

Conclusion and recommendations

11.1. Introduction

The overview of development planning in sub-Saharan Africa (Chapter 2) concluded that development planning remains a key instrument to address complex and interrelated challenges like poverty, unemployment, inequality, weak economic performance and limited integration into the global economy, unequal access to essential services and HIV/AIDS. As the country assessments of Cameroon, Senegal, Uganda and Zimbabwe have revealed, addressing these complex challenges is certainly at the heart of recent development planning efforts in these countries. The experiences in these countries further suggest that there has been a re-emergence of development planning in sub-Saharan Africa in recent years with the state playing a more central – and perhaps more confident – role in guiding the development process.

This study has concerned itself with reviewing possible links between development planning and HIV/AIDS. More specifically, it has sought to investigate to what extent development planning in the region currently worst affected by HIV/AIDS is informed by a *development perspective* on HIV/AIDS. Such a perspective views the spread of HIV not simply as the result of lack of knowledge of HIV or of inappropriate (if not irresponsible) behaviour. Rather, it recognises that certain factors in the external environment hinder people's access to and use of appropriate knowledge, prevention technologies, support services and discretionary power. It also appreciates that, depending on the severity of the epidemic, HIV/AIDS has negative impacts at different scales and timelines, that the distributional effects of HIV/AIDS are not shared evenly in society and that HIV/AIDS can pose a serious threat to the development of people, communities and society as a whole.

To facilitate an assessment of whether development planning in sub-Saharan Africa reflects a

development perspective on HIV/AIDS, the template in Table 4.1 has been developed. It basically enables a review of the extent to which development planning frameworks understand and respond to the socio-economic and political context of behaviour and disease. The template reflects a number of core determinants that have become associated with enhanced vulnerability to HIV infection. It further summarises what have been identified as the most significant consequences of HIV/AIDS in countries worst affected by the epidemic. The significance of the core determinants and key consequences identified in Table 4.1 clearly depends on local realities, including the scale and manifestation of the HIV/AIDS epidemic in a particular context. Whereas the template has been used as a diagnostic tool in this study, it can also be adapted for use as a strategic tool to facilitate the formulation of appropriate strategies and interventions in development planning frameworks.

Overall, the study findings suggest significant conceptual weaknesses in this regard: despite the fact that most development planning frameworks reviewed in this study have been formulated within the last two to five years, these documents tend to reflect a rather narrow conceptualisation of HIV/AIDS. This finding confirms the starting point of this study as outlined in Chapter 1, namely that insufficient attention is given to contextual factors that can render certain individuals and groups in society more vulnerable to HIV infection than others. Similarly, the socio-economic and political realities of individuals, social groups and communities after HIV infection are not sufficiently taken into account and responded to.

The weak conceptualisation of HIV/AIDS in development planning frameworks is indicative of a disjuncture between the global and national discourse on HIV/AIDS and the reality of development planning. In the 70 interviews

conducted as part of this study, respondents tended to identify a broader range of core determinants of vulnerability to HIV infection and key consequences of HIV/AIDS compared to what is reflected in development planning frameworks. Interestingly, in the four countries reviewed there seem to be different emphases, which cannot all be explained by differing socio-economic and political realities. Even here, significant omissions have been noted as factors that are likely to have relevance in respective countries were not readily identified by respondents.

Perhaps it is important to state that it is not the intention of this report to be dismissive of those interventions that tend to constitute the mainstay of HIV/AIDS programming – most of which were also emphasised during the interviews. There undoubtedly is a need for awareness raising, condom distribution and social debates on values, as much as for treatment and care for people living with HIV/AIDS and support for orphans. Rather, the central argument in this report is that these interventions need to be recast and embedded in a broader developmental perspective on HIV/AIDS.

In concluding this report, this chapter summarises the main lessons and conclusions based on the country assessments in Zimbabwe, Uganda, Senegal and Cameroon. It ends with a set of recommendations aimed at broadening the understanding of, and strategic response to, HIV/AIDS in development planning.

11.2. Key lessons and conclusions

The following 15 lessons and conclusions are extracted from the country assessments and the study findings:

1. *Development planning frameworks reflect insufficient recognition that certain factors in the socio-economic and political context render certain groups in society more vulnerable to HIV infection than others.*

As the country assessments have shown, National Strategic Frameworks for HIV/AIDS are most likely to highlight contextual factors that are associated with enhanced vulnerability to HIV infection. Even here, however, the number of factors identified tends to be limited. Also, it tends to be beyond the scope of these frameworks to propose strategic responses to factors such as poverty, gender inequality and lack of work. It is

therefore critical that relevant development planning frameworks recognise, and explicitly engage with, the core determinants of enhanced vulnerability to HIV infection.

