Synthesis of country assessments

10.1 Introduction

The preceding chapters have reflected on the extent to which development planning in Cameroon, Senegal, Uganda and Zimbabwe takes account of HIV/AIDS or could otherwise contribute to reduced vulnerability to HIV infection. This chapter tries to tease out a number of similarities and differences regarding development planning and HIV/AIDS in these four countries. The purpose is not so much to compare these countries and rank their performance. Rather, the aim of this chapter is to identify possible trends and distil lessons learned from the country assessments to make development planning more effective in a context of HIV/AIDS.

The first step in this assessment is to examine to what extent HIV/AIDS is explicitly addressed in the principal development planning frameworks of Cameroon, Senegal, Uganda and Zimbabwe. This means, firstly, to assess which of the ten core determinants of enhanced vulnerability to HIV infection are addressed in the various development planning frameworks, with explicit recognition of their potential link to HIV spread. Secondly, it involves a review of the extent to which the frameworks recognise and respond to the key consequences of HIV/AIDS. In both instances, the findings are compared to what respondents in the four countries identified as core determinants and key consequences of HIV/AIDS respectively.

But as the preceding chapters have shown, often development planning frameworks do engage with factors that are associated with enhanced vulnerability to HIV infection, yet without recognising this relationship. Thus, the next step is to review to what extent development planning in the four countries seeks to respond to the core determinants of enhanced vulnerability to HIV infection, but without recognising whether and how these factors may facilitate the spread of HIV.

Table 10.1 summarises the findings from the country assessments. A red mark (✓) indicates that the link with HIV/AIDS is recognised, either in terms of HIV spread (core determinants) or in terms of the impacts (key consequences) of HIV/AIDS. Sections 10.2 and 10.3 discuss this further. A black mark (✓) indicates that this particular factor is identified, but without reference to HIV/AIDS. Section 10.4 further elaborates on these factors. Where the tick mark is reflected in brackets, it means that the relevance of this factor is merely alluded to or is otherwise reflected more indirectly.

10.2. Development planning and HIV prevention: reducing vulnerability?

The 22 development planning frameworks reviewed in the course of this study show almost universal recognition that the HIV/AIDS epidemic poses a threat to life, well-being and development. Except for Cameroon's DSDSR, all other development planning frameworks mention HIV/AIDS. As Table 10.1 shows, there is widespread concern with HIV prevention through awareness raising programmes aimed at behaviour change. Apart from Cameroon's DSDSR, only Uganda's PEAP and PMA do not explicitly support such interventions.

Beyond this concern with lack of knowledge and 'risky' behaviour as factors facilitating the spread of HIV, very little attention is given to other factors that may contribute to the spread of HIV in the four countries under review. In fact, whatever consideration is given to socio-economic or political factors is limited to the National Strategic Frameworks for HIV/AIDS. None of the other 18 development planning frameworks even mentions that these contextual factors may enhance vulnerability to HIV infection.

Even in the national frameworks for HIV/AIDS, not all core determinants of enhanced vulnerability to HIV infection are highlighted. In fact, there is not

necessarily conformity between the frameworks of Cameroon, Senegal, Uganda and Zimbabwe with respect to the factors identified. This could, of course, suggest that the various frameworks respond to local dynamics, rather than following a global template. For example, Zimbabwe's NASF is the only framework that refers to displacement as a contributing factor to HIV spread. More specifically, it acknowledges that the harsh socio-economic realities in resettlement areas and communal areas enhance vulnerability to HIV infection. As such, the NASF clearly identifies a particular reality in Zimbabwe and relates it to the HIV/AIDS epidemic.

However, the country assessments have revealed that displacement is not a uniquely Zimbabwean experience. In all four countries, displacement in some form or other is a reality. In Uganda, the insurgency in the north and east of the country has forced many people to leave their homes and villages. They have moved into towns and into camps for displaced persons. In Senegal, the rebellion in the South is having a similar effect, albeit on a smaller scale. Moreover, the country is host to a significant number of foreign migrants and refugees. The same applies to Cameroon. All four countries also have high levels of internal migration and urbanisation, yet the relationship with HIV spread is not fully explored. The only way in which this is addressed is through a target group approach for HIV/AIDS awareness raising and condom distribution. Cameroon's Strategic Framework for the Fight Against AIDS identifies truck drivers as a target group, whereas Senegal's equivalent also includes a focus on migrants and refugees. The only exception is the reference made in the HSSP of Uganda, which highlights that migration and mobility are associated with the spread of HIV. However, again the intervention here is to target mobile populations for condom distribution, rather than exploring the nature of the relationship between migration and HIV/AIDS in more detail.

