



SADC HIV and AIDS Business Plan:

**Strategic 5-Year Business Plan
2005-2009**



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1. Introduction

1.1 HIV and AIDS in the SADC Region

The Southern Africa Development Community (SADC) region is the worst affected by HIV and AIDS in the world. The combined population of the SADC states amounts to only 3.5 per cent of the world's population, but accounts for more than 37 per cent of people living with HIV and AIDS in the world.

HIV transmission in the region is predominantly heterosexual (92%). Consequently, the most affected are the sexually active adults in the 20 to 49-year age group, the so-called producers and providers. Vertical transmission from mother to child accounts for 7 per cent of total infections and childhood HIV infection is now the underlying factor in the majority of childhood illnesses in the highly affected Member States.

The HIV and AIDS epidemic in the region is fuelled by a multiplicity of factors such as poverty, cultural practices, migrant labour within and between countries, separation of spouses for economic reasons, gender imbalances, intergenerational sex, sexual violence against women, illiteracy, stigma and discrimination, population mobility, alcohol abuse, and emergency situations such as civil conflict, war and displacement. These factors provide an environment in which the immediate determinants that facilitate transmission can occur.

The impact of HIV and AIDS is being felt across all sectors in most SADC Member States, notably the health, business, agriculture and education sectors. At household level, HIV and AIDS is increasing levels of poverty and causing the dissolution of many families. At national level, the combination of HIV and AIDS, and famine, have resulted in a humanitarian crisis in some Member States.

1.2 The SADC HIV and AIDS Business Plan

SADC member states have, therefore, recognised the urgent need to intensify their interventions to address the pandemic. In July 2003, an Extraordinary SADC Summit was convened to adopt the SADC Strategic Framework and Programme of Action (2003-2007) and the Maseru Declaration on the Combating of HIV and AIDS in the SADC region. These two documents provided the policy direction and political commitment, which the SADC Secretariat has been tasked to put into operation.

At the meeting of the SADC Council in Dar es Salaam, August 2003, it was agreed that there was a need to develop a SADC HIV and AIDS Business Plan. Through consultation with the Member States, an initial plan was developed. At the regional workshop, held in South Africa on 26-28th July 2004, representatives from National AIDS Authorities of all SADC Member States discussed and refined the plan, and shared information on country experiences in responding to the challenges of HIV and AIDS. This meeting provided for frank discussions, practical solutions and the reaffirmation that all stakeholders must be fully involved. Concrete recommendations were made on treatment, the multi-sectoral response, resource mobilisation, monitoring and evaluation, networking and information sharing, and response under emergency situations. These have been fully integrated into this Strategic 5-year Business Plan.



2. Strategic Context of the Business Plan

The HIV and AIDS Business Plan has been developed in the context of three key SADC policy documents. These documents have served to set the Business Plan in its strategic context and will continue to guide SADC's response over each five-year timeframe.

2.1 The Regional Indicative Strategic Development Plan (RISDP)

In March 2001, SADC Member States met in Windhoek to approve the restructuring of SADC Institutions. This restructuring process resulted in the clustering of the original twenty-one sectors of SADC into four Directorates in order to improve the efficiency and effectiveness of SADC policies and programmes.

In addition, the RISDP was developed, which aimed to complement the restructuring by providing clear strategic direction for SADC policies and programmes. By providing Member States with a consistent and comprehensive programme for long-term economic and social policies, the RISDP aims to deepen regional integration.

The HIV and AIDS Business Plan has been developed in the context of the Regional

Indicative Strategic Development Plan (RISDP) and is a detailed, time-bound, 'road map', identifying intervention areas, key activities and performance indicators, as well as the role of different stakeholders.

In addition, a set of Project Concept Notes has been developed, based on the Business Plan, for the purpose of financing the activities. Partners who are keen to support different intervention areas can select from a 'menu' of activities and provide the necessary financial and technical input.

2.2 The SADC Strategic Framework and Programme of Action

The Vision of the Strategic Framework is to achieve significantly reduced levels of HIV and AIDS in the SADC region. The overarching goal is to decrease the numbers of individuals and families infected and affected by HIV and AIDS in the region, so as to ensure that HIV and AIDS is no longer a threat to public health and to sustained socio-economic development of Member States. In order to achieve this goal, the objectives and expected outcomes have been identified below:

Main Objectives	Expected Outcomes
To reduce the incidence of new infections among the most vulnerable groups within SADC	Reduced incidence and prevalence of HIV and AIDS in the SADC region.
To mitigate the socio-economic impact of HIV and AIDS	Strategies for responding to the socio-economic impact of HIV and AIDS are developed and implemented in all programme areas of SADC.
To review, develop and harmonise policies and legislation relating to HIV prevention, care and support, and treatment within SADC	Policies and programmes of SADC are harmonised and effectively co-ordinated.
To mobilise and co-ordinate resources for a multi-sectoral response to HIV and AIDS in the SADC region	Adequate regional and global resources are mobilised and effectively utilised in a co-ordinated response in the region.
To monitor the implementation of the SADC Framework and regional, continental and global commitments, ensuring that gender is fully mainstreamed.	Monitoring mechanisms are in place, including disaggregated data and information by gender.



2.2.1 Key Principles

A set of nine key principles were used to guide the development of the Strategic Framework, and will be utilised to direct its implementation through the Business Plan. These are:

- That all policies and programmes to combat the HIV epidemic be based on a **multi-sectoral** response, consistent with strategies at the national level.
- The principle of **subsidiarity** which implies that all policies and programmes should be developed and implemented at the level at which they can be most effective.
- The **prioritisation** of activities to reflect the principle of importance and additivity. This means concentrating on those issues that are crucial for the overall success of SADC.
- That **gender mainstreaming** is carried out in all policies and programmes, as it is understood that the relationships between men and women are integral to the development of an effective response to the epidemic.
- That SADC activities on HIV and AIDS reflect its **comparative advantage** as a regional organisation and the allocation of responsibilities to the Directorates or sectors should be in line with their mandates.
- That SADC policies and programmes are **complementary** to those of Member States, to avoid overlap and duplication.
- That SADC activities are carried out within a framework that recognises the role of **national, regional and international players**.
- That policies and programmes are based upon the respect of **human rights**, and the obligations that

Members States have agreed to as signatories to international and regional conventions.

- That effective and relevant policies and programmes need to be developed in **collaboration with partners** at national and regional level.

2.2.2 Areas of Strategic Focus

The Strategic Framework further elaborates the main areas and parameters for a regional response to HIV and AIDS. The main areas of strategic focus are:

- i Policy development and harmonisation in key areas such as prevention, care, support and treatment.
- ii Mainstreaming of HIV and AIDS in all SADC core areas, and regional integration in view of the multi-dimensional nature of the pandemic.
- iii Capacity building to undertake the mainstreaming of HIV and AIDS at all the levels in SADC through various institutional measures including provision and retention of the required skills.
- iv Facilitating technical responses through the development of guidelines and exchange of best practices.
- v Facilitating resource networks by mapping available resources, rationalising activities and focusing interventions on regional priorities and common needs.
- vi Facilitating the monitoring of regional and global commitments so that Member States have a common interest in creating conditions that are conducive to the attainment of targets.



2.3 Maseru Declaration

The Maseru Declaration of 4th July 2003, sets out SADC Member States' commitment to combating HIV and AIDS. It outlines five key priority areas for action, which have been incorporated into the Business Plan.

