Disease management in Africa:
local government at the forefront

Susan Rhodes

‘Our lives are lived locally, our governments are experienced locally. For most people, local government is their first and perhaps only contact with the authorities in their country.’

– Commonwealth Secretary-General Kamlesh Sharma

The impact of HIV/AIDS adds to the difficulties of local economies and local communities already struggling with development challenges. Being close to the communities they serve, and having responsibility for many basic services, local government leaders are best placed to take action on HIV/AIDS and help close the ‘implementation gap’ between national policy and what happens in the community.

Local governments in the 54 countries of the Commonwealth have responsibility for many of the key basic services related to HIV/AIDS, such as health education and primary health care, social care and counselling, and support for orphans. Members of the Commonwealth Local Government Forum (CLGF) – local councils, local government associations and ministries with responsibility for local government – are grappling with the impact of HIV/AIDS on their own human resources and training and on their ability to deliver services to the community, including helping those living with HIV/AIDS to become more socially and economically active.

Sub-Saharan Africa has been hit harder by HIV/AIDS than any other region in the world. An estimated 22.5 million people are living with HIV in the region, representing over two thirds of the global figure. In 2009, 1.8 million people died from HIV/AIDS and another 2.6 million people were infected with the virus. 14.8 million African children have already lost one or both parents to the disease, and because it affects people during their most productive years, HIV/AIDS also hampers Africa’s economic progress. Although many African countries have developed comprehensive national strategies to try to curb the spread of HIV/AIDS and provide access to treatment, there is often an implementation gap between planning and action at the local level.

The Alliance of Mayors Initiative for Community Action on HIV/AIDS in Africa (AMICAALL) is a major regional initiative in the fight against the pandemic. Launched in 1998 following a declaration by African mayors during the 10th International Conference on AIDS and STIs in Africa (1997), it is based in Windhoek, Namibia, and works with local governments on the continent to strengthen their response to the HIV epidemic and their ability to work collaboratively with civil society and communities.

The Alliance has national chapters and programmes in 13 countries, 9 of which are Commonwealth members: Cameroon, Kenya, Malawi, Namibia, South Africa, Swaziland, Uganda, United Republic of Tanzania and Zambia. The Commonwealth has supported the initiative through its Commonwealth Technical Fund for Cooperation.

‘We believe the programme has contributed to the creation of an enabling environment where fear and stigma can be overcome and access to appropriate services can be achieved, through mainstreaming HIV and AIDS responses into local government operations,’ says Terry Parker, Regional Adviser for the AMICAALL Regional Secretariat. ‘The programme has also been instrumental in local governments seeing HIV and AIDS as a developmental as well as a health issue.’

AMICAALL’s engagement with local authorities begins with a sensitisation workshop at which officials are introduced to ideas about what they might achieve in their capacity as municipal leaders. Municipal initiatives are then launched, accompanied by a programme development process and resource mobilisation, and attempts are made to find ways of strengthening the municipal framework for a multisectoral response.

Local economic development (LED) as a mitigation strategy

The AMICAALL Uganda Chapter was launched in November 2000 and now has 140 local governments (municipalities and town councils) and 34 municipal divisions as members. In 2007, AMICAALL Uganda initiated a local economic development (LED) programme called Strengthening Urban Community Interventions for Orphans and other Vulnerable Children (SUCIO) with the support of the Ministry of Gender, Labour and Social Development, the Global Fund, the United States Agency for International Development (USAID) and the United Nations Development Fund (UNDP). At the Commonwealth Local Government Conference in Cardiff, UK, in March 2011, AMICAALL Country Director for Uganda, Dr John Mugisa, described how LED helped orphans and young children to become more self-reliant.

‘LED is an appropriate strategy that can be used to mitigate against the impact of the HIV/AIDS epidemic particularly among the affected vulnerable populations,’ he said. ‘Local governments have the mandate and responsibility to adopt and implement this important strategy through integration of LED initiatives in the local government development agenda for promotion of the local HIV/AIDS response as well as local economic growth.’

The aim of the programme was to provide effective interventions that lead to improved quality of life of orphans and other vulnerable children living in urban and peri-urban areas by providing 190 households and caregivers with basic entrepreneurship skills and capital inputs for small-scale business
The role of women

AMICAALL also proactively promotes the role of women in local HIV/AIDS responses and particularly recognises the different experience of women in terms of impact and response. The programme aims to embed women’s issues in all its interventions as well as to promote and protect the human rights and fundamental freedoms of vulnerable groups, especially women and youth.