2. *Equally, development planning frameworks do not reflect sufficient appreciation of the multiple impacts of HIV/AIDS on households, communities, particular social groups, sectors and institutions, both now and in the near future.*

Only a few key consequences of HIV/AIDS are readily identified and responded to in development planning frameworks. The most commonly identified consequences include disease, mortality and orphans. Although the National Strategic Frameworks for HIV/AIDS tend to articulate more consequences of the HIV/AIDS epidemic than other development planning frameworks, the study findings suggest significant omissions in this regard. Again, it is beyond the scope of the National Strategic Framework for HIV/AIDS to engage with, and respond to, the full range of key consequences of the epidemic. In particular, the various impacts on the demand, supply and resource base of social services are likely to be relevant for most development planning frameworks, yet these consequences are hardly ever recognised.

Based on the country assessments and study findings, the following six points are offered as possible explanations for the inadequate attention given to core determinants and key consequences of HIV/AIDS in development planning:

3. *The factors associated with enhanced vulnerability to HIV infection and the key consequences of HIV/AIDS are variable and depend on local realities, including the specific nature and manifestation of HIV/AIDS in particular countries and communities.*

Certain factors identified in this study as core determinants of enhanced vulnerability to HIV infection may not be relevant, or at least not in the same way, in specific countries and communities. Similarly, not all key consequences of HIV/AIDS may manifest themselves in the same manner and with the same intensity across countries. For example, in low HIV prevalence countries like Senegal some of the key consequences identified are

unlikely to be experienced. Thus, the analytical tool presented in Table 4.1 needs to be interpreted in relation to specific local realities and dynamics.

Clearly, this requires a careful assessment of whether and how these factors are relevant or not. In the four countries reviewed in this study, there is no evidence that based on such assessments it has been concluded that certain core determinants and/or key consequences are not applicable. Rather, the lack of attention given to these factors in relation to HIV/AIDS seems indicative of conceptual flaws and omissions, especially since the National Strategic Frameworks for HIV/AIDS and interview respondents tend to highlight some of these factors.

4. *There is lack of alignment on HIV/AIDS between development planning frameworks, especially between the National Strategic Framework for HIV/AIDS and other frameworks.*

Although the National Strategic Frameworks for HIV/AIDS are likely to mention a number of contextual factors that influence HIV spread, this is rarely echoed in other development planning frameworks. In a variation on the commonly used acronym, alignment on HIV/AIDS between principal development planning frameworks is at best restricted to a concern with HIV prevention through ABC: Awareness raising, Behaviour change and Condom distribution. Similarly, the key consequences identified in the National Strategic Frameworks for HIV/AIDS are not necessarily reflected across development planning frameworks, even if these consequences may hold particular significance for specific planning frameworks. This suggests that there is insufficient alignment on HIV/AIDS between principal development planning frameworks.

5. *The conceptualisation of HIV/AIDS as a development issue is weak.*

A more fundamental cause for the lack of attention given to core determinants of enhanced vulnerability to HIV infection and key consequences of HIV/AIDS in development planning frameworks is found in the narrow, if not weak, conceptualisation of HIV/AIDS. Despite the widespread rhetoric

that HIV/AIDS is a development issue, in terms of strategy formulation it remains largely couched as a behavioural, medical and possibly (through the focus on orphans and poverty in HIV/AIDS-affected households) welfare concern.

Linked to this is the fact that there seems to be an implicit assumption that HIV/AIDS can be confined to the National Strategic Framework for HIV/AIDS. However, especially in countries with a serious and/or rapidly spreading HIV/AIDS epidemic, HIV/AIDS needs to be addressed as a crosscutting issue, in much the same way as poverty and gender inequality are to be engaged with across development planning frameworks.

