Building Capacity, Restoring Hope: The Southern Africa Capacity Initiative

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It is a great pleasure to be here in Botswana, a country which has enjoyed rapid economic growth and increasing prosperity, in large part due to prudent use of the country's mineral resources, primarily diamonds. However, just as vital has been the good governance and leadership that has helped Botswana develop for the benefit of its people. Minerals do not mean automatic national prosperity. Indeed, more often in the region they have brought impoverishment through corruption, instability and even civil war. So Botswana's success was not automatic.

Today, the gains Botswana has made are in danger of being drastically undermined as a result of the tragic impact of the HIV/AIDS epidemic. Among a population of more than one and a half million people, Botswana has one of the highest HIV/AIDS prevalence rates in the world, at 37 per cent. In Botswana, as across the region, AIDS is wiping out the most productive members of society: the young —- more than half of those newly infected with HIV today in Botswana are between the ages of 15 to 24 —- the educated, farmers, professionals, entrepreneurs, civil servants, teachers and parents. HIV/AIDS is robbing societies of their leaders, and of the skills and knowledge vital to development.

But Botswana is fighting back. You have developed policies and strategic plans for how your nation can respond to the HIV/AIDS crisis, from a comprehensive National Strategic Framework to a National Operational Plan to address what interventions are needed at national, district and community levels. And through the strong leadership of President Festus Mogae, anti-retroviral treatment has been introduced for people living with HIV and AIDS, and more recently, the principle of routine testing has been established. UNDP has been pleased to assist Botswana in your efforts to address the HIV/AIDS crisis, working with you to promote total national mobilisation in the fight against the epidemic.

The impact of HIV/AIDS in Southern Africa

For other countries in the region with a far lower per capita income, the challenges in responding to the epidemic are felt even more acutely. The scale, severity and impact of HIV/AIDS is destroying the capacity of governments and communities to function effectively. HIV/AIDS can no longer be seen as a crisis confined solely to the health sector. The epidemic is Africa's most serious development crisis. Of the more than 40 million people in the world currently living with HIV/AIDS, 70 per cent are in sub-Saharan Africa. In Southern Africa the situation is even more severe: with just 2 per cent of the world's population, the sub-region is home to more than 30 per cent of the 40 million people infected. The figures are truly alarming when one considers the fact that every week 22,000 people are dying in the mainland SADC region. For people

living in the nine most hard-hit countries in the sub-region, the distressing reality is that every person is either infected or affected by HIV/AIDS.

Fundamentally, what makes the dimensions of the HIV/AIDS crisis so devastating for this region — even if Botswana is protected against some of these symptoms by its higher per capita income — is the way it is intersecting with the challenges of poverty, food insecurity and limited institutional capacity to deliver essential public services, rendering the development challenge the continent faces even more arduous. Add to this the effects of migration, which every year sees hundreds of trained doctors, nurses, teachers, and other skilled workers leave their country, it is clear that governments and the communities they serve face a challenge, both in supply and demand: the need to do more to preserve lives and livelihoods, while growing numbers are being lost overwhelmingly to HIV/AIDS.

Already, the impact is clear, especially in areas most central to human development: health, education and food security.

In the health sector, recent surveys in 20 of Botswana's hospitals revealed that at least one in two patients had an HIV/AIDS related illness. My visit to Lilongwe Central Hospital in Malawi this week, where patients suffering from opportunistic diseases such as tuberculosis and pneumonia, were lying both on top of and under beds; on verandas and in whatever space was available, was a tragic demonstration of the increasing demand that is being made for healthcare on an already deficient healthcare system and how fundamentally stretched governments are in their ability to provide essential public services for their citizens.

The number of AIDS orphans under the age of 15 is estimated at more than 11million and is projected to rise to 20 million by 2010. The additional pressure on teachers to provide not only educational services, but also emotional and sometimes material support, is immense. In a context where teachers are dying at a rate of one a day in some Southern African countries, it is clear that the survival of the education system itself is under threat and is going to have to radically adjust to deal with the ever-decreasing supply of skilled teaching staff.

