Poverty Reduction Strategy Papers: *Do They matter for Children and Young People made Vulnerable by HIV/AIDS?*

Results of a Joint UNICEF and World Bank Review

Africa Region Working Paper Series No.78
December 2004

Abstract

It is widely agreed that HIV/AIDS should be prominent in the Poverty Reduction Strategies (PRSPs) of African countries in light of the challenge the pandemic poses to poverty reduction efforts. A desk review of PRSPs and National HIV/AIDS Plans (NSPs) was therefore conducted to assess how HIV/AIDS is being addressed in PRSPs. The commitments made during the 2001 United Nations General Assembly Session (UNGASS) provide the framework of analysis, with a focus on children and young people affected by HIV/AIDS.

The results of the desk review show that the PRSP process has started to add value by bringing HIV/AIDS into national poverty planning processes, but progress in transforming stated objectives into actual programs is slow. PRSP planned actions are often not backed up with indicators and budgets, which creates a significant risk of implementation slippage. Of particular concern is the fact that the situation of orphans and vulnerable children receives little attention in PRSPs and National HIV/AIDS Plans (NSPs), despite the large magnitude of the problem in some countries This is alarming given that a serious response for orphans and vulnerable children requires long term government commitment that is embedded in multi-sectoral poverty reduction efforts.

PRSPs could do more to promote action for children and young people affected by HIV/AIDS by building on the strengths of PRSPs. First, given the links between HIV/AIDS and poverty, HIV/AIDS interventions should be directed at reducing the causes and consequences of poverty that are related to HIV/AIDS. This concerns particularly young people and orphans and vulnerable children. Second, PRSPs can play a strong role in enhancing the HIV/AIDS response. Strengthening the links between HIV/AIDS programmes and the annual government budgets would help accelerate the implementation of the HIV/AIDS response. Building stronger links between PRSPs and National HIV/AIDS Plans is a key prerequisite. Third, country ownership of PRSPs should be enhanced. Because the scope of PRSP programmes extends beyond the government budget to concern civil society, various stakeholders should play an increased role in the formulation of programmes and the monitoring of their implementation. Establishing an effective partnership among Governments and civil society organisations is therefore critical.

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AFRICA REGION
WORKING PAPER SERIES NO. 78

Poverty Reduction Strategy Papers:

Do they matter for Children and Young People made vulnerable by HIV/AIDS?

Results of a Joint UNICEF and World Bank Review

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December 2004

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Acknowlegements

This report is the result of a joint initiative between UNICEF and the World Bank to increase understanding of the potential and actual role of PRSPs in supporting action for children and young people living in a world with HIV/AIDS.

The report was written by Miriam Temin (UNICEF), René Bonnel (World Bank), and Faith Tempest (Consultant). We would also like to acknowledge the valuable inputs of Paula Donovan, Jonathan Brown, Esra Pelitozu, Jeni Klugman, Viviana Mangiaterra, Gaspar Fajth, Jama Gulaid, Keith Hansen, Peter McDermott, Mark Stirling, Alexandra Yuster, and Debrework Zewdie. Momar Gueye provided logistical support

ABBREVIATIONS AND ACRONYMS

CBO	Community-Based Organizations
DoC	Declaration of Commitment
IDA	International Development Association
IMF	International Monetary Fund
MTEF	Medium-Term Expenditure Framework
NGO	Non-Governmental Organisation
NSP	National Strategic HIV/AIDS Plan
OVC	Orphans and vulnerable children
PMTCT	Prevention of Maternal to Child Transmission of HIV/AIDS
PRSP	Poverty Reduction Strategy Paper
UNGASS	UN General Assembly Special Session on HIV/AIDS, 2001
UNICEF	United Nations Children's Fund

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EXECUTIVE SUMMARY

1. Poverty Reduction Strategy Papers (PRSPs) were introduced in 1999 to support country-driven efforts to formulate effective growth and poverty reduction strategies and to mobilize external assistance in support of these strategies. Since then, the PRSP process has led to a sharper focus on poverty reduction, increased ownership by national governments and increased support from a number of bilateral donors. As of end-June 2004, PRSPs have been implemented in 42 countries, including 21 in sub-Saharan Africa[1].

2. This report presents the findings of a desk review that assessed how HIV/AIDS is addressed in the PRSPs that are being implemented in sub-Saharan African countries, as well as in the National Strategic HIV/AIDS Plans. Most PRSP countries have a National Strategic Plan (NSP) for HIV/AIDS, which either predated or followed the PRSPs. The desk review assessed NSPs because they outline most countries' plans for responding to the pandemic, and in many cases they inform the PRSPs. The commitments made during the 2001 United Nations General Assembly Session (UNGASS) on HIV/AIDS provide the framework for analysis, with a focus on children and young people. Specifically, the review considered: prevention of mother to child transmission (PTMCT); prevention among young people; care and support to children and families living with HIV/AIDS; and care, protection and support to orphans and other children made vulnerable by HIV/AIDS.

3. While the specific focus of the desk review is children and young people affected by HIV/AIDS, the results provide useful lessons for taking advantage of the opportunities provided by PRSPs and NSPs to intensify efforts against HIV/AIDS. It is hoped that the recommendations of the report will be useful especially for those countries that are preparing new PRSPs or revising existing PRSPs[2].

HIV/AIDS, Children and Young People in National Planning Instruments

4. Many of the basic causes of HIV/AIDS vulnerability relate to a lack of fulfilment of human rights and lack of adherence in public policy to human rights derived norms and standards, which keep people in entrenched poverty. PRSPs have started to bring HIV/AIDS into the national poverty reduction planning arena. This is reflected in increasing recognition of HIV/AIDS as a key factor contributing to poverty, especially for vulnerable groups such as young people and women. At the same time, poverty is increasingly recognised as a key determinant of HIV/AIDS, thereby creating a potentially vicious cycle between HIV/AIDS and poverty.

[1] Some 21 sub-Saharan countries have completed PRSPs as of end-June 2004: Benin, Burkina Faso, Cameroon, Chad, Djibouti, Ethiopia, Gambia, Ghana, Guinea, Kenya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Senegal, Tanzania, Uganda, Zambia.

[2] PRSPs have to be revised after three years of implementation. As of end-September 2004, three countries (Burkina Faso, Uganda and Tanzania) have reached this stage.

5. In order to break this cycle, there is a strong need to strengthen the poverty reduction content of PRSPs by addressing the specific needs and rights of the people affected by HIV/AIDS, especially those of vulnerable children, orphans and women. As highlighted in this review, despite their implications for poverty reduction, orphans and vulnerable children receive less attention than prevention amongst young people, PMTCT, and care and support to children and families living with HIV/AIDS. This may be attributable to subsuming orphans and vulnerable children within the context of care and support for families living with HIV/AIDS. Care and support interventions are largely limited to the health sector, while orphans and vulnerable children need multi-sectoral support. The limited attention given to these social groups may also be attributed to the fact that most National HIV/AIDS Strategic Plans (NSPs) give minimal attention to the issue of orphans and vulnerable children, despite the magnitude of this problem in some countries.

Success Factors in HIV/AIDS Plans

6. Only a few countries have the factors necessary for successful implementation of the four priority HIV/AIDS interventions considered in the review, based on World Bank and UN agency assessments of the factors underpinning successful implementation of HIV/AIDS strategies. Few PRSPs and NSPs provided evidence of an adequate institutional framework for HIV/AIDS interventions; a satisfactory funding mechanism for local governments and community-based organisations; and an indication of the procedures for translating programmes into annual government budgets.

7. In order to address these shortcomings, further progress is needed in: setting priorities; increasing the poverty focus of HIV/AIDS analysis and action; strengthening the implementation of PRSP programmes; reinforcing the country-ownership of programmes; and establishing an effective system for monitoring and evaluation.

8. **Setting priorities.** While much remains to be done, there has been some progress in setting out policy priorities. For example, PRSPs in countries with relatively high HIV/AIDS prevalence rates generally gave HIV/AIDS more priority overall than PRSPs for low prevalence rate countries. Nevertheless, countries still face substantial challenges in prioritising interventions. There is often tension between the desire for poverty reduction strategies to provide a comprehensive description of programmes, and the need to maintain the PRSP as a focused policy document that provides a strategic vision of poverty reduction programmes. As PRSPs cannot be expected to include detailed descriptions of programmes, their contents should be limited to programmes that require high level political endorsement in order to succeed. Detailed descriptions of programmes or policy analysis should be provided by other documents, which would help to inform the prioritisation in PRSPs.

9. **Improving poverty focus of PRSPs**. Although HIV/AIDS is frequently recognized as a key contributor to poverty in PRSPs, PRSPs rarely acknowledge the role of HIV/AIDS interventions in reducing poverty. Limited analytical knowledge is available on the direct poverty reducing impact of HIV/AIDS interventions. Such analysis could be carried out as

part of the poverty assessments that are planned for most sub-Saharan African countries or through specific data analysis.

