

Conclusion

As described in the first chapter, the effects of AIDS-related attrition stand to dramatically reduce the effectiveness of government institutions in Southern Africa, where the public sector is already often characterised by low productivity, a lack of resources, skills shortages, and a resulting lack of capacity.

By increasing staff turnover and costs and undermining the accumulation of institutional memory, the epidemic has the potential to further diminish the human and financial capital available to the public sector—exacerbating existing capacity constraints. At the same time, the virus is likely to increase demand for some services and change and complicate the delivery of others. In a region already characterised by weak service delivery, the combination of these effects could serve to further diminish the reach, quality, responsiveness, and resilience of government institutions.

A definitive analysis of how disease impacts on hard to define concepts such as capacity and effectiveness is a tricky and sometimes impossible task. A lack of monitoring and data adds to these difficulties. Like several similar studies, this research was hampered by poor and often inaccessible data, and provides only a rough, indicative analysis of the epidemic's probable impact on the institutions studied.

The findings nevertheless suggest that many of the institutions' personnel are susceptible to HIV infection, while the institutions themselves have characteristics that make them vulnerable to the effects of the epidemic.

They further suggest that high levels of seemingly AIDS-related illness and death are significantly raising levels of attrition. Increasing attrition—combined with changes in demand for services as a result of the epidemic—is in turn exacerbating existing organisational and resource constraints and may already be impacting on service delivery. These effects are explained in more detail below.

THE IMPACT OF HIV/AIDS

Analysis of the age and gender profiles of the three institutions show that many personnel belong to demographic groupings that are at high risk of contracting HIV. The work environments of all three share features, including high levels of staff mobility and denial, that are likely to increase the susceptibility of personnel to infection.

All three institutions suffer from a number of pre-existing constraints, including high levels of bureaucracy, absenteeism, poor co-ordination, top-down management styles, low morale, and inadequate resources. Such challenges not only undermine existing productivity and effectiveness, but also are likely to make it more difficult for institutions to cope with higher levels of attrition, or changes in demand as a result of the epidemic. The reliance of all the institutions—particularly the MoAFS in Lesotho and the MPS—on highly skilled professional and technical staff is also leaving them vulnerable to the impact of HIV/AIDS. Such personnel are difficult to recruit, retain and replace, and even relatively low levels of attrition in these categories are likely to undermine effective service delivery.

In this respect, managers reported that levels of illness and death are on the increase, with most lower-level staff confirming that absenteeism, illness, and retirement on medical grounds were problems in their organisations. These findings are supported by human resource data, which shows high levels of death across all job categories. Data from the MPS, in particular, indicates that mortality rates have increased substantially over the last decade, with death becoming an increasingly important cause of attrition over this period. Similar death rates were recorded among senior and middle management and frontline staff.

The findings suggest that the epidemic is placing new demands on institutions.

Owing to both the epidemic's effect on communities and the political imperatives it has created, developmentally oriented institutions such as the councils in Botswana and the MoAFS in Lesotho have taken on new responsibilities—often without sufficient human and financial resources. It has also complicated service delivery. In the MoAFS, for example, the epidemic has increased demand for food aid and nutritional support, at the same time reducing demand for farming-related services and impeding the ministry's efforts at diversifying and commercialising Lesotho's rural economy.

It would also appear to be impacting on the ability of institutions to supply services. HIV/AIDS is only one of many of factors affecting

service provision in the region, and it is often difficult to disentangle the effects of AIDS from other sources of attrition or pre-existing constraints. Anecdotal evidence nevertheless indicates that illness, absence, and death have resulted in productivity losses, a failure to meet obligations and, in some cases, wasting of resources. Illness and death among professional and technical personnel, in particular, are adding to high vacancy rates in these cadres and may already have resulted in declining professionalism and responsiveness.

RESPONSES TO HIV/AIDS

Although many managers, staff, and planners recognise HIV/AIDS as a problem, it is clear that all three institutions have some way to go before they will be in a position to successfully mitigate the effects of HIV/AIDS on either their staff or operations. As highlighted in Chapter 3, an effective workplace response to HIV/AIDS requires understanding the nature of the threat, acknowledging the problem, and mainstreaming HIV/AIDS into the organisation's core functions. It also requires putting in place measures to prevent new HIV infections, treating and caring for employees living with HIV/AIDS, and mitigating the effects of AIDS-related attrition on the institution itself. Successful execution of these strategies, in turn, requires committed leadership; a clear, well thought out policy framework; and dedicated staff to guide and co-ordinate implementation, as well as sufficient resources, capacity-building; and communication strategies to translate plans into action. However, while all three institutions have put in place responses to HIV/AIDS that incorporate at least some of these elements, none have combined all of them into a unified response. All three institutions' responses are therefore likely to be limited in their effectiveness. Key findings concern the following:

A LACK OF THREAT ANALYSIS AND MONITORING

None of the institutions studied have a clear idea of how HIV/AIDS is impacting on their staff or their ability to deliver their mandated services—although the MPS is in the process of conducting an institutional audit to better understand how and where HIV/AIDS is likely to have an impact. Potential sources of information, such as human resource data, are currently unutilised and such data is either not captured or not collected in a systematised fashion. Where information

is captured, it is often difficult and time-consuming to access, and is insufficiently detailed to monitor relevant trends over time.

