

Policy paper



The Belgian
contribution
to the fight
against HIV/AIDS
worldwide

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Table of contents

- Table of contentsii
- Forewordiv
- Executive summaryvi
- Introductioni
- Part I: HIV/AIDS in the world 1**
 - The epidemic keeps growing though with regional differences1
 - Numerous determinants drive the epidemic2
 - AIDS impacts heavily on man and society.....3
 - Certain groups are highly vulnerable4
 - A global response to the epidemic5
 - Lessons learned on the HIV/AIDS response6
 - Numerous bottlenecks remain6
- Part II: Belgian policy on its international response to AIDS8**
 - The mandate 8
 - First objective: human rights-based AIDS response8**
 - Focus on the poorest and the weakest.....8
 - Fight discrimination and stigmatization8
 - AIDS and gender mainstreaming.....9
 - AIDS control in war and conflict situations.....9
 - Second Objective: Support the national AIDS policy.....10**
 - Institutional support.....10
 - Local AIDS capacity building10
 - Support for research and innovation10
 - Strengthening South-South co-operation and international networking10
 - Third objective: Improve the international response in a sustainable way11**
 - Mobilising adequate resources in the medium-term11
 - Coordination of the Belgian actors.....11
 - Coordination and harmonisation of bilateral and multilateral donors ...11
 - Strengthened cooperation with international organisations.....12
 - Development of global public goods.....12

- Fourth objective: Step up effective and efficient interventions12**
 - Health care13
 - Education.....13
 - Agriculture and food safety.....13
 - Private sector14
- Fifth objective: Strengthen public support in Belgium14**
 - Sensitisation through campaigns and mass media.....14
 - Alliances for interpersonal communication.....15
- Implementation framework15**
 - AIDS mainstreaming.....15
 - Geographic concentration.....15
 - Implementation and follow-up.....16
- Annex: Participants to the AIDS policy formulation.....17**

Foreword

As early as 1984, barely three years after the discovery of the disease and one year after the discovery of the HIV virus, Belgian scientists helped prove that in Central Africa AIDS was mainly transmitted via heterosexual contacts. At that time, Belgium supported the fight against AIDS in Burundi by means of a bilateral governmental project. Since then, the Belgian efforts have steadily increased. In 2005 the Belgian development cooperation spent – taking into account all sources of financing – approximately 25 million euros on the fight against AIDS, compared to 1 million euros in 1995.

Within a quarter century, AIDS has wrecked havoc throughout the world, which in spite of all efforts, exceeds the most pessimistic forecasts. In 2005, 4.9 million people have been infected by AIDS, bringing the total number of infections to 40 million. More than 15 million children have lost one or both of their parents to AIDS. By the end of June 2005, less than 1 million people in developing countries received antiretroviral treatment, whereas an estimated 6.5 million people needed such treatment. In Sub-Saharan Africa life expectancy has decreased from 62 to 47, as a consequence of the AIDS pandemic. Moreover economic growth is considerably hampered: in heavily infected areas such as southern Africa, economic growth has reportedly decreased by 1-2% as a consequence of AIDS. Furthermore, the United Nations defines AIDS as a security matter.

In 2000 Belgium subscribed to the Millennium Development Goals, one of which prescribes that the spread of the aids epidemic must be halted by 2015. In 2001 I attended, as Prime Minister of Belgium, the special session devoted to AIDS of the United Nations' General Assembly. At the same time the Member States made a Declaration of commitment on the highest level concerning prevention, treatment and care, AIDS and human rights and alleviation of the socio-economic impact. Now, five years later, while attending the follow-up session of this Declaration in New York, I will explain the Belgian contribution and – what is more important - I will deepen our commitment.

In 2005, Belgium spent 0.53% of its income on development cooperation and we legally committed ourselves to raise this aid to 0.7% by 2010. As the AIDS pandemic requires an exceptional response, Belgium will spend a substantial part of these extra funds on the fight against AIDS. This fight cannot take place in isolation, but has to fit in with general efforts for capacity building and reinforcement of national systems like health care and education (prevention). Moreover, the fight against AIDS requires a broadly-based commitment. Therefore a well-balanced and effective policy was outlined by means of a participative process. The federal institutions as

well as the federated entities took part in drawing up this text, together with numerous organisations in the civil society. Together we aim not only at an increase but also at a better quality of our contribution. This policy is based on generally accepted, "evidence-based" principles and fits in with the Paris Declaration on the efficiency of aid and with the 2007-2011 EU action programme to fight aids, malaria en tuberculosis.

Besides, all Belgian actors will be invited to participate in the international fight against AIDS, including official cooperation agencies, NGOs and academic circles as well as the private sector working abroad, not only in Africa, but also in Asia and in Eastern Europe, where AIDS is spreading most rapidly nowadays.

The consensus of Copenhagen describes AIDS as the main problem of the 21st century. Belgium is determined to help tackle this problem.

Guy VERHOFSTADT
Prime Minister

Armand DE DECKER
Minister of Development Cooperation

Executive summary

In 2005, it was estimated that the number of new HIV infections was more than 4 million, that Almost 3 million people died of AIDS and over 38 million people were infected with the HIV virus¹. However huge differences exist, both geographically and between different population groups.

Poverty, discrimination and stigmatization, certain gender role stereotypes and lack of respect for human rights all contribute to the spread of HIV/AIDS and make it difficult to mitigate its impact. AIDS further aggravates the shortage of skilled personnel in all ranks of society, making it even more difficult to combat the disease. It is still uncertain whether there will be sufficient resources available in the medium term. There is also an inadequate leadership and insufficient coordination amongst actors. Furthermore, interventions do not take sufficiently into account the lessons learned from the past. Finally, international solidarity for the fight against AIDS must be boosted.