10. Due to the growing interest in poverty reduction, budget allocations for poverty-oriented expenditures are increasing in PRSP countries. To sharpen the poverty reduction impact of public expenditures, it is necessary to increase understanding of how HIV/AIDS interventions can improve the economic and social situation of poor households and children affected by HIV/AIDS.

11. **Strengthening the implementation of priority programmes.** PRSP implementation remains a challenge. Frequently, activities that appear as PRSP planned actions are not reflected in corresponding budgetary allocations, targets and indicators. This creates a risk that PRSPs' initial policy commitments evaporate before implementation**.** Enhanced links between sector planning and PRSPs, better costing of NSPs, and a more effective translation of PRSP programmes into annual government budget allocations would help improve the likelihood that priority programmes are effectively implemented.

12. **Reinforcing a country-owned approach.** Some countries have started to deepen the involvement of line ministries in the formulation and implementation of their PRSPs. These efforts are important for increasing ownership of the PRSP process in Government. However, the poverty reduction strategies extend well beyond Government programmes to concern civil society stakeholders. For this reason, PRSP implementation cannot be achieved without the involvement of civil society. This is particularly the case with HIV/AIDS projects and programmes, which at present are often externally financed and implemented by NGOs. Since much of the funding for HIV/AIDS activities flows outside government budgets, it is difficult for governments to coordinate NGO activities with their own programmes and monitor the implementation of the HIV/AIDS response. It also risks undermining Governments' role in responding to HIV/AIDS.

13. Enhancing the **partnership between NGOs and Governments** would provide a way to increase civil society involvement in PRSP planning, implementation, and monitoring. This will be central to increasing PRSPs' role in the national HIV/AIDS response, and will only succeed with greater transparency between Government and civil society, including more sharing of information on HIV/AIDS activities and funding.

14. **Monitoring progress and outcomes** is an important component of the strategy to improve the implementation of the HIV/AIDS policy response. There is a need to develop a more systematic approach to relating HIV/AIDS programmes to targets and indicators, as well as improving coordination among monitoring efforts. Some progress is already evident as some PRSP indicators are building upon indicators for other initiatives.

15. In general, the Millennium Development Goals and UNGASS Declaration of Commitment for HIV/AIDS are not systematically reflected in the targets and indicators in PRSPs or NSPs, although the situation is improving in recent PRSPs. To improve the links between international commitments and country level action, international commitments and

their corresponding long-term indicators need to be translated into meaningful shorter-term indicators for countries to work towards.

Remaining Challenges

16. Given the inherent limitations of reviewing PRSPs and NSPs using a desk review, the conclusions presented in this review remain tentative. A follow-up field study would be useful to confirm the conclusions of the desk review and modify them accordingly. In particular, the following areas warrant further exploration.

- How important are PRSP documents, as statements of intent, for measuring government commitment to HIV/AIDS? Can other instruments and processes supersede a weak PRSP?

- How should the new revised PRSPs look to maximise their potential to strengthen HIV/AIDS efforts?

- What is the best way to establish effective, participatory monitoring systems that will influence the evolution of PRSPs to promote HIV/AIDS prevention and impact mitigation objectives?

- How have PRSP priorities relevant to children, young people, and HIV/AIDS fared in terms of actual investment and expenditure?

- What kind of links between sector plans, NSPs, and PRSPs are most effective in supporting governments' commitments to priority areas? Would better sequenced planning help?

- What are the ways to strengthen NSPs so they better reflect the strong points of the PRSP process in terms of participation and poverty focus? Should NSPs be revised regularly in line with the preparation of new PRSPs?

- Challenges regarding coordination are proliferating at national level as a result of the increasing number of HIV/AIDS funding sources (national budgets, international funds, bi- and multi-lateral funds). Can and should PRSPs play a role in promoting common systems for disbursing HIV/AIDS funds in line with the Three Ones principle?[3]

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[3] Donors are increasingly agreeing signing up to the Three Ones principle, which describes an approach whereby all support to national HIV/AIDS efforts should line up behind one national AIDS council, one national AIDS strategy, and one monitoring and evaluation and reporting system.

I. INTRODUCTION

1.1 This report is part of an initiative undertaken by UNICEF and the World Bank to improve the effectiveness of Poverty Reduction Strategy Papers (PRSPs) and National HIV/AIDS Strategic Plans (NSPs) in addressing HIV/AIDS, children, and young people in Africa. This report describes the results of a desk review of PRSPs and NSPs.

1.2 The study is an assessment of the extent to which PRSPs and NSPs address four areas identified in the UNGASS Declaration of Commitment as the highest priorities for HIV/AIDS, children, and young people, namely:

(i) prevention of mother to child transmission (PMTCT);

(ii) prevention amongst young people;

(iii) care and support to children and families living with HIV/AIDS; and

(iv) care, protection and support for orphans and children made vulnerable by HIV/AIDS.

1.3 These areas have been selected for review because they are central to HIV/AIDS prevention and impact mitigation efforts, as well as the broader goals of growth, poverty reduction, and the Millennium Development Goals.

A. Why focus on HIV/AIDS and PRSPs?

1.4 The rationale for the review's focus is two fold: first, HIV/AIDS is having an overwhelming impact on countries' ability to pursue poverty reduction, and children and young people bear the brunt of this failure; and second, PRSPs – given their stated objective of reducing poverty – provide a significant opportunity for implementing interventions that could alleviate the impact of HIV/AIDS on poverty.

1.5 Most countries included in the review had NSPs in place before the PRSP was developed. In most cases, NSPs provide an overview of the national HIV/AIDS response. The review assessed the relationship between the NSP and the HIV/AIDS components of PRSPs in order to shed light on the relationship between important elements of the HIV/AIDS policy environment.

1.6 Although the focus of the report is on children and young people, the review contains lessons that are useful for intensifying HIV/AIDS responses and taking advantage of the opportunities provided by the PRSP process. In doing so, the report acknowledges that there are tensions inherent in PRSPs between the need to be comprehensive – reflected in an attempt to combine all poverty reduction issues in a single document – and the need for a strategic focus on priority areas. Therefore, the report points out that while some aspects of the HIV/AIDS agenda should be addressed through PRSPs, other issues are better addressed through other instruments and action at sector level.

1.7 PRSPs are intended to be: country-driven with broad participation of civil society; based on an understanding of the links between government actions and poverty outcomes; and oriented to achieve outcome-related goals for poverty reduction. The degree to which these broad goals have been attained is assessed in recent IMF/World Bank reviews of PRSPs.[4] The purpose of this report is not to duplicate these reviews, but rather to complement them by assessing how the PRSP process can strengthen national HIV/AIDS responses, especially concerning the implementation of HIV/AIDS policies for children and young people. It also makes recommendations to help advance this agenda.

B. Methodology and Report Structure

1.8 A total of 19 African countries were included in the study, all of which have prepared full PRSPs that have been presented to and agreed by the World Bank Board[5]. Sixteen of these countries have also prepared one or more Annual Progress Reports indicating progress in PRSP implementation. At the time of the study, all but one of the 19 countries, the Gambia, had prepared an NSP or in the case of Guinea, an interim NSP. Annex 1 gives a full list of the countries and the status of their PRSPs and NSPs.

1.9 The first part of the report assesses the poverty focus of PRSPs and NSPs, and the extent to which the poverty reduction strategies take into account the link between poverty and HIV/AIDS. The second part focuses on enhancing the country ownership of PRSPs and NSPs. It addresses two key dimensions, namely the ownership of the PRSP and NSP within government and ownership by civil society. The third part of the report provides an assessment of whether PRSPs and NSPs contain the elements that have been identified as critical to the implementation of countries' HIV/AIDS strategies.

1.10 The methodology consists of applying a simple scoring system to rank PRSPs and NSPs. The resulting scores provide an indication of the value of PRSPs in supporting a strategic vision and implementation framework for HIV/AIDS interventions that are also reflected in the NSP. The scores also highlight the inherent limitations of PRSPs in addressing implementation and monitoring issues.

1.11 The findings point to the need to strengthen the poverty focus of PRSPs by addressing the specific needs of the people affected by HIV/AIDS, especially orphans and vulnerable children. Overall, there is an urgent need for strong analytical work to better inform and justify the formulation and implementation of the HIV/AIDS interventions. In view of the need to maintain PRSPs as strategic documents, details of policies and implementation should be described in other documents such as NSPs or sector plans in health, education,

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[4] IMF and World Bank, 2003 "Poverty Reduction Strategy Papers – Progress in Implementation". IMF, Independent Evaluation Office, 2003 "Report on the Evaluation of Poverty Reduction Strategy Papers (PRSPs) and the Poverty Reduction and Growth Facility (PRGF). Other organisations have also explored the relationship between PRSPs and HIV/AIDS, e.g., ILO, UNDP, and various NGOs.

[5] These countries had PRSPs under implementation when the review was finalized in April 2004 (see Annex 1). Since then, two more countries (Kenya and Djibouti) have completed their PRSPs. The group of countries likely to develop PRSPs comprises IDA-only countries and blend countries (IDA and IBRD) that seek support from the IMF under the Poverty and Growth Reduction Facility (PRGF).

and social protection. This requires stronger links between PRSPs and other documents, which would help clarify what PRSPs can deliver and what other instruments can do.