The Maseru Declaration on HIV and AIDS

2003

Priority Areas

- i Prevention and Social Mobilisation**
- ii Improving Care, Access to Counselling and Testing Services, Treatment and Support**
- iii Accelerating Development and Mitigating the Impact of HIV and AIDS**
- iv Intensifying Resource Mobilisation**
- v Strengthening Institutional, Monitoring and Evaluation Mechanisms**

i Prevention and Social Mobilisation

Prevention and social mobilisation will be achieved by reinforcing multi-sectoral prevention programmes that promote responsible sexual behaviour and intensifying the provision of user-friendly reproductive health services. In addition, programmes designed to increase capacities of women and girls to protect themselves from the risk of HIV infection, and programmes to improve education and employment opportunities for youth will be promoted. Prevention of Mother to Child Transmission (PMTCT) programmes will also be scaled up as well as HIV and AIDS education for all stakeholders. Finally, strategies to prevent the spread of HIV among the national uniformed services will be implemented.

ii Improving Care, Access to Counselling and Testing Services, Treatment and Support

In order to improve care, treatment and support, national health care systems as well as family and community based care structures will be strengthened to ensure that the capacity of caregivers is developed. Workplace and VCT programmes will be expanded and supported and efforts will be made to remove stigma and discrimination of people living with HIV and AIDS. Through regional initiatives, essential medicines, including ARVs, will be supplied at affordable prices. Nutrition programmes will be invested in, and a regulatory framework for the utilisation of traditional medicines will be developed.

iii Accelerating Development and Mitigating the Impact of HIV and AIDS

Accelerating development and mitigating the impact of HIV and AIDS will take place by creating an enabling environment to address underlying factors that lead to HIV infection. Policies and strategies as well as regional initiatives will be harmonised and enhanced, and best practices shared between Member States. HIV and AIDS will be mainstreamed into the regional integration process and focal intervention areas. In addition, the economic and social impact of HIV and AIDS will be evaluated and mechanisms to mitigate these impacts will be established.

iv Intensifying Resource Mobilisation

In order to achieve the above goals, SADC Member States pledge to mobilise sufficient resources, involve all stakeholders and ensure that funds are rapidly disbursed. A Regional Fund for the implementation of the HIV and AIDS Strategic Framework is to be established. The Maseru Declaration also reaffirms the commitment of Member States to allocate at least 15 per cent of their budgets for improving the health sector and urges International Cooperating Partners to increase their financial and technical support.



v Strengthening Institutional, Monitoring and Evaluation Mechanisms

Institutional mechanisms for HIV surveillance, sharing of experiences and exchange of information on key intervention areas will be established, while training will be intensified to strengthen Member States' capacities to manage the epidemic. Monitoring and evaluation will take place to ensure the efficacy of the implementation of the Maseru Declaration, other continental and global commitments, and the SADC HIV and AIDS Strategic Framework and Programme of Action (2003-2007).



3. Priorities of the Business Plan

HIV and AIDS feature prominently in the RISDP as one of the key priority areas for intervention. The Business Plan for HIV and AIDS was developed in this context and has, therefore, focused on five key intervention areas, namely:

- i. Policy Development and Harmonisation
- ii. Capacity Building and Mainstreaming HIV and AIDS into all SADC policies and plans
- iii. Facilitation of a Technical Response, Resource Networks, Collaboration and Coordination
- iv. Resource Mobilization for the Regional Multi-Sectoral Response
- v. Monitoring and Evaluation of the Regional Multi-Sectoral Response

Under each of these intervention areas, key activities and performance indicators have been highlighted, as well as the role of various stakeholders and the anticipated timeframes. The detailed activities of the Business Plan are tabled in Annex 1.

Output 1: Policy Development and Harmonisation

Policy Development and Harmonisation makes up much of the work of the HIV and AIDS Unit. Within this intervention area, seven different outputs have been identified.

Output 1.1 under this intervention area states that *policies for intervention are harmonised*. This includes the need to develop, harmonise and review policies in six different target areas:

- Regional guidelines for Behaviour Change Communication (BCC) programmes, including the role of

cultural and sporting industries in HIV prevention;

- Guidelines for programming HIV and AIDS in the uniformed forces;
- Programmes and guidelines for special HIV prevention and vulnerability reduction targeted at pre-adolescents, young people and women;
- Guidelines for the prevention of mother to child transmission (PMTCT);
- Regional guidelines for STI/HIV and behavioural surveillance systems; and
- Regional guidelines for reducing HIV and AIDS related stigma and discrimination.

Output 1.2 specifies that *policies for care and support are harmonised*. This process will take place by reviewing, developing and harmonising guidelines and policies in the following four target areas:

- Comprehensive care and support, including nutrition, for people living with HIV and AIDS;
- Policies and programmes for orphans and vulnerable children (OVCs);
- Regional joint procurement of drugs, medical supplies and testing reagents; and
- Guidelines for voluntary counselling and testing (VCT).

Output 1.3 demands that *policies for treatment are harmonised*. This includes

- The review and harmonization of protocols for STI treatment, HIV and AIDS, TB and other opportunistic infections;



- The implementation of regional guidelines for the use of indigenous knowledge systems in developing and producing alternative drugs and medicines for treatment of common diseases, including HIV and AIDS; and
- The review and harmonisation of guidelines for health delivery systems taking into consideration HIV and AIDS mainstreaming and the roll-out of anti-retroviral (ARV) treatment.

Output 1.4 under this intervention area is that *policy on HIV and AIDS migrant/mobile and displaced populations is developed and harmonised*. This process will take place by developing and harmonising guidelines, laws and programme interventions in the following four target areas:

- High transmission areas like high activity areas, cross border sites and high traffic sites in the context of the proposed SADC protocol on the free movement of people;
- Health issues for displaced and mobile populations including illegal immigrants focusing on treatment continuity, health services, messages, drug labelling information;
- Transit at borders and ports;
- ARV treatment related to migrants and the equity in treatment access across countries.

Output 1.5 outlines that *regional policies and plans to sustain increasing human resource needs as a consequence of HIV and AIDS are developed and harmonised in SADC*. This is to be achieved by:

- Developing and harmonising a regional multi-sectoral Human Resource and HIV and AIDS policy for education and training, retention and safe work environments in the public service;
- Supporting the inclusion of the

policy in the country coordinating mechanisms, in HR bilateral funding and in public sector expenditure negotiations with multi-lateral agencies such as the IMF and World Bank.

Output 1.6 specifies that *a corporate policy on HIV and AIDS at the SADC Secretariat is developed and implemented*. This policy will be developed and the guidelines implemented by the end of 2005.

Output 1.7 targets the SADC sectors and requires that *sectoral policies on HIV and AIDS are developed and harmonised in all SADC sectors*. These policies will be developed for the Food, Agriculture and Natural Resources Directorate, the Human Social Development and Special Programmes Directorate, the Infrastructure and Services Directorate and the Trade, Finance and Investment Directorate.

Output 2: Capacity Building and Mainstreaming HIV and AIDS into all SADC Policies and Plans

The Business Plan's second intervention area covers both capacity building and HIV and AIDS mainstreaming. This intervention area aims to achieve three outputs.

Output 2.1 requires *integrating HIV and AIDS in all SADC policies and programmes*. The key tasks will involve

- Strengthened capacity of the Secretariat to integrate and facilitate implementation of HIV and AIDS in all sectors of the SADC Programme;
- Support to the mainstreaming of HIV and AIDS in all sectors of SADC at Member State level.

Output 2.2 seeks the *piloting models of integrating HIV and AIDS*. This will take place through developing:

- A SADC model to assist children



affected by the epidemic to remain in school through 'Circles of Support';

- A model for reducing the vulnerability of transport workers to HIV infection through a multi-country transport initiative;
- A model for integrating HIV and AIDS into water resource management;
- A SADC programmes and guidelines for reducing vulnerability to the risk of occupational exposure to HIV infection at the workplace in different sectors.

Output 2.3 requires the *improving and sustaining of human resources and technical capacity in Member States*. The key tasks will involve the

- Provision of technical support to Member States to review and strengthen their capacity for multi-sectoral coordination of HIV and AIDS programmes in the context of mainstreaming; and
- Review and strengthening of Human Resource practices and procedures to mitigate the impact of HIV and AIDS on the public service.

Output 3: Facilitation of a Technical Response, Resource Networks, Collaboration and Coordination

The third intervention area has a broad mandate covering two outputs.

Output 3.1 is the *enhanced coordination and sharing of technical information and resource in HIV and AIDS among Member States and partners*, which will be achieved by establishing a regional database, mechanisms for the exchange of scientific

and behavioural research results and facilitating information exchange throughout the region and across SADC sectors.

Output 3.2 aims to achieve *enhanced collaboration in the response to HIV and AIDS and related diseases in SADC*, through better regional collaboration.

Output 4: Resource Mobilization for the Regional Multi-Sectoral Response

The Business Plan's fourth intervention area focuses on the financial side of the multi-sectoral response by ensuring that *the funds to match the needs of the regional HIV and AIDS response are secured*, through the resource mobilisation plan, the establishment of a SADC trust fund, the implementation of the Project Concept Notes and the maintenance of partnerships from the donor community.

