



SPECIAL SESSION ON HIV/AIDS  
AND LOCAL GOVERNMENT  
&  
ALLIANCE GENERAL ASSEMBLY

AFRICITIES SUMMIT 2003  
Yaoundé, Cameroon  
2-6 December 2003

"To meet the daunting challenges of HIV/AIDS, mayors decided to take action and confront the epidemic through practical actions that focus on the realities on the ground. Through the Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level (AMICAALL), local government is working with NGOs, communities and other partners to help communities access support and services. City-to-city cooperation is growing thanks to the support of an increasing number of partners in Europe and North America and is bringing much needed technical, and other support, to expand local responses to HIV/AIDS in Africa."

Mr. Ernest K. Mobio, First Co-ordinator of Alliance  
Introductory Remarks, Alliance General Assembly at Africities 2003

Special Session on HIV/AIDS and Local Government  
&  
Alliance General Assembly

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## FOREWARD

The question of how to best ensure the effectiveness of development cooperation in response to HIV/AIDS is now more relevant than ever. Today there are significant financial resources available to confront the epidemic. This funding is critically important. Equally important is the capacity within countries to use this increased funding to develop and manage services —prevention, care and treatment and impact mitigation — that reach people and communities.

The development of national policies, strategies and plans is a start. Many African countries now have national AIDS plans and strategies which call for an expanded, multi-sectoral response to HIV/AIDS. But more is needed to address the growing “implementation gap” between plans and actions. Services and support systems at the municipal and community level must be expanded. The challenge for all policymakers and stakeholders (central and local government, civil society, communities and international partners) is to find the ways and means to ensure that there is local-level capacity for scaling up responses to HIV/AIDS.

Recent analyses of urbanisation and decentralisation trends indicate that local governments in Africa are assuming more development responsibilities. At the same time, in many urban areas in heavily affected countries, HIV/AIDS is undermining the capacity of local government to effectively manage and deliver these development services. What is often lacking are efficient and integrated systems of response that bring together, at the local level, the required expertise and resources, both public and private. Local government, if strengthened and supported, is well placed to play a strategic role with respect to integrated planning and service delivery in collaboration with civil society, with respect to HIV/AIDS as well as other developmental priorities.

During the Africities Summit, a Special Session was held on Local Government and HIV/AIDS, organised by the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa and the UN AMICAALL Partnership Programme. Speakers representing a wide range of organisations—local governments from Africa, Europe and North America, NGOs, UNAIDS, World Bank, and academic institutions—explored the following questions: What is needed to expand the delivery of integrated HIV/AIDS-related services and support systems, and what can, and should, local governments do? Examples of innovative and promising practices were shared. Clearly each municipality must adapt good practices in line with its own needs and realities. There is no silver bullet approach.

This report highlights the presentations made at the Africities Special Session on Local Government and HIV/AIDS and Alliance activities since the last Africities Summit.

Special thanks to Arit Amana, H el ene Castel, Margo Kelly and Sheba Okwenje for their contributions to the preparation of this report.



**Mina Mauerstein-Bail**  
*Director, UN AMICAALL Partnership Programme*

## INTRODUCTION

At the first Africities Summit, held in Abidjan, Côte d'Ivoire, December 1997, mayors came together and decided bold new actions were needed to address the devastating effects of HIV/AIDS in their communities. Following two UN-sponsored consultative meetings, the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa was formed in 1998. The overall goal of the Alliance is to promote actions that contribute to limiting the spread of HIV and alleviating the social and economic impact of the epidemic on communities in Africa. Subsequently, the Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level (AMICAALL) was developed to translate the goals of the Alliance into concrete actions in cities and towns. Based on principles of inclusion, participation, partnership and gender sensitivity, AMICAALL builds local authority capacity to coordinate, manage and scale up, multi-sectoral, HIV/AIDS-related services and programmes.

At the second Africities Summit, held in Windhoek, Namibia, May 2000, the Alliance reconvened again for a General Assembly and organised a special session on HIV/AIDS. One outcome from this meeting was the offer of the Namibian National Government and the City Council of Windhoek to host and help support the Alliance Secretariat which now has been operational since 2002.

National Chapters of the Alliance have been launched and AMICAALL programmes are now in varying stages of implementation in 10 countries: Burkina Faso, Côte d'Ivoire, Malawi, Mali, Namibia, South Africa, Swaziland, Tanzania, Uganda and Zambia. Local government authorities in a number of other countries have expressed interest in joining the Alliance and launching AMICAALL programmes.

In December 2003, the third Africities Summit was held in Yaoundé, Cameroon. At the request of Africities, the Alliance and the United Nations AMICAALL Partnership Programme (UN APP) organised a Special Session on HIV/AIDS and Local Government. The Alliance also convened a session of its General Assembly during the Summit to review progress and discuss future directions and priorities.

This report provides a summary of the Alliance activities undertaken at Africities 2003. It highlights the presentations from the Special Session on HIV/AIDS, and summarizes the presentations and decisions taken by the Alliance General Assembly.

## SPECIAL SESSION ON HIV/AIDS

At the Africities Summit 2003, the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa and the United Nations AMICAALL Partnership Programme (UN APP) organised an half-day special session: “Decentralising Responses to HIV/AIDS and Building Foundations for Scaling Up: Progress and Constraints.” Divided into four panels, this session examined the achievements and challenges local government leaders face in responding to HIV/AIDS in their communities. The issues addressed by the panels were: A. Urbanisation and Decentralization; B. An Alliance and AMICAALL Update; C. Bridging the Implementation Gap; and D. Partnerships and Collaboration. These panel presentations are summarized below.

### **a. Implications of the HIV/AIDS Epidemic for Local Government, Urbanisation and Decentralisation**

This panel explored the trends of decentralisation and urbanisation in Africa, the implications of HIV/AIDS for local governments, and how they are adapting to these new challenges.

Professor Babacar Kanté, Supreme Court Justice (Senegal), Alliance Legal Advisor

*Professor Kanté focused his presentation on how effective decentralisation can equip local and central government authorities to scale up responses to HIV/AIDS.*

There is a clear trend toward urbanisation, with a projected 70% of the African population living in urban areas by 2020. During the past decade an increasing number of African countries have taken steps to decentralise government. However, many challenges remain to be addressed.