1.12 An important qualification is that the report is based on a relatively simple methodology. In order to draw conclusions from the desk review, it was necessary to make a number of assumptions, for example, that greater prominence of a particular topic in the PRSP denotes greater government commitment. Additionally, the written documents cannot provide full information on the dialogue and processes surrounding the planning and implementation of poverty reduction and HIV/AIDS plans.

1.13 For these reasons, additional country level analysis will be carried out to validate the conclusions of this report and modify them as needed. Such analysis is becoming more crucial as a number of countries are reaching the stage of preparing a new PRSP after three years of PRSP implementation. This process, therefore, offers the opportunity to modify the preparation and the content of PRSPs in ways that would support and strengthen the HIV/AIDS response for children and young people.

II. STRENGTHENING THE POVERTY FOCUS OF PRSPs & NSPs

2.1 In the 1990s, a number of poverty reduction policy documents were produced by national governments but they were generally ineffective in generating the expected growth and poverty reduction for three reasons: first, the strategies were not broadly owned; second, the institutional changes required could not be achieved without high-level political endorsement, which the policy documents had no means to ensure; and, third, the cost of the programmes was rarely provided, which made it difficult to ensure the availability of required financing.

2.2 PRSPs were designed to address these shortcomings by: (i) offering a strategic vision of economic and social development; (ii) generating a growing sense of country ownership of poverty reduction strategies based on a broad participatory process involving civil society; (iii) describing the programmes and policy changes required for implementation, including their costs and financing; and (iv) establishing a monitoring and evaluation system. These characteristics are at the heart of the "value added" of PRSPs.

2.3 The overall result has been to increase gradually the focus on poverty reduction in PRSPs. While the pursuit of accelerated growth remains the main focus of most PRSPs, increased attention is being given to the social and human rights dimensions of poverty. However, further progress needs to be made in understanding the links between economic and social development and HIV/AIDS and poverty, and in designing adequate policy changes and levers for reducing the impact of HIV/AIDS on poverty.

A. Poverty and HIV/AIDS

2.4 **Growth and HIV/AIDS**. Poverty reduction is generally agreed to be difficult without significant economic growth. Most PRSPs, therefore, present strategies for growth. Qualitative descriptions of the determinants of growth appear in nearly all recent PRSPs but

they rarely take into consideration the impact that HIV/AIDS may have on attaining growth targets. An interesting exception is the 2003 Uganda Progress Report that acknowledges the implications of cross-cutting issues such as HIV/AIDS and malaria for agricultural growth.

2.5 **Social development and HIV/AIDS**. A key contribution of the PRSP process has been to document the multidimensional nature of poverty. In the early PRSPs, poverty analysis was concerned with identifying the number of poor households based on monetary criteria (the absolute poverty line). Recent PRSPs, however, recognize that there are various dimensions to poverty that may not be captured by household expenditures. As a result, nearly all recent PRSPs include a discussion of households' access to basic social services such as education and health. However, the impact of HIV/AIDS on achieving social development goals is rarely mentioned. For example, few PRSPs discuss the AIDS-related loss of teachers and health professionals that could compromise the expected increase in access to education and health services.

B. HIV/AIDS Interventions and Poverty

2.6 The relationship between HIV/AIDS and poverty is increasingly well documented, in terms of prevention and impact. At this stage of the pandemic in many countries the incidence rate of (new) infections has decreased among higher income groups but HIV/AIDS still drives poor households into poverty and reduces school access for orphaned children. PRSPs generally recognize that HIV/AIDS impacts on poverty, and that poverty is a determining factor in the HIV/AIDS pandemic. However, they rarely state that HIV/AIDS interventions should be an essential part of a poverty reduction strategy in view of the strong links between HIV/AIDS and poverty. Instead, HIV/AIDS interventions are still generally discussed in the context of health interventions. A similar result is found in the case of NSPs, which have a weak analysis of the relationship between poverty and HIV/AIDS.

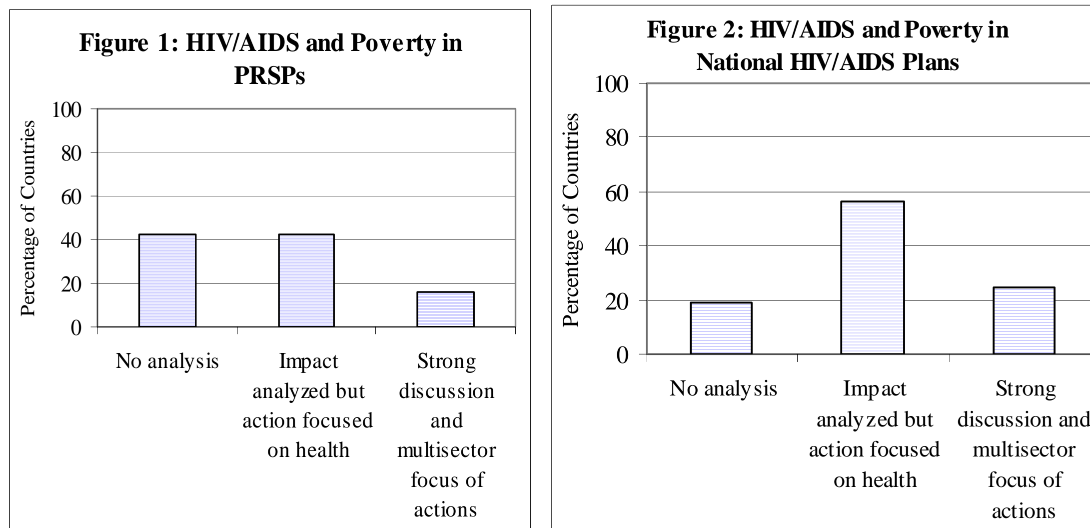
2.7 To get a better sense of the extent to which poverty issues were addressed, PRSPs and NSPs were classified as:

- Those that do not include an analysis of the poverty links;
- Those that provide a broad discussion of the impact of HIV/AIDS, but focus on actions on the health sector only; and,
- Those that include a strong discussion of poverty links and provide for multi-sector interventions.

2.8 As summarised in Figure 1, **only 16% of the PRSPs reviewed address HIV/AIDS as a multi-sector issue and include a clear discussion of the links between poverty and HIV/AIDS**. In 42% of the PRSPs, the impact of HIV/AIDS interventions on poverty was

discussed, but the actions were focused mainly on the health sector. Surprisingly, a full 42% of the African PRSPs did not acknowledge the links between HIV/AIDS and poverty.[6]

2.9 Since PRSPs are intended to be high-level policy documents, they could be expected to provide a synthesis of the main poverty strategy and the links between interventions and poverty, but to rely on other documents for a more detailed analysis of the links between poverty and HIV/AIDS. The NSP is an obvious candidate.



2.10 NSPs do give more prominence to the impact of HIV/AIDS on poverty than PRSPs (Figure 2), but their analysis suffers from similar shortcomings. For example, several countries include the objective of reducing poverty in their HIV/AIDS strategies, but only two NSPs (Tanzania and Madagascar) consider HIV/AIDS interventions as a key element of the fight against poverty.

2.11 To some extent, these shortcomings reflect the difficulty of modelling the impact of interventions and policies on poverty. But they are also due to a lack of prior analysis that could be used to inform the poverty analysis of PRSPs. Additional economic work should therefore be conducted, especially in the context of the Poverty and Social Impact Assessments that are being carried out for most sub-Saharan African countries. Although these focus on the impact of macro-economic policy instruments on poverty, such as taxation policies, the methodologies could be applied to other types of policy instruments, e.g., action plans for orphans and vulnerable children.

2.12 Having such an analysis would provide stronger analytical underpinnings for designing policy interventions for reducing the impact of HIV/AIDS on poverty. This task is becoming urgent for three reasons: first, as recognized by nearly all PRSPs, poverty reduction

[6] These percentages apply to a relatively small number of PRSPs (19). As the result, the extrapolation of these results to the larger group of PRSPs (42) should be interpreted with caution.

measures matter the most for vulnerable households and social groups such as orphans, children and women, because they face high risks of falling into poverty. However, it is precisely these groups who receive the least priority among the HIV/AIDS actions reviewed (see next chapter).

2.13 Second, the PRSP process is already leading to a substantial increase in the amounts allocated to poverty-oriented expenditures. Between 2000 and 2004, the budgetary allocations for poverty-oriented expenditures increased on average by 1.5 percent of GDP in the 20 countries for which data are available. Actual spending rose by 2 percentage points of GDP between 1999 and 2003[7]. To sharpen the poverty-reducing impact of such expenditures, it will be necessary to improve understanding of the effectiveness of these expenditures in benefiting the poor, particularly children and young people affected by HIV/AIDS.[8]

2.14 Third, there are increasing opportunities for strengthening the poverty focus of PRSPs. Currently, 21 PRSPs are being implemented in sub-Saharan Africa and most of them will be revised soon[9]. In 2004, Burkina Faso, Tanzania and Uganda started the process of preparing a revised PRSP. By the end of 2005, another nine countries will have reached a similar stage. The revisions allow governments to refine their original poverty reduction strategy and to strengthen the poverty reduction interventions targeting children and young people made vulnerable by HIV/AIDS. However, such a process is unlikely to succeed without enhancing the country ownership of PRSPs within government and civil society.

