



Turning Policy into Practice: Sida's implementation of the Swedish HIV/AIDS strategy

An increased strategic emphasis and more funding will not, by themselves, ensure desired results. To achieve a policy objective, organisations must also ensure there are sufficient skilled and dedicated staff to actually pursue priority issues.

This was one of the key findings in an evaluation of the Swedish Government and Sida's HIV/AIDS strategy 'Investing for Future Generations', published in 1999. The strategy outlined Sweden's future policy response to the global epidemic, underlining the need for a multi-sectoral approach and mainstreaming HIV/AIDS in Sweden's development cooperation programmes. The evaluation, which was undertaken by the Norwegian Centre for Health and Social Development, sought to establish how the 1999 strategy had been implemented in Sida and its programmes and projects.

Sida, like most other organisations, issues policies to define what it does and to set priorities. Over the past few years the number of policies in Sida has increased in response to a growing belief in the need to govern through policy statements. However, the evaluation found that there may be too many policies within Sida and that staff were uncertain of their respective importance and how they related to each other. According to the evaluation, it was 'an open question how effective policy statements are and can be. There is cer-

tainly a limit on the absorptive capacity of the organisation.' Within a context of fewer policies, Investing for Future Generations (IFFG) might have been more effective, the evaluation notes.

Even so, the evaluation found that the HIV/AIDS policy had been widely read in the organisation. Most Sida officers were well acquainted with its contents and said that they had made use of the policy. However, interviewed staff stated that whilst the policy had been a framework for orientation and activities, it did not necessarily help them in making choices at the country level. The

evaluation concluded that 'although the IFFG connects the HIV/AIDS issues to the wider challenges of developing countries like poverty, gender inequality, etc., they [staff] thought it did not spell out with sufficient clarity or detail how these relationships were actually constructed and what Sida could do to incorporate HIV/AIDS issues into their other development cooperation priorities.'



Key issues

- Sida's approach to HIV/AIDS was considered to be successful. But the evaluation also noted that it took five years after the introduction of the policy, for Sida to put into place the mix of instruments necessary to achieve its effective implementation.
- The sheer number of different policy statements and guiding documents to be considered in Sida's work was found to lessen the impact of a single policy such as the HIV/AIDS one.
- The evaluation noted that the emphasis placed on HIV/AIDS as a strategic priority had not been matched by concrete goals or indicators against which advances or obstacles could be measured.
- The evaluation concluded that Sida needs to continue to stress HIV/AIDS as a priority in its activities. To that effect it advocated a number of concrete measures with regard to resource allocation, organisation, training and policy.

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Sticks, carrots and sermons

The evaluation found it useful to examine how three sets of instruments had been used to ensure policy adherence:

- Sticks – regulations, rules and directives combined with sanctions if not followed;
- Carrots – such as additional resources, additional staff and competence building;
- Sermons – activities aimed at influencing orientation such as speeches, statements, meetings, publications and external communication.

Sticks had only been used to a limited extent, primarily through the Government's annual appropriations directive. These instructions from the Ministry for Foreign Affairs were found by the evaluation to be perceived by all Sida staff as sticks even though it was unclear whether sanctions were applied when instructions were not followed.

Carrots, on the other hand, may be an overused policy instrument, according to the evaluation. In Sida, the major carrot was, and is, increased financial resources available for HIV/AIDS-related projects and activities. Increased funding constitutes an incentive to devote more attention to these issues at all levels. Moreover, Sida allocated resources to establish an HIV/AIDS Secretariat at the Head Office, a regional

HIV/AIDS team for sub-Saharan Africa in Zambia, regional advisers in Asia and a network of focal points at the Head Office and at embassies.

Finally, what the evaluation calls sermons had been used to foster shared norms and values to create a feeling of togetherness – 'In Sida we feel that...'. Most of the HIV/AIDS-related training offered in Sida could, according to the evaluation, also be interpreted as sermons since these activities provided limited scope for skills and competence building.

The evaluation concluded that policy instruments seem to work best 'when they come in packages, with a mixture of sticks, carrots and sermons which mutually reinforce each other.' Different instruments influence different people.

Few strategic decisions on implementing instruments were made during the first two to three years following publication of IFFG. Initially, more funds were made available but the full effects of the new policy were not seen until later when funding was combined with other instruments. Sticks – in this case singling out HIV/AIDS as a strategic priority – have been particularly important in this regard. However, the evaluation argued that without also providing incentives, training and information it may be impossible to achieve the desired results.

FACTS HIV/AIDS policy – the country perspective

To assess the implementation of the IFFG at country level, the evaluation visited four countries. They reviewed documents, visited project sites and interviewed Sida staff, national partners and colleagues from other collaborating agencies.