Similarly, although poverty is high in all four countries, only the NSFA of Zimbabwe and the NSFA of Uganda associate poverty, inadequate food security and lack of work with enhanced vulnerability to HIV infection. The Strategic Framework for the Fight Against AIDS of Cameroon and Senegal both recognise that HIV/AIDS can lead to poverty, but not that poverty can facilitate the spread of HIV.

The relationship between gender inequality and vulnerability to HIV infection seems particularly unexplored. Whereas all four frameworks identify women as a vulnerable group, this does not mean that sufficient attention is given to the nature of gender relations and how this relates to HIV spread. Zimbabwe's NSAF recognises that gender inequalities in the provision of, and access to, public services like education, health and housing contribute to the enhanced vulnerability of women to HIV infection. Likewise, Cameroon's Strategic Framework for the Fight Against AIDS highlights that low levels of education of women and their financial dependence on men undermine their capability to protect themselves from HIV infection. In contrast, the frameworks of Uganda and Senegal do not reflect on the causes underpinning the enhanced vulnerability of women to HIV infection.

All four National Strategic Frameworks for HIV/AIDS refer to the importance of involving local communities and other stakeholders in the national response to HIV/AIDS. It seems, however, that this emphasis on social mobilisation is not so much borne out of an explicit recognition that weak social cohesion could enhance vulnerability to HIV infection. Rather, the assumption is that social mobilisation is essential for the legitimacy and effectiveness of HIV/AIDS programmes.

None of the National Strategic Frameworks for HIV/AIDS mentions lack of political voice or unequal political power as a core determinant of vulnerability to HIV infection. What is most surprising is that no explicit mention is made of the importance of involving marginalised groups in planning and decision making processes. Uganda's NSFA is the only framework that makes cursory reference to the participation of grassroots organisations, like women's associations and other community based groups. Even here, political empowerment does not appear to be an explicit objective in efforts to curb the spread of HIV.

Table 10.1. Consideration given to HIV/AIDS in the development planning frameworks of Cameroon, Senegal, Uganda and Zimbabwe

	CAMEROON						SENEGAL						UGANDA						ZIMBABWE			
	PRSP	MTEF	NSFA	Health	Educ	DSDSR	10 Plan	PRSP	NSFA	PNDS	PDEF	PRDI	PEAP	MTEF	NSFA	PMA	HSSP	ESIP	NERP	NASF	RAP	PoA
Core determinants of vulnerability to HIV																						
1.1. Individual behaviour	✔	✔	✔	✔	✔		✔	✔	✔	✔	✔	✔		✔	✔		✔	✔	✔	✔	✔	✔
1.2. Poverty/lack of food security	✔	(✔)					✔	✔		✔	✔	✔	✔	✔	✔	✔	✔		✔	✔	✔	✔
1.3. Lack of work/income	✔			✔			✔	✔		✔		✔	✔	✔	✔	✔			✔			✔
1.4. Income inequality								✔											✔			
1.5. Gender inequality	✔		✔	(✔)	✔	✔	✔	(✔)		✔	✔	✔	✔	✔		✔	(✔)	✔	✔	✔		
1.6. Inadequate/unequal access to services	✔	✔		✔	✔		✔	✔		✔	✔	✔	✔	✔		✔	✔	✔				
1.7. Weak social mobilisation/cohesion			(✔)	(✔)			(✔)	(✔)	(✔)						(✔)	(✔)	✔			(✔)		
1.8. Lack of political voice/unequal power								✔				✔	✔		(✔)		✔					
1.9. Social instability/conflict													✔				✔					
1.10. Migration/displacement	✔							(✔)					✔	✔			✔	✔		✔		
Key consequences of HIV/AIDS																						
2.1. AIDS-related mortality	✔	✔	✔	✔				✔	✔	✔				(✔)	✔		✔		✔	(✔)	✔	
2.2. Responsible behaviour/patient adherence																						
2.3. Poverty			✔	✔				(✔)	✔							✔	✔		✔			
2.4. Income inequality																						
2.5. Gender inequality																						
2.6. AIDS orphans	✔		✔	✔	✔				✔	(✔)				✔	✔			(✔)	✔	✔		✔
2.7. Inadequate/unequal access to services		(✔)			✔											(✔)				(✔)		
2.8. Erosion of public sector capacity																						
2.9. Job security/flexibility under threat			✔												✔							
2.10. Reduced labour/skills supply																✔						
2.11. Eroded financial stability/revenue																	(✔)					
2.12. Weak/undermined social cohesion																						
2.13. Lack of political voice/power of PLWHAs			✔										✔		✔		✔					
2.14. Stigma and discrimination			✔	✔	(✔)				✔				✔		✔		✔	✔		✔		
2.15. Social instability & conflict																						