6. *There is a lack of qualitative and quantitative data on the nature of vulnerability to HIV infection and the impacts of HIV/AIDS that serves to inform development planning.*

Without country-specific (and community-specific) information on how contextual factors render certain social groups more vulnerable to HIV infection, it is difficult to appreciate how development planning can help minimise a context of vulnerability to HIV infection. Also, some of the impacts of HIV/AIDS are not yet manifest, whereas others remain uncertain. As a result, these factors are easily overlooked in development planning. In particular, there is a paucity of data on the HIV prevalence rate in the public sector, what impact this has on the performance, quality and effectiveness of the public sector and its ability to deliver on its core mandate, what the financial implications are, and so on. Even though development planning frameworks are generally concerned with the performance, effectiveness and financial stability of the public sector, these potential implications of HIV/AIDS are rarely reflected. Similarly, the limited focus on the education needs of AIDS orphans evident in a number of development planning frameworks is in part due to a lack of data on the needs and experiences of these children.

7. *Development planning is not always initiated and driven by local stakeholders in response to local realities.*

The country assessments have indicated a number of instances where external agents

appear to have been very influential in the formulation and approval of development planning frameworks. This does not necessarily have to mean that these frameworks do not take account of local realities. However, by virtue of providing a significant proportion of resources for development planning in sub-Saharan African countries, bilateral and multilateral agencies can wield significant influence on the development agenda and development paths pursued on the subcontinent. As a result, national discretion and authority in development planning may be significantly curtailed (see also Katz, 2002; Schoepf, 2004b).

Particularly disconcerting is the relatively marginal role played by elected representatives in the formulation, review and monitoring of principal development planning frameworks. This seems contradictory to the global discourse on the importance of local ownership of development processes. With respect to HIV/AIDS, recent years have seen an increasingly stronger emphasis on national leadership to take responsibility and play a leading role in the response to HIV/AIDS. Arguably, elected representatives can only fulfil this role effectively if they are centrally involved in development planning.

8. *People living with and affected by HIV/AIDS and organisations representing their interests are not sufficiently involved in development planning processes.*

The country assessments indicate that there is limited involvement of people living with HIV/AIDS and organisations representing their interests (including the equivalent of a National AIDS Council) in the formulation, implementation and monitoring of development planning frameworks. More often than not, their involvement is restricted to the National Strategic Framework for HIV/AIDS, although they may also be consulted on specific HIV/AIDS policies and programmes at sector level. Even less attention seems to be given to engage with those directly affected by HIV/AIDS, like spouses, widows/widowers, AIDS orphans and children living in child-headed households, elderly women who look after AIDS orphans, and so on.

Yet, the involvement of those living with and affected by HIV/AIDS is paramount in any effort aimed at better understanding and more effectively responding to HIV/AIDS (Kesby, 2004; Rugalema, 2004). Organisations representing their interests and the National AIDS Council (or equivalent) also need to play a central role in all development planning efforts to facilitate the required conceptual shift towards the factors associated with enhanced vulnerability to HIV infection.

The preceding explanations for the inadequate attention given to core determinants and key consequences of HIV/AIDS in development planning are interlinked and can even be mutually reinforcing. For example, the weak conceptualisation of HIV/AIDS stems in part from a lack of data on the nature of vulnerability to HIV infection in a particular context. It may also be attributed to inadequate involvement of those most directly affected by HIV/AIDS. At the same time, as a result of the narrow conceptualisation of HIV/AIDS the relationship between HIV/AIDS and factors associated with enhanced vulnerability to HIV infection remains obscured (which means that relevant data is not collected) and those directly affected by HIV/AIDS may at best only be consulted on a limited range of issues.

9. *Development planning could potentially reduce vulnerability to HIV infection, even if the context of vulnerability is not properly understood.*

Throughout this study, reference has been made to instances where development planning seeks to address factors associated with enhanced vulnerability to HIV infection, without explicitly recognising that these factors may be related to HIV spread. If the stated goals and objectives to realise human rights and improve the quality of life of the population are achieved, vulnerability to HIV infection could be significantly reduced. Thus, 'doing development' can be considered the most effective intervention to prevent the spread of HIV. Arguably, though, vulnerability reduction will be most effective if the specific nature of vulnerability in particular contexts is understood and responded to.

10. *However, development planning is unlikely to realise this potential if the core determinants of vulnerability to HIV infection and the key*

consequences of HIV/AIDS are not sufficiently taken into account.

Although the previous point suggested that development interventions can potentially curb the spread of HIV, this should not be accepted too easily. For one, the goals and objectives of development are likely to be thwarted by HIV/AIDS, especially in countries with a severe and/or rapidly growing epidemic. In the country assessments reference has already been made to the fact that economic growth targets seem highly optimistic given the envisaged economic consequences of HIV/AIDS. Similar observations can be made with respect to other development targets and objectives.

