

HIV/AIDS and Sida's Country Strategy Process – a Manual

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Note to the reader

The process of elaborating a new country strategy engages three Swedish parties: the Government (Ministry for Foreign Affairs), Sida, and the Swedish Embassy in the country concerned. It involves a dialogue with concerned parties in the partner country, such as the government, civil society actors and donors. The present Manual is primarily formulated to cover actions required from the Swedish parties during this period. As the new country strategy is a point of departure for dialogues with the partner country throughout its duration, the Manual might be of value even in such dialogues.

The organisation of the Manual is as follows: Section I is a general introduction. Section II refers to the process of producing a land strategy document, and how the HIV/AIDS issue is to be dealt with at each stage of the process. Section III is devoted to issues of substance, and to the wider implications of the epidemic for development cooperation. The reader who needs an introduction to the HIV/AIDS epidemic itself is recommended to start reading chapter 6 and also acquaint her/himself with Sida's Background document to all HIV/AIDS Guidelines.

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I. Introduction

1. Introduction

The AIDS epidemic is such a drastic and far-reaching new factor in relation to development in many poor countries, that a first necessary step in the strategy process must be to judge what the new situation requires from Sida and Swedish development cooperation.

Make AIDS part of the dialogue theme list

The seriousness of the situation demands that the embassies in concerned countries should have general instructions by the Ministry for Foreign Affairs to pay continuous attention to the AIDS epidemic and its relation to issues relevant to Swedish development cooperation. Similarly, the AIDS epidemic should be added to the dialogue list that guides all staff participating in dialogues with the national government of the country.

The HIV/AIDS epidemic requires a far wider attention in the country strategy process than has so far been given to it. In the elaboration of these guidelines, all the entries in the process where this message could be placed are the subject of attention. The guidelines refer to all the different steps from the Embassy elaboration of a 'concept note' to the finalisation of the country strategy itself.

Figure 2 in Sida's recent "Guidelines for Country Strategies"¹ (see Annex 1) is a useful illustration of the process. It should not be taken literally, but rather be seen as indicative of the process. Firstly, it refers only to the country cases where a "full process" is applied, while less ambitious procedures are chosen for many countries.² Secondly, the logical order in Figure 2 may not always correspond with the process in each individual case. These facts should be taken into account when using the Manual, whose text follows the general order of a full formal process.

Sida's Strategy Guidelines are to be applied both to country strategies and to "regional strategies". These can be (Guidelines p.4) "specific strategies for regional assistance or more general strategies for all forms of assistance to a region", covering both regional support and country-specific assistance. Although no special section of this Manual is devoted to the case of regional strategies, with good judgement much of its contents should be of value.

The AIDS epidemic affects all layers of society, and all sectors from production to infrastructure, trade, social services and the institutions of society at large. Multiple actors are adding their efforts to the joint struggle against the epidemic and its consequences. Today, they appear to work mainly in isolation, missing out on the synergies of linking up in combinations chosen from the needs and the context. To scale up the response to AIDS, much more of coordination and cooperation is required.

Identify other actors, strive for synergy effects

To identify other actors irrespective of their place in society is therefore an essential part of the groundwork for the integration of AIDS-related issues in all development cooperation. In some cases, this might justify a special 'actor study' annexed to the country analysis as a basis for strategic considerations in the country strategy.

¹ Guidelines for Country Strategies in Swedish Development Cooperation. Sida/UD (undated).

² A more simple process can be used for instance where Swedish development cooperation is not formalised in a government to government agreement – Indonesia, the Philippines and Thailand are examples (source Samuel Egerö, Sida).

II. Passing through the strategy process

2. Entry points in the process

Attention to AIDS in the country strategy process is possible at the following entry points:

- Initial actions:
 - The Conceptual memo
 - Outlines to country analysis and results analysis
 - Joint Foreign Affairs/Sida country mission
- Setting the directives:
 - Sida's hypothesis
 - Government Decision II
- The stage of analysis
 - Country analysis
 - Results analysis
- The country strategy

The guidelines cover recommended actions in each of these entry points.

3. Initial actions

What implications of AIDS for development cooperation?

The country strategy process is “supposed to comprise analyses and discussions that are as free from preconceptions as possible as regards development of the strategy and Sweden’s contribution to it” (Guidelines § 1.2). This is a sine qua non in dealing with the AIDS epidemic in the process. Throughout the process, attention should be given to the implications of AIDS for Sida’s development cooperation

– its objectives and results.