✔ *With explicit recognition of possible links with HIV/AIDS*

✔ *Without recognition of possible links with HIV/AIDS*

Box 10.1. Most commonly identified factors of vulnerability to HIV infection by respondents

Cameroon:
- Ignorance, (inappropriate) behaviour & values
- Poverty
- Culture (mainly loss of culture)

Senegal:
- Behaviour
- Poverty, linked to lack of services
- Gender inequality
- Culture: specific customs (levirate & sororate)

Uganda:
- Ignorance & (inappropriate) behaviour
- Poverty
- Gender inequality (mentioned by only a few)
- Conflict/instability

Zimbabwe:
- Individual risk behaviour & loss of values/morality
- Culture/customs (mainly loss of culture)
- Poverty/lack of food and work
- Gender inequality
- Lack of services
- Migration

A number of development planning frameworks – more particularly the Health Plans and the National Strategic Frameworks for HIV/AIDS – identify STI treatment as an important intervention aimed at HIV prevention. To the extent that this is informed by an understanding that lack of or inequitable distribution of STI services enhances the spread of HIV, this intervention could be interpreted as addressing the sixth core determinant of vulnerability to HIV infection (inadequate/unequal access to basic social services). Yet, it may be stretching the imagination to suggest that the provision of STI treatment is informed by such an analysis. More broadly, there is no reflection in any of the development planning frameworks surveyed that lack of access to basic social services (water, sanitation, housing, education, health, and so on) could enhance vulnerability to HIV infection.

In conclusion, apart from the focus on HIV prevention through HIV/AIDS awareness raising programmes (and STI treatment) in almost all 22 development planning frameworks, there is hardly any explicit recognition of factors that are associated with enhanced vulnerability to HIV infection. The few exceptions concern the frameworks that have been explicitly formulated to guide the national response to HIV/AIDS, but even here there seem to be some glaring omissions. In general, development planning frameworks do not reflect an analysis of the extent to which the socio-economic and political environment influences people's ability to protect themselves and others from HIV infection.

This suggests a considerable disjuncture between the present-day discourse on HIV/AIDS as a developmental concern and the practice of development planning in sub-Saharan Africa. Whereas globally there is growing understanding of the link between HIV spread and developmental concerns like poverty and the absence of secure work/income, lack of access to essential social services, inequalities on the basis of gender or income, social and political marginalisation, instability or displacement, such links are not articulated in the relevant development planning frameworks. Given that most development planning frameworks surveyed in this study have been developed in recent years (mostly in or after 2000), it is surprising that these inter-linkages are not further explored. Instead, responsibility for formulating a comprehensive, developmental response to HIV/AIDS still seems largely confined to the National Strategic Frameworks for HIV/AIDS.

Factors facilitating HIV spread according to interview respondents

In all four countries, interview respondents did mention some factors in the socio-economic and political environment that are associated with enhanced vulnerability to HIV infection. Box 10.1 summarises the main factors identified by respondents. Poverty was the most commonly referred to factor. In some instances, reference was also made to gender inequality as facilitating the spread of HIV, but this was given surprisingly little attention. In Cameroon, there was even an

indication that women were held responsible for the spread of HIV, rather than recognising that their enhanced vulnerability stems from their subordinate socio-economic status. The feedback from Zimbabwe suggests that the level of awareness of factors associated with enhanced vulnerability to HIV infection is fairly high. In addition to poverty, lack of work and gender inequality, reference was also made to lack of services and migration as facilitating the spread of HIV. In Cameroon, Senegal and Zimbabwe, reference was also made to culture (at times articulated as the loss of culture) and specific customs as potentially enhancing the spread of HIV. This dimension is not taken into account in the conceptual framework, except perhaps to the extent that it is implied in gender relations and in the nature of social cohesion in a particular country or community. Clearly, though, even in the interviews the main emphasis was on individual knowledge, morality and behaviour as a critical determinant in the spread of HIV.

10.3. Development planning and the key consequences of HIV infection

The next step is to review the extent to which development planning frameworks identify what the implications of HIV/AIDS are – or are likely to be in the near future – and propose interventions in response to these consequences. The most likely consequences of HIV/AIDS are reflected in the bottom part of Table 10.1.