Bangladesh

Since 2002, HIV/AIDS has gradually moved up the agenda at the Swedish embassy in Bangladesh. Given the new strategic priority, the staff expects an increased involvement from 2005.

'We should all mainstream HIV/AIDS issues into our projects and support, but it takes time to find out how to do it,' say programme officers at the Swedish embassy. The embassy has started to support two HIV/AIDS projects, both of which have key elements of integration or mainstreaming. The

embassy thereby hopes to learn more about the issue and gain experience in mainstreaming these issues in ongoing and new projects.

Ethiopia

In general, Sida's staff in Ethiopia was well aware of the threat of a major HIV/AIDS epidemic, but they also recognised the competing needs of other development problems. When Sida's development cooperation resumed in 2001/2002, support directed at specific HIV/AIDS action was very limited, but it increased dramatically in 2004. Huge financial support from various donors has recently become available for HIV/AIDS in Ethiopia. Besides the need for necessary coordination, it provides an opportunity for Sida to focus on highly strategic or innovative interventions.

Sida's bilateral support to the Government is

Organisational expertise essential

The evaluation also examined the organisational structures and processes supporting IFFG. The HIV/AIDS Secretariat has been Sida's main organisational instrument for internally highlighting these issues. The evaluation considers the Secretariat as the core structure at Sida's Head Office for promoting and moving forward HIV/AIDS issues in the organisation. The Secretariat has been instrumental in what is described as a 'bottom-up' approach in promoting HIV/AIDS concerns throughout the organisation. In other words, the process has been characterised by consensus-building through carrots and sermons rather than through hierarchical instructions.

'However, the evaluation noted that even in the eyes of the members of the Secretariat themselves, its technical advice and its sustained offers to collaborate with the different departments and divisions did not suffice to move the commitment to and implementation of IFFG on to a substantially higher level.' With the growing official emphasis on HIV/AIDS, however these issues have subsequently been included in regional planning instructions and the new 'top-down' approach is now considered by the Secretariat as a necessary complement to other instruments.

In addition to the Secretariat, Sida has had a network of focal points at headquarters

that represent departments and divisions. According to the evaluation, preparation and introduction for the assignment as focal point was highly limited and there was a lack of specific training. No formal terms of reference were set for staff members who were appointed as focal points. Two-thirds of the focal points did not consider themselves to be sufficiently 'AIDS-competent'. The evaluation claims that a focal point system is always a second-best solution; 'the best solution would be to have highly trained and experienced staff in each department and division.'

In development partner countries, Sida has a regional HIV/AIDS team for Africa based in Lusaka. The team, established in 2000, supports mainstreaming efforts and assists Sida's embassy personnel in the region. It provides specific training and technical advice as well as information on AIDS-related issues.

Additionally, Sida has a regional adviser on HIV/AIDS for South Asia, based in India. The adviser assists embassies in Bangladesh, India and Sri Lanka by providing technical advice, updated information and by highlighting HIV/AIDS aspects in projects and strategies. Another regional adviser has recently been appointed for South-East Asia, based in Cambodia.

The evaluation found that regional structures were appreciated and provided vital services to embassies and to the implementation of IFFG.

channelled to budget support, sector programme development, and to large and long-term interventions. While this has definite advantages, it also reduces Sida's opportunities of influencing the design and planning of projects/programmes with regard to HIV/AIDS mainstreaming.

Ukraine

In preparation of the new country strategy, it is now official policy to review all new projects in relation to the epidemic. A HIV/AIDS focus beyond the health and social perspectives into a human rights concern is taking place.

To date, HIV/AIDS has not been mainstreamed into wider sectors of development cooperation. Although Ukraine is a country with a mature HIV/AIDS epidemic, the impact is not yet very visible in Ukrainian society. Support has mainly been channelled to selected geographical areas with signs of

increased HIV transmission, and to national information and awareness campaigns. Sida now wishes to work closely with UNAIDS and other partners in increasing the effectiveness of national coordination and harmonisation of major HIV/AIDS programmes.

Zambia

The impact of AIDS on all sectors of the society is very visible in Zambia. There are strong links between the epidemic and all sectors of development cooperation. Sida has largely mainstreamed HIV/AIDS in development work. The evaluation associated these developments with the high degree of AIDS competence among the embassy staff and the regional HIV/AIDS team staff, as well as the high visibility of HIV/AIDS in Zambia.

Mainstreaming HIV/AIDS has become the self-evident mode of operation for development cooperation in the country.

Were these structures and processes sufficient to implement IFFG? The evaluation indicates that, at least initially, they were unable to achieve desired results. Moreover, as no benchmarks had been agreed upon, it would have been difficult for Sida's senior management to determine at all whether the organisation's structures and processes had succeeded in implementing IFFG objectives. 'Neither the Director General nor senior management of Sida seems to have a monitoring system for strategic or other priorities,' the evaluation reported.