Within this framework, the Belgian state, its regions and communities commit to an enhanced AIDS response in line with the efforts of the European Union and the international community, to cooperate with the countries affected in order to halt the HIV/AIDS epidemic and reverse the current evolution by 2015 consistent with the Millennium Development Goals.

Based upon their specific mission, policy priorities, structures, experience and methods, the Belgian actors will help combat HIV/AIDS in a geographically differentiated way through five overarching objectives.

Objective 1: use a human rights based approach in the fight against AIDS through special attention to the poorest and the weakest, fighting of discrimination and stigmatization, mainstreaming AIDS and gender and by paying special attention to HIV/AIDS in war and conflict situations.

Objective 2: support the national AIDS policy of the partners in the South by providing institutional support, by capacity building in the field of AIDS, by supporting research and innovation, by strengthening both South-South cooperation and international networking.

Objective 3: enhance the international response in a sustainable way by making sufficient resources available in the medium term, by coordinating the activities of the Belgian actors, by pursuing coordination and harmonization with bilateral

1. AIDS Epidemic Update, UNAIDS, December 2005.

and multilateral donors², by aiming at a strengthened cooperation with international organisations towards the development of global public goods such as microbicides, vaccines and HIV/AIDS surveillance.

Objective 4: boost efficient and effective interventions, especially in the sectors of health care, education, agriculture and food security, and through cooperation with the private sector.

Objective 5: build public support in Belgium for the global fight against HIV/AIDS. The population will be sensitized through campaigns and the mass media, and through the building of alliances with organisations for interpersonal communication on AIDS.

An AIDS workgroup of the Belgian Interdepartmental Commission on Sustainable Development will co-ordinate and the Special AIDS Envoy promote the implementation of this policy. AIDS mainstreaming will also be promoted with all relevant public services of the federal state, the regions, and communities.

Worldwide, the needs arising from the AIDS epidemic are enormous, and they differ from country to country. Thus, in view of its limited resources, Belgium will therefore circumscribe its interventions and set geographical priorities based on well defined criteria.

2. Belgium will promote the internationally accepted "Three Ones", viz.: One agreed HIV/AIDS Action Framework; One National AIDS Coordinating Authority, and One agreed country-level Monitoring and Evaluation System

Introduction

This policy paper outlines Belgium's international AIDS policy in the context of both the Millennium Development Goals and the Belgian Development Cooperation. The main goal of the Belgian Development Cooperation is sustainable human development through poverty reduction based on the "partnership" concept, while taking into account the development-relevant criteria.

The fight against AIDS is not only an issue for the least developed countries, but equally concerns ignored or discriminated against populations in emerging countries or countries in transition. Moreover, the fight against AIDS extends far beyond the development cooperation since the control of a pandemic is a global public good. Belgium therefore will mainstream AIDS in its bilateral relations and in international forums.

The strength of this paper lies in the fact that it is the fruit of an extensive consultation process with consensus building amongst the various Belgian actors involved in development cooperation and AIDS control.

In view of the evolving character of the fight against AIDS, this paper intends to set the tone for further consultation, while its implementation will require constant adjustment and refinement. Yet, a clear vision is needed to enhance a coherent, multi-disciplinary and multi-sectoral cooperation policy.

Part I: HIV/AIDS in the world

“AIDS is clearly a disaster, effectively wiping out the development gains of the past decades and sabotaging the future”

Nelson Mandela

The epidemic keeps growing though with regional differences

Worldwide, an estimated 40.3 million people were living with HIV by the end of 2005³. It is estimated that in 2005, 4.9 million became newly HIV infected and 3.1 million (2.6 adults and 570,000 children of below 15 years of age) lost their lives to AIDS. There are however large geographical differences both within countries and among countries:

- In Sub-Saharan Africa, an estimated 25.8 million people are infected with HIV (which is more than 60% of all people living with AIDS worldwide), even though just slightly over 10% of the world population lives in this region. In most African countries south of the Sahara, there is a general AIDS epidemic⁴. Southern Africa is the worst affected area: in Swaziland, for example, the prevalence rate of 43% in pregnant women is the highest in the world. On the other hand, the prevalence rate for adults seems to be receding in at least three countries: Kenya, Uganda and Zimbabwe.
- In Asia, nearly 8.3 million people are infected with HIV, 1.1 million of whom were infected during the last year. Thailand, Kampuchea and Myanmar were affected early on and now have a generalized epidemic. The epidemic is spreading the fastest in China, India, Indonesia and Vietnam. These countries have a concentrated epidemic. Pakistan and Malaysia also risk facing a serious outbreak.
- In the Caribbean, nearly 140,000 people live with HIV, 30,000 of whom were infected last year. All countries in the region, except Cuba, have a generalized AIDS epidemic. This is also the case in several countries in Latin America such as Belize, Guatemala, Guyana, Honduras, Panama and Suriname. In South America, 1.8 million people live with the HIV virus, 200,000 of whom were infected last year.