As Table 10.1 shows, a significant number of development planning frameworks specifically highlight the need to provide treatment and care of people living with HIV/AIDS. To reduce HIV/AIDS-related mortality, provision is commonly made for ARV treatment, PMTCT programmes and the treatment of opportunistic infections. It is worth noting, however, that these life saving and life enhancing treatments are not necessarily universally available in the countries reviewed here. More often than not, where made available in the public sector, such treatments are only provided on selected sites (pilot projects) or can only be accessed in bigger, better-resourced health centres. The availability of these treatments also depends on the allocation of resources. Zimbabwe's NERP is a case in point: although in principle it supports the provision of ARVs in the public health sector, in practice the lack of foreign currency makes it impossible to implement this objective. The MTEF of Uganda includes budget lines for ARV treatment and PMTCT programmes, but these interventions are mainly funded by donors and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

None of the four Education Plans specifically mentions the need to reduce HIV/AIDS-related mortality. This is perhaps not surprising, except that in countries with a high HIV prevalence rate (particularly Zimbabwe and Cameroon, but also Uganda) the education sector is often one of the sectors most affected by the epidemic. There is likely to be an increase in HIV/AIDS-related mortality among teachers and other education staff and among pupils – or at least, children of school going ages who may or may not be enrolled in school.

Likewise, development planning frameworks for rural (Cameroon's DSDSR and, to all intents and purposes, Uganda's PMA) and regional (the PRDI of the Kaolack Region in Senegal) development do not mention HIV/AIDS-related mortality, let alone suggest interventions to reduce it. The PMA of Uganda does recognise that HIV/AIDS has a negative impact on labour and skills, but this is not linked to health-related interventions to minimise this impact.

A significant proportion of development planning frameworks also refers to the phenomenon of AIDS orphans, although this does not necessarily translate into programmes or projects to support AIDS orphans. In cases where specific measures are proposed, these are more often than not related to access to education and, to a lesser extent, nutrition. Apart from the National Strategic Frameworks for HIV/AIDS, Education Plans commonly articulate a concern with AIDS orphans.

The third most likely consequence of HIV/AIDS identified in development planning frameworks concerns stigma and discrimination. However, only in the frameworks of Uganda and Cameroon is this reflected beyond the National Strategic Framework for HIV/AIDS. HIV/AIDS-related stigma and discrimination is mentioned in Senegal's Strategic Framework for the Fight Against AIDS, but it does not seem to be given a lot of emphasis. Although it is no justification, perhaps the lack of attention given to HIV/AIDS-related stigma and discrimination in Senegal's development planning frameworks is because Senegal's HIV/AIDS epidemic is still fairly contained.

Surprisingly little attention is given to political voice and political participation of people living with

HIV/AIDS. In Uganda, this is a concern shared among a number of development planning frameworks. Cameroon's Strategic Framework for the Fight Against AIDS also emphasises the imperative of involving people living with HIV/AIDS in the national response to the epidemic. Beyond these inclusions, it does not seem to be a concern for most development planning frameworks. Even in those cases where explicit reference is made to the participation of people living with HIV/AIDS, this is not accompanied by a broader concern with the involvement of people affected by HIV/AIDS, such as widows/widowers, children, or the elderly (especially elderly women).

Equally little recognition is given to the fact that HIV/AIDS is likely to enhance poverty. In each country, only one or two development planning frameworks mention this. Even if reference is made to poverty as a result of HIV/AIDS, it does not always lead to the formulation of specific projects. For example, the HSSP and the PMA of Uganda both underline the need for people living with HIV/AIDS to earn an income, yet neither framework proposes clear strategies in this regard. In contrast, the Strategic Frameworks for the Fight Against AIDS of Senegal and Cameroon make provision for income generating projects for people living with HIV/AIDS. The Senegalese version also focuses on the nutritional needs of orphans and vulnerable children, which is echoed in the PNDS. The Health Strategy of Cameroon includes a concern with the food intake of people living with HIV/AIDS. Finally, the NERP of Zimbabwe is the most detailed in terms of proposing an instrument to address poverty as a result of HIV/AIDS: it introduces the AIDS levy, which, amongst others, is intended to benefit households affected by HIV/AIDS. However, as the country assessment of Zimbabwe has shown, a number of problems exist with respect to its effective use.