The Alliance’s national chapter in Swaziland has established an ‘Urban Legends’ project that recognises women, among others, who are leaders in their communities and also involves the mentoring of young women. Namibia’s Community Capacity Enhancement programme provides safe spaces for discussion of issues such as gender inequality and the role of women.

In Cameroon, HIV teams have been set up in 70 of the country’s 320 councils. In addition, 700 community leaders, of whom 375 are women, have been trained and themselves conducted awareness-raising sessions for around 26,000 people in two years.

One pointer to the success of the programme is that many local authorities have taken genuine ownership by including budget lines for HIV and AIDS responses and applying their own source revenues for response activities based on their local realities.

‘This is a tangible outcome of mainstreaming and strategic planning advocated by AMICAALL; and HIV and AIDS responses are becoming part of the core business of councils,’ says Terry Parker.

Thanks to AMICAALL’s work, a growing number of local government authorities in Africa have initiated actions to deliver services within their communities. The programme illustrates that mayors, municipal leaders and local authorities are ready to play their part in mobilising resources and responses to HIV/AIDS to change attitudes and behaviour. It also highlights the need for local government to have a place in national policy dialogue and decision-making.

Useful links

Commonwealth Local Government Forum
www.clgf.org.uk

Local action for LED: Addressing the impacts of HIV/AIDS, presentation by Dr John Mugisa to the Commonwealth Local Government Conference on Energising Local Economies: Partnerships for Prosperous Communities, March 2011.
http://www.clgc2011.org/working-group-sessions

Local governance and HIV toolkit
http://www.amicaall.org/toolkits/index.html

Susan Rhodes is Director of Communications at the Commonwealth Local Government Forum (CLGF). CLGF is the Commonwealth organisation that leads on local government issues and works to promote, strengthen and support good local governance throughout the Commonwealth.

enterprises. It targeted the most needy vulnerable children living in urban slums in 14 urban authorities. In Uganda, HIV is significantly more prevalent in urban areas (10.1 per cent) than rural areas (5.7 per cent). The work included provision of start-up kits (tools) and capital input to initiate small businesses in activities such as poultry farming, piggeries, cattle and goat rearing, hairdressing, knitting and sewing, catering and urban farming.

The majority of the households benefiting from the programme reported improved household income and socio-economic livelihoods in many ways. Children who had dropped out of school resumed schooling and were able to feed and clothe themselves as well as access other basic necessities.

‘As a result of economic empowerment, vulnerable households and caregivers became more open about their HIV status and opted to join PHA support groups leading to improved health-seeking behaviour. This clearly demonstrates that LED interventions can promote positive living, which is critical for an enhanced HIV/AIDS response, particularly at the community level,’ said Dr Mugisa.

He noted that the implementation of the programme through the local government and AMICAALL structures helped to harness and use the existing core capacity of urban authorities to implement the programme, and that constructive partnerships and mutual relationships with key LED stakeholders and partners – particularly those in the private sector – had helped to leverage the needed technical and financial resources. Promotion of gender equity and quality ensured that all LED interventions were gender sensitive.

‘LED interventions, if well managed, can significantly improve the socioeconomic empowerment and living conditions of people living with HIV and those affected, thus reducing their vulnerability. However, if not expanded, these interventions can provide only short-term improvements and beneficiaries tend to remain vulnerable. Provision of capital inputs in tranches (installments), based on enterprise performance, stimulates innovation and competitiveness, leading to growth and expansion of LED initiatives,’ concluded Dr Mugisa.

The overall programme also included skill-based training for urban leaders in planning, corporate governance, HIV mainstreaming and HIV workplace programmes as well as providing skills in management and capacity building. In every urban council, an HIV focal point was established. As a result, every town council in Uganda has introduced a budget line to tackle HIV/AIDS.

The Uganda Chapter has gone a long way toward stimulating local leadership in urban areas to take charge of the response to the disease. According to Dr Mugisa, ‘Everywhere you go in Uganda now the urban leaders and the mayors are key advocates. They are influencing behavioural change at the individual and the community level’.