Output 5: Monitoring and Evaluation of the Regional Multi-Sectoral Response

Effective monitoring of the HIV and AIDS response in the SADC region will be carried out by focusing on the following four key areas:

- Implementation of the Maseru Declaration, Abuja Declaration and UNGASS;
- Development and implementation of an M&E Plan for a Regional Multi-Sectoral Response;
- Monitoring the implementation of the existing SADC Code of Conduct on employment and HIV and AIDS; and
- Establishment of an Information Management System for tracking the HIV and AIDS Response at SADC level.



4. Implementation of the Business Plan

4.1 Mandate of the HIV and AIDS Unit

The broad mandate of the HIV and AIDS Unit is to lead, coordinate and manage SADC's response to the epidemic through the operationalisation of the HIV and AIDS Strategic Framework (2003-2007) and the Maseru Declaration. After the restructuring of SADC, the HIV and AIDS Unit has taken over the role of coordinating SADC's response to HIV and AIDS from the previous Health Sector Coordination Unit.

In executing the above mandate, the Unit will direct its focus on SADC's key strategic intervention areas including:

- a) Mainstreaming HIV and AIDS in the region - at policy level, programme level, project level and activity level - through the Directorates and the Department of Strategic Planning, Gender and Policy Harmonization.
- b) Developing and strengthening the capacity to undertake the mainstreaming of HIV and AIDS at all levels in SADC, and creating the skills needed for the integration of HIV and AIDS in all policies and programmes.
- c) Co-ordinating and harmonising the development of policies and strategies in major intervention areas, including prevention; care and treatment including provision of antiretroviral drugs (ARV), nutrition and traditional medicines; and procurement and manufacturing of essential drugs and medical supplies for the management of HIV and AIDS and related conditions.
- d) Facilitating technical response and networks by providing mechanisms and frameworks for the development of guidelines and exchange of best practices in the major intervention areas such as mainstreaming of HIV and AIDS, Prevention of Mother to Child

Transmission (PMTCT), support to orphans, home based care, and treatment of HIV-related conditions, including antiretroviral therapy (ART).

- e) Coordinating and facilitating the monitoring of regional and global commitments, in particular the Abuja Declaration, Millennium Development Goals (MDG) and UNGASS targets for HIV and AIDS, and related indicators; and the publication of regular reviews for SADC as a whole to supplement the monitoring being undertaken at the level of individual countries.
- f) Advocacy and Resource Mobilisation, including spearheading advocacy for effective action on the epidemic in the region; and advocacy on strategic issues such as governance and national leadership in AIDS, gender imbalance, Greater Involvement of Persons living with HIV and AIDS (GIPA), culture and vulnerable groups.
- h) Establishing and sustaining strategic partnerships with the Civil society sector including Business and with bilateral and multilateral organisations in the region and internationally.

4.2 Internal Organisational Arrangements

The Business Plan will be driven by the HIV and AIDS Unit, through a team of four core staff members and complemented by project staff. Given the multi-dimensional, multi-level and multi-sectoral nature of the epidemic, the HIV and AIDS Unit needs to work closely with the SADC Secretariat Directorates and the other SADC Units.

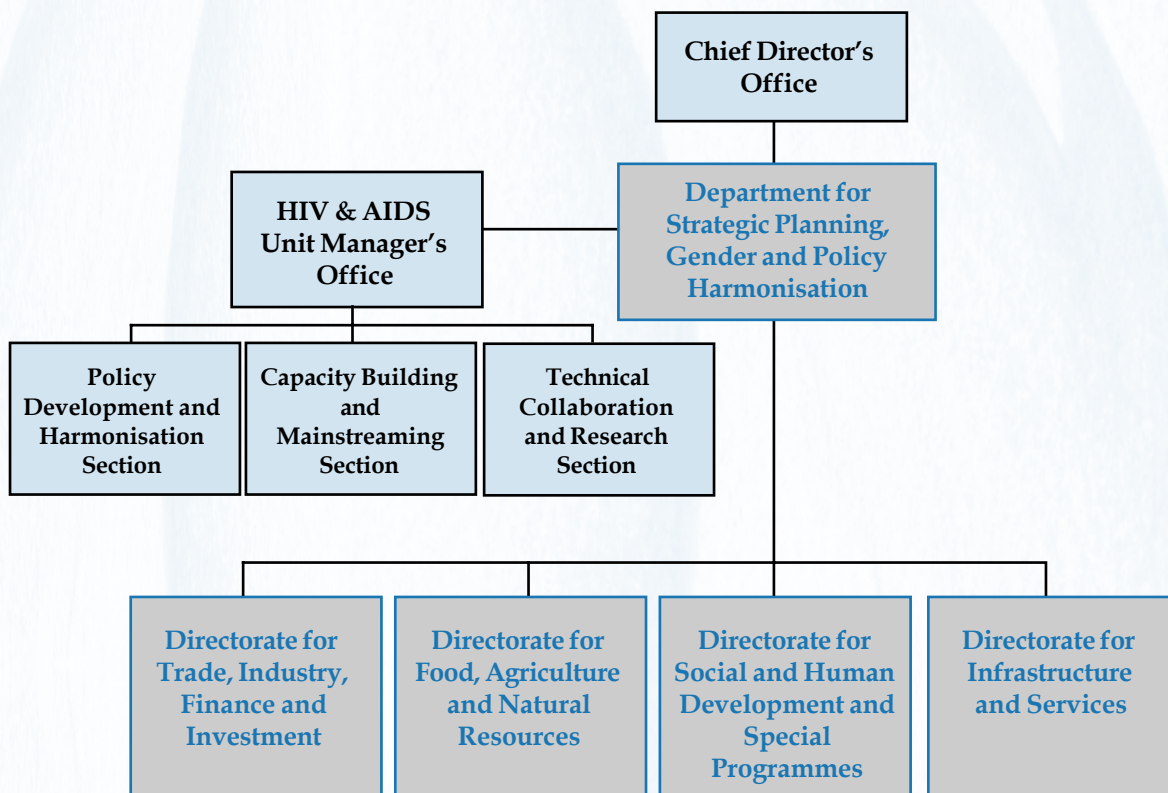
In order to implement the Business Plan as efficiently and effectively as possible, the HIV and AIDS Unit has regular informed interaction with the Secretariat Directorates and the other Units. In addition, the HIV and AIDS Unit works with Member States,



Regional and International Stakeholders, International Cooperating Partners and Civil Society Stakeholders.

The organisational structure is shown in the diagram below.

Organisational Structure of the SADC HIV and AIDS Unit



4.2.1 Relationship between the HIV and AIDS Unit and the Directorates

Directorates have the primary responsibility to support sectors that are linked to their core business in the region to mount effective multisectoral national and regional responses. The Unit interacts with the Directorates in accordance with its mandate, and to facilitate and coordinate implementation of interventions prioritised in the HIV and AIDS Business Plan.

To facilitate the response of the Directorates, each has appointed a focal point person dedicated to HIV and AIDS. The function of the focal point is to support and advise the Director in coordinating the response of the Directorate. The Focal Point is the link

between the Directorate and the HIV and AIDS Unit. They provide, when necessary and through the National AIDS Council, a day-to-day link between the Directorate and Member State sectors linked to the Directorate, on HIV and AIDS issues.

A multisectoral HIV and AIDS Technical Working Group (TWG) composed of members of the HIV and AIDS Unit and Directorate Focal Points, and chaired by the HIV and AIDS Manager, has been established. The TWG works to a) establish effective operational links between Directorates and the Unit b) ensure collaboration between Directorates and the Unit in implementing the Business Plan and the SADC HIV and AIDS Programme in general.



4.2.2 Relationship between the HIV and AIDS Unit and other Units

The role of the existing units in the Secretariat is to support the Secretariat by providing crosscutting services to Directorates. The HIV and AIDS Unit is in a way different from other units in that it has the task of leading the implementation of a specialised regional programme. Consequently, a bi-directional supportive relationship has been put into place. The HIV and AIDS Unit will require from the other units support similar to that rendered to Directorates; on the other hand the Unit will have a supportive role for other units in their HIV and AIDS response roles.



4.2.3 Relationship between the Unit and the Member States

In the context of HIV and AIDS, all Member States have established structures that have national mandates to lead, co-ordinate and implement national responses to HIV and AIDS; a common structure in all SADC countries is the National AIDS Council/Commission (NAC). Lines of communication on HIV and AIDS matters between the Secretariat and the country level have been developed to allow for quick decision-making and implementation in a way that is commensurate with the urgency and gravity of the AIDS epidemic in the region. (See diagram on page 15.)