The impact of HIV/AIDS on demand for and access to services is also rarely taken into account in the development planning frameworks under review. This may be reasonable for a country with a consistently low HIV prevalence rate like Senegal, but not for countries with a (past or current) high HIV prevalence rate. Of the 16 development planning frameworks of Cameroon, Uganda and Senegal, only Cameroon's Education Strategy elaborates on the impact of HIV/AIDS on service provision. It is specifically concerned with access to education, stating that school drop out by orphans and other vulnerable children should be prevented and that they should be provided with psychological and social support. Uganda's PMA merely mentions that HIV/AIDS can lead to school drop out and increase the number of street children, without further elaborating on what impact this would have on the future of children or on the education system. The NASF of Zimbabwe recognises the importance of a proper health system that provides quality care to people living with HIV/AIDS, but it does not go into detail on the impact of HIV/AIDS on the health system – i.e. the need for more and more complex treatment, hospital overcrowding, the risk of crowding out of other diseases - or on any other sector for that matter. Similarly, by virtue of its budgetary provision for health services in general and HIV/AIDS treatment more specifically, it could be argued that the MTEF of Cameroon contributes to equitable access to health care for people living with HIV/AIDS. It does not, however, reflect on changing health care needs as a result of HIV/AIDS and what the implications are for the health sector.

As Table 10.1 shows, no attention is given to the impact of HIV/AIDS on the public sector and its capacity to deliver services and fulfil its functions. Even in countries affected by a serious HIV/AIDS epidemic (including Uganda), there is no evidence that this consequence is taken into account. Whereas a number of development planning frameworks focus on human resource development (particularly the sectoral frameworks), which in some cases translates into investment in personnel expansion, this is not related to HIV/AIDS-related morbidity and attrition. More disconcerting is the focus on rationalisation of the public sector, like in Uganda's PEAP and MTEF, without taking account of the eroding impacts of HIV/AIDS. In other words, none of the development planning frameworks reflects on the likelihood of reduced productivity and performance and the potential loss of personnel, skills and organisational memory as a result of HIV/AIDS. It is plausible that this is largely the result of a lack of data on HIV prevalence in the public sector in general and specific sectors in particular. Few studies have been done to ascertain the HIV prevalence rate in the public sector and what this means for the quality and quantity of service provision.

Similarly, no consideration is given to the financial implications of HIV/AIDS – both at household and sectoral level – and what this means for sector budgets and the ability to raise local revenue (through taxes and user fees). It could be argued

Box 10.2. Most commonly identified key consequences of HIV/AIDS by respondents

Cameroon:
- Increased adult mortality, with negative implications for national production (and labour)
- Orphans
- Enhanced disease burden
- Poverty

Senegal:
- Increased mortality and disease burden
- Poverty and reduced ability to work
- Orphans, risk of reduced school enrolment and higher school drop out
- Rejection / family disintegration

Uganda:
- Increased mortality and disease burden
- Family disintegration and orphans
- Loss of labour, linked to reduced production and productivity
- Increased household poverty (few references)

Zimbabwe:
- Increased mortality and reduced life expectancy
- Orphans and child-headed households
- Loss of labour, linked to reduced productivity
- Impact on women (mentioned by only a few)
- Stigma/discrimination (mentioned by only a few)

that strategies aimed at securing donor funds and funds from the Global Fund for the Fight Against AIDS, Tuberculosis and Malaria, as articulated in Uganda's HSSP, are intended to prevent a resource gap in the health sector, particularly following the abolition of user fees. The question is whether these resources are sufficient to ensure the financial stability of the sector.

Another underrated consequence in development planning frameworks is the impact of HIV/AIDS on labour. Uganda's PMA is the only framework that refers to the loss of skilled and unskilled labour in rural areas as a result of HIV/AIDS, yet beyond this observation it does not propose strategies to address this. Equally little attention is given to HIV/AIDS in the workplace and the issue of workers rights. Only the Strategic Frameworks for HIV/AIDS of Uganda and Cameroon emphasise the need to protect employees from HIV/AIDS-related discrimination. No consideration is given to the fact that HIV/AIDS may affect labour supply in the sense of the need for greater job flexibility for those infected and affected by HIV/AIDS.

No reference is made to enhanced income inequality and gender inequality as a possible result of HIV/AIDS. Thus, no account is taken of the enhanced burden of care on women and girls as a result of HIV/AIDS, or the likelihood of girls being taken out of school to help out in HIV/AIDS-affected households – with negative implications for their development and life prospects. There is also no reflection on the possibility that women may lose assets such as land, housing and savings when their husbands fall ill or die of HIV/AIDS-related illnesses.

