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United Nations Development Programme

HIV/AIDS

UNDERSTANDING AND ACTING ON CRITICAL ENABLERS AND DEVELOPMENT SYNERGIES FOR STRATEGIC INVESTMENTS

A. BACKGROUND AND PURPOSE

The AIDS response needs a people-centred investment approach so that returns are maximized. For the response, the returns are clear - zero new infections, zero discrimination and zero AIDS-related deaths. AIDS-related investments must be smart and produce results for people; results that matter – lives saved, keeping people from acquiring HIV infection, keeping people alive and keeping people and families healthy and productive (1). The Investment Framework is based on a compilation and analysis of evidence of interventions proven to reduce HIV risk, transmission, morbidity and mortality and models the investments required globally between 2011 and 2020 to reverse the HIV epidemic (2). The Framework describes key elements of HIV responses in three categories – “basic programme activities”, “critical enablers” and “synergies with development sectors” – to help countries and implementation partners focus and prioritize their efforts to achieve targets of the 2011 United Nations Political Declaration on HIV and AIDS (3). Strategic investments posit a human rights-based approach in which all the activities and programmes are delivered in a manner that is “universal, equitable and ensures inclusion, participation and informed consent and accountability” (1, 2).

Gender Equality, Human Rights and the Investment Framework:

Human rights and gender equality are essential considerations across the Investment Framework. Each basic programme activity has gender and rights dimensions that must be understood and incorporated into design and delivery. At the same time, certain kinds of focused action on gender equality and on human rights are ‘critical enablers’ for the HIV response. Other kinds of work on rights and gender contribute to many outcomes, including some related to HIV: they are ‘development synergies’. This paper does not focus on the overall gender or rights dimensions of the Investment Framework; instead, it discusses how these principles fit into the specific ideas of enablers and synergies.

UNAIDS will produce separate discussion and guidance materials on gender and rights dimensions of the Investment Framework and implementation of investment thinking.



Key Messages: Critical enablers and development synergies:

- are those programmes necessary to enable the efficacy, equity and roll-out of basic programme activities
- encourage sustainability of AIDS responses through integration into broader health and non-health sectors
- are determined and prioritized by country contexts, like basic programme activities
- support the human rights and empowerment of people affected
- require mechanisms for multi-sectoral financing and governance

UNAIDS Cosponsors and the Secretariat have prepared this document focused on critical enablers and development synergies as an additional component to existing guidance. The purpose of this document is two-fold: (1) to elaborate on the concepts of critical enablers and development synergies and (2) to demonstrate why and how they are necessary components of national AIDS responses. The audience is broad and includes, but is not limited to: planners and implementers of basic programme activities and critical enablers; development sectors (including government and civil society partners within and outside of health sector) who wish to understand how their core business can affect HIV outcomes; and international and national financing institutions that invest in HIV, health and/or development.

This document is organized around two themes:

- defining critical enablers and development synergies: why they matter and how they interact for HIV outcomes; and
- implications for financing and governance.

B. DEFINING CRITICAL ENABLERS AND DEVELOPMENT SYNERGIES

Proposals for a more strategic approaches for resourcing the HIV response to ensure that better investments now will reduce the need to pay more later (1, 2). The Framework proposes three categories of investment: basic programme activities, critical enablers and synergies with development actors.



Basic programme activities are generally well understood. Together with enablers and synergies they are the core building blocks of national AIDS responses. It is important to highlight that different basic programme activities overlap with each other. The Investment Framework defines behaviour change as mainly directed towards reducing multiple, concurrent and age-disparate partnerships, but the awareness and norm-changing also drives condom use as well as treatment uptake and adherence and the use of other biomedical services. Programming with key populations at higher risk of HIV infection includes work with key populations as leaders and political actors, key populations as drivers of behaviour change and key populations as beneficiaries of treatment. As a package, “basic programme activities” require both biomedical action and action outside the health sector.

The Framework emphasizes the importance of critical enablers and development synergies as integral components of AIDS responses that are prerequisites for the success of basic programme activities. Although enablers and synergies are crucial for HIV outcomes, they are often less well understood, and how they apply in different contexts is less clearly articulated. The Investment Framework offers the following definitions as a starting-point:

- **Critical enablers** are “activities that are necessary to support the effectiveness and efficiency’ of basic programme activities” (1).^{*} The Investment Framework divides critical enablers into two subcomponents: social enablers and programme enablers.
- **Development synergies** are “investments in other sectors that can have a positive effect on HIV outcomes” (1). The Framework identifies a few key development sectors that present opportunities for synergies in multiple contexts: social protection, education, legal reform, gender equality, poverty reduction, gender-based violence, health systems (including treatment for sexually transmitted infections and blood safety), community systems and employment practices.

There is some overlap between these two concepts. The distinction is largely based on how closely linked they are to basic programme activities and, ultimately, HIV outcomes (Fig. 1).