In recent years, an increasing number of national HIV/AIDS plans have emphasised the importance of developing partnerships between central government, civil society and the international community and adopting a multi-sectoral approach. There still remains much to be done by National governments in implementing these plans and strategies. Effective decentralisation of national HIV/AIDS plans and strategies would enhance the implementation and scaling up of responses to HIV/AIDS. This, coupled with enhanced capacity and leadership to address HIV/AIDS at the local government level, would facilitate the implementation of HIV/AIDS-related services and programmes and address a widening gap between plans and actions. Cities and towns need to put in place systems and mechanisms such as HIV/AIDS municipal teams, with representation from local government, civil society and affected communities. These teams should have the capacity to analyse the actual situation in each town, elaborate a local plan, access and manage resources to implement the plan so that services reach those living with and affected by HIV/AIDS. It also requires that central government policies on HIV/AIDS reflect the role of local government in the overall response to HIV/AIDS.

Developing and implementing effective responses to HIV/AIDS at the local government level require informed leadership, partnership and capacity. Strong political will and commitment from mayors and municipal leaders is key. Local leaders must be able to

better access information on the causes and consequences of HIV/AIDS in their communities; to develop partnerships with civil society and communities and facilitate collective action and collaboration. They also need to be able to access and manage resources at the local level. To do so, they must convince not only central government, but also other funding sources, that they are taking steps to enhance their capacity to manage the implementation of HIV/AIDS-related programmes and services.

Locally-elected leaders and local authorities have a critical role to play in expanding the response to the HIV/AIDS epidemic and filling the existing gaps between national plans and policies, and services that reach people and communities. Central government can facilitate action at the local level by creating a more favourable political, administrative and financial environment through actions that support effective decentralisation. Though much has already been accomplished, a renewed, concerted effort is needed to ensure that decentralisation plans – political, administrative and financial – are translated into effective practices.

Dr. Kevin Kelly, Research Director at the Centre for AIDS Development, Research and Education (South Africa)

*Dr. Kelly spoke on the topic “Meeting the Challenges of Coordination and Integration at the Local Level.” He addressed the challenges facing local governments in developing a coordinated and integrated response to HIV/AIDS which addresses specific issues in a community.*

There has been a general pattern of shrinkage of the government sector relative to the business and civil society sectors. This has been accompanied by a huge growth in non-governmental organisations, community-based organisations and faith-based organisations. In many countries, HIV/AIDS resources are not coming from the government. Some observations can be made regarding local government response to HIV/AIDS in this context.

Coordination and integration of HIV/AIDS responses are under funded in most local government systems. More and more local governments are being charged with development functions: leadership of local economic development, community affairs and local integrated planning. HIV/AIDS is having a major impact on the local level, and local government delivery of basic services. Therefore, it has become imperative for local government to mobilise, coordinate and integrate the proliferating local responses to HIV/AIDS. Moreover, often national government mandates are not well spelled out, especially in terms of responsibility, coordination and integration. Rather, the focus is on basic services, like voluntary counselling and testing, while integration is overlooked. The challenge for local governments is to turn this rapid ‘organic’ growth into efficient systems of response.

Local governments must understand what drives the epidemic at the local level. They need to see who is doing what and where, but this is rarely done. Coordination also includes aligning programmes with the different spheres of government. In other words, different government departments must work together to implement a multi-sectoral response to HIV/AIDS, but the structures and mechanisms do not exist for this purpose.

In South Africa, they found that mainstreaming of HIV/AIDS is best done through the mayor/city manager's office. These are some of the internal constraints facing local governments in Africa.

Local governments also have external challenges in addressing HIV/AIDS. They must do better at coordination and working with outside partners to acquire additional resources. Many donors seek this kind of cooperation in multi-partner proposals.

Overall, local government should aim for 'integrated development planning' (IDP) and functional integration of services. This ideally involves an HIV/AIDS component, situational analysis and understanding of local response resources and an annual review of IDP to make improvements, together with capacity building. Examples of functional integration around HIV/AIDS services include: sharing of clinical resources and multi-service centres; development of standard protocols of service delivery and shared information systems; use of anchor services, such as VCT or orphan registries; and use of referral networks.

Finally, local governments need better monitoring and evaluation and need to be clear about their expectations for their HIV/AIDS programmes or services.

#### **b. Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level Update**

An update on the Alliance and AMICAALL activities in countries, followed by a more in-depth look at the AMICAALL Swaziland programme were presented in this panel.

Ms. Fikile Mthembu, Executive Secretary of the Alliance

*Ms. Fikile Mthembu, Executive Secretary of the Alliance, presented an update on Alliance/AMICAALL activities in the following order: a brief history of the Alliance; highlights of achievements to date; challenges and opportunities; and a conclusion.*

**Brief History of the Alliance.** Mayors have seen firsthand the devastation of HIV/AIDS in their communities and realised that local leadership is critical. Local government has a key role to play in the response to HIV/AIDS; local government is at the crossroad of policies and people. Mayors did not sit back and wait. They took action and started to mobilise in cities and countries across Africa.

The Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa was formed in 1998 with support of UN partners. The Alliance is headquartered in Namibia and hosted by the Government of Namibia and the City of Windhoek. The overall goal of the Alliance is to promote concrete actions that contribute to limiting the spread of HIV and alleviating the social and economic impact of the epidemic on communities in Africa. To achieve this goal, the programme of action AMICAALL (the Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level) was developed with support from UNDP and UNAIDS.

AMICAALL is based upon the following principles:

**Inclusiveness:** involving a broad range of stakeholders with specific commitment to reaching out to those most affected by the epidemic;

**Responsiveness:** reacting to locally articulated needs and brokering dialogue among local people, municipalities, policy-makers and decision-makers;

**Gender Sensitivity:** responding to the different experiences of men and women in terms of vulnerability, response and impact;

**Sustainability:** local action informs national policy, which in turn, supports a more enabling environment for sustained responses; and

**Accountability:** strengthened management and financial systems at the local level, combined with action oriented monitoring and evaluation, provide foundations for scaling up responses to the epidemic.

The Alliance reflects the commitment of local government leaders in Africa to respond to the challenges of HIV/AIDS in their communities; it also reflects their commitment to good local governance.

### **Highlights of Achievements to Date:**

**Political Commitment Expanding.** Ten National Chapters of the Alliance have now been launched in: Burkina Faso, Côte d'Ivoire, Malawi, Mali, Namibia, South Africa, Swaziland, Tanzania, Uganda, and Zambia. Kenya will launch in early 2004 and there is growing interest in other countries. AMICAALL programmes are in varying stages of implementation in these countries.

Concrete actions have been initiated in a growing number of cities and towns—moving from political commitment to working with local communities and civic groups, to identify needs and priorities, mobilise technical partners and funding and start putting in place services and programmes that are reaching those most in need. This includes support for orphans and vulnerable young people, direct support to affected households, speaking out against fear, stigma and discrimination and finding ways to work with those most affected and make them part of the solution.

