



Report on Wilton Park Conference WPS05/30

**STRENGTHENING NATIONAL RESPONSES TO
CHILDREN AFFECTED BY HIV/AIDS:
WHAT IS THE ROLE OF THE STATE AND SOCIAL WELFARE IN AFRICA?
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1. Introduction

There is increasing recognition within the international community of the need to address social protection and social welfare assistance in support of children affected by HIV/AIDS and other vulnerable children throughout Africa.

HIV and AIDS has been a feature of global society for less than one generation. The social and economic impacts of the virus and the disease it causes have been unprecedented in density and scale with the majority of people who are infected by HIV living in low income countries. According to UNAIDS figures, two-thirds of all people living with HIV globally, some 25.8 million, reside in sub-Saharan Africa. In 2005, an estimated 3.2 million people in the region became newly infected, while 2.4 million died of AIDS.

Recent developments in medical treatment in the context of well-resourced health systems and in countries where infection levels are low have changed the prognosis for those who have developed AIDS. AIDS is increasingly seen as a chronic disease. The situation in resource-poor settings is particularly distressing. Overstretched health systems, limited access to the supplementary treatments and improved nutrition which can extend the life of those infected and the currently restricted availability of Anti-Retrovirals (ARVs) mean that HIV remains a threat to the lives and livelihoods of millions of people.

The social epidemiology of the disease in many countries indicates that young adults in their prime have the highest risk of contracting the disease. Globally, recent evidence suggests that women's risk of contracting the virus exceeds that of men. Patterns of infection vary between countries and social groups, and according to the stage of the epidemic. HIV in Africa has disproportionately affected young people and, increasingly, women and girls. According to the World Bank's World Development Indicators (2005), 6000 young people aged between 15 and 24 are newly infected every day.

The social and economic impacts of HIV and AIDS extend beyond those who have contracted the virus. The epidemic has an incapacitating effect on the productive

sectors, reduces the number of skilled personnel in key public services such as education and health and impacts negatively on agricultural production. Many rural families have lost the financial support of remittances from urban kin and bear the additional burden as those affected by the illness return to their home areas for support. Furthermore HIV and AIDS impose long term obligations on many families who must assume responsibility for the care and support of children whose parents have succumbed to the disease.

In high mortality environments where up to 12% of children have already lost at least one parent, where around one third of children under 5 are malnourished and where some 320 million people live in extreme poverty, the social and economic consequences of HIV and AIDS are devastating.

The global response to the AIDS epidemic has changed dramatically in the last decade. In 1996, the global community committed an estimated US\$300 million. This figure has increased to an estimated more than US\$8 billion in 2005. Overall there has been a significant shift in political thinking: the issue of HIV/AIDS is now addressed regularly in global meetings and national responses, in particular within the health sector.

In spite of this, it is evident that the current response lacks an overall coherence, is fragmented and is over-reliant on existing social safety nets, usually family and community structures. Statistics on children who are directly affected vary and comparative data collection is rendered less valuable by the differing definitions across countries and agencies. For instance, the estimates of double-orphanhood range from between 10-17% in high impact regions of highly impacted countries. There is a growing recognition that increasingly all children in highly impacted communities are affected by HIV and AIDS.

In this context, the scale of the epidemic and its consequences prompt an urgent re-think of the way in which the international community and states respond to the pandemic. There is a need to consider current social welfare support and evaluate if it is meeting the needs of those who are most affected, in particular children affected by HIV/AIDS and the households and extended families who are caring for them.

2. Facing the Challenges

The Netherlands is an example of a donor state which, in addition to doubling its financial contribution, in 2004 updated its policy and committed to a three pillar strategy of better coordination, strengthening the capacity of most affected countries and mainstreaming children in their response.

