

NHDR Write-Up: VDA Practitioner Course on Human Development

2007 Zambia Human Development Report: Enhancing household capacity to respond to HIV and AIDS

By Luca Bruccheri (Programme Officer – Governance Unit, UNDP Zambia)

The topic of the 2007 Zambia Human Development Report "*Enhancing household capacity to respond to HIV and AIDS*" is well suited, given the ramifications of the epidemic on all facets of the society, and specifically the household. As thoroughly highlighted in the report, with approximately 16% of the adults between 15-49 years old infected by HIV, the epidemic is one of the major development challenges that Zambians face. The epidemic has become the major cause of illness and death among the young and middle aged Zambians, who are the most productive age group. It has deprived households and society of a critical human resource base. Furthermore, it is reversing the social and economic gains the country is striving to attain. It has also continued to diminish the chances of alleviating poverty and hunger, achieving universal primary education, promoting gender equality, reducing child and maternal mortality and ensuring environmental sustainability. In effect, HIV and AIDS is among the factors limiting the achievement of the MDGs.

Because families are the primary units to cope with HIV and AIDS, the Report stresses the need for all stakeholders – implementing the various HIV and AIDS programmes at provincial and district levels – to recognize the household as the first and central line of action against HIV and AIDS. Therefore, making households the primary focus of HIV and AIDS initiatives should be the first step in enacting policies that will have positive, lasting results.

Enhancing household capacities to respond to HIV and AIDS requires a coordinated response by a number of players, particularly government institutions, traditional authorities, bilateral and multilateral organizations, non-governmental organizations, and the households themselves. It is important to point out that this coordinated response has been expressed in three national documents (the National HIV/AIDS/STI/TB Policy of 2005; the Fifth National Development Plan 2006-2010; and the Zambia HIV and AIDS Strategic Framework 2006-2010) and enhanced by the donors' Joint Assistance Strategy and the United Nations Theme Group on HIV and AIDS.

The above mentioned players play a twofold role in enhancing household capacity to respond to HIV and AIDS in Zambia: they formulate appropriate prevention, treatment and care programs; and provide adequate funding for these programmes.

HIV and AIDS being a cross-cutting burden, I believe that household capacities can also be strengthened if the five key social sectors which include health, education, agriculture, social protection and governance, are prioritized. In my opinion, this prioritization is an important milestone in ensuring that vulnerable groups such as women and children have access to vital social services to uplift their livelihoods and in ensuring that interventions aimed at reducing poverty are well targeted and focused.

Furthermore, I believe that the measures to adopt in responding to the epidemic should primary focus on: improving co-ordination of HIV and AIDS programmes among the different stakeholders; enhancing ownership of the Government and the communities in HIV and AIDS programmes; overcoming the stigma associated with HIV and AIDS; addressing the increasing number of orphaned and vulnerable children; improving access to prevention, testing, treatment and care and support programmes; and ensuring sustainability of HIV and AIDS programmes and resources.

It is of paramount importance that these measures also mainstream human rights and gender into HIV and AIDS. As a matter of fact, linking gender and HIV would enable us to address the high vulnerability of women and girls to HIV due to the gender inequality and discrimination which they face in society. On the contrary, if the gender perspective of HIV and AIDS is left unchecked, I fear that the pandemic might undermine all other efforts aimed at achieving the MDGs, particularly those of promoting gender equality and empowering women, improving maternal health and eradicating extreme poverty and hunger.