The Conceptual memo serves as the first entry to a common understanding about HIV/AIDS and the country strategy process. This memorandum should a) describe the general character and progress of the epidemic, and b) approach the issues of how current development cooperation might influence and be influenced by HIV/AIDS. It is important to explicitly raise the links between the epidemic and poverty, gender relations and social inequalities.

Recommend priorities, budget considerations, need for specialist support

Further, the conceptual memo should aim at giving general recommendations concerning what priority to give the epidemic and its implications in the strategy process. Attention should be given to the need for special competence for and special investigations within the country strategy process.

Explicit attention to AIDS in outlines to country and results analyses.

These recommendations should guide the elaboration of an Outline to country analysis. The outline might offer more elaborated conclusions, to guide further actions. In countries where the epidemic has reached an advanced stage (see section 7.2, Table 1), the Outline to a results analysis should raise the question of different implications of rising adult mortality.

Where a Joint Foreign Affairs/Sida mission to the country concerned is undertaken, it needs directives based on the above considerations. The mission might have to be reinforced by a specialist in AIDS and development. In relevant countries, a meeting with the national AIDS office and with representatives of the UN Theme Group on AIDS should be part of the programme.

4. Setting the directives for the strategy process

The Sida hypothesis should have a special section containing a Summary Consideration of the epidemic and its relevance for future development cooperation, in respect of three different dimensions, further discussed in section 8.3 and Table 2 below:

- The need for (more of) direct initiatives within the development cooperation;
- Different impacts of the epidemic on programmes and projects;
- Possible impacts of programmes and projects on the epidemic.

Further, the Summary Consideration should note the poverty and gender dimensions of the epidemic, which need to be addressed in all subsequent stages of the strategy process including in the identification of special competence (see below).

For Sida's hypothesis and Government Decision II:

- What relevance of AIDS for development cooperation?
- What is required in country and results analyses?
- Special competence needed?

The Summary Consideration should contain sufficient material to guide formulations in the Government Decision II concerning the degree of priority to give to AIDS-related matters. In addition, it should guide the formulation of instructions for country analysis and results analysis. An important point to consider is whether special competence is required to complement the staff elaborating these documents. Such competence can sometimes be found in the country concerned.

Even where work has already been started on the country analysis and results analysis, it is important that the Government Decision II indicates the degree of importance to attach to HIV/AIDS in these documents, perhaps also what key questions that need to be approached.

5. The country analysis and the results analysis

How serious?
How advanced?

The country analysis needs to elaborate especially on the character and state of development of the epidemic (see the framework in section 7.2). Depending on how serious the epidemic is today and in a medium-time perspective, proportional attention should be given to different questions, as elaborated in section 7.4.

What structural factors?

Structural, geographical, gender and other factors behind geographic and/or social patterns of spread of HIV ("Underlying causes" in Sida's AIDS strategy) need to be analysed. Special attention should be given to migration of all sorts. Where border-crossing migration is common, its role in HIV transmission needs to be looked at. Sex-related violence or coercion is another important area to address.

MIGRATION

Migration increases the risk that the HIV virus is spread through temporary sexual encounters. This risk is apparent where people move between areas of low HIV prevalence and areas where infection is more widespread.

“Return labour migration” is very common not least in Southern Africa: Men (and increasingly also women) go for spells of employment within their country and/or to neighbouring countries.

A special category is teachers and other government staff who are posted away from their families to serve in areas where their profession is needed. Military staff is particularly exposed to the risks of temporary sexual encounters associated with separations from wife and family. Depending on the type of migrant, different people are sharing their risks; commercial sex workers, students, unmarried young women in general.

All people working in ‘transport’ should be regarded as part of the migrant category. Long-distance road transport workers are often exposed to risks from temporary sex contacts. Management staff travelling on duty is a similar category.

All types of “forced migration” are associated with risks. Internal or border-crossing refugees experience a weakening of social ties and exposures to sexual violence from soldiers or other refugees.

One way to assess the future of the AIDS epidemic in a given area is to study patterns of migration. Special interventions can be undertaken, which in the case of border-crossing movements need cooperation between two countries. They can be directed to the migrant categories themselves, to their respective origins and destinations, or to both.