Secondly, as noted throughout this study, the proposed strategies, instruments and processes of development may (unintentionally) serve to enhance vulnerability to HIV infection. For example, stimulating macroeconomic growth does not necessarily mean that labour intensive productive activities are supported – in fact, in the global economy of today economic growth sectors tend to be those characterised by high levels of labour specialisation, a relatively small number of employees and significant income disparities. Similarly, public sector reform associated with the rationalisation of the public sector is likely to result in job losses, especially in countries where the public sector is one of the few sectors of stable employment.

Finally, as noted in Chapter 4, certain consequences of HIV/AIDS are in turn associated with enhanced vulnerability to HIV infection. However, because HIV/AIDS tends to alter the dynamics of poverty, inequality and social exclusion, standard development interventions are unlikely to be effective in ensuring that these consequences do not enhance vulnerability to HIV infection.

This study has sought to explore possible links between development planning and HIV/AIDS in sub-Saharan Africa through an analysis of principal development planning frameworks. By focusing specifically on these frameworks, which reflect the strategic orientations for development in a particular country, but leave out most of the detailed actions, a number of issues could not be fully explored in this study. The following general observations can be

made regarding the research focus and the limitations of the study.

11. *It is difficult to separate development planning from the political, economic and institutional context.*

Of the four country assessments presented in this report, the case of Zimbabwe makes it most clear that development planning is directly influenced by the political, economic and institutional situation in the country. More specifically, in times of political instability and/or economic crisis, political priorities are likely to change. Development plans may be put aside or suspended, until the priorities of the day are seen to be resolved. Also, stated objectives and strategies are unlikely to be realised if there are no resources (domestic and/or external) or if the necessary organisational capacity to deliver is lacking.

12. *It is difficult to review intent, without reflecting on strategies, instruments, resource allocations, implementation processes and outcomes.*

To some extent this is related to the previous point. The stated goals and objectives for development may look good on paper (in development planning frameworks), but need strategies, instruments and tools, capacity and resources (human, financial, technological) for implementation. The country assessments have highlighted numerous instances where development planning frameworks take account of specific core determinants and/or key consequences of HIV/AIDS. Yet, mentioning something does not mean that the issue is properly understood or that it will be addressed. It was beyond the scope of the study to do an in-depth assessment of the implementation and outcomes associated with development planning. At times, reference has been made to past experiences in adopting certain approaches and associated instruments to illustrate the potential gap between stated intent and development outcomes.

13. *The fact that development planning frameworks do not reflect sufficient recognition of the core determinants of enhanced vulnerability to HIV infection and the key consequences of HIV/AIDS does not mean that no HIV/AIDS interventions are*

formulated that are of relevance to these factors.

A development planning framework is one instrument among many that governments can employ to guide the development process in their countries. With respect to HIV/AIDS, some of the more detailed actions and policy interventions may be reflected elsewhere. For example, the country assessments revealed that little if any attention has been given to HIV/AIDS in the workplace in development planning frameworks. Yet, it is possible that separate policies exist aimed at protecting the rights of employees living with HIV/AIDS and addressing HIV/AIDS-related stigma and discrimination in the workplace. Such interventions have not been reviewed in this study.

However, development planning frameworks reflect the strategic orientations for economic, sectoral, social and human development of a country, based on a conceptualisation of pertinent development challenges and opportunities. As such, these frameworks ought to engage with the context of vulnerability to HIV/AIDS and the key consequences of the epidemic. Obviously, this is particularly pertinent for high HIV prevalence countries and/or countries where HIV spread seems to accelerate, although low HIV prevalence countries would also benefit from understanding better what contextual factors may facilitate the spread of HIV.

14. *The response to HIV/AIDS needs to be decentralised, yet decentralised planning has remained largely unexplored in this study.*

The focus of this study is on the stated intentions and perspectives reflected in development planning frameworks. As a result, hardly any attention is given to decentralised planning and the role of decentralised structures in the implementation of these frameworks. Yet, it is widely recognised that an effective response to HIV/AIDS combines community level planning and development planning at broader geographic scales. The area of decentralised planning and HIV/AIDS could be the subject of future research.

