Understanding the link between Development Planning and HIV/AIDS in sub-Saharan Africa

Acknowledgements

Preface

To continue facilitating policy dialogue and research, the Regional Project commissioned this concept paper on development planning and HIV/AIDS in sub-Saharan Africa. This is the second concept paper in a series that are going to be produced over time, examining the various aspects of development and its linkage to HIV in the region. There are two reasons why we felt that the typology of development planning and its link to HIV/AIDS should be explored. Firstly, it is our understanding that the current patterns of HIV in sub-Saharan Africa may actually be a reflection of development practice gone wrong. If we start from that particular premise, we need to arrive at an understanding of how development planning, over time, has facilitated or inhibited national responses to HIV/AIDS in sub-Saharan Africa. Secondly, our current understanding of the impact of AIDS on society is systemic in nature. This being the case, the most appropriate response is to bring HIV/AIDS issues to the centre of the development agenda. For this to happen we need to understand how the various development planning systems have evolved over time, and therefore what would be required to be changed at conceptual and operational level for us to bring HIV/AIDS related issues to the centre of the development agenda in sub-Saharan Africa. From an operational perspective we are hoping that this concept paper and the case studies that are currently underway will provide us with answers to the following questions:

Firstly, what aspects of development planning have facilitated the spread of HIV in the region? And therefore what policies, strategies and actions should we put in place to minimize the effects?

Secondly, what aspects of development planning have inhibited the spread of HIV in the region? And therefore what policies, strategies and actions should we put in place to encourage these effects?

Thirdly, what is the impact of AIDS-related illnesses on development planning? And therefore what policies, strategies and actions should we put in place to minimize these impacts?

Fourthly, what is the impact of AIDS related deaths on development planning? And therefore what policies, strategies and actions should we put in place to minimize these impacts? Responding to these questions will provide an operational framework to translate the recommendations from the studies carried out. It will also facilitate the development of methods and tools of mainstreaming HIV/AIDS into development planning systems.

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Contents

List of tables, graphs and boxes

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARVs	Anti-Retroviral Drugs
GDP	Gross Domestic Product
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
IFIs	International Financing Institutions
ILO	International Labour Organisation
IMF	International Monetary Fund
IRDP	Integrated Rural Development Planning
LDCs	Least Developed Countries
MTEF	Medium Term Expenditure Framework
PHC	Primary Health Care
PLWHAs	People Living With HIV/AIDS
PRSP	Poverty Reduction Strategy Paper
PMTCT	Prevention of Mother-to-Child Transmission
SAP	Structural Adjustment Programme
SP	Sector Programme
SWAp	Sector Wide Approach
UNAIDS	United Nations Joint Programme on AIDS
UNCTAD	United Nations Commission on Trade and Development
UNDP	United Nations Development Programme

1. Introduction

Sub-Saharan Africa is characteristically represented as a symbol of tragedy, despair and failure. Images of war and political disorder, environmental disasters and famine, economic crisis and mass impoverishment tend to pervade the media as well as the development literature. Its highly disproportionate share of the global HIV/AIDS epidemic seems to further entrench this

notion of a lost continent. Whereas these images convey some of the harsh realities on the subcontinent, they are also distorted and one-sided. Positive trends, successes and advancements seldom receive the same amount of attention. Also, responsibility for the subcontinent's woes is often put squarely at the feet of its political leaders and its people, without recognising the complex interplay between internal and external factors, the global and the local, the past and the present.

This paper seeks to present a more balanced view of the nature of development challenges facing sub-Saharan Africa, of progress achieved and problems encountered, and of how both policy and institutional flaws and exogenous barriers are contributing to disappointing development, at least in some respects. It is particularly concerned with exploring the links between development planning and HIV/AIDS to ascertain whether current development planning frameworks are responding adequately to the multiple challenges associated with the epidemic.

In attempting to depict the status of development and the nature and impact of development planning for the whole subcontinent, this paper has set out on quite an ambitious endeavour. It is clear that within its scope and space constraints, this paper cannot do justice to the rich variety in historical trajectories, socio-economic realities, political and organisational systems or institutional frameworks that exist

on the subcontinent, nor does it explore in detail the nature and manifestation of HIV/AIDS in particular societies. It also cannot adequately reflect the abundance and depth of perspectives on development and development planning, let alone on how specific development planning frameworks are made relevant to local realities. These are issues for further exploration, some of which will be taken up during the next stage of the study when selected case studies are conducted.

What this paper seeks to do is to set out a tentative conceptual framework for analysis of the possible linkages between certain types of development planning (as reflected in key development planning frameworks) and HIV/AIDS in sub-Saharan Africa.

Overview of this paper

In order to contextualise current development planning practices and dilemmas, Section 2 presents a brief historical overview of development planning in sub-Saharan Africa, starting from the period of decolonisation. It highlights how the first generation of independent African states, faced with some fundamental challenges, were able to make significant strides in the first two decades after the Second World War. Yet, the economic crisis of the 1970s and 1980s exposed some structural weaknesses of African economies and their management. It further allowed neoliberalism to become the most dominant ideological framework, with far-reaching implications for the development project and development planning in sub-Saharan Africa.

With the declining and discredited role of the state in development, the concept of development planning fell into disuse – even though state control and planning have continued to play a role on the subcontinent. Section 3 argues for a reintroduction of the notion of development planning as 'planning for development' and emphasises the vital role of the

state in this process. It defines development planning as a complex, participatory and inherently conflictual process of decision-making concerning appropriate priorities, strategies and resource allocations in the interest of the common good and of the implementation of these decisions. It includes a variety of activities at different functional, operational and spatial levels, including economic development planning, sectoral planning (e.g. health and education planning), multi-sectoral planning and integrated area planning (i.e. rural/urban development planning).

Picking up where Section 2 left off, Section 4 presents a typology of development planning and associated planning frameworks. The main types of development planning identified are economic development planning, sectoral planning, multi-sectoral planning and integrated area planning. The section briefly elaborates on those development planning frameworks that are, or are increasingly becoming, most influential in guiding the development process in sub-Saharan Africa. The frameworks under discussion are: the National Development Plan, the Poverty Reduction Strategy Paper (PRSP), the Medium Term Expenditure Framework (MTEF), the National Strategic Framework for HIV/AIDS, Sector Plans (particularly the Sector Wide Approaches – SWAps) and the Rural and Urban Development Frameworks. From the discussion, it emerges that a critical issue concerns the alignment and synchronisation of various planning frameworks. The section concludes by presenting an ideal type image of the linkages between the different development planning frameworks.

The next section maps out a tentative conceptual framework that can be used to review the various development planning frameworks from the perspective of HIV/AIDS. A distinction is made between 'development planning for HIV/AIDS' and development planning aimed at realising other development objectives. 'Development planning for HIV/AIDS' refers to development planning in direct response to specific determinants or consequences of the HIV/AIDS epidemic or a more comprehensive response to HIV/AIDS. The National Strategic Framework for HIV/AIDS is a clear example of this type of planning. The paper argues that other types of development planning, for which addressing HIV/AIDS is no exclusive – and possibly no explicit – objective, also have relevance for the spread of HIV and impact on the capabilities of individuals, households and organisations to cope with the consequences of HIV and AIDS.

From there, Section 5 continues to identify a set of core determinants, which have particular relevance from the perspective of prevention of HIV transmission, and key consequences, which are critical from the perspective of impact

mitigation (including treatment and care). These core determinants and key consequences are themselves complex development challenges; HIV/AIDS makes the resolution of these challenges more acute, and possibly more complex.

Section 6 links the proposed conceptual framework to the main development planning frameworks identified in Section 4. The reflection on possible links between particular development planning frameworks and HIV/AIDS is obviously not comprehensive or conclusive. The specific nature of such linkages will have to be analysed with reference to particular contexts. Instead, the examples presented in this section are meant to be illustrative and point to a way of analysing specific development planning frameworks through the lens of the proposed conceptual framework. The section concludes that few, if any, development planning frameworks address all core determinants and key consequences of HIV/AIDS. Whilst this may in part be due to the functional and operational scope of particular types of development planning, it also points to a flawed conception of HIV/AIDS and to a lack of alignment between the various planning paradigms.

In concluding this paper, Section 7 reiterates the importance of analysing the possible links between HIV/AIDS and specific types of development planning and associated frameworks with reference to particular settings and realities. It expresses the hope that the conceptual framework presented in this paper will allow for such an assessment and as such will inform a better understanding of, and subsequent response to, the developmental challenges of HIV/AIDS in sub-Saharan Africa.

Concluding comments

By way of concluding this introduction, two issues are worth noting. Firstly, there is a paucity of consistent and reliable data on the status of development in sub-Saharan Africa. Some information is hard to come by. In other instances, different sources use different figures for the same period. At other times, the same organisation uses different statistics. For example, the World Development Reports produced by the World Bank do not always reflect the same data for similar periods. This makes it particularly difficult to give an accurate reflection of development progress made in sub-Saharan Africa over time.

Secondly, one of the difficulties in focusing on development planning is that it is difficult to separate it from these other activities and from its institutional context. It is beyond the scope of this paper to focus on the organisational dimensions or implications of development planning. This theme will have to be explored at a different time.

2. Development planning in sub-Saharan Africa: A Brief Overview

Although the notion of development predates the post-colonial era in sub-Saharan Africa, it gained particular resonance for African people and African leaders in the post-independence period. This applied equally to the first generation of independent African states – the former British, French and Belgian colonies that gained independence after the Second World War – as to the late decolonisations of former Portuguese colonies and to countries that gained political liberation in the 1980s and 1990s. This section will reflect on the history of development planning in sub-Saharan Africa, the legacy of colonialism that newly independent states sought to address, the successes achieved, and the factors that eventually influenced the poor track record of development planning on the sub-continent. Although the emphasis here is mainly on the first generation of independent African states, thereby referring to a particular moment in history, these observations seem equally pertinent to states that have become independent or gained political liberation more recently. Clearly, applying such a broad brush to the subcontinent ultimately serves to obscure the variety, depth and complexity, not only of the specific development challenges facing particular countries, but also of their responses to these challenges. It lies beyond the scope of this paper to explore such specificities.

Four fundamental challenges

At the time of independence, African states were faced with four fundamental challenges. How newly independent states responded to these challenges varied, depending on, amongst others, ideological orientation, the relationship with the former colonial power and with the two superpowers of the time, and an assessment of local realities – all of which informed what was perceived as 'the art of the desirable and the possible'.

Firstly, newly independent states needed to instil a national identity and a sense of national unity among the people living in their territories. These territories, following colonial boundaries, tended to host various ethnic groups. In many cases, the imposed boundaries separated people of similar kinship and ethnic background. The challenge for the new African leadership was to promote national unity so that diverse – possibly divided – populations would identify themselves as Ghanaians, Malians, Burkinabé, Malawians, Zambians, or whatever the nationality may have been, and accept the new political leadership as legitimate.[1]

Secondly, the new political leadership was faced with the challenge of addressing the colonial legacy of 'under-development' and embedded inequalities in education, health, employment and other aspects of social development. Although in the 1940s and 1950s former colonial powers had become increasingly development-minded, the colonial systems for service provision were inherently unequal, often of inferior quality and premised on western notions of development. Education systems, for example, were based on racial segregation and informed by European content. In the late 1950s, less than half of all African children of school going age went to primary school (43%), compared to a secondary school enrolment rate of only three percent. At the time of independence, university enrolment of African students was practically nil (Court and Kinyanjui, 1986). This had significant implications for the number of qualified nationals who could manage the affairs of African states and propel these countries onto a sustainable path of development. For example, in 1964, one year after independence, Kenya counted 36 doctors, 20 electrical engineers, 17 university professors and seven economists among its citizens (Cheru, 2002a: 72). Other African states were faced with a similar lack of qualified nationals.

The third challenge for newly independent states was to take control of the economy and improve national economic performance. Under colonial rule, African economies became chiefly customised to the industrial and consumption needs of the 'metropolitan centre', rather than the needs of the local population. Thus, the institutional structure of the economy that post-colonial states inherited was characterised by low-income agriculture, external dependence and a marginal position in world markets (Lewis, 1998). In contrast, former colonial powers and other 'developed' countries were seen as representing the state of development to which African states should aspire.

Finally, newly independent states were faced with the challenge of 'state building' and the need to establish legitimate, viable and effective organisations of governance and development. African states inherited colonial structures of administration, which had been designed to suit the interests of colonial powers. As such, these political and administrative apparatuses were ill equipped for the tasks of nation-building and national development in newly independent states. Thus, the transformation of political and administrative systems so that these could fulfil the tasks of modernisation became a key focus for the first generation of African leaders.[2]

Responses to development challenges and progress achieved, 1950s-1999

Given the vastness and the complexity of these challenges, it is hardly surprising that African states opted for the centralisation

of decision-making and resources and favoured state intervention in the economy and in the development process in general. This happened regardless of the ideological orientation of respective states, whether these were socialist-oriented or Keynesian-oriented.[3] Also, conventional wisdom at the time endorsed significant state intervention in the development process, partly because of the commonly accepted notion of 'market failure' in economic theory, particularly in relation to 'latecomer' economies (Ghosh, 2001). In light of the dominant perspective of development as economic growth, development planning was associated with a deliberate government attempt to pursue economic progress

and respond to the basic needs of citizens. In accordance with modernisation theory, which identified various stages of development, development planning became a tool to enable 'underdeveloped' countries to follow the appropriate stages of modernisation. For some African states, which associated capitalism with foreign control, this meant pursuing a socialist path of development characterised by state control and state ownership of industries. These included Tanzania, Guinea and, for a while, Mali. Other African states, like Kenya, Côte d'Ivoire and Nigeria, adopted a capitalist path of development. In some instances, African states altered their approach as their allegiance to the two superpowers shifted (e.g. Ethiopia). Yet, as highlighted earlier, both socialist-oriented and Keynesian-oriented regimes supported a strong, interventionist role of the state in pursuing economic progress.

The 1950s and 1960s: the development era

Evidence suggests that in the first two decades of independence, African states made significant strides in relation to the four fundamental challenges outlined above.

By pursuing an economic strategy largely based on capital formation through the expansion of exports and import substitution (anticipated to result in rapid industrialisation), African states realised an average weighted growth rate in sub-Saharan Africa of 3.9% in the 1960s - an average that was only to be attained again in the latter part of the 1990s (Ghai, 2000: 17). Clearly, these average ratios hide great variations in economic performance among African countries and for specific countries over time. The fact that 10 African states realised a sustained growth rate of 6% over more than a decade in the period between 1967 and 1980 is an indication of how successful these states were in achieving economic progress (Mkandawire, 2001: 303).

African states also made major improvements in relation to social and physical infrastructure by doubling, at times even tripling, public expenditures on education, health and water (Seidman, 1974). Strong public investment in newly established national health care systems contributed to a significant decrease in infant mortality and maternal mortality, resulting in higher population growth rates and an increase in life expectancy of about four years per decade, rising from 40 years in 1960 to 48 years in 1980 and reaching nearly 52 years in 1990 (Cooper, 2002: 107; World Bank, 2002a). Transforming the colonial racial education system to ensure access to education for all nationals became a key priority for newly independent states. This involved tackling racial segregation in schools, 'Africanisation' of the curriculum to ensure that the content of education was appropriate and gave an accurate reflection of local history and culture, and promoting African nationals into positions at all levels of the education system (Court and Kinyanjui, 1986). Education and investment in human capital were seen as central to economic development, which led to an emphasis on primary education and adult education. In addition, many African states adopted a policy of guaranteed employment for university graduates (Cheru, 2002a). As a result, primary enrolment rates increased from 43% to 53%, secondary enrolment more than doubled from 3% to 7%, and university enrolment increased from almost nil to close to 1% between 1960 and 1970 (see Table 1). Girls and women clearly benefited from these measures.

Table 1. Enrolment ratios in sub-Saharan Africa, 1960-1997

	Primary enrolment			Secondary enrolment			Tertiary enrolment		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
1960	54.4	32.0	43.2	4.2	2.0	3.1	0.4	0.1	0.2
1970	62.3	42.8	52.5	9.6	4.6	7.1	1.3	0.3	0.8
1980	88.7	70.2	79.5	22.2	12.8	17.5	2.7	0.7	1.7
1990	81.9	67.6	74.8	25.5	19.2	22.4	4.1	1.9	3.0
1997	84.1	69.4	76.8	29.1	23.3	26.2	5.1	2.8	3.9

Source: World Bank (2002b: 106)

In relation to nation building and 'state building' (the first and last challenge identified above), the successes seem less straightforward.[4] Much of the literature on the African state bemoans the autocratic, repressive, 'clientelistic' or corrupt nature of most African states, particularly since the late 1960s. While these negative views of the state in Africa may not always have been justified and may have eventually become self-fulfilling[5], there is ample evidence that many first generation African leaders closed the political space for debate and dissent on the basis that this would undermine national unity and the legitimacy of the state (see, amongst others, Chafer, 2002; Cooper, 2002). But whilst in the 1960s autocratic government was combined with the notion of developmentalism, by the 1970s African states (quite a few of which were military regimes by that time) were less able to fulfil promises of development and were increasingly tied into patronage politics. An important contributing factor, which is often overlooked, is that African states inherited overdeveloped civil and military bureaucracies and underdeveloped political and legislative systems from former colonial powers (Martinussen, 1999).