To facilitate effective regional collaboration a forum that brings together the SADC HIV and AIDS Unit staff and the Directors of the National AIDS Council Secretariats of the thirteen SADC countries, has also been established. The role of this forum is to share information and best practices; review progress towards the development, harmonisation and implementation of regional policies, guidelines and programmes; and other priority regional response issues.

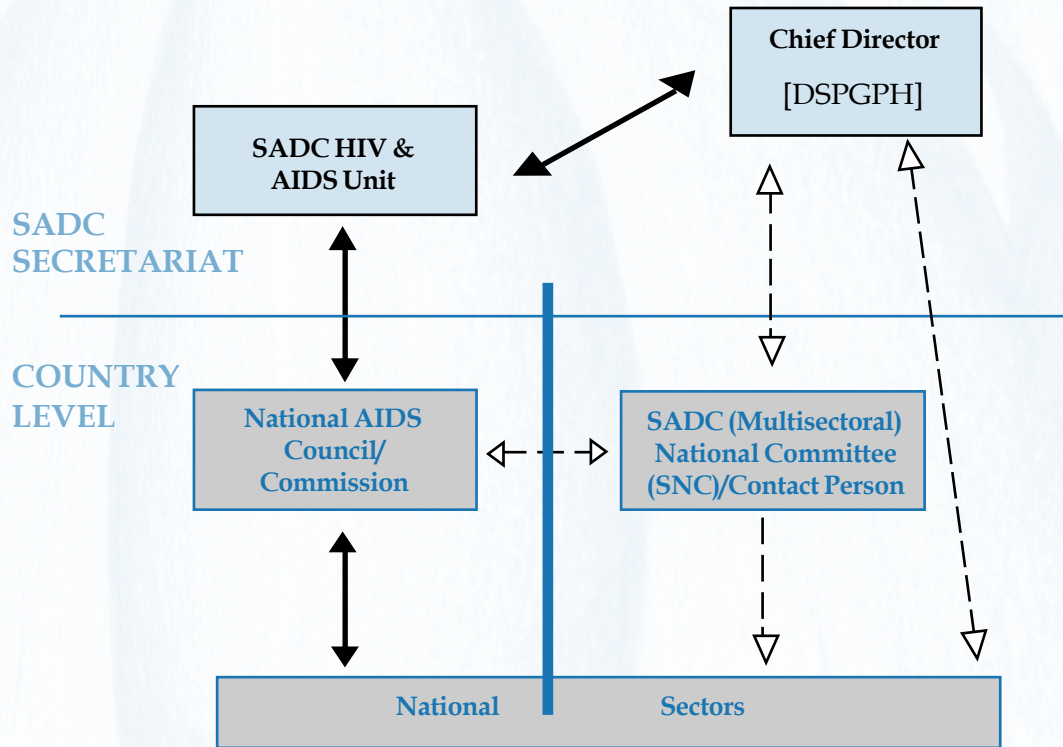
4.2.4 Relationship Between The Unit And Other Regional And International Stakeholders

The HIV and AIDS Unit intends to continue working with bilateral and multilateral organisations (such as UN agencies), as well as civil society organisations including Non-Governmental Organisations (NGOs), Faith-based Organisations (FBO), academic institutions and business. Many of these regional and international organisations are already heavily involved in the response to HIV and AIDS in the region and the Unit is reviewing existing partnerships and strengthening those that add value to the region's response, as well as establishing additional partnerships. The choice of NGOs for partnering depends on their regional scope, compatibility of mandates with those of SADC and complementarity of programme implementation.

An International Cooperating Partners Forum is soon to be established to facilitate cooperation and coordination and to ensure information sharing and maximisation of response efforts in the region and scaling up interventions.



Relationship between the SADC HIV Unit and Member States





5. Financing the Business Plan

The HIV and AIDS Business Plan will be financed from three different sources: Member States' budgets, funds from International Cooperating Partners for specific projects and an HIV and AIDS Trust Fund.

Member States will allocate budgets for the implementation of targeted initiatives, particularly at a national level. In addition, a set of Project Concept Notes has been developed, based on the Business Plan and International Cooperating Partners who are keen to support different intervention areas can select from a 'menu' of activities and provide the necessary financial input. Finally, an HIV and AIDS Trust Fund is to be set up to assist with the financing of other necessary areas of intervention.

The Project Concept Notes provide fact sheets of information about six different project areas, each of which covers an intervention area, as specified in the Business Plan.

i Harmonisation and Development of Regional Policies on HIV and AIDS Prevention, Care, Support and Treatment.

Activities for this project include the review of prevention, care and support and treatment policies adopted by individual Member States; Preparation of draft policies on prevention, care and support, and treatment; Finalisation and adoption of a comprehensive regional policy.

ii Capacity Building and HIV and AIDS Mainstreaming into SADC's Directorates Mandates, Policies and Programmes.

The activities under this project will take place in three phases, namely: HIV and AIDS Mainstreaming Needs Assessment; Development of HIV and AIDS Mainstreaming Guidelines; and, Capacity Building of Key Personnel through initial training and on-the-job mentoring. The project will also aim at reviewing existing public sector human resources practices in the region and internationally in order to develop guidelines to assist Member States with the HIV crisis affecting their civil service.

iii SADC Secretariat HIV and AIDS Workplace Programme

The activities under this project will culminate in the development of an HIV and AIDS Workplace Policy which aims to educate the workforce enough to prevent new infections, destigmatise the workplace environment and develop a strong referral system to health and social service facilities.

iv Scaling-Up Cross Border Initiatives

The objective of this project is to reduce the spread of HIV due to the increase in mobility within transport corridors. The activities will include the involvement of transport companies in designing programmes targeted at truck drivers before they arrive at border posts and will include the communities around border posts. There will also be a consultative process set up with the government stakeholders that manage the border posts.



v Facilitation of Technical Response, Resource Networks, Collaboration and Coordination

This project will allow for the documentation of best practice in HIV and AIDS in Member States and their compilation into a data base which can then be disseminated to all Member States.

vi Monitoring and Evaluation Plan of Regional and Global Commitments

The objective of this project is to monitor deliverables from the SADC HIV and AIDS projects and national government's progress in their development efforts, and in the fight against HIV and AIDS abiding to global indicators. This will be achieved through the design and implementation of a Monitoring and Evaluation Plan.

Budget per Intervention Area

Project Concept Note	Indicative Budget
	US\$
Policy development and harmonization of HIV and AIDS in the SADC Region	1,977,000
Capacity Building and HIV and AIDS Mainstreaming	3,319,000
SADC Secretariat HIV and AIDS Workplace Programme	220,000
Scaling-up Cross-Border Initiatives	11,000,000
Facilitation of Technical Response, Resource Networks, Collaboration and Coordination	2,816,000
M&E of Global and Regional Commitments	3,438,900
TOTAL	22,770,900



