# Building Dynamic Democratic Governance and HIV-resilient Societies

**Lee-Nah Hsu, January 2004**

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# Executive summary

**In 2002, the United Nations revised its biennial world population projections for 2050 downward from 9.3 billion, reported two years previously, to 8.9 billion. This 400-million reduction is attributed to the number of projected deaths mainly from AIDS and the consequent deficit in births.[1] This change in the mortality scenario reflects a worrying reversal of the achievements made in improving people's living standards and longevity as a result of decades of investment in economic and human development.**

Currently, sub-Saharan Africa is the area most severely affected by the AIDS pandemic, with nearly 30 million people infected. The Asian and Pacific region accounts for the second largest number of people in the world living with HIV – an estimated 7.4 million as of December 2003,[2] 1 million of which were new infections in that year alone. Two decades of HIV/AIDS interventions in Africa have shown that, despite focused risk-behaviour modification efforts, the HIV pandemic is still gaining ground rapidly. In fact, some countries with high HIV awareness, such as South Africa, also have the highest HIV prevalence. Despite the gravity of this two-decade-old pandemic, responses to HIV/AIDS – outside the domain of public health initiatives – still remain limited.

Are responses to HIV/AIDS on track? In view of the mounting morbidity and mortality from HIV/AIDS globally, the answer is hardly affirmative. Unfortunately, research and evaluation of AIDS programmes have failed to consider the impact of development on HIV epidemics as well as the impact of AIDS on development. Such neglect can mislead decision-makers into making ineffective choices on policies, programmes and resource allocations.[3]

Can anyone afford to be complacent in the face of the devastation that is projected to result from AIDS? Can anyone let go of the hard-won economic and human development achievements of the past two decades, allowing them to be wiped out by AIDS? If not, what can we do to utilize existing wisdom to build our resilience to HIV/AIDS? This paper proposes that the principles of democratic governance should be applied at the community, national, regional and international levels to build HIV-resilient societies that can devise their own means for bouncing back from major adversities such as HIV/AIDS. Although it is not possible to describe the principles of democratic governance in a few words, highlights include the following: (a) participation, responsiveness to all stakeholders and consensus orientation; (b) rule of law, transparency and accountability; and (c) equality, equity and efficiency.

This approach is based on the following premises:

· Democratic governance principles contribute to building HIV resilience, reducing poverty and certain forms of inequality relevant to the incidence and spread of HIV.

· An HIV-resilient society implies a situation where human rights and security exist; these factors, in turn, strengthen the foundation for sustainable democratic governance.

4 Hsu, Lee-Nah, du Guerny, J., Governance and HIV/AIDS (12 November 1999), in *Introducing Governance into HIV/AIDS Programmes: People's Republic of China, Lao PDR and Viet Nam*, June 2002, UNDP South East Asia HIV and Development Programme, <*http://www.hiv-development.org/publications/introducing-governance. htm*>.

5 de Waal, A., "Macro-economic implications of HIV/AIDS", Commission for HIV/AIDS and Governance in Africa, 29 May 2003, Addis Ababa, Ethiopia.

Although democratic governance is an accepted instrument in the broad human rights framework, it has emerged only in recent years as an instrument to be used against the spread of HIV/AIDS. For example, the UNDP South East Asia HIV and Development Programme (UNDP-SEAHIV)[4] has applied democratic governance in its work wherever possible. Even though UNDP-SEAHIV collaboration with the Association of South East Asian Nations (ASEAN) and China is only in its fifth year, evidence has already emerged of the critical role played by good governance in building HIV resilience in this part of the world. Its value has also been recognized at the global level. In 2003, United Nations Secretary-General Kofi Annan set up the Commission for HIV/AIDS and Governance in Africa.[5] More efforts in this direction are being developed, but it is beyond the scope of this paper to list them all.

The paper provides an analysis of some of the strengths and weaknesses in applying the principles of democratic governance to build HIV resilience. It analyses the mechanisms for building HIV resilience that also contribute to the democratic governance process.

For example, the mechanisms that build HIV resilience, which in turn contribute to the democratic governance process, include the following:

· Participation and responsiveness;
· Transparency and accountability;
· Rule of law.

The elements which stand out in building HIV resilience are:

· Leadership with strategic vision;
· Timeliness of responses;
· The engagement of multisectoral systems.

The term multisectoral includes – in addition to the health sector – other development sectors such as education, finance, planning, construction, transportation, agriculture and justice, all linked together in a three-way partnership involving the government, non-governmental organizations and private businesses.

Since it takes 5-10 years for HIV to manifest itself and because its impact is long-term, building HIV resilience requires long-term strategic responses.[6]  Good governance is required in order to ensure multisectoral engagement through a systems approach with long-term vision and mechanisms that protect human rights. A critical factor for good governance is timeliness, i.e., the long-term perspective. However, democracy in practice, when linked with the election cycles for government officials, tends to favour short-term solutions. Politicians tend to compartmentalize issues for quick results. They normally have little incentive for the longer term as they need to show visible results rapidly to the electorate in order to gain and maintain support politically.

Democratic governance, in addition to protecting human rights, can facilitate an enabling environment for building HIV-resilient societies. In promoting HIV resilience, this paper advocates critical thinking for national leaders, policy makers, programme managers and donors. As previously stated, building HIV resilience through multisectoral responses that follow the principles of democratic governance is a long-term process. Yet this approach is worth pursuing because it could make a critical contribution to reversing the expanding trend of the HIV/AIDS pandemic. It is an essential option not to be neglected.

In South-East Asia, UNDP cultivates partnerships among governments, civil society, research institutions and inter-governmental organizations as part of the UNAIDS system in order to build regional HIV resilience. To address the weakness while utilizing the strength of democratic governance principles, South-East Asian countries have developed their own strategy; they have labelled it the Early Warning Rapid Response System (EWRRS). Early warning not

only provides the opportunity for *timely responses* and a *systems approach* locally, nationally, regionally and multisectorally, but it also enables tackling the socio-economic and environmental causes of HIV vulnerability instead of addressing only symptomatic risky behaviours.

The proposed inclusion of democratic governance for incorporating HIV resilience in HIV/AIDS strategies could bring the world closer to achieving two of the Millennium Development Goals:

· Goal 6, which is to halt and begin to reverse the spread of HIV/AIDS;
· Goal 8, which is a commitment to good governance, development and poverty reduction nationally and internationally.

### Recommendations
Because HIV/AIDS is threatening the future of humanity, the following recommendations for action at various levels could help to reverse the devolution process by incorporating democratic governance principles in HIV/AIDS responses:

**At the country level**
*Advocate and promote the  principles of democratic governance to build HIV resilience*
National and community-level AIDS programmes – public, non-governmental or private – should incorporate democratic governance principles to enhance their effectiveness in building HIV resilience. They can do this by ensuring a *participatory* strategic planning process which includes *multiple* development *sectors*; *transparency* in formulating policy-making decisions on *equitable* resource allocations, including those related to anti-retroviral medications; *efficiency* in operations; *responsiveness* in programme delivery; and *accountability* for the results in accordance with the *rule of law*.  These principles are all imbedded in a functional Early Warning Rapid Response System, which could be a potential multisectoral model.

**At the regional level**
*Strengthen regional collaboration and  coordination to support country responses*
Because HIV recognizes no borders as it spreads, it is critical to provide the necessary resources, both technical and financial, to

build regional HIV resilience in areas affected by the virus. This can be done by strengthening regional democratic governance mechanisms, which in turn could facilitate the country-level democratic governance process.

## By UNDP
### Strengthen partnerships for democratic governance
UNDP has a mandate to promote democratic governance. For this purpose, it is in a unique position: its 136 country offices can partner with countries in applying democratic governance principles in order to build each country's HIV resilience. Such efforts will be in support of the Declaration of Commitment made at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) and help in achieving the Millennium Development Goals.

## By donors
### Broaden the aid  framework and scope for action on HIV
Donor countries should be proactive and expand their aid framework for HIV/AIDS beyond the current focus on health/medical concerns so that it could become a development framework through which support could be given for responses by various development sectors, including agriculture, construction, transport and defence, among others, in addition to the education and health sectors.

### Support  regional and inter-country responses
To halt the progression of the pandemic, it is essential that donors support *regional* responses, which provide an essential dimension to national programmes attempting to halt the spread of HIV internationally.

### Promote democratic governance principles
National AIDS authorities should coordinate the diverse entities dealing with HIV/AIDS funding and establish consistent monitoring and evaluation mechanisms so that the results could be shared across the board. This would enhance effective HIV/AIDS programmatic responses and resource allocations by facilitating national AIDS strategies, which would be linked to national poverty reduction strategic plans.

## By researchers
*Listen to the people and communities* in order to learn how they cope with HIV/AIDS. Synthesize people's wisdom to produce evidence-based advocacy tools.

*Develop indicators for the democratic governance process.*
Intermediate indicators which would measure progress towards
long-term objectives should be included in order to counter the
short-term practices of politicians concerned about electoral cycles.

*Refine the Early Warning Rapid Response System* while ensuring its
application of democratic governance principles and its valuable
multisectoral collaboration in the early detection of events that could
signal conditions favourable to the spread of HIV/AIDS. In particular,
ways should be found to reduce institutional inertia, thus ensuring
that warnings would result in timely responses.

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# 1 Introduction

**In September 2000, the United Nations Millennium Summit adopted the historic Millennium Development Goals. One hundred and ninety one Member States of the United Nations pledged to achieve the Goals by 2015. Goal 6 is aimed at halting and beginning to reverse the spread of HIV/AIDS. Goal 8 is a commitment to good governance, development and poverty reduction nationally and internationally.[7] Goal 8 is not an afterthought.  Mark Malloch Brown, UNDP Administrator, stated that one of the key conclusions of the Millennium Summit was that governance must be strengthened to achieve all the other Goals.[8]**

This paper is based on the experience of the UNDP South East Asia HIV and Development Programme (UNDP-SEAHIV) in working with South-East Asian countries to apply the principles of democratic governance in building HIV resilience for people in local communities, countries and the region. One of the aims of this combined approach is to contribute to international solidarity in achieving the Millennium Development Goals concerning HIV/AIDS and global development partnerships. The experience of UNDP-SEAHIV reflects the belief that development is sustainable only when the people affected by it participate in the process and when human elements are taken into consideration.

The paper provides an analysis of the strengths and weaknesses of applying the principles of democratic governance to build HIV resilience. It also provides an analysis of the mechanisms for building HIV resilience that contribute to the democratic governance process. Some key concepts used in this paper are defined below in order to explain their relevance to HIV issues.

## 1.1 Human development

Human development is *the process of enlarging people's choices to lead a long and healthy life, to acquire knowledge and to have access to the resources needed for a decent standard of living while preserving these resources for future generations, protecting personal security and achieving equality for all, women and men.[9]* It implies giving choices equally to people living with HIV/AIDS, so that they could have the means to live as long and as free of symptoms as possible. It also means that both men and women should have access to HIV/AIDS prevention information and treatment while protecting the future of their children. Protecting personal security implies respecting human rights, reducing poverty, resolving conflict and fostering democratic governance. These factors combined help to reduce vulnerability to HIV.

What are the critical elements in responding effectively to HIV/AIDS? One of the key requirements for sustainable human development promoted by the United Nations is human rights. Human rights serve as a platform for HIV control. This is fundamentally different from the public health strategies used against other infectious diseases; such strategies involve isolation and segregation.

When conventional public health strategies were applied to people infected with HIV, the approach not only violated their human rights but also fuelled the spread of the epidemic. The stigma and discrimination caused by labelling and segregation increased people's vulnerability to HIV and hindered the ability of health professionals to help those most in need.

Dr. Jonathan Mann, the first Director of the World Health Organization's Global Programme on AIDS, realized that upholding human rights is essential for combating HIV. He introduced the human rights dimension to HIV responses.[10] The rights-based approach grounded in the International Conventions on Human Rights provides a framework for public health professionals to address the underlying causes of HIV infection, not just the medical symptoms of AIDS.[11] As stated by Mary Robinson, former United Nations High Commissioner for Human Rights, HIV/AIDS is considered a human rights issue, yet unfortunately one does not hear enough of it.[12]

*Human security* focuses on the security of people in their homes, jobs, communities and environment. The concept covers economic issues, food, health, the environment, personal issues, the community and political security.[13] For people living with HIV/AIDS, such security is of paramount importance for their continued survival in dignity with a good quality of life. Thus, the definition of the United Nations Commission on Human Security could be applied to the HIV context as *protecting people from* HIV vulnerabilities*, building on their strengths and aspirations, creating* democratic governance *systems that give people the building blocks of dignity, livelihood and survival.*[14] The objective of human security is to develop the capacity of people and communities to make informed choices concerning their lives, and to recognize people as active participants in determining their own well-being.[15] Sustainable human development and human security are mutually reinforcing.