3. *AIDS epidemic update, UNAIDS, December 2005. This source has been used for all statistics in this chapter, except those on Belgium*

4. *UNAIDS distinguishes three epidemic states: a generalized epidemic when at least 1% of the adult population is HIV+; a concentrated epidemic when HIV prevalence in a high risk group such as sexual workers, people suffering from a sexually transmittable disease, and very mobile people is at least 5% and a low level epidemic, when no specific population group shows a significant HIV infection rate.*

- Eastern Europe and Central Asia experience the fastest epidemic expansion. 1.64 million people have already contracted the virus, 270,000 of whom during the last year, especially as a result of intravenous drug use. The Russian Federation and Ukraine are the worst affected countries.
- High-income countries have 1.9 million people infected with HIV, and the number is still on the rise with 65,000 newly diagnosed infections in 2005. On June 30, 2005, Belgium had a cumulative number of HIV infections since the outbreak of the epidemic of 18,498⁵. In Belgium, Denmark, France, Germany and Sweden at least one third of heterosexual HIV infections were contracted following contacts overseas, especially in Sub-Saharan Africa. Among the new Member States of the European Union, Estonia and Latvia are the worst affected.

Numerous determinants drive the epidemic

AIDS is a viral disease that is transmitted either through hetero- or homosexual contact, from mother to child or by contaminated blood transfusions and injection needles (e.g. in the case of drug use or reuse of non-sterile needles). It is estimated that 75-85% of the HIV positive adults around the world were infected through sexual contact.

The spread of HIV/AIDS through sexual contact is the result of a complex interaction between **behavioural factors** and **biological factors**. Behavioural factors determine the extent of the risk of exposure to HIV infection. Frequently changing partners, especially adolescent partners, and unsafe sexual contact with sex workers are examples of risky sexual behaviour, while the use of a condom illustrates safe practices. Biological factors also influence the probability of transmission during sexual contact. Other sexually transmitted infections (STIs), certain sexual practices, the viral load of the infected partner, all increase the risk of infection while some factors like male circumcision and the use of antiretroviral drugs decrease the susceptibility to HIV infection.

HIV transmission from mother to child takes place either during pregnancy, delivery or breastfeeding. Just like transmission through sexual contact, this type of transmission is also subject to both biological factors such as the viral load, and behavioural factors, such as the decision to breastfeed as well as the duration of breastfeeding. In addition to the above-mentioned determinants, contextual factors also are crucial in the spread of AIDS:

- For people who **live in poverty**, food security and finding a job are the first priority. As a result, they often make choices that increase the risks of getting infected with HIV.

5. AIDS in Belgium. Bi-annual report N° 61. Situation on June 30, 2005, Scientific Institute for Public Health

- **Migration and urbanization** increase the risks of HIV/AIDS. Men leave their families and their familiar surroundings in order to find a job in the city, where there is hardly any social control on sexual behaviour. Young girls, women and young men offer sexual intercourse in return for money and food.
- **Stigma and discrimination** of people living with HIV/AIDS and their relatives make the fight against the spread of AIDS and the care and support of the sick more difficult.
- **Wars and conflict situations** generally give rise to an increase in sexual violence.
- **Gender inequality** increases HIV vulnerability, especially for women and young girls. Gender roles as well as gender stereotypes have a big impact on AIDS vulnerability, both at the level of the individual and society as a whole. The individual vulnerability of women and girls is largely determined by their often very weak social, economic, legal and political status. Economic dependence, limited or non-existent inheritance and property rights, limited or no access to means of production and education as well as customs and traditions such as child marriages and widow inheritance⁶ make that women and young girls are hardly in a position to negotiate safe sexual contacts.

AIDS impacts heavily on man and society

In a number of countries, AIDS has radically modified the demographic population structure. Without the AIDS epidemic, life expectancy in Sub-Saharan Africa would be 62 years, while it is currently estimated at 47 years. Other indicators for the **demographic impact** of the AIDS epidemic include a rise in infant mortality and a decrease in labour force within a society.

As far as **households** are concerned, the impact of the AIDS epidemic has given rise to a substantial increase in the number of broken families and AIDS orphans. As a result of the fall in productivity and revenue, on the one hand, and the growing health care and funeral costs, on the other hand, the number of households that live in extreme poverty has increased dramatically.

The **health sector** experienced the AIDS impact early on in the epidemic. The demand for health services has increased, yet the capacities to deliver these services decreases. Workload has increased because of the increase in morbidity associated with HIV infection. The capacity of the health care system to meet the demands is eroded by the morbidity and mortality of the health staff themselves.

6. In some countries of Eastern and Southern Africa, a widow is traditionally inherited either by her brother-in-law or by another man who is appointed to become her lover by the heads of villages.

High mortality among colleagues and patients affects staff morale. Brain drain of healthcare workers to industrialised countries was already a major problem for some African countries and this brain drain is likely to become worse if working conditions deteriorate further and the North does not take adequate measures.

The **education sector** is crucial for long-term socio-economic development. However, the sector is faced with mounting costs and a shortage of educational staff as a result of the AIDS epidemic. Researchers have determined that in countries affected by a generalized AIDS epidemic, education deteriorates, both quantitatively as well as qualitatively, due to the fact that the loss of experienced teachers cannot be sufficiently set off by the training of additional teachers. This has eroded the education system: it undermines not only the supply of, but also the demand for education. A growing number of orphans, whose parents died of AIDS, often have either insufficient resources or lack the time to go to school. AIDS thus leads to a paradoxical situation: education acts as a social vaccine against HIV/AIDS through information and prevention, while it is dramatically hit by the epidemic.

Businesses experience a loss in productivity as a result of rising staff turnover and absenteeism (resulting from illness and attendance of funeral ceremonies), loss of skills, experience, knowledge and organizational capacity and of growing health care costs that lead to a higher investment risk.

In severely affected regions, **food security** can be jeopardized due to losses in agricultural production, through similar mechanisms as in other businesses.

