

**XVth International Conference on AIDS and STIs in Africa: Africa's response:  
Face the facts - Dakar Senegal 3-7 December 2008:**

## **LEADERSHIP PROGRAMME REPORT**

**BACKGROUND**

**OBJECTIVES OF THE LEADERSHIP PROGRAMME**

**PARTICIPANTS**

**SESSIONS AND PRESENTATIONS RELATED TO  
LEADERSHIP**

**POLITICAL LEADERSHIP**

**COMMUNITY LEADERSHIP**

**SCIENTIFIC LEADERSHIP**

**RECOMMENDATIONS**

**XVth International Conference on AIDS and STIs in Africa: Africa's response:  
Face the facts - Dakar Senegal 3-7 December 2008:**

## **LEADERSHIP PROGRAMME REPORT**

### **BACKGROUND**

The HIV epidemic and the AIDS response are at a turning point:

1. Several commitments have been taken at global and regional levels by countries:
  - Universal access (Country targets for 2010)
  - Millennium Development Goals (MDGs) 2015
2. Changing global environment including the current financial and economic crisis.
3. Many countries starting to see results.

The success in reducing high HIV infection rates in some African countries is the result of high-level political commitment to HIV prevention and care, involving a wide range of partners and all sectors of society. It is the result of the involvement of religious and traditional leaders, community groups, NGOs, and all sectors of society, forging a consensus around the need to contain the escalating spread of HIV and provide care and support for those infected and affected.

The leadership programme is a series of events integrated within the ICASA Conference framework that brings together leaders from all walks of life to discuss the opportunities and challenges of scaling up an effective AIDS response in Africa. The integration of the leadership programme into the conference framework allows for synergy and complementarity with other conference's programmes: Scientific programme and Community programme.

### **OBJECTIVES OF THE LEADERSHIP PROGRAMME**

1. To share experience of leaders in the different areas of work
2. To challenge conference participants to engage in discussions on what has worked and what has not worked in order to open new ways and get new ideas on how to improve leadership strategies.
3. To build a heightened vision for the future, based on the specificities and diversity of the African context.
4. To build a strong leadership towards more concrete action, in order to consolidate the achievements and promote a movement towards Universal Access to prevention, care treatment and support.
5. To urge a new leadership to create a conducive environment for prevention in Africa, taking in to account the needs of women, young and most vulnerable and at risk people, as well as strengthening the research.

## **STAKEHOLDERS PARTICIPATION**

The Stakeholders who participated in the leadership programme were:

- First Ladies from Ethiopia, Mali, Morocco and Rwanda,
- Princess Mathilde of Belgium
- Ministers in charge of Health, Social affairs, sports from Burkina Faso, DRC, Morocco, and Senegal
- National AIDS Commission Executive Secretary from Algeria, Burkina Faso, Kenya, Madagascar, Mali, Nigeria, Rwanda and Senegal
- African Union commissioner
- Traditional leaders from Burkina Faso and Zambia
- Religious leaders from Senegal
- Representative of business Coalition against AIDS
- Civil Society organizations representatives (PLWHIV networks, ARASA, SAA, Ethical Network, PSI/AIDS Mark; Society for Family Health, GYCA and Young positives, Youth global coalition, Synergy, African Adolescents Network on Population and Development
- Supermodel, Champion for an AIDS-Free Generation
- Representative from Senegal Federation of Athletics
- Dean of University of Dakar,
- Media representatives
- UN special envoys for AIDS and ambassadors
- Global Funds Executive Director
- UNAIDS Cosponsors representatives (World Bank, UNICEF, UNDP, UNHCR, UNFPA, ILO,....)
- UNAIDS executive Director, Deputy Director and Senior management members including RST-WCA/ESA Directors;

## **SESSIONS AND PRESENTATIONS RELATED TO LEADERSHIP**

- 12 Sessions of the Leadership Programme (SL)
- 3 Presentations in plenary sessions (PL)
- 1 Special session on First Ladies leadership (SS)
- 4 presentations in the Community programme (SCM)
- 5 Posters presentations (PE)