The Commission on Human Security promotes two interrelated strategies: *protection* and *empowerment*. Protection shields people from dangers or protects them from HIV infection. Concerted efforts are required to develop norms, processes and institutions that

10 Personal work with Dr. J. Mann and his human rights advisers in the late 1980s and early 1990s at the Global Programme on AIDS, WHO, Geneva.

11 Patterson D., London, L., "International law, human rights and HIV/AIDS: Special theme – Global Public Health and International Law", *Bulletin of the World Health Organization*, 2002, 80 (12), p.965; HIV/AIDS and Human Rights, International Guidelines, UNAIDS, Office of High Commissioner for Human Rights, 2002.

12 Robinson, Mary, Voice of America News, 10 September 2003, Africa.

13 "Human security now", Chapter 1, *Report of the Commission on Human Security*, report outline, United Nations Commission on Human Security, 1 May 2003.

14 *Ibid*.

15 "Human security now", *op. cit.*

16 "Human security now", *op. cit.*

17 *Ibid*.

18 "Governance for sustainable development", *UNDP Policy Document 1999.*

19 "Governance for human development", *UNDP Strategy Paper,* February 2000 in 14 October 2002 version, p.10, internal.

20 Beetham, D., Chapter 1, "Defining and justifying democracy", in *Democracy and Human Rights*, Polity Press, <*http://www.polity.co.uk*>, 2000, ISBN 0-7456-1108-7, pp.1-29.

21 Campbell, H., Chapter 15, "Democracy, human rights and peace in Africa", pp.198-218, *The State and Democracy in Africa*, edited by G. Nzongola-Ntalaja and M. C. Lee, Trenton: Africa World Press, 1998.

22 President Abraham Lincoln's speech, Gettysburg, Pennsylvania, 19 November 1863.

23 Nzongola-Ntalaja, G., Chapter 1, "The State and democracy in Africa", in *The State and Democracy in Africa*, edited by G. Nzongola-Ntalaja and M. C. Lee, African Association of Political Science, Trenton: Africa World Press, 1998, pp. 9-24.

24 Good Governance, Division for Democratic Governance, Department for Democracy and Social Development, Swedish International Development Cooperation Agency (SIDA), July 2002, pp.2-4.

systematically address security and insecurity.[16] Empowerment enables people to develop their own potential and become full participants in decision-making on issues affecting their individual lives. In the context of HIV/AIDS, empowerment means creating an enabling environment where people have the necessary information, means and choices in making decisions about their lives and in protecting themselves from HIV/AIDS. Empowerment reduces the "downside human risks" beyond economic "growth with equity".[17] Democratic governance can act as a guarantor of human security, thus promoting HIV resilience for a community, a country and a region; it can do so internationally as well. What are the applicable democratic governance principles in the context of HIV/AIDS?

## 1.2 Democratic governance

UNDP defines governance as the exercise of political, economic and administrative authority in the management of a country's affairs at all levels. Governance comprises the complex mechanisms, processes and institutions through which citizens and groups articulate their interests, mediate their differences and exercise their legal rights and obligations. Good governance has many attributes. It is participatory, transparent and accountable. It is effective in making the best use of resources. It is equitable, and it promotes the rule of law.[18] Three key players are involved in good governance: the State, civil society and the private sector.[19]

*Democracy* is a system of government whereby collective decisions and equality are exercised under popular control.[20] Democracy requires "people orientation".[21] In a democratic society, people have the freedom to participate either directly or indirectly through the election of suitable representative persons or institutions to express their wishes in policy or programme decisions that affect their lives. The first key element of democratic governance is *people's participation*. Civil society organizations are often formed by the people; they are for the people and of the people,[22] and are essential partners in democratic governance.

The maintenance of democracy requires continuously promoting equal access to human rights and civil liberties for all, as well as ensuring peace and security, freedom of expression and association, fair and humane treatment of citizens, residents and visitors.[23] Democratic governance entails recognition of mutual interdependence and the need for negotiation between different groups and points of view in arriving at solutions to common problems. Good governance and democracy reinforce each other.[24]

Democracy implies tolerance of diversity and does not discriminate or stigmatize, as guaranteed by the rule of law. In a truly democratic society, people living with HIV/AIDS would enjoy peace and security as others do. They could form associations; they would not be discriminated against or stigmatized; and they would be treated fairly and humanely by the State. Unfortunately, the treatment of people living with HIV/AIDS in many seemingly democratic societies shows that they are far from having achieved this status. Thus, it is conceivable that existing democratic societies are still on their way to achieving full democratic governance. According to the UNDP Administrator, effective democratic governance clearly is not yet a reality.[25] Democratic governance is the missing link in building resilience against growing trans-national threats such as HIV/AIDS.[26] This is one of the many areas where the mutually reinforcing aspects of democracy and governance are relevant.[27]

In applying the principles of democratic governance to HIV/AIDS, the congruence may be seen in the following ways:

· Participation, responsiveness to all stakeholders and consensus orientation
These concepts require mediation between differing interests to reach a broad consensus on the best interest of a group. All men and women should have a voice in decision-making. Democracy recognizes people's ability to elect their representatives and remove those who no longer reflect people's aspirations or concerns. In applying this principle to HIV, one might examine, for example, whether in developing HIV policies, the policy-makers have taken into consideration equally the voices of men and women, and the potential impact the proposed policy may have on them. This does not equate with democracy as practised by any particular country or group of countries; rather democratic governance is based on a set of principles and core values that enable marginalized people to participate while protecting them from arbitrary, unaccountable actions in their lives by governments or other forces.[28]

· *Rule of law, transparency and accountability*
The legal framework should be fair, uphold human rights and be enforced impartially. Processes, institutions and information should be accessible and understandable to people, so that they can monitor these aspects. Decision-makers in government, the private sector and civil society are accountable to the public and to institutional stakeholders in applying laws and regulations. In the applications of this principle to the context of HIV, one might consider whether existing HIV/AIDS-related laws and regulations

25 Brown, M.M., "Deepening democracy in a fragmented world", in the "Foreword" to the *UNDP Human Development Report, 2002*, p.v, 2002.

26 *Ibid*.

27 African scholars redefined the concept of "good governance" to dissociate it from the World Bank's definition. The aim of the scholars was to ensure democracy and popular participation; thus, at the workshop organized by OSSRIA, the participants agreed to settle for the term "democratic governance". There could be good governance without democracy as in Uganda and Ghana. Thus, democratic governance implies, over and above technical efficiency and probity, regular interaction between government and civil society and free participation by the latter through its institutions and popular organs.

28 Brown, M.M., *op. cit*.

fulfil these conditions and principles in their implementation and enforcement.

· *Equality, equity and efficiency*
All men and women should have opportunities to improve or maintain their well-being. Institutions and their processes should make the best use of resources to produce results that meet people's needs. For example, when considering access to AIDS treatment medications, have these principles been applied properly?

The democratic governance principles described above also support sustainable human development. Democratic governance is a value, a process and a practice.[29] It is universally applicable to all people and all nations, and its practice can build HIV resilience.

The form of democracy a society chooses to develop depends on its history and circumstances. Countries would necessarily follow different paths to democracy. However, in all countries, democracy requires a deeper process of political development to embed democratic values and culture in all parts of society – a process no country has yet formally completed.[30]

## 1.3 Building an HIV-resilient society
Development processes are not HIV/AIDS-neutral. In other words, "development" does not mean lowering the chances for the spread of HIV infection. Forms of development which are not people-oriented or which sacrifice human development for economic gains actually increase people's vulnerability to HIV, particularly that of poor people, and may even exacerbate HIV epidemics. For example, the globalization of the world economy has stimulated the unprecedented movement of people and goods, both domestically and internationally. The majority of people on the move are seeking alternatives and opportunities to improve their livelihood, to escape chronic deprivation, sudden economic downturns or natural disasters.[31] Others are being forced to flee their homes because of conflict or serious human rights violations.[32] As people move away from their homes and culture, they have less access to supportive social networks and may be exposed to differential treatment. Many – if not most – lack legitimacy to stay in the places to which they have moved. All these circumstances increase the vulnerability of people on the move. Thus, it is necessary to build the capability of these people to integrate and to protect their social values, their health and well-being, despite the shocks from leaving their previous cultural, social and economic foundations. Building people's resilience in the face of adversities is thus an essential task.

29 Nzongola-Ntalaja, G. Chapter 1, "The State and democracy in Africa", in *The State and Democracy in Africa*, 1998.

30 Overview, "Deepening democracy in a fragmented world", *UNDP Human Development Report, 2002*, p.4.

31 Skeldon, R., *Population Mobility and HIV Vulnerability in South East Asia: an assessment and analysis*, February 2000, UNDP South East Asia HIV and Development Programme, <*http://www.hiv-development.org/publications/strategy.htm*>.

32 *Human Security Report*, Chapter 3, May 2003.

People's HIV resilience must be fostered to make people secure when a crisis occurs. Such resilience must be built to enable people and communities to withstand the devastating socio-economic impacts of HIV and to help them rise out of poverty.[33] Social organization is required to meet people's basic economic and social needs. For example, access to land, credit, education and housing, especially for poor women, are critical requirements.

An equitable distribution of resources is a key to livelihood security and can enhance people's own capacity and ingenuity. Currently, three quarters of the world's people are not protected by a social security system, and they do not have secure work. Social protection measures and safety nets are often considered luxuries for developing countries, something to be considered, once the countries have become "developed". However, in the face of AIDS, social safety nets and protection are the minimum conditions for ensuring the future viability of a society. One form of protection that States, supported by the international community, need to establish is an early warning system. Another requirement is the institution of preventive measures for natural disasters and economic or financial crises.[34]

Analysis of mechanisms in building HIV resilience from several country examples in sections I and II of this paper reveal the following common elements:

·   *Leadership with strategic vision.* A *leader* who has the strategic vision to forge societal efforts against the spread of HIV and to cultivate partnerships among multiple sectors of the government, the private sector and civil society organizations, stands out as one of the key factors in building HIV resilience. The *vision* reflects an understanding of the historical, cultural and social complexities[35] of the society concerned.
·   *Timeliness.* A concerted early response is critical for limiting the spread of HIV epidemics. The timing of response at an early stage of a national epidemic would be *cost-effective* in averting human, economic and social sufferings. Leadership can also play a crucial role in this respect.
·   Strong and effective *participation* by *civil society.* Only when people at the grass-roots level are fully involved in planning, designing and implementing responses, can sustainable results which benefit the people be achieved. Civil society also has a critical role to play in filling the gaps in governmental efforts.
·   A *multisectoral systems* response. The term "multi-sector" includes, in addition to the health sector, other development sectors such as education, finance, planning, construction, transportation,

33 Centre for Community Enterprise, the Community Resilience Project, 2000 and Hsu, Lee-Nah, du Guerny, J., Marco, M., *Communities Facing the HIV/ AIDS Challenge: from crisis to opportunities, from community vulnerability to community resilience*, July 2002, UNDP South East Asia HIV and Development Programme, <*http:// www.hiv-development.org/ publications/crisis.htm*>.

34 Economic insecurity – the power to choose among opportunities, Chapter 5, *Human Security Report*, May 2003.

35 Hsu, Lee-Nah; du Guerny J., "Governance and HIV/AIDS" (12 November 1999), in *Introducing Governance into HIV/AIDS Programmes: People's Republic of China, Lao PDR and Viet Nam*, June 2002, UNDP South East Asia HIV and Development Programme, <*http://www.hiv-development.org/publications/ introducing-governance.htm*>.

agriculture and justice, among others, in a three-way partnership involving the government, non-governmental organizations and private businesses.

· *Transparency* and *accountability*. When information is made accessible to people and when governments, NGOs, donors, institutions and people are held responsible for the consequences of their action or inaction, then effective and sustainable efforts can truly be realized.

