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Leadership development and HIV/AIDS

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Abstract

Leadership development among all sectors addressing HIV/AIDS has come to be recognized as a critically important endeavor as the HIV pandemic moves into its fourth decade. Globally, there is a tremendous need for well-trained leaders in healthcare, research, policy, programme management, activism and advocacy, especially in countries and settings with high HIV prevalence and limited human resource capacity. This article examines the growing need for HIV/AIDS leadership development, and describes and assesses a number of current initiatives that focus on leadership development in a variety of populations and settings. A series of recommendations are provided to expand the scope and impact of leadership development activities; recommendations are primarily targeted towards foundations and other funders and leadership development programme managers.

Keywords

AIDS; HIV; internationality; leadership

Introduction

Leadership can take a variety of forms. It can be ‘top-down’ and hierarchical, exerting influence by example or, at times, by force. It may also be ‘bottom-up’, arising from grassroots movements and community building, expressed through consensus. Leadership may occur at all levels and sectors of society – government, business, education, science and medicine, faith communities, civil society – and these institutions bear responsibility for effective leadership among both their constituencies and society at large. Leadership, of course, may be good or bad, effective or ineffective, with the resulting outcomes typically reflecting the quality of the leadership at hand.

From the early days of the HIV/AIDS pandemic, it has been acknowledged that strong leadership is crucial in mounting an effective response at the community, national, and global levels. Although strong leadership may not always guarantee success for specific HIV/AIDS prevention, care, or policy programmes, it has become clear that, without effective leadership, progress and success is almost impossible.

Numerous examples from the history of HIV/AIDS point both to what can be accomplished through strong leadership (the national responses of Australia, Brazil, Rwanda, Thailand and

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Uganda; the AIDS activist movements in the United States in the 1980s and 1990s and in South Africa at present) and what opportunities can be squandered when leadership is poor (the US federal government response in the 1980s, the South African government response at present). In Thailand, for example, a strong leadership response in the early 1990s that included a multisectoral HIV/AIDS policy, a massive public information campaign and condom programmes for the sex industry effectively prevented the epidemic from raging out of control. Whereas there were an estimated 670 000 HIV infections in Thailand in 2001, without the strong leadership response it is estimated that the HIV prevalence would have been 10% of the population, or 6 million infections [1,2]. A strong leadership response in Uganda in the early 1990s similarly prevented an out-of-control HIV epidemic in that country.

It has been 27 years since the first cases of AIDS were recognized and reported. Many of those who assumed leadership positions early on in scientific, advocacy, programme management and other capacities have moved on or are likely to move on in the near future, as a result of death (often from AIDS), retirement, burnout, or other factors. Appropriately, the HIV/AIDS pandemic was often recognized as a great crisis and, in the best instances, was responded to as such. One result of a crisis mentality, however, can be that planning for the long term is sacrificed to focus on more urgent priorities. It is becoming apparent that an HIV/AIDS leadership vacuum is approaching. There has not been a coordinated effort to develop the next generation of leaders in the field to take over as established leaders move on. There has also not been an adequate effort to shift more of the leadership in the HIV/AIDS fight to the countries and populations most burdened by the pandemic.

The development of effective leadership structures is critically important to strengthening social justice and promoting human rights in all aspects of the HIV/AIDS response. By requiring that the voices and needs of all affected, including and perhaps particularly those most disenfranchised, are recognized and reflected in all actions taken, good leadership structures help to ensure the protection of vulnerable groups' interests and the equitable distribution of services. At a minimum, this requires the participation of people infected with and affected by HIV; however, leadership structures are likely to be most effective when those infected and affected are not mere participants in civil society and other sectoral responses to the pandemic, but actually assume leadership positions themselves. Whereas leadership development programmes can obviously increase knowledge and skills among trainees, they can also be structurally important by helping to strengthen the role of civil society as it seeks to engage governance structures at community, national and global levels.

Although real progress has been made in preventing and treating HIV in some areas, there is still no preventive vaccine on the horizon, and treatment programmes in many high-prevalence countries will be hard-pressed to keep pace with infection rates. HIV is likely to remain a global problem for generations. As such, there is perhaps currently no greater need in the HIV/AIDS arena than programmes that focus on developing the next generation of leaders.

Need for leadership development

There has been much recent discussion about the need to increase action on leadership development in the HIV/AIDS field. The world AIDS campaign has chosen the theme of 'Leadership' for both the 2007 and 2008 World AIDS Day events in order to focus attention on this issue.

