

**THE ALLIANCE OF MAYORS AND MUNICIPAL LEADERS
ON HIV/AIDS IN AFRICA**

and the

**UN-AMICAALL Partnership Programme
with support from UNAIDS**

Present

AMICAALL

**THE ALLIANCE OF MAYORS' INITIATIVE FOR COMMUNITY ACTION
ON AIDS AT THE LOCAL LEVEL**

...The Epidemic...Response to Date...The Alliance...Strategy...Action...

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THE EPIDEMIC

Income per capita has been declining in many African countries, and poverty and its associated manifestations are having a devastating impact on the African continent. Within this environment, the HIV/AIDS epidemic is spreading at an alarming rate, with an estimated 25.7 million men, women and children now living with HIV/AIDS in Africa. Social and economic conditions are critical factors in both the spread and the impact of the epidemic, including gender and human rights dimensions.

The impact of the epidemic is enormous: health and development gains of the recent decades are in jeopardy. HIV/AIDS affects primarily men and women in their most economically and socially active years, a time when they are also responsible for the financial support and care of others. Evidence already exists to demonstrate the negative economic impact upon farming systems; private businesses; formal and informal sector enterprises; public services such as health, education, and public administration; other services such as water and communications; and security, both police and military.

Children are affected by the epidemic in different ways. Of the 13.2 million children under the age of 15, who have lost their mothers or both parents to AIDS since the beginning of the epidemic, 95% live in Africa, leading to the phenomenon of child-headed households. In virtually any country where 15% or more of adults are currently infected, it is estimated that AIDS will claim the lives of at least one third of today's 15-year-olds. The coping mechanisms of communities affected by the epidemic are stretched to their limits as people shoulder the responsibility of caring for those who are infected and their survivors, including orphans.

RESPONSE TO DATE

Responses in developing countries to the HIV/AIDS epidemic have often involved top-down approaches, driven by the political need to produce quick results. Many initiatives have assumed that people simply need to be told "the truth" about the HIV/AIDS epidemic; that simply telling stakeholders to collaborate will ensure that it happens; and that technology-focused interventions in the absence of an enabling political and social environment will have a sustained impact.

It is now widely acknowledged that such programs have neither slowed down transmission rates nor generated effective responses to the challenges the epidemic presents to human development. Indeed, many problems that need to be solved are not yet fully understood. For example:

- The epidemic in one country may differ from its manifestation in another;
- The problems at one stage may differ from those at a later stage;
- The way the epidemic spreads is influenced by different development strategies, economic systems, and political situations;
- Responses to the epidemic depend just as much on personal and community commitment as on what external observers may view as necessary; and
- There are no obvious technical solutions, or even models of program design, which are readily transferable from one context to another.

In addition, the epidemic requires discussion of many sensitive issues: sexuality, fear, stigma, discrimination, illness and death. These represent real threats to the people and communities most directly affected, but are also major obstacles to reducing further transmission. The epidemic has given rise to difficult questions about rights and responsibilities, and the need for mechanisms for achieving societal and individual behavioural change.

Clearly, the response to the epidemic needs to be broad and multisectoral, and to take into consideration the full range of political, development, gender, social, economic, cultural and human rights dimensions. There have been initial successes in response to the epidemic in Uganda, which has adopted just such a broad, multi-sectoral approach, mobilizing communities, civil society, political will and leadership at the highest level, and employers to minimize discrimination and to address factors that intensify vulnerability. Effective responses require the adoption of innovative strategies and of new partnerships that cross disciplines, sectors, and other hitherto separate spheres of activity.

THE ALLIANCE

At a Symposium sponsored by the United Nations Development Programme (UNDP) in December 1997 in Abidjan, Mayors and Municipal Leaders from Africa, in collaboration with UNAIDS and other partners, issued the Abidjan Declaration, which declared:

Aware that precarious economic conditions in our cities intensify the impact of HIV/AIDS on vulnerable communities, in particular women and youth, and jeopardize our long term local development plans;

Recognizing that our cities are increasingly becoming centres of demographic growth in our countries and that, given the powers invested in them, our municipalities have an important role to play in responding to the many challenges posed by the HIV/AIDS epidemic;

We hereby commit ourselves to search for solutions relevant to local needs and realities, in accordance with the goals and principles of the United Nations and our own laws and regulations, in order to respond more effectively to HIV/AIDS in our communities.

The Declaration called on all mayors and municipal leaders in Africa to join the Alliance, which committed itself to respond on a priority basis and to invest in community and individual capacity to cope with HIV/AIDS. In January 1998, the Alliance was officially launched during the Africites meeting in Abidjan, and the Statutes with 23 Articles were adopted, setting out its aims and mode of operation. It developed a two-year action plan, appointed a Coordinator, and established a provisional secretariat at the office of the Mayor of Abidjan.