The 1970s: crisis in development planning

The early 1970s saw a continuation of the gains made in the preceding ten to twenty years (see also Table 1), but with more attention to the distributional dimensions of development. In accordance with shifts in international thinking on development, there was increasing concern with the fact that productivity did not spread throughout the national economy as anticipated, nor did it automatically translate into the fair distribution of growth and improved standards of living for the majority of people (Seidman, 1974). This led some to conclude that African economies experienced "growth without development" (Clower et al, quoted in Seidman, 1974: 4). Of particular concern was the new phenomenon of graduate unemployment, which was indicative of the lack of correlation between expanding education opportunities and productive activities in the economy (Court and Kinyanjui, 1986; Seidman, 1974). African states responded by pursuing internationally recommended development strategies that were more sensitive to social equity (e.g. through the provision of subsidised food, education, health and employment) (Ali, 2001), including those focusing on the spatial dimension of development, more specifically regional planning and integrated rural development (Ayeni, 1999; Belshaw, 2002).[6]

Yet, after having achieved remarkable progress in the first few decades of independence, the situation began to change dramatically during the course of the 1970s, eventually leading to a 'crisis in development planning' in sub-Saharan Africa. To some extent, this may be considered as the logical outcome of the scope of the fundamental challenges facing African states. The high level of demand for services and the transformation of political and administrative systems forced governments to push their budgets to the limit. As early as the end of the 1960s, it became increasingly clear that some of the planning objectives pursued by African states exceeded state capacity and resources and were unsustainable. Contrary to expectations, external funds were not forthcoming, at least not in the volume required.[7]

At the same time, there was growing evidence that direct state control in the allocation of imports, credits and raw materials and administrative decisions on prices and the protection of industry had resulted in inefficient resource use, shortages, parallel markets and even corruption (Ghai, 2000). Patronage politics, political instability, civil war and excessive military spending further contributed to this situation, halting the initial progress made.

These issues became particularly pertinent with the economic shocks of the 1970s and the subsequent global downturn in demand for tropical products, the rise of world interest rates and the continued lack of foreign investment in African economies. These global trends exposed the vulnerability of African economies to erratic world markets due to their dependency on primary commodities.[8] Both socialist and capitalist (Keynesian) models of economic development adopted by African states proved incapable of weathering the economic storm, which resulted in economic stagnation, a worsening balance of payments, deteriorating terms of trade, significant levels of poverty and a decline in agricultural production (Falola, 1996). In addition, orthodox measures used to respond to the economic crisis, such as cuts in public expenditure, laying off government employees and devaluation only aggravated the situation by reducing real incomes of wage earners and cash crop peasants and increasing unemployment (Seidman, 1974). As a result, public services came under severe pressure and, in many cases, eventually collapsed.

Average economic growth slowed down significantly in the second half of the 1970s, reaching an average of 2.9% per annum between 1975 and 1979 (World Bank, 2002c). Yet, this average figure hides the fact that some countries experienced erratic growth rates or even economic decline. Since the late 1970s and early 1980s, economic stagnation became increasingly widespread on the subcontinent and started to affect those countries that had consistently performed well (Ghai, 2000). Because the total population continued to grow, even moderate economic growth translated into a drop in average per capita income. While in the 1960s two-thirds of sub-Saharan countries showed a positive per capita income, this declined to 62% in the 1970s, only to fall even further to 48% in the 1980s and to less than a third (31%) in the 1990s (Elbadawi and Ndulu, 2001).

By the late 1970s, the international economic crisis propelled a new approach to development and fuelled an aversion to state-led development in mainstream development thinking. In contrast to preceding years, when there was general appreciation for the state as a critical actor in the development process, the pendulum now swung in the opposite direction and the state became increasingly criticised for being the main obstacle to development. The neoclassical view that the state should withdraw from the development process to enable the market to take its 'rightful' place became ever more influential in international development thinking and practice (Ohiorhenuan, 2002). Development planning became associated with the 'gatekeeper' state[9], where state interventionism was linked to authoritarian rule and disregard for human rights. Failed experiments in nationalisation and grand-scale social engineering, as in the case of Tanzania and Ethiopia (Cooper, 2002; Scott, 1998), gave proponents of the neoclassical model of development fuel to argue against such central involvement of the state in development. This was reinforced by the dichotomous thinking of the Cold War period, which fed into a strong anti-state sentiment in the West and among its allies in sub-Saharan Africa. This "neoclassical counterrevolution" (Ohiorhenuan, 2002: 5) was at the root of the neoliberal paradigm to development, so prominently advocated in the "Washington Consensus" in the 1980s and 1990s.

The 1980s: structural adjustment

In the 1980s, a narrow perspective of development as economic growth, best facilitated and distributed through the market mechanism, held sway. Macroeconomic reform and structural adjustment became the buzzwords, associated with measures such as non-inflationary budgetary policies and monetary restraint, the liberalisation of trade and financial flows, exchange rate correction, privatisation and deregulation of domestic financial markets. These measures were considered appropriate means to overcome the structural weaknesses of African economies and their management (including domestic policies and institutional mechanisms), which were seen to lie at the root of the economic crisis gripping the subcontinent. It could be argued that, ultimately, these means became ends in themselves. In sub-Saharan Africa, the economic policy and development debate became completely dominated by structural adjustment programmes (SAPs) (Nissanke, 2001). An underlying tenet of structural adjustment was that countries could "export their way out of the crisis" (UN Economic and Social Council, 2001: 12). In the process, the capacities of African states to function as a 'state' were drastically eroded (Mkandawire, 2001). Box 1 illustrates some elements of this fundamental shift.

Structural economic reform was made conditional on African states that found themselves unable to service loans made by Northern commercial banks and the Bretton Woods Institutions. In the 1960s and early 1970s, following the 1973 increase in global oil prices, money was made easily available to African states, often regardless of what the resources were used for. In fact, lending countries stand accused of 'loan-pushing', by making large sums of money available for white-elephant projects, the acquisition of arms, or the import of luxury goods, often to undemocratic regimes. In 1979, the interest payments of these loans increased dramatically, resulting in a significant foreign debt problem for many African states. To repay these loans to Northern commercial banks, African states could access structural adjustment loans from the IMF. Yet, these IMF loans came with a host of conditionalities related to policy reforms, including domestic trade liberalisation, relaxation of foreign exchange controls, the privatisation of basic services and an end to social subsidies (Cheru, 2002a). In the 1980s and early 1990s, a large number of African countries had to pay more in debt service charges than

Box 1. Key characteristics of economic planning in sub-Saharan Africa

1960s-1970s:	1980s-1990s:
• Medium-term planning, based on the two-gap model focusing on growth rate, capital-output ratios by sector and the derived financing gap	• Short-term macroeconomic planning, focusing on recurrent budget deficit and inflation
• State employs instruments of control to realise planning objectives (e.g. credit guidelines & tariff regimes)	• State has a facilitative role, rather than exerting control
• Tax regimes focusing on agriculture and/or mineral export taxes and possibly income taxes on the small 'modern' sector, i.e. public and corporate sectors	• Broadening the revenue base and increasing supply responses through institutional support to investors and exporters

Source: Taken from Ohiorhenuan (2002)

they received in the form of development assistance and foreign investment. According to Potter (2000: 6), by the end of the last century the total external debt burden of sub-Saharan Africa amounted to 83% of total GNP for the region. As a result, the subcontinent spent four times more on debt interest payments than on health care (Potter, 2000: 7).

Graph 1. Poverty Trends in African LDCs, 1965 -1999
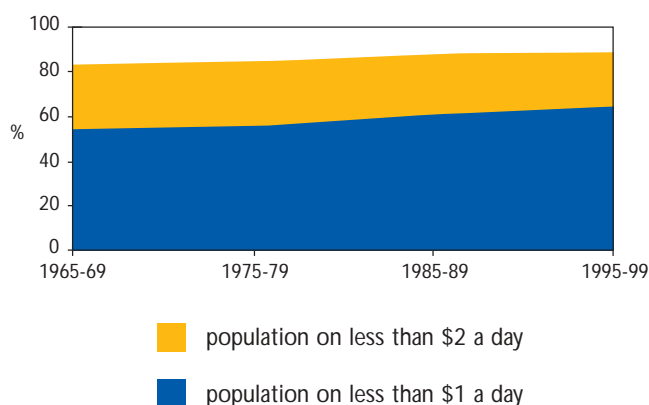
Source: UNCTAD (2002b)

The economic slowdown that had started in the 1970s became more entrenched and noticeable during the 1980s. The average national GDP growth rate on the subcontinent dropped to 1.7%, only to drop even further in the early 1990s to 0.9% (Belshaw and Livingstone, 2002: 5; Ghai, 2000: 17). This economic decline has manifested itself in almost all economic and social indicators and in negative per capita growth rates (Elbadawi and Contributors, 2001). Even those who argue that macroeconomic and adjustment policies have resulted in modest per capita income growth in sub-Saharan Africa concur that the growth rates are not comparable to long-term growth rates in other regions, nor that it has been sufficient to address widespread (and growing) poverty (Rwegasira, 2001). Ali (2001) has demonstrated that sub-Saharan Africa has seen a significant increase in poverty, particularly in rural areas, in the second half of the 1980s. He argues that this increase has been much more

dramatic than is commonly reported, reaching between six to ten percent per annum. In 'intensively adjusting' countries (Ghana, Kenya, Malawi, Tanzania and Zambia), rural poverty increased from almost 57% in 1965 to 62% in 1988. This correlates with a twofold increase in absolute numbers, from just over 18 million in 1965 to just over 36 million people in 1988. In 'other adjusting' countries (Gabon, Gambia and Mali), an increase from 45% (or 2.3 million people) to 61% (5.1 million people) was recorded over the same period. Instead, in 'non-adjusting' countries (Ethiopia and Lesotho), rural poverty declined from 66% to 44%, remaining constant in absolute numbers at 17 million people (Ali, 2001: 119). Likewise, Table 2 and Graph 1 show that poverty trends in Least Developed Countries (LDCs) in Africa have increased steadily since the mid-1960s.[10]

As intimated earlier, the economic crisis, and more specifically the way in which structural adjustment was designed and implemented[11], also halted the rate of improvements in social development achieved in preceding decades, resulting in only moderate improvements at best, if not a reversal. As Table 1 shows, primary enrolment ratios declined quite significantly between 1980 and 1990, whilst secondary and tertiary intakes continued to increase, but at more modest rates than before. Another indicator is the dependency ratio. According to UNCTAD's recent report on Least Developed Countries, the dependency ratio in Africa is the highest in the world. Moreover, Africa is the only region that has seen an increase in the dependency ratio between 1970 (0.91) and 1999 (0.95) (UNCTAD, 2002a: 89). Even where there is evidence of (modest) quantitative growth, such as in secondary school enrolment and access to health care, this does not necessarily imply qualitative improvements. In fact, anecdotal evidence often suggests a decline in the quality of these services (Edwards with Kinyua, 2000). Clearly, the negative view of the state in neoliberal orthodoxy and the concomitant erosion of state capacity have contributed to a decline in the scope and quality of social services and infrastructure.

Table 2. Poverty Trends in African LDCs, 1965-1999

	1965-1969	1975-1979	1985-1989	1995-1999
Population living on less than $1 a day (%)	55.8	56.4	61.9	64.9
Population living on less than $2 a day (%)	82.0	83.7	87.0	87.5
Number of people living on less than $1 a day	89.6	117.4	170.5	233.5
Number of people living on less than $2 a day	131.7	174.4	239.5	315.1
Average daily consumption of people living on less than $1 a day (PPP at 1985 rates)	0.64	0.66	0.64	0.59
Average daily consumption of people living on less than $2 a day (PPP at 1985 rates)	0.95	0.96	0.90	0.86

Source: UNCTAD (2002a: 59)

In accordance with neoliberal ideology, emphasis was put on the role of the market in the provision of social services, like education and health, coupled with a diversification of service providers and the introduction of user fees as a cost-recovery mechanism. Although the justification for reforms in social sectors was couched in terms of sustainability, efficiency and equity, the nature of the reforms showed that efficiency was the overriding concern. In effect, as many observers have commented in the context of health planning, the emphasis on user charges generally served to perpetuate, if not aggravate, inequities in access to health care (Blas and Hearst, 2002; Blas and Limbambala, 2001; Nyonator and Kutzin, 1999; Van Der Geest, et al., 2000).[12] There was also a dramatic increase in the level of involvement of donor agencies in sectors of social development, particularly in health and education, leading to a considerable proliferation of donor projects, procedures and policies, resulting in a significant amount of duplication, competition and a high administrative burden on recipient countries.[13]

It is worth noting that it was in this context of structural adjustment and its regressive impact on human development that HIV/AIDS started to emerge, first as a public health concern and subsequently as an epidemic with major implications for all dimensions of development. Although the link between SAPs and HIV/AIDS is not simplistic, it can be observed that SAPs came at a time when households, communities and governments were already quite vulnerable to external shocks and that SAPs tended to exacerbate certain factors associated with enhanced risk to HIV infection (Collins and Rau, 2000; Poku and Cheru, 2001). We will elaborate more on HIV/AIDS in the next period, the 1990s.

The 1990s: 'structural adjustment with a human face'
As early as the late 1980s, concerns about poverty, equity and the narrow conceptualisation of development in neoliberal thinking resurfaced.[14] In the 1990s, these concerns became more pronounced and eventually found their way into development orthodoxy. In 1990, UNDP presented the notion of human development, defined as "the process of enlarging people's choices" (UNDP, 1990: 10).[15] The resurgence of poverty and equity concerns coincided with a 'rediscovery' of the state as a key actor in the development process, encapsulated in the notion of the 'developmental state'. Because of this renewed attention to the role of the state, the past decade has seen an increasing interest in the institutional environment and 'institution-building' of the state, particularly the local state. In the African context, this emphasis on 'institution-building' may, in part, be fed by the persistently negative conceptions of the African state, which is commonly referred to as "the 'rentier state', the 'over-extended state', the 'parasitical state', the 'predatory state', the 'lame Leviathan', the 'patrimonial state', the 'prebendal state', the 'crony state', the 'kleptocratic state', the 'inverted state', etc." (Mkandawire, 2001: 293).

In the second half of the 1990s, economic growth in sub-Saharan Africa showed a marked improvement, resulting in an average annual growth rate of four percent between 1994-1997 (Ghai, 2000: 17). Graph 2 shows how economic growth on the subcontinent has started to improve since 1992. Yet, it has not been able to surpass the 1980 economic growth rate of 5.7%. It is also significant to see what happens when South Africa and Nigeria, considered the 'economic powerhouses' on the subcontinent, are excluded. As Graph 2 reveals, their economic fortunes and misfortunes clearly distort the average GDP growth trends in sub-Saharan Africa.

However, possibly more instructive than economic trends measured in average GDP growth are per capita growth rates. As Graph 3 shows, GNI per capita has been fairly erratic during the 1990s, but shows an overall decline. This decline is even more pronounced if it is compared with the average GNI per capita in 1980, which was $665 for sub-Saharan Africa, $528 for the subcontinent excluding South Africa, and $448 if Nigeria is excluded as well (World Bank, 2002c).

Graph 2. Trends in GDP growth (%), 1990s

Legend:
- - - - sub-Saharan Africa in 1980
——— sub-Saharan Africa
——— excluding South Africa
——— excluding South Africa and Nigeria

Source: World bank (2002c)
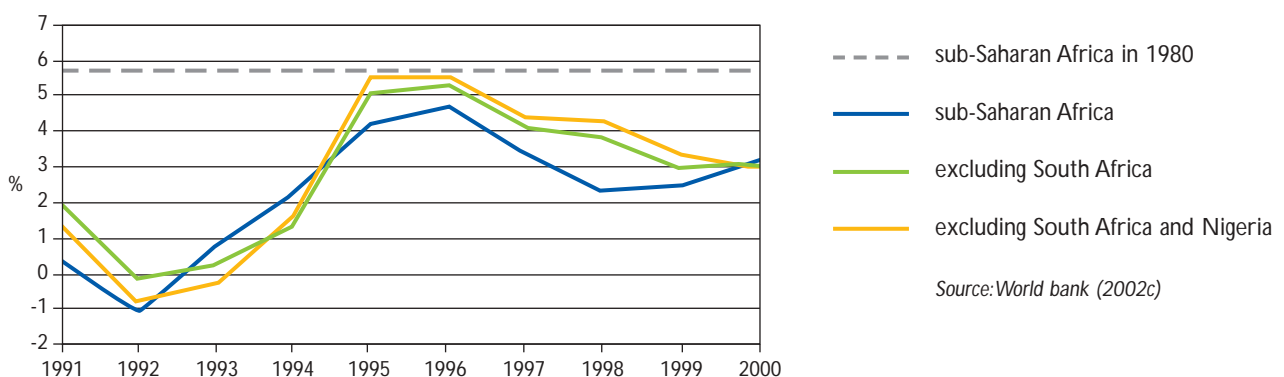
Graph 3. Trends in GNI per capita (US$) in the 1990s

Legend:
- - - - sub-Saharan Africa in 1980
——— sub-Saharan Africa
——— excluding South Africa
——— excluding South Africa and Nigeria

Source: World bank (2002c)
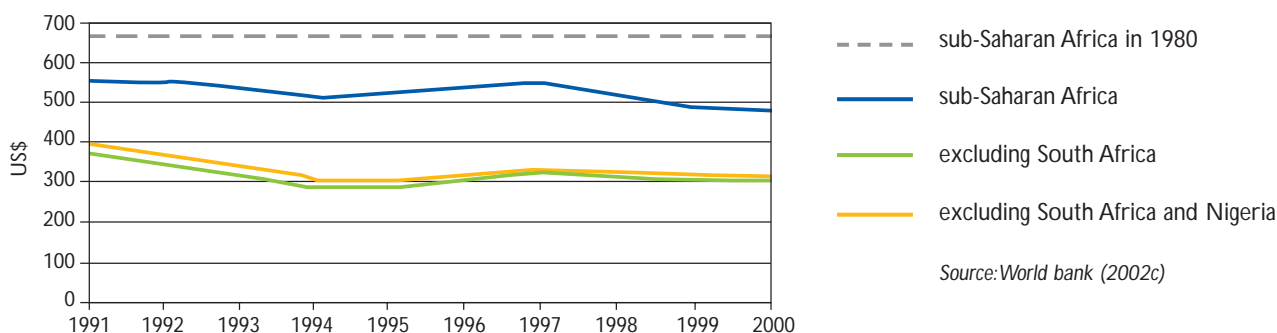
Other social development indicators show that significant improvements continued to be achieved during the 1990s. For example, between 1988 and 1990, 41% of the population in sub-Saharan Africa reportedly had access to safe water, whilst 26% had access to sanitation. Between 1990 and 1998, this improved to 58% and 48% respectively (UNDP, 2000). According to data in various UNDP Human Development Reports, adult literacy increased from 47% in 1990 to 61% in 2000, with particularly noteworthy improvements in the adult literacy rate among women. Also, the decline in primary school enrolment rates in the 1980s seems to have been halted, with primary enrolment increasing slightly from 75% in 1990 to almost 77% in 1997 (see Table 1). Yet, since the early 1990s, life expectancy has started to decline from almost 51 years in 1993 to just below 49 years in 2000. This reduction in life expectancy of more than two years within the space of seven years is not far below the average increase in life expectancy of four years per decade between 1960-1990. This is indicative of the devastating impact of HIV/AIDS on the subcontinent.