**XVth International Conference on AIDS and STIs in Africa: Africa's response:  
Face the facts - Dakar Senegal 3-7 December 2008:**

## **LEADERSHIP PROGRAMME REPORT**

### **POLITICAL LEADERSHIP:**

#### **RESULTS/FINDINGS**

##### **1- African Union and regional organizations commitments through**

- Advocacy and mobilization of political leaders at the highest level;
- Establishment of AIDS Watch Africa (Eight Heads of State and Government) to: give priority to high level leadership for the African response to HIV, assess progress made in the implementation of the Abuja 2001 Declaration, serve for peer review and accountability, resource mobilization.
- Regular review of continental commitments, with specific focus on the Abuja Call for Action, Africa's Common Position to 2006 UNGASS, Brazzaville commitment for universal access to prevention, care, treatment and support.

##### **2- Regional and sub regional initiatives to address trans border and mobile populations HIV and AIDS concerns:**

- Great Lake Initiative on AIDS (Burundi, DRC, Kenya, Tanzania and Rwanda)
- Mano River Union and Côte D'Ivoire,
- Coordination platform between the National AIDS Commissions of UEMOA (Union Economique et Monetaire Ouest Africaine) and Mauritania
- SADC initiative on prevention

##### **3-Champions for an HIV free Generation: Leading by example**

On 5 August 2008 the former Botswana president Festus Mogae launched "Champions for an HIV-free Generation," a group of renowned African leaders calling for their peers to rethink and step up efforts to prevent the spread of HIV. The Champions mobilize leadership in Africa and advocate effective policies and action on HIV prevention. As outspoken opinion-leaders, they seek to initiate a dialogue in changing behavioural and societal norms.

##### **4- African First Ladies commitment**

The Organization of African First Ladies against AIDS has established an important foundation in each country for social mobilization, resource mobilization, and scaling up of programmes for vulnerable groups. Many areas are covered through their funding:

- Campaigns for social change;
- Creating a favorable environment for prevention;
- Campaigns against stigma and discrimination;

- Promotion of testing among the youth (Senegal);
- Support for PLHIV;
- Support for family prevention centered around PMTCT plus (Burkina Faso, Mali, Rwanda, Gabon);
- Income generation activities for families affected by HIV and AIDS and orphans and vulnerable children (Mali and Rwanda);
- Partnership with NGOs for provision of psycho social support (Morocco);
- Multi-media campaigns (Morocco);
- Partnerships with Ministries of Health, Youth, Education, Defence and religious leaders for expansion of prevention programmes (Senegal);
- Social mobilization against gender based violence (Ethiopia);
- Financial support to local health credit/insurance schemes.

These interventions are in conformity with the National Strategic Plans in these countries.

#### **4-Parliamentarian and judiciary leadership: enabling legal environment**

Parliaments and Judiciary systems in Africa have developed model laws for the protection of people living with HIV and have adapted them to their local contexts. Some examples:

- Ndjamena model law
- Southern Africa Development Community (SADC) model law

Countries that have not adopted such laws have some other legal frameworks in place that provide for protection and promotion of the rights of PLHIV and families (family law).

#### **6- Military Leadership**

ICASA provided high level representatives for the military from 20 countries of West and central Africa to work together to establish a regional network for armed forces now called: Military Network Against HIV and AIDS in West and Central Africa (REMAFOC/SIDA).

#### **7- Private sector leadership**

Several examples of private sector leadership and of successful partnerships with the private sector were presented (Burkina Faso, Cote d'Ivoire, Congo Brazzaville, Ethiopia, Uganda, Rwanda, Senegal, Tanzania).

