



Economic Commission
for Africa

SECURING OUR FUTURE

The Report of the Commission on HIV/AIDS and Governance in Africa

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The Commissioners' statement

AIDS is a serious threat to governance in Africa

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e have been charged with analyzing the HIV/AIDS pandemic's implications for governance in Africa and making recommendations based on that analysis. We are now pleased to present our report to the UN Secretary-General, with deep appreciation for his request that we work on this important topic. We are also glad to have the opportunity to present this report to the global community. The lessons we learned are pertinent not just to Africa but to other parts of the world suffering from the pandemic as well. They are relevant too for those parts of the world where the pandemic has yet to be felt.

We define governance as the ability of the state to maintain efficient public institutions, produce and deliver sound policies, promote the rule of law, sustain livelihoods and provide an enabling environment for public, private and civil society. Our findings and recommendations embody analytical insights derived from the Commission's own research and evidence drawn from other studies and sources. They reflect the views of more than a thousand Africans, including policymakers, advocacy groups, nongovernmental organizations, community-based organizations, people living with HIV/AIDS, research organizations and UN agencies—all of whom took part in an extensive consultation process over two years.

Our overall conclusion is that the epidemic poses a great threat to governance in Africa. In many parts of the continent the impact of AIDS already has significant consequences for all forms of social, economic and political activity and thus for governance in the years to come. The disease exploits and exacerbates existing social and economic disparities in society and threatens the ability of nations to improve the well-being of their citizens, build strong and stable societies and expand opportunities for all. Women, children and men who live in poverty are finding their conditions even more difficult and their chances of contracting the virus even higher.

In some of the heavily affected countries we find that the combination of the brain drain and the epidemic is eroding institutional robustness, reshaping governmental structures and restructuring state-society relations.

We see the impact of the epidemic to be most evident in the deterioration of social welfare indicators—such as life expectancy, literacy and primary school enrolment. Before the epidemic these indicators had been improving for decades. But AIDS is reducing capacity in all social and economic

sectors. This is the result of the mortality and morbidity of highly skilled and experienced people, who can be replaced only after long periods of training and skills acquisition. General levels of education are falling, as enrolments of HIV/AIDS orphans decline. We conclude that HIV and AIDS have reduced the educated and professional cadres' ability to pass on their accumulated knowledge and expertise to succeeding generations. As a result, younger and less experienced workers find it harder to acquire the specialized skills, expertise and professionalism needed for their jobs. In the longer term fewer experienced officials will be available to train younger personnel in key formal skills or to pass on more informal standard operating procedures or norms such as ministerial accountability, bureaucratic neutrality, official ethics and institutional transparency.

Of great concern to us is the fact that the epidemic has led in some hard-hit communities to a retreat into subsistence production in agriculture and hurt service delivery. By 2020 the nine most severely hit Sub-Saharan countries may lose 13%–26% of their agricultural labour force to AIDS. Those dying are more than agricultural workers. They are household heads, mothers and fathers of young children and adolescents, caregivers for the old and sick, transmitters of agricultural and livelihood knowledge and skills and custodians of social safety nets.

While the epidemic's effect on GDP is not immediately clear, compromised rural livelihoods due to declining life expectancy are expected to reduce output, compounded by the reduced productivity associated with increased prevalences of ill health and shortages of critical skills. The GDP in countries with HIV prevalence rates of 10% or higher could contract by 18% by 2020. We are alarmed that the risk of infection is growing, especially among young women and girls, who are twice as likely to be infected with HIV, and that the dynamics of gender and AIDS exacerbate women's vulnerability to contracting the virus, coping with the disease and caring for others.

The social customs of adoption and fostering, however well established in Africa, are proving insufficient to cope with the burgeoning orphan problem.

Finally, we have found that AIDS is already undermining the pillars of democracy in high-prevalence countries. The sickness and death of members of parliament could throw into question the legitimacy of democratic representation. The reduction in state capacity is hampering policy implementation, and popular political opinion is being shaped by perceptions of leaders' ability to prevent and mitigate the impact of the epidemic. In many African countries, the losses of human capacity are likely to reduce states' ability to protect and provide for their citizens, with ramifications for both political legitimacy and stability in the years to come. From our evidence-based findings we have developed a Plan of Action for the next generation of interventions strategies—either as integrated steps towards a comprehensive policy for fighting HIV/AIDS or as standalone options for strengthening policy and programmatic response in four broad areas:

- Reinvigorating prevention strategies.
- Developing national plans of action for providing treatment and care.
- Improving fiscal governance by African governments.
- Improving the sustainability and coordination of funding by creating a new donor framework.

While each country will need its own plan, our recommendations are intended to indicate the kinds of actions that should commence, if they are not already under way.

We consider the African Development Forum of the Economic Commission for Africa held in December 2000 to be the watershed moment in terms of awareness of the pandemic's impact. The consensus statement from the forum applauded the new willingness of African leaders to speak frankly and act more forcefully to prevent HIV and AIDS from spreading. It identified leadership

actions needed at the personal, community, national, regional and international levels.

Since the call for leadership at the 2000 African Development Forum, some tangible progress has been made in the fight against HIV and AIDS in Africa. At the national level almost all countries now have multisectoral strategic plans for HIV and AIDS in place. These plans generally are led by a central national coordinating body empowered to promote prevention activities across government agencies and to coordinate the work of state and non-state actors.

Indeed, sound progress is being made by some African countries on several fronts. In particular, some national programmes are beginning to see positive results, especially in preventing HIV infection among youth. And significant progress has been made at the international level to increase resources, through institutions such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and other multilateral and bilateral programs.

But eight years after the African Development Forum 14 million more Africans have died of AIDS, and additional 17 million have been infected. And the number of orphans has increased from 8.5 million in 2000 to around 14 million in 2006. Our report shows that in many countries, especially in Southern African, more challenges are anticipated with girls and women bearing the brunt of the epidemic's devastation and an ever-increasing orphan problem. We are aware that the disease has already had significant consequences on social, economic and political activities, and we have concluded that HIV/AIDS will have dire implications for governance for years to come unless decisive actions deepen the commitment and leadership in the fight against the pandemic. This includes leadership in all areas: governments, donors, civil society leaders, traditional and community leaders and people living with HIV and AIDS.