An analysis of global HIV/AIDS policy (The next five years of global HIV/AIDS policy: critical gaps and strategies for effective responses) [3], published in January 2008 by the University of California at Los Angeles (UCLA) Program in Global Health with funding from the Ford Foundation, examined factors related to leadership and leadership development in the response to HIV/AIDS. For the analysis, 35 key informants in senior leadership positions at

major institutions (foundations, multilateral organizations, governmental organizations and non-governmental organizations; NGO) conducting international HIV/AIDS work were interviewed and asked to discuss the most urgent and important policy issues related to their HIV/AIDS work over the next 5 years.

In characterizing leadership, respondents spoke of the need for vision and for maintaining momentum against the pandemic. Being a visionary was described as an important quality in a leader. Creativity in approaching problems and possessing long-term vision were seen as necessary at this juncture in the pandemic, as progress can stall when people become mired in how they perceive and approach a particular situation. Both vision and political will are necessary to address inequalities and change policies and practices that may contribute to the spread of HIV or impair the delivery or uptake of programmes.

Respondents stressed the need to maintain momentum and not lose ground in the ongoing effort against HIV. They pointed out that a 'leadership gap' occurs each time there is a change in leadership, and that time and resources are wasted when this necessitates starting from scratch. Mechanisms to mentor and develop new leaders and to ensure the smoother transition of HIV/AIDS work when leadership changes occur would be valuable in staying focused on key issues and avoiding losing ground in areas where progress has been made.

There is an enormous need for well-trained leaders in all fields addressing HIV/AIDS – research, healthcare, policy, programme management, activism and advocacy – particularly in developing countries that have high HIV prevalence or incidence and limited skilled human resource capacity. Training programmes that develop both technical and leadership skills are required to address this need rapidly. Without such programmes, there is no viable way to ensure a sustained response to the global challenges of the HIV/AIDS pandemic as it moves into its fourth decade and beyond.

Examples of current HIV/AIDS-related leadership development programmes

There is a variety of programmes that currently focus on HIV/AIDS leadership development. The following is a selection of leadership development and training initiatives from different regions that employ an array of programme models. This collection of leadership training programmes is not intended to be exhaustive; rather, it is designed to illustrate the range of current models. Certain programmes aim to instill leadership skills in those with some degree of experience with HIV/AIDS, whereas others seek to provide HIV education and skills to those already in leadership positions. Some provide both leadership development and HIV skills building to community members with the capacity to lead. Several are focused locally, others are national or global in scope. Programmes are targeted towards a diverse range of populations and professions, from affected community members to junior clinicians and researchers.

AIDS Treatment Activists Coalition

The AIDS Treatment Activists Coalition (ATAC) [4] is a US-based, grassroots advocacy and activist organization that works to enable treatment activists to have meaningful input into all areas of HIV disease and its complications. Members of the group's drug development committee work by consensus to engage pharmaceutical companies, researchers and others to influence the HIV research agenda and access to treatments. ATAC holds day-and-a-half long 'boot camp' workshops in cities around the United States. The boot camps are held in partnership with local community-based organizations, with the goal of providing information to communities and sparking interest in people becoming activists, either with ATAC or within their own communities. When individuals express interest in becoming active with ATAC, existing ATAC members mentor them to increase their knowledge about HIV and their activist

skills. The mentorship process is somewhat informal, allowing the process to be guided by the background, needs and goals of new members.

American Medical Student Association: AIDS Advocacy Network Leadership Institute

The American Medical Student Association (AMSA) [5] is a US-based, national, student-governed organization committed to improving medical training and national and global health. Membership comprises over 68 000 medical students, pre-medical students, interns, residents and practising physicians. The AIDS Advocacy Network Leadership Institute is an annual programme featuring a 3-day national meeting. Topics of focus include the global HIV/AIDS 'brain drain', barriers to treatment, HIV/AIDS prevention and HIV/AIDS education in medical schools. Students who are committed to social justice and reducing global inequality, are interested in global health and are ready to participate in direct action may apply to the Institute. Selected students are expected to plan and execute AMSA's AIDS Advocacy Network events, present an AIDS Advocacy Network campaign at the student's medical school and organize a lobby day or direct-action event.