To reduce population movements significantly is rarely possible. Where development cooperation stimulates (or requires) migration, either the activity should be reconsidered or systematic efforts to reduce the risk of transmission should be made part of the activity.

The AIDS-related work done so far by the national government, and by other important actors, needs to be presented, with an ‘evaluation’ of the institutional capacity of these actors to respond to the epidemic.

What key items to consider in the country analysis?

Finally, the country analysis should conclude with a set of AIDS-related items that need to be considered in the preparation of a new profile of development cooperation. The country strategy process aims to be an “unconditional analysis and discussion” of development in the country concerned, a position that is important to uphold in relation to countries severely affected by AIDS.

What impacts on development cooperation from the epidemic?

In countries where AIDS-related adult mortality is no longer insignificant, the results analysis needs to include a new summary section addressing “known or estimated effects of AIDS on different elements in the development cooperation”. The issue refers to adult morbidity and mortality in AIDS, if

possible sex-disaggregated, and how these impact on outputs and results, ie on achieving the goals of development cooperation. Where actions in response to these ‘externalities’ have been undertaken, they need to be documented and, as far as possible, discussed.

What impacts on the epidemic from development cooperation?

In addition, the report should attempt to look at how development cooperation might affect/have affected the AIDS epidemic. On the one hand, development efforts supported by Sweden might have elements conducive for further spread of HIV – infrastructure projects with labour concentrations is a case in point. On the other hand, certain development efforts might – indirectly or directly – contribute to reducing HIV transmission or mitigating the impacts of AIDS. Both of these relations need to be discussed explicitly, as a guide to considerations to be made in the country strategy.

6. The Country Strategy

The elaboration of a country strategy might overlap in time with the production of country and results analyses respectively. Nevertheless, in terms of AIDS, the results and conclusions of these two reports are seen as an indispensable basis for considerations in the country strategy.

The following recommendations relate primarily to country strategies where the AIDS epidemic is seriously considered for the first time.

The AIDS epidemic is such a drastic and far-reaching new factor in development in many poor countries, that a first necessary step must be to judge, as far as possible independently of past and present development cooperation, what the new situation requires from Sida and Swedish development cooperation. This phase entails a thorough discussion of the evidence from all earlier reports and documents in the strategy process.

Firstly, a consensus is required on the character and state of development of the epidemic (see the framework in section 7.2), as well as on the degree of priority over other priorities that the epidemic demands.

Secondly, a picture needs to be elaborated on how much, and in what ways, sector cooperation needs to relate to the epidemic and its impacts. Special attention should be given to the three broad-based areas of action ‘Prevention’; ‘Care and support’; and ‘Impacts and impact mitigation’ respectively (Section 7.3, Table 2). For each area, gender and poverty dimensions need attention. The Guidelines for AIDS in sector cooperation might prove valuable in this work.

Special interventions? Special studies?

Thirdly, insufficient knowledge might spur the question whether special interventions are required, among them improved HIV surveillance, unconventional measuring of mortality trends and other means to improve and distribute knowledge about the epidemic. *Fourthly*, as sector-specific knowledge about AIDS-related matters is likely to be in very short supply, sector-related studies might in some cases be called for in advance of fixing a medium-term programme for sector support.

Fifthly, a special characteristic of HIV transmissions is that the virus does not recognise any national borders. Border-crossing population movement is frequently a significant contributor to HIV transmission. To meet such flows, agencies and means for sub-regional coordination need to be identified.

Formulate a strategy to meet future exigencies under AIDS

Based on the above and other considerations, a general strategic approach to AIDS is required, formulated to guide both broad-based and sector-specific recommendations in the country strategy. This approach should encompass both the present and the most likely future status of the epidemic, estimated impacts on different sectors,

realistic ways to counter further HIV transmissions and to replace labour force losses, ways to mitigate growing impoverishment and social crises, etc.

To integrate AIDS,
plan for a longer
process

The situation in the countries most severely affected by AIDS might demand an approach that entails more revisions in the running activities than anticipated. Similarly, the overall budget size and budget construction might need more consideration than has so far been the case. This means that more time is necessary for this phase of the process, and not unlikely more exchange between the main actors in the process, including the government of the country concerned.

Provisions for such an eventuality should be made already in the early stages of the strategy process, in order to allow for the work to progress as far as possible on the terms dictated by the epidemic.