Technical and financial partners have been mobilised at local, regional, national and international levels—NGOs, foundations, private sector, city-to-city cooperation, UN, multilateral and bilateral agencies and, of course, central governments and national AIDS programmes.

**Examples of Activities on the Ground.** In Swaziland all 11 municipalities are now engaged and a range of actions are being developed and implemented; the national government in Swaziland has designated the AMICAALL Swaziland as the lead organisation for the local government response to HIV/AIDS. In Swaziland, a range of partners—public and private—are working together to enhance the ability of local government authorities, civil society organisations and communities to find solutions and implement concrete actions (services and programmes) that reach those most affected. More will be said about the AMICAALL in Swaziland during the next presentation. A case study on the AMICAALL Swaziland programme is available on the AMICAALL website ([www.amicaall.org](http://www.amicaall.org)).

AMICAALL Uganda is working with local government authorities to identify priorities and help them access technical and other resources. Soroti municipality identified support to orphans and vulnerable young people as a priority, and with support from the UN APP, planning was initiated with and funding identified for local stakeholders: local government, community representatives and NGOs.

With leadership from the Mayor and the City Council, an innovative programme was developed in the town of Otjiwarongo in Namibia. A multi-purpose help centre is being built, which will provide a range of services such as prevention, support to affected households and orphans, thanks to the efforts of many people and organisations working together at the local, national and international levels. A case study of this initiative is also available on the AMICAALL website.

**Expanding Partnerships.** There is growing appreciation of the importance of local government involvement in response to HIV/AIDS by a range of organisations. For example, the African Union of Local Authorities at its recent conference focused attention on the role of local government in addressing HIV/AIDS. The Alliance is working with US Conference of Mayors, Association of Netherlands Municipalities, and The Federation of Canadian Municipalities to promote and expand city-to-city cooperation around HIV/AIDS. Foundations—such as African Capacity Building Foundation, AIDSFONDS and STOP AIDS NOW!—are supporting AMICAALL activities through innovative approaches to funding and partnership.

Private sector partners, such as PricewaterhouseCoopers, have made a long-term commitment to AMICAALL and are providing pro bono support to enhance capacity at municipal levels in the areas of financial and programme management. The US and the Netherlands have also provided support, and collaboration with the World Bank is expanding. The Alliance recently collaborated with the Bank, and others, on the development of a Handbook on HIV/AIDS and Local Government which draws on the approaches of AMICAALL. Finally, the Alliance is grateful for the ongoing support of the UN APP, which is helping to mobilise others and provide ongoing institutional and programme support to the Alliance and AMICAALL programmes.

National AIDS programmes in many African countries are acknowledging the role of local government in the response to HIV/AIDS, and are also beginning to channel funding through local authorities. Partnerships with associations of People Living with HIV/AIDS are also very important. Mayors and local government leaders are working with these associations; they are speaking out to address fear, stigma and exclusion. Much more must be done to include the voices of those most affected by the epidemic and to provide the services and support that they need.

**Challenges and Opportunities.** Much has been accomplished over the past few years. Today an increasing numbers of mayors and local government leaders not only in Africa, but around the world, are working together with civic groups and communities to find ways and means of responding to the unfolding HIV/AIDS crisis. One learns by doing. Local government cannot do everything. But there is much that it can do to accelerate the development of services and programmes in cities, towns and communities. Mayors and municipal leaders are on the frontlines together with those

whom they serve. What are we learning? There is an increasing need for innovative funding that moves away from old models that are vertical and driven by goals of external agencies. Funding needs to be more flexible—so it can respond to needs at the local level. Funding that helps to build capacity at the municipal level and at the same time is responsive to the realities and needs of the people and communities.

Funding can be an instrument that encourages partnership and collaboration. There is more funding for HIV/AIDS today. However, it will be important to monitor how funds are being used to encourage local action, to encourage operational collaboration between local government and civil society. To scale up existing AMICAALL activities, more resources are needed to: undertake impact assessments at the local level; identify gaps in service delivery and human capacity; prioritise and plan; work with our local partners; and ensure transparency and accountability.

There are growing numbers of young people who have been left without parents. These vulnerable youth in urban areas urgently need support as well as practical training and access to employment opportunities.

The Skills, Opportunities, Self-Reliance, or SOS, programme, that is being developed in Namibia with support from the National AMICAALL programme, UN APP and the Organisation for Education Resources and Technical Training International Cooperation (ORT-IC), is an example of how partners are working together to find solutions. SOS provides support for vocational training, youth development and community development. Through acquiring practical skills and other support older orphans and vulnerable young people become better equipped to earn a living and contribute to society.

This is a start, but again much more needs to be done. More needs to be done to ensure that women and girls can protect themselves. This includes supporting women and girls who are poor and have increasing responsibilities. Their needs are many and growing. HIV/AIDS is eroding human capacity across all sectors.

Last year 2.3 million people in Africa died of AIDS and three million people in Africa were infected with HIV this year. More needs to be done to help these people stay alive and prevent future infections. More needs to be done get programmes and services to people. More needs to be done to equip young people who have lost their parents for the future.

**Conclusion.** Local government represents the closest link between government and people—it is well placed to lead and facilitate a multi-sectoral response to HIV/AIDS. A start has been made and much has been accomplished in a relatively short period of time with limited resources. Achievements to date must be built upon and collective efforts, expanded.

Mr. Rudolph Maziya, AMICAALL Swaziland National Coordinator  
*Mr. Rudolph Maziya, AMICAALL Swaziland National Coordinator, gave an overview of the Swazi programme and accomplishments to date.*

Swaziland is a lower middle-income country in Southern Africa with a population of approximately 930,000. In 2002 over 38% of pregnant women were found to be HIV positive based on national surveillance data. There is upward of 45,000 orphans in the country. The AMICAALL programme was launched in 2001, with funding support from the African Capacity Building Foundation. The National Emergency Response Council has designated AMICAALL as the lead organisation for coordination of the urban response to HIV/AIDS. The AMICAALL programme has linkages to the national response—representatives serve on national coordination committees and the country coordination mechanism for the Global Fund. Other programme funding comes from the national government, municipal allocations and the Global Fund.