These mutually reinforcing mechanisms in building HIV resilience are expressed in figure 1.

36 Diagram design based on discussion with Ms. Monica Sharma, Leader of UNDP BDP/HIV Practice Group.

Figure 1.  Mechanisms for building an HIV-resilient society[36]



37 *Early Warning Rapid Response System: HIV vulnerability caused by mobility related to development*, July 2000. UNDP South East Asia HIV and Development Programme, <*http://www.hiv-development.org/ publications/ewrs.htm*>.

## 1.4 Early Warning Rapid Response System[37]

These mechanisms lead to a proposed framework to facilitate the introduction and implementation of democratic governance principles in building HIV resilience – the Early Warning Rapid Response System. Such a system would be designed jointly by people living with HIV/AIDS, people in rural communities, NGOs, governments, UNAIDS cosponsors and researchers to enable a community to:

· Identify key development-related activities or observations; for example, the decision to build a road through a community, or noting that the number of girls dropping out of school is increasing, or the occurrence of natural events such as a drought or flood, all might create shocks or stresses in communities;

· Analyse the possible impact on personal and community vulnerabilities.

Once the potential negative impacts have been ascertained, the System would:

· Sound the warning to the people or institutions concerned; for example, these could include the national health authority, government development planners and agricultural cooperatives.

Once the early warnings have been received, those people or institutions would make decisions to:

· Trigger actions to develop suitable responses and implement these actions with the aim of strengthening the resilience of individuals and communities;
· Monitor and evaluate the results of each warning-triggered action to improve on the System through its feedback mechanism, so that it would become increasingly more efficient; this would also have the effect of ensuring the accountability of the individual actors within the System and for each step taken by them.

This System encompasses democratic governance principles as well as the mechanisms for building HIV resilience: *people's participation* takes place in developing the System as well as in observing warning signals and analysing the potential threats to taking action; and *transparent decision-making* processes, *efficient*, *timely responses* and *accountability,* all exist because the System is created and operated by the people who will benefit from it.  Since the actions would be triggered based on the desire to improve the HIV resilience of people in communities, *the rule of law* would be followed.  The System requires the *accountability* of leaders and actors at each step in the System's loop. Further, it requires the *responsiveness* of decision-makers and actors. It also requires a *strategic vision* from the leaders to foresee the potential linkages between the stressors and shocks to a community and its vulnerabilities. More details about the System and how it reflects democratic governance principles to build HIV resilience are discussed in section III.

In summary, the principles of democratic governance can be used to examine development activities and processes for the purpose of identifying forms of development that actually build a resilient society.  In this respect, democratic governance principles could be considered by HIV/AIDS programmes and responses as quality assurance guidelines for building HIV resilience. Democratic governance principles could form an assessment tool for resource allocation for a proposed HIV programme. However, measurements for democratic governance indicators have yet to be developed. Currently, through the UNDP Oslo Governance Centre as well as many other partners around the world, efforts are under way in filling this gap.

# 2 Democratic governance principles facilitate building an HIV-resilient society

**For more than two decades, HIV/AIDS has ingrained itself in human society. Although concerted efforts by the health sector have made considerable progress in improving the survival of those infected, there is no cure in sight. Unfortunately, the incidence of new HIV infections continues to plague most developing countries. The long-term socio-economic effects are immense. The HIV/AIDS pandemic is unravelling decades of progress made in poverty reduction. Development activities which focus on maximizing economic benefits without putting people's concerns at the centre can generate only short-term wealth, and they undermine the sustainability of those benefits in terms of higher future HIV/AIDS-related costs, whether human or economic.[38]   Aspects of these problems are discussed below.**

## 2.1 Democratic governance and HIV – Is there any correlation?

At first glance, some may wonder if there is any relevance in considering governance as a means of HIV prevention and AIDS impact mitigation. A quick review globally indicates that countries that have attained an advanced level of human development and have developed an effective democratic governance process are *associated* with lower HIV prevalence.[39]

Figure 2. Correlations between the Global Human Development Index, Gender-related Development Index and HIV prevalence[40]



38 Hsu, Lee-Nah & du Guerny, J., "Governance and HIV/AIDS" (12 November 1999), in *Introducing Governance into HIV/AIDS Programmes: People's Republic of China, Lao PDR and Viet Nam*, June 2002, p.3.

39 *Ibid*.

40 Hsu, Lee-Nah and Fung, V., Data taken from *UNAIDS Global HIV/AIDS Trend Report, 2002* and *UNDP Human Development Report, 2003* and *Human Development Index (HDI), 2001*. The data used to plot these two graphs are in annex II at the end of this paper.

United Nations Development Programme – Oslo Governance Centre

Both scattergrammes in figure 2 show a correlation globally between the Human Development Index (HDI) and the Gender-related Development Index (GDI), and HIV prevalence among countries. The Human Development Index is a composite index measuring average achievement in three basic dimensions of human development: a long and healthy life, knowledge and a decent standard of living. The Gender-related Development Index uses development indicators similar to those of HDI but focuses on comparing how they relate to females and to males. GDI is based on life expectancy at birth; the adult literacy rate of those aged 15 and older; combined primary, secondary and tertiary gross enrolment ratios; and estimated earned income, all comparing females and males. The more advanced a country is in terms of human development and gender-related development, the closer the index is to 1. In other words, the closer to zero a country is in terms of these two indices, the wider is the gap in terms of human development and gender-related development.

It appears that low levels of gender equity and low levels of human development achievement have some association with high HIV prevalence, with a few notable exceptions as shown in figure 2.[41] Empirically, one does find that gender inequities, in the levels of school enrolment and income, create the type of social inequity that contributes to the vulnerability of females to HIV infection. However, this figure is meant only to show the relevance of development and gender to HIV vulnerabilities. The available data and studies do not demonstrate any *causal* relationship. In this case, the gender index suffers from the same limitations as HDI, because it is derived from the HDI.

Examined next are the global correlations between the Gini Index, the Human Poverty Index (HPI) and HIV prevalence (see figure 3). The Gini Index measures the extent to which the distribution of income (or consumption) among individuals or households within a country deviates from a perfectly equal distribution. A value of 0 represents perfect equality; a value of 100, perfect inequality.[42] HPI reflects not only income poverty but also indicators of unequal distribution of resources, both of which factors adversely affect life expectancy, the adult literacy rate, the population with sustainable access to an improved water source, and children whose weights are under average for their age group.[43] These figures are merely attempts to draw correlations quantitatively, in the absence of good quantitative indicators for democratic governance.

Income and resource distribution relates to equity, which is a component of democratic governance. Just as perfect democratic governance does not exist anywhere in the world, perfect resource

41 As listed in annex II, there are several countries where the GDI and HDI are low, but HIV prevalence is also low. These are the key outlier countries based on the data available.

42 Indicator tables, *UNDP Human Development Report, 2003.*

43 Data from UNESCO, WHO, UNICEF and the World Bank.

distribution, even in so-called developed countries, does not exist. Nevertheless, the way in which resource distribution inequity plays out in the presence of HIV is reflected in the gaps in economic development between countries. Along the continuum from the poorest to the richest countries, the poor exert their efforts in trying to access resources and income; the rich use their income and resources to gain power and influence. This phenomenon has many effects. For one, it perpetuates globally the lucrative trafficking in human beings and the sex trade. At the individual level under conditions of inequity of income and resources, sex is often used for power and influence on one hand, and as a substitute for money on the other.

44 Plotted by using data from *UNDP Human Development Report, 2003, Human Poverty Index (HPI)* 1995-2001 data, UNAIDS and WHO *Global Report on HIV/AIDS, 2002, World Development Indicators, 2003*, World Bank

Figure 3. Correlations of the Gini Index, Human Poverty Index and HIV prevalence[44]
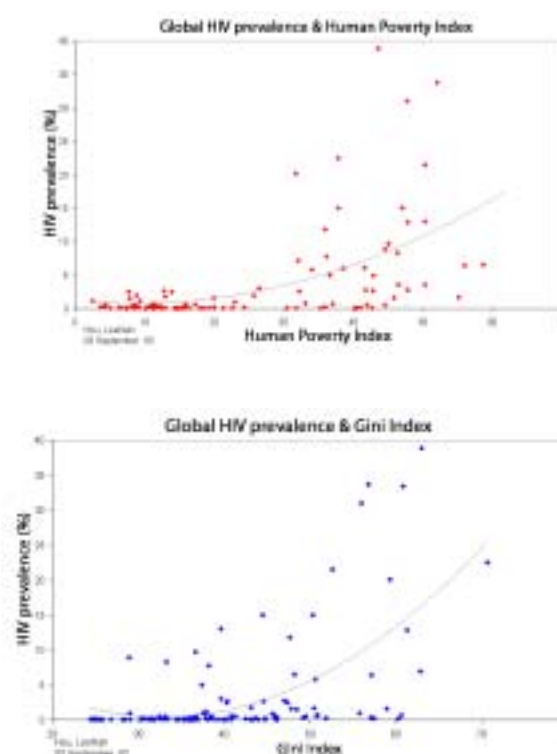




As mentioned previously, development activities that focus mainly on maximizing economic benefits without applying the principles of democratic governance and without concern for sustainable human development can generate short-term wealth, but at the expense of sustainability in terms of having to pay in the future for HIV/AIDS-related costs, whether human or economic. Thus, development is undermined. By contrast, the democratic governance process

addresses the issue of income and resource distribution and thus deals with the background to HIV vulnerabilities that push individuals to take risks that they would not have taken under normal circumstances, had the environment been more favourable to their livelihood.[45]

## 2.2 Applying democratic governance principles may facilitate an effective HIV response

Democratic governance is characterized by full constituent participation, the rule of law, transparency and responsiveness to the community, equity, effectiveness and accountability. These elements are mutually reinforcing and could serve as effective tools in reducing HIV vulnerabilities.

Democratic governance is also a public good. Decisions on public policy in a setting where resources are scarce, such as the policy of providing anti-retroviral therapy, will always involve prioritization on how one should distribute resources among different groups of citizens. People have divergent conceptions of what is good. For a democratic decision-making process to materialize as a public good, it is important to specify the conditions required for a considered choice or decision. To achieve this, the people concerned need to have access to accurate information about the consequences of different policy choices. This includes information provided by relevant experts. It is also necessary to allocate sufficient time for deliberation, including exposure to different points of view.[46]

It is important to point out that decisions by majority vote may not necessarily be above reproach. It is often mistakenly believed that majority rule constitutes the essence of democracy. The problem with *majoritarianism* is that a simple majority in itself may infringe on the principle of political equality because it produces decisional outcomes which may be detrimental or discriminatory vis-à-vis those in a minority position.[47]

The following example illustrates the pitfalls of majoritarianism when a truly democratic decision-making process is not adhered to in a society which uses the procedure of majority voting, and its result actually discriminates against its most vulnerable groups. Kerala State has the highest level of educational attainment in India. However, well-educated parents in Kerala have voted against admitting to school children from families of people living with HIV/AIDS. This was done despite the parents having been provided with clear, scientific information that enrolling AIDS-affected children would not pose a danger to other school children. The local education authority accepted the majority decision, i.e., that of the well-

45 *Ibid*, footnote 26.

46 Beetham D., "Defining and justifying democracy", *Democracy and Human Rights*, Polity Press, 2000, p.11.

47 Christiano, T., Political Equality, in *Majorities and Minorities*, edited by Chapman, J.W. and Wertheimes A., New York, New York University Press, 1990, pp.151-138.

48 Jayasree A.K., "What next, a school for positive children?" 1 September 2003, Kerala, India.

educated parents. This is a case where a decision by popular demand resulted in further discrimination against people living with HIV/AIDS or their family members, thus infringing on their rights.[48]

This example illustrates the important principle of putting checks and balances into place to prevent tyranny by the majority. In such a situation, the judicial branch of government could reverse the decision of the school system. A situation as this demonstrates the importance of true democratic governance. It is against the rule of law to discriminate against people living with HIV/AIDS. If the principles of democratic governance are applied, the majority opinion in the Kerala case would not be able to contravene the upholding of the anti-discrimination law.