As discussed in Chapter 3, understanding the nature of the threat posed by the virus is important in formulating an appropriate response. A handful of basic, tried and tested approaches have been shown to increase the effectiveness of HIV/AIDS interventions. Nevertheless, as illustrated in the case studies, each institution has unique characteristics that may make its staff susceptible to infection and it vulnerable to the impacts of the epidemic. It is important that these are incorporated into any response. Developing policies, programmes, and activities without a thorough understanding of such dynamics will inevitably reduce the efficacy of these measures.

A LACK OF FORMALISATION

Only one of the institutions, the MPS, has developed a formal HIV/AIDS policy to delineate and guide its response to the epidemic. However, this policy is currently limited in its effectiveness as a framework for action by a lack of clear implementation guidelines, and overly generic and often contradictory policy statements. The absence of a coherent, unambiguous policy has clearly weakened many of the responses to date, which have often suffered from a lack of strategic direction and ineffective use of resources.

A policy framework establishes an institution's position, outlines the activities to be undertaken, and ensures that the response is balanced, activities complement each other, and resources are used most effectively. Given the stigma and fear that surround the virus, as well as the often limited financial and technical capacity available for HIV/AIDS programming, it is imperative that workplace initiatives engender trust, create a supportive environment, and make optimal use of funds and staff. A well-researched, context-appropriate HIV/AIDS policy is vital in establishing a response that respects the rights of employees, balances individual and organisational needs, and ensures the greatest 'bang for one's buck'.

A LACK OF CO-ORDINATION AND MANDATE

Linked to this, those responsible for HIV/AIDS activities operate without a clear mandate and activities are often poorly co-ordinated or unco-ordinated. Only the MPS has in place multiple, clearly mandated co-

ordinating structures and personnel to manage its response. Gaborone council has an institutionally focused HIV/AIDS co-ordinating structure, but this body has reportedly itself suffered from a lack of co-ordination and been largely ineffective. Similarly, while the MoAFS department of nutrition and home economics has assumed *de facto* responsibility for implementing HIV/AIDS activities, at the time of the research the ministry had still to formally constitute a body to tackle HIV/AIDS among its staff. The lack of dedicated co-ordinating structures and staff could severely undermine the implementation of HIV/AIDS activities in these institutions, as they are likely to be sidelined in the face of other, competing tasks and weakened by a lack of clarity and direction.

This said, the MLG and the MoAFS have both recently moved to address these weaknesses and it is hoped that the co-ordination of HIV/AIDS activities in will be strengthened in the future.

THE ABSENCE OF HOLISTIC RESPONSES TO THE EPIDEMIC

At the time of study none of the institutions had combined elements of prevention, care and support, and institutional impact mitigation into a comprehensive strategy to combat HIV/AIDS among their staff. This will inevitably reduce the effectiveness of responses. As discussed in Chapter 3, prevention, care and support, and alleviating the effects of HIV/AIDS on the institution are all crucial, reinforcing components of a successful response. Neglecting any of these components will weaken the others and is likely to result in wastage of resources as money is spent on strategies that have only limited impact.

As summarised in Table 6, the MPS came closest to combining all these elements into a comprehensive response and, with activities under way to expand its VCT facilities and institute measures to mitigate the institutional effects of the epidemic, is continuing progress in this respect. For the most part, however, interventions have consisted of primarily prevention-oriented activities, with little or no attention paid to care and support or alleviating the organisational implications of the epidemic.

This may well be linked to the cost and comparative complexity of providing comprehensive care and support and instituting measures to safeguard institutional capacity in low-resource settings. These are valid concerns. The public sector in Southern Africa is constrained by limited technical and financial capacity. However, as discussed in the first chapter, the cost of failing to respond effectively to the epidemic will far outweigh the resources required to implement early responses to the epidemic. As

Table 6: Summary of responses to HIV/AIDS

	Local councils (Botswana)	MOAFS (Lesotho)	MPS (Malawi)
Threat analysis/monitoring	*		*
HIV/AIDS policy			X
Dedicated budget	*	X	X
Co-ordinating structures		X	X
Formalised prevention programme			X
Ad hoc Prevention activities	X	X	
Formalised care and support programme			
Ad hoc care and support activities	X	X	X
Impact mitigation strategies			*
X in place			* planned

illustrated by the MPS, partnerships between government, donors, and civil society can help to mobilise resources and build capacity.