15. *The template for analysis is intended as a strategic tool to be applied with discretion, not a rigid instrument.*

The template as an analytical tool does not necessarily capture all the factors that may influence the spread of HIV, nor does it articulate all consequences of the epidemic. More specifically, it does not expressly identify socio-cultural factors, although the nature of gender relations and social cohesion are obviously culturally specific. Socio-cultural factors can provide an important explanation for the differences in HIV spread across countries and communities, as the case of Senegal has demonstrated most clearly. Socio-cultural factors also influence how those infected and affected by HIV/AIDS experience the epidemic. However, such factors are rarely explicitly considered in development planning frameworks, which is partly why this study has not reviewed the socio-cultural dynamics of HIV/AIDS. Also, as noted in Chapter 10, the narrow concern with individual knowledge and behaviour to prevent HIV spread often implies a focus on culture, albeit a rather restricted one. The purpose of the study is to broaden the conceptual understanding of HIV/AIDS to include a concern with socio-economic and political factors.

The country assessments have also shown that the second factor identified as a key consequence (the emphasis on responsible behaviour for those living with HIV/AIDS, i.e. patient adherence) is not explicitly articulated as a concern in development planning frameworks. Presumably, this is because the emphasis on patient adherence reflects too much of a focus on the individual to be incorporated in these documents. This obviously does not mean that there is no concern with responsible behaviour of people living with HIV/AIDS. However, this is more likely to be reflected at the level of policies and programmes pertaining to treatment, for example.

11.3. Recommendations

Based on the country assessments and study findings, this study proposes a number of recommendations to ensure that development planning takes account of contextual factors that are associated with enhanced vulnerability to HIV infection and of the impacts of HIV/AIDS. The recommendations are articulated around seven themes:

- a. Enhancing understanding and strengthening capacity

- b. Review and revision
- c. Data collection & management
- d. Planning process
- e. Alignment of development planning frameworks
- f. Allocation of resources
- g. Potential areas of further research

a. **ENHANCING UNDERSTANDING AND STRENGTHENING CAPACITY**

There is a need to broaden the conceptualisation of HIV/AIDS in development planning frameworks. To achieve this, the insights and capacities of those involved in development planning processes need to be enhanced. The following actions are recommended in this regard:

- **Disseminate this report to a wide range of stakeholders with interest in – or somehow involved in – development planning and HIV/AIDS in sub-Saharan Africa** (e.g. Members of Parliament; planners across sector Ministries, especially in national Ministries of Finance and Economic Development; the National AIDS Council or equivalent; country offices of bilateral and multilateral agencies; civil society organisations; tertiary institutions; other relevant stakeholders).
- **Present the study findings at regional and/or country level meetings with relevant stakeholders.**
- **Use the findings of this study to develop tools and techniques that can facilitate the comprehensive integration of HIV/AIDS into development planning.**
- **Provide training (or other forms of support) to strengthen the capacity of planners and policy makers to reflect a broader conceptualisation of HIV/AIDS in development planning. Such interventions could be facilitated by UNDP in collaboration with the National AIDS Council (or equivalent).**
- **Within the proposed activities of awareness raising, training and tools development, particular attention**

needs to be given to the interplay between gender inequality and HIV/AIDS. In other words, a gender perspective on HIV/AIDS needs to be integral to these activities.

b. **REVIEW AND REVISION**

The enhanced understanding of the contextual factors associated with vulnerability to HIV infection and of the key consequences of HIV/AIDS needs to be reflected in principal development planning frameworks and related action plans. The following actions are recommended in this regard:

- **Review principal development planning frameworks in accordance with the analytical framework presented in this study and, where possible and appropriate, revise these frameworks accordingly.**
- **Review the action plans and programmatic interventions arising from principal development planning frameworks in accordance with the analytical framework presented in this study and, where possible and appropriate, revise accordingly.**

c. **DATA COLLECTION & MANAGEMENT**

There is a need for uniform data systems and indicators on HIV/AIDS, factors associated with vulnerability to HIV infection and key consequences of HIV/AIDS at country level that can be used across development planning frameworks. The following actions are recommended in this regard:

- **Establish and maintain an information management system that takes account of the factors associated with enhanced vulnerability to HIV infection and the (current/anticipated) key consequences of HIV/AIDS.**
- **Conduct country- and/or community-level vulnerability assessments to better appreciate the specific nature of vulnerability to HIV infection in particular contexts. Both quantitative and qualitative data on the core determinants of enhanced vulnerability to HIV infection need to be collected.**