The AMICAALL Swaziland institutional framework:

- § **National Level:** Executive Council, Programme Management Committee and National Coordination Office
- § **Municipal Level:** Municipal HIV Teams and Local Coordinator System
- § **Ward Level:** Community AIDS Action Committees

The National Coordination office has full-time staff and is responsible for overall programme facilitation and coordination, as well as capacity building at the municipal level. At the municipal level, multi-sectoral teams (which include NGOs, women's groups, youth, People Living with HIV/AIDS, business entities and others) coordinate, provide technical assistance and work with community groups. At the ward level, Community AIDS Action Committees are responsible for coordination of HIV/AIDS actions within each ward.

The AMICAALL Swaziland programme seeks to build the capacities of municipalities and grassroots urban communities to respond to the HIV/AIDS epidemic. It also promotes home-grown, community-based responses and self determination through community participation and provision of technical and financial support. Programme activity areas include: institutional development, advocacy, resource mobilisation, tools development, skills development, community mobilisation, information sharing, community projects and monitoring and evaluation.

The first year of implementation focused on institutional development and advocacy; the second year on technical capacity development for municipalities and grassroots urban communities to mount local responses; and the third year on service development. For the latter, this includes voluntary counselling and testing, community and home care, community-based feeding schemes, community mobilisation for the prevention of mother-to-child transmission of HIV infection, HIV/AIDS education integrated into recreation activities, community-based condom distribution and community-based behaviour change communication.

Although AMICAALL Swaziland has achieved many successes in the past three years, it still faces some challenges. These include persuading funding agencies to expand support for urban-based, community responses to HIV/AIDS, along with encouraging non-governmental organisations to play a more catalytic role in the national response.

### **c. How to Bridge the “Implementation Gap”: Capacity Development, Allocation of Resources**

Presentations were made by representatives of the UNAIDS and the World Bank. They addressed the “implementation gap” that exists between plans and actions, the need for expanding community and municipal based HIV/AIDS responses, along with issues of local government capacity development.

Mr. Michel Sidibe, UNAIDS Director of Country and Regional Support  
*Mr. Michel Sidibe, UNAIDS Director of Country and Regional Support, reiterated UNAIDS’ strong support for the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa and the UN AMICAALL Partnership Programme. HIV prevention, care, treatment and impact mitigation must be driven from the local level if it is to reach the scale required to reverse the spread and limit the impact of this terrible epidemic. His presentation specifically addressed “bridging the implementation gap.”*

The “AIDS Epidemic Update,” released in December 2004 by UNAIDS and WHO, shows clearly that the price of maintaining a business-as-usual approach is failure. The vast majority of countries in sub-Saharan Africa are failing to slow this epidemic down. In 2003, the region suffered more than 3 million new HIV infections and about 2.3 million AIDS deaths. Nearly 30 million people are living with the virus.

More resources are flowing to Africa, through the Global Fund, World Bank’s Multi-Country AIDS Program (MAP), the new US AIDS initiative and others. Although this is welcome news, the money is still shaping the programmes, which is like putting the cart before the horse. National AIDS programmes and their supporters must adopt a more demand-driven approach to the provision of prevention and treatment services.

The “implementation gap” can simply be defined as the difference between planning and action. It is relatively easy to make a plan to fight AIDS. It is much harder to implement, monitor and improve it. This can be seen if one compares the relatively large number of countries with national AIDS commissions and national AIDS plans in sub-Saharan Africa, to the much smaller number with costed operational plans, to the even smaller number with appropriate legislation in place to support people living with HIV, to the still smaller number with a national partnership fora and to the minute smaller number with a functioning national monitoring and evaluation system.

Closing the implementation gap requires a combination of:

- 1) Building and maintaining human capacity;
- 2) Enabling the most vulnerable, including people living with HIV/AIDS;
- 3) Improving national and local management of resources and services; and
- 4) Concentrating on the final providers of services.

**Building and Maintaining Capacity.** Bilaterals and multilaterals, including the UN system, must take the lead on the human capacity issue. Partly this means sustaining present human capacity with the help of antiretroviral treatment. Halting the deadly drain of skills and knowledge will be one of the big benefits of new, exciting initiatives to rapidly scale up access to anti-retrovirals in Africa. And as the existing capacity is saved, the concept of building capacity must, in turn be broadened. There does not need to be trained specialists for everything. In HIV/AIDS, much of what makes for good practice requires little or no technical knowledge. For example, enlisting People Living with HIV to participate in the response would both swell the numbers and help break the silence surrounding the epidemic.

**Enabling the Vulnerable.** Certain groups in society are more vulnerable to HIV infection, such as men who have sex with men, commercial sex workers and intravenous drug users. And the HIV/AIDS epidemic creates new vulnerable groups: People living with HIV/AIDS and children orphaned by HIV/AIDS, for example. Then there is the issue of African women who are disproportionately infected and affected by AIDS because they are denied the social equality and empowerment that would give them equal access to prevention and treatment. Local responses, like national responses, must push for gender equality, break social stigmas and reach out to the vulnerable.

**Managing Resources.** Increasing capacity at all levels should help unblock resources that tend to get stuck at the national level. National AIDS authorities must not only distribute more resources to the local levels, they must do this in an intelligent and transparent way if they are to build donor confidence. The creation of national-led partnership fora that include representatives from the municipal and communities and hold regular joint reviews of the national response greatly increases transparency and efficiency.

**Concentrating on Final Providers of Services.** Lastly, are final providers of prevention, treatment, care and impact mitigation services. This is where municipalities, district governments and community-level leaders and organisations can play an especially critical role.

The national response must be driven by local-level demand. Local communities also must be given ownership of their portion of the response. A myriad of local-level responses cannot be effectively managed by national AIDS councils or other outsiders. Decentralised “ownership” inspires leadership, responsibility and pride in the job being done. It also improves the sustainability of the programme. The key is to not only

transfer programmatic responsibility to the local level, but the financial resources as well.

The Alliance of Mayors on HIV/AIDS in Africa and AMICAALL are helping mayors and local government authorities take the lead and forge partnerships to build foundations for scaling up local-level responses to the growing HIV/AIDS crisis. Much has been accomplished despite the limited resources. But municipalities and local leaders cannot do it alone. Greater support is needed from national governments and the international community. The “implementation gap” must be closed. Current efforts are inadequate for an epidemic that is spiralling out of control. This challenge must be confronted to support those on the frontlines and find the ways and means to make sure that services are reaching people.

Ms. Nina Schuler, Urban Poverty Specialist, World Bank Urban Development Unit

*Ms. Nina Schuler, Urban Poverty Specialist at the World Bank Urban Development Unit, spoke about the importance of involving and supporting local governments in the response to HIV/AIDS.*

HIV/AIDS is pertinent to local government for many reasons. First, cities and towns are growing in all parts of the world. In sub-Saharan Africa, one out of three people live in urban areas and two thirds of these live in informal settlements. Urban areas generally have higher HIV/AIDS prevalence—especially in these informal urban settlements. Migrants to urban areas can be vulnerable to HIV. There is not good disaggregated data at this point. Finally, behaviours in urban settings are not well understood.