Asia Pacific Leadership Forum on HIV/AIDS and Development

The mission of the Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF) [6] is to support and strengthen political and civil society leadership at national and regional levels to take action to reduce the spread and impact of the AIDS epidemic in the Asia-Pacific region. The Forum is managed by the Joint United Nations Programme on HIV/AIDS (UNAIDS) Asia Pacific Regional Support Team, and a steering committee of Asia-Pacific leaders provides strategic guidance to the APLF. The goals of the Forum include increasing the level of knowledge of HIV/AIDS among key decision makers from a range of sectors in the region, and developing leadership for responding to the HIV/AIDS epidemic among key decision makers, civil society and the media. APFL-supported countries include Bangladesh, Cambodia, China, Fiji, India, Indonesia, Nepal, Papua New Guinea, Solomon Islands, Sri Lanka, Tonga, Tuvalu, Vanuatu and Vietnam. Technical support is also provided to advance leadership action in Pakistan, the Philippines and Thailand.

Black AIDS Institute: African American HIV University

The Black AIDS Institute [7] is a US-based, non-profit, African American HIV/AIDS policy center. Its African American HIV University (AAHU) is a training and capacity-building fellowship programme designed to strengthen individual and institutional ability to address HIV/AIDS in black communities by enhancing leadership development and information transfer among key stakeholders. The University is composed of two colleges: the AAHU Community Mobilization College and the AAHU Science and Treatment College. The Community Mobilization College is currently enrolling applicants and has two main programme components. The first is a series of quarterly community mobilization trainings lasting 3–5 days each that focus on assessment, planning, implementation, monitoring and evaluation, and a community mobilization symposium. The second programme component consists of 90-day community mobilization internships in which participants can practise and apply new skills-based knowledge.

Centers for Disease Control and Prevention/Association of Schools of Public Health Institute for HIV Prevention Leadership

The Institute for HIV Prevention Leadership (IHPL) [8] is funded by the US Centers for Disease Control and Prevention, through a cooperative agreement with the Association of Schools of Public Health. IHPL is a capacity-building educational curriculum for HIV prevention programme managers working in community-based organizations. The goal is to integrate principles of public health prevention and strategic planning and management. The curriculum

includes 4 weeks of on-site instruction over the course of 9 months, supplemented by distance learning support via the Internet. Participants must also complete an 'integrative learning experience' by applying what they learn during each on-site week in their own community-based organizations. Participants are assigned an advisor who serves as a mentor throughout their course of study.

Centre for Development and Population Activities: Advancing Women's Leadership and Advocacy for AIDS Action

The Centre for Development and Population Activities (CEDPA) [9] is an NGO whose mission is to improve the lives of women and girls in developing countries by engaging women leaders, local partners and national and international organizations to give women the tools they need to improve their lives, families and communities. CEDPA's programmes include increasing educational opportunities for girls and youth, ensuring access to reproductive health and HIV/AIDS information and services and strengthening women's ability to become leaders in their communities and nations. One such initiative, Advancing Women's Leadership and Advocacy for AIDS Action, seeks to equip women from around the world with the knowledge and skills to strengthen and lead the global response to AIDS. The programme includes a training component and a small grants programme. Funded by the Ford Foundation, it brings together leading global agencies including CEDPA and the International Center for Research on Women (ICRW), the International Community of Women Living with HIV/AIDS (ICW), the National Minority AIDS Council (NMAC) and the UNAIDS-led Global Coalition on Women and AIDS. Current activities include the Africa Women's Leadership in HIV/AIDS workshop, an intensive 3-week training programme designed to build the leadership, advocacy and technical expertise of women, particularly HIV-positive women, who are working on the frontlines in the fight against AIDS in Africa.

Community HIV/AIDS Mobilization Project Academy

The Community HIV/AIDS Mobilization Project (CHAMP) is a US-based non-profit NGO working to bridge HIV/AIDS and human rights. The CHAMP Academy [10] is a training, technical assistance and capacity building programme dedicated to strengthening an HIV/AIDS movement rooted in social, economic and racial justice. Components of the Academy include: (i) Prevention Justice Partnerships, a 12-month programme that provides leadership development, community organizing and strategic media planning to a core group of 10–15 prevention activists. CHAMP staff provide 2 days of on-site training each quarter, hold weekly support calls and monthly teleconferences with the core group; (ii) the Prevention Justice Seminar, a 2-month, twice-weekly training course in which participants share experiences and skills, and learn new information towards building the movement for HIV prevention justice. Meetings include presentations, guest speaker discussions and reading materials, and participants are expected to complete homework and work on a group event or project; (iii) Community Organizing Training, a 5-day course to help activist leaders become well-rounded community organizers; and (iv) CHAMP Academy Workshops, which can be 1–6 h in length, and combine factual information with debate, dialogue and hands-on practice.