The public good is what people themselves determine it to be, based on a deliberative procedure in which all are treated equally. One must emphasize that equality is a critical principle of democracy. It is unfortunate that even today, in seemingly democratic societies, human rights are often not enforced, resulting in people living with HIV/AIDS or people associated with them not being given the voice to express their concerns, or their choices not being properly taken into consideration.

The above case illustrates the importance of the democratic governance process for all constituents, including people living with HIV/AIDS. The following are some major points to make the process clear.

• **Rule of law** refers not only to the adoption of laws, bills and regulations but also to the assurance that constituents are fully aware of their rights and the means by which they can improve their lives within existing legal frameworks and policies. The rule of law encourages legal literacy and includes the reduction of all forms of discrimination, particularly that relating to people living with HIV/AIDS, women, minorities and migrant workers (both domestic and foreign). It empowers people, especially women, to contribute to reducing abuse, trafficking and other forms of mistreatment under which the spread of HIV can thrive.

• **Transparency** requires access to information. It involves much more than disseminating information on HIV prevention. Such information must include a clear description of the procedures that will assist people in building their life-skills and making decisions. It means that people will gain access to the information necessary to guide their own decision-making as it pertains to the way they make a living and pursue their life aspirations.

49 Mogendal, S. Coordination of national responses to HIV/AIDS: guiding principles for national authorities and their partners, October 2003, internal document of UNAIDS.

· **Accountability** applies to all members of a society. The individual person living with HIV/AIDS is responsible for not spreading the infection knowingly. People living with HIV/AIDS are also accountable for their action or inaction in responding to HIV/AIDS. The government is accountable for providing timely responses with transparency and to show respect for the rule of law concerning HIV/AIDS. Communities, including civil society organizations, are accountable for delivering what they propose. Donors and international organizations (both governmental and non-governmental) are also accountable for not creating further dependency through free handouts, which would distort local economies, and for not creating parallel systems, rules and procedures for providing grants and loans, which could further weaken the democratic governance process.[49] Currently, a peculiar situation exists in some countries where external HIV/AIDS funding actually exceeds public spending. Thus, outsiders could exert greater influence over the national AIDS policies and strategies than the government. In addition, such funding sources would not be accountable to the people within the country with regard to the consequences of their decisions or policies.

· **Responsiveness** is crucial in addressing the needs of people living with HIV/AIDS and those of people in general, in order to reduce their vulnerability to HIV. A responsive governance process reflects leadership at all levels: individual, community, subnational, national, regional and international.

## 2.3 Mechanisms for building an HIV-resilient society
The world has responded to HIV in different ways. Some responses have proven to be ineffective against HIV epidemics, whereas other responses build HIV-resilient societies. The following case studies facilitate an analysis of the various mechanisms involved in building HIV resilience.

### The case of Brazil
The national HIV responses of Brazil have enabled that society to live with HIV. Those responses were initiated under a democratic government. In the early 1990s, the Brazilian Government recognized the threat posed by HIV/AIDS and devised a national AIDS strategy. That strategy called for the provision of free medication; initiation of a major mass media campaign through prime-time television to disseminate HIV-preventive messages; and the distribution of condoms free of cost to sex workers.

As of March 2002, Brazil recorded a total of 237,588 AIDS cases, of which 110, 651 had died and 125,000 were on anti-retroviral therapy

50 Teixeira P. R., Coordinator, Brazilian Programme of Sexually Transmissible Diseases and AIDS, National AIDS Drug Policy, Ministry of Health, Brazil, National STD/AIDS Programme, June 2001, pp.72-74.

51 The author's personal communication with Ministry of Health, Brazil in the early 1990s while working with the government on HIV/AIDS prevention and care, National Programme Planning.

52 Gomes, C. A., Head of the Association of Official Pharmaceutical Laboratories (ALFOB), in Brazil Imports Generic AIDS Drugs from India, China, Inter Press Service, M. Osava, Rio de Janeiro, 5 September 2003.

53 Teixeira P. R., Coordinator, Brazilian Programme of Sexually Transmissible Diseases and AIDS, National AIDS Drug Policy, Ministry of Health, Brazil, National STD/AIDS Programme, June 2001.

(ART). An estimated 10,000 to 15,000 people in Brazil become infected every year.[50]  The Brazilian Government's decision was a brave one at a time when no government was assuming the financial responsibility of covering the cost of medication for HIV/AIDS. At that time, anti-retroviral (ARV) medications had not yet been developed, so the treatment was mainly for opportunistic infections and other palliative support. Concerning the potential cost implications for the country, Ministry of Health officials stated that it was the right of Brazilian citizens to have access to treatment; therefore, the government was obliged to provide free medication to its people.[51] The free access to treatment in Brazil began in the early 1990s; the programme was later expanded by Congressional Bill 9113, dated 13 November 1996. That piece of legislation guarantees every AIDS patient access, free of direct costs, to all the medications required for his or her treatment, including protease inhibitors, based on treatment criteria and guidelines set by the Ministry of Health. Today, the wisdom of the Brazilian leadership in responding to HIV/AIDS is clearly visible in the costs averted because of this astute and people-centred national AIDS policy.

The Brazilian Ministry of Health's policy on the care of people living with HIV/AIDS includes:

· Creation of a laboratory network for tracking ART and opportunistic infections;
· The organization of health-care services;
· Support to help people living with HIV/AIDS to organize themselves, and support for projects carried out by NGOs;
· Creation of free and universal access to ARVs through the public health network.

The AIDS crisis has played a key role in this people-centred process. It forced the country to use creativity to overcome financial difficulties and pursue initiatives that turned Brazil into a "public policy designer" to be emulated by other countries. It made the country a leader, along with India, in the movement to challenge pharmaceutical patents, particularly in the case of public health emergencies in the developing world.[52]

The country has gained additional social, economic and political benefits in tackling HIV/AIDS with responsibility, competence and a humane response through solidarity in its planning.[53] The Brazilian policy of providing easy access to ART has resulted in changing the morbidity and mortality rates of those infected with HIV. As a

54 *Ibid*, p.7.

55 *Ibid*, p.12.

56 *Ibid*, p.27.

57 Teixeira P. R., Vitoria, M.A., and Barcarolo J. 25 June 2003, Section 1, Chapter 2, "The Brazilian experience in providing universal access to antiretroviral therapy", in *Economics of AIDS and Access to HIV/AIDS Care in Developing Countries: Issues and Challenges*, ANRS, pp.69-88.

58 *Ibid*, p.75.

59 Brown, T. Director, East-West Center, University of Hawaii, United States, 2003.

consequence, Brazil has gained from the increased social and economic outputs of these people.

The Brazilian strategy favours outpatient care. The average cost per day for either "day hospital" treatment ($47.02) or therapeutic home care ($11.31) is much less than that of conventional hospitalization ($97.31).[54] Although providing ART is the responsibility of the federal government, drug procurement for the treatment of opportunistic infection is arranged through a public bidding process *decentralized* to states and municipalities.[55] Despite the increasing number of patients on treatment, the overall cost of drug procurement is being reduced through price negotiation and domestic production.

The policy of providing ART guarantees longer survival for people living with HIV/AIDS. It minimizes the impact of the epidemic by virtually halving AIDS-related mortality from 12.2 deaths per 100,000 population in 1995 to 6.3 per 100,000 in 1999.[56] Such treatment averted more than 60,000 AIDS cases, 90,000 deaths and 358,000 AIDS-related hospital admissions from 1996 to 2002.[57]

The factors contributing to Brazil's effective HIV/AIDS responses are as follows:

· *Timing*: a concerted early government response;
· Strong and effective *participation* by *civil society*;
· *Multisectoral* mobilization;
· Balanced prevention and treatment approach;
· Systematic advocacy of *human rights* in all strategies and actions;[58]
· *Transparency,* including access to information for the people.

### The case of Thailand



*Figure 4.*

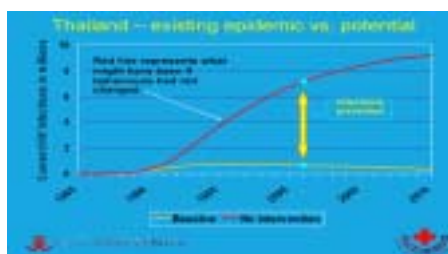*The existing versus potential HIV epidemic in Thailand[59]*

The initiatives taken by the Thai Government reflect principles consistent with democratic governance **even though** Thailand at the time was under an appointed administration instead of one

democratically elected. These efforts have been largely continued by subsequent democratically elected governments.

The first case of AIDS was reported in Thailand in 1984. It was predicted then, that 10 per cent of the Thai population would die from AIDS by 2010. After public consideration and debate about the best approaches to take, the government mounted a massive national condom promotion campaign for sex workers in order to slow the trend. It also implemented many other measures to fight HIV/AIDS. Today condom use among sex workers exceeds 90 per cent. The overall responses in Thailand, including behavioural changes, have contributed to reducing new HIV infections from 143,000 in 1991 to 29,000 in 2001, with a projected further drop to 18,000 by 2005. Thailand's response has averted an estimated 2 million new HIV infections since 1993,[60] as shown in figure 4.

60 Statistics from the Ministry of Public Health, Thailand.

What are the key mechanisms attributable to containing the HIV epidemic in Thailand? The following is an analysis of the various mechanisms it used in order to build its HIV resilience:

*Political leadership and strategic vision.*[61]  In 1991, the then Prime Minister Mr. Anand Panyarachun was concerned about the growing HIV rate in the country. On the advice of Mr. Mechai Viravidya, the head of a family planning and AIDS NGO, and the so-called "condom king of Thailand", Mr. Anand established the National AIDS Prevention and Control Committee in the Office of the Prime Minister. Since then, the Thai Government has increased its allocation for HIV prevention from the national budget from $2.6 million in 1990 to $80 million in 1996. This trend of increasing budget allocations continued until the time of the devastating 1997 financial crisis.

61 Panyarachun, A. "Leadership in fighting HIV/AIDS", presentation at the South-East Asia Chiefs of Mission Conference on HIV/AIDS, Bangkok, Thailand, 30 June 2003.

*Transparency.*  Although HIV/AIDS was a difficult issue for the government, it admitted the practices which contributed to the fuelling of the epidemic: sex work, injecting drug use and the trafficking of children and women. Acknowledging the facts was the first step in finding ways to mitigate the HIV-related impact through these practices. The government's openness in dealing with the factors contributing to the people's HIV vulnerability created an enabling environment for HIV-prevention programmes to be implemented successfully. The promotion of condom use with free distribution in registered brothels and government clinics enabled not only increased condom use by the population at risk, but also resulted in an actual decrease in HIV prevalence among sex workers from 50 per cent in 1991 to less than 10 per cent in 2001.[62]

62 Statistics from the Ministry of Health, Thailand, 2002.

63 *Sermons based on Buddhist Precepts: a response to HIV/AIDS*, December 2000, UNDP South East Asia HIV and Development Programme, <*http://www.hiv-development.org/ publications/sermons.htm*>. *Our families, our friends: an action guide*, January 2001, UNDP South East Asia HIV and Development Programme, <*http://www.hiv-development.org/actionGuide.htm*>. *Mae Chan Workshop on Integrated Community Mobilization towards Effective Multisectoral HIV/AIDS Prevention and Care*, May 2001, UNDP South East Asia HIV and Development Programme, <*http://www.hiv-development.org/publications/mae-chan-workshop.htm*>.

64 Panyarachun, A., *op. cit.*, see also footnote 55.

65 Presentation by Dr. Taweesap Siraprapasiri to an AIDS meeting, 2002, Bangkok, Thailand.

66 Panyarachun, A., see footnote 55, p.5.

67 Onnucha Hutasing, "Mechai calls on PM to lead war on AIDS: concern over unsafe sex among youths", *Bangkok Post*, 8 July 2003.

*Multisectoral involvement through participation, access to information and services.* Thailand adopted a multi-level and multi-pronged strategy for HIV prevention. Not only was the government involved, but also more than 150 NGOs, private sector businesses and networks of people living with HIV/AIDS. Together, they collaborated to promote the use of condoms and HIV-preventive education in ways easily acceptable to the general public and young people. The education and religious sectors worked closely with the people in communities.[63] Civil society made critical contributions in mounting an expanded national response to HIV/AIDS. The government's budget allocation to NGOs for HIV/AIDS responses in 1992 was $480,000; by 1996 it reached $3.2 million. The mass media sector supported nationwide awareness-raising campaigns on television and in newspapers. Teachers and parents, young people in schools and peer-educators in the workplace were mobilized to prevent HIV. Thailand mobilized its provincial administration, health and criminal justice authorities, health workers, owners and managers of sex establishments, as well as sex workers and their clients.[64] It is people's participation that has contributed to the effective responses in Thailand.