The situation of children affected by AIDS is critical and there are important dilemmas to face: an increasing consensus in the international community is needed to overcome some of the barriers to an effective response. In particular:

- Relationships between sectors such as social welfare and community development must be strengthened and encompass those which work with children and families.
- Governments, multilateral agencies, donor partners and NGOs may work effectively but can be fragmented. The approach needs to be more strategic and opportunities should be used to build social assistance programmes for all children.
- Nations need a clear framework and strong national leadership with robust systems and accountability both to donors and to their citizens
- It should be recognised at a political and donor level that it will take time to put in place effective long-term strategies.
- There is a lack of institutional capacity in many developing nation governments, including social welfare sectors.
- Many pilot programmes founder due to the lack of evidence of their effectiveness. Budget provision for evaluation is required.

3. Social Welfare Provisions

Social welfare provision is considered as a key instrument in supporting children affected by HIV and AIDS and access to it should be seen as a fundamental and universal human right as embodied in international conventions.

Yet, in the developing world, very few countries have comprehensive social welfare systems and there is a reliance on families and communities to provide safety nets.

The network of grass-roots support is vast and largely unrecognised and communities continue to absorb the impact in areas of extreme deprivation. However, it is estimated fewer than 5% of affected families and children receive any external support from public agencies, civil society and faith-based organisations. The majority depend on transfers and support from family and neighbours. It is recognised that emergency responses from governments and non-governmental and faith-based organisations are important sources of support to regions in crisis.

At the international level, the orthodox economic strategy, driven by multinational organisations and bilateral donors, is that of debt cancellation and changed trade policies for developing nations. There is some question whether these policies are the most effective way of reaching the poorest and most vulnerable.

In contrast to developing nations, the rich countries of the North have a long history of welfare systems including redistribution and transfer mechanisms. In some countries up to 20% of GDP is expended on social welfare (Sweden, UK, and Germany), while the poorest nations (Ethiopia, Kenya, and Mauritania) direct less than 1% of GDP to social welfare. Countries such as Brazil and South Africa have developed and implemented some effective welfare programmes and, whilst it was agreed that it is unfeasible simply to replicate existing systems, they provide useful models for lower income countries.

Experience has shown that successful social welfare programmes need to be comprehensive, inclusive and designed to meet the needs of the most vulnerable citizens. They should also limit the risk of long-term dependency. Pension schemes have been set up in Namibia in 1995, in Botswana in 1997, and in Lesotho in 2004. However these schemes are seen to be most effective as part of a wider social security strategy that provides support for those who do not qualify for the pensions safety net.

The wider provision of unconditional cash transfers should be considered as a possible option: there are a number of pilot projects where orphaned and vulnerable children are benefiting from these. In some cases the direct and indirect benefits of social welfare assistance have been well documented and include increasing school

attendance and the potential to generate economic growth. The systems that implement cash transfer schemes should be national and accountable and move beyond a charity model to social welfare assistance as a right.

National social welfare programmes require resources, administrative capacity, and political will. One barrier to a nationally owned social welfare system is the lack of a tax base in many countries. For example in Uganda, 200,000 taxpayers are paying for 11 million people. It was noted in Kenya the tax revenue doubled in a year in part because people saw tangible outcomes, for example the reduction of street families and higher school attendance after national policy eliminated fees for primary education.

The key to developing effective social support frameworks is to build strong partnerships between civil society, states and international partners. In particular, donors need to be flexible in supporting long-term, sustainable systems that will survive political change. But it also requires sound and strategic social policy and the recognition that social outcomes are valid ends in themselves. Such perspectives have tended to be underplayed in recent policy drives to promote economic growth. There is increasing evidence growth frameworks do not in themselves reduce poverty and inequality nor promote the inclusion of vulnerable groups.

South Africa, for example, has adapted its social policy framework and spending to meet the challenge of HIV and AIDS. Successful civil society lobbying, based on constitutional rights, resulted in the increase in public support for social assistance programmes. In 2000 only 10% of the public was in favour of social welfare assistance: this rose to 50% support in 2004. Since implementation, the uptake of the Child Support Grant has increased and the assessment and payment mechanisms have been improved, as illustrated by a narrowing in the poverty gap. However, some difficulties remain and the take-up-rate for orphans is lower than non-orphans.