III. ENHANCING COUNTRY OWNERSHIP OF PRSPS AND NSPS

3.1 An essential prerequisite for the successful implementation of HIV/AIDS strategies is strong country ownership and leadership. Consistent articulation of key priorities in the most important strategic HIV/AIDS document (usually the NSP) and the most important framework for government action (frequently the PRSP) gives an indication of the strength of national commitment to HIV/AIDS. The relationship between the strategies also reflects the degree of interaction between sectoral ministries, HIV/AIDS planners, and poverty reduction planners, which is crucial for PRSP relevance in countries with serious HIV/AIDS epidemics.

A. Consistency between PRSPs and National AIDS Strategic Plans

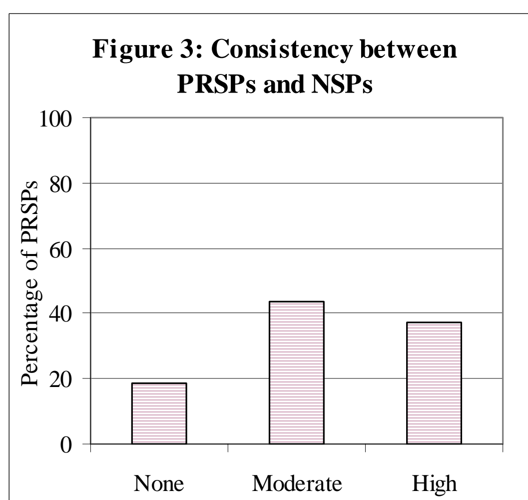
3.2 In light of the centrality of HIV/AIDS to poverty in Africa, it is reasonable to expect PRSPs to build upon NSPs by explicitly endorsing them in countries where NSPs preceded PRSPs. However, it is unrealistic to expect PRSPs to include everything that is mentioned in NSPs, since PRSPs are intended to be a synthesis of national actions rather than detailed

[7] World Bank and IMF " Poverty Reduction Strategy Papers – Progress in Implementation", 2004.
[8] Ibid.
[9] New PRSPs have to be prepared after the current PRSP has been implemented for three years.

action plans. The review used this criterion to rank PRSPs and NSPs according to whether there is:

- No overlap between PRSPs and NSPs regarding HIV/AIDS, children and young people;
- Some moderate degree of similarity between both documents; or
- Full consistency or endorsement.

3.3 The broad results of the ranking of PRSPs are summarised in Figure 3. **Overall, PRSPs and NSPs are moderately to highly consistent regarding the priority areas of PMTCT, prevention among young people, care and support to families living with HIV/AIDS and care, protection and support for orphans and children made vulnerable by HIV/AIDS.** This indicates that the process of developing PRSPs did draw on sector and HIV/AIDS plans.[10] Some 38% of the PRSPs were fully consistent with NSPs. 42% of the PRSPs displayed a moderate level of consistency between PRSPs and NSPs, and 20% did not exhibit any overlap between PRSPs and NSPs in terms of children and young people.



3.4 There are some striking exceptions, including two countries that appear to have successful programmes against HIV/AIDS, Uganda and Senegal. Uganda had a seemingly effective NSP, but in terms of the priority areas, until recently had an extremely weak PRSP. Senegal has a less strong NSP, but also a weak PRSP. These results are important because they suggest that in some cases, a weak PRSP did not hamper the HIV/AIDS response.

B. Has the preparation of PRSPs included a broad participatory process covering HIV/AIDS?

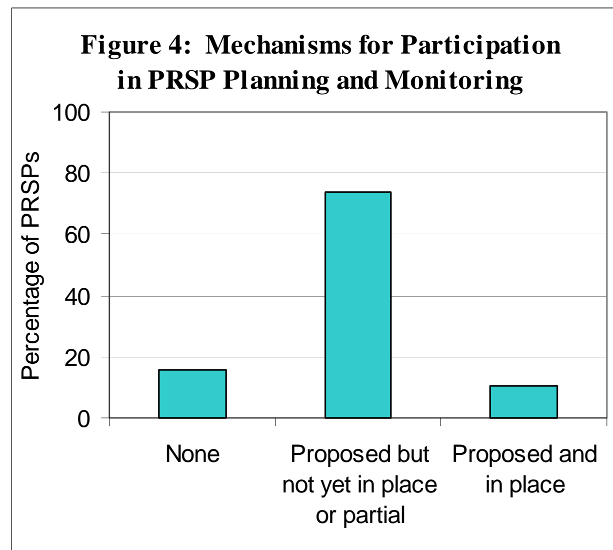
3.5 Much has been written about whether or not the consultations that took place for the first PRSPs were truly participatory; in general, the conclusion is that PRSP have broadened

[10] The countries without NSPs were excluded from this analysis.

the poverty reduction dialogue, but much progress is needed before they reflect genuine participation[11]. To attempt an objective assessment of participatory processes, PRSPs were assessed according to whether:

- They do not describe any mechanism for the sustained involvement of line ministries, parliament, and civil society in monitoring;
- Monitoring mechanisms are proposed but not yet in place; or
- Monitoring mechanisms are in place for the involvement of all groups.

3.6 **Participatory planning and monitoring**. Most PRSPs (84%) include proposals for establishing a participatory monitoring process (Figure 4). However, only 16% have mechanisms in place that provide for comprehensive participation by a range of stakeholder groups. NSPs are even less reflective of inclusive processes: two-thirds of the NSPs do not describe mechanisms for participatory monitoring; the remainder propose mechanisms but they are not yet established. **This indicates that involving civil society and/or Parliaments in monitoring the implementation of PRSPs and NSPs remains a significant challenge.**



3.7 **PRSPs are fostering more participatory approaches to monitoring, but greater clarity on the implementation of monitoring arrangements is needed**. For example, Malawi proposes input monitoring with local involvement in tracking of government expenditure and a number of countries propose poverty observatories, though their role is not always clear. Similarly, the role of the sectors and Parliaments in monitoring is not discussed in detail in PRSPs. It is possible that a strategic sector plan with robust monitoring

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[11] For a review of participation of civil society, see: IMF and World Bank, "Poverty Reduction Strategy Papers: Progress in Implementation", pp.6-9, July 2003. For an assessment of the involvement of trade unions, see: Egulu, L., "Trade Union Participation in the PRSP Process", World Bank, Aug. 2004. This paper was written by Mr. Egulu while on detachment from the International Federation of Free Trade Union-African Regional Organization (IFCTU-AFRO).

arrangements in health or education, for example, leads to a stronger role in poverty monitoring, but this was not possible to validate from the desk review.

3.8 Regarding participation, the PRSP process is stronger than the NSP process. NSPs tend to focus on a technical approach to monitoring. Where they involve participation by a broad range of actors, they do so mainly for data collection and reporting, despite the consensus in NSPs that HIV/AIDS requires a broad based response with significant community and local level involvement.

3.9 **Monitoring itself, and the approach taken to poverty monitoring, can play a vital role in influencing the evolution of PRSPs**. The presence of a participatory poverty monitoring system would help address concerns about the extent to which PRSPs are truly participatory. Participatory monitoring of NSPs would also make governments more accountable. In relation to the four priority HIV/AIDS issues considered in this review, it is likely that a more participatory system would lead to a more realistic assessment of the support required to address HIV/AIDS, both within the sectors and at local government and community level. In order for monitoring to become truly participatory, the benefits of this need to be clearer to both governments and civil society.

3.10 What are the benefits of increasing participation of civil society? The first concerns the formulation of PRSP programmes. Since the scope of the poverty reduction programmes extends beyond the Government and concerns civil society stakeholders, **involving NGOs in the preparation of PRSPs will help improve the quality of programming.** This is particularly the case with HIV/AIDS activities, which are usually externally financed and often implemented by NGOs. Without civil society participation, it is unlikely that controversial issues such as stigma would be addressed explicitely. There is also a risk that the views of marginalised groups, such as children living in poverty, would not be reflected in national plans.

3.11 **The second benefit is derived from the participation of NGOs in monitoring the implementation of poverty reduction programmes**. Participatory monitoring involving government and NGOs would improve both coordination and effectiveness of poverty reduction programmes. Increasing the role of NGOs in poverty reduction monitoring could increase the relevance of PRSPs for HIV/AIDS, in light of the critical role of civil society in responding to HIV/AIDS.

3.12 At present, most HIV/AIDS programmes in sub-Saharan Africa are externally financed with a substantial share being disbursed through NGOs. Therefore, much of the funding for HIV/AIDS flows outside government budgets. This makes it difficult for governments to coordinate NGO activities with their own programmes and monitor the HIV/AIDS response. It also risks building parallel systems that undermine the role of Governments in responding to HIV/AIDS. Increasing civil society participation in national poverty reduction and HIV/AIDS monitoring can only succeed with stronger partnerships

between Government and civil society, including more sharing of information on activities and funding. Effective partnerships are reliant on NGOs sharing more information on their activities, including financial information, while Governments could in turn do more to facilitate greater NGO involvement in monitoring programme implementation. This would also serve to increase the systematic involvement of Government in the HIV/AIDS response.