6. Monitoring the Business Plan

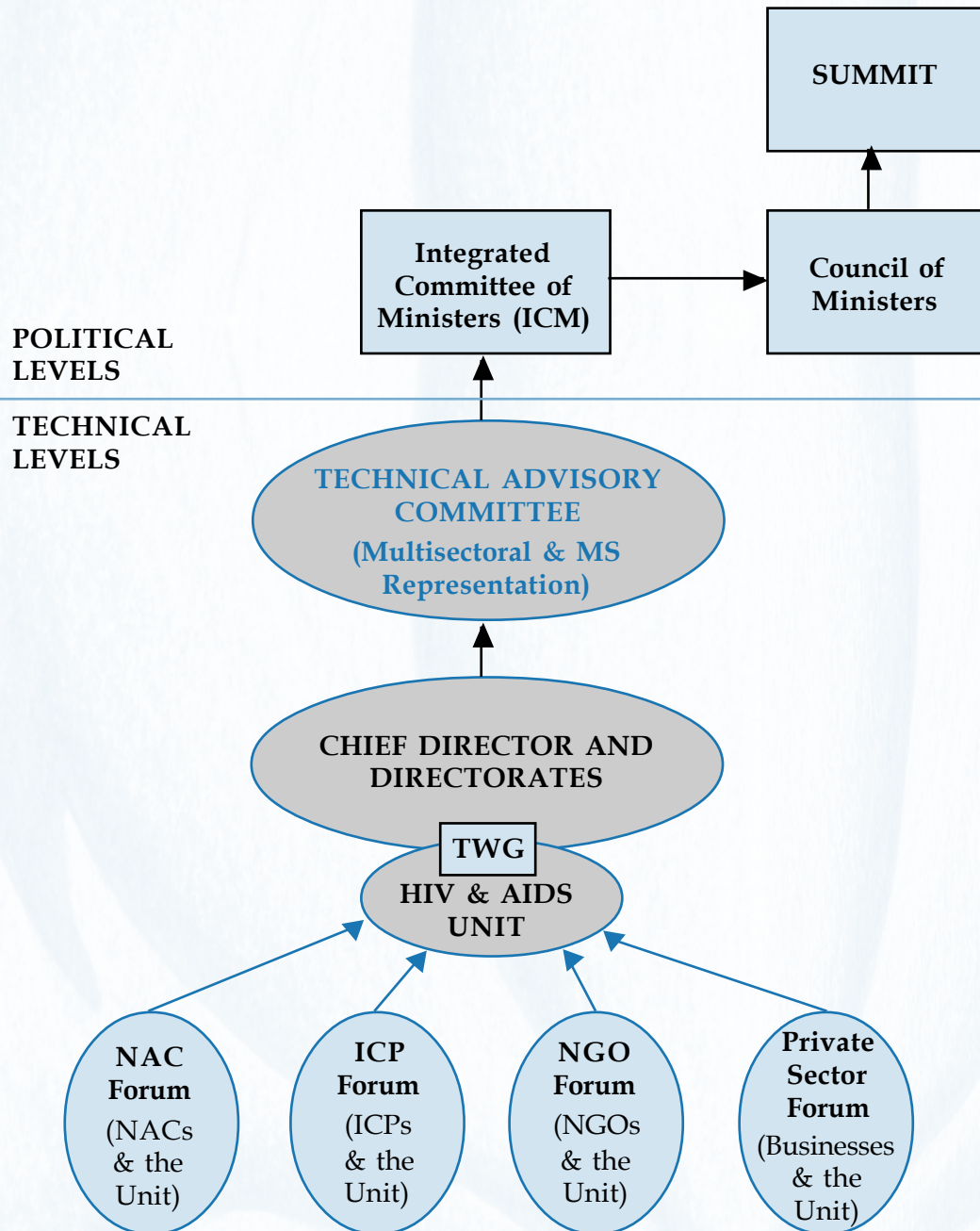
The successful implementation of the Business Plan is dependent on all the key stakeholders playing their roles. The activities and timeframes proposed assume the full participation of all players.

Annual plans will be developed, based on the Five-year Business Plan, in order to

ensure rapid and effective implementation of the five key target areas.

At the regional level, the SADC Secretariat will facilitate policies and coordination, as well as collaborating with regional Civil Society Organisations (CSOs) and the private sector. Member States, at the

Technical and Political Oversight of the SADC HIV and AIDS Programme





national level will provide the necessary input for coordination and policy harmonisation, and implement programmes through government and national CSOs. International Cooperating Partners (ICPs) will provide technical and financial assistance to ensure the Business Plan is achievable.

The SADC Technical Advisory Committee on HIV and AIDS will oversee the implementation of the Business Plan. The Committee, which reports through the SADC Secretariat to the Integrated Committee of Ministries (ICM) is chaired by the Chief Director of the SADC Secretariat. Other members of the committee include representation of the Member States (troika), the ICP representatives, the UN representatives and representatives of the Civil Society Organisations, incorporating faith-based organisations, the youth, gender and people living with HIV and AIDS. Political oversight of the Business Plan will take place through the Council of Ministers.



Annex 1

SADC Five Year Plan for HIV and AIDS 2005 - 2009

HIV and AIDS Detailed Five-Year RISDP Operationalisation Plan

KEY TASKS (INTERVENTIONS)	KEY PERFORMANCE INDICATORS	RESPONSIBILITIES		TIME FRAME : Major actions in :					
		Sect	MS	ICPs	Major Actions 2005	Major Actions 2006	Major Actions 2007	Major Actions 2008	Major Actions 2009
Intervention area 1 Policy Development and Harmonisation									
Output 1.1 Policies for prevention harmonised									
1.1.1 Develop and harmonise regional guidelines for Behaviour Change (BCC) programmes including role of cultural and sporting industries in HIV prevention	Regional BCC guidelines that include role of cultural and sporting industries developed and adopted by end of 2006 Database of BCC programs established At least 70% implementation of guidelines by MS by end 2008	Facilitate development and adoption	Contribute to the development and implement the guidelines	Provide technical and financial support	-	Assessment to identify the cultural practices that fuel the spread of HIV infection. Establish database of BCC programmes	Review BCC programmes in the region Develop harmonised guidelines and submit for adoption	Support and monitor implementation	Review implementation
1.1.2 Develop guidelines for programming HIV and AIDS in the unformed forces	National strategies for the unformed forces reviewed by end of 2006 Regional guidelines developed and adopted by 2007 At least 50% of MS implementing guidelines by 2008	Coordinate the reviewing development and adoption	Contribute, adopt and implement	Provide technical and financial support	-	Review MS HIV & AIDS programmes for the unformed forces	Development and adoption of guidelines and tool kits	Support and monitor implementation	Review implementation
1.1.3 Develop programmes and guidelines for special HIV prevention and vulnerability reduction targeted at pre-adolescents, young people and women	Level of vulnerability among pre-adolescents, young people and women determined by 2004 Pilot programme implemented in at least 4 MS by 2006 70% MS implementing life skills programmes for preadolescents and young people in and out of school by 2008 70% of MS implementing special programmes for women by 2008	Coordinate the assessment and facilitate development and adoption of guidelines	Contribute, adopt and implement Financial / resource contribution Provide technical and financial support	Assess level of vulnerability in MS	Develop a pilot frame work for response	Support implementation of pilot	→	Review implementation and develop, harmonise and adopt regional guidelines for scale-up	Implement harmonized regional guidelines

1.1.4 Review and harmonise guidelines for PMTCT	Regional PMTCT guidelines harmonised and adopted by end of 2005 At least 70% implementation of guidelines by MS by end 2008	Facilitate harmonization & implementation	Contribute, adopt and implement	Funding and technical support	-	Review, harmonise and adopt guidelines for PMTCT	Support training and implementation	Monitor implementation	Review implementation
1.1.5 Develop SADC programmes for reducing vulnerability to the risk of occupational exposure to HIV infection at the workplace in different sectors	State of occupational exposure to HIV infection among health workers determined by 2005 Pilot programme implemented among health workers by 2006 Regional guidelines for all sectors developed and adopted by 2007 70 % of MS implementing by 2008	Facilitate development & implementation	Contribute, adopt & implement	Funding and technical support	Assess level of occupational risk among health workers	Develop and pilot guidelines among health workers	Implement pilot Review pilot	Review pilot, develop and harmonise regional guidelines for all sectors	Support and monitor implementation In all sectors
1.1.6 Review and harmonise regional guidelines for STI/HIV and behavioural surveillance systems	National guidelines reviewed by 2005 Regional guidelines developed and adopted by end of 2006 At least 70% of MS implementing harmonised surveillance guidelines by end 2008	Facilitate development & implementation	Contribute, adopt & implement	Funding and technical support	Assess existing guidelines in MS	Revision and standardisation of guidelines	Support & monitor implementation	-	Review implementation
1.1.7 Develop and harmonise regional guidelines for eliminating HIV and AIDS related stigma and discrimination	Level of HIV and AIDS related stigma and discrimination in MS determined by 2005 Framework for responding to developed by 2005 Framework piloted by 2005 Guidelines for scale-up developed and adopted by 2006	Facilitate development & implementation	Contribute, adopt & implement	Funding and technical support	Assess level of stigma & discrimination in MS Develop and pilot frame work for response	Pilot framework	Develop regional guidelines and adopt →	Support implementation of guidelines	