The fact that HIV/AIDS may undermine social cohesion and enhance social instability and conflict, possibly resulting from a combination of fear/stigma, resource scarcity and increasing demands, is also not acknowledged in any of the development planning frameworks.

Finally, none of the development planning frameworks explicitly emphasises the need for people living with HIV/AIDS with access to ARV treatment to be responsible and adhere to the treatment provided. It seems plausible that such an emphasis is too individually focused to be reflected in documents concerned with national, regional or sectoral development. Rather, such a concern may be expressed more explicitly at project level.

Key consequences of HIV/AIDS identified by interview respondents

In the interviews, the most commonly referred to consequences of HIV/AIDS are increased mortality, enhanced burden of disease, orphans and poverty (see Box 10.2). Whereas in Senegal most of the consequences identified are mainly experienced at household and individual level, in Cameroon the emphasis was on macro level impacts. Here, significant concern was expressed with the impact of HIV/AIDS on national production and labour. In

contrast, in Senegal mention was made of the debilitating impact of HIV/AIDS on a person's ability to work, the potential of school drop out of orphans and vulnerable children and the risk of family disintegration. In light of the scale of the epidemic in Senegal, it seems appropriate to focus on micro level impacts rather than macro level impacts. However, in the case of Cameroon due consideration should also be given to the impacts of HIV/AIDS at household, community and sector level. In Uganda and Zimbabwe, impacts at varying levels and scales were identified. Even here, though, there were some obvious omissions, particularly regarding the implications for service demand and service provision (e.g. public sector capacity and financial stability), gender inequality, social cohesion and HIV/AIDS-related stigma and discrimination (including in the workplace). Only in Zimbabwe were some observations made regarding stigma/discrimination and the impact of HIV/AIDS on the care role of women. As with the core determinants, a significant number of factors were not readily identified by respondents as key consequences of HIV/AIDS.

10.4. Development planning: an implicit contribution to HIV vulnerability reduction?

Even if development planning frameworks do not reflect an appreciation of the contextual factors that may enhance vulnerability to HIV infection, this does not mean that these factors are not of concern to development planning. As the country assessments have illustrated, the 18 development planning frameworks (which excludes the National Strategic Frameworks for HIV/AIDS) do, to a greater or lesser extent, seek to address development challenges like poverty, inadequate access to services, and so on. Even though the possible link with HIV spread remains unexplored, interventions in this regard could contribute to reduced vulnerability to HIV infection.

As Table 10.1 shows, poverty and inadequate/unequal access to essential services are the most commonly identified development challenges in the frameworks reviewed. Gender inequality is also widely recognised, although in some instances (Senegal's PRSP, Uganda's HSSP and Cameroon's Health Strategy) this is rather implicit. Of course, the fact that gender inequality or the subordinate status of women is mentioned does not always mean that clear strategies are proposed to transform gender relations. At times, it means women are identified as a marginalised or vulnerable group and that clearly circumscribed interventions targeting women are proposed, rather than a comprehensive response to the causes of their marginalisation.

Unemployment, underemployment and low earnings from labour are three key causes of poverty (UNDP, 2003b:xx). Yet, few development planning frameworks have an explicit focus on employment creation, employment protection and fair earnings. Of the 11 development planning frameworks that identify lack of work and income as a development concern, only two of these, the PRSP of Senegal and the PEAP of Uganda, recognise the importance of supporting labour-intensive productive activities to enhance access to employment. Most other documents seem to assume that opportunities for employment and income generation will largely be created in the informal sector. Thus, Cameroon's PRSP emphasises self-employment. A similar focus can be found in Zimbabwe's NERP, which aims to support SMEs and income generating projects, and even in the PoA, which refers to income generating projects at school. In Senegal, the PNDS and PRDI highlight the need for income generating activities for poor households and women and youth respectively. In the 10th Plan, the focus is also not so much on employment creation, but on ensuring stable incomes through agriculture reform and the extension of social protection to the informal sector. Even though the PRSPs of Senegal and Uganda are explicitly concerned with employment creation in the formal sector, these documents (not unlike other development planning frameworks) also opt for structural reform (especially of the agriculture sector), privatisation and other strategies associated with labour specialisation, enhanced income inequalities and jobless growth, if not a contraction of the labour market. These inherent ambiguities are not explored in either PRSP.

