

4. Examples: implementing strategic plans

Ukraine's strategic efforts to target HIV in the world of work

Context

Ukraine has the most severe HIV epidemic in Eastern Europe and Central Asia, with an adult prevalence at 1.5%. Though concentrated chiefly among injecting drug users, female sex workers and men who have sex with men, rising prevalence among pregnant women suggests that the country is fast approaching a generalized epidemic. The impact of the epidemic on the economy can already be detected, and estimates indicate that by 2014, it may reduce the gross domestic product by 6% and cut the workforce by 12%.

Despite the gravity of this epidemic, efforts to address it are hampered by widespread ignorance and stigma and discrimination. Faced with the speed at which the epidemic is spreading, observers have called for measures anchoring the response in a comprehensive national strategic plan.

Technical support

With support from GTZ, an expert team from the International Labour Organization (ILO) Ukraine, together with consultants from the Ministry of Health, have supported the government in developing a National Strategic Programme on HIV/AIDS for 2006–2010 and in amending national legislation on HIV/AIDS. The team has also conducted training sessions to promote a National Strategy of Tripartite Partnership on HIV/AIDS. This partnership brings together

government officials, representatives of employers and representatives of workers to promote one national strategy to fight HIV in the workplace.

ILO Ukraine has also offered technical assistance in breaking down the national strategic plan into concrete activities. Since 2003 it has trained more than 100 trainers for the development of workplace policies and programmes for voluntary counselling and testing, and has assisted in publishing a manual to foster the implementation of such programmes.

Results

This marks the first time that HIV programming in the workplace has been made part of Ukraine's National Programme, and the first time that government officials, employers and workers are collaborating to promote such initiatives. As a result, it is expected that knowledge about HIV will fan out through Ukrainian society. The tripartite partnership now enjoys representation on the National Coordination Council on HIV/AIDS and the GTZ–ILO initiative has created opportunities for Ukraine to work with other UN agencies: for example, in promoting social dialogue and legal reforms.





Tanzania implements a multi-sectoral strategic framework to fight HIV⁴

Context

Tanzania is burdened with a serious, generalized HIV epidemic (6.5% of adults aged 15–49 were HIV-positive in 2005) that is threatening to reverse the progress towards development made in the post-colonial era. In 2001, an Act of Parliament established the Tanzania Commission for AIDS (TACAIDS) and charged it with developing a multisectoral national response to the epidemic. TACAIDS worked with a broad range of stakeholders to develop Tanzania's Multi-sectoral Strategic Framework (NMSF) on

HIV/AIDS for the period 2003–2007. Since 2001 also, domestic funding of the AIDS response has more than doubled.

To further encourage a multisectoral response and build capacity at the decentralized level, Multisectoral AIDS Committees in councils (CMACs) and wards (WMACs) have been established. These are meant to serve as key mechanisms to increase community awareness of HIV, monitoring of programmes and bottom-up communications about the appropriateness of national policies – and ways to improve them.



Technical support

At the national level, GTZ financed a consultant to assist in the formulation of the Strategic Framework: e.g., with its situational analysis, structure, definition of strategic activities and choice of M&E indicators. Technical advisors hired by GTZ are now also helping to establish a process and committee for the review of the Framework. The findings will be used to revise the document for the next five year phase, 2007–2011.

At the local level, a TACAIDS quality assurance team, in collaboration with GTZ and two consulting agencies (evaplan/University of Heidelberg and HealthScope Tanzania), have helped to implement the multisectoral response and to provide technical assistance in building the capacity of CMAC and WMAC members. A baseline survey had shown that many of the committees faced major obstacles in their initial work: for example, members were not appointed in a timely manner and capacity to manage and monitor projects was low. Training programmes and materials were thus developed by TACAIDS and its

partners, and 50 facilitators were recruited and trained to begin making use of the materials in districts and wards.

Results

Nearly all ministries have developed strategic plans to mainstream AIDS, and all local government authorities have multisectoral AIDS committees with legal status. By July 2005, the CMACs had also made progress. Most had held regular meetings, retained their members, received assistance from the Regional Administrative Secretariats and many had developed their own multisectoral plans. By the end of 2006, all local government authorities had established multisectoral AIDS committees with legal status, and civil society organizations were seen as partners and stakeholders in the national response to HIV. Development partners have signed a memorandum of understanding with the government to support the implementation of the National Multisectoral Strategic Framework. In short, Tanzania has effectively established a multisectoral response to HIV.