It is now widely accepted that HIV/AIDS is a developmental and humanitarian crisis, particularly for those countries on the subcontinent with an advanced epidemic and high adult HIV prevalence rates. The rising adult mortality due to AIDS-related deaths among the most productive section of the population not only results in declining life expectancy, it also leads to a loss of skills, knowledge and expertise so essential for a country's development. It further results in a reduction in labour productivity, an increase in organisational costs related to human resources and slower, if not reduced, economic growth. At the household level, household savings and consumption are depleted, resulting in more and deeper poverty. Due to intra-household transmission of HIV infection, there are growing numbers of orphans (who may or may not be HIV-positive) and child-headed households. Following the breakdown of familial and social networks, women and children will face increasing dependency and vulnerability to infection and (sexual) exploitation. Stigma and fear associated with HIV/AIDS further erode social cohesion, cultivating

discrimination and social exclusion. The impact on sectors like education, health, agriculture and the military, is also considerable. Whilst there is increasing demand for more and qualitative different services to provide the necessary support to those infected and affected by HIV and AIDS, these sectors themselves are faced with increasing absenteeism and a loss of skilled personnel due to the epidemic. As a result, public sector capacity to respond to the challenges of HIV/AIDS and to deliver on its basic mandate is eroded.[16] These and other consequences of HIV/AIDS are threatening to further undermine the already fragile development capacity of the subcontinent.

Concluding comments

By way of concluding this historical overview, it is worthwhile to highlight a few key points.

Firstly, between 1960 and 2000, African states have been able to make impressive achievements in relation to almost all social development indicators, although the rate at which these improvements have occurred has slowed down significantly since the late 1970s, and especially in the 1980s. In some areas, there is evidence of a reversal of earlier progress made (e.g. primary school enrolment and the dependency ratio). A look at individual countries is likely to reveal that a reversal has taken place in other aspects of social development as well. In the 1990s, a slow upward trend seems to have taken root again. An exception to this positive trend is life expectancy, which started to decline in the 1990s, reflecting the demographic impact of the HIV/AIDS epidemic.

Secondly, African economies have experienced economic decline and/or a reduction in economic growth since the mid-1970s. This trend is largely due to the vulnerability of African economies to endogenous shocks and pressures, which newly independent states proved unable to overcome and which structural adjustment served to entrench, rather than remedy. Reduced, if not negative, economic growth has occurred in a

context of worsening terms of trade, declining volumes of development assistance, lack of foreign investment and high levels of external debt. Where moderate economic growth has occurred, it has not been comparable to economic growth

and Ndulu, 2001). It is also clear that over time, African states have increasingly found their 'room for manoeuvre' constrained – if not determined – by external perspectives and policy conditions. In addition, the rapid integration of the

rates in other regions, nor has it been sufficient to overcome endemic and growing poverty.

Thirdly, poverty has increased steadily since 1965, with almost two-thirds of the population in African LDCs living on less than $1 a day and close to an additional 25% hovering just above this poverty line (see Graph 1). In sub-Saharan Africa as a whole, almost half the population (about 300 million people) is estimated to be living on less than $1 a day. Similarly, income per capita has declined steadily since 1980, occasional annual improvements notwithstanding (see Graph 2).

Fourthly, African states have sought to respond to development challenges in ways that were considered appropriate to the domestic context, albeit often in accordance with ideas and practices that prevailed in the international arena. The next section will focus more explicitly on the various types of development planning in sub-Saharan Africa (see Table 4 for a summary of the key elements of development planning between 1960-1999). The 'crisis in planning', or the failure to achieve the dual objective of sustained economic growth and equitable development, has often been blamed on a host of domestic factors. Even those that do not agree with an exclusive focus on domestic blockages or weaknesses have identified problems with the methods and instruments used to achieve this dual objective, the assumptions underpinning economic development planning, the inappropriate application of particular growth strategies and institutional blockages (see, amongst others, Degefe, 1994; Edwards with Kinyua, 2000; Ghai, 2000; Seidman, 1974). At the same time, they point to factors in the external environment, including the particular vulnerability of African economies to exogenous shocks (see also Elbadawi

global economy and the emergence of private capital as an extremely powerful force in the global political economy are acting as significant constraints on the nation state to determine and pursue its development path.

Fifthly, as is clear from the historical overview, the practice of development and development planning in sub-Saharan Africa has been infused with theoretical and ideological perspectives on development, the role of the state in the development process, the notion of the public interest and the object of planning, which have shifted over time. These are all subjects of fundamental debate, which cannot be explored further here. Table 3 presents a summary of these debates in relation to specific theoretical frameworks of development that have tended to dominate development practice in sub-Saharan Africa in particular decades. Clearly, though, this delineation is not as neat as Table 3 suggests and various perspectives have tended to coexist.[17]

At the dawn of this millennium, African states are faced with some fundamental development challenges related to weak economic performance and limited/structurally skewed integration into the global economy, deepening poverty and widening inequality, high levels of unemployment, a high proportion of the population without adequate access to basic services in their areas of residence and work, and the HIV/AIDS epidemic, amongst others. Development planning will continue to be a key instrument to address these complex and interrelated challenges. Before identifying the main types of development planning and associated development planning frameworks in sub-Saharan Africa, the next section will attempt to (re)define and revalidate the concept of development planning.

Table 3. Overview of dominant theories of development

	1950s/1960s	1960s	1970s	1980s	1990s
Dominant theoretical framework of development	Modernisation theory	Dependency theory	Alternative development: basic needs and empowerment approaches	Neoliberalism	• Alternative development, i.e. focus on social justice, power & environmental concerns. • Neoliberalism, but with greater emphasis on 'social' aspects of development.
Meaning of development	Universal, unidirectional process of change, which is long-term, progressive and irreversible. Centrality of economic growth that proceeds along stages, with 'trickle down' effect.	Economic growth through national accumulation, with 'development of underdevelopment' in the periphery as its distorted form.	'Human flourishing', i.e. basic needs, participation and equity. Also emphasis on 'development from below'.	Economic growth through structural reform, stabilisation, liberalisation and privatisation.	Human development, i.e. capacitation and enlargement of people's choices. Sustainable development, i.e. explicit focus on the environment.
View of the state	Neutral arbiter to maintain consensual society and conduit of development. Coincided with sense of responsibility of newly independent African states (for unity, development and peace) and confidence in state as agent of economic development.	African states are 'dependent states', seeking access to world markets. Capitalist state as integrating mechanism to preserve the status quo between different class interests (i.e. represents elite interests/national bourgeoisie). Socialist state as initiator and agent of national development in the interest of the working class.	Society as the foundation for development as opposed to state-led development. Only in the 1980s attention to the role of the state, as a counterbalance to the dominant view of the market as the leading actor of development.	Failure of development largely blamed on improper functioning of the state. The market is the organising principle of society and core distributing mechanism à role of state = to protect individual and the market (New Public Management). Also shift towards local state (decentralisation & 'urban management').	Developmental state', which is responsible for 'enabling environment' to allow the private sector and civil society to play their rightful roles in the development process. More concern with institutional environment and issues of 'institution-building' (particularly in relation to the local state and partnerships).
View of society /public interest	Based on consensus, with a singular public interest, namely pursuit of rational self-interest which will serve to maximise social welfare. Also, society as recipient: top-down approach.	Conflictual, with a variety of interests and the possibility of dominance and exploitation.	Pluralist, i.e. variety of interest groups/communities. Generally a positive notion of communities as fairly homogeneous, consensual entities. Increasing recognition of power imbalances, especially between men & women	Pluralist, yet inherently consensual: individuals acting on the basis of rational choice (self-interest), which maximises the public interest.	Consensual pluralism.
View of planning	Planning as a technical, scientific and comprehensive activity to proceed along the various stages of modernisation.	Planning as a state-controlled and state-managed activity that allows 'underdeveloped' states to catch up with industrialised nations.	Participatory planning as beneficial to national development, where local communities and 'the poor' mobilise and self-organise to ensure that the distributional effects of the development process benefit them.	Planning = state = inefficient: need to refocus towards 'enablement' to increase productivity. Shift towards 'management', whereby even politics is reduced to technocratic and managerial' aspects, i.e. what strategic planning is supposed to facilitate participation and partnerships.	Strategic planning (i.e. dynamic framework to enable priority setting and the facilitation of partnerships between public, private and non-profit sectors) and renewed focus on participatory planning. On the basis of strategic planning, conventional area & sectoral planning can be used.

Sources: Martinussen (1999), Nederveen Pieterse (2001)

3. (Re)defining Development Planning

The preceding section has highlighted that newly independent African states were able to make significant progress in relation to at least two of the four fundamental challenges outlined above, namely economic growth and social development, through concerted state actions and public sector investment. However, after initial widespread endorsement of strong state intervention in the development process, this view changed quite drastically following the global economic crisis of the 1970s and 1980s. To some extent, this was based on the inability of African states, regardless of ideological orientation, to withstand the economic and social crisis. There was also growing evidence that state control had contributed to inefficient resource use, shortages, parallel markets and corruption (Ghai, 2000). Equally important, if not more so, was the ascendancy of neoliberalism with its ideological critique of both Keynesian-oriented and socialist-oriented approaches to development. As the global political economy changed quite dramatically, the influence of external financing institutions and multi- and bi-lateral agencies on the development agenda in sub-Saharan Africa became more and more pronounced. The notion of development planning became increasingly disused and discredited in the process.

and on what type of development is feasible and sustainable. The significance of these endogenous factors also makes clear that there are limits to what development planning can achieve and that it will not be able to solve all dilemmas of development (Conyers and Hills, 1984).

One of the central criticisms levelled against development planning in sub-Saharan Africa is that over the past few decades it has persistently implied an a-historical and a-contextual approach to development in general and to development planning in particular. A contextual interpretation of planning implies that each society should define its development goals and the paths of achieving these goals, based on its history, its economic characteristics, its social systems and political and institutional factors. Yet, the history of planning in sub-Saharan Africa and other developing countries shows a legacy of 'blueprints', standardised models and the adoption of uniform strategies, regardless of domestic realities. To a large extent, this is the result of a variety of forms of interference by external financing agencies and of donor conditionality, where development finance (in the form of aid, trade or debt relief) has been made conditional on the adoption of a certain 'plan'.

Despite this pronounced aversion to state intervention, efforts at state control and planning have continued to play a central role on the subcontinent (Martinussen, 1999). African states have continued to produce numerous development plans, usually covering five-year cycles. Yet, there are numerous instances where such plans have not resulted in tangible changes in accordance with stated objectives. The preceding section has pointed to the various reasons that have been identified for the disappointing track record of development planning in sub-Saharan Africa, often depending on the ideological standpoint of the commentator. It is clear, though, that the failure of development planning cannot be blamed on domestic factors only. Global terms of trade, escalating external debt and other aspects of the global political economy, regional dynamics on the subcontinent and even climatological conditions all have a significant impact on individual countries

Wolfe (1996) has observed that this trend towards aid conditionality started in the 1970s, when the United States made aid conditional on the adoption of fixed 10-year development plans, purportedly to make aid more effective. This external influence on, if not manipulation of, development agendas and paths of development in sub-Saharan Africa has resulted in inappropriate and even detrimental development interventions (see, amongst others, Hydén, 1994; Mkandawire, 2001). The fact that these development plans were usually not based on local realities and local needs often resulted in a significant disjuncture between stated intentions and real outcomes. Also, to access badly needed external funds and in order to be seen to observe 'international good practice', some African states simply went through the required motions. Once the plan was produced, it was often forgotten or ignored.

In light of this historical baggage, it is probably not surprising that development planning seems to be an ill-defined concept in contemporary development literature. Where the concept is used, it is often presented as a self-evident notion and its theoretical underpinnings are not made explicit. In fact, development planning is often equated with economic development planning, which points towards the dominant interpretation of development as being tantamount to economic growth. Alternatively, most of the literature on planning concerns *urban* planning, which is indicative of the long history of state interventions in controlling, managing and

In unpacking this working definition, the following points are worth noting:

1. The working definition emphasises the central role of the state in the development process. This is not to presuppose that the state is the only decision-making or implementing agency of development interventions. Clearly, other actors like the private sector, civil society and international development partners also have important contributions to make. The emphasis here on state-led development serves to highlight the critical role of the state in setting the

sustaining urban areas. Otherwise, planning is usually defined by its adjectives, such as rural planning, health planning, physical planning, and so on.

This paper reintroduces development planning as a means of talking about 'planning for development' and, more specifically, state-led and state-managed development (see also Cheru, 2002a). For this purpose, a working definition of development planning is proposed, which will be further elaborated on below.

Towards a working definition of development planning

For the purpose of this paper, the following working definition of development planning is proposed:

> *Development planning refers to state-led development and is a complex and participatory process of: a) decision-making about the most appropriate priorities, strategies and resource allocations aimed at reconciling the oft-competing goals and values of locally appropriate development in the interest of a common public interest (which can only be served in practical terms by recognising the existence of a multiplicity of interests and power imbalances); and, b) the implementation of these decisions.[18]*

development agenda (i.e. visioning) and the parameters for development, which will enable other actors to work towards the realisation of common development goals. At times, it may imply that the state has implementation responsibility, although responsibility for programme delivery does not rest exclusively with the state. State-led development also suggests that the state has an important oversight role to ensure that both the processes adopted and the outcomes pursued are consistent with the parameters set out at the outset.

2. The definition highlights that development planning is concerned with the public interest. As others have suggested, the object of planning is to contribute to the Good Society (Campbell and Fainstein, 2003). However, there are a wide variety of interests and prevailing power imbalances in any given society. Unless this is recognised, development planning will, inadvertently, serve to entrench the interests of the most vocal, powerful and organised sections of society. This means that the aim of realising the public interest can only be achieved in practical terms if development planning successfully reconciles the multiplicity of interests in accordance with values like social justice and diversity. This points to the centrality of participation, particularly of elected representatives at all levels of government and of local communities and their representative organisations.

3. Embedded in the definition is an appreciation of development planning as both a political process and an arena of technical competency.[19] The political dimension of development planning is reflected in the agenda-setting and visioning role of the state, the emphasis on development planning as a process of making strategic choices about priorities and resources, the recognition of the centrality of participation and partnerships in the planning process, and the oversight role assigned to the state. These all point to the central role of parliaments, members of the Executive and local Councillors in the planning process. The technical dimension of development planning relates to the selection of strategies and associated tools, instruments and techniques best suited to realise certain goals. These include instruments for data collection and interpretation (e.g. information management systems), implementation tools, mechanisms to facilitate participation and manage partnerships, and assessment tools to review progress made. It is worth noting that despite the aura of scientific rationality and neutrality, planning tools and techniques are not value-neutral, neither is their application. The imperative is to ensure that technical knowledge is applied in a way that maximises the politically agreed objectives and priorities.

4. The definition emphasises the importance of locally crafted (through the difficult and conflictual process of public participation and engagement) and domestically owned development plans. The emphasis on 'local' or 'domestic' here further presupposes an acknowledgement of contextual factors that determine both the specific nature of development challenges and the development potential (including organisational capabilities) that exist in a particular society. By implication, nationals and their elected representatives should be the initiators, the beneficiaries and the adjudicators of the development process – roles that are more often than not fulfilled by external actors or agencies (see Ohiorhenuan, 2002).

5. Notwithstanding the emphasis on locally appropriate development and domestic ownership, both the planning process and planning outcomes are informed by guiding principles, such as social justice, democracy, institutional effectiveness and efficiency, economic growth with equity, and ecological integrity. These guiding principles are not only interdependent, but also potentially contradictory. Thus, the challenge for development planning is to promote consistency between these principles as much as possible (see also Van Donk, 2002).

6. Development planning involves a wide range of activities taking place at different functional, spatial and operational levels. Although often pursued as discrete and neatly demarcated rational systems of action with distinct objectives and foci, in the messy reality of the real world there is a significant amount of overlap and potential contradiction, if not conflict, between different planning systems. Thus, there is an obvious need for coherence and consistency between them.

7. The production of a development plan is only one aspect of the planning process. It is not the ultimate purpose of planning – in fact, it may not even always be the most appropriate output (Conyers and Hills, 1984). Instead, plans are a means to achieve the stated development goals or objectives.