NGOs have been strong partners of the Ministry of Public Health in the country's continued vigilance against HIV. As stated by one of the Directors of Thailand's National AIDS Programme: "NGOs are indispensable partners for the government in its responses to HIV/ AIDS. There are times when the government could not take certain actions due to various political reasons. It could give support to NGOs to carry out such necessary activities".[65]

*Protecting the rights of people living with HIV/AIDS.* The Thai Government practices what it preaches by upholding the rights of people living with HIV/AIDS and protecting them against discrimination. It blocked a legislative proposal that would have restricted their rights, stopped prevention campaigns which stigmatized people living with HIV/AIDS and lifted a ban on the entry to Thailand of foreign nationals known to have HIV/AIDS.[66]

*Supporting people's livelihood and enabling their access to treatment.* Mr. Mechai proposed establishing the Positive Partnerships Fund for people living with and affected by HIV/AIDS. This Fund enables such people to earn enough money to buy their daily medications (costing 40 baht or approximately $1). The Fund has proven to be effective, with the repayment rate being 95 per cent.[67] It is an innovative approach at the individual level; it addresses people's basic needs and creates access to treatment. The government continues its HIV prevention and treatment access

efforts by providing ARVs to pregnant women in order to reduce the mother-to-child transmission of HIV. It further extends ARVs to post-partum HIV-positive mothers, which increases their lifespan, thus indirectly prolonging the life and health of the newborn children.

*Timing.* The efforts by the Thai Government were made at a critical point in its HIV epidemic and this contributed to keeping the epidemic in check.[68] Timeliness is critical, as will be discussed further under section III.

68 D'Agnes T., "AIDS in Thailand", in *From Condoms to Cabbages: an authorized biography of Mechai Viravaidya*, Post Books, 2001, ISBN: 974-228-009-6, p.339-352.

Unfortunately, however, the Thai Government has been slow to respond to HIV transmission through injecting drug use. Because illegal drug use is a serious criminal offence in Thailand, drug users are handled by the National Narcotics Control Board (NNCB). Law enforcement is the approach used by NNCB in response to drug use. NNCB dissociates drug control work from HIV-prevention responses, which are the responsibility of the Ministry of Public Health. Coordination and collaboration between these government agencies would be ideal to harmonize their approaches, yet this is lacking. This is happening despite the vocal demand by key NGOs, notably the Asian Harm Reduction Network. This situation results in continued HIV transmission among drug injectors, many of whom are young people aged 15-29 years.

The case of drug users is an example of the need for countries to cut through administrative boundaries to enhance multisectoral collaboration in responding to the HIV/AIDS crisis. It also reflects the need to be in touch with people's concerns by not letting the bureaucratic structure become an excuse or a barrier to protecting people's health and well-being. It is necessary to use a systems response which engages the collaboration of multiple sectors, in this case NNCB, the Ministry of Public Health, the judiciary, social workers, NGOs and the drug users themselves.

This situation arises not because of bad will or lack of concern. In practice, the focus of democracies tends to be on the electoral process within a democratic structure. This results in compartmentalization of delegated authorities for different sectoral matters; thus, there could be a lack of coordinated response to drug users with regard to HIV/AIDS. In addition, democracy as practised by many politicians tends to focus on shorter term solutions owing to the great attention paid to the electoral cycles. Consequently, many politicians the world over tend to tackle issues in a way that will produce quick, visible solutions; they have little incentive to look for longer term solutions. Therefore, it would be important to consider intermediate (process) indicators of democratic governance to

69 Dasgupta, P., *Human Well-being and the Natural Environment*, Oxford University Press, 2001.

70 Hsu Lee-Nah, du Guerny, J., *Communities Facing the HIV/AIDS Challenge: from crisis to opportunities, from community vulnerability to community resilience*, July 2002, <*http://www.hiv-development.org/ publictations/ crisis.htm*>.

enable those with short-term views to be reminded of the longer term as well as to keep voters informed of progress towards longer term goals. P. Dasgupta, a well-known economist, in response to those advocating focusing on the "present anguish", stated: "That is to miss the point. The present is the past's future. Moreover, the future has an unnerving habit of becoming the present".[69]

Since HIV has a longer term impact than other epidemics, building HIV resilience requires long-term strategic vision with accompanying responses and a systems approach where multisectoral engagements and cross-sectoral collaboration are necessary.[70]

In summary, in the case studies of Brazil and Thailand, some critical mechanisms in building HIV resilience can be observed:

· Timeliness of responses
· Leadership with strategic vision
· Participation of civil society
· Multisectoral systems response
· Transparency, including access to information
· The rule of law

The *elements* in building HIV resilience, which are identified as being consistent with the principles of democratic governance, are as follows:
· Participation and responsiveness
· Transparency and accountability
· The rule of law

The *mechanisms*, which stand out for building HIV resilience, are:
· Leadership with strategic vision
· Timeliness of responses
· Multisectoral systems response

The timing of responses involves much more than the responsiveness of a governance system. Therefore, it is necessary to stimulate some critical thinking among national leaders, policy makers and programme managers on promoting HIV resilience while building democratic governance structures. Building HIV resilience through multisectoral responses following democratic governance principles is a long-term process. However, doing so could make a critical contribution to reversing the growing trend in the HIV/AIDS pandemic. While it may not seem to be a course of action that will garner votes, there may be no choice but to consider this option. To do otherwise could put at risk many development gains in Asia and the Pacific since the Second World War.

# 3 Building HIV-resilience enhances democratic governance

**An HIV-resilient society is not one that is free of HIV. Instead, it is a society where people are empowered to respond to HIV and mitigate its impact, so that they continue to survive and strengthen that society and build its social capital.[71] The building of HIV resilience requires leadership with strategic vision, timeliness of responses and cutting across multiple sectors for a systems response, in addition to the participation, accountability and transparency principles of democratic governance.**

These mechanisms have contributed to the effectiveness of responses from both Thailand and Uganda even when authoritarian government structures were in place. This section discusses how HIV is a threat to *human security* and how the mechanisms which build an HIV-resilient society not only promote peace and economic prosperity, but also enhance the process of democratic governance.

## 3.1 HIV epidemics undermine democratic governance
When HIV prevalence is high in a society, a loss of rank and file personnel will take place in vital sectors as diverse as the military, the civil service, the private sector, the educational system and agriculture. If the governance structure of social systems is disrupted, the potential exists for institutional collapse, which would undermine governance.[72] Further, because there is as yet no cure for HIV infection, HIV-infected people and their families may lose their "sense of future" with an impending death looming over them, influencing their decisions and outlook on life. This lack of a sense of future changes people's priority-setting and influences how they make choices about resource allocation and about their reactions or behaviours. If someone is infected with HIV and a social support system is not in place, he or she might not be able to think for the longer term, but will focus on immediate needs only, perhaps thinking "I am as good as dead anyway". In such circumstances, the constraints of law and order may seem less relevant to the person than would otherwise be the case.[73]

AIDS has a way of exposing the weak points of a society, be it in the governance system or in social relationships among people. AIDS can reveal the ugly side of humanity. Parents disown their children after finding out about the young people's HIV infections. Families disintegrate when a spouse is diagnosed as HIV infected.[74] Communities fall apart when food vendors who have family members with an HIV infection are segregated from those "not having been tested HIV-positive" and are boycotted from selling their produce. People living with HIV/AIDS have been driven out of their families, home villages, and place of employment. HIV/AIDS, if not

71 *Ibid*. Social capital refers to the institutions, relationships and norms that shape the quality and quantity of a society's social interactions. Increasing evidence shows that social cohesion is critical for societies to prosper economically and for development to be sustainable. Social capital is not just the sum of the institutions which underpin a society; it is the glue that holds them together.

72 de Waal, A., "Modelling the governance implications of the HIV/AIDS pandemic in Africa: First thoughts", June 2002, from *Justice Africa*, <http://www.justiceafrica.org/governance_implications.htm>.

73 *Ibid*.

74 Paxton, S. "Positive women", presentation on research at the Second Asia-Pacific Conference on Reproductive and Sexual Health, 6-10 October 2003, Bangkok, Thailand, Inter Press Service.

75 Hsu, Lee-Nah, *HIV Subverts National Security*, August 2001, UNDP South East Asia HIV and Development Programme, <*http://www.hiv-development.org/publications/subverts-security.htm*>.

properly responded to, threatens to destabilize society, subvert the security of a nation,[75] and could undermine the democratic governance process.

The governance implications of HIV could be the loss of human resources, experience and networks. Financially, the ever-increasing need for funds to cover medical expenditures could alter the rational decision-making process for resource allocations.  There could be distortions in the structure of incentives as long-term perspectives are exchanged for short-term ones.[76] The long-term impact of the loss to institutions is not just a one-off shock to the system. The loss to an institution of its talented people, institutional memory and know-how because of AIDS would be a disincentive for an institution to invest in long-term capacity development. To quickly fill positions vacated by employees fallen ill as a result of AIDS, institutions may choose to adopt a short, focused, skills training programme instead of building knowledge and long-term capacities.  Institutions' crisis-mode of coping could undermine the effectiveness of a governance system.[77]

76 de Waal, A., 2002, *op. cit.*

77 *Ibid.*

In the agricultural sector as well as in industry, the loss of the transmission of knowledge from generation to generation as a result of HIV/AIDS could spell the doom of societies in the long term. Much of such knowledge bases, which traditionally had been handed down from parents to children, normally would not be transmitted until a child reached a mature age. Unfortunately, owing to the premature death of parents caused by AIDS, many parents did not have either the time or the opportunity to transmit their indigenous knowledge, culture and other valuable lessons of life to their children.  Some children were yet to be born or were too young to understand when one or both of their parents died.

For a society at large, when human resources are strained by losses from AIDS, more people are also being diverted from their regular productive functions to provide the care and support functions in a household, family or community. The consequence will be less available human resources in general and fewer potential volunteers in particular. The fact that civil society organizations depend on personal leadership and well-networked individuals, many of whom are volunteers, makes them particularly vulnerable to the loss of key staff.[78] Civil society is an important element in democratic governance. The weakening of the basis of civil society as a result of HIV/AIDS, in turn, could contribute to further weakening of any democratic governance process.

78 *Ibid.*

## 3.2 The mechanisms for building HIV resilience enhance democratic governance processes

There are several concrete examples of countries which have responded to HIV epidemics by building their resilience. The mechanisms they used to build HIV resilience enhanced their democratic governance processes. For example, as previously described, the Brazilian Government recognized the threat posed by HIV/AIDS and established its national AIDS strategy to build national HIV resilience. Its policy has proven that the millions of dollars spent in the short term could save billions in the long run. Brazil has saved $200 million in direct costs from what it would have had to spend on treatment and hospital care, had those people who are currently on ARVs been without ART. In addition to the direct costs, Brazil's savings also include reduced morbidity and mortality as well as complex social savings: with teachers who continue to instruct, children who remain with their families and workers who continue to remain productive.[79] Another country example below illustrates the mechanism of building HIV resilience and its relevance to the democratic governance process.

### The case of Uganda

It is estimated that nearly 2 million Ugandans out of a total population of 22 million are infected with HIV; 67,000 of them are children. There have been approximately 500,000 deaths from AIDS, resulting in 1.7 million orphans. Currently, urban sentinel surveillance has shown a 50-per-cent decline in HIV infection. For example, at one urban antenatal clinic, the HIV rate dropped from 29.5 per cent in 1992 to 13.4 per cent in 1998, mainly among young people in the 15-19 age group. Between 1989 and 1993, the number of sexually active young adults appears to have dropped from 69 per cent to 44 per cent among males and from 74 per cent to 54 per cent among females.[80]

Uganda's HIV/AIDS responses have come from multiple levels. Uganda has a *leader with vision* who acted in a *timely* way to the early warnings of HIV problems for the population. When a large proportion of Ugandan soldiers who had been sent to Cuba for training were found to have been infected with HIV, the Ugandan leader, realizing the threat that HIV could pose to the country's future, began campaigning for HIV prevention in the late 1980s. Uganda became the first country where a high-level Commissioner for AIDS was established to develop a comprehensive national strategy and mobilize different sectors for action.[81]

The openness of the top leadership in the country, in discussing HIV/AIDS, enabled the *transparency* necessary for communities to take

79 Teixeira P.R., and others, *op. cit.*, see footnote 44, p.80.

80 "Reaching out, scaling up: Eight case studies of home and community care for and by people with HIV/AIDS", *UNAIDS Case Study*, September 2001.