At the same time, HIV/AIDS directly affects municipalities. HIV/AIDS increases demand on public services (health, welfare and land) while lowering household capacity to pay for services. Local investment is directly threatened while investment in local government capacity is undermined.

In developing its response to HIV/AIDS, local government is affected by the prevailing enabling environment. This can be determined by answering the following questions: Is there a national response to HIV/AIDS? What stage of decentralisation is the country at? Is there intergovernmental coordination? What is the approach to partnerships? Even if the enabling environment is not fully present, local governments are already affected and communities expect them to act.

Local governments can respond in a number of ways. First, they can focus on being active leaders and raise awareness, fight stigma, support collaboration with civil society and the private sector and address their own workplace. Second, local governments can look at what each department can do within their mandate, mainstream HIV/AIDS and coordinate with AIDS service organisations. Third, local government must focus on implementation. This includes institutionalising HIV/AIDS to have sustainability as elected leaders come and go, moving from strategies to monitored workplans,

developing and managing partnerships and intergovernmental relations, accessing and managing resources and building local capacity.

The World Bank, in collaboration with the Alliance/AMICAALL and other development partners, has developed a handbook to aid local governments in designing and developing their response to HIV/AIDS. It also facilitates World Bank support to local government authorities that have made a commitment to addressing HIV/AIDS in their cities and towns. The handbook covers:

1. Leadership and Team Building
2. Understanding the Local Situation
3. Strategy Development
  - § Workplace Policy
  - § Mainstreaming
  - § Functional Integration
4. Implementation
5. Monitoring and Evaluation
6. Further Resources

**MAP Resources.** The World Bank is continuing to contribute major resources to combat the epidemic in sub-Saharan Africa through its Multi-Country AIDS Program (MAP). The overall goal is to intensify action in as many countries as possible with specific objectives to: 1) scale up activities along a full continuum of prevention and care; 2) mitigate impact in all sectors; and 3) strengthen implementation capacity. One billion (US dollars) is to be given as grants (not loans) to national HIV/AIDS programmes. This is the first phase of a long-term effort. To date 24 MAP projects have been approved for a total of \$848 million. There are three sub-regional/cross-border projects. The World Bank is partnering with UNAIDS and others.

The World Bank has established links with Alliance/AMICAALL and can make available various resources to support local governments in developing their responses to HIV/AIDS. This includes: advisory support for policy development, advocacy and implementation of pilots or scale up; training assistance with regional adaptation of the handbook including translations; and sharing experiences. More information, including an electronic copy of the local government handbook, can be found on the web at: [www.worldbank.org/urban/hiv aids](http://www.worldbank.org/urban/hiv aids). The World Bank Urban Development Unit can be contacted via email at: [urbanAIDS@worldbank.org](mailto:urbanAIDS@worldbank.org).

#### **d. Partnership and Collaboration: City-to-City and Multi-Stakeholder**

This session focused on city-to-city and multi-stakeholder cooperation. Presentations by partner organisations from Europe and North America provided examples of how municipalities, local government organisations, and their partners are working together across regions and countries to address HIV/AIDS at the local-level.

Mr. C. Jack Ellis, Mayor of Macon, Georgia, US Conference of Mayors  
*Mayor C. Jack Ellis, from Macon, Georgia, described his city and the efforts to establish a city-to-city cooperation between Macon and the city of Jinja in Uganda.*

Macon is a city with a population of about 100,000, centrally located in the Southern state of Georgia. A majority (62%) of the population is African American. Elected in 1999, Mayor Ellis is the first African American to hold the office in the 176-year history of the city.

Through Mayor Ellis' effort the city has received over US \$33 million in grants for youth in job training, mentoring, after school programmes and other crime reduction programmes. These programmes are being implemented in collaboration with a range of community- and faith-based organisations.

The City of Macon has also formed a Mayor's Youth Advisory Council. It's mission is to provide an opportunity for youth to become involve in social and political processes to develop leadership skills, have a sense of personal achievement and a better understand how government functions. Activities have included Teen Summits, educational programmes, essay contests and boys and girls club competitions.

Mayor Ellis is excited about developing a city-to-city cooperation, focused on HIV/AIDS issues, with the city of Jinja in Uganda. He looks forward to sharing more about their Youth Council activities with counterparts in Jinja. This is under the umbrella of a larger cooperation between the Alliance and US Conference of Mayors, which is being facilitated by the UN APP in collaboration with the US Centers for Disease Control.

The US Conference of Mayors has formed an HIV/AIDS Taskforce which is scheduled to meet for the first time in Washington D.C. at the end of January 2004. This Taskforce builds on the preparatory work that was undertaken in 2003, including exploratory visits by US mayors to several African cities to better understand the implications of HIV/AIDS and how local governments can expand efforts to confront HIV/AIDS.

Mr. Jean Luc Romeo, President of the Association of Locally Elected Officials Against AIDS (France)

*Mr. Romero spoke of his experiences in France and expressed the need for international mobilisation, strong political involvement at all levels of government, and the need for greater understanding of and sensitivity concerning HIV/AIDS.*

The remarkable work of the Alliance is more essential today than ever before. Although the mobilisation of locally elected leaders is a key determinant in the struggle against HIV/AIDS, global mobilisation efforts are still concentrated at central government level, in Africa and as well as in Europe.

Locally elected leaders know that "proximity" is essential in confronting HIV/AIDS and the difficult issues it raises, which are often taboo. This is why mobilising and supporting local leaders in their efforts to expand services and support systems is critical.

Although the HIV virus began to spread and kill over 22 years ago, misconceptions still linger. Despite all of the information campaigns that have been organised in the region of Paris-Ile-de-France (the capital region where Mr. Romeo comes from) misinformation is still rife. For example 25% of the inhabitants still think that one can become infected by a simple mosquito bite, and just 15% use a condom with persons they know to be seropositive.

Confronted with a decline in knowledge about HIV/AIDS by the French population, and a decline in tolerance vis-à-vis People Living with HIV/AIDS, a number of officials decided to create an Association of Locally Elected officials against AIDS: ELCS (Elus Locaux Contre le Sida). Today, this Association has close to 13,000 locally elected officials in France, representing all political parties. Prime Minister, Jean Pierre Raffarin, along with the majority of Ministers, notably the Minister of Cooperation, Pierre Andre Wiltzer, are involved.

