



PEGNet and FSRP/ACF Workshop

SUMMARY

HIV/AIDS and Development in Zambia

Taking Stock and Rethinking Policies

4 February 2010, Taj Pamodzi Hotel, Lusaka

This focused workshop on the role of AIDS in Zambian development had two objectives. It aimed (i) to offer an opportunity for Zambian policymakers and development practitioners to take stock of the latest empirical research on the socio-economic consequences of HIV/AIDS and (ii) to provide a platform for lively exchange between policymakers and researchers to foster the effectiveness of AIDS-related policies for Zambia's overall development.

In her opening address, the Permanent Secretary of the Ministry of Health, Hon. Dr. Solomon Musonda, set the stage by stressing that – despite some recent successes such as a drop in HIV prevalence rates from 15.6% in 2001 to 14.3% in 2007 – AIDS continues to pose a great challenge to Zambia's social and economic development. She emphasized the Zambian government's resolve to halt the spread of the pandemic, enabling concerted efforts by different societal groups (government, the private sector, civil society) as envisaged in the national HIV and AIDS strategic framework.

The first two presentations of the workshop provided overviews from a research and a (Zambian) policy perspective. Robert Greener (UNAIDS) asked what we know about the developmental impact of HIV/AIDS in Africa. He identified a number of channels through which AIDS can be expected to adversely affect socio-economic outcomes. At the macro level, economic growth may for example be compromised by lower aggregate labour productivity or lower savings and investment. Among the negative effects felt at the household level are the losses of income of those who die and higher costs of medical care borne by the families of AIDS-afflicted individuals. Perhaps somewhat surprisingly, empirical studies often fail to find clear support for a negative impact of AIDS on per-capita incomes. This arguably reflects at least to some extent that the estimates do not capture the impact of human capital losses which only materialize over long time horizons.

Ben Chirwa (Director General, National AIDS Council) described the multi-sectoral response to HIV/AIDS adopted by the Zambian government, which comprises a large set of instruments ranging from various HIV prevention measures to the provision of support for orphans. He pointed to notable achievements of recent Zambian AIDS policies – e.g. the provision of prevention of mother-to-child transmission (PMTCT) services that helped reduce transmission rates from 30% to 12%, and the increase in ART programme coverage from 33% in 2006 to 70% in mid-2009 – but also acknowledged some disappointing features such as a low share of prime-age men and women receiving HIV tests. As a way forward, he suggested to carefully target specific populations with specific programmes in specific areas, and to establish an AIDS fund in order to sustain current AIDS-related investment by the government.

The remaining two sessions took a closer look at some crucial issues already raised in the overview presentations. The first session highlighted several implications of AIDS for rural areas where most of Zambia's poor earn their living, while the second session focused on ARV treatment, a core component of the Zambian government's response to AIDS.

In rural Zambia, the HIV/AIDS pandemic has substantially increased the number of widow-headed households. It is feared that widows face difficulties in retaining access to land after the death of their husbands. The panel data estimates for the period 2001-2004 presented by Antony Chapoto (FSRP) suggest that widow-headed households are indeed more likely to lose land than households that are not widow headed. The risk appears to be highest for young widows who have no kinship ties to the village authorities. Chapoto concluded that efforts to safeguard widows' rights to land through land tenure innovations involving village chiefs and other community authorities could be an important component of Zambia's HIV/AIDS mitigation strategy.

Toman Omar Mahmoud (Kiel Institute for the World Economy) took up the unresolved issue of whether there is evidence for significant effects of prime-age death on per-capita incomes. According to the estimates, surviving household members in rural Zambia were able to stabilize their per-capita incomes over the four-year period (2001-2004) under consideration. A likely explanation for this finding is that affected households pursued a mix of income coping (livestock sales) and demographic coping (attracting new household members; sending away children) that prevented incomes losses in the short run. By contrast, households hosting orphans saw per-capita income fall, which calls for an inclusion of these households in programmes aimed at cushioning the AIDS-related burden.

Gelson Tembo (University of Zambia) presented evidence in support of an adverse impact of prime-age mortality on rural household welfare when using panel data that cover a longer time span (2001-2008). The provision of food aid, which has become a central mitigation strategy of some NGOs, is shown to have a weakly positive effect on cereal production and livestock income. This effect is, however, not strong enough to mitigate the welfare losses incurred after an adult death.