81 Personal communication with Dr. Steve Lwanga, the appointed Commissioner, while working at WHO, Geneva during the period 1989-1991.

action. Such openness provides a favourable environment in which civil society can respond. In fact, much of Uganda's efforts in responding to HIV/AIDS has come from *civil society,* including the support of its Muslim religious organizations.  The formation of self-support groups is important, particularly for the rural areas where the public sector health services were unable to cope with the ever-increasing burden of AIDS patients.

Individual leadership, such as that of the founder of The AIDS Service Organization (TASO) in Uganda, is a driving force in mobilizing communities for self-help and mutual support.

82 "Partnership for home-based care in rural areas, Uganda", in *Reaching Out, Scaling Up*, UNAIDS Best Practice Publications, p.95, September 2001.

> The principles established by TASO early in the epidemic are used as a guide to help people living with HIV/AIDS to function positively within their communities. They are as follows:[82]
>
> · The *rights* of persons infected or affected by HIV/AIDS to be supported emotionally, medically and socially; the *responsibility* of these people to cultivate self-esteem, hope, respect for life, respect for and protection of their community, care for self, care and support of dependants;
>
> · The *rights* of a community to protect itself from, and its responsibility to curb the spread of HIV; the *responsibility* of the community to support people living with HIV/AIDS, so that they have access to emotional support as well as medical and social services and can live responsibly with HIV/AIDS.

83 Personal communications with Noreen Kaliba, Founder of TASO when working with GPA, WHO in 1989.

The TASO principles reflect both *rights* and *accountability,* which are critical in the democratic governance process within a community. The implementation of the TASO principles is through education, counselling, dialogue, acceptance and togetherness. It is not through coercion or stigmatization. A consultative process with its members enable everyone's concerns to be taken into consideration in the decision-making process.[83]  The Ugandan efforts in building community HIV resilience also gave the women affected a strong voice in society. That resilience is reflected in the decision of the community to ensure that orphans, especially girl orphans, should receive the education needed to avert future vulnerabilities.

The movement to build HIV resilience by the people and for the people of Uganda involves partnerships with international NGOs and other civil society organizations. Civil society's advocacy at the local

and national levels to influence the HIV/AIDS responses reflects elements of the democratic governance process. The quality of service and the role of a constructive partnership with civil society are positive forces in social control and participation. Through their outreach activities, NGOs play a major role in advocating the rights of people living with HIV/AIDS to speed up government processes, thereby complementing government efforts.[84]

84 Footnote 76.

Starting in 2002, UNDP, through its Leadership Development Programme, has been collaborating with selected countries to mobilize members of government, NGOs, faith-based organizations and the rest of civil society. Through workshops with these people, the Programme aims at enhancing leadership qualities and opening up dialogues on addressing the root causes of HIV epidemics, including poverty, gender and power dynamics, cultural values, sexuality and sexual practices. Linking this effort with its Community Capacity Enhancement Initiative, UNDP combines the contributions of leadership with action in communities.[85]

85 Based on UNDP's work in Ethiopia, Ukraine, South Africa and Cambodia. Communication from UNDP BDP/HIV Practice Group, 12 November 2003.

Again, the mechanisms in building HIV resilience, consistent with democratic governance principles, are the following:

· Civil society mobilizing the communities to participate
· Transparency
· Accountability
· Upholding people's rights

as well as the following additional mechanisms:

· Leadership with strategic vision
· Timely responses
· Multisectoral mobilization.

**Figure 5:**
The building blocks of sustainable human development
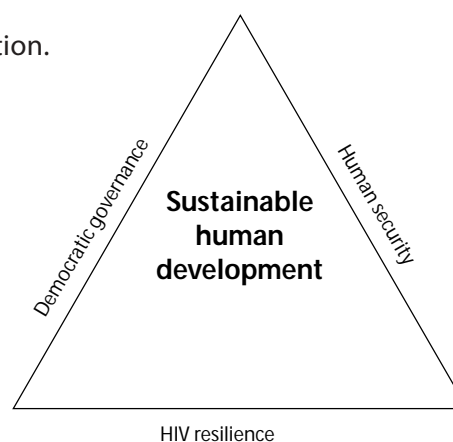


HIV resilience

The above analysis indicates the importance of human security, democratic governance and building HIV resilience in the process of

developing sustainable human development.  Figure 5[86] shows the mutually supporting relationship between human security, HIV resilience and democratic governance. All three are essential elements for sustainable human development.

## 3.3 The importance of building regional HIV resilience

As activities increasingly take place on a global scale, people are becoming increasingly interdependent. People move more than ever before and goods are being traded on an unprecedented scale. The disparities in the levels of economic development among neighbouring countries and between urban and rural areas form the "push and pull" factors for population movements domestically and internationally. As people move into new areas, so do diseases. This phenomenon was well demonstrated by the outbreak and rapid spread of the Severe Acute Respiratory Syndrome (SARS) in 2002-2003. Similarly, HIV does not respect national borders. However, most responses to HIV/AIDS have been country-specific; as a result, large proportions of the actual transmission mechanisms and populations are not addressed by such responses. In addition, the fact that HIV transmission relates to human sexuality, sexual behaviour and drug dependence means that its transmission is related to activities considered taboo in many societies or criminal in others. Consequently, most people choose to ignore or refuse to deal with these important HIV-related issues. Democratic governance principles require that all people be included and all people's rights be respected; as such, these principles are pertinent for HIV prevention among migrants.

A few examples from countries illustrate the importance of regional considerations in building HIV resilience. In Botswana, the government has committed a significant amount of resources to combating HIV/AIDS. However, large-scale population movement into and out of the country takes place continuously. Since a large number of the migrants come from neighbouring countries, unless Botswana's neighbours respond in a similar way, the spread of HIV infection may be expected to continue, owing to the constant movement of people over its borders.

Some of the countries that surround landlocked Lao People's Democratic Republic have high HIV prevalence rates, namely, Cambodia, Myanmar and Thailand. The HIV prevalence rates in the Lao provinces bordering Myanmar and Thailand are significantly higher than the national level. Yet, this is only part of the picture. The Lao People's Democratic Republic is the hub of regional population

87 du Guerny J., Chamberlain J.R., and Hsu, Lee-Nah, *From AIDS Epidemics to an AIDS Pandemic: Is an HIV/AIDS hub building in South East Asia?,* UNDP South East Asia HIV and Development Programme, August 2000, <*http:// www.hiv-development.org/publications/ epidemics%20Pandemic.htm*>.

movement in the Greater Mekong Subregion (GMS).[87] The strategies which that country adopts in responding to HIV can therefore have an important impact on the course of the epidemic inside the country as well as in the GMS.

### Experience from the Greater Mekong Subregion.

The UNDP South East Asia HIV and Development Programme, which was established in 1999, forged collaboration with ASEAN member countries in order to build regional HIV resilience. The first step was to ask the participating countries on what they would want the Programme to focus. Each country identified its priorities. After assessing the country priorities, a common regional issue was identified: the linkage between population movement and HIV.

Instead of holding a ceremony to launch the regional Programme, the countries asked UNDP to support them in ascertaining the situation on population mobility and HIV among ASEAN countries. To ensure "ownership" and to capture the concerns about the source, transit points and host communities of mobile populations, a mapping methodology was developed to assess HIV vulnerabilities along the key transit routes (both land and sea). After each country did its own mapping, the results were combined to give a regional picture.

The **mapping exercise** was the beginning of a democratic governance process for the region. The key was that people from communities along the main transit routes were the ones who collected, analysed and interpreted the data and came up with proposals for action. Central, provincial and district governments sent staff to participate in the mapping exercise with the local communities. Initially, debates were conducted and recommendations made at the local level. Representatives from each province then transmitted the results to the central level and finally, a consensus on the findings was reached that reflected the concerns of all the levels.

88 *The Impacts of Mapping Assessments on Population Movement and HIV Vulnerability in South East Asia*, September 2001, UNDP South East Asia HIV and Development Programme, <*http://www.hiv-development.org/ publications/mapping.htm*>.

The importance of linking the community with the central government in a two-way communication, such as that demonstrated by the mapping exercise, proved to be valuable. Such a method is useful not only in terms of getting a realistic picture of the current situation but also in terms of identifying responses.[88] Although the exercise was initiated by the central government, this was a bottom-up deliberation process. The solutions thus identified were "owned" by the local communities, that is, by the residents and the local governing officials. The likelihood of the proposed actions being carried out was therefore increased. The results were also more sustainable.  As the process was initiated locally, there were fewer

sectoral barriers and this would facilitate multisectoral collaborative responses.

***Farmers' Life School.***  This initiative started with a partnership between UNDP and FAO in 2000. The aim of this experiment is to help the poorest farmers in Cambodia to design their own way of building HIV resilience. Utilizing the farmers' analytic thinking about their crops in relation to climate, soil conditions and insects, one transposes this analytic thinking about their field to that of analysing the relationship of HIV to their lives and figuring out what is within their ability to act, in order to reduce their vulnerability to HIV and build their resilience. The farmers, previously poverty stricken with virtually no alternative but to get into debt and sell their daughters, created the Farmers' Life School through which they gained a sense of a better future[89] for themselves and their children.

The expectation of attaining 40-50 years of age underpins many assumptions made by society at large, such as saving for retirement, parenthood, expecting to see one's children into adulthood, appreciating the value of specialist training over many years and planning professional and commercial careers, according to de Waal. "These *expectations* stimulate a process of economic development and growth of complex institutions".[90] The devastation caused by HIV/ AIDS and the accompanying reduction in life expectancies threaten to change all these assumptions. However, the Farmers' Life School process provides an alternative for the poorest farmers to build their resilience and to have the possibility to consider a brighter future.

Today, the Farmers' Life School is being expanded beyond Asia to Africa. In addition to adapting the School to Zimbabwe, a junior Farmers' Life School is being pioneered by FAO in Mozambique, where youngsters have to take over farms from their absent or missing parents. They are now building a life with a future.

### The ASEAN network to build regional HIV resilience.
Governance at the regional level is evolving. ASEAN is an intergovernmental structure functioning as a governmental network. However, the process of building HIV resilience in the region has seen this intergovernmental structure gradually evolve along the lines of the democratic governance process described below. This is where regional collaboration can play a role, not only in terms of the nature of the HIV epidemic, but also in terms of stimulating the process of democratic governance.

How is ASEAN evolving towards a democratic governance process for dealing with HIV/AIDS? In 1999, an effort was initiated by the United

89 du Guerny, J., Hsu, Lee-Nah, Chhitna, S., *The Development Strategy to Empower Rural Farmers and Prevent HIV*, January 2002, <*http://www.hiv-development.org/ publications/HESA.htm*>.

90 de Waal, A., Introduction, in *How Will HIV/AIDS Transform African Governance?*, January 2003, <*http:// www.justiceafrica.org/ aids_african_governance2.htm*>.

91 *ASEAN Workshop on Population Movement and HIV Vulnerability*, United Nations Development Programme South East Asia HIV and Development Programme, June 2000, <*http://www.hiv-devleopment.org/ publications/ ASEAN_workshop.htm*>.

92 *Strategy on Mobility and HIV Vulnerability Reduction in the Greater Mekong Subregion 2002-2004*, <*http:// www.hiv-development.org/ publications/strategy.htm*>.

93 du Guerny J., Hsu, Lee-Nah, *Towards Borderless Strategies against HIV/AIDS*, UNDP South East Asia HIV and Development Programme, May 2002, <*http://www.hiv-development.org/ publications/borderless-strategies. htm*>.

94 Lee, R., "An international normative framework for democratization", paper presented at the Fifth International Conference of New or Restored Democraticies, 10-12 September 2003, Ulaanbaatar, Mongolia.