The working definition outlined above presents a normative interpretation of development planning, rather than a descriptive analysis of development planning as it has been practiced in sub-Saharan Africa to date. At the same time, however, it also reflects current consensus in international thinking on issues such as the role of the state in the development process, the importance of participation and partnerships, the emphasis on local ownership and contextuality, and so on. These themes are underpinning the development planning frameworks that are currently gaining prominence in sub-Saharan Africa. The next section will outline the main types of development planning that are currently most critical in guiding the development process in sub-Saharan Africa.

4. Typology of Development Planning and associated frameworks

As highlighted in the previous section, development planning involves a wide range of activities taking place at different functional, spatial and operational levels. Each type of development planning has a particular historical trajectory and is the focus of extensive theoretical reflection and debate, which cannot be adequately reflected within the scope and space constraints of this paper. The historical overview presented in Section 2 referred to some of the characteristics of economic, sectoral (health and education) and integrated area (rural and urban development) planning in the various decades since 1960, as well as to some of the achievements and limitations of those different types of planning. Clearly, the historical overview did not present an exhaustive discussion of any of these types of planning, but merely highlighted some of the key issues and experiences. Table 4 presents a summary overview of key types of development planning in sub-Saharan Africa in the latter part of the previous century.

This section seeks to identify those development planning frameworks that are currently most critical in guiding the development process in sub-Saharan Africa. Due to the purpose and nature of this report, not all development planning frameworks with relevance for sub-Saharan Africa can be presented here. Neither can the brief description of particular development planning frameworks do justice to the variety and depth of planning systems that exist on the subcontinent, let alone in specific countries.

Key types of development planning in sub-Saharan Africa

Following on from the distinctions made in the historical overview and in Table 3, we can identify four key types of development planning in sub-Saharan Africa. These are: economic development planning, sectoral planning, multi-sectoral planning and integrated area planning. Each of these types of planning is associated with one or more (possibly overlapping) development planning frameworks.

Economic development planning in sub-Saharan Africa is generally aimed at achieving sustainable economic growth, raising social welfare and achieving or retaining national autonomy over the economy (after Mongula, 1994). Most commonly, economic development planning in sub-Saharan Africa is concerned with macroeconomic reform and stabilisation, focusing on the management of the recurrent budget deficit and inflation, trade liberalisation and exchange rate correction, privatisation and attracting foreign and domestic financial investment through

the creation of an 'enabling environment'. In light of the negative consequences of structural adjustment, poverty concerns have (in theory, at least) become more integral to economic development planning in the past few years. Many African countries have developed, or are in the process of formulating, a Poverty Reduction Strategy Paper (PRSP) or an Interim-PRSP (I-PRSP).[20] In the words of John Ohiorhenuan (2002: 24), the PRSP is supposedly a "poverty-conscious" macroeconomic framework. In other African countries, an alternative poverty reduction framework is in place. Another planning framework under the rubric of economic development planning is the Medium Term Expenditure Framework (MTEF), which is meant to guide financial planning over multi-year planning cycles.

Sectoral planning is the most common form of planning in most countries and the basis from which national development plans are compiled. Sectoral planning is concerned with the various interventions a government can make in relation to specific sectors of the economy, e.g. agriculture, education, health, transport and so on. As West (1996) highlights, sectoral planning refers to interventions in those sectors where government takes a leading role, either because market failure is expected (e.g. in the case of education or health, where relatively low private returns serve as a disincentive to ensure equitable access and adequate coverage), or because private monopolies may cause exploitation of consumers (e.g. in relation to water supply, electricity, and so on). In the latter part of the 1990s, the Sector-Wide Approach (SWAp, or Sector Programmes – SP) became en vogue as a coherent sectoral framework, in part driven by the need for greater coordination and policy coherence between different donor agencies. The most common sectors in which SWAps are developed are health, education and agriculture (Berke, 2002; Lister, 2002).

Multi-sectoral planning, or integrated planning, has emerged in a variety of shapes and forms since the 1970s, for example in Primary Health Care (PHC), integrated rural development planning, gender planning, integrated environmental planning and, more recently, in multi-sectoral planning for HIV/AIDS and in PRSPs. In ideal form, multi-sectoral planning provides coordination and consistency between different sectoral responses and ensures that these responses strengthen and reinforce interventions by other sectors. Although conceptually appealing, the formulation and implementation of multi-sectoral plans have been riddled with contradictions, complexity and frustration. Faced by the devastation and developmental challenges posed by the HIV/AIDS epidemic, many countries in sub-Saharan Africa have developed a National Strategic Framework for HIV/AIDS to guide their national multi-sectoral response to HIV/AIDS. Often, this is preceded or accompanied

by the establishment of a national structure or commission, which is usually responsible for planning and coordinating the national response to HIV/AIDS. In some instances, sub-national organisations are set up, with similar responsibility for planning and coordination at regional/district level.

Integrated area planning emerged as a result of inadequacies in sectoral planning and physical planning, concerned with spatial dimensions of development (often referred to as land-use planning), to address the multi-facetted and interrelated nature of development in specific geographic areas (Conyers and Hills, 1984; Lea and Chaudhri, 1983). The Rural Development Framework and the Urban Development Framework typically provide the basis for rural development and urban development respectively.

The institutional location for the different types of planning outlined above is central government. In addition, decentralised planning at district and/or local level is taking place on the subcontinent. In the past, decentralised planning more often than not meant the devolution of administrative functions, rather than of political authority. National Ministries of Finance and sectoral Ministries have been quite reluctant to relinquish control over recurrent and capital finances (Belshaw and Livingstone, 2002). Increasingly, decentralisation has been linked to local democratisation, which also involves the devolution of political powers. Clearly, the rationale for decentralised planning is very appealing: it is expected to facilitate community participation and integrated planning between different sectors in a particular locality; it is seen as a means to ensure that development plans are more relevant to local needs and to speed up decision-making and implementation; and, it is anticipated to encourage more efficient use of resources and to generate additional revenue (Conyers, 2000). In practice, however, decentralised planning does not automatically live up to these expectations and it is proving to be a much more complex and conflict-ridden

process. For the purpose of this study, the attention will be on national development planning frameworks rather than local/district plans.

From this brief description of development planning in sub-Saharan Africa, the following development planning frameworks are emerging as being the most prevalent and most influential throughout the subcontinent to guide economic development, sectoral, multi-sectoral and/or area-based planning:

• National development plan;
• PRSP (or I-PRSP), or an alternative planning framework for poverty reduction;
• MTEF;
• Sectoral plans, including SWAps;
• National Strategic Framework for HIV/AIDS;
• Integrated Rural Development Framework;
• Integrated Urban Development Framework.

Each of these will be briefly discussed below.

Key development planning frameworks

Of the main development planning frameworks in sub-Saharan Africa discussed here, the PRSP is increasingly heralded as the centrepiece of development planning, which should in a sense become an integrative mechanism for all national planning endeavours. It is for this reason that disproportionate attention is given to the PRSP in the discussion below. The PRSP has relevance for about two-thirds of countries on the subcontinent, thereby affecting around two-thirds of the total population. Although not all the observations made here will pertain equally to countries without a PRSP, most of these tend to have an alternative poverty reduction framework.

National development plan

The national development plan provides the long-term vision of national development, usually spanning 10-20 years, and reflects core objectives, key strategies to meet the objectives, how these strategies will be sequenced, and sets out the policy process to pursue the objectives (UNCTAD, 2002a). The following issues should be central in the national development plan:

> "… the nature of growth mechanisms underlying the development process, including accumulation of physical and human capital, and productivity growth through an increasing division of labour, technological progress and structural change, as well as the efficiency of

resource allocation; the type of structural transformation which may be encouraged as the economy grows; sources of finance for productive investment; the role of trade in the development process; mechanisms for promoting enterprise development and learning; environmental sustainability; and the generation and sustainability of livelihoods for all sections of the population (UNCTAD, 2002a: 177)."

The UNCTAD report continues to say that "creating effective and capable States, and also a dynamic domestic entrepreneurial class willing to commit its resources to domestic investment rather than to luxury consumption or holding private wealth abroad, is a central institutional issue which also must be addressed in a developmental approach to poverty reduction" (UNCTAD, 2002a: 177-178) – and as such these issues need to be reflected in the national development plan.

PRSP

It has been argued that poverty reduction strategies are becoming the overarching national planning instrument in many countries (UNDP, 2002). In the majority of sub-Saharan African countries, this correlates with the PRSP. With its emphasis on poverty reduction, public participation and local ownership, the PRSP has been heralded as an innovative planning tool with the potential to realise integrated economic and social development. Whether the PRSP will realise this potential depends to a large extent on the nature and scope of the participatory process, the quality of the analysis, and the depth and breadth of proposed strategies, amongst others.

Already, there are some concerns about both the content and the process of the PRSP. In terms of the content, one of the main criticisms is that macroeconomic policies are exempted from a poverty analysis (ActionAid, 2002; Craig and Porter, 2002; Godfrey, 2001; ILO, 2002; UNCTAD, 2002a and 2002b; UNECA, 2002). Instead, poverty is generally addressed through certain pro-poor policies, chiefly in the public provision of health and education, and through the provision of additional safety nets and targeted spending to respond to the adverse effects of macroeconomic reform (seen to be only temporary in nature). African PRSPs most commonly include macroeconomic and structural adjustment policies, like non-inflationary budget policies, revenue generation through a broad-based consumption tax (e.g. VAT), market liberalisation and deregulation and trade liberalisation, yet without assessing the likely impact of these policies on poverty (UNCTAD, 2002b). Past experiences with SAPs show that such policies have detrimental implications for poor people and have resulted in increased and deeper poverty. This has led John Ohiorhenuan (2002: 3) to observe that PRSPs seem more concerned with symptoms rather than causes of poverty, or with targeting "the shadow rather than the substance".

ActionAid (2002) has observed that in some African countries, the PRSP reflects some improvement in the quality and depth of poverty analysis, although this finding could not be generalised to all countries. Yet, in most cases, poverty tends to be framed in a "naively technical" (but not neutral) way (Craig and Porter, 2002). Others have noted that the lack of poverty data and capacity for poverty monitoring – in other words, the absence of a 'knowledge infrastructure' – raises questions about the capability of the state to integrate poverty concerns into the macroeconomic framework (Ohiorhenuan, 2002; UN Economic and Social Council, 2002). State capability has already been eroded due to the civil service reforms under structural adjustment (Olowu, 1999). In spite of this, and regardless of the fact that African civil services are much smaller per head of the population than their counterparts in other parts of the world (Goldsmith, 2000; Olowu, 1999), many PRSPs continue to emphasise downsizing of the civil service. This further erodes the capacity of the state to ensure that poverty concerns are integral to macroeconomic analysis and strategy formulation. The combination of weak state capability and the absence of an appropriate knowledge infrastructure are likely factors in what UNCTAD (2002a: 170) refers to as "the missing middle" – the fact that PRSPs generally lack clear strategies to meet the stated objectives and targets.

Other concerns with the content of PRSPs relate to the lack of attention given to employment and the need for productive development policies (ILO, 2002; UNCTAD, 2002a), the near absence of a gender perspective on poverty and economic growth (Zuckerman and Garrett, 2003), and the inadequate attention given to trade issues (Ladd, 2002; UNCTAD, 2002a). In addition, there has been weak integration of sector plans into the PRSP (Berke, 2002; UNCTAD, 2002a). Also, the focus on the architecture of the state through the emphasis on 'good governance' has raised mixed responses, particularly when one of the implications seems to be downsizing of the state, without due regard for issues related to the quality and accountability of the civil service.

In terms of the PRSP process, there are indications that in some African countries the PRSP has widened the space for civil society involvement to engage in public policy making, although this is not the case in all countries (ActionAid, 2002). Moreover, the space for civil society engagement narrows substantially as the process of developing and adopting a PRSP progresses. Also, the absence of clear criteria or a mechanism to assess the quality of participation is an issue of concern (ActionAid, 2002; Godfrey, 2001). Of particular concern are the lack of parliamentary engagement and scrutiny (Craig and Porter, 2002; UNCTAD, 2002a; UNECA, 2002) and the lack of involvement of local Councillors (Craig and Porter, 2002;

Ohiorhenuan, 2002). Others have noted that labour ministries, trade unions and employer organisations have not been sufficiently involved (ILO, 2002). Linked to the issue of process is the question about capacity, and more specifically the need for competent citizens and civil society organisations to engage effectively with the PRSP (Cheru, 2002c; Godfrey, 2001).

Concerns related to both process and content of PRSPs raise questions about ownership – a fundamental tenet of the PRSP. The fact that the PRSP has become a prerequisite to qualify for concessionary loans, debt relief and bilateral grants is seen to limit local ownership, especially in light of the dominant role played by international financing institutions in both the formulation and the approval of the PRSP. In light of this, UNCTAD (2002b) has argued that ownership is confined to social development programmes and safety nets, but does not apply to macroeconomic development strategies. Another issue noted is the narrow base of ownership within central government, as it is usually confined to the Ministry of Finance or the Office of the President, with little real engagement of other Ministries (Cheru, 2002c).

These areas of concern notwithstanding, many commentators recognise that the PRSP does hold the potential to be an effective development planning framework. Clearly, some fundamental changes in the conceptualisation, formulation and implementation of PRSPs are required to realise this potential.

MTEF

The MTEF is a key instrument for macro-budget planning and expenditure control in sub-Saharan Africa. Like the PRSP, it has been developed under international guidance and negotiated with donors and IFIs. Various African countries have already adopted the MTEF and it is expected that many of their regional counterparts will follow suit.[21] The MTEF links policy making to planning and budgeting. It covers three to four years, although it is envisaged that this time horizon could be extended as countries gain experience with the MTEF (World Bank, not dated). The MTEF is "… a top down strategic allocation guide and a bottom up cost template" (World Bank, not dated: 2). In other words, it combines fiscal targets (the 'hard budget constraint') set by the Ministry of Finance (and endorsed by Cabinet) with allocation of resources to strategic priorities that have emerged from a bottom-up estimation of costs. As such, the MTEF is the outcome of a process of negotiation between central Ministries (particularly the Ministry of Finance) and sector Ministries, in which Cabinet plays a decisive role. Whereas its intention is to promote financial predictability by providing a comprehensive budget, part of the MTEF's objective is "… to encourage the sectors to adopt a culture of strategic management and creating a competitive platform for resource allocation" (World Bank, not

dated: 3). In addition, the MTEF is becoming increasingly associated with making budgets more performance oriented and transparent.

Because most MTEFs are still relatively young, it is difficult to assess their role and impact in practice. However, a preliminary World Bank assessment found that the most developed MTEFs are found in South Africa, was has a higher capacity than most other countries, and in Uganda, where it has been introduced over a decade ago. In few countries, evidence suggested that fiscal discipline had improved or that it had led to greater financial predictability. Likewise, there was only limited evidence to suggest that the MTEF had facilitated better inter- and intrasectoral coordination. In addition, the review identified a need for better integration between the MTEF and the existing budget process (Le Houerou and Taliercio, 2002).

There is supposed to be a complementary relationship between the MTEF and the PRSP. Both frameworks share a focus on medium-term planning and are aimed at facilitating donor harmonisation. Yet, many observers have noted that in most countries those links are (still) very weak (see, amongst others, ActionAid, 2002; Ohiorhenuan, 2002; UNECA, 2002). Where the link has occurred effectively, for example in Uganda, it has led to unprecedented volumes of international funds, which have been channelled through central agencies directly to sector programmes at community level (Craig and Porter, 2002).

SWAps / Sector Plans
A common manifestation of sector plans in sub-Saharan Africa is found in SWAps. SWAps emerged in the latter part of the 1990s in response to the perceived failings of the project approach to complex issues within particular sectors; the problems that existed with dual budgeting (in particular, the split between recurrent and capital expenditure); the donor-driven agenda in sectoral planning and associated conditionality; the administrative burden on recipient governments due to a lack of donor harmonisation; and, concerns about sustainability in light of the failure to build local capacity (Lister, 2002). The idea underpinning SWAps is that "all significant public funding for the sector supports a single sector policy and expenditure programme, under Government leadership, adopting common approaches across the sector, and progressing towards relying on government procedures to disburse and account for all public expenditure, however funded" (Lister, 2002). Like the PRSP and the MTEF, SWAps are medium-term planning frameworks, underpinned by consultation, government leadership and donor harmonisation.[22] It is worth noting that SPs (Sector Programmes) or SWAps do not equate with an entire sector, but generally involve only 50% of funding to a particular sector (Berke, 2002).

The experiences with SWAps to date show mixed results, with some clearly guiding sectoral planning and others having become dormant soon after being formulated (Berke, 2002). More recently, the alignment of SWAps and sectoral plans with the PRSP has become an area of focus. It seems that in some instances, the PRSP process has given impetus to new or dormant sector programmes. In other instances, however, SWAps or SPs pre-dating the PRSP seem to have difficulty in adapting to the targets and strategies set out in the PRSP (Berke, 2002). To a large extent, this is indicative of the fact that planning processes and plans produced (whether sectoral, multi-sectoral or otherwise) are not sufficiently aligned and integrated. The issue of alignment and integration of development planning frameworks clearly is a recurrent issue, to which we shall return later.

National Strategic Framework for HIV/AIDS
The objective of the National Strategic Framework for HIV/AIDS is to guide all government sectors to respond effectively to the multiple development challenges associated with the HIV/AIDS epidemic. Although it is too soon to assess the long-term impact of multi-sectoral planning for HIV/AIDS, it has undeniably added significant momentum to the response to HIV/AIDS in sub-Saharan Africa. Amongst others, it has focussed collective energies on analysing the nature and manifestation of the epidemic and on formulating appropriate solutions.