III. HIV/ AIDS – substantive issues

7. Assessing the character and state of progress of the AIDS epidemic

7.1 Introduction

The epidemiology of the AIDS epidemic is characterised by an initial phase of transmission of the HIV virus in a population, followed by an incubation period which averages 8-10 years and in the individual case could be considerably shorter. The third phase consists of various AIDS-related symptoms that also indicate growing vulnerability to other diseases, followed within a relatively short period by death. AIDS is regarded as a fatal disease, from which there is no escape.³

The spread of the virus varies considerably between countries. In some countries it is concentrated to special social groups (e.g. injecting drug users; commercial sex workers), in others in special regions (e.g. with transit traffic or temporary migrant labour). The national pattern is related to factors such as (military) conflict, migration, and gender relations including sex-related violence. In many countries where general transmission is either established or likely to occur, very high average HIV prevalence rates are possible, up to a quarter or a third of all adults in productive ages.

What attention to give to the AIDS epidemic in the country strategy process depends to a great deal on its concrete character and expected progression in the country concerned. In Sub-Saharan Africa, very high prevalence rates have been observed which may or may not be replicated in most of Asia.

7.2 The character and state of progress of the epidemic

An early assessment of the epidemic is essential

As early as possible in the strategy process, a general assessment of the epidemic is required to guide further probing into the significance of the epidemic for development cooperation. The assessment should encompass at least two dimensions of the epidemic; its character and its state of progress. The following classification system, although a simplification of realities, might usefully guide the process.

What is the character of the epidemic?

- Contained or localised: Significant HIV prevalence (and AIDS mortality) only in certain parts of the country (or only in special high-risk groups)
- Generalised: HIV prevalence (and AIDS mortality) significant in many parts of the country (and among ordinary people)

In what state is the epidemic?

- Incipient or nascent: Early state of HIV transmission
- Mature: 7-10 years later; AIDS-sick are becoming visible
- Advanced: Later; AIDS-sick are a considerable proportion of hospital patients, many people have lost adults (or know people who have) in AIDS

³ By this is meant that there is no cure, only drugs to prolong the life of a HIV-infected person. Whether these drugs can be made broadly available in heavily AIDS-affected countries is a matter of debate.

By combining the character and the state of progress of the epidemic, we get six different case situations:

Table 1. The character and state of progress – case situations

State: Character:	1. Incipient	2. Mature	3. Advanced
A. Localised prevalence (later turned into mortality)	HIV is present in high-risk groups, very low among ordinary people.*	The epidemic is well implanted in high-risk groups, with potential risk for transmission to general population.	The epidemic "has come to stay", with substantial impacts on affected groups or areas. No easy ways to turn the trend. Risk for further spread.
B. Generalised epidemic	HIV is present among many strata in the population.*	High general HIV prevalence; the number of sick expected to grow rapidly.	The epidemic affects the whole of society.

* Perceptions differ concerning the interpretation of prevalence levels. For Sub-Saharan Africa, prevalence rates below 5% have been seen as indicating a good state of affairs. By contrast, in Asia today a prevalence above 1–2 % is considered to indicate the beginnings of a serious state of the epidemic.

7.3 Development cooperation and the progress of the epidemic

As a general rule, AIDS-related actions are divided into three types:

- Prevention
- Care and support
- Responses to impacts of rising adult mortality

These types also represent stages: prevention is required from the outset and throughout; care and support are required when HIV infected develop symptoms of the disease; while impact responses ideally should be prepared before morbidity and mortality begin to take more heavy tolls from the adult population.

The profile of development cooperation should be revisited from three different angles.

Firstly, what direct (new) interventions or types of support are motivated by the need to tackle the epidemic and its consequences?

Secondly, what are the implications for programmes and other elements of the development cooperation of the AIDS epidemic?

Thirdly, how do the development activities themselves impact on HIV transmission and other aspects of the epidemic – negatively or positively?

The final step is to combine the three types above with the three angles, in order to get a general overview of the interrelations between the epidemic and development cooperation. See exemplifications in Table 2.

7.4 The country strategy process and the progress of the epidemic

The comments below refer to the classification in Table 1, p.8 above. The relevance of gender and age dimensions should be looked into through all stages of the work.

State 1 – The main task is to counter further spread, i.e. to strengthen prevention

The epidemic has no direct implications for development cooperation, however certain development activities might affect the pattern and speed of HIV transmission. Using projections of the progress of the epidemic, the main challenge is to decide what priority to give to support to prevention activities, in the country at large and in sectors of development cooperation.