Income inequality is rarely discussed in development planning frameworks. Yet, like issues related to labour, the distribution of income is closely associated with the structure of the national economy, economic restructuring processes and which economic sectors are prioritised. For example, a recent report by UNDP South Africa observes that manufacturing is associated with more equal earnings than economic sectors based on high levels of labour specialisation (UNDP 2003b:74-75). Income inequality is only mentioned in the PRSP of Senegal and in Zimbabwe's NERP. With respect to the latter, the assumption is that land redistribution will serve to equalise national wealth and income. However, as noted in Chapter 9, no funds are made

available to small scale farmers to become productive and take advantage of these redistributive measures. Although the PRSP of Senegal recognises that income inequality in Senegal is high, it does not propose strategies to address this. Rather, its main concern is with ensuring regular income for the Senegalese population.

Although social mobilisation is reflected in a number of documents, this is not so much borne out of an appreciation that weak social cohesion or lack of social mobilisation impede development. Rather, support for social mobilisation is either seen as a political imperative, linked to the view that participation in development programmes results in ownership of these programmes and their outcomes, or it is viewed in instrumentalist ways, possibly linked to cost-sharing measures, as in the case of the PRSP of Senegal.

Surprisingly little attention is given to the importance of enhancing participation in decision making and the expression of political voice, particularly given the emphasis on this in international development literature. None of the development planning frameworks of Zimbabwe and Cameroon engages with this issue. In the PRSP of Senegal, mention is made of the fact that the participation of local communities contributes to the sustainability of projects. Because it does not specify marginalised groups, it reflects quite a homogenous interpretation of a community. The PRDI of Kaolack only specifies the need to enhance women's involvement in planning and decision making processes. Of all the development planning frameworks reviewed in this study, Uganda's PEAP appears to reflect the most elaborate view on participatory processes. It specifies that efforts need to be made to involve poor people and marginalised groups, which include women and people with disabilities, in decision making processes. Perhaps a more implicit perspective is found in the HSSP, which supports a shift to primary health care and community based health care. Both are associated with greater involvement of local communities in health planning.

Although social instability and conflict is not unique to Uganda, only its PEAP and HSSP highlight this as a development concern. It is therefore perhaps not surprising that displacement only features in the development planning frameworks of Uganda, which refer to displacement stemming from the conflict in the north and east of the country. More specifically, the PEAP, MTEF, HSSP and ESIP articulate concern with the living conditions of displaced persons in camps and seek to provide appropriate support services. The PRSP of Senegal also recognises that displaced persons and refugees are a vulnerable group in need of specific support measures. It does not, however, further engage with the underlying causes of displacement, despite the rebellion in the south of the country, or with the dynamics and experiences of displacement. Cameroon's documents also do not reflect on this, even though the country is host to a significant number of foreign migrants and refugees. While the resettlement programme in Zimbabwe is associated with displacement, none of the development planning frameworks explicitly engages with this dynamic and what this means in terms of services and infrastructure, for example.

With respect to urbanisation, Uganda's MTEF and ESIP do express some concern with lack of services in urban areas. In addition, the PRSP of Cameroon delegates responsibility for urban and rural development to specific strategies, without further elaborating on the scale and challenges of urbanisation.

In conclusion, a number of factors associated with enhanced vulnerability to HIV infection are taken into account in development planning frameworks, yet without considering how these factors may relate to HIV spread. It is also clear from Table 10.1 that not all core determinants of enhanced vulnerability to HIV infection are commonly identified as development concerns. Significant variances exist between countries and between specific development planning frameworks within countries. To some extent, such differences could stem from specific contextual realities in Zimbabwe, Uganda, Senegal and Cameroon. Moreover, different development planning frameworks are likely to have differing emphases: a health strategy and a rural development strategy are unlikely to overlap completely in terms of the development concerns identified. Yet, as the preceding discussion has highlighted, not all variances and gaps identified can be adequately explained by referring to local realities or the specific ambit of a development planning framework. In some instances, it seems that there are obvious omissions and conceptual flaws in the documents guiding development processes. Furthermore, even though the spread of HIV can be reduced if these factors are effectively addressed, the main concern is that there is no adequate comprehension of the contextual influences on vulnerability to HIV infection. In other words, HIV prevention efforts will be most effective

if the environment of vulnerability is properly understood and adequately responded to.

10.5. Concluding remarks

The country assessments reflect on development planning and HIV/AIDS in countries with different political, economic and social trajectories and characteristics, and with different HIV/AIDS epidemics. As such, the four countries reviewed in this study are indicative of the heterogeneity that characterises sub-Saharan Africa, even if these countries may not adequately capture the level and depth of this variety. Because of the differences in political economy, socio-cultural characteristics and HIV/AIDS in sub-Saharan African countries, there can be no single blueprint for development that applies to all these countries in the same manner. Equally, the national response to HIV/AIDS has to be grounded in, and respond to, local realities and dynamics.