Nations system to bring together the national AIDS authorities, which are represented in the ASEAN Task Force on AIDS, with key regional NGOs, to find a way to respond to population movement related to HIV vulnerabilities in the region.[91]

Key co-sponsors of UNAIDS facilitated the steps which ASEAN initiated – a consultative process with NGOs. Groups of people living with HIV/AIDS are being recognized as key partners in the search for effective responses. Through a joint effort of the UNAIDS system, in the form of the United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction, the ASEAN governments, NGOs, networks of people living with HIV/AIDS, UNAIDS co-sponsors and major donor organizations jointly developed a regional strategy, through a consultative process, on mobility and HIV-vulnerability reduction for the Greater Mekong Subregion.[92]

The ASEAN Task Force on AIDS, with assistance from the United Nations system, recognized the importance of people's participation in developing effective responses that would be supported by their constituents. A consultative process began whereby in each country, NGOs and groups of people living with HIV/AIDS participated in the deliberations on and drafting of the Declaration on HIV/AIDS, which was adopted by the Heads of State at the ASEAN Summit in 2001.[93] The emerging regional democratic governance process had a gradual trickle-down effect to the country level, where it began to stimulate the evolution of the democratic governance process at the national and subnational levels with regard to formulating HIV policies and strategies as well as responsive programmes that would reflect the needs of the people: in this case, those vulnerable to infection as well as people living with HIV/AIDS.

Democratic governance has a place in intergovernmental relations:[94] sovereign equality and international cooperation are vital components in building world peace. Working towards world peace, however, requires the application of those principles, so that all nations have an equal voice and equal vote, with no one nation having a veto over the opinions of others. Such equality pertains not only to procedure and process but also to substance in the relationship between nations, with the participation of civil society, in solving global problems of an economic, social, cultural and humanitarian nature, including HIV/AIDS.

An apt example, where such a democratic governance process could contribute to building regional HIV resilience, is the issue of migrant workers and HIV. Migrants contribute to the economic development and prosperity of host countries. As stated by the daughter of the

95 Statement by Ms. M. Mahathir at a summit jointly organized by UNDP-SEAHIV, CARAM-Asia, Canadian Human Rights Foundation and IOM, Genting Highlands, Malaysia, Regional Summit on Pre-Departure, Post-Arrival and Reintegration Programmes for Migrant Workers, September 2001.

former Prime Minister of Malaysia, Ms. Marina Mahathir, "The pride and joy of the Twin Towers of Kuala Lumpur were built upon the blood and sweat of migrant workers".[95] Yet, access to information and services for migrant workers requires the collaborative efforts of the sending, transit and receiving countries. The principles of democratic governance, coupled with the mechanisms of building regional HIV resilience, are necessary to eventually create an enabling environment for citizens and migrants in HIV prevention, treatment and care. ASEAN, in partnership with the United Nations system, NGOs and other civil society bodies and research institutes as well as some donor countries, is working together, through the United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction, to address such challenges. The Task Force promotes multisectoral coordination and collaboration among relevant sectors in order to achieve the desired impact. For example, on the issue of migrants, such coordination and collaboration necessarily involves, in addition to the national AIDS authorities, the authority responsible for overseas contract workers, the entities dealing with immigration, labour and employment, the Ministry of the Interior and Ministry of Foreign Affairs as well as private companies and NGOs.

The issue of population movement and associated HIV vulnerabilities is not unique to South-East Asia. The partnership efforts for coordination and collaboration, realized in South-East Asia, could apply to other regions of the world, with the facilitation of the United Nations system, since intergovernmental mechanisms exist in other regions as well.

# 4 Early warning rapid response system:

## A mechanism to promote synergy between democratic governance and building HIV-resilient societies

**Despite the importance of democratic governance, consideration of HIV/AIDS issues and donor funding decisions concerning the AIDS pandemic seldom consider governance. Shocks from national epidemics could undermine democratic governance processes and produce negative impacts.**

Learning from the association between rapid economic development and the simultaneous spread of HIV in the region, the countries of South-East Asia began a joint effort in 2000 to develop the Early Warning Rapid Response System. In brief, the System examines the development paradigm, focusing on the factors that influence background factors conducive to increasing or reducing HIV vulnerabilities. This emerging development paradigm complements, rather than replaces, the health approach.

The previously mentioned elements of democratic governance, namely strategic leadership with vision, timeliness and a multisectoral systems approach, are built into the design of the System. The timeliness element, the response as well as the coordination of multiple sectors for responses, are often weaker in practice for building HIV resilience, owing to the short-term horizon of politicians. Although the Early Warning Rapid Response System applies the key principles of democratic governance (participation, transparency and efficiency at the community, national and regional levels), its implementation depends on the people involved at each level.

### 4.1 Early Warning Rapid Response System briefly described[96]

The System attempts to find ways to capture early information on changes in socio-economic factors that make particular groups and locations vulnerable to HIV. By gathering and analysing such information and giving appropriate warnings to relevant sectors and groups of people, the System is aimed at triggering rapid responses through development strategies, with the goal of reducing vulnerabilities and building resilience.

The System enables national AIDS programmes, governments, the private sector, civil society, including NGOs and people in communities, to collaborate in taking action to avert or reduce the impact of stressors on people's HIV vulnerabilities.[97] The emphasis is on action; it is essential to mobilize social action and to invest in supportive social arrangements, including providing access to information, in order to remove the root causes of ill-health, to warn people in advance of what could go wrong and mitigate negative socio-economic and health impacts once a crisis does occur.[98]

96 Guest, P., du Guerny, J., Hsu, Lee-Nah, *From Early Warning to Development Sector Responses against HIV/AIDS Epidemics*, May 2003, UNDP South East Asia HIV and Development Programme, <*http://www.hiv-development.org/publications/ewdsr.htm*>.

97 Guest, P., du Guerny, J., Hsu, Lee-Nah, *From Early Warning to Development Sector Responses against HIV/AIDS Epidemics: A Summary of Two Early Warning Rapid Response System Workshops*, 13-14 June 2002, Thailand and 16 October 2002, China, May 2003, UNDP South East Asia HIV and Development Programme, <*http://www.hiv-development.org/publications/ewdsr.htm*>. *Early Warning Rapid Response System: HIV vulnerability caused by mobility related to development*, July 2000, UNDP South East Asia HIV and Development Programme, July 2000, <*http://www.hiv-development.org/publications/ ewrs.htm*>.

98 "Better health for human security", Chapter 6, *Human Security Report*, May 2003.

The System creates an enabling environment, which enhances the links between democratic governance and HIV responses. The System threads vertically from the central government level to people in the communities as well as horizontally through multiple sectors and disciplines. This dynamic system, which is being developed in South-East Asia, is flexible and can be applied at all levels and in different sectors. The purpose of such a mechanism is to stimulate people's creative thinking because each group of people and each sector, community, country and region must design its own responses, reflecting the insights and considerations of its respective culture, history and local circumstances, using the Early Warning Rapid Response System model as a framework.

It should be noted that the System could also be useful in countries with a high prevalence of HIV/AIDS because a national epidemic comprises a number of different epidemics, which are constantly changing. In such cases, the System can be used to monitor changes in the underlying dynamics and complement the health surveillance system from the early warning side in addition to triggering responsive actions.

The System requires that it operates in the context of the democratic governance process. This is necessary because the central or top level of a society must learn from the local levels the specificities of a situation. Because people at the top are outsiders to a grass-roots community, their understanding of local circumstances would be limited. Only local people who live through an adverse situation daily have the insights that are needed by people at the central or top level in order to launch an effective response. Combining central and local two-way flows of communication and collaboration is the only way to ensure appropriate and effective implementation of plans and programme actions.

The Early Warning Rapid Response System is not the same as a regular health warning system. The necessity and relevant contribution of the global surveillance and alert system established by WHO for health emergencies was demonstrated in the case of the SARS outbreak in 2002-2003. With regard to SARS, responses were multisectoral: immigration, foreign affairs, the transport industry and economic sectors, in addition to the health sector, were mobilized. What was possible for SARS should also be possible for HIV/AIDS; however, SARS and AIDS cannot be compared as equals, because of the issue of *timeliness of responses.* The impact of SARS was immediate; its rapid spread triggered people and institutions to recognize urgently that the crisis posed a serious and immediate threat to health. Institutions and people can be mobilized to take

actions in response to an immediate crisis. By contrast, the impact of HIV/AIDS is long-term. While HIV may spread rapidly, it can take years before symptoms become manifest. Institutions and people cannot be mobilized so easily to take action in response to a crisis that will occur in the future.

Critics have proposed reframing responses to the HIV/AIDS crisis with a full disaster-management response. In this context, the United Nations definition of a disaster applies: a "serious disruption of the functioning of a society, causing widespread human, material or environmental losses which exceed the ability of a society to cope with using only its own resources". The following disaster-management framework has been proposed: officially recognizing a disaster; enacting appropriate policy actions; and organizing an appropriate management system to tackle the disaster.[99] If HIV/AIDS is officially recognized as a disaster, appropriate policy actions will be needed as well as the organization of an appropriate management system to tackle the disaster. One needs to recognize the flaw in a disaster-response management framework for the following two reasons: (a) the development of HIV/AIDS involves a long-term process and it has a long-term impact: disaster-management systems normally are designed for short, time-limited and geographically limited events under the assumption that the disaster would not last for decades, thus damage could be limited, and (b) the assumption that external assistance is available. As pointed out by de Waal[100], AIDS will be with humanity for a long time. With regard to HIV/AIDS, a point may come when the damage is so extensive, that there is no capacity for countries to recover. In addition, without mobilizing internal resources for a response system, external support – even if available – cannot be sustained indefinitely. AIDS requires a development response, which takes into account the longer term implications for people and society.

One of the greatest difficulties with development and AIDS is the time lag. The impact of AIDS is diffused and thus is not immediately observable. The long duration of time it takes before an AIDS crisis is manifest to people and institutions tends to dilute the accountability of the various players. Leaders and institutions tend not to pay attention to warnings about a future crisis or not to respond to a crisis until it is too late. Furthermore, people tend always to have more urgent, immediate problems facing them daily. They do not push their leaders early on to take action that will mitigate the potential impacts of HIV/AIDS: i.e., the trade-off between an immediate sacrifice for a future good versus a present good. HIV/AIDS demands *responsiveness* in the democratic governance process. This is why the Early Warning Rapid Response System was developed.

99 Jacob, S., *Reframing HIV and AIDS*, by Health Systems Trust, South Africa, 14 November 2003.

100 de Waal A., 2003, *op. cit*.

## 4.2 Examples of applying the System

Early warning systems exist in physical and natural sciences. By applying the early warning aspect to HIV/AIDS epidemics, available data have shown that development activities could influence the HIV vulnerabilities of a group or groups of people affected by such activities.

Link between the road construction and HIV vulnerability

Guangxi Province in the southwestern corner of China along the South China Sea borders Viet Nam. Its mountainous terrain forms a natural barrier to communication with the outside world. In an effort to stimulate its economic development, a road network is being developed to link Guangxi internally with the rest of China, externally to Viet Nam to the South and through Yunnan Province, to the West of Guangxi, to Myanmar and Thailand. In 1996, Yunnan Province had the highest HIV prevalence in China. Figure 6A shows the HIV prevalence distribution in Guangxi in that year, which marked the beginning of a road infrastructure improvement and construction process. The black lines indicate the road network.  However, by 2000, when many sections of its key road network were being completed, from the centre of the province outward towards its borders, one can see that HIV was spreading throughout the province, along this network of roads as shown in figure 6B.