- Involvement of chief executives, heads of enterprises, trade unions in AIDS partnerships;
- Establishment of workplace programmes of action (Agricultural societies, credit, telephonic and communication partnerships, social responsibility programmes in mining companies)
- Reduction of stigma and discrimination in the workplace
- Successful resource mobilization

## 8- Long term financing of HIV

- Several countries have shown how integration of HIV and AIDS into national development instruments, such as **PRSPs NDP** has strengthened the involvement of the Ministry of finance and the allocation of national budget to the national response. (Burkina Faso, Ghana, Zambia, Rwanda, Tanzania)
- Development of comprehensive strategies for long term and sustainable resource mobilization of national responses to HIV and AIDS are on their way in a number of countries and include reflections on establishment and implementation of innovative approaches to diversify sources of funding of national responses (**28 countries have signed the Airway bill taxes fund**).
- **Cooperative unions and cooperative societies** create great opportunity to cover rural communities. The use of traditional institutions such as churches and mosques as teaching areas for the believers of the respective faiths was useful. The approach is low cost with high efficiency (Cameroon, Mali, Nigeria)
- *Njangis* proved successful contrary to reports on externally funded models. This model is particularly suited for groups with diminished resources. Unintended, *njangis* provided a forum that increased psychosocial support amongst members. The church-based nature of the project contributed to its success. More research is needed to prove this and other factors (Nigeria).
- The Rail Link II team introduced village savings and loan approach to help CBOs mobilize their own community resources to engage in income generating activities to carry out their ideas. Real partnership, maximizing each actor comparative advantage, has led to synergy and high quality results. The village saving and loan approach reduce the economic vulnerability to HIV/AIDS (Ethiopia)
- *Jewels of Hope* has a model for OVC care that shows great potential for impact on community based programming. This model is very effective in offering a safe and legitimate means of income generation to children; and it allows them to continue with their education and learn valuable life management skills. (South Africa).
- The experience with micro credits as a means of financing to strengthen activities and expand services and increase basic resources, provides an example of a model for creation of opportunities for greater control of finances for PLHIV and community groups and securing livelihoods (Benin, Burkina Faso et Rwanda).
- In several countries (Burkina Faso, Cameroon, Rwanda) pilot experiences on integrating HIV and AIDS treatment, care and prevention in community based health insurance schemes and other risk pooling mechanisms are providing insight and practical experience that show important potential for scale up. Partners have expressed their interest in intensifying support to these mechanism (Global Fund, GTZ, World Bank, AFD)
- In some countries the private sector commit part of their income/profit to sustain the HIV /AIDS prevention programme –the greater involvement of the Public and Private sector (Burkina Faso, Côte D'Ivoire, Nigeria, Rwanda, South Africa).
- Examples of community credit and lending schemes, community based organizations and programmes against HIV and AIDS that support local responses to ensure access to services show increased appropriation of

responsibility for response and ownership of programmes by the community. (Burkina Faso)

## ISSUES AND CONSTRAINTS

The leadership at all levels must address some major constraints and issues including:

1. **The lack of an adequate mechanism to hold political leaders accountable.** Moreover the strength of political leadership is determined by the quality of governance more generally, and leadership affects policy outcomes indirectly through ensuring the effectiveness of programmatic elements of the response, such as evaluation and monitoring.
2. **Inadequate dispensation of legal and constitutional rights** for protection of PLWHIV from discrimination, unfair treatment and harassment. Most often there is Conflict between customary laws and constitutional/statute law.
3. Several countries have laws that are used to **criminalize HIV transmission** that are often justified on the grounds of promoting public health. Yet these laws and policies can impact access to health services, uptake of testing, and experiences of stigma – particularly for the wider community of people living with HIV (Togo, Uganda).
4. **Retrogressive cultural practices** and discriminatory legislation fuel the vulnerability of women to HIV infection and that the socio-economic impact of the epidemic denies women the chance to enjoy fully their reproductive and health rights.
5. Some studies revealed that **mainstreaming gender in HIV/AIDS is at its preliminary stage**; (ii) the concept, tools and its operational value yet to be clearly understood and accepted as a part of the strategic planning; (iii) mainstreaming efforts are not well coordinated at both country and international levels; (iv) mainstreaming gender is largely associated with addressing women's issues while little or no attention is paid to male issues; (v) there is a lack of human resources and adequate technical expertise in the countries (Burkina Faso, Côte D'Ivoire, Mozambique, Lesotho and Swaziland)
6. Specific needs of **people with disabilities** are not well addressed in AIDS interventions and programmes.
7. In some **low prevalence countries** there are specific issues like:
  - Compulsory HIV testing continues to be conducted for exclusion purposes
  - There was a high resistance against addressing the issue of HIV in the workplace because it was not perceived to be a disease of public health importance such as Avian Influenza and Hepatitis C.
  - Discussing issues related to sex in a setting with both genders is considered a taboo.
8. The **recurrent social crisis situations** prevailing in some countries put women and girls at high risk of exposure and prevent the implementation of prevention programmes (post electoral violences, recurrent general strikes,