Critical enablers tend to be more HIV-specific. One of their primary purposes is to contribute to HIV-related outcomes. That means critical enabler programmes should be primarily assessed in terms of their effectiveness in increasing the uptake, equitable coverage, rights-based delivery and quality of basic programme activities. Critical enablers overcome major barriers to service uptake, including social exclusion, marginalization, criminalization, stigma and inequity. Critical enablers are crucial to the success of HIV programmes in all epidemic contexts. Although local actors are often best placed to determine where the most important barriers and bottlenecks to programme success lie and therefore how critical enablers can be implemented to best effect, the underlying principles apply globally. Research for better prevention tools can and should have global relevance and benefit. Stigma needs to be reduced everywhere, and human rights principles are universal.

Development synergies, on the other hand, are less HIV-specific. They tend to have a broader range of impacts across health and development sectors. Although development synergies can have a profound impact on HIV outcomes, their reason for being is not typically for HIV. Maximizing the HIV-related benefits and minimizing the HIV-related harm of development synergies would make them HIV-sensitive. Unlike critical enablers, the most relevant development synergies for HIV will vary according

^{*} The Investment Framework identifies six categories of basic programme activities: preventing the mother-to-child transmission of HIV; condom promotion and distribution; treatment, care and support for people living with HIV (including facility-based testing); male circumcision; behaviour change programmes; and activities integrating key populations at higher risk, especially sex workers and their clients, men who have sex with men, transgender people and people who inject drugs.

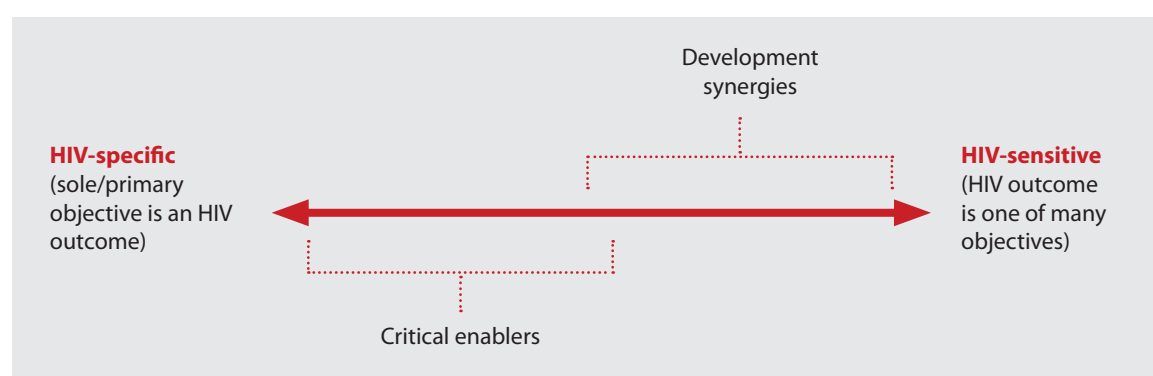


to epidemic and social contexts. For example, most changes to Canada's social welfare system would likely have relatively little impact on that country's epidemic, while increased social protection for girls and young women in Malawi might be very influential at reducing the number of people newly infected with HIV.

A broad category of activities can have elements that are enablers and others that are synergies. Legal policies and reforms, gender equality and social protection provide three examples.

- The legal reforms that are significantly associated with HIV (such as decriminalizing HIV transmission, removing laws that are barriers to the uptake of HIV services, such as in the context of sex work; and decriminalizing sex between men) are critical enablers. Broader law reforms that primarily contribute to other outcomes but also may also influence HIV epidemics are development synergies, such as strengthening national human rights systems, gender equality legislation mandating equal pay for work of equal value.
- Gender equality programming can be specifically designed and targeted with HIV prevention as a primary goal and thus be seen as a critical enabler, such as the work of Yaari Dosti and GEMS (Gender Equality Movement in Schools) with men and boys to change gender norms and bring about greater condom use.* In contrast, national efforts to strengthen responses to gender-based violence can be seen as a development synergy: very important for HIV responses but primarily relevant in and of itself as a human rights and public health issue.
- Most social protection policies and programmes offer the possibility of development synergies, reducing inequalities and therefore indirectly reducing vulnerability to HIV. In contrast, cash, food, transport allowances and other transfers associated with the uptake of HIV services can also operate as critical enablers.

Fig. 1. Clarifying the difference between critical enablers and development synergies



* Use in relation to Program H (4), a community-education and social marketing campaign originally developed in Brazil to promote gender-equitable attitudes and action among young men. The programme has since been expanded to India, the United Republic of Tanzania, Croatia, Viet Nam and other countries in Central America. The One Man Can campaign (5) is a multifaceted, multisectoral, multimodal mass media and community mobilization campaign by Sonke Gender Justice in South Africa. One Man Can supports men and boys to take action to end domestic and sexual violence, reduce the spread and impact of HIV and AIDS and promote healthy and equitable relationships. The campaign's content and strategies are based on extensive formative research, including focus groups, field testing, surveys and dialogue with women's rights organizations.



The example of the education sector is pertinent here also. Education attainment is a synergy, as it results in many positive outcomes, including an important protective factor in HIV prevention, particularly for girls. In addition, through HIV and comprehensive sexuality education, learners acquire knowledge and develop skills for healthy decision-making and healthy sexuality. These skills are also integral to overcoming social stigma and promoting human rights and positive gender norms. The role of HIV and comprehensive sexuality education as a critical enabler for basic programme activities is a more limited one of ensuring that the necessary factual knowledge and attitudinal preconditions are met in populations to enable biomedical, behavioural and structural interventions to be effective and sustainable.