With strong support from President Jacques Chirac for access to treatment in poorer countries, ELCS decided to extend activities outside of France. They could not accept that there were two HIV/AIDS epidemics: that of rich countries where to a large extent there is the ability to mitigate the impact of the epidemic, and the other of poorer countries where people die in cold indifference. Although the engagement of ELCS in France is still modest, they have been able to support a range of activities in: Benin, Burkina Faso, Burundi, Chile, Côte d'Ivoire, Madagascar, Mali, Morocco, Senegal and South Africa. For example, the city of Paris has made available one million euros to support prevention activities and programmes in Africa.

ELCS is working diligently to encourage locally elected officials in France to become more involved. As the first locally elected official in France to speak publicly about his HIV status, Mr. Romeo acknowledged to his country that he has been living with HIV for the past 18 years. His testimonial is evidence of the fact that the epidemic is able to touch everyone.

José Pauw, Policy Advisor, International Affairs, STOP AIDS NOW!  
(Netherlands)

*Ms. José Pauw, Policy Advisor, International Affairs at STOP AIDS NOW! in the Netherlands, spoke about their three main focus areas: fundraising, advocacy and project and programme support. The latter also includes developing partnerships.*

UN APP has facilitated an innovative partnership with STOP AIDS NOW!, the Alliance of Mayors and Municipal Leader on HIV/AIDS in Africa and the Association of Dutch Municipalities (VNG-International). This partnership focuses on supporting concrete projects in Africa and mobilising Dutch municipalities for city-to-city links aimed at enhancing capacity in African municipalities to address HIV/AIDS at the local level and encouraging a greater focus on HIV/AIDS within Dutch municipalities.

Funding from STOP AIDS NOW! includes the following: support to enhance the capacity of the Alliance Secretariat; seed funding for a Multi-purpose Centre in

Otjiwarongo, Namibia which will provide a range of community-based services including prevention activities and support for vulnerable children and youth; seed funding for Youth Action Against AIDS Programme in Mbabane, Swaziland to expand HIV/AIDS education targeting young people; training in municipal management targeting local government authorities where AMICAALL programmes have been launched; and support for disseminating good practices and HIV/AIDS policy development. Work with the Dutch municipalities has included: mainstreaming HIV/AIDS into existing city-to-city links, initiating new city-to-city links, school twinning and seminars on HIV/AIDS.

This partnership with the Alliance has allowed for awareness raising in the Netherlands, learning and sharing experiences, along with generating new resources. STOP AIDS NOW! views the two issues of: ownership in Africa; and supporting the Alliance Secretariat in Namibia, as key to the success of these partnership activities.

Barbara Emanuel, Senior Policy and Strategic Issues Advisor, Toronto Community and Neighbourhood Services (Canada)

*Ms. Barbara Emanuel, Senior Policy and Strategic Issues Advisor, Toronto Community and Neighbourhood Services, presented on "The Power of Partners: Building HIV/AIDS Capacity at the Municipal Level," which described the partnership between the City of Toronto and South East District in Botswana.*

This partnership was suggested initially by UNAIDS Special Envoy, Stephen Lewis, who is Canadian. It is being supported by the Federation of Canadian Municipalities (FCM) and focuses on HIV/AIDS capacity building rather than technical exchange as had been done in the past. The cooperation has been approved by the Toronto City Council and the South East District Council and has strong support from senior staff in both countries.

Botswana was chosen because it has the highest HIV prevalence rate in the world at 39% and many key development gains are under threat because of HIV/AIDS. The City of Toronto has extensive experience in an HIV/AIDS "train-the-trainer" model and collaboration with community AIDS organisations, which they brought into this partnership. South West District was an appropriate partner because of strong leadership at the local level, the need to urgently respond to HIV/AIDS, a community-based care system in Botswana with great demand, close proximity to the capital and huge HIV/AIDS stigma.

FCM has played a facilitating role. They have provided project management support, funds for project activities, documented lessons learned and incorporated findings into ongoing FCM work, as well as facilitated collaboration with the Botswana Association of Local Authorities.

The overall goal of the project is to enhance the capacity of South East District Council to address HIV/AIDS issue in the municipality with a view toward replicating this approach in other municipalities in Botswana, and other countries. This partnership was initially set up for two years with the possibility of an extension after that. The

partnership activities were determined following joint planning missions to both South East District and Toronto.

The partnership has three core focus areas: 1) palliative care and support; 2) youth engagement; and 3) employee support. Several cross-cutting areas were also identified: HIV/AIDS stigma and discrimination, gender issues, orphan care and support and project management skills development. Based on this framework, a number of projects have been initiated. There has been training of home-based care staff in palliative care and support. An HIV/AIDS prevention workshop was undertaken in South East District using drama, music and dance, and included youth participation. They have also worked with South East District Council staff at all levels to determine a priority employee support initiative and establish mechanisms for monitoring project progress. Health care workers and home-based care volunteers are receiving training on stigma and discrimination using an adult education toolkit.

Through their work together, the partners have determined some steps for establishing a good, viable partnership. Firstly, identifying clear roles and responsibilities for each partner. Secondly, containing the scope of the project(s) to ensure its feasibility. Thirdly, ensuring that the 'return on investment' is clear for all the partners. For instance, this can be resources, capacity building, knowledge/information sharing or new linkages. Lastly, trying to ensure support at all levels of the partner organisation—e.g., it is built into the supporting agency's strategic plan.

Some lessons learned have emerged from this collaboration:

- § Key people should be kept 'in the loop' (e.g., staff, politicians, community contacts);
- § Knowledge should be shared and mechanisms, established for effective information dissemination;
- § Critical reflection is key—time needs to be taken to examine what did and did not work well;
- § Trust must be built within respective municipal teams and between partners—this is crucial;
- § Roles and responsibilities must be clarified and time taken to debrief during missions;
- § Questions must be asked in order to check and clarify assumptions. Often partners assume knowledge that is not always shared by others; and
- § Flexibility, patience and a good sense of humour are vital.

In conclusion, the City of Toronto and South East District Council found that creating a successful partnership requires buy in from all key stakeholders—such as municipal staff, politicians, community members, national government, etc. Securing additional project partners also enhances resources and capacity and facilitates sustainability.

## ALLIANCE GENERAL ASSEMBLY

During the Africities Summit in Yaoundé, Cameroon, December 2-6, 2003, there were meetings of the Alliance Coordinating Committee and the Alliance General Assembly. These are important governance mechanisms of the Alliance. The last General Assembly meeting was held over three years ago at the Africities Summit in May 2000. What follows are highlights from the General Assembly meeting, which includes presentations at the opening and signing of a memorandum of understanding between the Alliance and Federation of Canadian Municipalities and several key decisions made regarding the constitution, membership fees and the Alliance leadership.