IV. STRENGTHENING THE IMPLEMENTATION OF HIV/AIDS ACTIVITIES

A. What can we expect from PRSPs?

4.1 It is at the implementation level that PRSPs have the greatest limitations. On one hand, most reviews of PRSPs stress the need for realistic expectations of what PRSPs can do. On the other hand, nearly all reviews highlight the need to expand the content of PRSPs in directions that depend on the priorities of the reviewer. In order to reconcile these two views, it is useful to start from the initial objective of PRSPs, which is to offer a strategic vision of economic and social development that would be endorsed at a high political level. This criterion can be used for determining what should be included in PRSPs.

4.2 Based on various assessments by the World Bank and UN system agencies (see Annex 1, part II)[12], the following factors were found to increase the likelihood of successful implementation of HIV/AIDS strategies:

- Activities and resources are prioritised with the links between HIV/AIDS and poverty informing the HIV/AIDS response.
- The institutional framework is in place, i.e. institutional responsibility is specified and there is consistency between NSPs and PRSPs.
- Funding mechanisms for local government & CBOs are defined.
- Programme interventions are costed.
- Programme activities are linked to the national budget.
- A monitoring system is in place with appropriate indicators and targets.

B. Prioritisation of HIV/AIDS Activities

4.3 A fundamental principle of the PRSP approach is that plans should focus on the highest priority actions for poverty reduction in the context of limited resources. As acknowledged in previous PRSP reviews[13], adequate prioritisation within PRSPs remains a challenge. To some extent, this is a consequence of the achievements of PRSPs: because they have become influential policy documents, there is pressure for them to reflect policies and programmes from every sector based on the perception that this will increase the

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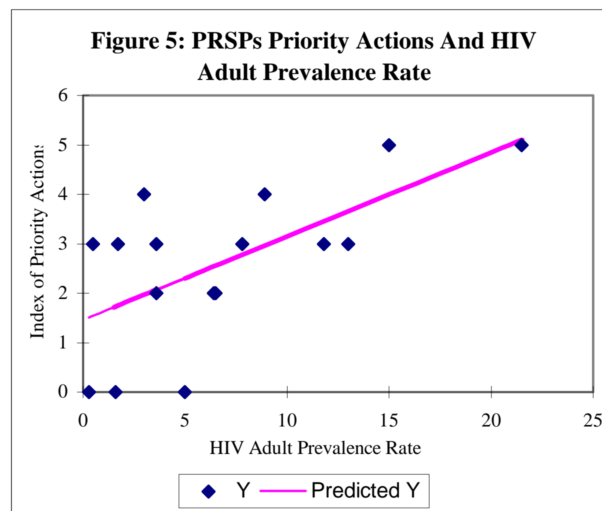
[12] World Bank PRSP Sourcebook; UNAIDS/ World Bank 2001AIDS, Poverty Reduction and Debt Relief; UNAIDS Global Reports 2000 and 2002; UNAIDS 2001 Assessment of HIV/AIDS in the first generation of PRSPs; UNAIDS 2003 Guidelines on construction of core indicators, UNFPA

[13] See footnote 4 for references.

probability of policies being funded and implemented. This contradicts the main rationale of PRSPs, which is to prioritise policies; however, it indicates that PRSPs have succeeded in elevating the status of their contents.

4.4 In order to increase our understanding of the way PRSPs prioritise HIV/AIDS, it is useful to determine if there is a relationship between HIV prevalence rates and PRSP emphasis on HIV, children and young people. This is done by aggregating the scores on PRSP coverage of HIV/AIDS, children and young people and assessing whether there is a relationship between these scores and the HIV adult prevalence rate [14].

4.5 This analysis reveals that results are widely dispersed among countries. However, there is greater coverage of HIV/AIDS, children and young people in higher prevalence countries; PRSPs in countries with relatively lower HIV prevalence gave HIV/AIDS, children and young people less priority overall. Figure 5 shows this tendency.



4.6 There is also a great diversity of prioritisation among interventions. As a crude indication of prioritisation, a simple count was made of the PRSPs and NSPs that included UNGASS commitments for children and young people as planned actions: (i) PMTCT; (ii) HIV prevention in the young population; (iii) a strategy for addressing the needs of orphans and vulnerable children; and (iv) a comprehensive care and support policy for those living with HIV/AIDS. The good news is that care and support for people living with HIV/AIDS, youth prevention and the prevention of mother to child transmission are now mentioned as planned actions in more than 50 percent of the PRSPs (Figure 6)[15]. Overall, the most

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[14] The four interventions (PMTCT, youth prevention, orphans and vulnerable children and care and support) were rated (as indicated in Annex 1) and their sum was calculated for the 19 countries included in the sample. A simple linear regression of the aggregate index of priority actions on the HIV/AIDS prevalence rate was then run. The coefficient of the HIV prevalence rate in the regression was found to be highly significant. The adjusted R-square was 0.40.

[15] An alternative approach of weighting the PRSP scores by the population of each country generated results that were quite similar.

frequently mentioned action was care and support (84% of PRSPs). **The greatest shortcoming, however, is the insufficient attention given to orphans and vulnerable children**. Only 33 percent of the PRSPs mentioned the issue of orphans and vulnerable children affected by HIV/AIDS. Only one PRSP (Senegal) included interventions targeting this group.

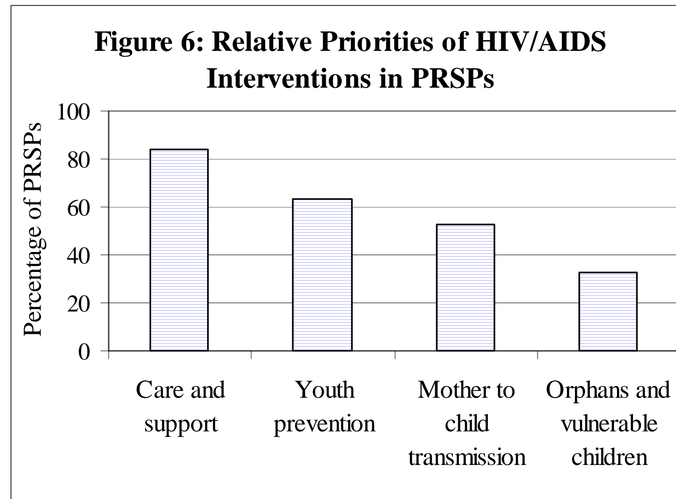
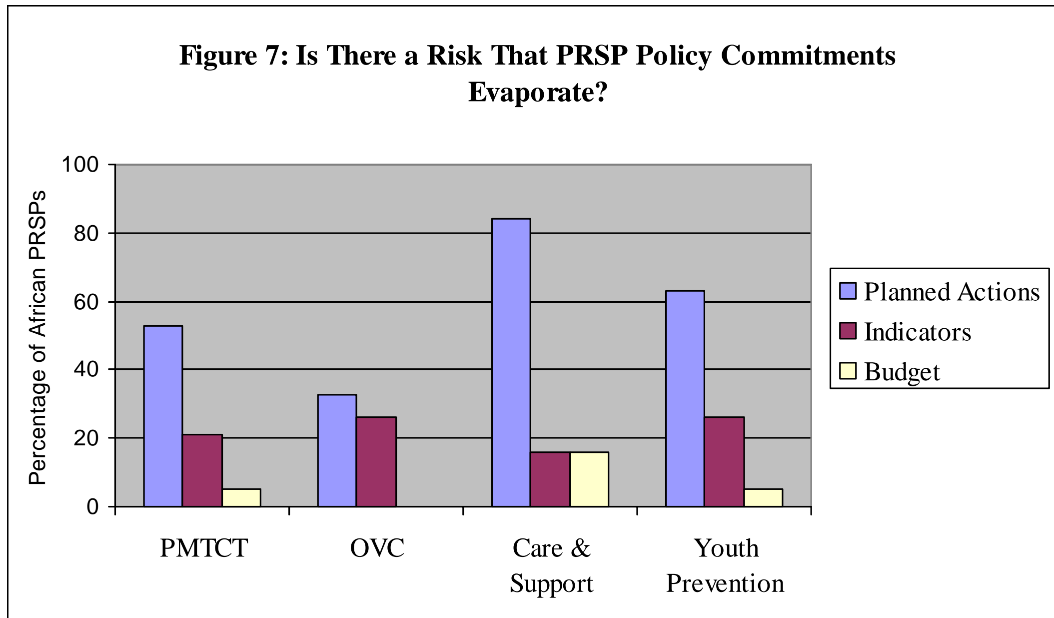


Figure 6: Relative Priorities of HIV/AIDS Interventions in PRSPs

4.7 A similar conclusion holds with NSPs, with the actions relating to orphans and vulnerable children the least articulated of the four priorities. This may be due to the stage of the pandemic, which has not yet resulted in a large number of orphans in some countries, or it could be the result of subsuming orphans and vulnerable children within the broad category encompassing care and support. Where NSPs do not address adequately the specific needs of orphans and vulnerable children, they are not adequately addressed in PRSPs.