Main conclusions and recommendations

- The importance of HIV/AIDS as strategic priority within Sida has grown since IFFG was launched in 1999. Although progress was slow at first, the organisational structures with the Secretariat, the regional team, the regional adviser and focal points all contributed towards raising competence and awareness within Sida. Slowly but steadily, HIV/AIDS issues found their way into different aspects of Swedish development cooperation and funding increased, the evaluation notes. An important change occurred in early 2004. HIV/AIDS was moved up as a strategic priority and interventions were scaled up. Planning instructions emphasised HIV/AIDS as a priority, funding increased and training was reinforced. The evaluation concludes that the present 'mix of policy instruments seems to work.'
- The evaluation underlines that HIV/AIDS must remain at the top of the agenda for decades. In the new policy framework that is being put in place in Sida, the struggle against HIV/AIDS should play a pivotal role in the overarching goal of poverty reduction. It needs to be more clearly and convincingly related to the key policy orientations of the Swedish Government and Sida.
- Sida's HIV/AIDS policy/strategy is no longer captured exclusively in the 1999 document 'Investing for Future Generations'. While this document remains a valid framework for most aspects, it has since been supplemented by other policy documents from Sida and the Ministry for Foreign Affairs. At times, the plethora of policy documents creates confusion, especially at country level. Sida should consider synthesising the different documents into one short, concise and up-to-date policy which might also spell out goals and targets for scaling up HIV/AIDS work.
- In highlighting an issue as a strategic priority, Sida should consider setting specific goals with indicators. Top management should decide on these goals and indicators and then continuously monitor progress.

- Sida staff sometimes feels overwhelmed by the ever-increasing demands 'to do more with less'. A clearer orientation on priorities should be given and subsequently be reflected in the work plans.
- Strategic priorities must be matched by priorities in staffing. Sufficient competent people are needed to move the issues inside the organisation and, even more importantly, with partners in cooperating countries.
- The HIV/AIDS Secretariat at Head Office level should be given permanent status. A strong and strategically oriented structure will be needed for many years to come.
- The present advisory and technical capacities in the regions may not be sufficient in quantity, quality or coverage.
- Focal points at the Head Office often lack sufficient technical and programmatic knowledge to confidently mainstream HIV/AIDS. Focal points at embassies are generally insufficiently 'AIDS-competent' to play a more strategic role in supporting country programmes. Continuous investments in staff capacity building are needed.
- Very little experience in dealing with HIV/AIDS as a technical and programmatic issue of Sida's development cooperation is documented. Sida should develop a plan for documenting relevant experience.
- Whilst there may be significant differences between other cross-cutting issues such as gender equality, environmental concerns, democracy or human rights and HIV/AIDS, there are equally important commonalities. Sida should systematically analyse its mainstreaming experiences in order to increase synergies between them in the perspective of a holistic approach to development.
- In theory, most countries no longer lack financial resources to address the epidemic. The main challenge now is to make best use of these resources. Sida should vigorously continue its efforts with development partners at all levels – especially with the UN system – to better coordinate and harmonise external support with national plans and requirements.
- In its budget support and sector programmes, Sida supports efforts to integrate HIV/AIDS into the overall country development plans. To be fully successful, well-trained and experienced staff is needed. Given the scarcity of technical and human support, Sida is possibly active in too many countries and too many sectors. Sida may profit from a clear ordering of priorities regarding countries and sectors.

Mainstreaming HIV/AIDS

Gender equality, environmental concerns and human rights issues are cross-cutting issues which all must be mainstreamed into development cooperation. Also HIV/AIDS needs to be mainstreamed in Sida's policies, strategies and interventions. 'Mainstreaming is at the very core of an HIV/AIDS policy and strategy in development cooperation,' the evaluation states. The HIV/AIDS epidemic is no longer insignificant in any part of the world, and probably represents a serious threat in virtually all of Sida's partner countries. HIV/AIDS, gender equality and human rights are all issues inextricably linked to poverty reduction, which is the primary objective of Sweden's development cooperation

Issues that might be addressed when considering interventions and policies are:

- Will it lead to higher or lower risk for the spread of HIV for certain groups?

- Will it increase or reduce the burden on people who are infected or affected?
- Will it decrease or increase vulnerability and impact related to AIDS?

The evaluation concludes that mainstreaming HIV/AIDS in all sectors of development cooperation should be the rule in all countries. The process should always start with an analysis of the specific HIV/AIDS situation in the concerned sectors. This may be easier said than done, as it requires investments in resources, time, training and research. 'Even Sida, which has such a long tradition and experience in mainstreaming issues like gender equity and environmental concerns... still struggles with the mainstreaming concept and with the integration of different cross-cutting issues.'

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