And on a continent where 80 per cent of the population depends upon labour-intensive, small-scale subsistence agriculture for its livelihood and food, some seven million African agricultural workers have died from AIDS in the 25 most-affected countries since 1985. The food crisis that swept through the region last year highlights how vulnerable many countries are to shocks that disrupt food production and in the context of HIV/AIDS, there is now the potential for humanitarian crises on an unprecedented scale. Related to food security, environmental degradation means that the walk for firewood to cook or the walk for drinking water is ever longer, placing an ever-greater burden on those collecting essential resources who are weakened by HIV/AIDS. The temptation to keep kids out of school to perform these tasks is considerable, particularly where poverty has undermined parental ability to meet the costs of schooling.

And across these three sectors, as I have seen for myself during my visit to this region, it is clear that women and girls bear the brunt of the impact of HIV/AIDS. Fifty-five per cent of all HIV/AIDS-positive adults in sub-Saharan Africa are women. Teenage girls are infected at a rate five or six times greater than their male counterparts. Yet, from the fields to the workplace, from hospitals to homes, it is women across the region that are

struggling to support families, earn income, produce food and care for the sick, while suffering from HIV-related illness themselves.

Hence, it is clear that the impact of HIV/AIDS on the people and governments of Southern Africa is both deep and wide: HIV/AIDS is deepening poverty, reversing human development achievements, aggravating gender inequalities, eroding the capacity of governments to provide essential public services, reducing labour productivity and supply, and putting a break on economic growth. These worsening conditions are in turn making people even more vulnerable to infection and undermining the ability of governments to respond to the effects of HIV/AIDS on their countries. The impact of the epidemic across all these sectors will undermine the countries' ability to function unless dramatic interventions are made not only to halt and reverse the spread of HIV/AIDS as set out in the universally agreed Millennium Development Goals, but fundamentally, we now face the challenge to stem and replenish the loss of human capacity.

The Southern African Capacity Initiative

The main purpose of my visit to Botswana, Malawi and Zambia this week has been to launch the Southern African Capacity Initiative, a radical new scheme designed to address head-on the challenges HIV/AIDS-affected countries face in the loss of their most productive people who are vital, both to the countries' survival, and their future development.

I passionately believe that we can no longer have a business-as-usual response to the HIV/AIDS societal crisis anymore than we can in the public health discussions: whole nations are now in the emergency ward. New and innovative interventions are needed to address the loss in capacity across government, civil society and the private sector if we are to have any chance of countering the devastating impact the epidemic is having on the countries of the region.

The Southern Africa Capacity Initiative (SACI), provides us with a holistic framework for addressing the multifaceted socio-economic and governance challenges countries face in tackling the impact of the epidemic.

Analysis-based capacity development

Certain basic components of the Initiative are already clear. First, we need to have a new analytical and holistic approach to capacity building. Rather than a series of disjointed training seminars or studies there needs to be the analytical base put in place for a sustained, multi-year effort to tackle capacity on all fronts: from training, to reducing personnel needs by remodelling government and its role, and indeed relationships with civil society and the private sector, to introducing new ways of using ICT to carry out tasks, to issues of public sector pay and overall economic performance. System-wide capacity assessments, data collection and empirically based analysis of precisely how HIV/AIDS is affecting both the supply and demand for government services is vital in knowing how to respond to specific needs in individual countries. Because even the most obvious statements such as "there is a shortage of teachers" are subject to caveats. While there is a shortage, there are, however, also unemployed teachers in the region because parents and governments cannot afford to employ them. So capacity development must be under girded by both a viable economic strategy to

renew the productive base and international financial support, including for recurrent costs such as teacher's salaries.

In the next six weeks, UNDP will therefore open a new regional centre in Johannesburg, separate from the country office in Pretoria, to spearhead this effort. Comprising of policy advisers and technical experts in these key sectors of capacity building, the regional centre will provide advice to governments, civil society organisations and the private sector to share regional experiences and develop networks of experience, knowledge and best-practice that countries can draw on. We will also increase our supply of national, regional and international UN Volunteers to HIV/AIDS-affected countries to provide temporary capacity support as they train successors. More significant, however, is building an ambitious network of local institutions that can be the backbone of an internationally supported and expanded training effort.

And it is clear that use of Information and Communication Technologies in how government functions is vital, not only in reducing transaction costs for procedures such as business permits or driving licences, but to reinforcing education and health service delivery, for example, through distance learning and telemedicine, so enabling governments to do more with less. An early partner in SACI is Bill Gates and Microsoft who are already developing ideas in this area.