KEY TASKS (INTERVENTIONS)	KEY PERFORMANCE INDICATORS	RESPONSIBILITIES					TIME FRAME : Major actions in :				
		Sect	MS	ICPs	Major Actions 2005	Major Actions 2006	Major Actions 2007	Major Actions 2008	Major Actions 2009		
Intervention area 1 Policy Development and Harmonisation											
Output 1.2 Policies for Care and Support harmonised											
1.2.1 Review and harmonise guidelines for comprehensive care and support including nutrition for HIV and AIDS population	National guidelines reviewed by 2005 Regional guidelines for care & support developed and adopted by end of 2006 At least 70% implementation of harmonized guidelines by MS by end 2008	Facilitate development & implementation and coordinate the process	Contribute, adopt and implement	Funding and technical support	-	Assess interventions in MS	Develop regional guidelines and adopt	Support and monitor implementation of guidelines	Review implementation		
1.2.2 Review and harmonise policies and programs for OVC's	National policies reviewed by 2005 Regional policy for OVCs developed and adopted by end of 2006 At least 70% implementation of those policies by MS by end 2008	Facilitate development & implementation Coordinate pilot initiatives	Contribute, adopt and implement	Funding and technical support	-	Assess the OVC situation & interventions in MS Develop a framework for response	Develop regional guidelines and adopt Pilot initiatives	Support implementation of guidelines	↑		
1.2.3 Develop and harmonise guidelines for regional bulk procurement of drugs, medical supplies and testing reagents	National guidelines reviewed by 2005 Regional guidelines for accessing affordable priced essential drugs for treatment & prophylaxis of opportunistic infections, ARVs testing reagents developed and adopted by end of 2006 At least 50% of MS have access to bulk purchasing by end 2008	Facilitate and coordinate development & implementation	Contribute to the process, adopt and implement	Funding and technical support	-	Assess drug procurement policies and practices in MS	Review policies, develop and adopt regional guidelines	Support implementation of guidelines	↑		
1.2.4 Finalise harmonization of guidelines for VCT	Regional VCT guidelines developed and adopted by end of 2005 At least 70% implementation of guidelines by MS by end 2008	Facilitate development & implementation	Contribute, adopt and implement Strengthen the health systems and network	Funding and technical support	-	Review and develop regional guidelines	Support training and implementation	→	Review implementation		



TIME FRAME : Major actions in :

RESPONSIBILITIES

KEY PERFORMANCE INDICATORS

KEY TASKS (INTERVENTIONS)	Sect	MS	ICPs	Major Actions 2005	Major Actions 2006	Major Actions 2007	Major Actions 2008	Major Actions 2009
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Intervention area 1 Policy Development and Harmonisation

Output 1.3 Policies for Treatment harmonised

KEY TASKS (INTERVENTIONS)	Sect	MS	ICPs	Major Actions 2005	Major Actions 2006	Major Actions 2007	Major Actions 2008	Major Actions 2009
1.3.1 Review and harmonize protocols for STI treatment	Facilitate development & implementation	Contribute to the process and adopt	Funding and technical support	Review national protocols	→ Develop Regional Protocol	Support implementation of guidelines	Support implementation of guidelines	Review implementation
1.3.2 Review and harmonize guidelines for treatment of HIV and AIDS, TB and other opportunistic infections	Facilitate development & implementation	Contribute to the process	Funding and technical support	-	Review national guidelines	Develop and adopt Regional guidelines	Support implementation	Review implementation
1.3.3 Develop, harmonise and facilitate implementation of regional guidelines for use of indigenous knowledge systems in developing and producing alternative drugs and medicines for treatment of common diseases including HIV and AIDS	Facilitate and coordinate process	Provide information, technical and structural resources and implement	Funding and technical support	-	Assess and review existing indigenous knowledge systems and practices in MS and establish database of practising and knowledgeable institutions in MS and other regions and their needs	→	Establish regional mechanisms for production, regulation and networking on local production of drugs & medicines	Identify and resource identified institutions



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<p>1.3.4 Review and harmonise guidelines for health delivery systems taking into consideration HIV and AIDS mainstreaming and roll-out of ARV treatment</p>	<p>Centres of excellence for regional research, trials and testing of drugs and medicines using indigenous knowledge systems established or identified. At least one centre of excellence for regional research, trials and testing of drugs and medicines resourced and implementing by 2008</p>	<p>Facilitate development & implementation</p>	<p>Contribute to the process</p>	<p>Funding and technical support</p>	<p>-</p>	<p>Review guidelines of MS</p>	<p>Develop and adopt guidelines</p>	<p>Support implementation of guidelines</p>	<p>Review implementation</p>
<p>National guidelines reviewed by 2006 Regional guidelines developed and adopted by 2007 At least 40% implementation by 2008</p>									

KEY TASKS (INTERVENTIONS)	KEY PERFORMANCE INDICATORS	RESPONSIBILITIES	TIME FRAME : Major actions in :
			2005 2006 2007 2008 2009
		Sect MS ICP's	Major Actions Major Actions Major Actions Major Actions Major Actions

Intervention area 1 Policy Development and Harmonisation

Output 1.4 Policy on HIV and AIDS and migrant/ mobile and displaced population developed and harmonised.

1.4.1 Develop and harmonise guidelines and programme interventions in high transmission areas like high activity areas, cross border sites and high traffic sites in the context of SADC protocol on the free movement of people	Coordinate Pilots initiatives. Facilitate the development and adoption of the guidelines	Contribute to guidelines Implement the pilots	Technical and Financial support	Piloting of Projects	Development and adoption of regional Guidelines	Support and monitor expansion of implementation	Review implementation
Mapping of migration patterns in terms of source, and receiving communities, migrant characteristics , causes through existing data and research completed by 2007 Cross Border Pilot Projects Completed by 2006 Guidelines developed by end of 2007 60% MS implement guidelines by 2008							
1.4.2 Develop and harmonise guidelines for addressing health issues for displaced and mobile populations including illegal immigrants focusing on treatment continuity, health services, messages, drug labelling and information	Facilitate the development and adoption of the guidelines.	Provide inputs to the studies Implement the guidelines	Technical and professional support	Needs assessment	Development and adoption of guidelines	Implementation of Guidelines	Review implementation
1.4.3 Harmonise procedures, regulations and laws for transit at borders and ports	Facilitate the review of guidelines Facilitate the development and adoption of procedures	Provide information Implement the harmonized procedures	Technical and Financial support	Review of procedures	Development of harmonized procedures	Support and Monitor implementation	Review implementation
1.4.4 Monitor ARV treatment related to migrants by 2006 and promote equity in treatment access across countries	Facilitate the development and implementation and coordination process	Realign monitoring tools with national guidelines and facilitate country level implementation	Provide technical support and funding	Development and adoption of monitoring tools Country level established and functional	Implementation and sharing of information between countries		Review and implementation





KEY TASKS (INTERVENTIONS) **KEY PERFORMANCE INDICATORS** **RESPONSIBILITIES** **TIME FRAME : Major actions in :**

Major Actions	Major Actions 2005	Major Actions 2006	Major Actions 2007	Major Actions 2008	Major Actions 2009
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Intervention area 1 Policy Development and Harmonisation

Output 1.5 Regional policies and plans to sustain increasing human resource (HR) needs as a consequence of HIV and AIDS developed and harmonized in SADC

Major Actions	Major Actions 2005	Major Actions 2006	Major Actions 2007	Major Actions 2008	Major Actions 2009
<p>1.5.1 Develop and harmonise a regional Multi-Sectoral HR and HIV and AIDS policy for education and training, retention, safe work environments in the public service , and support their inclusion in the country coordinating mechanisms, in HR bilateral funding and in public sector expenditure negotiations with multi-lateral agencies i.e. IMF/ World Bank</p>					
<p>Regional SADC Multi-Sectoral HR and HIV & AIDS policy for the public service developed and adopted by end 2006 Regional multi-Sectoral HR and HIV & AIDS policy implementing guidelines developed and adopted by 2007 60% of MS implementing HR and HIV & AIDS Policy in at least three of the worst affected public service sectors by 2008</p>					
Coordinate and guide					
Contribute to formulation and adopt					
Funding and technical support					
ICPs					
MS					
Sect					
Develop policy and present for adoption					
Support and monitor implementation					
Develop policy implementation guidelines					
Compile sector specific information on HIV and AIDS induced staff attrition					