- **Conduct impact assessments and modelling of the anticipated impacts of HIV/AIDS, especially on the public sector in general and on specific sectors. This would involve an assessment of: the HIV prevalence rate across sectors and skills levels; the human, financial and organisational implications; and, the implications of HIV/AIDS on service demand.**
 - **Use the findings of vulnerability assessments and impact assessments/modelling to inform the revision, or future development, of development planning frameworks.**
 - **Based on the proposed information management system, develop indicators that can form the basis for appropriate planning interventions and for effective monitoring and evaluation.**
- d. **PLANNING PROCESS**
- The democratisation of the planning process is an essential ingredient of locally appropriate and effective development that takes account of HIV/AIDS. Particular attention needs to be given to the role of elected representatives, people living with HIV/AIDS and organisations representing their interests (including the National AIDS Council or equivalent). The following actions are recommended in this regard:
- **The role of elected representatives at national and sub-national level in the design and monitoring of development planning frameworks needs to be recognised and enhanced. Where necessary, appropriate support measures should be considered, such as awareness raising and capacity building on integrating HIV/AIDS in development planning.**
 - **The involvement of people living with and affected by HIV/AIDS and of organisations representing their interests in development planning needs to be enhanced and, where necessary, supported. Their involvement should not be confined to HIV/AIDS-specific programmes and interventions, but to development planning processes in general.**
- **The National AIDS Council (or equivalent) should be centrally involved in the formulation and monitoring of principal development planning frameworks, not just of the National Strategic Framework for HIV/AIDS.**
 - **The role of external actors (particularly multilateral and bilateral agencies) in the formulation, approval and monitoring of national development planning frameworks needs to be cautiously assessed against the development imperative of locally appropriate and domestically owned development planning.**
- e. **ALIGNMENT OF DEVELOPMENT PLANNING FRAMEWORKS**
- Efforts to ensure better alignment of principal development planning frameworks with respect to addressing the context of vulnerability to HIV infection and mitigating the key consequences of HIV/AIDS are needed. The following actions are recommended in this regard:
- **Ensure the substantial participation of the National AIDS Council (or equivalent) and people living with HIV/AIDS (and organisations representing their interests) in the formulation, monitoring and review of these frameworks. This may require the formulation of standardised guidelines for involvement of these stakeholders.**
 - **Align planning cycles as much as possible and ensure that planning processes are mutually supportive, rather than running parallel to one another.**
- f. **ALLOCATION OF RESOURCES**
- The effective implementation of the strategic priorities expressed in development planning frameworks is largely contingent on the allocation of financial resources (although other resources are obviously also critical). Given the low level of domestic resources in

relation to the scale of needs in most sub-Saharan African countries, the allocation of resources is a shared responsibility between national governments and external agencies. The following actions are recommended in this regard:

- **Countries need to ensure adequate financing for programmes that are considered strategic priorities in development planning frameworks. This may warrant the development of a resource mobilisation strategy, but it is also critical to allocate domestic resources.**
- **External (bilateral and multilateral) agencies should seek to simplify funding procedures and minimise funding conditionalities as much as possible in an effort to support local priorities and needs of recipient countries.**

g. **POTENTIAL AREAS OF FURTHER RESEARCH**

Because development planning is such a multifaceted and multidimensional process, many issues have remained unexplored in this study. Future areas of investigation could include the following:

- **Review experiences in decentralised planning in relation to HIV vulnerability reduction and comprehensive HIV/AIDS impact mitigation.**

- **Review to what extent specific instruments and processes of development (pursued to realise the strategic orientations in development planning frameworks) may result in outcomes that are likely to enhance (or, alternatively, diminish) a context of vulnerability to HIV infection.**
- **Review the role of elected representatives in ensuring that development planning frameworks adequately address the context of vulnerability to HIV and the consequences of the epidemic and identify what factors restrict their ability to set strategic priorities and monitor the implementation process in this regard.**
- **Review the extent to which people living with and affected by HIV/AIDS and organisations representing their interests (including the National AIDS Council or equivalent) are involved in development planning and identify what factors restrict their substantive participation in this regard.**
- **Assess what social, economic, political and institutional factors are likely to have contributed to effective HIV vulnerability reduction and/or impact mitigation in particular countries and review to what extent such lessons can be replicated (or adapted) elsewhere.**