- The country analysis should discuss how HIV is transmitted in the country, and whether and how development cooperation activities might affect transmission (positively or negatively).
- The country strategy should look into the profile of development cooperation and how it accords with the needs for more prevention. Should general support to different actors be considered? Are new activities required in ongoing sector work?

State 2 – where AIDS-related illness and death are assuming visible proportions.

Activities within development cooperation show signs of being affected by loss of staff, by the organisational weakening of counterparts etc. The struggle to reduce poverty is up against one additional obstacle. Adjustment processes in organisations or activities, whether started or not, need attention, possibly support. The need for separate activities of different kinds is becoming more and more apparent. The strategy work should address such needs and how they could be met in the development cooperation strategy, if necessary as a new element in the programme.

Table 2. Interrelations between the AIDS epidemic and development cooperation

	Direct interventions and support	Implications of the epidemic for development cooperation	Implications of development cooperation for the epidemic
HIV transmission and prevention	<p>Examples:</p> <ul style="list-style-type: none"> – Improve prevalence measurements and knowledge about the epidemic – Support legal work – Information – Education – STI treatment, condoms – Support NGO, private sector, trade unions and other actors 	<p>Examples:</p> <ul style="list-style-type: none"> – New education policies (e.g. single sex schools)? – Selective poverty support? – Recruitment of workers to infrastructure projects – Prevention work in all programmes/projects? – Strengthened programme cooperation with other donors 	<p>Examples:</p> <ul style="list-style-type: none"> – Is migration stimulated? – Do activities contribute to (temporary) family separation? – Do activities promote or counter improved gender equality?
AIDS-related Diseases; care and support	<p>Examples:</p> <ul style="list-style-type: none"> – Support to women, households and local – Communities – Strengthen local health care – Treatment of AIDS-related diseases 	<p>Examples:</p> <ul style="list-style-type: none"> – Rising staff turnover – Activities in health and sick care – Special education for management staff 	<p>Examples:</p> <ul style="list-style-type: none"> – Does health sector support render adjustments to new exigencies more difficult or more easy?
Impacts of rising adult mortality; responses	<p>Examples:</p> <ul style="list-style-type: none"> – Increased intake to education/training – Support to rationalisations – More TA in the public sector? – Activities to support AIDS orphans and AIDS parents 	<p>Examples:</p> <ul style="list-style-type: none"> – The running of projects, staff Losses – Programme cooperation with other donors – Reconsider priorities? 	<p>Examples:</p> <ul style="list-style-type: none"> – Do the activities render adjustments to rising adult mortality more difficult or more easy? – Is there a need to reconsider the forms of support to the agriculture sector?

- The results analysis should discuss possible effects of the AIDS epidemic on activities and on the likelihood of achieving stated goals; present such special actions as have been undertaken in response to the epidemic; and attempt to identify activities which are vulnerable to the impacts of AIDS disease and death.
- The country analysis should elaborate on the character of the epidemic today and its likely progress in the future, where possible detailing differences between regions and/or social groups.
- The country strategy should have a section where, firstly, the impacts of the epidemic on ongoing activities are considered, secondly, the need for new initiatives is considered. It should aim at specifying the flexibility that will be required to handle, post facto, unanticipated needs generated by the progress of the epidemic (complements to projects or programmes, revisions of project/programme objectives, reserves in a special budget post within the overall country budget etc.).

<p>State 3 – where disease and deaths among the population have reached high levels</p>

Most likely, the epidemic has significant impacts on different development cooperation activities, which are more or less well known by Sida and its counterparts. Some activities may need to be reconsidered in their entirety; new activities still in the planning stage may have to be abandoned. A great deal of flexibility is required in all activity planning to meet further difficulties and needs.

The results analysis should

- analyse effects of the AIDS epidemic on activities and fulfilment of objectives;
- present such special actions as have been undertaken in response to the epidemic;
- attempt to identify activities which are vulnerable to the impacts of AIDS disease and death.

The country analysis should

- elaborate on the character of the epidemic today and its likely progress in the future;
- where possible, describe differences between regions and/or social groups;
- closely study different types of development cooperation activities and their (expected) roles in relation to such aspects as facilitating HIV transmission, reducing the impacts of AIDS mortality etc.