KEY TASKS (INTERVENTIONS)	KEY PERFORMANCE INDICATORS	RESPONSIBILITIES	TIME FRAME : Major actions in :						
			ICPs	Major Actions 2005	Major Actions 2006	Major Actions 2007	Major Actions 2008	Major Actions 2009	
Intervention area 1 Policy Development and Harmonisation									
Output 1.6 A corporate policy on HIV and AIDS at the SADC Secretariat and implemented									
1.6.1 Develop a comprehensive corporate policy on HIV and AIDS and implementation guidelines for the SADC Secretariat	HIV and AIDS corporate policy developed and approved by end 2005 Implementation guidelines developed and adopted by 2005	Sect MS	Develop and implement	Approve	Funding and technical support	Develop policy	MS Approve policy Develop and Implement guidelines	Implement & monitor	Review implementation



KEY TASKS (INTERVENTIONS)	KEY PERFORMANCE INDICATORS	RESPONSIBILITIES					TIME FRAME : Major actions in :			
		Sect	MS	ICPs	Major Actions 2005	Major Actions 2006	Major Actions 2007	Major Actions 2008	Major Actions 2009	
Intervention area 1 Policy Development and Harmonisation										
Output 1.7 Sectoral policies on HIV and AIDS developed and harmonized in all SADC sectors (FANR, HSD, I&S, TIFI)										
1.7.1 Develop and harmonise HIV and AIDS policy for Food, Agriculture and Natural Resources (FANR) sector	Impact of AIDS on Agriculture determined by 2005 Regional policy on HIV and AIDS for agriculture and food security developed and adopted by 2006 40% of MS implementing by 2008	Facilitate development & implementation	Contribute to development; adopt & implement	Funding and technical support	Conduct HIV and AIDS impact assessment	→	Develop policy and submit for adoption	Monitor implementation	→	
1.7.2 Develop and harmonise HIV and AIDS policy for Human Social Development and Special Programmes (HSD) sector	Regional Policy on HIV and AIDS in HSD sector developed and adopted by 2007 30% of MS implementing by 2008	Facilitate development & implementation	Contribute to development; adopt & implement	Funding and technical support	-	Assess HIV and AIDS sectoral policy review needs	Facilitate policy review, harmonization and adoption	→	Monitor implementation	
1.7.3 Develop and harmonise HIV and AIDS policy for Infrastructure and Services (IS) sector	Regional Policy on HIV and AIDS in IS sector developed and adopted by 2007 30% of MS implementing by 2008	Facilitate development & implementation	Contribute to development; adopt & implement	Funding and technical support	-	Assess HIV and AIDS sectoral policy review needs	Facilitate policy review, harmonization and adoption	→	Monitor implementation	
1.7.4 Develop and harmonise HIV and AIDS policy for Trade, Finance and Investment (TIFI) sector	Regional Policy on HIV and AIDS in TIFI sector developed and adopted by 2007 30% of MS implementing by 2008	Facilitate development & implementation	Contribute to development; adopt & implement	Funding and technical support	-	Assess HIV and AIDS sectoral policy review needs	Facilitate policy review, harmonization and adoption	→	Monitor implementation	



KEY TASKS (INTERVENTIONS)	KEY PERFORMANCE INDICATORS	RESPONSIBILITIES						TIME FRAME : Major actions in :		
		Sect	MS	ICPs	Major Actions 2005	Major Actions 2006	Major Actions 2007	Major Actions 2008	Major Actions 2009	Major Actions
Intervention area 2 Capacity Building and Mainstreaming HIV and AIDS into all SADC policies and programmes										
Output 2.1 Integration of HIV and AIDS in all policies and programmes of SADC agreed										
2.1.1 Strengthen capacity of Secretariat to integrate and facilitate implementation of HIV and AIDS in all sectors of SADC Programme	All Directorates and Units initiate the integration of HIV and AIDS in their programmes by end 2005 Mainstreamed in every programme in all Directorates by end of 2008.	Facilitate and coordinate	Contribute and communicate to sectors	Funding and technical support	Establish HIV & AIDS Unit Define programmes and needs Recruit Programme Manager	Facilitate development of guidelines for mainstreaming Facilitate training on mainstreaming at Secretariat Recruit required staff	Support and monitor implementation	Review implementation		
2.1.2 Support mainstreaming HIV and AIDS in all sectors of SADC at MS level	Standard guidelines for mainstreaming HIV and AIDS in all development sectors developed and adopted by MS by 2007 Number of sectors in MS supported in HIV and AIDS Mainstreaming by 2007.	Facilitate and coordinate	Contribute and adopt	Funding and technical support	-	Facilitate development of guidelines Review and Harmonisation of global mainstreaming guidelines	MS adopt guidelines	Support and monitor implementation	Review implementation	



KEY TASKS (INTERVENTIONS)	KEY PERFORMANCE INDICATORS	RESPONSIBILITIES							TIME FRAME : Major actions in :		
		MS	ICPs	Major Actions 2005	Major Actions 2006	Major Actions 2007	Major Actions 2008	Major Actions 2009	Major Actions 2009	Major Actions 2009	
Intervention area 2 Capacity Building and Mainstreaming HIV and AIDS into all SADC policies and programmes											
Output 2.2 Models of integrating HIV and AIDS piloted											
2.2.1 Develop a SADC model to assist children affected by the epidemic to remain in school through "Circles of Support"	Country Specific models of Support Developed by 2004 Pilot Programmes implemented by 2005 Models Reviewed and Regional Model developed and implemented by 2006	Facilitate and coordinate	Develop and implement models	Funding and technical support	Develop Country Specific Models	Piloting Programs	Develop and adopt regional Model	Monitor Implementation	Review implementation		
2.2.2 Develop a model for reducing the vulnerability of transport workers to HIV infection through a multi-country transport initiative.	Programs for Transport works developed by 2004 Programs piloted by 2005 Regional Model developed and adopted by 2006	Facilitate and coordinate	Implement pilot project Adopt and implement regional model	Funding and technical support	Development of programs	Piloting Programmes	Develop and adopt regional Model	Support and monitor implementation	Review implementation		
2.2.3 Develop a Model for integrating HIV and AIDS into water Resource Management	Review HIV programs in Water Resources Management in elected MS by 2004 Guidelines for Integration of HIV in the Water Sector by 2005. Guidelines adopted and implemented by 2006	Facilitate and coordinate	Provide information and implement guidelines	Funding and technical support	Review Integration of HIV in the Water Resource Management	Develop and adopt Guidelines	Support and monitor Implementation	Support and monitor implementation	Review implementation		

2.2.4 Develop SADC programmes and guidelines for reducing vulnerability to the risk of occupational exposure to HIV infection at the workplace in different sectors	State of occupational exposure to HIV infection among health workers determined by 2005 Pilot programme implemented among health workers by 2006 State of occupational exposure to HIV infection among workers in all SADC sectors determined by 2007 Regional guidelines for all sectors developed and adopted by 2008 70 % of MS implementing by 2008	Facilitate development & implementation of	Contribute to the regional development and at country level adopt & implement	Funding and technical support	Assess level of occupational risk among health workers	Develop and pilot guidelines among workers	Implement pilot Review pilot Assess level of occupational risk among workers in other sectors	Review pilot , Develop and harmonise regional guidelines for all sectors
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TIME FRAME : Major actions in :

RESPONSIBILITIES

KEY PERFORMANCE INDICATORS

Sect	MS	ICPs	Major Actions 2005	Major Actions 2006	Major Actions 2007	Major Actions 2008	Major Actions 2009
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Intervention area 2 Capacity Building and Mainstreaming HIV and AIDS into all SADC policies and programmes

Output 2.3 Human Resources and Technical Capacity of member states to implement HIV and AIDS programme improved and sustained

2.3.1 Provide technical support to MS to review and strengthen their capacity for multi-sectoral coordination of HIV and AIDS programmes in the context of mainstreaming	National coordination of HIV and AIDS reviewed by 2005 All National AIDS Authorities supported in multi-Sectoral coordination by end of 2008. Level /type of technical support	Facilitate and coordinate	Contribute, adopt and implement	Funding and technical support	Assessment of national coordination mechanisms Facilitating technical support in specific areas	Assessment of national coordination mechanisms Facilitating technical support in specific areas	Facilitating technical support in specific areas	Review implementation
2.3.2 Review and strengthen HR practices/procedures to mitigate the impact of HIV and AIDS on public service	HR policies and practices reviewed by 2006 Guidelines for strengthening HR policies and practices harmonised and adopted by 70% of MS 2008	Facilitate and coordinate	Adopt and implement	Funding and technical support	Review current HR practices & harmonizing procedures in MS	Developing, harmonizing and adopting HR practices/ procedures	Support implementation	Review implementation