Fogarty International Center: AIDS International Training and Research Program

Sponsored by the Fogarty International Center of the National Institutes of Health, the AIDS International Training and Research Program (AITRP) [11] has been operating since 1988 as a means to provide training to scientists in low and middle-income countries, with the goal of strengthening multidisciplinary biomedical, behavioral and social science research capacity for the prevention, care and treatment of HIV/AIDS and related conditions in these countries.

The programme works by awarding training grants to US institutions with strong HIV research training experience and collaborations with institutions in low and middle-income countries.

The grantees and their foreign collaborators identify health scientists and clinicians from the foreign countries to participate in their joint research training programmes. Programme awards are typically given for 5 years. The AITRP has been a successful and important mechanism for increasing the clinical and research leadership capacity in many low and middle-income countries.

Joint Initiative on Women's Leadership in the Arab Region's HIV/AIDS Response

Sponsored by the United Nations Development Programme (UNDP), United Nations Population Fund and the Japan Women in Development Fund, this initiative was created in response to the increasing vulnerability to HIV/AIDS that women in the region face [12]. Using a strategy to create a civic momentum towards limiting women's vulnerability to HIV/AIDS through capacity development, networking and partnership strengthening and developing regionally tailored leadership and advocacy materials, the initiative seeks to mobilize key groups to become a part of a gender-sensitive HIV/AIDS response. In particular, the initiative targets women NGO, women religious leaders and faith-based organizations and media professionals. Sub-regional HIV/AIDS leadership advocacy trainings for women's NGO have been organized in a number of Arab countries.

MAC AIDS Fund Leadership Initiative

Supported by the MAC AIDS Fund and organized by the HIV Center for Clinical and Behavioral Studies at Columbia University and the UCLA Program in Global Health, the emphasis of the Leadership Initiative [13] is on reducing the spread of HIV and the impact of AIDS by addressing the link between HIV/AIDS prevention and gender inequality. The Leadership Initiative recruits women and men from South Africa who are either at the junior level (in the first 5–7 years of their careers) or at the senior level (very well established in their careers).

Applicants must have demonstrated leadership abilities in their communities, in their workplaces, in their schools, or in other settings; although no previous experience in HIV/AIDS prevention is required. Leadership Initiative participants attend 2 months of intensive training and individualized mentoring. Working with specialists in HIV prevention, participants develop and design their own HIV/AIDS prevention plans to be carried out in South Africa, with funding and mentorship from the Leadership Initiative.

People Living with HIV and AIDS Leadership Training Institute

The Leadership Training Institute [14] was developed through a partnership between the New York City Department of Health and the New York State Department of Health/AIDS Institute and people living with HIV/AIDS. The Institute seeks to motivate people living with HIV to become effectively involved in community planning as HIV policy advocates and to build the skills and knowledge needed to serve as community leaders. A 3-day core training course focuses on the history of people with AIDS advocacy in New York State, effective leadership skills and issues of identity, diversity and disclosure. Once completed, participants may enroll in other trainings, including workshops on community advisory boards and related leadership skills, community planning, presentation skills and working effectively in groups.

United Nations Development Programme: HIV/AIDS Leadership Development Programme

UNDP's HIV/AIDS Leadership Development Programme [15] is based on the assumption that leadership resides in everyone and can therefore be encouraged and developed. Its goal is to promote leadership at all levels, and to develop the capacity of governments, civil society, development partners, communities and individuals to respond effectively to the pandemic. The Programme is designed to be results oriented, and to build a network of outstanding leaders

who work together around the world. Activities include building partnerships among influential decision makers from different sectors, the high-level involvement of ministers and cabinet directors, empowerment of key stakeholders to define national agendas transparently and the development and implementation of innovative initiatives.

Assessing current HIV/AIDS leadership development efforts

Although not a comprehensive list of leadership development/training projects, a review of the above programmes shows that there is a variety of training models targeting diverse groups of trainees. Several are local or national in scope, such as the People Living with HIV and AIDS Leadership Training Institute in New York State, whereas others operate internationally (such as the CEDPA initiative). Programmes are structured to develop leadership skills among those in various sectors and at different levels; there are programmes geared to national and ministerial-level leaders (UNDP's HIV/AIDS Leadership Development Programme), junior researchers and clinicians (Fogarty International Center's AIDS International Training and Research Program), and advocates and activists from affected communities (CHAMP Academy and the MAC AIDS Fund Leadership Initiative).