The country strategy needs a separate section devoted to impacts of the epidemic on ongoing activities and to the need for new initiatives. This section should

- consider whether activities are to be continued or not;
- if so, what modifications if any are required;
- what flexibility will be required to handle, post facto, unanticipated needs generated by the progress of the epidemic.

Issues to be considered in the country strategy include complements to projects or programmes, revisions of project/programme objectives, reserves in a special budget post within the overall country budget etc. See below.

8. “General mobilisation against AIDS” – further implications for development cooperation

Who are the other actors?

In countries where the public sector is weak and short of resources, it is especially important to get to know other actors in the struggle against the epidemic and its effects. There are many reasons for this. Successful interventions by individual actors need to be scaled up. Linking different kinds of actors by promoting cooperation and exchange is likely to produce important synergy effects.

- The results analysis should contain a review of how different actors (public authorities, NGOs, the private sector, civil society organisations) have related to the epidemic in sectors with development cooperation, and the significance if any of their activities for the results of different projects or programmes.
- The country analysis should map out the position of different actor categories to the epidemic and its effects, and consider the value of a wider contact between Sida’s cooperation programme and such different actors. This work should also include judgements of the likely reduction in institutional capacity of the public sector, and the need for special activities to enable it to play its roles more forcefully.
- The country strategy should assess proposed sector and programme cooperation in terms of the prospects of good results, the need to modify existing objectives and/or supplement ongoing support with other initiatives (perhaps with other actors than the state) – all this with special attention to the impacts of the epidemic in different sectors.

What flexibility is needed?
Open budget reserves?

The current speed of progress of the AIDS epidemic justifies a thorough consideration of its significance in every new country strategy process, often also in mid-term reviews of the development cooperation. In all this work, two key work behind recommendations are flexibility and access to open budget reserves for unanticipated activities and programme modifications.

Make use of centres of knowledge

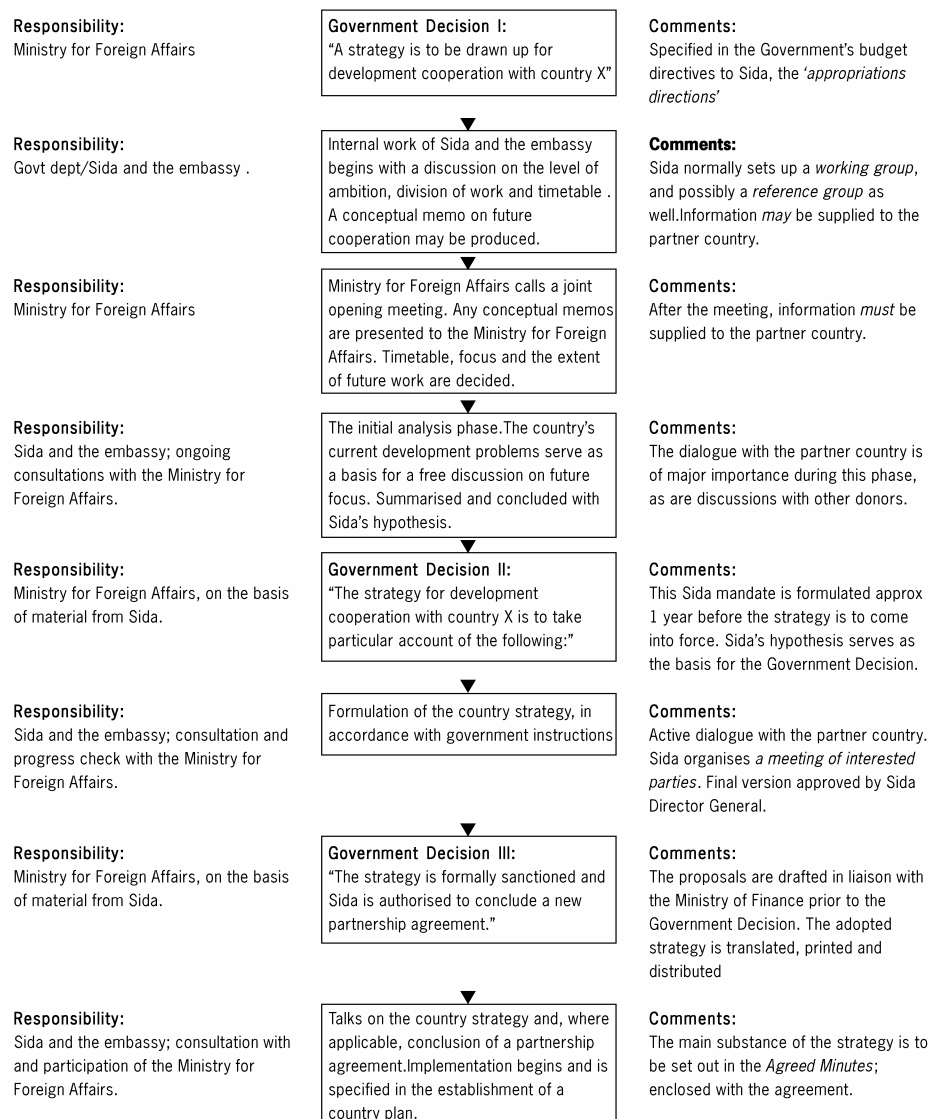
Local AIDS coordination offices exist in AIDS-affected countries, not only within government but also among donors and – often – among NGOs. UNAIDS is normally represented by a Focal Point, and a local UN Theme Group on AIDS is an important meeting point for many donors. All report preparation in the country strategy process is facilitated by close contacts with such institutions. Research is nowadays a rich source of information, and important material – often classified by country – can be reached on the internet. Such working methods can be specified in ToR for assignments in the strategy process.