Macro-economically, increase of the Gross Domestic Product (GDP) is stalled by AIDS induced productivity drop. Moreover AIDS associated costs affect public expenditures, leaving fewer resources for productive investments. This trend further impacts negatively on the GDP.

Socio-culturally, the AIDS epidemic is an ideal breeding ground for the spread and development of new beliefs and myths (such as the belief that sexual contact with a virgin is a remedy to recover from an STI). Ignorance and fear lead to stigmatization and discrimination of HIV positive people and their relatives. The long-term negative impact of HIV/AIDS on various sectors will not only be felt in the different sectors of society, but will disrupt the socio-economic fabric and, consequently, society as a whole. As a result, there will be diminishing respect for human rights, increasing violence and unsociable behaviour due to hopelessness and lack of future perspective, and absence of orphan guidance while they grow up, etc.

Certain groups are highly vulnerable

It is estimated that worldwide 10 million **youngsters** aged between 15 and 24 years were infected with the HIV-virus by the end of 2005. This means that about half of all new infections occur within this age group. These figures irrefutably show the vulnerability of young people and reveal the contextual and cultural factors that are playing a part, such as urbanization, vanishing of certain traditional values and preserving of specific traditional sexual practices, unequal economic development, social pressure and gender role stereotypes.

In some countries with a generalized aids epidemic, the prevalence rate of HIV-infections for **girls and women** is five to six times higher than for boys and men in the same age group. Since 2003, 1 million women have been infected with HIV, which brings the total number of HIV-positive women to 17.5 million in 2005, 13.5 million of whom live in Sub-Saharan Africa.

AIDS orphans form a group that deserves specific attention. Before the emergence of the AIDS epidemic, about 2% of the children in the developing countries had lost one or both parents. In 2003, 12.3% of all children between 0 and 17 years old living in Sub-Saharan Africa were orphans. This percentage is nearly twice as high as in Asia (7.3% orphans) and in Latin America and the Caribbean (6.2% orphans)⁷. AIDS orphans run a high risk of being reduced to poverty and of getting in turn infected with the HIV virus. During the course of their parents' disease, children are under great emotional pressure, run an increased risk of suffering from famine and malnutrition, and get less access to education and medical care. After their parents' death, the children often fall victim to discrimination and neglect. As an alternative, some of them try to set up their own household, performing tasks that normally are done by adults. Others try to survive on the streets and risk ending up in delinquency.

The 600 million people with a physical, sensory or mental **disability** belong to the poorest, least educated and most marginalized groups. It is estimated that 30% of all street kids have some type of disability. Disabled persons run a greater risk of being infected by HIV in any form as they are more exposed to sexual abuse; extreme poverty and less chances of finding a spouse, resulting in disabled women having more and unstable relationships. Disabled people and other underprivileged groups have less access to medical care once they have been infected.

7. *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action*, UNICEF, UNAIDS and USAID

A global response to the epidemic

Initially the answer to the ever growing epidemic remained somewhat irresolute. The tide turned only gradually. In 2000, the international community proposed the combating of HIV/AIDS, malaria and tuberculosis as the sixth Millennium Development Goal and during the United Nations General Assembly Special Session on AIDS (UNGASS) in 2001, the Member States of the United Nations unanimously accepted a Declaration of Commitment on HIV/AIDS.

At the establishment of UNAIDS in 1996, the low- and middle-income countries had an overall budget of 300 million US dollars for the fight against HIV/AIDS. This budget included the contributions of the bilateral donors, the international NGOs and the United Nations' system, particularly the World Bank. In 2004, 6.1 billion US dollars were available for the fight against HIV/AIDS, including the ever increasing financing by local governments and the personal contributions by patients and their families. Based on past trends, and promises and commitments already undertaken, the total expenditure for 2005, 2006 and 2007 are estimated at respectively 8.3, 8.9 and 10 billion US dollars⁸.

In 2004 and 2005, the Council of the European Union adopted a policy framework and a programme for action (2007-2011) to combat HIV/AIDS, malaria and tuberculosis through external action⁹, pleading for a coordinated and strong EU response, with adequate financing. The programme includes the following policy actions: mainstreaming AIDS, introducing exceptional measures for the public health sector in case of public sector reforms, considering sexual and reproductive health and rights as an integral part of AIDS-prevention, joint programming between the EC and the Member States aligned to the partner countries.

There is a global plea for greater access to medicines, improved regulatory capacity, better human resources for health in the public sector, and research and development of new products and interventions.

8. *Resource needs for an expanded response to AIDS in low and middle income countries, August 2005, UNAIDS.*

9. *Conclusions of the EU Council General Affairs and External relations and communication of the European Commission:*

- *Council Conclusions on a coherent European policy framework for external action to confront HIV/AIDS, malaria and tuberculosis, 23.11.2004*
- *Council conclusions on a European programme for action to confront HIV/AIDS, malaria and tuberculosis through external action, 24.05.2005*
- *A European Programme for action to confront HIV/AIDS, malaria and tuberculosis through external action (COM 2005 179), 27.04.2005*

Lessons learned on the HIV/AIDS response

In a limited number of countries such as Uganda, Senegal, Thailand and Brazil, the epidemic does not seem to be spreading any further and is even decreasing. Lessons learned regarding the fight against AIDS include:

- High level political and governmental commitment is necessary for an effective fight against AIDS;
- Contextual factors are co-responsible for the sexual behaviour and have to be dealt with to limit HIV-transmission;
- AIDS is a developmental issue requiring a multi-sectoral, coordinated response guided by one national AIDS-programme, one coordinating body and one evaluation system. Specialized institutions refer in this context to the "three ones";
- An improvement of the socio-economic, legal and cultural position of women and girls is decisive for the decrease of their vulnerability to HIV/AIDS;
- Lack of correct information and knowledge paves the way for the spread of HIV/AIDS. Moreover, information and knowledge do not automatically lead to a change of behaviour. Targeted information and education programmes provided by professional trainers and teachers, both inside and outside schools, are indispensable;
- Prevention, treatment – including antiretroviral treatment – care and support form one whole;
- Civil society and people living with HIV can exert pressure to make resources such as antiretroviral treatment accessible.