There may not be significant shortcomings *per se* in any of the programmes listed. Many, such as the Fogarty International Center's AITRP programme, have a proven track record of mentoring leaders among the populations on which they focus. Others, such as the MAC AIDS Fund Leadership Initiative, as just getting started and as such may be too new to evaluate.

Gaps in the HIV/AIDS leadership development landscape do exist, however. Most leadership development programmes are relatively small and focus on training a few people at a time. For many programmes to work well, the scope must be manageable in order for the training process to be successful. The need for leaders in HIV/AIDS, however, is quite large. The leadership vacuum is approaching, and there are hundreds of communities heavily affected by the epidemic, largely in developing countries, which are in dire need of strong leaders in all sectors to take charge in navigating the course. It would seem that the current leadership programmes will not be sufficient to meet those needs.

In order to meet the demand for trained leaders, programmes would need to be increased in both number and scope. Before such a scale-up, it would be important to determine which models of leadership development training are most effective and most suitable for expansion. This would entail a more rigorous evaluation of current programmes and piloting novel programme models to determine which are most effective and cost-effective.

Coordination among programmes can also be strengthened. In order to be maximally effective and efficient, programmes must be harmonized with each other to a greater degree. Leadership trainees need to be networked with alumni from their own programmes, with sources of support in their own communities and with leaders from other communities and countries. Coordination and planning are also required to ensure that leadership development programmes are targeting the populations and professions most in need of training and poised to have the greatest impact. Geographical coverage is also important; it may be that current programmes focus exclusively on certain countries or groups (which is not necessarily a problem in and of itself), but that other regions are being left behind. Funders bear the responsibility for coordinating their leadership development programmes and working with other foundations, governments and multilateral organizations to ensure that programme goals work in harmony with those of other projects, and that the maximum impact and benefit of HIV/AIDS leadership programmes can be realised.

Recommendations

Ensure sustainable funding for HIV/AIDS leadership development programmes

Sustainable sources of funding to support HIV/AIDS leadership development programmes need to be identified or developed. Seed grants and short-term support from foundations or other funders can be useful in developing pilot projects of various leadership development models; however, larger-scale, longer-term funding will be required to maximize the impact of successful programmes and ensure ongoing efforts at identifying potential leaders, training them, and providing follow-up support and networking them with successful alumni from previous programme years.

Promote and fund evaluation of leadership development programmes

In order to know what the best strategies are for developing HIV/AIDS leadership capacity among various sectors, evaluation must become an integral component of leadership development programmes. The short and long-term effectiveness of programmes needs to be measured, so that effective programme models can be identified and scaled up. Funding for programmes must take into account that resources will need to be made available to grantees to fund evaluation efforts adequately.

Fund and implement scale-up of effective programmes

Programmes identified as effective models for HIV/AIDS leadership development will need to be scaled up to national, regional or global levels. Current programmes typically focus on a small number of leadership trainees, often from a relatively small geographical area. In order to counter the approaching HIV/AIDS leadership gap and meet the challenges of the epidemic in the coming decades, there will need to be a significant scale-up of programmes to develop the requisite leadership capacity. Clearly, widespread scale-up will require significant resources, and funders must begin to have the dialogue now about how such a scale-up of programmes might be structured and resourced.

Develop initiatives to assist in transfer of leadership to countries and regions most heavily affected

Low- and middle-income countries in many regions of the world – sub-Saharan Africa, the Caribbean, south, southeast and east Asia, eastern Europe and central Asia, Latin America – bear the heaviest burden of HIV/AIDS cases, face the most challenges in delivering prevention and care programmes and have the fastest-growing epidemics. Historically, however, much of the global HIV/AIDS leadership activity, funding, research, policy development, etc., has been centered in relatively high-income countries, frequently in North America and Europe. In order for the effective transfer of leadership to the countries and regions most heavily affected to occur, leadership capacity must be developed in these countries. This is beginning to happen, as evidenced by many of the programmes described in this paper. Another step is required, however, and that is for the countries and institutions that currently hold much of the power in HIV/AIDS leadership functions to play an active role in transferring a significant portion of leadership responsibilities and opportunities. In some cases, this may mean stepping back somewhat so that those countries and communities most heavily affected can fulfill their leadership potential.

Increase number of leadership programmes targeting those most at risk and most marginalized

Leadership programmes must increasingly focus on building leadership capacity among those infected, those most at risk of HIV infection, and those most marginalized in society; in many settings these are the same populations. Young people, especially young women, racial and

ethnic minorities, men who have sex with men in developing countries, drug users, transgender people and people living with HIV/AIDS, among others, must be targeted in HIV/AIDS leadership development activities to ensure that their voices are heard and that they can advocate for the needs of their communities at local, national and international levels.

