – equal access to housing, social services, education, freedom of movement, right to justice etc.;
- Monitor the impact of local interventions to address HIV / AIDS.

In all of the above mentioned responses, it is vital to ensure that women are supported and empowered to fully participate. This is essential as women, as documented earlier, bear the burden of the HIV / AIDS epidemic.

THE URBAN MANAGEMENT PROGRAMME

The Urban Management Programme (UMP) is the largest technical co-operation programme within the United Nations system that addresses the processes and impacts of urbanisation in the developing world. Launched in 1986, the programme has over the last 15 years gained an incredible amount of knowledge and experience of the issues facing cities and towns in the South as they strive to provide a good quality of life for all their residents.

Phase 1 and 2 of the programme focused on researching priority urban management issues facing local governments.

Phase III developed a participatory methodology, termed the city consultation process, to assist local governments in developing strategic development plans in partnership with wider city stakeholders, recognising the need to broaden the decision-making processes for urban development. The thematic focus of the programme during Phase III was built around three 'umbrella' thematic areas: promoting good governance, reducing urban poverty and improving the urban environment.

The Regional Office for Africa has supported a city consultation process in 27 cities in Sub Saharan Africa. In each city the city consultation methodology has demonstrated itself as a useful tool for developing a municipal response to a specific development concern in an urban

context. The involvement of stakeholders has led to the development of effective partnerships for urban development. The following examples give a brief overview of this experience:

- In Ijebu Ode following the city consultation a poverty reduction board was set up to co-ordinate local government and community initiatives in this area.
- In Bamako following a city consultation on environment and solid waste management, a partnership for the disposal of biomedical waste was established between the local government, public health clinics, private health centres and youth business groups.
- In Shomolu following the city consultation on partnerships for the delivery of urban services were created with the local government, community and private sector.

These experiences have also demonstrated the need to think in a multi-sectoral manner when undertaking strategic planning for urban development. A pre-requisite when undertaking initiatives to address the HIV/AIDS epidemic.

During Phase III the programme also developed a network of regional and local partner institutions to support cities and towns in their efforts to implement a city consultation process and to develop participatory governance systems.

As the Urban Management Programme enters Phase IV, January 2002, the review of issues facing urban local governments in Sub Saharan Africa revealed the impacts being felt from the HIV/AIDS epidemic. It is proposed that the UMP Regional Office for Africa promotes the city consultation methodology as a tool for developing a municipal response to the epidemic. The UMP's understanding of the urban environment, urban poverty and urban governance will also contribute to the development of a multi-sectoral response to the HIV/AIDS epidemic at the local level.

It is proposed that the city consultation tool be used to support both:

- the development of municipal workplace responses through a participatory process to involve all workers, contributing to increased awareness of the impacts of the epidemic and capacity building at the local level to manage the devastating human impacts;
- the development of a city-wide response to the epidemic through a participatory process to involve all city stakeholders, encouraging the building of partnerships as well as the review of local government policies in light of the expected impacts of HIV/AIDS on communities.