Numerous bottlenecks remain

In spite of all the efforts, most of the countries and the international community have not succeeded in containing the AIDS epidemic. The main bottlenecks in the fight against AIDS include:

- Too often, HIV/AIDS is not considered as a problem and most political leaders, both in the south and in the north, are insufficiently engaged in the fight against AIDS;
- The still widespread impediments to openly discuss AIDS and sexuality lead to discrimination and stigma. Discrimination and stigma caused by HIV/AIDS

often affect groups that are already discriminated. Moreover, various forms of discrimination reinforce one another;

- Human rights, especially those of women and children, are given too little attention. An AIDS rights-based approach implies that the government assumes its full responsibility by empowering groups who are especially vulnerable to HIV infection, such as women and children, sex workers, drug users, men who have sex with men, and those who are directly or indirectly affected by AIDS;
- Difficulties to co-ordinate the many actors such as associations of people living with HIV/AIDS (PLHA), grass root, denominational, and cultural associations, NGOs, the media, sports clubs, the private sector and the public sector;
- The institutional and human capacity, which was in many countries already inadequate in all sectors of society, has even further deteriorated with the advent of AIDS. AIDS requires an overall strengthening of the health sector, including sexual and reproductive health and rights, and measures to retain health care workers. The education and agricultural sectors need also strengthening;
- In many countries, there is limited access to primary health care services such as sexual and reproductive health care, especially for women and adolescents;
- Worldwide, the fight against AIDS will require at least 55.1 billion dollars for the period 2006-2008. It has been estimated that for the period 2005-2007 the deficit will amount to at least 18 billion dollars¹⁰;
- Most national development strategies, such as Country Strategy Papers (CSP) or Poverty Reduction Strategy Papers (PRSP) address AIDS inadequately;
- In the worst affected countries, AIDS disrupts society at its foundation. This demands an exceptional response with possibly a critical overhaul of widely accepted development and macro-economic paradigms, such as issues related to budgetary discipline and the support for recurrent expenditures.

10. Resource needs for an expanded response to AIDS in low- and middle income countries, August 2005, UNAIDS. Les moyens nécessaires étaient calculés comme suite: prévention 29,8; traitement et soins 12,3; orphelins et enfants vulnérables 6,4; frais programmes 4,6; personnel 1,9.

Part II: Belgian policy on its international response to AIDS

The mandate

Belgium is committed to contribute to the strengthening of the international fight against HIV/AIDS.

Belgium will, alongside the European Union and the international community, including the UNGASS Political Declaration and the outcome document of the 2005 World Summit¹¹, cooperate with the affected countries in order to halt AIDS and begin to reverse the spread of HIV/AIDS by 2015 in accordance with the Millennium Development Goals.

Belgium will pursue a coherent policy to further the global fight against AIDS. It will harmonise its actions both internally and with the other donors, and ensure local ownership. Belgium will realise this mandate in a geographically differentiated way through the implementation of five objectives.

First objective: human rights-based AIDS response

The international agreements on human rights are crucial for an effective response to the AIDS epidemic. Belgium will devote itself to ensure respect of human rights in their civil, political, legal, economic, social and cultural aspects, particularly those furthering the fight against AIDS.

Focus on the poorest and the weakest

Poverty is degrading and increases vulnerability to HIV/AIDS, which may in turn fuel impoverishment. In the countries affected, Belgium will continue to support the following priorities:

- The elaboration and implementation of sustainable solutions¹². in the field of prevention, care and impact mitigation AIDS amongst the poorest communities;
- Community building and the establishment or strengthening of social networks for AIDS orphans and other vulnerable groups;
- Adaptation of prevention and care to the needs of disabled people;

11. UN General Assembly A/RES/60/1: 2005 World Summit Outcome, article 57: "we commit ourselves to .../... developing and implementing a package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010..."

12. Cf. la définition du concept de développement durable (objectif 2).

- Access to antiretroviral treatment for the poorest population groups.

Fight discrimination and stigmatization

Belgium will contribute to combating all forms of discrimination based on gender, sexual orientation, descent, disability, ethnicity, religious or philosophical affiliation and will promote respect of the human dignity and the fundamental human rights and freedoms. HIV-positive people will, where appropriate, be closely involved in the fight against AIDS.

The related Belgian regulations will be examined and adapted if necessary.

AIDS and gender mainstreaming

Belgium will ensure that the mutually reinforcing AIDS and gender issues are dealt with jointly.

Belgium will support the legal status of women and children in accordance with international conventions and declarations and pay attention to the social divide between men and women with respect to AIDS prevention, care and impact mitigation. Belgium will focus on the following:

- Promoting AIDS prevention in adolescents, amongst others by enhancing their access to reproductive health care;
- Helping in reducing violence against women;
- Protecting the property and succession rights of women and girls;
- Assuring equal access to treatment, care and support, and if necessary, support to community care specifically geared towards women and girls;
- Promoting prevention tools and methods that reinforce the self-determination of women, such as the female condom and microbicides;
- Support efforts towards universal access to education for girls.