Yet, despite the general consensus that HIV/AIDS requires a multi-sectoral response (as evidenced in most policy documents and plans concerning HIV/AIDS on the subcontinent), when it comes to analysis of and programmatic responses to HIV/AIDS, there tends to be consistent slippage to responses focusing on the individual level and on matters of personal behaviour (Decosas, 2002). To some extent, this could be indicative of the complex nature of multi-sectoral and integrated planning. But it also points to conceptual and methodological issues concerning the 'source' of HIV infection and what is considered the most effective (and morally and politically acceptable) entry point for intervention. Furthermore, it suggests that there can be a 'translation gap' between stated objectives, strategy formulation and implementation. Such distortion is obviously not unique to multi-sectoral planning for HIV/AIDS.

Another concern is that multi-sectoral planning for HIV/AIDS usually does not coincide with other national planning cycles, in particular the budget cycle. Again, this raises the issue of synchronisation of different planning cycles and alignment of development planning frameworks.

Rural Development Framework
The Rural Development Framework provides the framework for a consistent and coherent policy approach to rural

development based on a medium to long-term vision of rural development. Informed by an analysis of rural realities, the Rural Development Framework typically outlines the goals, policy choices and strategies that would be best suited to realise the vision. Its main concerns generally are enhancing the productivity of the rural economy and reducing rural poverty through a combination of measures (e.g. employment creation, the promotion of food security, investment in social development and infrastructure, etc.). The framework also addresses institutional issues, such as the role of the state in the development process and mechanisms to facilitate participatory planning.

Urban Development Framework

The object of the Urban Development Framework is similar to that of the Integrated Rural Development Framework, but with specific reference to urban realities and the need to create sustainable urban settlements. Sub-Saharan Africa is characterised by fairly recent and rapid urbanisation.[23] This brings with it a host of challenges related to the need to create viable, productive, equitable and sustainable urban settlements. Because urban areas also have political, economic, social and environmental significance beyond their borders, the Urban Development Framework typically has to address these impacts as well.

Issues of integration and alignment

A key challenge facing sub-Saharan African states is to ensure alignment between the key frameworks guiding development planning. Evidence suggests that this is an area where significant space for improvement exists. Currently, most countries have parallel planning processes, with little integration and alignment between these processes and their outputs. Planning cycles are often not aligned, as was noted in the case of the PRSP, the MTEF and Sector Plans as well as in relation to multi-sectoral planning for HIV/AIDS and other planning cycles, particularly the budget cycle. There is also a lack of uniform data and reporting systems, consistent indicators and standardised

guidelines for local level involvement that can be used across different planning systems (Berke, 2002; Lister, 2002).

Another, linked, issue is the need to ensure that the various (aligned) planning frameworks are translated into annual plans with clear targets and implementation strategies and into annual budgets. As the preceding overview has highlighted, there is significant room for improvement here as well.

Graph 4 represents an ideal type picture of the relationship between key development planning frameworks and their link to annual plans and budgets. The way the planning frameworks are presented does not reflect a hierarchical order, with the possible exception of the national development plan, which is meant to be the overarching framework to guide all other development planning frameworks (see grey arrows). Whilst all development planning frameworks cover multi-year cycles, the national development plan provides a long term vision, whereas the other frameworks are more concerned with the medium term. In addition, the PRSP, MTEF and the National Strategic Framework for HIV/AIDS are multi-sectoral and multi-locational (i.e. relevant for both urban and rural areas). Instead, sector plans are multi-locational, but not multi-sectoral, and integrated area plans are multi-sectoral, but not multi-locational. As Graph 4 shows, the relationship between different development planning frameworks is supposed to be mutually enforcing. Obviously, this starts from the premise that the various development planning frameworks are a true reflection of local needs and demands – in other words, that these are domestically designed and owned plans. Otherwise, greater synchronisation is likely to be associated with tighter conditionality and restrained room for manoeuvre for African states and their people.

The remainder of this paper will explore possible links between development planning and HIV/AIDS. The next section presents the theoretical starting points for such an assessment. Section 6 will apply these theoretical starting points to the various development planning frameworks identified here.

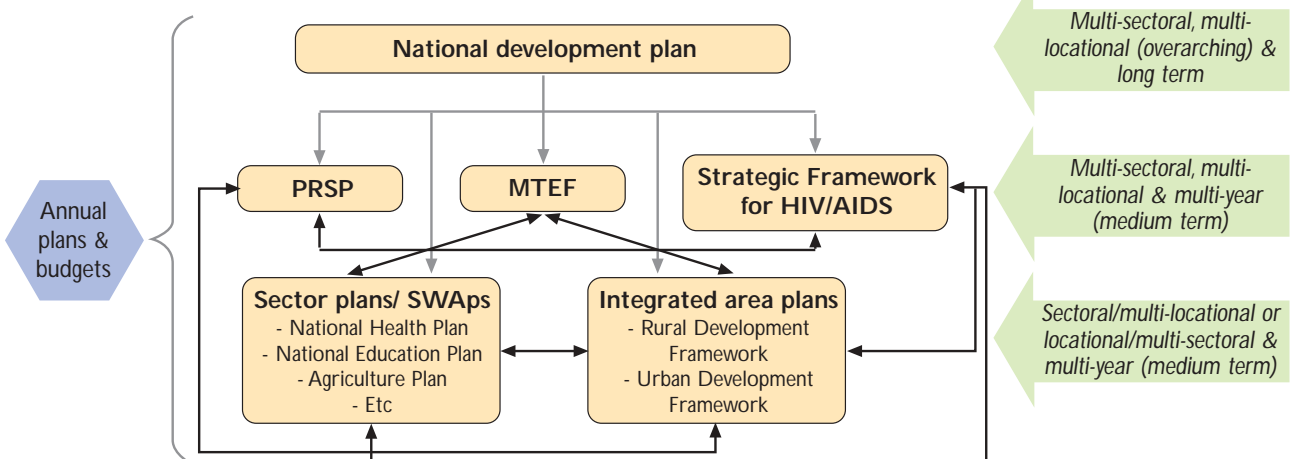**Graph 4. ideal type linkages between development planning frameworks**

Table 4. Overview of key types of development planning in sub-Saharan Africa, 1960s-1990s

	1960s	1970s	1980s	1990s
Economic development planning	Capital formation as the basis for economic growth, with primary exports and import substitution leading to rapid industrialisation. Also promotion of some form of economic nationalism.	Similar to the 1960s, with more attention given to distributional aspects of growth and to poverty (through planned sectoral investment).	Stabilisation through macroeconomic reform and structural adjustment.	Stabilisation through macroeconomic reform and structural adjustment. Increasing poverty and equity concerns, yet mainly delinked from macroeconomic planning.
Sectoral planning				
Health planning	Establishment of national health care systems and significant state investment to ensure free access to health care for all.	Shift to PHC (at least in theory), with emphasis on equity, participation, intersectoral collaboration & decentralisation.	Health sector reforms articulated in terms of equity, sustainability and efficiency. Drastic cuts in public sector spending and emphasis on the role of the market in service delivery, coupled with significant diversification of service providers. Introduction of user charges to generate revenue and emphasis on community involvement & decentralisation. Significant increase in donor involvement.	Revival of PHC ideas (e.g. 'community based health care'), with emphasis on participation, empowerment & decentralisation. Donors introduce sector-wide approaches (SWAps) for health development since mid-1990s.
Education planning	Transformation of the inherited racial education system (incl. 'Africanisation' of curriculum and throughout all levels of the education system) to ensure access for all. Emphasis on primary and adult education; also promotion of higher education through guaranteed employment for graduates.	Shift to vocational and technical skills training, with particular focus on agriculture and rural development, as a means to stem rising levels of unemployment.	Drastic cuts in public sector spending and emphasis on the role of the market in service delivery, coupled with significant diversification of service providers. Introduction of user charges to generate revenue. Significant increase in donor involvement. Emphasis on primary education.	Donors introduce sector-wide approaches (SWAps) for education since mid-1990s. More emphasis on participation and partnerships.
Integrated area planning				
Rural development planning	Physical and infrastructure planning and/or self-help community development (with strong participation component).	Increasing concern with productivity and rural unemployment, focusing on diversification of rural economy, modernisation of agriculture sector and small farm productivity. Also, emergence of Integrated Rural Development Planning (IDRPs) (largely dependent on donor funding), basic needs provision and local development funds.	Elements of earlier forms of rural development planning, yet accompanied by a retreat of the state and increasing involvement of donor agencies, NGOs and local communities. Also, increasing recognition of the interdependence and complex interlinkages between rural-urban development.	Elements of earlier forms of rural development planning, yet accompanied by a retreat of the state and increasing involvement of donor agencies, NGOs and local communities.
Urban development planning	Master planning, focusing on physical/spatial dimensions of planning. Emphasis on urban-based industrialisation policies based on the view that urban development is beneficial for national development.	Significance of economic, social and political factors recognised, leading to large-scale development projects (e.g. squatter upgrading and sites-and-services). Yet, continuation of physical planning through the master plan, with little interlinkages. Strong anti-urban sentiment started to emerge.	Urban management approach, i.e. significant reduction in the role of the state in the implementation of development projects (incl. privatisation & commercialisation of state functions), focus on alternative sources of revenue (incl. private sector investment & service charges), and promotion of local community involvement in delivery and maintenance of urban services & infrastructure.	Shift towards strategic planning (within the urban management approach) as a dynamic framework for priority setting, implementation & the facilitation of participation and partnerships.

Sources: Ayeni (1999); Belshaw (2002); Bloom and Lucas (2002); Cheru (2002a); Court and Kinyanjui (1986); Devas and Rakodi (1993); Halla (2002); Hearst and Blas (2001); Hill (1997); Kinyanjui (1994); Mongula (1994); Mumtaz and Wegelin (2001); Nissanke (2001); Stren (1991); Walt et al. (1999).
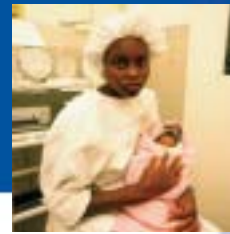
5. Development Planning and HIV/AIDS: Theoretical starting points

Section 2 concluded by referring to the human tragedy and devastation caused by HIV/AIDS in sub-Saharan Africa and highlighted some of the fundamental development challenges associated with the epidemic. Although the scale and nature of these challenges vary between countries on the subcontinent, with Southern and Eastern African countries facing the most severe HIV/AIDS epidemics, containing the spread of HIV and responding to the multiple impacts of the epidemic is a priority for the whole of the subcontinent. Development planning, in its variety of forms, has a critical role to play in this regard. The aim of this section is to outline a conceptual framework that allows for a more in-depth assessment of the possible links between development planning and HIV/AIDS and, more specifically, of the extent to which development planning, consciously or unwittingly, supports or undermines an effective response to HIV/AIDS.

Conceptual shifts for an expanded response to HIV/AIDS

The need to respond to HIV/AIDS has been recognised since the early 1980s. Since then, various conceptual shifts have occurred in relation to HIV/AIDS, which have influenced planning responses. Initially, a narrow biomedical paradigm determined the way HIV/AIDS was problematised and both analysis and planning response were concerned with the medical aspects of the epidemic. This soon led to a concern with 'risk groups' and behavioural aspects, including a focus on 'culture', often foregrounding individual behaviour and responsibility as the key to preventing further HIV transmission. More recently, there is widespread recognition of the limitations of both the biomedical and anthropological/behavioural paradigms for explaining the nature and spread of HIV and for articulating appropriate planning interventions to curb its spread and mitigate its impacts. Nowadays, HIV/AIDS is conceptualised as a development issue, which emphasises the

At the outset, it may be important to engage with an apparent paradox. This paper is chiefly concerned with state-led development, yet evidence suggests that the most effective and sustainable responses to HIV/AIDS are community-initiated and community-led (see, amongst others, Decosas, 2002). Does this not raise questions about the effectiveness and desirability of a top-down and state-led approach? This question clearly oversimplifies some issues. For one, state-led development does not necessarily imply a top-down approach, nor does it assume that the state is the only actor in the design and implementation of planning interventions. As the proposed working definition of development planning has highlighted, participation is an integral element of the process. Furthermore, the state can help to create and strengthen those conditions that enable a community response to flourish. Finally, many of the determinants and consequences of HIV/AIDS transcend the local level and exceed the area of influence of communities and their organisations. These issues justify a focus on state-led development in relation to HIV/AIDS.

socio-economic context in which the epidemic occurs and the interrelatedness of HIV/AIDS with other development concerns, such as poverty and inequality (see, amongst others, Collins and Rau, 2000). This conceptual shift has given rise to the formulation of what UNAIDS (1998) refers to as 'an expanded response'.[24] Such an expanded response finds expression in multi-sectoral responses to HIV/AIDS at country level, most commonly reflected in the National Strategic Framework for HIV/AIDS.

Although the various conceptual frameworks for HIV/AIDS (medical, behavioural or multi-sectoral) undoubtedly result in different planning responses in terms of goals, objectives and strategies, what they have in common is the fact that they could all be considered to fall into the category of 'planning for HIV/AIDS' (which may be more appropriately called 'planning against HIV/AIDS'). This type of planning has as its objective to consciously respond to the epidemic, either by targeting specific determinants, dynamics or impacts of the epidemic or by developing a comprehensive response to the epidemic.

In addition to 'planning for HIV/AIDS', other types of development planning also have relevance for the spread of the epidemic and its impacts. This concerns *development planning aimed at realising specific development objectives* (e.g. macro-economic growth, poverty reduction, food security, rural/urban development, quality education, etc.). Economic development planning, sectoral planning and integrated area planning as identified in Section 4 would fall into this broader category. Often, these types of development planning include little to no reference to HIV/AIDS. Even if reference to HIV/AIDS is made, this hardly ever translates into a programmatic focus on HIV/AIDS. Yet, this broad category of development planning can significantly increase or decrease the level of risk and vulnerability to HIV infection and the extent to which individuals, households and organisations are able to cope with the consequences of HIV infection.

This concept paper is concerned with both 'planning for HIV/AIDS' (as embodied in the multi-sectoral National

Development planning (both 'planning for HIV/AIDS' and other types of development planning) has relevance for each of these objectives, or core components, of a comprehensive response to HIV/AIDS.

Prevention

In seeking to develop appropriate prevention measures, development planning needs to understand and respond to the determinants of the epidemic that constitute a risk environment, rather than merely focusing on individual behaviour and assumed individual responsibility. Behavioural factors related to sexual practices (including sexual mixing, condom use and prevalence of concurrent sexual partners) and to breast-feeding are important dimensions influencing the spread of HIV. Yet, behavioural factors have often been overstated, with the result that too much emphasis has been put on individual choice and responsibility, without adequate regard for the social context in which individual behaviour occurs and the structural constraints it imposes on individual

Strategic Framework for HIV/AIDS) and with development planning for other development objectives, specifically economic development planning, sectoral planning (with emphasis on health and education) and integrated area planning (urban/rural development planning). Section 6 will explore the possible links between HIV/AIDS and key development planning frameworks as identified in the preceding section. To make such an exploration possible, this section will look more closely at the nature, determinants and consequences of HIV/AIDS and propose a conceptual framework that allows for an assessment of the implications for development planning.

HIV/AIDS: A three-pronged response

There is general recognition that an effective response to HIV/AIDS has three core objectives, which are interrelated:
1. Prevention of HIV transmission;
2. Care and treatment for those infected with HIV;
3. Mitigation of current and future social, economic, political and institutional impacts of AIDS.

agency (see Baylies, 2000; Collins and Rau, 2000; Poku and Cheru, 2001).

Recent literature on HIV/AIDS suggests that the following determinants contribute to such a risk environment and enhance people's vulnerability to HIV infection:
• Poverty, more specifically lack of income;
• Lack of food security;
• Unequal income distribution;
• Gender inequality;
• Inadequate or unequal access to basic public services, particularly health care and HIV prevention methodologies;
• Unequal distribution of political power and lack of political voice;
• Migration/mobility, displacement and urbanisation;
• Weak social cohesion;
• Levels of social instability, conflict and violence in society.[25]

Various studies have shown that the relationship between any of these factors and HIV/AIDS is not simplistic. For example,

while the majority of people living with HIV/AIDS are poor, many people who are not poor are also infected (Collins and Rau, 2000). Also, not all poor people, women or migrants become infected with HIV, which suggests that it is the interplay between these (and other) determinants that needs to be appreciated.

Of all the factors identified above, migration/mobility and urbanisation are of a slightly different order. In the case of the other factors, the negative (e.g. poverty or inequality) can be turned into a positive (e.g. poverty reduction or the promotion of equality), thereby contributing to a diminished risk environment for HIV infection. In the case of migration and urbanisation, it could be tempted to see the corresponding response as simply curbing migration or controlling entry into urban areas. Yet, such a response is likely to result in a violation of human rights, such as right to freedom of movement. Instead, migration and urbanisation are both manifestations of the wider challenges to development (e.g. survival strategies in response to poverty, lack of employment prospects or conflict) and development challenges themselves, with conditions during the journey and at the place of destination enhancing vulnerability and risk regarding HIV/AIDS (UNAIDS, 2001). Thus, curbing migration or urbanisation is not the appropriate solution.

Treatment and care

In relation to treatment and care, we can identify core factors that influence the capacity of people living with HIV/AIDS and their communities to cope with the consequences of infection. These include factors that could decrease the probability of becoming symptomatic (i.e. HIV/AIDS-related illnesses) and of death, or that could ensure that affected individuals, households and communities are supported and equipped to cope with the health consequences of infection. The following factors are important in this regard:
• Access to appropriate and affordable health care, including access to life-prolonging and life-enhancing treatment (i.e. both anti-retroviral treatment and treatment for opportunistic infections);
• Poverty and lack of food security, in particular because lack of nutrition weakens the immune system and many medicines need to be taken with food.