The Alliance now covers 17 countries, with more expressing interest in joining, and 70 municipalities. The Coordinating Committee launched a logo contest to raise awareness among individuals and organizations and to contribute to the UNAIDS 1999 Campaign "Listen, Learn and Live". Young people from age 15 to 25 in member municipalities were encouraged to send their ideas for a logo that would illustrate the principles of the Alliance. A young man from Tanzania contributed the winning logo.

In partnership with UNDP and within the framework of UNAIDS, the Alliance has developed AMICAALL - the Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level - with a clear strategy to address HIV/AIDS where the impact is greatest and success is most likely.¹ Funds have been raised, and country-specific plans have already been developed in Swaziland and Uganda. The Government of Namibia has offered to host the Alliance Secretariat and has provided office space, support staff and other material support. A sub-office in Abidjan, hosted by the National Association of Ivorian Mayors will facilitate the follow up in

¹ In 2001, the UN-AMICAALL Partnership Programme was set up with support from UNAIDS. This Programme works closely with the International Partnership Against AIDS in Africa (IPAA) and is providing support to the Alliance and National AMICAALL Programmes in the following areas:

- Advocacy and Promotion of Partnerships
- Programme Development at Country Level
- Resource Mobilisation
- Documentation and Dissemination
- Institutional Support to the Alliance Secretariat

Francophone West Africa. National chapters of the Alliance have been launched in Tanzania, Uganda, South Africa, Swaziland, Côte d'Ivoire, and Namibia, with more and more countries expressing interest in joining the Alliance and developing National AMICAALL Programmes.

STRATEGY

Since the emergence of the HIV/AIDS epidemic two decades ago, the burden of the disease has fallen squarely on the shoulders of local communities. This has happened, in part, because many national governments are faced with depleted resources, both economic and social. Nevertheless, national governments have an important role to play - if better ways can be found for those representing government to identify and respond to the interests of their client communities and civil society.

This can only happen if local government and political leaders can gain the technical skills and resources they need to create relationships of trust and dialogue with their constituencies. This relationship of trust and dialogue is at the root of the AMICAALL initiative, and hinges on several key points:

- National government officials may be too far away to hear voices of the ordinary citizens, but local officials—mayors included—are not.
- Local problems and local efforts to resolve them are the purview of local governments and mayors.
- The greatest impact of the epidemic is occurring in the cities, urban and peri-urban communities of Africa.
- The role of local governments and mayors is vital and has been very little noted - until the creation of the Alliance.

In addition, experience has shown that some fundamental changes are required in the approach to HIV/AIDS:

- in people's perceptions of their own roles and capacities in enhancing human development;
- in the ways individuals and institutions relate to one another;
- in the focus of analysis *from the virus to people and their relationships*; and
- in the nature of what needs to be done, who needs to do it, and where and how to begin.

The AMICAALL approach rests on the premise that if individuals and communities are to take responsibility for addressing the various dimensions of HIV/AIDS, they will require a supportive policy and social environment characterized by good governance, decentralization and strong political leadership. It is labour-intensive work to put communities in the driver's seat - it demands local coordination, planning, and action, supported by enabling national and international policies

AMICAALL aims to strengthen the capacity of local governments and political leaders to identify the socio-economic causes and consequences of HIV/AIDS, and to support multi-sectoral community-based responses to the epidemic. The initiative will especially focus on protecting the most vulnerable groups within communities (particularly children, young people and women) affected by the epidemic. It will build on local knowledge and capabilities, capitalizing on techniques traditionally used by communities themselves to support their sick, orphaned, and dying members. The strategy promotes partnerships between local government authorities, civil society organizations and communities and encourages partners to work together, rather than separately.

The methodology used by AMICAALL is both innovative and original because:

- *One size does not fit all.* The AMICAALL initiative will take into account the fact that different households, diverse communities, and towns have been affected

differently by this epidemic. For example, girl-headed households require assistance different from that of boy-headed households. Women of childbearing age require different approaches from men or older caretakers.

- *AMICAALL will not work within one single stakeholder group.* The social, economic, and development implications of HIV/AIDS require the involvement of many stakeholders to bring about sustainable solutions. But simply telling stakeholder groups to “collaborate” does not ensure that it happens - and often the inability of stakeholders to work outside their sector or discipline poses the greatest obstacle to problem-solving. AMICAALL facilitates stakeholders working together, and helps them coordinate service delivery, avoid duplication and identify gaps.
- *AMICAALL will provide experiential learning for effective decentralization.* Developing the capabilities of local teams to analyse local problems and understand what is happening in their communities and cities will yield mechanisms for effective decentralization. AMICAALL will link local needs to local governments and through to national policy makers, defining the role that each level plays in ensuring sustainable solutions.
- *AMICAALL will harness and utilise the political will of mayors and local governments.* It targets the very group that has the political will to sustain policy changes.