4.8 **Risk of policy slippage**. It is at implementation level that PRSPs have the greatest shortcoming. While they have proved useful in giving high prominence to priority actions, they are encountering great difficulties in ensuring that these priorities translate into actual programmes. This can be seen by assessing the extent to which priority actions are translated into corresponding targets and indicators for the four areas that the review considered (i.e. care and support, youth prevention, prevention of mother to child transmission and orphans and vulnerable children). Such an analysis is summarized by Figure 7. This figure shows that while a majority of PRSPs generally includes priority actions (with the exception of orphans and vulnerable children), less than a quarter of PRSPs identifies targets nor proposes indicators for monitoring the implementation of the corresponding programmes. This suggests a high risk of policy slippage. **Topics in the actions section that are not followed through in monitoring and budgeting risk falling off the poverty reduction agenda prior to implementation.**

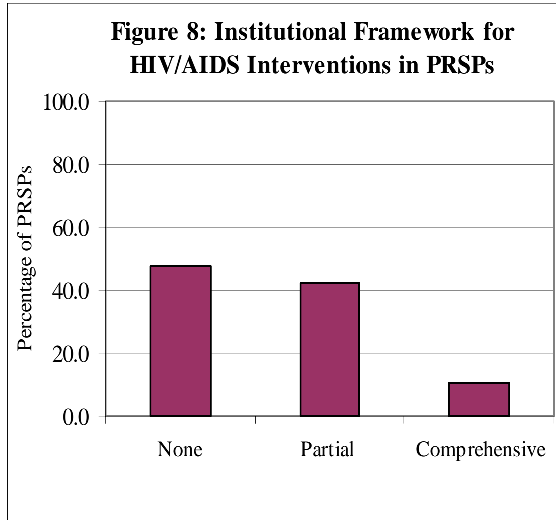


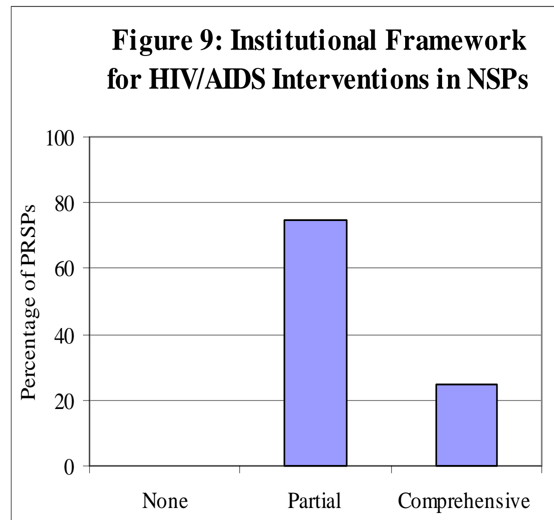
C. Institutional Framework

4.9 PRSPs and NSPs were grouped in three categories to determine if they reflect a viable institutional framework for implementation of HIV/AIDS activities:

- Those that did not mention an institutional framework for HIV/AIDS activities;
- Those that described a partial framework, including clear and realistic allocation of responsibilities and a process for establishing institutions and, if necessary, supporting them with human and financial resources;
- Those that described or referred to a comprehensive framework, including the allocation of responsibility and resources.

4.10 **Overall, few countries' PRSPs indicate that a realistic, practical institutional framework for HIV/AIDS is in place**. As shown by Figure 8, only 10% of the PRSPs meet this criteria. The PRSPs that endorse the implementation of the NSPs implicitly endorse their institutional arrangements. In PRSPs that do not endorse the NSPs, most of the HIV/AIDS elements are addressed in the context of the health sector. Although most NSPs, and to some degree PRSPs, endorse the principle of multi-sectoral action, this has not been fully incorporated into development plans (Figure 9). This is particularly the case in the francophone countries with less severe HIV/AIDS pandemics: with lower prevalence rates, the institutional emphasis is still centred on the Ministry of Health.





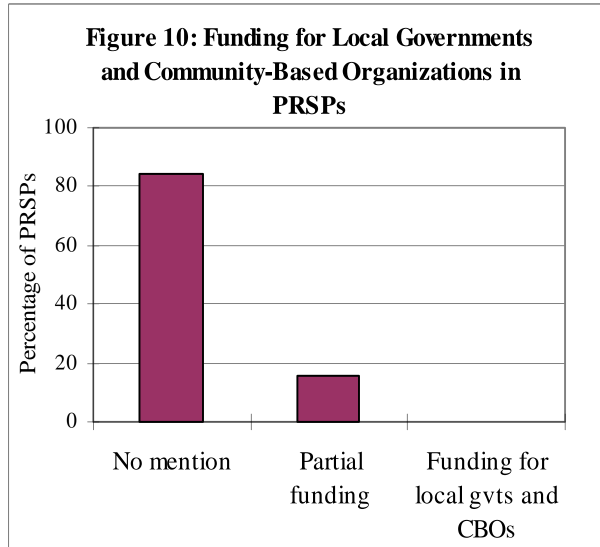
D. Funding for Local Governments and Community-Based Organisations

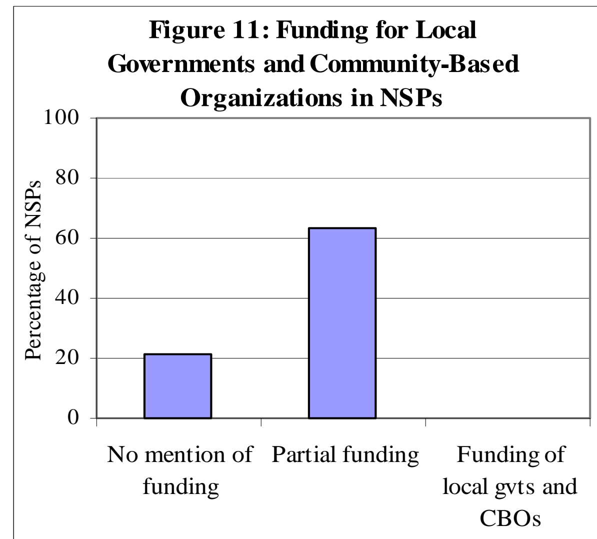
4.11 Because most of the poverty impact of HIV/AIDS is concentrated on households and communities, HIV/AIDS interventions must involve local government and community-based organisations. In order for this to flourish, specific mechanisms to channel funds to the beneficiaries at the community level are required.

4.12 The concept of community-based action is endorsed in almost all the NSPs and in some cases also endorsed in PRSPs, but descriptions of systems to support implementation is variable. PRSPs and NSPs were classified as follows:

- No mention of direct support to local government and community-based organisations working on HIV/AIDS
- Plans described to support either local governments or community-based organisations
- Support for both local governments and community-based organisations is described.

4.13 As shown by Figure 10, **the mechanisms for disbursing funds to local government and/or community-based organisations for HIV/AIDS are rarely mentioned in PRSPs**. However, most NSPs mention some form of funding (Figure 11). The divergence of results between the PRSPs and the NSPs suggests that ensuring that funds reach beneficiaries at the community level is not given sufficient importance in PRSPs. This is an important shortcoming, especially for issues such as orphans and vulnerable children that require resources at community level.



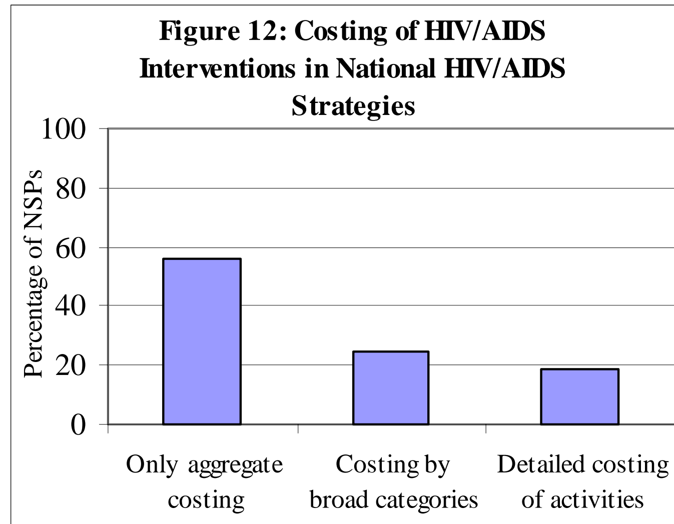


E. Costing of Programmes

4.14 Costing programmes is essential to their successful implementation. However, given the nature of PRSPs, it would be unreasonable to expect these documents to contain a detailed description of programme costs. Indeed, few PRSPs give any details of HIV/AIDS expenditures. Only in the Ghana, Zambia, Ethiopia and Niger PRSPs are resources specifically identified for HIV/AIDS, children and young people, and only in the latter two countries does this directly link to stated priority actions. In most cases, there is a single budget line for HIV/AIDS with no further detail.