Again, behavioural factors like patient adherence to medical treatment are also important dimensions of effective treatment and care. However, as with behavioural factors linked to the prevention of HIV infection, such factors need to be understood in the wider context of structural factors that influence individual behaviour. An overemphasis on individual responsibility for adhering to treatment, without acknowledging how factors like poverty, food insecurity and inadequate health care services influence one's capacity to persist with the treatment, exaggerates the amount of discretion individuals can exert. This serves to further disempower people and can easily result in a situation whereby people get blamed for forces beyond their control.

Impact mitigation

HIV/AIDS has multiple devastating impacts beyond individual health status at household, community, society, sector and institutional level, as Section 2 has highlighted. Most of these are already evident in worst affected countries, although the scale of these impacts is expected to increase dramatically within the next decade. Other impacts are as yet less evident, but are anticipated, such as the impact on macro-economic growth. On the basis of an expanding body of literature, the following eight key impacts can be extracted, each of which has far-reaching implications:
• Increasing adult mortality and infant mortality, resulting, amongst others, in demographic changes in the population structure and possibly in the gender ratio;
• Significant increase in the number of orphans, leading to an increasing number of child-headed households and households headed by an elderly person, amongst others;
• Increasing levels and depth of poverty and widening income inequalities;
• Increasing burden on women and risk of enhanced gender inequality;
• Collapse of social support systems and loss of social cohesion, especially as a result of stigma and fear;
• Reduction in labour supply, loss of qualified/skilled staff and organisational memory, and reduced productivity in all organisations and all sectors of the economy;
• Collapse of essential public services and erosion of public sector capacity;
• Reduced, possibly adverse, rate of economic growth and unstable, if not diminished, local revenue base;
• Enhanced possibility of social instability, conflict and violence.[26]

Clearly, not all of these impacts are inevitable, nor are they unalterable. Again, this depends on local variables and external factors. One of the astounding observations is that some likely consequences of HIV/AIDS are also considered key determinants of the epidemic, although these do not necessarily manifest themselves in the same way or form. For example, HIV/AIDS is likely to exacerbate poverty by increasing both the level and the depth of poverty. In the process, social groups that were previously less significant as a category of poor people may become significant, like orphans or the elderly, whose livelihood security has been eroded with the death of their children. The commonality between consequences and determinants of the epidemic suggests the possible danger of becoming trapped in a vicious cycle.

Development planning and HIV/AIDS: a tentative framework for assessment

Development planning, either by design or unintentionally, influences the determinants, dynamics and consequences of the HIV/AIDS epidemic. For example, it can encourage migration, increase income inequalities and undermine food security, which may enhance the risk of HIV transmission. Topouzis

(1998) gives examples of how road construction in Malawi and the construction of the Volta River Dam in Ghana both facilitated the spread of HIV by enhancing mobility (Malawi) and causing displacement and reducing economic security, leading many women to engage in sex work to generate income (Ghana). The opposite also holds true: through deliberate efforts to reduce poverty, enhance the status of women or support political voice and participation, development planning can help to prevent the spread of HIV and mitigate the impacts of HIV/AIDS. However, as Baylies (2002) cautions, such 'generic' interventions aimed at addressing specific determinants or consequences of the epidemic may not always be successful, as HIV/AIDS alters the dynamics of poverty, inequality and social exclusion. Thus, development planning in sub-Saharan Africa needs to *consciously* address the core determinants and consequences of the HIV/AIDS epidemic. This applies equally to 'planning for HIV/AIDS' and planning aimed at achieving other development objectives, whether these objectives are overarching, economic, sectoral or area-based.

In broad terms, we can review the link between development planning and HIV/AIDS on the basis of two key questions. First, to what extent does this type of planning aggravate, or help to diminish, an environment that enhances the vulnerability of men (boys) and women (girls) to HIV infection? Secondly, to what extent does this type of planning strengthen or undermine the capacities of individuals, households, organisations and institutions to cope with the impacts of HIV infection, ill health and possible death?

Based on the preceding discussion, these broad questions can be further specified by identifying specific risk factors, or determinants, and potential impacts of the epidemic. The template in Table 5 captures a tentative framework that can be used to assess various types of development planning and their probable link with HIV/AIDS. It distinguishes between core determinants, which are crucial from the perspective of prevention, and key consequences, which need to be addressed from the perspective of impact mitigation. Because treatment and care can be considered as one area of mitigating the impact of HIV infection, these aspects are brought under impacts. In particular, treatment would fall under point 2.1 (in terms of access to anti-retroviral treatment) and point 2.7, which relates to equitable access to essential public services, including (but not restricted to) appropriate health care for AIDS-related illnesses.

The template allows us to explore three key issues. Firstly, it asks whether addressing a particular core determinant or key consequence is a deliberate objective of this particular type of planning and if so, whether it specifically targets men or women (see second column). This gender breakdown is important, because HIV/AIDS is so closely intertwined with gender inequalities. Secondly, it allows us to assess whether the strategies and tools promoted to achieve a particular objective are likely to realise the objective, based on past and current

empirical evidence (see third and fourth column). In other words, it can assist in determining whether there is a potential 'translation gap' between objectives, strategies and outcomes. This step is basically concerned with the appropriate application of technical knowledge in pursuit of politically agreed objectives and priorities. But even if addressing a core determinant or key consequence is not a deliberate objective, it does not mean that there is no possible connection or impact of development planning on the determinant or consequence. Thus, the template can also be used to assess the impact of planning interventions on specific determinants and/or consequences, even if addressing these is not an explicit objective (see fourth column). Again, this last question can be disaggregated according to men and women.

Thus, the two broad questions for assessing the link between development planning and HIV/AIDS can be further specified in the following two subsets of questions:

1. In terms of prevention:
a. Is addressing this particular core determinant a deliberate objective of this type of planning?
b. If so, is it intentionally gender-inclusive, in other words, are the needs of both men and women recognised?
c. What strategies and tools are proposed to address this particular core determinant?
d. Based on empirical evidence, are these strategies and tools appropriate to address this particular core determinant of risk for both men and women?
e. If addressing this particular core determinant is not a deliberate objective, to what extent is this type of planning likely to enhance or diminish this core determinant of risk for both men and women?

2. In terms of impact mitigation:
a. Is addressing this particular key consequence (of HIV infection, ill health, death and the HIV/AIDS epidemic at large) a deliberate objective of this type of planning?
b. If so, is it intentionally gender-inclusive, in other words, are the potentially differential impacts on men and women recognised?
c. What strategies and tools are proposed to address this particular key consequence?
d. Based on empirical evidence, are these strategies and tools appropriate to mitigate this particular key consequence of HIV/AIDS on both men and women?
e. If addressing this particular key consequence is not a deliberate objective, to what extent is this type of planning likely to aggravate or diminish the magnitude of this key consequence for both men and women?

Concluding comments

Before applying these questions to the main development planning frameworks on the subcontinent, a few comments are worth making. For one, the concept of poverty and how it is used in the template warrants some attention. Poverty is a

multi-dimensional concept and refers to the various inter-related aspects of well-being that influence a person's quality of life and standard of living, which can be material (e.g. food, income, housing, etc.) and non-material (e.g. participation in decision-making and social support networks) (UNDP Regional Project on HIV and Development in sub-Saharan Africa, 2002). Because various dimensions of poverty are mentioned as distinct determinants of HIV/AIDS in the template, poverty is used here more explicitly to refer to the material dimensions of poverty associated with a minimum standard of living and food security.

Some factors appear as both determinants and consequences in the template. From the perspective of development planning, this distinction may not always be necessary. The link of a particular type of development planning to poverty or political voice, for example, may be similar, whether these are identified as core determinants or consequences. However, the reason why some factors are repeated under consequences is because HIV/AIDS tends to aggravate and alter the nature of these development challenges (e.g. poverty, gender inequality, etc.). This points to the potential of HIV/AIDS to perpetuate a vicious cycle of risk and vulnerability to HIV infection and reduced capability to cope with the consequences of the epidemic. The important consideration for development planning is to recognise *how* HIV/AIDS changes, magnifies and intensifies these variables, so that the vicious cycle can be broken.

This section has attempted to provide a conceptual framework that allows for an assessment of possible links between development planning and HIV/AIDS, and more specifically, to assess the extent to which development planning contributes to comprehensive prevention and impact mitigation efforts. This has resulted in a template that distinguishes between core determinants (from the perspective of prevention) and key consequences (from the perspective of impact mitigation). One of the limitations of tools and models, such as the template in Table 3, is that it may suggest that both the determinants and the consequences of HIV/AIDS can be reduced to simplistic causal factors and relationships. Clearly, this is not the intention here. For one, the determinants, dynamics and consequences of HIV/AIDS are variable and depend on a wide range of contextual factors, such as the scale of the epidemic, the resource base of communities, the nature of social and political systems, the structure of the national and local economy, the resilience of institutions, and the nature of planned interventions to address the multiple challenges of HIV/AIDS, amongst others. Furthermore, vulnerability to HIV infection and capacity to cope with its developmental impacts are made particularly acute by the interplay between the various factors, rather than one single determinant. This means that the template needs to be applied with a healthy amount of caution and discretion.

Also, the relevance of specific risk factors and impacts, and how these manifest themselves, may vary depending on the scope, scale or functional reach of a particular type of planning. The next section will look at the key development planning frameworks in sub-Saharan Africa as identified in Section 4 and make some initial observations about how these frameworks address HIV/AIDS.

Table 5. Template to Assess the Link Between Development Planning and HIV/AIDS

DEVELOPMENT PLANNING FRAMEWORK (E.G. PRSP)							
	Objectives	Deliberate Objective?			How? (Strategies & Tools)	Possible Impacts / Link (Conscious or not)	
		Yes/No	Men	Women		Men	Women
PREVENTION: ADDRESSING CORE DETERMINANTS	1.1. Change in individual behaviour (sexual behaviour / breast feeding)						
	1.2. Poverty reduction, i.e. ensuring a minimum standard of living & food security						
	1.3. Access to decent employment or alternative forms of income generation						
	1.4. Reduction of income inequalities						
	1.5. Reduction of gender inequalities and enhancing the status of women						
	1.6. Equitable access to quality basic public services						
	1.7. Support for social mobilisation and social cohesion						
	1.8. Support for political voice and equal political power						
	1.9. Minimisation of social instability and conflict / violence						
	1.10. Appropriate support in the context of migration / displacement						
IMPACT MITIGATION: ADDRESSING KEY CONSEQUENCES	2.1. Reduction of AIDS-related adult/infant mortality (i.e. ARVs, PMTCT)						
	2.2. Patient adherence (focus on 'responsible' individual behaviour of AIDS patients)						
	2.3. Poverty reduction, i.e. ensuring a minimum standard of living & food security, especially for PLWHAs & affected households and individuals (e.g. children & elderly)						
	2.4. Reduction of income inequalities (between HIV-affected and non-affected households & individuals)						
	2.5. Reduction of gender inequalities and enhancing the status of women						
	2.6. Appropriate support for AIDS orphans						
	2.7. Equitable access to essential public services, both for infected/affected persons & households and in general (due to eroding impacts of HIV/AIDS)						
	2.8. Effective/enhanced public sector capacity (due to eroding impacts of HIV/AIDS)						
	2.9. Job security and job flexibility for infected and affected employees						
	2.10. Ensuring sufficient and qualified/skilled labour supply (due to loss of labour)						
	2.11. Financial stability & sustainable revenue generation (threatened by HIV/AIDS)						
	2.12. Support for social support systems & social cohesion (eroded by HIV/AIDS)						
	2.13. Support for political voice and equal political power, particularly for PLWHAs and affected households and individuals (e.g. widows/widowers, children, elderly)						
	2.14. Reduction of AIDS-related stigma and discrimination						
	2.15. Reduction of social instability & conflict (due to, or aggravated by, HIV/AIDS)						

6. Possible links between types of Development Planning and HIV/AIDS

The purpose of this section is to illustrate how the template and the two subsets of questions can be applied to the main development planning frameworks in sub-Saharan Africa as identified in Section 4. At this stage, this is not based on an in-depth assessment of the various planning frameworks as formulated and implemented in particular countries on the subcontinent. Country-specific assessments will be done through selected case studies. Instead, the intention here is to draw out some generalities, which may or may not be appropriate or adequate to explain the relationship between development planning as exercised in particular countries on the sub-continent and HIV/AIDS.

Attention will first be given to the National Strategic Framework for HIV/AIDS, which should ideally inform the analysis of and programmatic responses to HIV/AIDS in other development planning frameworks. This will be followed by a discussion of the PRSP, the MTEF, Sector Plans and the Rural and Urban Development Frameworks. It is clear that some observations will be applicable to more than one development planning framework, because of shared overarching objectives or strategies. Such observations will not always be repeated.

A key issue complicating a thorough assessment is that most of these frameworks are still relatively new. This makes it difficult to assess anything beyond what is stated in the document. In some instances, past experiences in pursuing similar objectives or strategies may be of some help. In light of this, Table 6 may be instructive. It applies the first half of the template related to HIV prevention to the stabilisation approach of the 1980s. The intention here is not to suggest a simplistic causal relation between SAPs and the spread of the HIV/AIDS epidemic in sub-Saharan Africa. But as highlighted previously, at the time when SAPs were introduced, households, communities and even governments were already vulnerable to core determinants of HIV infection, which tended to be exacerbated by SAPs.

National Strategic Framework for HIV/AIDS

The National Strategic Framework for HIV/AIDS generally acknowledges many of the core determinants and key consequences of HIV/AIDS as identified in Table 5. Yet, more often than not this fails to translate into clearly articulated planning objectives, let alone strategies or outcomes. At times, outcomes are formulated, but with no indication of how these outcomes will be achieved. When it comes to programmatic interventions aimed at prevention of HIV transmission, the Strategic Framework tends to focus more exclusively on behaviour change (*point 1.1.*), with possibly some recognition of the importance of community mobilisation and of support for political voice of potentially vulnerable groups (e.g. youth and women) as key components of a prevention strategy (*points 1.7 and 1.8*). Through an emphasis on treatment and care and VCT

Table 6. Assessing the Link between Economic Development Planning and HIV/AIDS: The Stabilisation Approach of the 1980s

	Objectives	Deliberate objective?	Possible impacts/link (conscious or not)
PREVENTION: ADDRESSING CORE DETERMINANTS	1.1. Changes in individual behaviour (sexual behaviour/ breast feeding)	No	Little recognition of HIV/AIDS at the time; if so, it would have been considered part of health planning
	1.2. Poverty reduction: ensuring a minimum standard of living and food security	No	SAPs resulted in increased poverty & reduced food security, especially for women & female-headed households
	1.3. Access to decent employment or alternative forms of income generation	No	SAPs led to loss of employment (especially for women) and income for low-income groups
	1.4. Reduction of income inequalities	No	Loss of employment and income for low-income groups aggravated income inequalities
	1.5. Reduction of gender inequalities and enhancing the status of women	No	The workload of women increased, gender inequality was entrenched
	1.6. Equitable access to basic public services	No	Drastic cuts in public services and introduction of user charges reduced access for the poor
	1.7. Support for social mobilisation and social cohesion	No	SAPs resulted in great pressure on social support systems, bringing these to breaking point
	1.8. Support for political voice and equal political power	No	No explicit link with democratic principles; economic decision-making increasingly by external agencies, disempowering the state and the local population
	1.9. Minimisation of social instability and conflict/violence	No	SAPs heightened unemployment and economic insecurity, possibly fuelling disillusionment, conflict and violence
	1.10. Appropriate support during migration/displacement	No	SAPs encouraged labour migration and urbanisation, with insufficient capacity and resources to respond to increased demand

(Voluntary Counselling and Testing) as elements of HIV prevention, the Strategic Framework may also be concerned with equitable access to basic services *(point 1.6)*.

In terms of impact mitigation, the National Strategic Framework for HIV/AIDS often tends to focus more on visible impacts than on less noticeable ones. Due to cost implications, widespread access to anti-retroviral treatment in the public sector is usually not included, but PMTCT (pilot) projects are more commonly promoted *(point 2.1)*. This may be accompanied by an emphasis on patient adherence *(point 2.2)*. The need to provide special support to PLWHAs, affected households, children and the elderly (e.g. food distribution or income generating projects) is often recognised, but does not always translate into clear programmes and interventions *(point 2.3)*. The Strategic Framework would usually focus on the plight of AIDS orphans, which often translates into a focus on schooling and nutrition programmes *(point 2.6)*. But whether this is expanded to include the more comprehensive needs of orphans and child-headed households, such as housing, care and financial security, remains to be seen.

Access to health care for PLWHAs and affected households is usually addressed through VCT and Home Based Care (HBC) programmes *(point 2.7)*. This tends to be combined with an emphasis on the involvement of the community in care and support, commonly justified as contributing to social mobilisation and community empowerment *(points 2.12 and*

2.7), on public sector capacity *(point 2.8)* and on financial stability and local revenue generation *(point 2.11)*. Yet, these are quite fundamental for the long term sustainability of any intervention. Even if mention is made of the devastating effect of the epidemic on labour and the need to protect the rights of HIV-positive workers *(point 2.9)*, this is not necessarily linked to the need to adequately respond to the loss of labour *(point 2.10)*.

PRSP

A cursory review of PRSPs suggests that on average, very little attention is given to HIV/AIDS. The estimated national HIV prevalence rate usually gets briefly mentioned in the context of health and often a connection is made between declining adult mortality and the HIV/AIDS epidemic. Some PRSPs devote a section to HIV/AIDS (e.g. Ethiopia), but even though the wider sectoral, economic and institutional impacts are alluded to, this is not reflected throughout the document. As a result, PRSPs tend to reflect over-optimistic projections of the economic growth rate, sector capacity to deliver public services and cost-recovery mechanisms, amongst others.