KEY TASKS (INTERVENTIONS)	KEY PERFORMANCE INDICATORS	RESPONSIBILITIES		TIME FRAME : Major actions in :				
		Sect	MS	ICPs	Major Actions 2005	Major Actions 2006	Major Actions 2007	Major Actions 2008

Intervention area 3 Facilitate Technical Response, Resource Networks, Collaboration and Coordination

Output 3.1 Enhanced coordination and sharing of technical information and resources in HIV and AIDS among Member States and partners through SADC

3.1.1 Establish a regional data base on HIV and AIDS policies, programs, best practices and resources developed and operational	Documentation of policies, programs and best practices in place by 2005, linked to monitoring and evaluation activities. Regional Database in place by 2006 Best practices identified and disseminated to MS	Facilitate the review of inputs to the database. Facilitate the development of the database	Provide input to the database	Funding and technical support	-	Review database inputs.	Support and monitor implementation of data base	→	Evaluating the database
3.1.2 Establish mechanism for exchange of both scientific and behavioural research results in the SADC region.	Establishment of research priorities within the SADC region Review of Research Networks concluded by 2005 Mechanisms for information sharing among researchers in place by 2006	Facilitate processes and formulate the framework for information sharing.	Provide information and Implement	Funding and technical support	-	Determine research priorities for SADC	Facilitate the review of research networks and of planned research in HIV & AIDS. Support information sharing	Monitor information sharing	Evaluation of the Information sharing mechanism
3.1.3 Networks of various technical areas established to facilitate information exchange, collaboration and coordination in the SADC Region, AU and global	Number of resources institutions providing technical support related to SADC business plan priorities Framework for networking and collaboration developed by 2006 Networking mechanisms in place by 2006	Facilitate the development of networks.	Participate in networking activities	Funding and technical support	-	-	Assess institutions providing support related to SADC Business Plan	Monitor implementation	Review implementation
3.1.4 Enhance policy dialogue within and across SADC sectors	Channels of information dissemination including a WEB site identified and developed by 2007	Facilitate information dissemination	Support information dissemination at country level	Provide technical and financial support	-	Conduct a rapid assessment of the most appropriate channels to use for policy related information dissemination	Compile and disseminate existing information	→	Review progress made



KEY TASKS (INTERVENTIONS) **KEY PERFORMANCE INDICATORS** **RESPONSIBILITIES** **TIME FRAME : Major actions in :**

		Sect	MS	ICPs	Major Actions 2005	Major Actions 2006	Major Actions 2007	Major Actions 2008	Major Actions 2009
Intervention area 3 Facilitate Technical Response, Resource Networks, Collaboration and Coordination									
Output 3.1 Enhanced collaboration (joint and complimentary implementation of programmes) in the response to HIV and AIDS and related diseases in SADC									
3.2.1	Develop regional guidelines for collaboration HIV and AIDS in SADC	Facilitate and coordinate	Contribute to process, adopt and implement	Funding and technical support	-	Review current collaboration practices in MS and harmonise	Develop and harmonise guidelines for collaboration in specific areas of the response	Support and monitor	
	Regional guidelines for all aspects of HIV and AIDS interventions developed by 2006		Participate in meetings	Participate		Establish data base of global and regional organisations with skills or working in specific areas of HIV and AIDS response	Establish partnerships and mechanisms for collaboration		
	70% MS implementing guidelines by 2008								
	All MS participate in at least one annual regional partner coordination meeting to review progress on implementation				Convene regional coordination & networking meetings				



KEY TASKS (INTERVENTIONS)	KEY PERFORMANCE INDICATORS	RESPONSIBILITIES		TIME FRAME : Major actions in :					
		Sect	MS	ICPs	Major Actions 2005	Major Actions 2006	Major Actions 2007	Major Actions 2008	Major Actions 2009
Intervention area 4 Facilitate Resource Mobilization for the Regional Multi-Sectoral Response									
Output 4.1 Funds to match the needs of the regional HIV and AIDS response secured									
4.1.1 Develop a Resource Mobilization Plan	Resource Mobilization strategy developed by 2004. Strategy implemented and adopted by 2005	Facilitate the development of the strategy and its implementation	Provide information and implement the strategy.	Provide technical input and resources	Develop the Resource Mobilization strategy	Adopt and implement the strategy	Monitor the implementation of the strategy	Monitor the implementation of the strategy	Evaluate the implementation of the strategy
4.1.2 Establish SADC HIV Trust Fund	Modalities and guidelines for the mobilisation and disbursement of funds for the Trust Fund completed by 2005. Framework for the Trust Fund completed by 2005. SADC Trust Fund in Place by 2006	Facilitate processes for conducting the feasibility study, developing the Framework and establishing the Fund	Provide information and funds	Provide information and funds	Conduct a Feasibility study on the establishment of a regional Fund on HIV and AIDS	Develop the framework and establish Trust Fund. Develop guidelines on how the funds will be mobilised and accessed by MS and other stakeholders	Support and monitor implementation of the Trust Fund	→	Review Implementation
4.1.3 Develop Project Proposals for Funding	Project Concept Notes completed by 2004. Projects Developed and adopted by 2005	Facilitate the development of PCN and the projects	Provide information	Provide technical support and resources	Develop PCN	Develop and adaptation of Projects	Support and monitor implementation of Projects	Support and monitor implementation of Projects	Review implementation of Projects
4.1.4 Establish and maintain a donor coordination (DC) forum	Framework for DC established by 2005. Coordination Framework adopted and implemented by 2005	Facilitate the development of a framework for coordination and its implementation.	Provide information.	Participate in the donor Forum	Development of a Framework for Coordination	Adoption and implementation of the Coordination Mechanism	Monitor coordination	Monitor coordination	Review coordination mechanism
4.1.5. Establish and maintain a partnership forum among key stakeholders for resource mobilisation e.g. ICPs, private and public sectors.	Partnership Forum established by the end of 2005.	Coordinate and facilitate the forum	Coordinate and facilitate the forum		Participate in the forum	Partnership Forum to strategise			

**KEY TASKS
(INTERVENTIONS)**

RESPONSIBILITIES

TIME FRAME : Major actions in :

KEY TASKS (INTERVENTIONS)	RESPONSIBILITIES	TIME FRAME : Major actions in :
		2005 2006 2007 2008 2009

Intervention area 5 Facilitate Monitoring and Evaluation of the Regional Multi-Sectoral Response

Output 5.1 Effective monitoring of the HIV and AIDS response in the SADC region

KEY TASKS (INTERVENTIONS)	RESPONSIBILITIES	TIME FRAME : Major actions in :						
		2005 2006 2007 2008 2009						
5.1.1 Develop and implement an M&E Plan for a Regional Multi-Sectoral Response.	Develop and manage plan	Major Actions 2005 -	Major Actions 2006 Develop the M&E Framework Plan	Major Actions 2007 Adopt and implement the Framework or Plan	Major Actions 2008 Monitor the implementation of the Framework or Plan	Major Actions 2009 Evaluate the implementation of the Framework or Plan		
5.1.2 Implementation of Maseru Declaration, Abuja declaration and UNGASS	Facilitate, support and monitor implementation	Provide information and respond to feedback.	Funding and technical support.	Major Actions 2005 -	Major Actions 2006 Develop the M&E Framework Plan	Major Actions 2007 Adopt and implement the Framework or Plan	Major Actions 2008 Monitor the implementation of the Framework or Plan	Major Actions 2009 Evaluate the implementation of the Framework or Plan
5.1.3 Monitor the implementation of existing SADC Code of Conduct on employment and HIV and AIDS	Facilitate the assessment of the Code and development of its tracking system	Provide information And implement the tracking system	Funding and technical support	Major Actions 2005 -	Major Actions 2006 Assessment completed and adopted	Major Actions 2007 Tracking system developed and implemented	Major Actions 2008 Monitoring	Major Actions 2009 Review
5.1.4 Establish an Information Management System for tracking the HIV and AIDS Response at SADC level.	Facilitate the development of a framework and its implementation.	Provide information. Establish MIS in countries non existent	Support	Major Actions 2005 Initiate Development of the MIS framework.	Major Actions 2006 Finalization of the Framework	Major Actions 2007 Adoption and implementation of the Framework	Major Actions 2008 Monitor the implementation of the framework	Major Actions 2009 Conduct an impact evaluation of the IMS at country and regional level.