African countries, multilateral agencies and bilateral donor nations should view social transfers as an investment. Social transfers are developmental and South Africa's

experience demonstrates this. Households that receive grants spend most of their resources on health, education, and transport; and spend less than other households on so-called “sin” items. Girls in these households are more likely to go to school. Social welfare assistance must be viewed as a public good.

India was cited as a strong example of a relatively poor country that has nonetheless invested in social welfare schemes as a priority in accordance with the national constitution. Policy-makers take a life cycle approach. This “womb to tomb” approach includes programmes for pregnant women, children (e.g. compulsory immunisation and education, mid-day meals), and adults (e.g. employment guarantees, food for work, public hospitals, unemployment assistance, old-age pensions). The majority of the programmes are means tested which does create competition for limited resources. Additional challenges include sustainability, corruption, and regional variations leading to varying success states across states.

Tanzania has a strong social welfare orientation led by the public sector, with programmes including free access to limited primary healthcare and to basic education. In spite of this poverty levels were still rising which led to a national re-examination of the systems and models from the 1980s to 1990s. The key questions addressed were: how do we ensure access and sustainability?; what are appropriate government reforms?; what are appropriate social welfare policies? One intervention arising from the 2000 National Strategy is the World Bank supported Tanzania Social Action Fund, which identifies and delivers benefits to vulnerable communities. This programme has emphasised community participation, transparency, and non-partisanship. The lessons from Tanzania’s experience are that solutions must include partnerships, systems must be strengthened, stakeholders must be involved at all levels, and a consultative process is essential. However, the limitations of social funds to deliver concrete social outcomes for vulnerable members of society are recognized. Tanzania is developing a social protection strategy but currently lacks any system of universal entitlements to social benefits, such as, for example child grants or social pensions.

4 Visions for Africa: Future Opportunities and Challenges

The social welfare debate should be seen in the context of economic, social and cultural rights and not be viewed solely as a matter of political will or of resources. The role of the Africa Union (AU) is to provide policy harmonisation and advocacy for member nations. The response to children affected by AIDS is currently hampered by fragmented policies that, whilst focusing on the immediate problem, do not encompass the wider impact on communities. Social protection needs to be institutionalised and scaled-up and this can only be attained through effective leadership, human resources, and coordination with donors.

Many social programmes operating in Southern Africa are uncoordinated and fragmented and a more systematic approach can render efficiency gains and allow for better policy making. An example of co-ordination principles is provided by the 'Three Ones' where there is one framework, one monitoring mechanism, and one reporting system to encompass AIDS policies and programmes.

The AU has developed a draft framework for integrated social policies with the objective of achieving sustainable social development by addressing structural causes of poverty and unemployment and developing a strategy framework to harmonise policies. Key pillars of the framework include social welfare assistance, infrastructure, community participation, health, education, labour markets, gender equity, peace and security, and equitable redistribution of income. This strategy requires the mobilisation of national and international programmes. While partnerships are critical, it is important that they do detract from the fundamental role of the state. In addition, governments and multilateral agencies must begin to discuss the social impact of policies rather than just the economic impact, and the AU can help move this discussion forward.

Some of the challenges to supporting children affected by AIDS are exemplified in Namibia, which is a lower middle-income country with high inequality and serious poverty. Namibia faces the triple threat of AIDS, deepening food insecurity, and erosion of capacity at many levels. In 2005, 38% of households were living in poverty, 9% in extreme poverty, 22% of pregnant women were HIV positive and

orphans accounted for 10% of the population. To address these problems, the government has put in place a number of measures such as an old-age pension scheme and foster parent grants, which are accessed through the court system. In addition, the Namibian government adopted a series of policies in Vision 2030, which stresses poverty reduction strategies and efforts towards sustained economic and employment growth and the reduction of inequality. Continuing challenges include the difficulties of registration of children and the fact that many of those who are eligible do not receive services due to lack of knowledge, geographical exclusion, stigma associated with programmes, and the limited capacity of the system. In 2003, the Orphan's Fund garnered \$10 million, but the fragmentation of the social welfare system meant that there were limitations in its management.