### OPENING

The Alliance Coordinator, Mr. Ernest N’Koumo Mobio, welcomed participants. He thanked the Cameroonian Minister of State for Territorial Administration and Decentralisation and the United Nations Resident Coordinator in Cameroon for taking the time out of their busy schedules to be at this meeting, and noted that their presence was also a strong indication of their commitment to face the challenges of HIV/AIDS. He acknowledged the efforts of the Municipal Development Partnership which worked so hard to make Africities 2003 a reality, especially Mr. Jean-Pierre Elong Mbassi, Regional Coordinator, for his perseverance and valuable contribution in promoting decentralisation in Africa. Mr. Mobio paid tribute to UNDP, the UN AMICAALL Partnership Programme and its Director, Ms. Mina Mauerstein-Bail, and all those who have supported the work of the Alliance since its creation in 1998. He noted that, “when we will overcome this threat to our survival, we will remember you, because you have helped us bear the loss of a father, a mother, a relative, a friend.”

The Alliance, he reminded participants, is the affirmation of a commitment to and a quest for global solidarity. To meet the daunting challenges of HIV/AIDS, which spreads terror in our cities and villages, in our factories and schools, mayors decided to take act and confront the epidemic through practical actions that focus on the realities on the ground. Through its programme of action—AMICAALL—local government is working with NGOs, communities and other partners to help communities access support and services. City-to-city cooperation is growing thanks to the support of a increasing number of partners in Europe and North America and is bringing much needed technical, and other support, to expand local responses to HIV/AIDS in Africa.

The Coordinator called on local government associations and local government to do more and to do better because HIV/AIDS is one of the biggest challenges of this century—a challenge to world peace, development and human rights. International solidarity is critical and it is urgent that the gaps in the response to HIV/AIDS between rich and poor countries be closed. Africa is the hardest hit region where hundreds of million of people are living in the shadow of despair and fear—a situation which is becoming more intolerable every day.

The United Nations Resident Coordinator, Ms. Patricia de Mowbray, also provided some brief remarks. She complimented the Alliance on all that it has achieved since 1998 and thanked the Coordinator for his kind words about the support that is being provided by the UN. There is still a long ways to go she cautioned—pointing out, for

example, that only 1% of women in Africa have access to the drugs which prevent mother-to-child transmission of the HIV virus. While there is an increase in funding and access to drugs, she cautioned that prevention must not be forgotten, especially involving the youth. She also called for increased attention to capacity development and the expansion of services at the local level.

The meeting was officially opened by the Minister of Territorial Administration and Decentralisation Mr. Marafa Hamidou Yaya. The Government of Cameroon is happy to be at this session, among those who are committed to fighting HIV AIDS in Africa, he said. "To stop this terrible epidemic," urged Mr. Hamidou, "we must mobilise and combine in our efforts."

The Government of Cameroon and President Paul Biya have undertaken many diverse actions to combat HIV/AIDS, said the Minister. They have created a National HIV/AIDS Committee to administer a multi-sectoral approach throughout all the ministries. His Ministry already has its own HIV/AIDS committee. The Government of Cameroon which has undertaken many actions:

- § Organising voluntary screening campaigns
- § Creating a budgetary line for HIV/AIDS
- § Organising sensitisation campaigns and training seminars
- § Purchasing and distributing medicines
- § Constructing and equipping a public centre for counselling, prevention and screening
- § Nominating focal points in the central administration

His Ministry is finalising its HIV/AIDS plans and strategies with the local councils and decentralisation efforts are underway. He also mentioned that the First Lady has set up an HIV/AIDS foundation that is supporting those who are suffering along with prevention activities.

Mr. Hamidou promised to take the Alliance recommendations and reflect them within his Ministry's strategy and work. The Minister officially opened the General Assembly.

### **MOU WITH FEDERATION OF CANADIAN MUNICIPALITIES**

During the General Assembly, there was a brief ceremony to sign a Memorandum of Understanding (MOU) between the Alliance and Federation of Canadian Municipalities (FCM). The MOU was signed by the Alliance Coordinator, Mr. Ernest N'Koumo Mobio, and the President of the Federation, Mr. Yves Ducharme, Mayor of Gatineau in Quebec. Mr. Ducharme spoke briefly and explained that FCM is the national voice of local government in Canada with over 1000 members and deals with a range of policy and programme issues. With funding from the Canadian Development Agency, FCM has worked, during the last 15 years, in 12 African countries on good governance, poverty reduction, municipal management and service delivery and environmental sustainability. FCM has already initiated HIV/AIDS activities with partners in Botswana and Uganda.

The activities outlined in the MOU between the Alliance and FCM will be undertaken in collaboration with the UN AMICAALL Partnership Programme. The MOU contains the following areas for collaboration:

- § Carrying out research and documentation of best practices
- § Conducting knowledge-sharing workshops
- § Developing tools (impact assessment, planning, community mobilisation, mainstreaming HIV/AIDS into municipal development projects)
- § Contributing to policy development
- § Piloting projects in selected municipalities in support of learning by doing
- § Providing technical support on program development
- § Supporting institutional capacity building
- § Advocating for AMICAALL programmes and projects

### **ACTIONS BY GENERAL ASSEMBLY**

A revised constitution was adopted by the General Assembly and includes a provision on creating a Technical Standing Committee to assist the Coordinating Committee. This new Committee, which includes representatives of the Alliance and partners, will provide guidance and technical direction for programme activities and assist with resource mobilisation.

Another key action by the General Assembly was the adoption of a membership fee structure. The Secretariat now has the task of setting up a system for collecting these fees from national local government associations and local authority members. Fees would contribute about 60% of the current Secretariat annual operating costs and also reflect the commitment of members to the overall goals and activities of the Alliance.