The imperative to recognise contextual differences raises interesting questions for this study. In particular, the case of Senegal illustrates quite clearly that the analytical framework and theoretical assumptions underpinning this study cannot be universally applied to countries on the subcontinent. In fact, if anything, Senegal's country assessment serves to highlight the gaps in the template (Table 4.1), the most obvious one being a lack of appreciation of socio-cultural dynamics. In part, this omission can be explained by the fact that socio-cultural factors are rarely considered in development planning frameworks. Another reason is that this study has sought to broaden the conceptual understanding of HIV/AIDS from a narrow concern with individual knowledge and behaviour, which often implies a (limited) focus on culture and values. In the process, socio-cultural dimensions of the epidemic have been largely ignored, except to the extent that these dimensions are reflected in the nature of gender relations and social cohesion in specific countries.

To conclude this chapter, the following classification captures the main findings of the country assessments regarding possible links between development planning and HIV/AIDS in Cameroon, Senegal, Uganda and Zimbabwe:

1. *Specific core determinants and/or key consequences of HIV/AIDS are not mentioned at all.*

   At least four reasons can be identified for this situation. For one, certain factors may not be relevant given the socio-economic and political realities and the scale of HIV/AIDS in a particular country. For example, the relatively low scale of HIV/AIDS in Senegal means that public sector capacity is unlikely to be eroded as a direct result of the epidemic. Secondly, certain factors may not be relevant for a particular development planning framework. For example, education plans are rarely concerned with lack of income, although Zimbabwe's PoA clearly refutes this logic. Thirdly, addressing these factors is perhaps not considered a political priority. For example, the case of Zimbabwe suggests that in a context where political and/or economic insecurity is paramount, HIV/AIDS is unlikely to be a priority for the political leadership. Similarly, reversing the economic crisis seemed to be the main concern for Cameroon in the 1990s. Only when its economic (mis)fortunes seemed to be turned around did HIV/AIDS emerge on the political agenda as a development concern. By that time, the epidemic was already in an advanced stage. Finally, the significance of these factors for national development in general and HIV/AIDS in particular may not be recognised. The country assessments and this chapter have highlighted a number of instances where the lack of attention given to specific factors is indicative of conceptual oversight, rather than irrelevance.

2. *Specific core determinants of enhanced vulnerability to HIV infection are mentioned, but without specific reference to HIV/AIDS.*

   In other words, these factors are articulated as development concerns, but no consideration is given for whether and how these factors may enhance vulnerability to HIV infection. The reasons for this could be similar to those mentioned above, although this chapter and the preceding chapters have highlighted many instances where the last reason (lack of appreciation/understanding for the link with HIV infection) is the most likely one.

3. *Specific core determinants and/or key consequences of HIV/AIDS are mentioned (with or without recognising the potential link with HIV/AIDS), but no clear strategies or plans are formulated to respond to these factors.*

   Although at times this may be because the

formulation of specific interventions falls beyond the scope of a particular development planning framework, the country assessments have also highlighted instances where the lack of strategy formulation seems to be an omission. For example, simply mentioning the fact that HIV/AIDS enhances poverty without suggesting measures to overcome HIV/AIDS-induced poverty, like Uganda's HSSP and PMA do, obviously does not address the problem.

4. *Specific core determinants and/or key consequences of HIV/AIDS are mentioned (with or without recognising the potential link with HIV/AIDS) and strategies or plans are proposed, but no resources are allocated to implement the proposed strategies.*

   The issue of financial resources is critical for the effective implementation of stated goals, plans and strategies. This is most obvious in the case of Zimbabwe, although the country assessment of Senegal also illustrates this point. Clearly, if foreign (and domestic) funds cannot be accessed and the foreign exchange rate is exorbitant, the best intended plans are unlikely to be realised.

5. *Specific core determinants and/or key consequences of HIV/AIDS are mentioned (with or without recognising the potential link with HIV/AIDS), strategies or plans are proposed, resources are allocated, yet action plans and activities are not implemented.*

   Past experience in Senegal has shown that the implementation rate of planned interventions could be less than 50%. However, it is beyond the scope of this study to evaluate the implementation of development plans and strategies. Therefore, little insight can be given as to the reasons for lack of implementation.