This also means that in general, PRSPs do not articulate any specific objectives, let alone interventions, to prevent HIV transmission or cope with the impacts of the epidemic. It is implied that such 'specificities' should be dealt with in other frameworks, such as the National Strategic Framework for HIV/AIDS and the National Health Plan.

2.13). Yet, unless this is based on awareness that social support systems themselves are eroded by the HIV/AIDS epidemic, this may in fact have the unintended consequence of further undermining social support systems and social cohesion.

Usually, support for the political voice of PLWHAs *(point 2.13)* and the reduction of AIDS-related stigma and discrimination *(point 2.14)* would be clearly articulated objectives in the National Strategic Framework for HIV/AIDS, with concomitant strategies and programmes. But insufficient attention is commonly given to the eroding impacts of HIV/AIDS on access to services for those not directly affected by HIV/AIDS *(point*

Poverty reduction *(point 1.2)* is clearly a pronounced objective of the PRSP. In the logic of the PRSP, addressing poverty requires three broad and interrelated areas of intervention: the promotion of economic growth through macroeconomic reform; pro-poor policies, especially health and education; and, additional safety nets and targeted spending. Yet, as shown earlier in the discussion of the PRSP, many of the policies and instruments used to pursue macroeconomic reform are likely to be counterproductive to poverty reduction. Also, the lack of attention given to employment *(point 1.3)*, coupled with the job-shedding implications of trade liberalisation (including in the agriculture sector) and civil service retrenchments means

that this particular core determinant of HIV infection is not taken into account. Similarly, addressing income inequalities *(point 1.4)* does not appear to be a key objective of the PRSP. In any case, policy measures such as the deregulation of domestic markets, trade liberalisation and unblocking the capital account are associated with increased income disparities (UNCTAD, 2002b).

Based on an audit of 13 PRSPs, Zuckerman and Garrett (2003) concluded that only three of these address gender issues commendably, if not completely. These are the PRSPs of Malawi, Rwanda and Zambia. Other PRSPs use an outdated approach, which confines gender issues to reproductive health and education, or neglect gender completely. Very few use gender-disaggregated data, with the Rwanda PRSP being the only one that includes gender-disaggregated expenditures. In light of this, it is safe to assume that most PRSPs do not consciously seek to promote gender equality *(point 1.5)*. Yet, many macroeconomic measures, such as trade liberalisation and privatisation, have particularly negative implications for women.

As mentioned earlier, equitable access to basic services *(point 1.6)* is addressed through specific pro-poor policies in the PRSP. Many PRSPs commit to the provision of universal primary education, leading to the abolition or reduction of school fees for primary education, and to increase public investment for primary (preventive) health care. Yet, fees for secondary and tertiary education remain, despite the fact that poor people do not prioritise primary education over higher levels of education. Similarly, with regard to health care, curative health care is viewed as a private good for which the user should pay, even though poor people in Africa generally emphasise it as important – and inaccessible (UNCTAD, 2002b).

PRSPs typically do not explicitly aim to support social mobilisation and social cohesion *(point 1.7)*. Yet, policy assumptions about the community (e.g. in the provision of essential services), which overestimate the 'carrying capacity' of familial and social networks, are likely to erode social cohesion. To assess whether the PRSP is committed to support for political voice *(point 1.8)*, one could point to the participatory process underpinning the PRSP. Yet, as noted earlier, concerns have been expressed about the extent to which the space for public engagement has really opened up and whether it has opened up wide enough (i.e. to enable broad based participation) and long enough (i.e. from design to decision making, implementation and evaluation). All indications are that economic decision making is de-linked from democratic principles, with central Ministries (e.g. the Ministry of Finance) and IFIs determining the fundamentals.

It is unlikely that the last two core determinants of a risk environment for HIV infection (the minimisation of social instability and conflict, and appropriate support in the context of migration or displacement) are reflected in the PRSP as deliberate objectives. Again, macroeconomic reform strategies

may increase economic insecurity, inequality and strife, thereby potentially creating or exacerbating social instability and conflict. At the same time, social development strategies may serve to alleviate some of the factors underlying a conflict situation.

In looking at impact mitigation, it seems fair to say that given the limited analysis of HIV/AIDS and its devastating impacts at individual, household, community, sector-wide, economic and institutional level, few impacts are likely to be consciously counteracted within the PRSP framework. It is clear that PRSPs generally reflect very optimistic economic growth rates (usually around 6-7%)[27] and social development targets, without any consideration of how HIV/AIDS is likely to thwart these projections *(see points 2.7 and 2.11)*. Likewise, the continued emphasis on rationalisation of the civil service in many PRSPs is not only likely to undermine public sector capacity to deliver quality services, it could also jeopardise job security of employees infected with HIV as health status and associated performance may become a deciding factor in retrenchments *(points 2.8 and 2.9)*.

MTEF

In assessing the MTEF and its potential links to HIV/AIDS, the focus is more specifically on the resource mechanisms and allocations to address both the core determinants and the key consequences of HIV/AIDS, as identified in Table 5. For example, an analysis of the link between the MTEF and HIV prevention is likely to focus on questions such as:
- Is the level of resources allocated for 'targeted spending' and safety nets sufficient or reasonable, given the scale of poverty? *(See point 1.2)* And do the allocations reflect the likely increase in poverty due to HIV/AIDS? *(See point 2.3)*
- What mechanisms are proposed to reduce the levels of income inequality and to ensure a fair distribution of the national income (e.g. the tax system)? *(See points 1.4 and 2.4)*
- What mechanisms and resource allocations are proposed to promote gender equality and enhance the status of women? *(See point 1.5)*
- Would the privatisation and commercialisation of public sector services thwart equitable access to basic public services, particularly for those households that are (increasingly) unable to pay for these services? *(See points 1.6 and 2.7)*

Some of these questions also have relevance for assessing the link between the MTEF and impact mitigation. In addition, other issues worth exploring are the following:
- Has provision been made in the MTEF for the provision of ARVs and PMTCT to curb adult and infant mortality (or otherwise for a national resource mobilisation strategy)? Are both men and women targeted? *(See point 2.1)*
- Are sufficient resources allocated to provide for the needs of AIDS orphans for food, housing & care, education, financial support, and so on? *(See point 2.6)*

- Are sufficient resources allocated from the national budget to ensure equitable access to health care for men and women living with HIV/AIDS, in particular access to basic medicines and quality care? *(See point 2.7)*
- What is the impact of 'downsizing', 'rightsizing' and rationalising of the public sector on its capacity to fulfil its mandate to facilitate national development? To what extent are such strategies concerned with minimising the loss of capacity, skills and organisational memory in the public sector due to HIV/AIDS? *(See point 2.8)*
- Has sufficient consideration been given to the financial implications of protecting the right to work of both male and female employees infected with HIV/AIDS (for example, through flexible working arrangements and the provision of ARVs)? *(See point 2.9)*
- What level of investment is made to ensure that sufficient and adequately qualified labour is supplied in accordance with the demands of the economy, particularly in those sectors that are badly affected by the loss of labour due to HIV/AIDS? *(See point 2.10)*
- Where will the necessary financial resources come from? What are the expectations in terms of local revenue generation and people's ability to pay taxes and service charges? *(See point 2.11)*
- Does economic decision-making strengthen or undermine democratic principles? To what extent are men and women living with HIV/AIDS, their families and affected communities involved in decision-making concerning national economic development? *(See point 2.13)*
- Is there a framework for the decentralisation of decision-making about resource allocations? *(See points 2.7, 2.11 and 2.13)*

Clearly, this list of questions is not exhaustive. Rather, these questions merely point to a way of analysing and interrogating the possible links between macro-budget planning (i.e. the MTEF) and HIV/AIDS.

Sector Plans

In sub-Saharan Africa, the health and education sectors are among the worst affected sectors by the HIV/AIDS epidemic. This makes an assessment of the National Health Plan and the National Education Plan in relation to HIV/AIDS particularly pertinent.

National Health Plan

Given the initial conceptualisation of HIV/AIDS as a biomedical concern, health planning has historically focussed most explicitly on HIV/AIDS compared to other types of development planning. It has been particularly concerned with preventing the spread of HIV through the use of prevention technologies, which over time have expanded from the distribution of condoms and STD treatment to Information, Education and Communication (IEC) approaches and to Voluntary Counselling and Testing (VCT). Behaviour change has

been a central objective in this regard *(see point 1.1 in the template)*, as has access to appropriate health care, such as STD control *(related to point 1.6)*. These elements are still likely to feature prominently in the National Health Plan.

Equitable access to health care (*point 1.6* – including the removal of gender disparities in access to health care, relating to *point 1.5*) would be a fundamental objective of the National Health Plan. However, past experiences show that the inappropriate design of a system of user fees without adequate provision for exemption and subsidisation has resulted in reduced access to health care for poor households in both urban and rural areas. The commitment in many PRSPs to free primary health care is a welcome departure, yet the continuation of user fees for curative health care still gives cause for concern.

The common emphasis on community-based health care and decentralisation of health planning can potentially strengthen social mobilisation and cohesion and political power at community level (*points 1.7 and 1.8*). Whether this happens in practice depends on the extent to which decentralisation involves the devolution of all the necessary powers and functions (including the authority to allocate resources). It also depends on whether the expectations of 'mutuality' and the 'carrying capacity' of familial and community networks are realistic, or whether they ultimately serve to weaken these social networks.

Nutrition programmes could be considered as the health sector's contribution to poverty reduction, more specifically to food security (*point 1.2*). But the National Health Plan is unlikely to include core determinants like lack of work and income (*point 1.3*), income inequality (*point 1.4*), conflict (*point 1.9*) or migration (*point 1.10*), with the possible exception of making provision for STD control and condom distribution along main routes or at places of work to reduce the risk of HIV transmission among migrants.

From the perspective of impact mitigation, the National Health Plan would characteristically be concerned with the reduction of adult and/or infant mortality through the provision of ARVs or PMTCT *(point 2.1)*. However, budget constraints would generally mean that anti-retroviral treatment cannot be made available throughout the public sector and that at best pilot projects are implemented. Where anti-retroviral treatment is provided, emphasis may be put on patient adherence to the treatment *(point 2.2)*.[28] Over-emphasis on patient adherence without due regard for limitations within the health system itself and for external factors that impact on a person's ability to persevere with the required treatment can help to perpetuate AIDS-related stigma *(point 2.14)*.

The National Health Plan is also likely to recognise the need for nutrition programmes and appropriate health care for PLWHAs *(points 2.3 and 2.7)*. The latter point brings to the fore

the need for essential medicines, the importance of strengthening and expanding health care infrastructure, and the value of community-based health care, amongst others. Whether this has translated into the provision of free health care for AIDS orphans *(point 2.6)*, especially those of school-going ages, remains to be seen.

Health planning is not only concerned with the supply and demand of appropriate health services, but also with the organisational, financial and human resource requirements. Given the fact that health care workers (mostly women) show high HIV infection and mortality rates in many countries in sub-Saharan Africa, there is an obvious need to assess the human resource implications, the impact on organisational productivity and the consequences for the ability of the health sector to provide quality health care on an equitable basis (see, amongst others, Barnett and Whiteside, 2002; UNDP, 2001) *(see points 2.8, 2.9 and 2.10 in the template)*. Any type of health sector reform associated with institutional transformation, especially those concerned with rationalisation of the sector, without recognising the eroding effects of the HIV/AIDS epidemic on health care workers and the health care system in general is likely to contribute to the weakening of health care systems.

With the current development discourse providing ideological justification for community-based health care, and faced with the increasing burden on the public health care system to respond to HIV/AIDS, it is tempting to shift responsibility for providing appropriate treatment and care to households (i.e. women and children) and communities. This may be rationalised as a means of recognising and strengthening social support systems and social cohesion *(point 2.12)*, and even of supporting empowerment *(point 2.13)*. However, unless this is accompanied by adequate support for familial and community networks, this may result in "home-based neglect" instead of home-based care (Foster, quoted in Barnett and Whiteside, 2002: 308).

National Education Plan

Education has been a central component of HIV prevention efforts by raising awareness about the epidemic and communicating the importance of responsible individual behaviour *(see point 1.1)*. Although there is increasing recognition of the importance of other factors that constitute a risk environment for the transmission of HIV, it is as yet unclear whether this understanding has been translated into

Likewise, the National Health Plan will have to deal with the issue of financial stability and sustainable revenue generation *(point 2.11)*. HIV/AIDS has significant financial implications, for example the loss of household income, reducing affected households' ability to pay for public services, escalating costs for treatment and care, and costs related to the loss of human resources in the health sector. Unless these implications are acknowledged, the prospect of financial stability will be jeopardised, particularly if its strategies are based on an assumption that health care systems can largely be funded through service charges, without a proper mechanism for cross-subsidisation or clear criteria for exemption of payment. In turn, this may jeopardise the objective of realising equitable access to health care for all, as HIV-affected households are increasingly unable to afford to pay for services.

education messages and strategies that address factors such as poverty, income inequality or lack of social cohesion, amongst others. Another way in which education planning may purposely help to reduce the spread of HIV is through condom distribution among teachers and other staff.

An espoused objective of the National Education Plan would be the promotion of equitable access to education *(point 1.6)*, including efforts to overcome gender disparities *(point 1.5)*. The shift towards abolishing or reducing school fees for primary education in many PRSPs would be an important contribution to the realisation of this objective, yet this may not (yet) be reflected in the National Education Plan.

A key challenge for the National Education Plan is to ensure that there is an appropriate link between the education provided and the demands of the labour market, to ensure that

it contributes to access to decent employment *(point 1.3)*. Past evidence shows that this link has been quite difficult to make. Although the reduction of income inequalities may not typically be included in the National Education Plan, one aspect of this is to ensure that the remuneration of teachers is similar to that of other public sector employees and of employees with similar qualifications in other sectors in the labour market *(point 1.4)*.

Education planning can, consciously or not, either strengthen or undermine social cohesion *(point 1.7)* and political voice and empowerment *(point 1.8)* in similar ways as described under the National Health Plan, possibly negatively affecting women more than men. With respect to violence and conflict *(point 1.9)*, both the content of education and the distribution of education resources could potentially play a role in minimising or exacerbating conflict.

Examples of how the National Education Plan could consciously address key consequences of HIV/AIDS include the following:
• By making anti-retroviral treatment available to infected employees in the education sector and their spouses to reduce adult mortality *(point 2.1)*;

labour supply is provided to replace AIDS deaths in the sector *(points 2.8, 2.9 and 2.10)*;
• By reviewing the financial implications of HIV/AIDS on the education sector, including an assessment of the ability of HIV-affected households to pay for education *(point 2.11)*.

Rural/Urban Development Frameworks

Rural Development Framework

An assessment of how the Rural Development Framework is likely to address the core determinants and key consequences of HIV/AIDS is reflected in Table 7 in Addendum 1. Gender differentials need to be considered consistently, both in assessing whether addressing a particular core determinant or key consequence is a deliberate objective and in reviewing the possible impacts of rural development planning on specific determinants or consequences. As with the types of development planning discussed earlier, the specific nature of the suggested links here need to be validated with reference to specific countries and planning interventions. Table 7 does not reflect the tools and strategies proposed or adopted to meet specific objectives (the third column in Table 5), because this is best assessed in relation to specific planning interventions in particular countries.

• Through awareness campaigns focusing on patient adherence *(point 2.2)* or on reducing AIDS-related stigma *(point 2.14)*;
• By ensuring that girls and boys infected with HIV are not discriminated against *(points 2.7 and 2.14)*;
• Through efforts to involve women, men or households affected by HIV/AIDS in the design and management of education services *(point 2.13)*;
• By making special efforts to ensure that AIDS orphans or girls and boys living in a household affected by HIV/AIDS do not lose out on education opportunities due to cost considerations or the need to help out in the household *(points 2.6 and 2.7)*;
• By conducting an organisational and sector-wide assessment of the impact of HIV/AIDS on teachers and other personnel in the education sector and formulating appropriate human resource policies, including strategies to ensure that sufficient

Urban Development Framework

In most sub-Saharan countries, HIV/AIDS is mainly concentrated in urban areas, although there is increasing evidence that urban-rural interlinkages are rapidly facilitating the spread of the epidemic between urban and rural areas. Urban areas can constitute a particular risk environment for the spread of HIV, particularly for poor and low-income households. Overcrowding, lack of adequate housing and basic services, single sex compounds, high levels of unemployment (particularly as a consequence of the restructuring of the urban economy in line with the dictates of globalisation) and relatively high cost of living all contribute to an environment in which the epidemic thrives. These are among the key challenges that urban development planning has not been able to resolve effectively, even without considering HIV/AIDS. What HIV/AIDS does is to make these issues even more pressing (Van Donk, 2002).

Many of the possible links between the Urban Development Framework and HIV/AIDS are similar to those identified in Table 7 concerning the possible links between the Rural Development Framework and HIV/AIDS. Of course, the economic base, the social structure and the political-institutional context in urban areas usually differ from those in rural areas; likewise, these factors differ between urban areas. Thus, HIV/AIDS will manifest itself differently in these areas and the impacts of the epidemic are likely to throw up particular challenges for urban development planning, which need to be addressed in the Urban Development Framework. Yet, the lines of interrogation are similar to those presented in Table 7 in relation to the Rural Development Framework. For this reason, we will not apply the template in Table 5 to the Urban Development Framework.