financial and economic embargos, social upraising, ethnical and confessional violences...)

9. The **armed conflicts** have become an important cause of sexual abuses on women and girls. They also prevent the implementation of prevention programmes for refugees and displaced populations.

### Way forward

1. Take stronger leadership, pragmatic solutions and actions to respond to the feminization of the HIV epidemic.
2. In Low prevalence countries:
  - Leadership should be exercised not only at presidential level or central level but at regional, municipal or local level in low prevalence countries. Only this will increase the visibility of the epidemic at country level in low prevalence countries. The proper use of strategic information is determinant to better target interventions to most-at-risk populations.
  - At community level, low prevalence countries have to adapt the interventions according to social and cultural norms. Persons should be received for testing and counseling with a proper approach. Interventions will be effective only when associated with tolerance and compassion.
3. Appreciating that culture and religion has a dynamic and supportive function in protecting and ensuring the survival and security of both men and women, there is potential for the reinterpretation and revision of practices to minimize risk and reduce negative impacts.
4. Policy change and advocacy is necessary to enable a safe environment for the implementation of various neglected groups HIV activities (MSM, lesbians, Sex workers, people with disabilities, illegal migrants.....).
5. Expand public-private partnerships and networks linking civil society organizations with leaders of the large sub-Saharan informal sector.
6. Establish AIDS control and response programmes for the military at both national and regional levels.
7. Intensify development of comprehensive and long term national resource mobilization strategies based on diversification and complementarities of sources of funding, including balancing ODA and public private partnership, innovative fund raising mechanisms and social protection and health insurance schemes, On top of that increased allocation of domestic resources and efficiency gains will be needed to sustain long term national responses
8. Bring to scale the community financing experiences. This could be through establishment of development centers, provision of affordable micro finance schemes for empowered vulnerable people who are of low economic power.

**XVth International Conference on AIDS and STIs in Africa: Africa's response:  
Face the facts - Dakar Senegal 3-7 December 2008:**

## **LEADERSHIP PROGRAMME REPORT**

### **COMMUNITY LEADERSHIP**

#### **RESULTS/FINDINGS**

- **African communities have transformed their vulnerability into leadership.** E.g. a group of women living with HIV have taken leadership in providing care to OVC in their community. They have demonstrated leadership by filling gaps in service delivery where responsible agencies e.g. government were unable to fully respond.
- **Strength and renewal of values of family leadership.** Gender and intergenerational relationships in the context of vulnerability have been emphasized and call on leadership in the family and community level for transformation. Example : A family based approach to HIV prevention (PMTCT plus) in Burkina Faso, Cote d'Ivoire and Ethiopia was based on increased support in the family and community to ensure successful prevention of transmission of HIV to children and support and survival of positive mothers.
- **Gender Issues:** Despite overwhelming evidence that women especially in Sub Saharan Africa are more infected and affected by HIV&AIDS, the fundamental challenges facing HIV+ women and their organizations continue to exist. Notably their inadequate capacity to engage decision makers has limited their participation at meetings and conferences resulting in some body speaking on their behalf. In addition to this, an absence of young positive women (despite being the most affected age group) taking up leadership role in the AIDS response provides a gap. Strong engagement with women's groups advocating for the advancement of women's right for a unified voice on HIV&AIDS has been inadequate.(South Africa)
- **African Religious and Traditional leaders** exercise great influence over individual life. Several examples illustrated successful partnerships with religious and traditional leaders : Uganda, Sénégal, Togo, Nigeria, Burkina Faso, Egypt Rwanda , Swaziland. These partnerships provided awareness raising around the reality of HIV and AIDS in the community, combating stigma and discrimination, and promotion of community care and support for orphans and other vulnerable groups.
- **Youth leadership was highlighted at many levels and examples heard included : social mobilization, youth advocacy for development of policies** that support an enabling environment ; creation of youth networks for improved coordination of youth action and improved engagement of youth voices in planning and response design.