Where conducted, activities have been carried out largely on an *ad hoc* basis and have been driven by individuals as opposed to an overriding institutional vision. This failure to institutionalise prevention or care and support activities will compromise their sustainability, as they are likely to cease if those driving their implementation become ill, die or leave the organisation. It is thus vital that initiatives be institutionalised, so that programmes can continue even when key people are no longer present.

The absence of a planned, holistic strategy, together with limited implementation capacity, have also meant that prevention activities have been arguably superficial in nature, and have not meaningfully tackled the complex issue of encouraging behavioural change. However, encouraging such change lies at the heart of any effective workplace HIV/AIDS strategy, and a failure to explore and implement mechanisms for bringing about change will fundamentally undermine efforts to combat and manage the virus.

A MAINLY EXTERNALLY FOCUSED RESPONSE TO HIV/AIDS

The failure to develop and implement comprehensive policies and programmes seems linked to the difficulty of balancing internal and

external responses to the epidemic. In both the councils and the MoAFS, HIV/AIDS is seen through a 'service delivery lens'—making it largely a community-focused issue requiring a predominantly external response.

This suggests that, as in most other public sector institutions in the region, HIV/AIDS is still seen as an individual and community issue as opposed to an organisational one. This is not unique to Southern Africa. Some large businesses, and a handful of government institutions, have acknowledged the potential institutional implications of the epidemic, but most public and private sector institutions worldwide still fail to recognise HIV/AIDS as a workplace issue.

However, as discussed in this book, HIV/AIDS is a problem for individuals, communities, and states. It represents a unique threat and has the potential to severely undermine the capacity of public sector institutions to fulfil their mandate.

Thus, while the emphasis on mitigating the external effects of the epidemic is understandable given both limited resources and the role of government institutions in service delivery, it is vital that concerted efforts are made to address the internal impact of the epidemic on these institutions.

CAPACITY CONSTRAINTS

The failure to put in place holistic policies and programmes is also in part attributable to a lack of capacity, specifically knowledge of how to design and implement appropriate responses. As highlighted in Chapter 3, implementing HIV/AIDS programming involves a range of new challenges and, with these, the need for training and capacity-building to enable institutions to develop, monitor, and evaluate appropriate strategies.

Yet, in two of the three institutions studied there has been no formal or strategic capacity-building. In these organisations responses to HIV/AIDS have been left to develop organically, and staff involved in implementing HIV/AIDS activities have often assumed *de facto* responsibility for implementing such activities, have little prior knowledge or experience of HIV/AIDS issues, and have received little guidance or skills training.

Without skills development, initiatives are again doomed to fail. It is vital that the requisite capacity and skills are developed and that institutions draw on the knowledge and experience of local experts and organisations working in the field of HIV/AIDS.

POLICY IMPLICATIONS

It is clear that HIV/AIDS poses a significant threat to the integrity and effectiveness of public sector institutions in Southern Africa. The effects of AIDS-related attrition are already being felt in all three institutions and both senior and junior personnel expressed concern over how the epidemic may be impacting on service delivery. This suggests that the awareness required to deal with the epidemic's impact is growing. However, none of the institutions studied is yet in a position to prevent and manage the effects of AIDS-related attrition on either its staff or operations.

The makings of more comprehensive responses are in place, but these need to be expanded and strengthened. In this respect, a number of recommendations can be made:

- Greater emphasis should be placed on documenting the extent and adequacy of present public sector responses to the epidemic, as well as raising awareness of HIV/AIDS as an organisational issue with potentially serious capacity implications.
- Institutions need to conduct research into where and how HIV/AIDS is likely to impact on their organisations. The gathering of human resource information needs to be strengthened, better managed, and linked to the monitoring of both AIDS and non-AIDS-related attrition.
- Well thought out, context-appropriate policy frameworks should be developed to guide the design and implementation of workplace strategies. These need to be evidence-based and tied to implementation plans.
- Dedicated resources need to be made available to support capacity-building and the implementation of holistic workplace programmes.
- Co-ordinating structures need to be formed to drive responses. These need to have a clear mandate.
- Dedicated staff should be appointed to co-ordinate implementation. They too must have a clear mandate, be sufficiently senior to fulfil this mandate, and have defined responsibilities written into their job descriptions.

- Where responses are being established, these should be supported and strengthened to the point that they constitute holistic, comprehensive responses that incorporate not only prevention, but also care and support, and strategies for reducing the institutional effects of the epidemic.
- Dedicated resources need to be made available to support the implementation of such workplace programmes.
- Emphasis should be placed on building adequate capacity to develop workplace policy frameworks, design and implement holistic strategies, and optimally utilise available resources.