### **NEW LEADERSHIP**

Having served two terms each, Mr. Ernest N’Koumo Mobio, the Alliance Coordinator, and Mr. Fisho Mwale, Deputy Coordinator, could not stand again as officers. As per the constitution, elections were held at the end of the General Assembly. A new team to lead the Alliance was elected:

- § **Coordinator:** Mr. Salim Kassim Kisauji, Mayor of Tanga, Tanzania
- § **First Deputy:** Mme. Zénabou Drabo, Mayor of Bogodogo, Burkina Faso
- § **Second Deputy:** Mr. Boyd Mooka Muuka, Mayor of Mongu, Zambia

The new Coordinating Committee members were named:

- § Mr. Abdel Kader Sidibe, Mayor of Bamako District III, Mali
- § Mr. Amondji Pierre Djedji, Governor, District of Abidjan, Côte d’Ivoire
- § Mr. John Ssebaana Kizito, Mayor of Kampala, Uganda
- § Mr. George Katole-Milner, Mayor of Zomba, Malawi
- § Mr. Katjijova Rehabeam, Mayor of Gobabis, Namibia
- § Mr. Matheus Shikongo Mayor of Windhoek, Namibia

The Assembly endorsed Co-opted membership in the Coordinating Committee for Mr. Fisho Mwale and Honorary membership in the Alliance for Mr. Ernest N’Koumo Mobio. They were both thanked for their diligent and hard work on behalf of the Alliance.

During the General Assembly meeting a brief ceremony was held, to honor Mr. Mobio and Mr. Mwale for their outstanding work. The Alliance Executive Secretary, Ms Filkile Mthembu paid tribute to them for their tireless contributions in the Alliance’s establishment and development. Members of the Committee echoed these sentiments.

## FUTURE ACTIVITIES

Much has been accomplished by the Alliance, AMICAALL action programmes and UN AMICAALL Partnership Programme since the last Africities Summit in 2000. However, with the epidemic showing little signs of abating in sub-Saharan Africa, and forces of urbanisation and decentralisation transforming the continent, local authorities must play a greater role in the developing, expanding and sustaining services and programmes at the local level in response to HIV/AIDS.

Priorities for the coming year include:

- Working with local government associations and municipalities in countries where Alliance chapters have been launched to expand HIV/AIDS management capacities, services at the local level and facilitate resource mobilisation;
- Expanding city-to-city cooperation and partnerships;
- Documenting and sharing innovative and promising practices; and
- Mobilising resources to expand capacity and activities in response to growing demands for assistance from local government authorities in other countries.

## ANNEX

Communiqué  
AFRICITIES SUMMIT 2003  
Yaoundé, Cameroon  
4 December, 2003, 9am to 1pm  
Decentralising Responses to HIV/AIDS and Building Foundations for  
Scaling Up:  
Progress and Constraints  
Special Session organised by the  
Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa and  
United Nations AMICAALL Partnership Programme (UN APP)

### Background

Effective and sustained responses to the multiple challenges of HIV/AIDS require strong political commitment and leadership at all levels of government and civil society coupled with the ability to translate plans into practices and services that are reflective of and are responsive to local needs and realities. In sub-Saharan Africa, over 40 countries have now developed national HIV/AIDS plans and strategies. National AIDS plans, however, cannot be fully implemented from the centre. While local government is emerging as an increasingly important form of government worldwide it is also facing many challenges. These include: growing urbanisation, increasing responsibilities associated with decentralisation, limited resources, and increasing poverty to name a few. HIV/AIDS poses a new set of challenges for local government.

Close to 30 million African women, men and children are living with HIV/AIDS. Millions of children have lost their parents to AIDS and hundreds of millions of people are experiencing the impact of the epidemic on a daily basis – in schools, health facilities, businesses, and public services. The HIV/AIDS crisis is affecting all development sectors and threatening the future of Africa. Urgent and bold measures are needed to overcome this human and development crisis.

Local government represents the closest link between government and people and is particularly well placed to lead and facilitate a multi-sectoral response to HIV/AIDS at the local level; a response that must be based on principles of inclusion, partnership with civil society, accountability and transparency. However, this can only happen if local government is supported and provided with the tools and resources for expanding urgently needed services and support systems to limit the further spread of HIV, to extend care and support to those most vulnerable, and to mitigate the social and economic impact of the epidemic.

This session explored, through a series of panel presentations, what local government leaders are doing in their cities and communities to respond to the HIV/AIDS epidemic: progress and constraints.

The session made recommendations concerning five major actors as follows:

### 1) Mayors, Municipal Leaders and Local Government Associations

- § Join the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa and become actively engaged, in partnership with civil society organisations and communities, in finding sustainable community solutions to the HIV/AIDS epidemic.
- § Engage with civil society and other stakeholders, in particular those living with and affected by HIV/AIDS, to better understand local needs and realities and begin building partnerships to expand services and programmes that target vulnerable groups, and address stigma, fear and exclusion as part of efforts to confront HIV/AIDS.
- § Integrate the implications of HIV/AIDS into municipal agendas (e.g., service delivery, social and economic development, impact mitigation, etc.) and ensure effective linkages and communication with national AIDS programmes.
- § Establish monitoring, evaluation and referral systems to facilitate a more coordinated and effective response to the epidemic at the local level.
- § Promote city-to-city cooperation and solidarity (south/south and north/south) around HIV/AIDS.

### 2) Ministers and National Governments

- § Support active involvement of local governments in the overall response to HIV/AIDS and reflect their role(s) and contributions in national policy, strategy frameworks and budgetary allocations.
- § Expand data collection, surveillance systems and monitoring and evaluation at the local level.
- § Strengthen the capacity of local government and civil society partners to work together to address the challenges associated with HIV/AIDS.
- § Enhance the capacity of national ministries expected to support local governments.
- § Encourage and support projects at local government level as part of efforts to enhance capacity and at the same time respond to urgent needs in communities.

### 3) Donors and Development Partners

- § Build on leadership initiatives, such as the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa and national AMICAALL programmes, which support expanded responses to the HIV/AIDS epidemic at the local level.
- § Provide resources to local HIV/AIDS approaches which combine support for capacity development with community-response projects.
- § Support long-term, flexible funding that is responsive to local needs and realities (one size does not fit all) while acknowledging that it takes time to develop capacities and effective partnerships.

### 4) Non-Governmental Organisations and Civil Society Organisations:

- § Promote partnerships among non-governmental organisations (NGOs), civil society organisations (CSOs), communities and local government which enhance coordination, improve service delivery and more effectively use available resources.
- § Develop the capacity within NGOs and CSOs, especially transparent financial management systems, in order to expand and scale up needed services.
- § Facilitate sharing of information and lessons learned and coordination among CBOs, NGOs, local government authorities and other key stakeholders to support expanded responses to the epidemic.
- § Assist with development of participatory monitoring and evaluation systems which target affected communities and the most vulnerable groups, e.g., people living with HIV/AIDS, women, orphans and youth, and address issues of coverage, gaps and quality of services.

### 5) Private Sector:

- § Introduce and implement workplace policies and programmes.
- § Contribute to wider community-based services and programmes through partnership with others.