Throughout the country there are many policies in place but the lack of coordination and insufficient capacity are major obstacles to implementation. There may be more effective ways to pool resources across ministries which would avoid duplication and fragmentation.

There were different views about the use of social welfare assistance. There were debates about the relative merits of targeted or universal programmes; the focus of policies on people affected by AIDS or all vulnerable people and the spectrum of need including orphans, children affected by AIDS and vulnerable children in the broadest definition. These issues can all be debated on a political and programmatic level but ultimately decisions should be considered in country and based on the national context. However participants acknowledged the importance of a rights based framework which acknowledged the obligations of states to protecting the rights and ensuring the support of all children, and that this implied a commitment to inclusiveness and universality.

The AIDS epidemic is now at crisis point with many households completely overwhelmed. There is an urgent need for institutional reform and legal change in order to move social protection and social welfare assistance policies forward.

To date, there is no systematic review of social protection in Africa. However UN partners recently completed a study on social protection for southern and eastern

Africa. The review focuses on cash transfers to households, how to get and keep children in school, and public works. Highlights from the report include the following:

- Cash transfers work and are used appropriately with little evidence of misuse or abuse. However, ineffective links with other programmes did mean that money for orphans was sometimes used to purchase anti-retroviral (AVR) drugs. It would have been more effective to link to a low cost drugs programme.
- The education review identified a large number of linked opportunities, such as bursaries, cash transfers for school fees, and the importance of countries having adopted universal primary education. However responses are still insufficient, given the costs of uniforms, books, fees etc. A cash component might strengthen programmes.
- There is a rapidly growing demand for social welfare assistance and cash transfers.
- The families who were benefiting from social welfare assistance were already dependent rather than creating additional dependency.
- Monitoring and evaluation is very weak, making it difficult to carry out cost effectiveness analyses.

There is a real opportunity with the growing momentum in the global response to AIDS and this could lead to effective long-term social welfare strategies building on the best of existing systems. Providing effective support for children and families is possible through collective action and the mobilisation of donors and stakeholders. A key concept for macro social policy is that welfare is part of growth. Leadership from the AU is needed to take this idea forward so that responses can be institutionalised.

A key consideration for developing nations is how to develop social welfare policies and systems from existing mechanisms, as there are huge resource implications in setting up completely new systems. A holistic approach is critical. A support system must meet children's basic needs, which include food, healthcare, medicine, shelter, clothing, schooling and protection from harm. A rights-based framework should be used. Nations should also look at experiences from other nations.

The roles of stakeholders must be clearly defined and this will require an examination of the roles of civil society and government and an agreement about who leads. At the international level, there needs to be a further examination of the role of UN agencies.

There are many challenges to moving forward a social welfare agenda and these include:

- The need for stakeholders to build and strengthen state capacity in an environment where most governments have yet to develop clear policy frameworks;
- The need to build, institutionalise and sustain social welfare systems and develop accountability mechanisms in African nations where there are serious resource limitations, both human and financial;
- The need to challenge mindsets to ensure that children's issues are mainstreamed and prioritised, including within existing development instruments;
- The need to build support for social welfare when there are anecdotal reports of welfare abuse;
- The need to engage the International Monetary Fund and the World Bank with the concept of social welfare as a development tool;
- As in the health sector, a major obstacle is the issue of human resources.

There was discussion about specific strategies that should be further explored at a political level. These could include increased participation from Ministries of Finance, raising the stakes on the rights-based agenda to promote child welfare and the provision of direct benefits to children, empowering politicians to speak about key issues such as AIDS, ensuring that the social protection mandate incorporates strong advocacy for children and greater interaction between governments, donors, NGOs, bilateral governments, civil society and families who are most affected. The arguments for social welfare systems need to be made in a compelling way in order to bring these stakeholders on board.