101 Guangxi Center for HIV/AIDS Prevention and Control.

Figure 6. Road construction linked to HIV vulnerabilities[101]

A                                   B
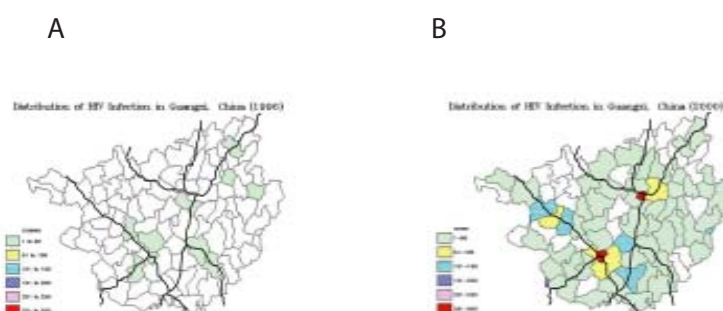


*Source: Guangxi Center for HIV/AIDS Prevention and Control.*

This provides a powerful example of the potential that development activities may have on the spread of an HIV epidemic. One of the many functions of the Early Warning Rapid Response System is to bring together, early on, the economic development and planning sectors in the process of developing HIV resilience. The planning sector draws up infrastructure plans several years before

construction actually takes place; then, it takes several years to construct the roads.  However, getting such planning information from the planning sector to the communities that will be affected by the roads enables people at the local level to benefit from the foreknowledge – the early warning part of the System. By being warned early on, people have the time necessary to analyse the potential implications: both the opportunities and the potential stresses. People's analysis would enable them to determine whether it is necessary to take action in order to mitigate potential HIV vulnerabilities on one hand, and to plan their actions, in order to grasp the opportunities that are opening up to them, on the other. This is the response part of the System.

### Application of the System by ASEAN

An example of mobilization by the ASEAN region, based on the Early Warning Rapid Response System concept, is described below. Currently, ASEAN member countries are working to complete the construction or upgrading of the regional ASEAN Highway Network. Those members were made aware of the Guangxi scenario: where roads were being constructed, linking points of high and low HIV prevalence, the spread of HIV correspondingly increased along those newly constructed routes.[102] As a result of advocacy by the United Nations system, countries adopted a recommendation known as the Chiang Rai Recommendation, whereby infrastructure construction project contractors are required to include HIV-prevention programmes for their workers and the surrounding communities as a pre-condition for bidding.[103]

A number of steps were taken to ensure that the Chiang Rai Recommendation was adopted by all the countries through which the ASEAN Highway cuts. A regional strategy for reducing HIV vulnerability related to development-associated mobility was jointly formulated after a series of consultations involving NGOs, governments, research institutions, people living with HIV/AIDS, ASEAN representatives and key donor agencies, facilitated by the United Nations system.[104] The consultation process was critical because the perspectives of migrants differed, as did those of people living with HIV/AIDS, some of whom were former overseas contract workers. Also, the views of governments were examined and considered.  One of the issues raised was how to put into practice the strategies adopted. Again, jointly with the assistance from the Asian Development Bank, supported by Sweden, the United Nations system and NGOs, a "toolkit" was developed for implementing the Chiang Rai Recommendation as well as the regional strategy.[105]

102 Hsu, Lee-Nah, *Building an Alliance with Transport Sector in HIV Vulnerability Reduction*, March 2001, UNDP South East Asia HIV and Development Programme, <http:// www.hiv-development.org/ publications/ building.htm>.

103 du Guerny, J., Hsu, Lee-Nah, *Towards borderless strategies against HIV/AIDS*, May 2002, UNDP South East Asia HIV and Development Programme, <*http://www.hiv-development.org/publications/ borderless-strategies. htm*>.
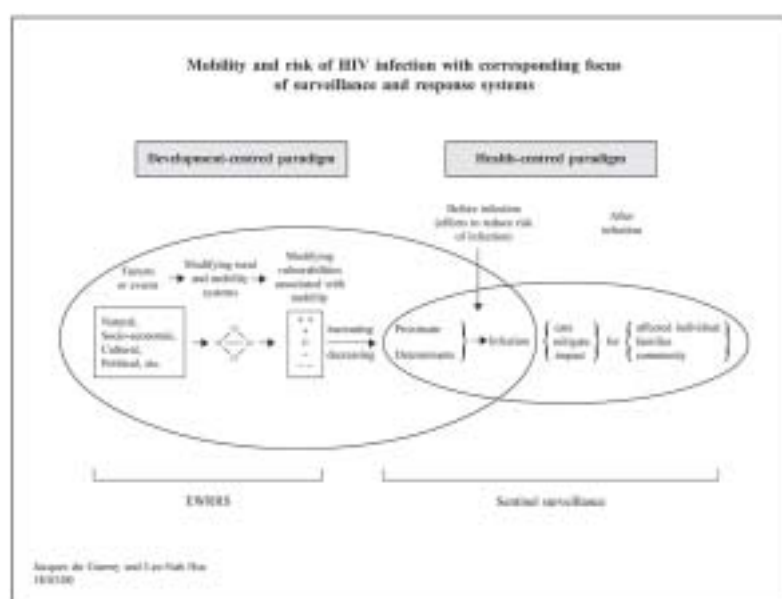
104 *Strategy on Mobility and HIV Vulnerability Reduction in the Greater Mekong Subregion, 2002-2004*, September 2001.

105 ADB/UNDP-SEAHIV/WVI/Burnet Institute: *Toolkit for HIV Prevention among Mobile Populations in the Greater Mekong Subregion*, 2002, <*http://www.hiv-development.org/ publications/tool-kit.htm*>.

Figure 7 illustrates mobility, which could be triggered by a flood or a drought (natural) or an unrest (man-made), all of which are stressors to a community.  A development-oriented paradigm can be used to examine these factors, be they natural or man-made. Such stresses may trigger the movement of people out of their villages into big cities where they would seek alternative sources of income or employment. In so doing, some young women might end up in the sex trade, a high-risk activity that has the potential of exposing them to HIV  infection. The health-oriented paradigm to the right-hand side of this diagram, however, focuses on the proximal factors of risk behaviour, such as not using a condom when having sex, but not the causative factors which put an individual at risk of HIV infection, such as poverty and a lack of education or marketable employment skills.

Figure 7. The Early Warning Rapid Response System Model[106]

106 *Early Warning Rapid Response System: HIV vulnerability caused by mobility related to development*, July 2000, UNDP South East Asia HIV and Development Programme, July 2000, <*http://www.hiv-development.org/publications/ewrs.htm*>. Guest, P., du Guerny, J.,  Hsu, Lee-Nah, *From Early Warning to Development Sector Responses against HIV/AIDS Epidemics*, May 2003, UNDP South East Asia HIV and Development Programme, <*http://www.hiv-development.org/publications/ewdsr.htm*>.



Faced with such challenges, continuing advocacy efforts are necessary. Further, constant monitoring is needed in order to generate early warnings as well as coordinate rapid responses at the local, country and regional levels within ASEAN. Thus, a multisectoral consultation was held in October 2003 in Thailand. At that meeting, government officials representing the Ministries of Construction, Public Works and Transport, the National AIDS Authorities including the Ministries of Health and Ministries of Foreign Affairs and the NGOs

actively working in each country on mobile population and HIV issues, facilitated by UNDP with support from World Vision International, formulated a joint action plan to build HIV resilience along the ASEAN Highway Network. The proposed plan was endorsed at the 2003 Eleventh ASEAN Task Force on AIDS Meeting in Indonesia. The plan will be forwarded for adoption by the high-level Ministerial Meetings of both the Health and Transport Ministries in ASEAN in 2004.[107] What is needed now, are the resources necessary to implement this unprecedented commitment to collaboration in the ASEAN region, which is aimed at building regional HIV resilience.

107 UN Wire, 15 October 2003.

The ASEAN case illustrates how the Early Warning Rapid Response System for building HIV resilience examines the development paradigm, focusing on root causes which influence background conditions conducive to increasing or reducing HIV vulnerabilities. The paradigm is *complementary* to the health paradigm. Figure 7 shows the inter-relatedness of the two paradigms.

The model is based on the view that a "shock" or "stressor" will have an impact on the vulnerability of a community and lead to some adaptation by that community. This System is an attempt to develop a mechanism whereby information on socio-economic factors that make particular groups and locations vulnerable to HIV can be quickly gathered and analysed with appropriate warnings given, so that rapid responses through development strategies and actions can be made by HIV-prevention implementation agencies, governments, NGOs and the private sector working together with the people in the communities concerned. Researchers could be instrumental in assisting in the process by documenting evidence of development-triggered HIV vulnerability and identifying effective responses that actually reduce people's HIV vulnerabilities.

# 5 Conclusions and recommendations

**In view of their impact, democratic governance principles in the face of expanding national HIV epidemics appear even more critical than ever for individual countries and the United Nations system. How democratic governance would be implemented and accountability assured for each of the key players are issues still to be studied and elaborated.**

This is an evolving process; a democratic governance system cannot be implemented overnight. It is a process which should be continuously scrutinized (monitored and evaluated) to ensure that it is on track with the changing dynamics of societies and of the epidemics they must control. Democratic governance is a dynamic process, which has to be built. Each country has to proceed at its own pace because each has a different way of working and none is starting at the same point, culturally or historically. However, a regional culture of democratic governance can facilitate the pace in implementing a democratic governance process of the member countries of a region through peer pressure and mutual learning exchange.

The practice of democratic governance has limits when dealing with HIV/AIDS: the short-term framework of politicians, based on election cycles and the compartmentalization of responses for quick, visible results to appease constituents, runs contrary to the mechanisms for building HIV resilience. The latter require long-term perspectives with timely responses and multisectoral system actions.

Building an HIV-resilient society and applying democratic governance principles are mutually reinforcing and, together, create synergies.

Promoting democratic governance for building HIV resilience could bring the world closer to achieving two of the Millennium Development Goals: Goal 6, which is to halt and begin to reverse the spread of HIV/AIDS, and Goal 8, which is a commitment to good governance, development and poverty reduction nationally and internationally. However, to build HIV resilience through the lens of democratic governance is not cost-free, but the process does not need new, additional resources. Rather, it involves re-orientating the allocation of existing resources.

## Recommendations
Because HIV/AIDS is threatening the future of humanity, the following recommendations for action at various levels could help to reverse the devolution process by incorporating democratic governance principles in HIV/AIDS responses:

## At the country level
*Advocate and promote the principles of democratic governance to build HIV resilience*

National and community-level AIDS programmes – public, non-governmental or private – should incorporate democratic governance principles to enhance their effectiveness in building HIV resilience. They can do this by ensuring a *participatory* strategic planning process which includes *multiple* development *sectors*; *transparency* in formulating policy-making decisions on *equitable* resource allocations, including those related to anti-retroviral medications; *efficiency* in operations; *responsiveness* in programme delivery; and *accountability* for the results in accordance with the *rule of law*.  These principles are all imbedded in a functional Early Warning Rapid Response System, which could be a potential multisectoral model.

## At the regional level
*Strengthen regional collaboration and  coordination to support country responses*

Because HIV recognizes no borders as it spreads, it is critical to provide the necessary resources, both technical and financial, to build regional HIV resilience in areas affected by the virus. This can be done by strengthening regional democratic governance mechanisms, which in turn could facilitate the country-level democratic governance process.

## By UNDP
*Strengthen partnerships for democratic governance*

UNDP has a mandate to promote democratic governance. For this purpose, it is in a unique position: its 136 country offices can partner with countries in applying democratic governance principles in order to build each country's HIV resilience. Such efforts will be in support of the Declaration of Commitment made at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) and help in achieving the Millennium Development Goals.

## By donors
*Broaden the aid framework and scope for action on HIV*

Donor countries should be proactive and expand their aid framework for HIV/AIDS beyond the current focus on health/medical concerns so that it could become a development framework through which support could be given for responses by various development sectors, including agriculture, construction, transport and defence, among others, in addition to the education and health sectors.

*Support  regional and inter-country responses*
To halt the progression of the pandemic, it is essential that donors support *regional* responses which provide an essential dimension to national programmes attempting to halt the spread of HIV internationally.

*Promote democratic governance principles*
National AIDS authorities should coordinate the diverse entities dealing with HIV/AIDS funding and establish consistent monitoring and evaluation mechanisms, so that the results could be shared across the board. This would enhance effective HIV/AIDS programmatic responses and resource allocations by facilitating national AIDS strategies, which would be linked to national poverty reduction strategic plans.

**By researchers**
*Listen to the people and communities,* in order to learn how they cope with HIV/AIDS. Synthesize people's wisdom to produce evidence-based advocacy tools.

*Develop indicators for the democratic governance process.*
Intermediate indicators which would measure progress towards long-term objectives should be included, in order to counter the short-term practices of politicians concerned about electoral cycles.

*Refine the Early Warning Rapid Response System* while ensuring its application of democratic governance principles and its valuable multisectoral collaboration in the early detection of events that could signal conditions favourable to the spread of HIV/AIDS. In particular, ways should be found to reduce institutional inertia, thus ensuring that warnings would result in timely responses.