Include greater focus on gender perspective

Gender imbalances in many societies disproportionately put women at increased risk of HIV infection. Men, however, are also affected by gender norms and dynamics, and this also affects their behaviors and risk of HIV infection. Gender is a complex framework that deeply affects both women and men in countless ways in societies, and examinations of the role of gender in HIV/AIDS must take into account both women and men and the ways in which they interact. Leadership development programmes for HIV/AIDS must also take gender into account. In some cases, this may mean targeting programmes to women to increase their leadership skills for addressing HIV and other issues that affect women and societies as a whole. Other programmes are needed that focus on new ideas about masculinity and ways that men can have a beneficial impact on the HIV epidemic. All leadership programmes, though, need to include some focus on gender so that the next generation of leaders understands how gender structures in society affect the dynamic of the HIV epidemic and the possibilities for effective responses.

Coordinate programmes and ensure ongoing mentorship and support of trainees

Greater coordination of leadership development programmes is desirable. Many programmes focus on a specific geographical area or type of trainee; linking programmes so that trainees are put in contact with trainees or graduates of other leadership programmes would help to create a community of up-and-coming HIV/AIDS leaders. This could both help to provide support to trainees who feel geographically isolated and would also foster regional or international networks of promising leaders. Similarly, ensuring that those in training programmes receive ongoing mentorship and have opportunities to network with other established or developing leaders will help to ensure that they receive the support and technical assistance they require after their programme training ends. Programmes can establish the equivalent of alumni associations to promote continued communication and community among their graduates.

Foster high-level leadership development in the HIV prevention field

Many of those in prominent positions in the HIV prevention research and policy fields have held active leadership roles for a long time, many from close to the beginning of the pandemic. As these current leaders transition out of their duties, it is critically important that new candidates with the necessary technical and leadership skills are identified and mentored to take their places. Historically, HIV treatment advocacy was developed by HIV-infected people fighting for their health and their lives. It may be more challenging to develop HIV prevention leadership from the grassroots up, and new strategies may be needed to develop a robust cohort of prevention advocates.

Expand the role of universities in HIV/AIDS leadership development

Universities play a fundamental role in educating and training countries' next generations of leaders, both in addressing HIV/AIDS and other health issues, as well for serving as leaders across all sectors of society. In many countries, the HIV epidemic is killing the young people who would assume these leadership roles as well as their teachers. Universities must be invested in addressing HIV/AIDS on their campuses, including prevention, testing and care, and must play an active role in developing the next generation of leaders in the fight against HIV/AIDS. Programmes are needed that provide technical assistance to universities in this regard and that work to coordinate the activities of universities in regions heavily affected by HIV.

Develop clearing house for leadership development curricula, tools and models

A clearing house for information on all aspects of HIV/AIDS leadership development activities, including curricula, educational tools, programme models, evaluation instruments and other materials, would be a useful and important resource for current and prospective leadership development programmes. Such a clearing house would help to ensure that nascent leadership programmes do not need continually to 'reinvent the wheel' and can inform the design of their activities with materials developed by existing programmes. It could also foster greater collaboration among leadership programmes and serve as a way for programmes to share what worked well and what did not, in addition to serving as a virtual community for leadership trainees. Such a clearing house would ideally be Web-based and would offer materials in a variety of formats (Web, CD-ROM, print) and key languages (Arabic, Chinese, English, French, Portuguese, Russian, Spanish, etc.).

In conclusion, effective leadership development is a long-term process that requires a sustained commitment of resources, mentorship and ongoing programme evaluation. Programmes must be in place well in advance of the anticipated need for leaders, otherwise a 'leadership gap' will result in which no one has been trained and nurtured to take up leadership positions. This can only result in a loss of progress and momentum. In many ways the HIV/AIDS field may be particularly vulnerable to a leadership gap. As the pandemic is only a few decades old, the first generation of HIV/AIDS leaders may only now be transitioning out of their leadership roles, and plans and resources have not always been in place to develop the next generation of leaders. Given the increasing attention on the need for leadership development in HIV/AIDS, foundations and other funders have an important opportunity to expand the scope and impact of current leadership programmes, evaluate various models of leadership development and scale up effective approaches, and ensure the sustainability of the global HIV/AIDS leadership development enterprise.

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