Concluding observations

Few, if any, development planning frameworks address all core determinants and key consequences of HIV/AIDS. For one, this could be because not all these factors have equal relevance for all types of development planning. For example, it is beyond the scope of sector planning to address income inequalities in society (although it is obviously important to ensure similar remuneration for similar work within and across sectors), but this issue should be of concern to the MTEF and the PRSP (and possibly the Rural/Urban Development Frameworks). Secondly, it is also indicative of how HIV/AIDS is conceptualised and understood. Despite virtually universal recognition of HIV/AIDS as a crosscutting development concern requiring a multisectoral response, this insight is not taken to its logical conclusion. Instead, HIV/AIDS remains to be largely relegated to the area of health and other areas of social development, specifically in terms of impact mitigation. Finally, the inadequate attention given to the determinants of HIV transmission and the consequences of HIV infection on individuals, households, communities, sectors and institutions is also indicative of the lack of alignment and synchronisation between different planning paradigms.

The reflection on possible links between particular development planning frameworks and HIV/AIDS presented above is obviously not comprehensive or conclusive. It is clear that these frameworks need to be reviewed within the context in which they have arisen and which these frameworks purportedly seek to respond to. At the same time, these frameworks need to be related to the specific dynamics of the HIV/AIDS epidemic in particular countries. Such an assessment lies beyond the scope of this paper, but will be pursued in the next phase of the study through selected case studies.

7. Conclusion

Development planning seeks to make the complexities of the real world comprehensible, so that a government can shape and direct the course and nature of development to the benefit of its people and the fulfilment of their basic rights. Past efforts in development planning in sub-Saharan Africa have brought significant improvements, but also great disappointment, as has been highlighted in Section 2. More recently, the human tragedy and devastation associated with the HIV/AIDS epidemic are undermining the prospect of development in many countries in sub-Saharan Africa. From the point of view of development planning, it adds to the complexity of the real world and makes the realisation of development goals infinitely more challenging. Whilst this paper does not, and cannot, provide solutions to these challenges, it seeks to provide some guidance on how to approach them.

The main emphasis in this paper is on the link between development planning and HIV/AIDS, in other words, on how development planning (either by design or unintentionally) influences the determinants, dynamics and consequences of HIV/AIDS. In attempting to answer this question, we also need to recognise that HIV/AIDS directly impacts on the planning process and on planning outcomes. The proposed conceptual framework has tried to incorporate this bi-directional relationship, for example by highlighting the eroding impact of the epidemic on public sector capacity to deliver on its mandate and implement development planning frameworks of various kinds. It is beyond the scope of this paper to look at the institutional capacities required to ensure that the various planning systems are sufficiently adaptive to respond this challenging situation. This will have to be explored in future work.

For this purpose, the paper proposes a tentative conceptual framework that distinguishes between core determinants, which constitute an environment of risk and vulnerability to HIV infection, and key consequences, which impact on the capabilities of individuals, households, communities, sectors and institutions to cope with the consequences of HIV infection, ill health and possible death. This conceptual framework is presented in Table 5. The template allows for an investigative process that can be both descriptive and strategic. As a descriptive tool, the focus is on how development planning mitigates or exacerbates core determinants and key consequences of the HIV/AIDS epidemic, either directly or indirectly. This is how the template has been used in this paper. As a strategic tool, questions to be asked relate to how development planning can, or should, address the determinants and consequences of HIV/AIDS. For this purpose, one could add a column to the template to allow for the articulation of such strategies or interventions. This could eventually inform the development of an indicator system.

It is clearly apparent that the analysis of possible links between HIV/AIDS and specific types of development planning and associated frameworks needs to be conducted with reference to particular settings and realities. It is hoped that the conceptual framework presented in this paper will allow for such an assessment and as such will inform a better understanding of, and subsequent response to, the developmental challenges of HIV/AIDS in sub-Saharan Africa.

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Addendum 1. Assessing the link between Rural Development planning and HIV/AIDS

Table 7. Assessing the Link Between Rural Development Planning and HIV/AIDS in the Rural Development Framework

	Objectives	Deliberate objective? (with explicit focus on men/women)	Possible impacts/link (conscious or not, in relation to men/women)
PREVENTION: ADDRESSING CORE DETERMINANTS	1.1. Change in individual behaviour	No	Response to HIV/AIDS still largely located in health sector.
	1.2. Poverty reduction, i.e. ensuring a minimum standard of living and food security	Yes, but unlikely to differentiate between men and women	Explicit anti-poverty focus through provision of social services/infrastructure likely to contribute to poverty reduction. Yet, strategies linked to agriculture reform and increased productivity without due regard for employment creation and food security likely to entrench/increase poverty. Strategies that lead to the loss of land are likely to enhance poverty, particularly for women & female-headed households.
	1.3. Access to decent employment or alternative forms of income generation	Usually insufficient attention given to the importance of work	Agriculture reform through liberalisation of markets likely to result in loss of employment for rural poor and small-scale farmers.
	1.4. Reduction of income inequalities	Usually little attention given to social differentiation in rural areas	Interventions resulting in loss of land, employment and income will aggravate income disparities. Depends also on whether diversification of rural economy is associated with labour-intensive growth and/or highly skilled labour, which could aggravate income inequalities. Women least likely to benefit from opportunities.
	1.5. Reduction of gender inequalities and enhancing the status of women	Likely focus on rural women	Gender-blind planning likely to entrench, possibly worsen, the subordinate status of rural women; e.g. economic opportunities for men may exacerbate gender inequalities. Also, depends on whether it leads to legal reform (e.g. access to land)
	1.6. Equitable access to basic public services	Possibly, but unlikely to differentiate between men and women	Improvements in rural infrastructure and services likely, yet user charges may restrict access for rural poor, thereby perpetuating unequal access.
	1.7. Support for social mobilisation and social cohesion	No, except when participatory planning is perceived as such	Community development / participatory approach may strengthen social cohesion; in absence of adequate support, it may undermine social networks and shift undue responsibility to communities, in particular to rural women.
	1.8. Support for political voice and equal political power	Possibly, which may include specific reference to rural women	Often rhetoric about 'empowering the rural poor', yet in practice mixed results. Decentralisation and local democratisation could facilitate this
	1.9. Minimisation of social instability and conflict / violence.	No	Loss of food security and income may fuel competition over scarce resources, particularly in mineral-rich areas, with women disproportionately affected.
	1.10. Appropriate support during migration / displacement	Possibly, but unlikely to differentiate between men and women	Lack of employment opportunities, food security and basic services as potential 'push' factors, often leading to multi-locational households (rather than migration of whole family). Yet, inconclusive whether rural development will (or should) curb migration. Rural development programmes may result in displacement of small-scale farmers or entire rural communities.
IMPACT MITIGATION: ADDRESSING KEY CONSEQUENCES	2.1. Reduction of AIDS-related adult/infant mortality	Unlikely	No reduction, unless provision for ARVs and PMTCT has been made. Food insecurity and other dimensions of poverty likely to speed up ill health and death.
	2.2. Patient adherence	Unlikely	Possible emphasis if treatment is available (e.g. through pilot schemes); other disregarded dimensions of poverty likely to thwart patient adherence.
	2.3. Poverty reduction, i.e. ensuring a minimum standard of living and food security for PLWHAs and affected households & individuals (e.g. children, elderly)	Possibly	Possibility of greater impoverishment and food insecurity, unless interventions recognise the particular dynamics of HIV/AIDS and its impacts on rural households (especially female-headed households) and rural labour.

Table 7. Assessing the Link Between Rural Development Planning and HIV/AIDS (continued)

	Objectives	Deliberate objective? (with explicit focus on men/women)	Possible impacts/link (conscious or not, in relation to men/women)
IMPACT MITIGATION: ADDRESSING KEY CONSEQUENCES	2.4. Reduction of income inequalities (between HIV-affected and non-affected households & individuals)	Unlikely	Indications of increasing concentration of land ownership due to HIV/AIDS, i.e. land sold to cover medical and funeral costs, with particularly disadvantageous implications for rural women.
	2.5. Reduction of gender inequalities and enhancing the status of women	Possibly	Possibility of entrenching the subordinate status of rural women, which has become even more fragile due to HIV/AIDS and the loss of traditional systems of social security.
	2.6. Appropriate support for AIDS orphans	Unlikely	Likely to ignore the plight and special needs of orphans unless deliberate component of rural development planning, thereby exacerbating their fragile position in society.
	2.7. Equitable access to essential public services, both for infected/affected persons & households and in general *(due to eroding impacts of HIV/AIDS)*	Possibly	Depends on the nature and type of service provision (e.g. public sector/private sector/NGO) and the design of the fee system (particularly whether HIV/AIDS-affected households may be excluded on financial grounds).
	2.8. Effective/enhanced public sector capacity *(due to eroding impacts of HIV/AIDS)*	Probably	Emphasis on managerial aspects, cost-efficiency and rationalisation in whatever form likely to result in a 'leaner' public sector. This transformation may undermine the capacity of institutions to respond to the eroding effects of HIV/AIDS and the increase in demands from infected/affected households and communities.
	2.9. Job security and job flexibility for infected and affected employees	Unlikely	If 'right-sizing' or 'down-sizing' is pursued, job security unlikely to be guaranteed for most public sector employees. Health status or level of productivity may become grounds for retrenchment.
	2.10. Ensuring sufficient and qualified/skilled labour supply *(due to loss of labour)*	Possibly?	There may be a focus on labour supply in certain job categories or professions, but these may not be the same categories that will see loss of labour due to HIV/AIDS.
	2.11. Financial stability & sustainable revenue generation *(threatened by HIV/AIDS)*	Probably	Emphasis on cost-recovery through user charges likely to fail, unless cross-subsidisation measures are built in.
	2.12. Support for social support systems & social cohesion *(eroded by HIV/AIDS)*	No	Community development programmes could potentially strengthen or weaken social support systems, depending on how they are designed and implemented.
	2.13. Support for political voice and equal political power, particularly for PLWHAs and affected households (e.g. widows/widowers, children, elderly)	Possibly?	Participatory planning approaches may promote or impede empowerment of rural men and women, PLWHAs and affected households, depending on design and implementation.
	2.14. Reduction of AIDS-related stigma and discrimination	Unlikely	Retrenchments using health status as criterion likely to enhance stigma and discrimination.
	2.15. Reduction of social instability & conflict / violence *(due to, or aggravated by, HIV/AIDS)*	No	Inequitable distribution of land, resources and employment opportunities and lack of hope and future prospects may fuel conflict and violence.

Footnotes

[1] In countries that gained political liberation at a later stage after a long period of conflict, like Zimbabwe or South Africa, the search for a common national identity clearly held particular resonance.

[2] One could argue that linked to this was a fifth challenge for African states, namely to develop a vibrant civil society and strong social linkages between the state and other social actors. In fact, prior to independence many future African leaders seemed to espouse this notion. However, in practice such links were rarely developed. Instead, strong social actors were seen as a potential threat, initially to the legitimacy of the political leadership, but increasingly to its control (see Cooper, 2002).

[3] Although capitalist in ideological orientation, a fundamental tenet of Keynes' model was the appropriateness of relatively comprehensive state intervention in the promotion of economic development.

[4] Cooper (2002) argues that the project of building a common national identity came undone in the 1980s, when other forms of identity expression became more influential (e.g. religious identities).

[5] See Mkandawire (2001) for a critique of the negative (and self-fulfilling) views of the African state.

[6] For a more detailed overview of rural development planning in sub-Saharan Africa since the 1960s, see Ayeni (1999), Baker and Pedersen (1992), Belshaw (2002) and Lea and Chaudhri (1983).

[7] Tanzania's First and Second Five Year Plans, formulated in the late 1960s and early 1970s, expected that around 80% of development funds would be provided by foreign funds. Likewise, Nigeria's national development plan of 1962-1968 assumed that 50% of resources required would come from foreign aid (Seidman, 1974).

[8] In the 1960s, countries like Ghana and Tanzania had already experienced the impact of falling world prices on their economies. Between 1955-1965, Ghana successfully doubled its cocoa output. However, the sharp drop in world cocoa prices in 1965, from £500 to £90 a ton, led to economic crisis. Similarly, falling world prices for Tanzania's major exports between 1962-1967 resulted in a loss of $22 million – roughly twice the inflow of foreign funds in that period (Seidman, 1974: 83).

[9] The gatekeeper state refers to a situation where the state/political leadership controls the narrow channels of advancement that exist in society, in particular the intersection between internal and external economies. Colonial states were by definition gatekeeper states. As a means of legitimising control, gatekeeper states put strong emphasis on national unity and national discipline (Cooper, 2002).

[10] The figures include Haiti, but exclude Island LDCs in sub-Saharan Africa.

[11] In the words of Fantu Cheru (2002b: 303): "While many elements of macroeconomic adjustment are critically important for promoting economic growth and social development, the context in which these policies have been applied is largely motivated to ensure that debtor nations fulfil their interest and principal payments to creditor institutions." He further notes that this "single-minded preoccupation" has had a regressive impact on human development.

[12] Most of these critics have not opposed the system of user fees in principle, but have pointed to problems with the design of fee policies (e.g. price levels; criteria for exemption and subsidisation mechanisms; payment for registration to see medical personnel as opposed to payment for prescribed treatment), the lack of complementary policies to enhance the financial sustainability of the health sector, and the lack of understanding of the impact of broader contextual factors (e.g. willingness and ability to pay, institutional capacity for the collection and management of revenue, etc.).

[13] Court and Kinyanjui (1986: 371) make the following observation concerning the high level of donor involvement in the education sector: "Africa has been host to innumerable projects, experiments, and models which in some cases reflect the wholesale transplant of established foreign models – Swedish folk development colleges, Cuban agriculture schools, British libraries, Canadian technical colleges – and, in others, reflect the powerful and often passing fashions of donor conviction."

[14] For example, the 1987 Brundtland Report introduced the notion of sustainable development, which was based on the view that the goals of poverty eradication, socio-economic development and environmental protection were mutually supportive, consistent and non-conflictual. (See Barraclough (2001) for a discussion of this concept).

[15] Initially, human development was interpreted as having three essential components, related to longevity, education and a decent standard of living, whilst political freedom and human rights were also recognised as important 'choices'. Throughout the 1990s, the concept has been further enriched by including considerations regarding environmental sustainability (1992), participation (1993 and 2000) and gender equality (1995), amongst others.

[16] For a more detailed description of the multiple impacts of HIV/AIDS, see, amongst others, Barnett and Whiteside (2002); Cheru (2002b); Collins and Rau (2000); UNDP (2001).

[17] In highlighting those perspectives that have been most influential for development planning in sub-Saharan Africa, disproportionate attention is given to mainstream, often donor-driven, perspectives on these issues. This is not to imply that there has been a lack of alternative, possibly more radical, perspectives on development in sub-Saharan Africa, or that such perspectives are less valid. However, it has been argued that these perspectives, particularly from African scholars, have been less influential in shaping planning theory and practice than the views (and resources) of international financial institutions and multilateral and bilateral agencies (Hydén, 1994; Kinyanjui, 1994; Mkandawire, 2001).

[18] This working definition is drawn from, amongst others, Campbell and Fainstein (2003), Conyers and Hills (1984) and Martinussen (1999).

[19] See Mazza (2002) for a scathing critique of what he regards as the abandonment of technical knowledge in planning.

[20] According to information on the World Bank website, as of April 2003, 15 sub-Saharan African countries had developed a PRSP (Benin, Burkina Faso, Ethiopia, Gambia, Guinea, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Senegal, Tanzania, Uganda and Zambia). An additional 13 countries on the subcontinent had developed an I-PRSP (Cameroon, Cape Verde, Central African Republic, Chad, Côte d'Ivoire, DRC, Ghana, Guinea-Bissau, Kenya, Lesotho, Madagascar, Sao Tome & Principe and Sierra Leone).

[21] The following countries had already adopted the MTEF in the 1990s:

Ghana (since 1996), Guinea (1997), Kenya (1998), Malawi (1996), Mozambique (1997), Rwanda (1999), South Africa (1997), Tanzania (1998) and Uganda (1992).

22 Some critical commentators have argued that, whereas better coordination of donor involvement and resource flows is to be applauded, the emphasis on donor coordination hides the fact that the issue is sometimes about rationalising aid. Also, given the emphasis on a 'good policy environment' as interpreted by the World Bank and bilateral donor agencies, the SWAps seem to be more concerned with a fairly restricted focus on public sector management rather than issues of coordination and governance and are (still) linked to donor conditionality (see, amongst others, Walt et al., 1999).

23 Although sub-Saharan Africa has the lowest proportion of people living in urban areas compared to other regions, it has one of the highest urban growth rates in the world. Between 1960 and 1980, the average annual urban growth rate in sub-Saharan Africa was 5.2% (Mumtaz and Wegelin, 2001); between 1980 and 1988, it increased to 6.2% per annum (Stren, 1991).

24 See also Tarantola (2001). An expanded response combines improvements in the quality, scope and coverage of prevention, care, support and impact mitigation efforts with interventions that address societal factors that make people vulnerable to HIV/AIDS.

25 It is beyond the scope of this paper to elaborate on these factors in detail. These factors have been identified by Barnett and Whiteside (2002), Baylies (2000) and (2002), Collins and Rau (2000), Decosas (2002), UNAIDS (2001), UNDP (2002) and UNDP Regional Project on HIV and Development in sub-Saharan Africa (2002), amongst others. Interested readers can refer to these publications for a more detailed discussion of how these factors link with HIV/AIDS.

26 See, amongst others, Barnett and Whiteside (2002); Cheru (2002b); Collins and Rau (2000); UNDP (2001); UNDP Regional Project on HIV and Development in sub-Saharan Africa (2002).

27 At a meeting of the ECA's African Learning Group on PRSPs in November 2002, it was noted that the average 7% growth rate needed to meet the Millennium Development Goal of reducing poverty by half in 2015 will not be met (UNECA, 2002).

28 The emphasis on patient adherence is possibly more strongly expressed by pharmaceutical companies than by health departments in the region.