AIDS control in war and conflict situations

Belgium wishes to contribute to the development and reinforcement of democracy and the rule of law. As far as AIDS is concerned, Belgium will primarily focus on the following:

- Facilitate the building of AIDS competence in international peace missions carried out by Belgium;
- Press for the involvement of health experts in peace negotiations and peace agreements to ensure AIDS prevention, counselling and testing, and care of

civilians affected by armed conflicts;

- Pay special attention to AIDS prevention and treatment in humanitarian assistance;
- Put sexual violence as a weapon of war on the agenda in international forums and bilateral discussions and facilitate the elaboration of measures to help the victims;
- Mainstream AIDS prevention, care and impact mitigation in emergency relief projects.

Second Objective: Support the national AIDS policy

Belgium subscribes to the national strategies of sustainable development¹³ and AIDS control. The AIDS exceptionality and the link between AIDS and good governance will be taken into consideration, as applicable. Belgium will support countries to develop AIDS policies for various sectors, and to implement and evaluate these at central, decentralised or local community level. The assistance will be focused on capacity building, innovation, South-South and international networking.

Institutional support

Belgium will assist national authorities, the civil society and the private sector to develop appropriate systems, structures and incentives towards the formulation, implementation and evaluation of optimal AIDS policies and strategies. Belgium will assist countries to formulate exceptional responses to the exceptional needs arising from the pandemic, which undermines the in many countries already inadequate sector capacities.

Local AIDS capacity building

Belgium will assist affected countries to develop organisational, technical and managerial capacities to assess HIV/AIDS vulnerability and to formulate an effective response. Training will be needs and evidence-based, harmonized with other donors and with a sufficiently long-term perspective.

Support for research and innovation

Belgium will assist countries to identify research needs, train local researchers and establish or strengthen vital institutions and infrastructure. Various research topics

13. In its report "Our common future", the United Nations World Commission on Environment and Development has defined sustainable development as the "development that meets the needs of the present without compromising the ability of future generations to meet their own needs". By way of follow-up to this definition the Development Assistance Committee (DAC) of the OECD has defined the strategy for sustainable development as "a coordinated set of participatory and continuously improving processes of analysis, debate, capacity-strengthening, planning and investment, which integrates the economic, social and environmental objectives of society, seeking trade-offs where this is not possible".

will be supported such as operational, clinical and policy research including AIDS impact assessment and the political, legal, socio-economic or cultural contextual factors determining the response to AIDS.

Strengthening South-South cooperation and international networking

Local experiences and lessons learnt meet local needs and motivate stakeholders. Thus, Belgium will support South-South cooperation and international networking to facilitate information exchange and skills development. Possible mechanisms include improved access to web discussion forums, study tours, and support of institutional partnerships in research and service delivery. The Belgian stakeholders will act as catalysts, technical assistants or liaison officers. Priority will be given to partners from the South experiencing difficulties in sharing their competencies.

Third objective: Improve the international response in a sustainable way

Belgium has signed up to the Millennium Development Goals and the UNGASS Declaration on commitment. Belgium is therefore committed to increased resources for the international response and to improving its efficacy and effectiveness by contributing towards its coherence in the North and the South alike. Belgium therefore endeavours to further synergies amongst Belgian actors such as the federal authorities, the Communities, the Regions, the provinces and the municipalities on the one hand, and of the European Union and the other bilateral and multilateral donors on the other hand. Finally, Belgium will also contribute to the development of global public goods for the fight against AIDS.

Mobilising adequate resources in the medium-term

The sheer magnitude of the AIDS epidemic demands an exceptional short-term response. In addition, it requires a structural medium-term response with rising, predictable resources. This is an ethical obligation because neither prevention nor treatment can be halted. Belgium has enacted that by 2010, it will spend 0.7% of its Gross National Income to official development assistance (ODA), and will gradually raise its ODA to meet this target. In so doing, Belgium will ensure that an increasing share of its ODA is committed to the AIDS response and that continuity to country support is ensured. Moreover, Belgium will keep on urging other developed countries to achieve similar targets.

Coordination of the Belgian actors

The various Belgian authorities and non-governmental actors will be more closely involved in the political dialogue, the joint commissions and other consultation structures.

The visibility and complementarity of Belgian interventions will be encouraged, in

particular through the AIDS Task Force¹⁴ of the Belgian Interdepartmental Commission on Sustainable Development (ICDO/CIDD).

Coordination and harmonisation of bilateral and multilateral donors

On the international scene, Belgium endorses the “Three Ones” advocated by UNAIDS: one agreed national action framework; one national coordination authority; and one country-level monitoring and evaluation system. In its partner countries Belgium will actively contribute and if requested take the lead to improve the coordination and harmonisation of donor initiatives.

Strengthened cooperation with international organisations

Belgium supports the policy of UNAIDS and its ten cosponsoring organisations¹⁵. Belgium will channel its financial support to UNAIDS in accordance with the recommendations of the UNAIDS governing body, the Programme Coordinating Board. Belgium also seconded experts to UNAIDS and contributes additional resources for specific interventions.

Belgium will gradually raise its contributions to the Global Fund to fight HIV/AIDS, tuberculosis and malaria (GFATM). As a member of the European Commission constituency in the GFATM governing board, Belgium monitors closely this public-private fund. In particular, Belgium sees to it that its grants benefit primarily the poorest countries, that the GFATM strengthens local systems, in particular the health system, and that interventions with a proven performance track are prioritized for continued support.