The session on ARV treatment started with an account of Zambia's policy stance by Chileshe Mulenga (University of Zambia). ARV treatment emerged as a significant policy option only in

2004 when Zambia declared HIV/AIDS a national disaster and offered subsidized treatment to all those who could afford it. In 2005, Zambia committed itself to the provision of ART to all persons in need of treatment. While achievements so far have been remarkable, formidable challenges remain on the way to universal coverage. These challenges include the hidden costs of access to ART (in terms of both money and time due to long distances, high transport costs and long waiting hours), a shortage of health workers that undermines the quality of services, poor provision of information about ART, and poor linkages between traditional health providers and public health institutions which make it harder to dispel myths about ARV treatment.

Based on very detailed information gathered from carefully tracking a small sample of rural TB patients co-infected with HIV, Virginia Bond (ZAMBART) came up with a long and nuanced list of barriers that may prevent AIDS-afflicted individuals from accessing ARV treatment. She distinguished economic barriers, such as high transport costs and a lack of food, social barriers, such as the stigma associated with being known in the village to be on ARV treatment, as well as health facility barriers, such as faulty equipment and unnecessarily bureaucratic procedures. Her policy recommendations included to reduce the steps in the process of ART enrolment and to extend ART delivery to peripheral centres.

The workshop closed with a roundtable debate on the role HIV/AIDS-related policies should play in Zambia's overall development agenda. The moderator of the panel, Thomas Jayne (FRSP), first introduced the participants and then raised three questions they might address in their initial statements:

1. What is the actual capacity of Zambia to respond to the HIV/AIDS pandemic given its limited funds?
2. How can programs be designed to overcome remaining barriers to ARV treatment, thereby closing the gap between high de jure access and much lower de facto availability?
3. How confident can we be that prevention programs work?

The first panelist, Robert Greener (UNAIDS), focused on the capacity question and argued that the HIV/AIDS budget needs to be discussed in quantitative terms. The government should explicitly state how much money it can raise for HIV/AIDS domestically, and what alternative sources of international financing it may be able to secure. The latter is all the more important given that PEPFAR funding for Zambia will be declining very soon. From the research sessions, he took targeted financial support to orphans and their caregivers as well as transport subsidies for ART patients as promising policy recommendations.

The Chairperson of the Parliamentary Committee on Agriculture and Lands, Hon. Request Muntanga, pleaded for Parliament to be included in the National AIDS Council as a complement to the existing committee of ministers. Parliament has already set up a committee dealing with health and AIDS issues. As concerns Zambia's AIDS policy in general, he struck an optimistic note, asserting that so far anti-AIDS efforts have played out and that there is an open climate for debate, with further room for improvements.

A three-pronged strategy towards HIV/AIDS was advocated by Suba Lungu from the Zambia National AIDS Network. He recommended (i) to increase finance for ART at the community level for more impact (so far there is too little involvement of the legislative in community programs); (ii) to improve access to ART, in particular for women and girls in rural areas; and above all (iii) to increase prevention efforts. He stated the very ambitious objective of reducing infections by 50% by 2015. For this to happen, prevention has to be taken as seriously as ART, which is likely to require a shift in the budget from ART to prevention. As one concrete step, Lungu suggested to use the as yet largely unused potential of traditional healers in prevention efforts. He also urged the government not to view civil society as an enemy, but as a partner to enhance national capacity to fight HIV/AIDS.

Mannasseh Phiri, Executive Director of the Society for Family Health deplored that the debate on HIV/AIDS is often cast in too negative terms. In fact, he argued, Zambia has done tremendously well, having made the way from an ignorant society to one where 250,000 people are on ART. At the same time, he demanded Zambian ownership in the fight against AIDS and a greater involvement of Parliament and ministries. In particular, the question of national capacity would have to be addressed heads-on, rather than endlessly talking about the AIDS fund and paying lip service to foreigners. One participant asked (without getting an explicit answer) whether Zambia will be able to mobilize significant additional resources for AIDS, given that it already spends 15% of its budget on health.

During the floor discussion, a participant referred back to a previous session, asking what Parliament is doing to increase widow's land security. Hon. Muntanga responded by pointing to the new constitution, which will render it possible to obtain a kind of certificate that secures land allocated by the chief. Another participant favored the option of establishing village-level land committees that are more representative than leaving the issue of land to the village head only.

In his summarizing remarks, Thomas Jayne provided a personal account of what he considered to be the main lessons learned in the workshop. These include:

- The political will to fight AIDS cannot be taken for granted (AIDS is not even mentioned in the current draft of the National Development Plan).
- Universal access to ART does not guarantee universal coverage.
- Anti-AIDS efforts need to be scaled up, but donors are unlikely to give more.