- **Leadership initiatives among people with disabilities** and support organization to advocate for the establishment of long term programmes involving and to supporting people with physical and mental disabilities (Uganda, Rwanda).
- Successful **leadership capacity building of people living with HIV**, both male and female, to respond to HIV and AIDS was reported from various presentations from Burundi, Ethiopia, Nigeria, RCA, Rwanda, Togo. The approaches led to increased awareness and commitment in addressing stigma and discrimination issues by key policy makers through community dialogues.
- **Increasing leadership capacity of HIV+** members enables them to take leadership positions to manage their associations which in turn lessen internal conflicts that can slow down the organization.

From the **review of media mobilisation** on HIV in the past 12 years in West and Central Africa, we conclude that the media are essential actors in advocacy for social and political change and the dissemination of information for behaviour change .They can be on the forefront and active in the response to AIDS; or on the contrary constitute a barrier rather than an ally. Therefore, media networks have been put in place and their members have been trained in most countries.

- **Sport leadership:** Sport offers a powerful platform for mass social mobilization around HIV prevention at many levels. When sport and media combine the two offer a unique platform and reach for HIV prevention efforts. Planning sports approaches that are rights-based and inclusive and ensuring that efforts are sustained and systematically evaluated will help ensure the medium is best utilized and adds value to broader prevention efforts. Sport can be used as part of a positive living and healthy lifestyle approach for all people regardless of status. HIV does not inhibit the potential of sports people and many famous and successful sporting personalities have enjoyed continued success after becoming HIV positive.

## MAIN ISSUES AND CONSTRAINTS

- Although major allies in many countries, the response to AIDS of religious and **traditional leaders can also have negative effects**. Persons living with HIV are sometimes ostracised by some religious and traditional leaders and communities. HIV prevention approaches and attitudes towards people with higher risk of exposure to HIV such as men who have sex with men have often hindered an evidence based response to HIV.
  - Frank communication between parents children on questions related to HIV and sexuality is difficult because of African cultural and social factors.
  - Youth participation in decision making bodies et policy development remains very weak
- **Extremely poor access for the youth and persons with disabilities** to the funds available in countries resulting in insufficient support for implementation of plans addressing their needs for HIV prevention. Treatment, care and support.

## WAY FORWARD

1. In order to strengthen the **role of community leadership and ownership** in the AIDS response, the following should be done:
  - Invest in people to take the lead: It takes money for develop and sustain community leadership
  - Build linkages with others that have different comparative advantage
  - Support communities to hold other stakeholders accountable and to be accountable to others especially donors.
2. **Prison programs** needs to carefully plan for the special needs of prisoners such as confidentiality and continuity of care within and outside prisons.
3. We must work for prevention, such as **participatory involvement of girls and women especially in communication strategies**, planning exercise and empowerment: gender and age sensitive health and social services as well as secure information.
4. Governments in Africa must commit to ending all wars and ensuring that peace keeping operations include in their mandate the **protection of women** from acts of all violence, particularly sexual violence. **The sensitization of peace-keeping forces and warring parties** on HIV and violence must be made an integral part of deployment and conflict resolutions processes;
5. **Key actions for women:**
  - Strategies to address **women's rights in HIV policies and programmes** must consistently include women minorities such as women with disabilities and women who have sex with women.
  - **Men should be made part of the solution** as no strategies to empower women in the face of HIV will succeed without incorporating men as partners.
  - Support the provision of **legal support for women** and women living with HIV /AIDS, the ensuring of confidentiality at all levels, increase awareness and knowledge of the law there by reversing the culture of impunity.
  - **Governments at all levels must be accountable** to promoting women's rights and the self-determination of women in the face of HIV.
6. **Key actions for young people:**
  - Efforts should be made to bring **youth organizations** together to develop a unified voice with positions that are aligned; this will ensure that their participation at the decision making table is not tokenism, but a unified, strengthened one.
  - Resources should be allocated for building the capacity of youth organizations.