Annexes

Annex 1

The country strategy process

(From "Guidelines for Country Strategies in Swedish Development Cooperation")



Annex 2

Where to search for information on the AIDS epidemic

2.1 International sources of facts and estimates:

UNAIDS is the most important source in the UN system. It primarily draws on the work of US Bureau of the Census, and adapts the results to its own publication formats. UNAIDS regularly updates its national “HIV/AIDS Updates”, which contain useful data in addition to the basic estimates of the state of the epidemic. The UNAIDS website is <http://www.unaids.org/>

Data and reports from the US Bureau of the Census can be found on: <http://www.census.gov/ipc/www/hivaidsn.html>

The UN Population Division produces every second year (1998, 2000 etc.) complete sets of country population projections, taking into account the effects of AIDS mortality for an increasing number of countries. Like the US Bureau of the Census, the Population Division may publish comparative demographic data with and without HIV/AIDS respectively, which serve to give perspectives on the relative impact of the epidemic. For references to its publications, see: <http://www.un.org/esa/population/unpop.htm>

2.2 Sources in the individual country:

In AIDS-affected countries UNAIDS has a country Focal Point, which should have an up-to-date overview of studies, actions and actors.

The UN Theme Group on AIDS in the country regularly reviews the situation, carries a dialogue with the government etc.

Most governments have a National AIDS Commission served by an office that may be housed in the Ministry of Health but increasingly is given a more central position. In some countries, the Central statistical office and its counterparts in sector ministries are well informed and active.

Annex 3

Examples of guidelines for development cooperation planning, and of ToR for studies of HIV/AIDS

UNAIDS has produced a UNAIDS' Guide to Strategic Planning Process for a national response to HIV/AIDS. Resource Mobilization: Module 4 (Best Practice- Key Material), August 2000. The Guide is available on the UNAIDS web address http://www.unaids.org/publications/documents/responses/index.html#local_other

The European Commission has produced a toolkit that contains a 6-page text on AIDS-related issues and ToR for consultants. Many of its recommendations overlap with those made in Sida's sector guidelines. While they are not always in perfect accord, they are on the whole well laid out and easy to apply or annex to a concrete contract. A special "Decision tree" has been elaborated to guide considerations on the significance of AIDS in the case of project design. The text can be found at <http://europa.eu.int/comm/development/aids/toolkit/tor.htm>

The European Commission toolkit contains four more support texts. Of particular interest here are two texts: Assessing the National Importance of the HIV/AIDS Epidemic, and Guidelines for Including HIV/AIDS in Project Cycle Management. They can be retrieved on the address <http://europa.eu.int/comm/development/aids/toolkit/index.htm>

Two models of ToR for consultant studies of HIV/AIDS in the country strategy process are presented below. They are intended for studies to support the formulation of Sida's hypothesis in a country with an incipient and localised epidemic, and in a country with a mature and generalised epidemic, respectively.

Annex 4

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NB. All UNAIDS document can be found on the UNAIDS website <http://www.unaids.org>

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