Programming for sexual and reproductive health may incorporate both critical enablers and development synergies, depending on the epidemic context and the structure of the services. For example, sexual and reproductive health services for people living with HIV are an essential aspect of treatment, care and support and are therefore a critical (programme) enabler. More general links between sexual and reproductive health and HIV policies, programmes and services comprise a development synergy that can yield significant benefits to sexual and reproductive health as well as HIV prevention, treatment, care and support.



C. CRITICAL ENABLERS AND DEVELOPMENT SYNERGIES: WHY THEY MATTER AND HOW THEY INTERACT

Critical enablers and development synergies are essential in national AIDS responses for five main reasons. They:

- support and increase the effectiveness, efficiency, equity and reach of basic programme activities;
- can act directly to reduce (or exacerbate) risk to HIV;
- can help to protect and promote human rights and human rights principles: participation, accountability, inclusion, non-discrimination and informed consent;
- can result in a multitude of positive development and health outcomes across the Millennium Development Goals; and
- encourage the sustainability of national AIDS responses.

First, basic programme activities are most effective – or indeed only possible in some cases – when the broader human rights and development environment, through enablers and synergies, is supportive. Progressive political leadership, an educated population, protective legal and policy frameworks and law enforcement, gender equality and equitable social norms are a few of the many possible examples. Full alignment with the greater involvement of people living with HIV (GIPA) principle within and across the Framework is also an imperative: that is, a principle equally applicable to programme activities, critical enablers and development synergies.

Critical enablers and development synergies can also open up the space for introducing programme activities, drive efficiency and ensure that the people who are most severely affected and most vulnerable have their needs addressed. For example, the costs of antiretroviral therapy can be reduced significantly when countries fully leverage existing intellectual property flexibilities within existing trade regimes. Moreover, broader development programmes can be opportunities for basic programme activities, potentially expanding reach and reducing costs. Promising approaches include integrating HIV prevention and gender empowerment into microfinance programmes and into environmental impact assessment for large capital projects. Social protection instruments that increase household incomes can result in increased access to a range of health and HIV services.

Second, critical enablers and development synergies matter because, in some cases, they can operate to reduce the risk of HIV. The Investment Framework alludes to this mechanism of action in mentioning “local responses to change risk environments” (1). Examples of such local responses that address context-specific HIV risk would include, among others, working with local stakeholders to change policies on harmful alcohol use (such as restricting the operating hours of beer halls and working with bar owners to limit harmful alcohol use), poverty reduction programmes to reduce food insecurity or initiatives to change cultural norms related to widow inheritance. A recent cash transfer study in Zomba, Malawi showed that cash transfers to adolescent girls led to a 60% reduction in HIV risk after 18 months (case study 1). The mechanism of action was neither increased HIV knowledge nor increased use of condoms but rather that receiving the cash enabled the girls to change their sexual partners from older men to younger men, who are less likely to have HIV. Although many of these examples are about “behaviour change” broadly defined, the key point is that they target transformation



in the environment rather than individual HIV-related behaviour directly. Understanding the causal pathways and how they influence the structural determinants of behaviour is key to making the most of development synergies in the response to HIV. Such transformations in the socioeconomic environment, using critical enablers and development synergies, can be crucial complements to conventional behaviour change programmes aimed at individuals. Indeed, they can make a critical difference in shaping HIV-related risk behaviour (case study 2).

The specific critical enablers and development synergies that are most relevant for supporting basic programme activities will depend on several factors, including the basic programme activities in question, type of epidemic, existing law and policy frameworks and the political context. The respect and protection of human rights is an a priori enabler. It is also important to “know your epidemic” and to consider the key structural factors that contribute to HIV vulnerability and risk so that they can be applied to have greatest impact. For example, in concentrated epidemics in which injecting drug use is a key driver of people acquiring HIV infection, gender-based violence as it affects women who use drugs and the female partners of men who use drugs may be a significant factor in people acquiring HIV infection and should be addressed through a basic programme activity for key populations at higher risk, whereas population-wide programmes to address gender-based violence may be less relevant to HIV goals.

Case study 1. Cash transfers reduce girls’ risk of acquiring HIV infection – evidence from a randomized controlled trial in Zomba, Malawi

Cash transfers have been used in many countries, especially in Latin America, to provide cash to low-income households in exchange for active participation in educational and health care services. In 2007, 29 low- and medium-income countries had some form of conditional cash transfer in place. Although growing evidence suggests that even small financial incentives can influence the uptake of services and health behaviour, to date this approach has not been commonly considered in HIV prevention.

A recent randomized control trial in Zomba, Malawi, that linked a cash transfer to girls’ school attendance showed an approximately 61% reduction in HIV risk after 18 months among girls receiving the transfer. The girls also experienced an increase of approximately 62% in school attendance. The positive effects observed applied both where the cash was conditional on school

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