- Efforts should be made towards strengthening adult/youth partnerships.
  - Develop and implement specific programmes for parents to promote space of communication with the youth around questions on sexuality and cultural norms preventing youth to fully participate in AIDS response.
7. To address AIDS related stigma and discrimination, **positive leadership** must be responsive and demonstrated at all levels, particularly at the grass roots level.
  8. There is need to revisit some of the **harmful culture** or terminate them especially those that make women more vulnerable to HIV and AIDS.
  9. Important to ensure **improved collaboration between the media and decision-makers**. The media leaders can play a key role in promoting public discussion on TB and HIV and AIDS, and acting as a forum for holding policymakers to account. For this, information needs to be well researched, analytical, include a diverse range of perspectives especially those of the marginalised groups and should highlight the poorly understood factors underlying TB and HIV and accompanied by opportunities for vibrant discussion of the issues in various settings.

#### 10. Key actions for sports:

- Need to ensure that sports approaches at all levels are sustained within **broader HIV prevention efforts** and are not simply organized as 'one off events'.
- Need to **professionalize and evaluate prevention activity** through sport.
- Ensure there is strong coordination of efforts involving and bringing together sports professionals, sport ministries, education and the national AIDS councils.
- Ensure that **partnership work does better involve young people** and other key target groups in the design and delivery of sports HIV prevention work

**XVth International Conference on AIDS and STIs in Africa: Africa's response:  
Face the facts - Dakar Senegal 3-7 December 2008:**

## **LEADERSHIP PROGRAMME REPORT**

### **SCIENTIFIC LEADERSHIP**

#### **Results/findings**

- High support of universities, university hospitals, and research centers in the preparation of the scientific sessions.
- Availability of high level research centers in the African region
- High contribution of international renown African scientists

#### **Issues and constraints**

- Insufficient funds for research programmes
- Very few qualified researchers (brain drain, lack of motivation...)

#### **Way forward**

1. Strengthening the capacity of Research centers and providing high level training for their staff
2. **Promote international partnership for some key research** areas like:
  - Monitoring HIV resistance to drugs
  - vaccine research and other medical prevention tools like microbicides
1. There is a need to continue to **improve the evidence base on the link between demographic/ socioeconomic variables AIDS**. Second, even with improved data sources, it is difficult to generalize results across countries.
2. Understanding the prevalence—and where possible the incidence—patterns of HIV/AIDS with respect to **demographic socioeconomic determinants** of HIV status, sexual behaviors is crucial for developing programs and policies to combat AIDS

**XVth International Conference on AIDS and STIs in Africa: Africa's response:  
Face the facts - Dakar Senegal 3-7 December 2008:**

## **LEADERSHIP PROGRAMME REPORT**

### **RECOMMENDATIONS**

1. **Build leadership capacity** at political, community and scientific levels;
2. **Empower leaders in all groups** (Champions, sport and artists models, youth, women, PLHIV, people with disabilities, religious and traditional leaders and marginalized group leaders, scientists)
3. In order to achieve Universal Access to HIV prevention, treatment, care and support, action had to be taken to **remove the legal, social and cultural barriers that stood in the way** - stigma and discrimination against people living with HIV, inequality between women and men, violence against women, and laws that criminalized and drives underground the most marginalized in society.
4. Strengthen the capacity **of reference centers and research institutions**
5. Promote **operational research** for providing evidence in all area of national response to AIDS.
6. **Scale up quality programmes** based on evidence using combination prevention at affordable costs.
7. Utilize innovative approaches for **sustained and predictable funding** of effective response to AIDS
  - National financial resources (budgets, tax revenue, private sector and philanthropy)
  - Various community funding mechanisms in place in several countries.
  - Funds from the international community.