Re-engineering government for new challenges

Second, we need new forms of government. It cannot carry on as before. We need a much greater use of civil society as a fully enfranchised partner for the delivery of essential public services. A vibrant civil society already exists across the region, which if it can be connected to the delivery of government public services, can make a considerable difference to service provision. It is civil society that can multiply the reach of service delivery using community based organisations, with much lower cost structures and with incentive systems that don't just depend on salaries, but family and community commitments. The potential of this was evident when I visited the community-based organisation SASO (the Salima HIV/AIDS Support Organisation) in Malawi. This HIV/AIDS support organisation set-up by the late Catherine Phiri, activist and winner of the UNDP Poverty Award in 2000, is working to increase awareness of the disease and provide practical support to people living with HIV and AIDS, including clinical assistance, home-based care support for the chronically sick and care for orphans, all of which is done through local field and community volunteers.

And it is at this local level where it is also clear that decision-making in the public sector needs to be brought closer to where people are through de-centralisation. Malawi, for example, has been a real pioneer in the de-centralisation process, devolving authority and resources to district and local assemblies, where greater accountability to the priorities and needs of people can make a critical difference in the fight against HIV/AIDS and its impact on communities.

New partnerships

What I am perhaps most moved about in this Initiative is the set of partnerships it will achieve. On the one hand, SACI is intended to be a source of best practice, innovation and new thinking from the region and beyond, which can be shared and accessed by governments looking for capacity solutions for everything from faster implementation

rates for HIV strategies, to legal practices regarding the inheritance rights of widows, orphans and other dependents of AIDS deaths, to issues of public sector restructuring. And to provide this range of support, country partners will need an initiative that is responsive to their demands and needs, and breaks the prescriptive mould of so much of the technical assistance for capacity building of the past.

At the other end of this network, there will need to be a diverse set of supporting partners, from the countries of the region that will contribute as well as receive advice, the private sector, academia and foundation partners, as well as more traditional donors. All of which will be part of a learning network, refining approaches as we evaluate experience.

Vital to our vision of how we can assist countries in Southern Africa to tackle the erosion of capacity is drawing on south-to-south co-operation, where new development partners often have more relevant experience to the needs of developing countries than traditional donors. Experience in the area of teacher capacity building between Brazil and Botswana is just one exciting example of the potential in this area. Through this UNDP facilitated scheme, Brazil has exported its experience of using interactive multi-media HIV/AIDS educational strategies in classrooms to Botswana. Teacher capacity building is strengthening the capabilities of teachers to work specifically with young people to break the silence associated with HIV/AIDS, equipping children with the information they need to make right decisions, and so helping to reverse the trend of the epidemic that threatens the country. At the request of India, we are now in extensive discussions on how they can support the Southern Africa Capacity Initiative.

And no capacity initiative in this area would be complete without trying to help countries improve their capacity to help their present workforce, who are also the nations' fathers and mothers' health. Hence support in building capacity to manage complex large-scale anti-retroviral treatment programmes within the mainstream healthcare system will be vital and will be the focus of our contribution to the WHO's 3 by 5 initiative to provide HIV/AIDS treatment to three million people by the end of 2005.

Building capacity; restoring hope

Capacity building is the essence of what UNDP does as an organisation. In the context of the HIV/AIDS crisis, we clearly need to significantly scale-up our efforts in a new and strategic way. As a trusted partner of developing country governments and civil society groups, and with the UNDP Resident Representative serving in developing countries as the Co-ordinator for all UN programmes, UNDP is uniquely positioned to coordinate an effective, coherent response to the epidemic and build partnerships that can help re-build capacity that is being lost as a result of the impact of AIDS.

In the coming years, UNDP aims to have targeted the most seriously affected countries in Southern Africa to have offset and replenished human resource capacity erosion in key sectors from healthcare, education to agriculture. Re-modelling government itself so that it is closer to the people it serves, and embracing a new vision of partnership between governments, civil society and the private sector, is key.

Fundamentally, it is clear that action must swiftly be taken to make capacity building a reality, and on the scale that is required if we are to ensure that the effects of the

HIV/AIDS crisis in Southern Africa do not block Africa's path to sustainable human development that its people so desperately need.