

# Executive summary

It is becoming clear that the implications of HIV/AIDS will increasingly impact on virtually all aspects of society. By significantly undermining human resources in severely affected regions like Southern Africa, it is anticipated that the epidemic will impact on both the demand for government services and their supply, with a number of analysts speculating that HIV/AIDS will dramatically reduce the ability of government institutions to fulfil their mandate. In the case of development-oriented institutions, in particular, it is argued that such erosions of capacity will occur in the face of increasing HIV/AIDS-related demands for services—whittling away public sector capacity precisely when it is needed most to combat the effects of the epidemic.

The ultimate implications of the epidemic, however, are likely to be bound up with issues of original capacity and effectiveness and, crucially, the extent to which institutions acknowledge HIV/AIDS as a problem and put in place measures to mitigate its effects. Drawing on best practice from the private and, to a lesser extent the public sector, this book explores the extent to which government institutions in the region have put in place comprehensive responses to the epidemic, the efficacy of present activities, and the factors influencing their effectiveness. It documents the findings of three institutional case studies conducted in Botswana, Lesotho, and Malawi in the first quarter of 2004. Specific issues explored include:

- the discernable impact of HIV/AIDS on the institutions in the context of existing service delivery capacity;
- the extent to which institutions have developed appropriate mitigation strategies;
- the extent to which such strategies have been implemented; and
- the reasons for this, including facilitating factors, blockages, and constraints to implementation.

The findings suggest that high levels of seemingly AIDS-related attrition are exacerbating existing organisational and resource constraints to delivery. Anecdotal evidence indicates that illness, absence, and death of staff have resulted in productivity losses, failure to meet obligations and, in some cases, wasting of resources. In development-oriented

institutions, in particular, the epidemic's effect on communities and the political imperatives engendered by it have placed new demands on institutions and have complicated service delivery.

Yet, although 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 capacity. Effective workplace responses to HIV/AIDS require understanding the nature of the threat, acknowledging the problem, and mainstreaming HIV/AIDS into the organisation's core functions. They also require 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 these essentials 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 either their staff or their ability to deliver their mandated services—although one of the institutions is in the process of conducting research into how and where HIV/AIDS stands to impact on its staff and activities. Potential sources of information, such as human resource data, are unutilised and this 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.
- *A lack of formalisation:* Only one of the institutions has developed a formal HIV/AIDS policy to delineate and guide its response to the epidemic. 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. This 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 lack of co-ordination and mandate:* Those responsible for HIV/AIDS activities operate without a clear mandate, and activities are often poorly co-ordinated or unco-ordinated. Only one institution has in place multiple, clearly mandated co-ordinating structures and personnel to manage its response.
- *The absence of holistic responses to the epidemic:* None of the institutions studied have combined elements of prevention, medical and psychosocial care and support, and impact mitigation into a unified, comprehensive workplace strategy. The focus is on prevention-oriented activities, with little or no attention to either care and support, or alleviating the organisational implications of the epidemic. Activities are carried out largely on an *ad hoc* basis and are driven by individuals as opposed to an overriding institutional vision. Owing to the absence of a planned, holistic strategy and limited capacity on the part of implementers, these activities have often been arguably superficial in nature and have not meaningfully tackled the complex issue of encouraging behavioural change.
- *A mainly externally focused response to HIV/AIDS:* HIV/AIDS is often seen through a ‘service delivery lens’ and two of the three institutions have trouble in balancing internal and external responses to the epidemic. Even where internally focused HIV/AIDS activities are carried out, the emphasis is on preventing new infections. Care and support activities are limited in scope and extent; and, with one exception, no attention has been given to mitigating the effects of attrition on institutional effectiveness.
- *Capacity constraints:* Only one institution has conducted formal or strategic capacity-building and responses have generally been left to develop organically. 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 and skills training.

It is impossible to extrapolate these findings to the region as a whole, but they do suggest that many institutions have yet to respond adequately to

the threat posed by the epidemic. This is understandable given competing demands in the face of limited resources and the relative infancy of many responses. However, unless the key issues identified above are addressed with some urgency, these institutions are likely to find it increasingly difficult to provide their mandated services.

A number of policy implications flow from this research. These include that:

- 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.