5. Support For Low Income Countries

There is much to be learned from an examination of the global expansion of health systems and the way in which these lessons can be applied to the development of social welfare. This would include a review of capacity including financial and human resources.

In the context of overseas development assistance (ODA) it was noted that global aid for health is on the rise: this increase can be largely attributed to an upsurge in funding for AIDS and HIV. It is currently at approximately US\$5.3 billion or \$2.50 per child with an expectation that it will increase by 10% globally and 50% in Africa. Although increases are still modest, this is a reversal in the previous downward trend in ODA. However, nations need to better manage these anticipated increases in order to get the best returns.

The Joint Learning Initiative at Harvard University has reviewed global health systems and human resources and is now planning an assessment of social welfare sectors. In general terms, developing nations must spend roughly 5% of GDP on health programmes. By comparison social welfare sectors generally operate at an estimated 0.5% to 2% of GDP, and this is unlikely to rise above 5%, with most nations aiming for a target of 2%. Throughout Africa, Ministries of Finance are cautious about the growth of the public sector without guarantees of predictability.

The health sector is comparatively well resourced compared with the social welfare sector, which has even fewer trained professional social workers. The social policy crisis in Africa is a consequence of a number of factors beyond the AIDS epidemic. The higher education syllabus in Africa does not usually include promotion of the social policy agenda and this should be addressed.

There are concerns that the international community may not sustain the commitment. For example, there are no assurances that the Global Fund will be renewed beyond its current remit. It is difficult for countries to commit to systems and work forces without the certainty of long-term investment.

International commitments should be fulfilled. The Millennium Development Goals, which include the eradication of extreme poverty and hunger and the reduction of child mortality, are important commitments of member countries. Similarly the UNGASS resolutions and G8 commitments are positive steps and must now be backed by the release of funds to low income countries and so money can percolate to where it is most needed at a community level. National governments would be responsible for ensuring effective co-ordination as well as transparent reporting and monitoring through agreed procedures.

6. Summary

HIV and AIDS is described as a lens through which to look at child poverty. Different countries will require different responses, but there is a need for stakeholders to agree to an overarching framework for social welfare and social protection. ¹

An 'effective' state has some productive capacity, a civil service, and provides health, education, and a social security system. In OECD countries, spending on social security for the poorest and most vulnerable is recognised as fundamental to poverty reduction.

Social movements in Namibia and South Africa spurred the development some of the most effective systems in the region. Social security should be seen as an investment in a transformative agenda. People who cannot work should be supported through the state.

The lack of adequate funding is as a major barrier to effective social welfare and this issue needs to be put firmly on the political agenda. There needs to be a robust examination of costs to convince international partners that social funds are cost effective and appropriate.

¹ The purpose of Wilton Park discussions is not to reach definitive conclusions, nor to issue consensus statements on behalf of participants. Rather the goal is to encourage thoughtful reflection amongst participants who might not otherwise have the opportunity to exchange information and share their views on critical issues over which they may have some influence due to the positions they hold. Nonetheless, it is possible to identify some general patterns in the discussion that are indicative of views that were collectively shared by many if not all participants.

It was noted that any increase in the implementation of major social welfare systems forward must be backed with better data: this will be critical in driving the advocacy process. The Framework for Orphaned and Vulnerable Children 2004 was cited as a useful blueprint used to inform the development of national action plans through five main strategies and the provision of guiding principles.

It was agreed that national social welfare assistance is cost effective and should be affordable. For example, universal old-age pension for everyone over 65 in Tanzania would be 3.7% of government expenditure or 0.8% of GDP. There should be an examination of creative initiatives to generate sustainable, regular and predictable funding and such schemes should receive political backing. Existing programmes should be reviewed in order to avoid duplication and fragmentation.