The AMICAALL approach to partnership at the local level has been described by Dr. Peter Piot of the UNAIDS secretariat, as representing “a unique opportunity to bridge gaps between rhetoric and mobilization for sustained action at local level, and enhance capacity for the development of a supportive and enabling policy and social environment”.

ACTION

Through different tools and approaches, AMICAALL will:

- **SUPPORT** municipal leaders, local government authorities and national policy makers in understanding the specific developmental determinants and implications of the epidemic in their countries and cities;
- **DEVELOP** the capabilities of municipal authorities and community stakeholders to identify and analyse needs and develop appropriate policies and programmes;
- **DEVELOP** local funding mechanisms which are accountable, transparent and flexible.
- **HELP** community groups to access and utilize local funds and other resources to address the specific needs they have identified - these may include prevention and behaviour change, or care and support for people living with or affected by HIV/AIDS;
- **IDENTIFY**, strengthen, and use local capacity, including trainers and facilitators capable of scaling up and mainstreaming AMICAALL processes and methodologies in other cities within the country and abroad; and
- **DOCUMENT** the process to support learning and sharing of lessons.

Within each country, AMICAALL will work at three distinct levels:

The AMICAALL Municipal Team will be inter-sectoral, have direct contact with communities, and bring together local government authorities, NGOs, and community-based organizations from cities and towns. Development experience shows that poor communities put enormous resources into bare survival, and need support to obtain technical know-how and resources beyond what they have in order to address developmental needs. The Municipal

Team will receive training and technical assistance in how to analyse, prioritise, implement and monitor activities together with community groups affected by the epidemic. Municipal Teams also serve to encourage service providers in the municipality, to identify gaps and avoid duplication of programmes.

The AMICAALL Policy Roundtable will include mayors and managers at the local, regional and/or departmental level, and will develop and share appropriate responsibilities between different levels of government. If, for example, schools need to provide extra tutoring for children who have missed school due to illness or death in families, or if schools are experiencing increasing illness and deaths among school teachers as a result of HIV/AIDS, the mayors, ministry of education, and other relevant ministries will realize that this problem requires action from their end. The Roundtables will be organized by the National AMICAALL Coordinator, and may be held in different cities so that policy makers can see first-hand the implications of the epidemic, as well as people's courage and use of resources.

The AMICAALL National Committee will consist of Mayors/Local Authorities in the country, key policy-makers from relevant ministries, local authority managers and the AMICAALL Municipal Teams. The National Committee will help initiate and monitor the process in the country, and link to the African Alliance to exchange experience and lessons learned.

AMICAALL will work with UN Theme Groups on HIV/AIDS at country level, and link to several global initiatives in particular the International Partnership Against AIDS in Africa (IPAA).

The initial strategy and pilot phase for implementation of an AMICAALL country programme takes, on average, 24 months. The AMICAALL process at country level includes:

- National Alliance Launch and Planning Workshop;
- Appointment of AMICAALL National Coordinator and Mayors' Task Force;

- Development of AMICAALL Country Plans and resource mobilization strategy
- Selection of pilot cities/towns;
- Forming and training of AMICAALL Municipal Teams;
- Holding AMICAALL Policy-makers' Roundtables;
- Preparation of community proposals and mechanisms for disbursement;
- Implementation of community-based activities;
- Monitoring and evaluation;
- National workshop to review experience and develop scaling up strategy;
- Case study and dissemination of experiences;
- Capacity building for scaling up.

OUTCOMES

In addition to tangible improvements in the lives of individuals and communities dealing with HIV/AIDS, the following outcomes are expected:

- *Change in official attitudes.* Through the AMICAALL process and programme of action, government officials will see those affected by the epidemic as a source of ideas, experiences, and solutions rather than a source of problems.
- *Real definition of the problem.* The communities will articulate their own realities rather than being told what the problem is creating genuine ownership of the problem and the solutions.
- *Appropriate solutions.* Local Governments and community institutions will plan and negotiate resources for solutions appropriate to them, leading to integration of site-specific data into municipal plans.

- *Enhanced management capacity.* Community capacity to manage development will be strengthened as a result of hands-on management of communal services and micro-projects, determination of how labour and other resources will be used, and decision making during implementation.
- *Effective collaboration and communication.* Inter-sectoral teamwork and team approaches to problem-solving will become more frequent, more open, and more likely to address local problems resulting from the HIV/AIDS epidemic.

Data collection and reporting on private behaviours are difficult to track. For this reason, in addition to a number of quantitative indicators, process evaluations will be conducted at

the end of each phase of activities. The evaluations will use participatory methods that note changes in how people are talking about the epidemic, changes in how institutions are addressing HIV/AIDS, and others.

In conclusion, the AMICAALL approach ensures that those affected by HIV/AIDS will not be marginalized, or trapped into an endless cycle of despair. Through the processes established and actions taken, the voice of those affected will be heard, and the means to resolve these problems will be made more available. AMICAALL brings a genuine message of hope, inclusion, solidarity and digni