4.15 On the other hand, at the level of the NSP, it makes sense to cost programmes. **Only a minority of countries costed their NSP, which is a significant shortcoming**. In total, 56% of the NSPs provide aggregate cost figures for HIV/AIDS programmes; 25% list costs by broad categories; and only 19% provide detailed costs (Figure 12).

4.16 Given the weak costing in NSPs, it is not surprising that PRSPs rarely present the costs of HIV/AIDS activities, either in general terms or specifically for the four HIV/AIDS intervention areas that are considered in this report. **Efforts to improve costing of HIV/AIDS activities are urgently needed, focusing on the NSP level.**



F. Links between Programmes, Government Budgets and MTEF

4.17 HIV/AIDS interventions should be costed, but for this process to be useful, costs must be calculated in a manner that is consistent with the procedures used for preparing the government budget. In most cases, this is not the case. PRSPs rarely indicate whether the costs of PRSP programmes are fully additional to the amount already included in the budget or whether they are incremental costs. Often the method for costing does not match the budget categories, which makes it difficult to translate PRSP programmes into corresponding budgetary categories.

4.18 Furthermore, in many countries the PRSP and the budget preparation are not aligned, reflecting parallel institutional settings for the two processes (PRSPs are frequently under the responsibility of the Ministry of Planning or other agencies outside the Ministry of Finance). This institutional arrangement exists for historic reasons, and its shortcomings are increasingly being addressed during the implementation of PRSPs. PRSP programmes have to be translated into categories that match government budgets, a task that requires the involvement of the Ministry of Finance as well as sectoral ministries and national HIV/AIDS councils.

4.19 To clarify the links between PRSP programmes and government budgets, a strong effort is being made to increase the role of the Medium-Term Expenditure Frameworks (MTEF). In principle, the MTEF offers a means of translating the medium-term PRSP programmes into annual government budgets. Nearly all PRSPs refer to Medium Term Expenditure Frameworks (MTEFs) that already exist or are being prepared, but PRSPs do not contain information that allows a determination as to whether priority HIV/AIDS actions are guaranteed resource allocation through the budget. Also, most MTEFs are not yet fully in place in most countries, which limits their role in linking PRSP programmes with annual budgets.

4.20 A similar situation characterizes the NSPs. Several NSPs call on sectoral ministries to allocate part of their budget to HIV/AIDS activities, but it is unclear whether these proposals are turned into budget allocations, or whether MTEFs are being revised to take account of these proposals. Unlike PRSPs, NSPs can present details of the costs of HIV/AIDS programmes. It is therefore especially important that when NSPs are revised, efforts are made to clarify the implications of HIV/AIDS programmes for annual government budgets.

4.21 Once programmes have been incorporated into governments' annual budgets, implementation can be monitored at two levels. The first is through the release of funds by the Ministry of Finance during the course of the year. This monitoring may be done through local donor groups and civil society organisations. The second could take place through monitoring and evaluation.

G. Monitoring of Programme Implementation

4.22 **Monitoring is an area of considerable weakness in PRSPs**. There is often a mixture of inputs, process indicators, and outcomes, but there is no clear link between them to inform annual monitoring efforts. In general, PRSPs tend to focus on outcome monitoring, with few intermediate or output indicators. As a result, it is difficult to monitor the implementation of programmes and their progress towards achieving the intended outcome. Even countries with a strong set of indicators in the NSP (Tanzania, Uganda, Mali, Niger, Senegal and Madagascar) do not translate them into indicators within the PRSP monitoring framework. Zambia is the only country whose PRSP contains indicators for each of the four priority areas.

4.23 The increasing multiplicity of HIV/AIDS indicators points to the need for greater harmonisation**.** The Millennium Development Goals (MDGs) should provide the basis for improving coherence amongst indicators.[16] Until recently, few countries monitored the MDG indicators in the context of HIV/AIDS indicators and targets**.** This situation is gradually improving, as recent PRSPs pay more attention to the attainment of the MDGs. In particular, efforts are being made to ensure that MDG indicators are used in PRSPs whenever feasible to avoid duplication of monitoring efforts.

4.24 There is a significant gap between the data that is required for monitoring progress in poverty reduction and the data that is available. In sub-Saharan Africa, data on a quarter of the MDGs are not available for over half of the population[17]. While many countries are using periodic surveys for data collection to measure welfare at the household level,[18] statistical systems remain fragile. Statistical capacity of the agencies responsible for the

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[16] The MDGs arose from a series of high-level conferences in the 1990s that led to the identification of eight goals associated with 18 targets and over 50 indicators.

[17] See: World Bank, "Poverty Reduction Strategy Papers—Progress in Implementation", Aug. 2004, p32.

[18] UNICEF and the World Bank have strong links with these survey systems.

establishment of monitoring systems and the collection of data is also weak. While capacity building is certainly needed, PRSPs can also stimulate countries to collect data with an emphasis on MDG/UNGASS DoC monitoring, as well as promoting streamlined monitoring and reporting processes.

V. CONCLUSIONS

5.1 A number of preliminary conclusions can be drawn from the desk review. These relate to content and process. Regarding content:

- Countries with an NSP that addresses the four priority areas for HIV/AIDS, children and young people have PRSPs that give some consideration to these issues in national poverty reduction plans.

- Both NSPs and PRSPs are stronger on proposed policy actions than on budget allocations and clear statements of targets to be achieved for children, young people and HIV/AIDS.

- As expected, PRSPs are less detailed than NSPs. Nevertheless, as policy documents, PRSPs do not demonstrate a strong commitment to children, young people, and HIV/AIDS.

- Orphans and vulnerable children are the least well addressed of the four priority areas; this may be the result of subsuming this issue within the context of care and support for families living with HIV/AIDS.

5.2 Regarding process:

- In several ways the processes of developing NSPs and PRSPs differ – in general, NSPs are less likely to be consultative, costed, and monitorable.

- The role of sector plans in the development of PRSPs has been limited. Although the background work for sector planning has fed into PRSP preparation, the link between sector objectives and PRSP objectives is unclear. This is especially concerning regarding objectives for orphans and vulnerable children, which are usually within the mandate of weak ministries, without the clout to effectively participate in defining priorities for poverty reduction.

- NSPs need to overcome the additional challenge of spanning sectors, in addition to linking with PRSPs. While the review revealed that there is a link between the NSPs and PRSPs in many countries, there is a need to clarify and strengthen linkages between sectoral planning, NSPs, and PRSPs.

- There is a risk of expecting PRSPs to be all things to all people. At the same time, without serious consideration of HIV/AIDS, sub-Saharan Africa will not reduce poverty. Children and young people will continue to suffer the brunt of that failure. Lack of recognition of the priorities for children and young people in PRSPs indicates limited acknowledgement of the impact that these issues have on poverty reduction efforts.

- PRSPs are linked to budgetary processes, but more detailed knowledge of specific budgets is needed to determine if commitments are being maintained in reality. NSPs do not facilitate this process, since many of them are not costed.

- The MDGs and UNGASS commitments on children and young people are not clearly reflected in the targets and indicators in PRSPs or NSPs. This indicates that these international commitments are not yet translated into meaningful targets for countries to work towards. This needs attention, particularly in light of increasing interest in reducing the proliferation of indicators.

5.3 There are a number of areas that require further exploration:

- How important for HIV/AIDS, children and young people are PRSP documents as statements of intent for measuring government commitment? Is it possible that other HIV/AIDS structures and processes can supersede a weak PRSP, as is the case in Senegal with an effective HIV/AIDS response but limited HIV/AIDS coverage in the PRSP?

- How have PRSP priorities relevant to children, young people, and HIV/AIDS fared in terms of actual investment and expenditure?

- What kind of links between sector plans, NSPs and PRSPs are most effective in supporting governments' commitments to the four priorities for HIV/AIDS, children and young people? How is it best to sequence the planning?

- What are the ways to strengthen NSPs so they better reflect the strong points of the PRSP process in terms of participation and poverty focus? The desk review did not permit analysis of NSP preparation; increasing understanding of the NSP process is a first step to strengthening the connection between PRSPs and NSPs.

- Are participatory monitoring systems being established? Are they able to influence the evolution of the PRSP and ensure that it encompasses the poverty reduction agenda beyond Ministries of Finance?

- As a result of the increasing number of HIV/AIDS funding sources (national budget, international funds, bilateral and multi-lateral funds), there are increasing coordination challenges at the national level. Can and should PRSPs play a role in

promoting common systems for disbursing HIV/AIDS funds, in line with the "Three Ones" principle?

5.4 The preliminary conclusions point to immediate opportunities for UNICEF and the World Bank, both at country level and globally:

- Poverty monitoring systems could be a key entry point. Improving the use and effectiveness of Multi-Indicator Cluster Survey (MICS) and Core Welfare Indicators Questionnaire methods for quantitative data collection may be one route, but there are also examples of UNICEF playing a key role in supporting the development of participatory poverty assessments at district and sub-district levels in Mozambique which will feed into the poverty monitoring system. Other countries are also developing more holistic poverty monitoring systems, which are both broader and deeper than those traditionally used by Ministries of Finance. These will be key to the evolution of PRSPs.