Efforts to build social welfare systems must move upstream and occur at all levels. This would involve challenges to some of the existing doctrines about the effective use of international assistance in order to place social security more firmly on the development agenda. Organisations such as UNICEF should continue to take an active role and should ensure that it has the appropriate resources to do this. Across the board, we must increase our competency in the debate in order to move the social welfare agenda forward.

In the wider social protection debate we must not lose sight of the specific needs of children affected by HIV and AIDS. There are tensions between the need to explore the role of the state and social welfare in Africa in the longer term in order to strengthen national responses and the pressing need to respond now to the immediate crisis.

Some of the general barriers that prevent effective social welfare protection include the lack of political will on the part of the international community; resources that are spent in fragmented and therefore inefficient ways; weak institutions; diffused and uncoordinated programmes; outdated legal frameworks and procedures; nations that are depleted of work forces by both migration movements and high mortality rates; the lack of technical solutions, which are further compounded by human resource shortages.

These barriers can be overcome if there is a unified approach to programmes developed from consensus on the concept of universal social protection and a commitment to social welfare support as a right.

Political will is re-enforced by an empowered citizenry and governments can be held accountable through their national constitutions and through their commitment to international conventions and other binding instruments.

Investment should focus on reforming existing systems rather than building new ones.

Nation states must be strengthened so that they are able to provide support rather than it being delivered through parallel funding structures. There has been a failure to invest in institutions in Africa and this must be addressed as a matter of urgency.

There are real opportunities to capitalise on the political momentum around children and HIV and AIDS which could expand the agenda to wider social protection systems. In support of this, academic institutions should continue to support data collection, undertake research and dissemination of evidence.

There are existing models in Latin America and Central Europe that can be used to inform the understanding of the complex dynamic between state, communities and political institutions. There are also many practical questions yet to be addressed about levels of funding needed for social welfare ministries, the feasibility of a universal child grant and the minimum level for rights fulfillment.

7. Conclusions

- There is a need for strategic responses
- Children are not central to policy objectives
- A sectoral approach is too limited
- Aid instruments should be re-designed
- Donor agencies organise their work sectorally

- Political will is essential
- Social funds are not a replacement for social policy
- Capacity is not about people only but about building the right institutions which are fit for purpose in the longer term
- Policy must start from the question of what outcomes we want and for whom and then design instruments and institutions accordingly
- Support to civil society may have resulted in the re-direction of valuable resources away from where they would be of most benefit
- The challenge is to turn commitments into action
- There needs to be a move, as a community, from rights to resources
- More direct policies are the key to better outcomes, for example, not relying solely on economic growth and trickle down.
- Social policy is rarely budgeted for
- Social impacts are ends in themselves
- There is a need to move social policy upstream.
- Harmonised social policy is not simply about aligning sectors.
- Investments need to be made in the right places and this matters more than the size of the investment.
- Fragmentation may have substantial costs

There are many issues to be resolved. UNICEF had been given a clear steer of areas that needed attention in order to move the agenda forward. Some of this work was already underway. The outcomes of the conference will support existing dialogue between UNICEF and other stakeholders about social policy issues and how to best support governments in Africa, and the critical work of the AU.

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28 February 2006

This report should be read in conjunction with the Background Paper for the Wilton Park UNICEF Conference 'Strengthening National Responses to Children Affected by

HIV/AIDS: What is the Role of the State and Social Welfare in Africa?' prepared for UNICEF by Maia Green, Senior Lecturer in Social Anthropology, University of Manchester.

This report was based on notes by Dr. Candace Miller, Department of Society, Human Development and Health, Harvard School of Public Health, January 2006

Wilton Park Reports are brief summaries of the main points and conclusions of a conference. The reports reflect rapporteurs' personal interpretations of the proceedings – as such they do not constitute any institutional policy of Wilton Park nor do they necessarily represent the views of rapporteurs.