Belgium will also sustain its cooperation with the United Nations Population Fund (UNFPA), especially towards the implementation of its sexual and reproductive health policy, as outlined during the International Conference on Population and Development held in Cairo in 1994.

Belgium actively participates in the coordination and decision-making of the European Union.

14. The Law of May 5, 1997 on the coordination of the federal sustainable development policy drafted a federal framework for the development of this policy. This law provides for permanent consultation between the different Ministries and public institutions, through the Interdepartmental Commission for Sustainable Development. Moreover, this Commission is responsible for preparing the four-year Federal Plan for Sustainable Development and organising an indicative referendum on the issue before submitting the project to the government. The Federal Plan 2004-2008 (<http://www.cid.d.fgov.be/pub/PL200401/PL200401en.pdf>) consists of both a national and international section and devotes a chapter to “Striving for better health worldwide”. In order to ensure both the smooth realization of the plan and to cope with future developments, the ICDO/CIDD concludes, mainly through its members, structural cooperation agreements with the various public services and institutions. Similar co-operation is organized, while taking into account the respective competences, with the Regions and Communities through representatives of the regional and Community governments within the ICDO/CIDD.

15. The term “UNAIDS” refers to the “Joint UN Programme on HIV/AIDS”, which is a cooperative agreement on AIDS between the ten cosponsoring organisations (UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WTO and the World Bank) and the UNAIDS Secretariat.

Development of global public goods

Belgian universities and scientific institutes cooperate with the European and Developing Countries Clinical Trials Partnership (EDCTP) and Belgium supports third parties towards the development of global public goods such as the development and documentation of best practices, vaccines, microbicides, diagnostics, therapeutics and new technologies.

Fourth objective: Step up effective and efficient interventions

Prevention remains the mainstay of the fight against HIV/AIDS. However, prevention can only fully succeed within a comprehensive approach. Prevention and treatment must be integrated, while contextual vulnerability factors and impact alleviation must be tackled through a multi-sectoral approach.

Belgium will mainstream AIDS in its negotiations on new cooperation instruments such as budget and sector support, and in the debate on institutional or sectoral reforms and national plans, such as the Poverty Reduction Strategy Papers.

The Belgian efforts will be specifically focused on a few key sectors:

Health care

The AIDS pandemic has exposed severe shortfalls in health care systems. Belgium will call attention to the overhaul and strengthening of the primary health care system and support its partner countries to:

- link AIDS prevention and treatment to the strengthening of reproductive and sexual health care, with which it forms a whole;
- optimize and integrate AIDS prevention, voluntary counselling and testing, and treatment;
- promote universal prevention of mother to child transmission (PMTCT);
- build up suitable information and healthcare centres for young people;
- give particular attention to the relief and care of victims of sexual and other gender-based violence;
- develop special capacity building programmes towards universal access to antiretroviral treatment;
- integrate AIDS and tuberculosis control in the framework of primary health care;

- promote the integration of localized financial and health insurance systems for primary health care, taking into account AIDS-related risks.

Education

Education and training are a priority in the Belgian development cooperation. Belgium will support the educational sector to enhance the coverage and quality of AIDS prevention, and to mitigate the impact of AIDS on the sector. This will be achieved through:

- Initiatives improving girls universal access to education;
- Supporting special programmes for orphans, street children, persons with a handicap and other vulnerable groups;
- Development and dissemination of school curricula on AIDS prevention;
- Teacher training on AIDS competencies;
- Contribute creatively to solve the AIDS related shortage of teachers.

Agriculture and food safety

Agriculture and food safety are another priority for the Belgian development cooperation. Belgium intends to utilize its experiences in rural development to alleviate the impact of AIDS on the sector. Belgium will focus on:

- Empowerment of women, adolescents and children affected by the epidemic to get adequate income, through formal and informal training in adapted, doable agricultural production;
- Contributing towards the provision of adapted seeds, fertilisers, pesticides and other appropriate means of production and low-cost production methods, to enable the worse affected people to carry on agriculture;
- Supporting the development/strengthening of appropriate credit schemes for the most affected people, in particular women, widows and orphans;
- Supporting and strengthening grass root organisations, community mechanisms, peasant self-help groups and agricultural extension workers;
- Developing solutions for the protection of land and property rights;
- Promoting nutritional education to respond to the increased food requirements;

- Integrating AIDS prevention and approaches in “traditional” agricultural projects.

Private sector

Even though AIDS may compromise corporate returns, companies are often reluctant, or do not possess the skills to cope with AIDS. World Business Council on HIV/AIDS experiences however show that developing AIDS policies is beneficial to companies, and that capacity building, for example through a public-private partnership, is often desirable in the start-up phase.

Belgian actors will be urged to raise the awareness of commercial attachés and the private sector on AIDS. Belgian companies abroad will be encouraged to integrate AIDS prevention, care and impact mitigation in their corporate responsibility. Belgian companies seeking government support for branches in developing countries will, to the extent possible, be prompted to account for the impact of their investment on AIDS.

Fifth objective: Strengthen public support in Belgium

It is crucial to secure a strong public support in Belgium for the fight against AIDS and poverty in the South. Thus, development agents will be encouraged to collaborate to explain to the public, in comprehensible and balanced terms, the complex worldwide AIDS issues. The messages will be clear and positive, soliciting solidarity. Any biased information likely to engender stigmatisation, apathy and negative attitudes will be avoided.

This policy objective fits in with the general mission of the DGDC to sensitize the Belgian public on North-South issues and development cooperation.