- Support to HIV/AIDS mainstreaming into sector planning in health, education and social welfare, with a view to ensuring that children and young people are addressed in such plans.

- Greater coherence and collaboration at country level between UNICEF and the World Bank and Ministries of Finance regarding social policy issues, including strengthening social welfare capacity to effectively engage in broader poverty reduction and HIV/AIDS planning and programming.

- Supplementing the PRSP sourcebook and other guidelines (e.g., NSP planning guidelines) to take account of both the HIV/AIDS pandemic and the prevailing development and HIV/AIDS planning environment.

ANNEX 1: AFRICAN COUNTRIES INCLUDED IN THE DESK REVIEW (AS OF APRIL 2004) 1/

COUNTRY 2/	DATE OF PRSP APPROVAL	DATE OF NSP
Benin	Mar. 2003	2001-2005
Burkina Faso ***	June 2000	2001-2005
Cameroon	April 2003	2001-2003
Chad	June 2003	1999 - 2003
Ethiopia *	July 2002	2001-2005
Gambia, The *	July 2002	not yet developed
Ghana *	Mar. 2003	2001-2005
Guinea *	July 2002	Full NSP not yet developed
Madagascar	May 2003	2001-2006
Malawi *	Aug. 2002	2000-2004
Mali *	Mar. 2003	2001-2005
Mauritania **	Dec 2000	2003-2007
Mozambique **	Sept. 2001	2000 - 2002
Niger *	Feb. 2002	2002-2006
Rwanda *	Aug. 2002	2002-2006
Senegal *	Dec. 2002	2002-2006
Tanzania ***	Nov. 2000	1998-2002 and 2003-2007
Uganda ***	May 2000	2001-2006
Zambia *	May 2002	2001-2003

1/ Countries likely to prepare PRSPs include IDA-only countries and blend countries (IDA and IBRD) that seek support from the IMF under its Poverty Reduction Growth Facility (PRGF). For blend countries that do not seek support from the IMF's PRGF, a PRSP is not necessary for accessing IDA lending. However, these countries are expected to prepare a poverty reduction strategy based upon the principles underlying the PRSP approach.

2/ *, ** and *** indicate one, two and three Annual Progress Reports, respectively.

ANNEX 2: DESK REVIEW METHODOLOGY [19]

Part 1: Report cards for countries

Two "Report cards" were prepared for each country: one for PRSP (plus Annual Reports where relevant), one for National Strategic AIDS Plan (NSP).

1) Does PRSP include DoC* objectives in relevant sections?

DoC objective	Priority Public Actions[20]	Indicators	Budget
PMTCT			
Youth prevention			
OVC			
Care and support			

2) Does National Strategic AIDS Plan (NSP) include DoC* objectives in relevant sections?

DoC objective	Priority Public Actions[21]	Indicators	Budget
PMTCT			
Youth prevention			
OVC			
Care and support			

Scoring 0-2: 0=absent, 1=partially consistent w/global commitments, 2=largely consistent with global commitments

*DoC = Declaration of Commitment

<u>Definition of Scores</u>

Each DoC objective gets a numeric score based on the degree to which the PRSP and NSP represent the topic, 0-2.

0= the DoC objective is not mentioned in the relevant section of the PRSP/NSP;

1=the DoC objective is mentioned and briefly discussed;

2=the DoC objective is addressed with specific actions and budget allocation which is fairly consistent w/DoC specifics:

In Priority Public Actions and Budget sections:

- For <u>orphans</u> and other children affected by AIDS, progress towards targets set for: 2003 (policy commitment), 2005 (scaled-up strategies under implementation), 2010 (impacts felt and changed outcomes). *[1 if any mention of orphans, 2 if programme actions specified]*

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[19] Country specific results are available on request from UNICEF HIV/AIDS Section, Programme Division, New York

[20] i.e., actions articulated in the PRSP or NSP narrative

[21] i.e., actions articulated in the PRSP or NSP narrative

- For PMTCT: increase pregnant women's access to information, counselling and other HIV-prevention services for themselves and their infants to reduce HIV infection in babies in 2005 (by 20%) and 2010 (by 50%). *[1 if any mention of PMTCT, 2 if programme actions specified]*
- For HIV prevention among young people: increase young people's access by 2005 (to 90%) and 2010 (to 95%) to information, education, and services for life skills development. *[1 if any mention of youth prevention, 2 if programme actions specified.]*
- For care for HIV infected children: progress towards comprehensive care for children with HIV and support for households and families affected by HIV/AIDS. *[1 if any mention of care for PLWHA, 2 if programme actions specified. Reviewer should note if infected children are specified.]*

In Indicators section:

Assess consistency between indicators for DoC objectives and PRSP/NSP indicators. *0 if no overlap; 1 if at least one, 2 if more overlap.*

UNGASS DoC indicators:

PMTCT:

- Country has a policy or strategy to reduce MTCT.
- % of HIV infected pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT.
- % of HIV-infected infants born to HIV infected mothers (target: 20% reduction by 2005; 50% reduction by 2010)

Youth prevention

- Country has a policy or strategy promoting reproductive and sexual health education for young people.
- % of schools w/teachers who have been trained in life skills based HIV/AIDS education and who taught it during the last academic year.
- % of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission. (target: 90% by 2005, 95% by 2010)
- % of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular partner.
- % of young people 15-24 who are HIV infected (target 25% reduction in most affected countries by 2005, 25% reduction globally by 2010)

OVC

- Country has a policy or strategy to address the additional needs of OVCs.
- Ratio of proportion of orphans to non-orphans aged 10-14 who are attending school

Care and support

- Country has a policy or strategy to promote comprehensive HIV/AIDS care and support with emphasis on vulnerable groups.

Part 2: do National Plans contain the critical elements for success?

	PRSP	**National AIDS Plan**
1. Consistency & co-ordination between NSP & PRSP		
2. Mechanisms to promote enhanced degree & depth of participation in planning & monitoring		
3. Institutional responsibility specified & institutions in place		
4. Funding for local government & CBOs		
5. Activities costed		
6. Plans linked to national budget		
7. Do indicators /targets reflect DOC/ MDG indicators/ targets		
8. Are activities & resources prioritised?		
9. Analysis of HIV/AIDS and poverty links		

For each element, give a brief (max. 3 sentences) comment on the degree to which the PRSP/NSP adheres to good practise. In addition, summarise judgement in a score to allow comparisons and summary.

Scoring 0-2: 0 = poor, 1 = fair, 2 = good

1. Summary of results from Table 1 comparing PRSP and NSP and Table 2 where relevant: 0 = if the documents do not overlap or only overlap on one topic, 1 = if there is a moderate level of similarity in the topics and the strategies for action; 2 = documents fully consistent – particularly if the PRSP endorses the objective of full implementation of the NSP.

2. Are mechanisms in place for the sustained involvement of line ministries, parliament, civil society organisations and the private sector in planning and monitoring? 0 = it is not apparent from documents that these mechanisms are in place, 1 = the documents propose mechanisms but they are not yet established or arrangements for establishment are not indicated, or only some of these groups are to be involved, 2 = mechanisms are proposed for the involvement of all these groups in planning and monitoring and those mechanisms are already in place.

3. Do the documents identify the institutions responsible for these specific objectives, together with an indication of whether these institutions already exist and if resources (human and financial) are allocated to them to fulfil these roles. 0 = no or overly broad indications of institutional responsibility, no indication of previous existence or resources for these institutions; 1 = some clear and realistic allocation of responsibility, process for establishing institutions if necessary, or supporting them with human and financial resources; 2 = comprehensive allocation of responsibility and with associated resources identified/ allocated.

4. Do the documents describe plans for direct support to local government and CBOs working on AIDS (CBOs are community based organisations)? 0 = no mention of support for the lower levels of government and CBO service delivery, 1 = documents include plans to support one of these groups, 2 = support for both lower levels of government and CBO service delivery.

5. Are plans costed to a useful level of detail, providing a clear basis for the budget? 0 = no costing of activities, only headline numbers in budget, 1 = broad categories are costed, but without much detail, 2 = relationship between activities and PRSP/NSP budget clear through costing of activities.

6. Is there a clear link between funds proposed for HIV/AIDS activities and the national budgeting process? 0 = there is no clear link or there are no funds allocated/identified in the government budget, 1 = there is r

7. Do indicators reflect the MDGs or DoC indicators and targets? 0 = there is no clear link between the indicators and the DoC/MDGs, 1 = there is some overlap between the indicators and DoC/MDGs, 2 = indicators and targets fully reflect the DoC/ MDGs

8. Are activities and resources prioritised? 0 = there does not appear to be any process of prioritisation, 1 = key activities/resources are identified and there has been some process of prioritisation, 2 = there is a clear identification of the key activities to undertake and the order in which they should be taken.

9. Is there an analysis of the HIV/AIDS poverty links? 0 = no discussion of this, HIV considered a health issue, 1= some discussion of the broader impacts of HIV/AIDS, but focus for action is within health sector, 2 = strong discussion of HIV poverty links, and focus for action is multi-sectoral/ multi-level.

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