Sensitisation through campaigns and mass media

The FPS Foreign Affairs, jointly with the Interdepartmental Commission for Sustainable Development and civil society, will encourage a balanced but thorough communication on HIV/AIDS and promote international AIDS campaigns, such as the World AIDS Day. AIDS issues in both the North and the South will be discussed and compared. The aim is to achieve greater solidarity with the needs of the South in terms of development in general and of aids in particular. The communication interventions will be evaluated regularly and adjusted where needed.

Alliances for interpersonal communication

A communication strategy goes beyond campaigns and media. It requires collaboration with grass root organisations such as sporting clubs, immigrants associations, teacher associations, youth movements, schools, organisations of refugees, trade unions, women's groups, handicapped persons, old people, and others to convey personalized messages. These groupings will be empowered through targeted com-

munication, which builds on and deepens past experiences, to make concrete contributions.

Implementation framework

This policy paper provides the framework within which the various Belgian authorities, viz. the federal government, in particular the Directorate General for Development Cooperation (DGDC) of the Federal Public Service (FPS) Foreign Affairs, the federal states, the universities and scientific institutions, other public bodies and the private sector can implement their global HIV/AIDS policy in a coherent way through AIDS mainstreaming, geographic concentration and an appropriate follow-up.

AIDS mainstreaming

The FPS Foreign Affairs will mainstream AIDS in its cooperation cycle with development cooperation partners, building on local needs. Moreover, the FPS will mainstream AIDS in its foreign policy and external trade. Thus, Belgium will mainstream AIDS in its international legal, political and trade agreements.

Internal AIDS mainstreaming for the staff of the FPS Foreign Affairs, both in Belgium and in the representations abroad, inclusive for locally recruited staff, will promote Belgium's AIDS policy. For this purpose a workplace policy and an appropriate code of conduct will be developed, which make AIDS discussible, guarantee non-discrimination and non-stigmatisation, and ensure access to AIDS prevention, treatment and care.

The Belgian Interdepartmental Commission for Sustainable Development will invite other public services to mainstream their contribution to the international fight against AIDS as relevant.

Geographic concentration

While globally the AIDS related needs are enormous, country needs differ and Belgium has limited resources. It follows that interventions must be well-defined and geographical priorities need to be set. Belgium will therefore concentrate geographically its contribution to the international response, based on its foreign priorities and the AIDS needs.

Among the partner countries of the Belgian development cooperation¹⁶, both at the level of the federal government and the federal states, the following criteria will be used to prioritize countries:

- The current and potential future burden of HIV/AIDS;

16. The list of partner countries of the Belgian development cooperation at federal level (DGDC) can be found on the site http://www.dgdc.be/en/partner_countries/index.html. For Flanders, please consult the site <http://www.vlaanderen.be/ontwikkelingssamenwerking> and click on "partnerlanden".

- Windows of opportunities for Belgium in partner countries, such as potential for policy dialogue, Belgium's presence in other sectors, both in the field of development cooperation (e.g. agriculture, education, etc.) and bilateral relations;
- Windows of opportunities offered by the partner countries themselves, such as a strong political leadership with due attention and prioritization of AIDS, mainstreaming of AIDS in the Poverty Reduction Strategy Paper (PRSP), and the presence of international partners;
- Emergencies or a conflict or post-conflict situation.

National circumstances will dictate whether project, programme or budget support will be given through bilateral, multilateral, indirect cooperation, conflict prevention or emergency aid. Belgium will also attempt to harmonize its interventions with other donors.

Belgium will furthermore exploit the opportunities offered by the trade and diplomatic relations of the federal government and the federal states to fight AIDS, especially in countries with emerging or rapidly increasing epidemics, such as Eastern Europe and Asia. Here, AIDS will be mainstreamed internally for the Belgian and local personnel of embassies and consulates, and the Belgian companies will be prompted to mainstream AIDS as a corporate responsibility.

Implementation and follow-up

The Belgian Interdepartmental Commission for Sustainable Development will invite the Belgian authorities involved in the international fight against AIDS to draw up operational plans aimed at implementing this policy. Indicators will also be developed to measure quantitatively and qualitatively the relevance, feasibility and progress in the implementation of this policy.

Annex

Annex: Participants to the AIDS policy formulation

Following representatives of the federal government, the federal states, civil society and the private sector participated in the formulation of this policy document:

- ACODEV: Federation of associations for development co-operation
- ADEB/PISEF
- APEFE: Association for the Promotion of Education and Training Abroad
- AQUADEV
- Doctors without Borders
- Development Cooperation Policy Unit
- Belgian Technical Cooperation (BTC)
- Collectif des femmes, Louvain-la-Neuve (Association of Women)
- Coprogram: Flemish Federation of NGO's for development cooperation
- Action Damien
- FPS Foreign Affairs, DG for Development Cooperation
- FPS Public Health, Food Chain Safety and Environment
- FOMETRO: Tropical Medical Fund
- ITG: Prince Leopold Institute of Tropical Medicine
- Private Office of Flemish Minister for Development Cooperation
- Catholic University of Leuven, Higher Institute of Labour Studies (KUL/HIVA)
- Le Monde selon les Femmes (The world according to women)
- Ministry of the Flemish Community, Foreign Policy Administration
- Oxfam
- Walloon Region
- Red Cross (Flemish section)
- SENSOA: Flemish expert organisation on sexual health and HIV/AIDS
- Protestant Solidarity
- Tibotec

- Volens
- Flemish Association for Cooperation and Technical Assistance (VVOB)
- University of Ghent, Faculty of Agriculture
- University of Ghent, International Centre for Reproductive Health (ICRH)

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