Sida

MAY 2006 • HIV/AIDS SECRETARIAT

Scaling up the Response to HIV/AIDS

Sida's Report on HIV/AIDS 2003–2005

Contents

List of Abbreviations

ADB	Asian Development Bank
AFRA	Department of Africa
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BRAC	NGO in Bangladesh
CBO	Community Based Organization
CIDA	Canadian International Development Agency
DAC	Development Assistance Committee
EU	European Union
FAO	Food and Agricultural Organization
GIPA	Greater Involvement with People Living with HIV and AIDS
HEARD	Health Economics and AIDS Research Division
HIV	Human Immunodeficiency Virus
IAVI	International AIDS Vaccine Initiative
IDU	Intravenous Drug User
IOM	International Organization for Migration
MoFA	Ministry of Foreign Affairs
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
NGO	Non Governmental Organization
OECD	Organization for Economic Co-operation and Development
OVC	Orphans and Vulnerable Children
PLWHA	People Living with HIV and AIDS
RENEWAL	Regional Network on HIV/AIDS, Rural Livelihood and Food Security
REPSSI	Regional Psychosocial Support Initiative
SAREC	Department for Research Co-operation
SRHR	Sexuality and Reproductive Health and Rights
TASO	The AIDS Service Organisation
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Populations Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund

Published by Sida 2006

Department for Democracy and Social Development

Author: HIV/AIDS Secretariat

Printed by Edita Communication AB, 2006

Art. no.: SIDA28806en

ISBN 91–586–8272–4

This publication can be downloaded/ordered from www.sida.se/publications

1. Introduction

Since the launch of the Swedish HIV/AIDS strategy "Investing for Future Generations" in 1999, Sida has scaled up its engagement and addressed HIV/AIDS in a balanced approach, responding to all elements of HIV/AIDS; *prevention, care & treatment and impact mitigation*. A focus has been on supporting, advocating and initiating dialogue on prevention in all its aspects, including underlying determinants as well as immediate causes of HIV/AIDS. Gender inequality, poverty reduction and sexual education for young people have been central elements in Sida's efforts, including strengthening the linkages between Sexual and Reproductive Health and Rights (SRHR) and HIV/AIDS. Research has been one important component in these scaling-up efforts.

For the year 2005 and onwards HIV/AIDS has been recognised as *a strategic priority* for Sida's development cooperation. This is a recognition that it was not enough to do business as usual in order to address HIV and AIDS effectively in development cooperation. Mainstreaming in all sectors of development cooperation is one of the main strategic tools, as is increased support to targeted HIV and AIDS activities. This has resulted in a *36% increase of disbursement* to targeted HIV/AIDS programmes through Sida from 2004 to 2005, amounting to 551 MSEK (approximately 58 M EUR) in 2005.

Significant strength has been added to Sida's HIV/AIDS activities through:

a) a Regional HIV/AIDS Team in Lusaka. Since 2003 the Regional Team is a collaboration between Sweden and Norway. Staff and disbursements have increased considerably over the years. For further reference see Annual Reports by the Team.
b) Two Regional HIV/AIDS Advisors in Asia and
c) The HIV/AIDS Secretariat that co-ordinates activities from the Sida HQ in Stockholm.

This report briefly presents Sida's major achievements with regard to HIV/AIDS during 2003 – 2005. It manifests not only increased financial resources but also stronger partnerships, collaboration and alignments to partner country strategies. Rather than being exhaustive the report aims to present the diversity of initiatives supported by Sida. We hope the report will serve as a source of inspiration for new commitments and strategic decisions that are so much needed in order to contribute to the overall combat against the HIV/AIDS epidemic.

Lena Ekroth
Lead Adviser.
HIV/AIDS Secretariat, Sida

2. Executive Summary

Globally, the HIV/AIDS epidemic is growing and changing character. Even though there are some good examples – world wide – there are just a few countries that have been able to reverse the spread. Women and young girls are more vulnerable and are – today – at greatest risk. And young people – in general – account for half of all new HIV infections.

The HIV/AIDS epidemic is a severe obstacle for development, affecting all geographical regions and all sectors of society. The complexity calls for a multisectoral response at all levels. During the last years, the global response and the available resources to HIV/AIDS have increased markedly and money in the short term is no longer a major concern. Rather, the problem is to coordinate, prioritise and effectively utlise resouces. Harmonisation and alignment are main principles for work on HIV/AIDS at the country level.

Over the last years Sida has enhanced its response to HIV/AIDS by increasing both activities and financial disbursements on HIV/AIDS. Sida has also identified HIV/AIDS as one of four strategic priorities for Swedish development cooperation.

Sida underlines the importance of working with the full chain of activities; prevention, care and treatment and impact mitigation. However, prevention should remain the most principal mean in the response. Two areas that merit special attention for Sida are gender and young people.

3. The severity of the HIV/AIDS epidemics

AIDS is an unprecedented threat to human development – a global emergency that requires sustained actions and commitments over a long term. With the rate of new HIV infections growing every day and an estimated 40 million people living with HIV/AIDS globally, it is clear that the HIV/AIDS epidemic is one of the largest development challenges of our time.

The links between poverty and HIV/AIDS are clear. Poverty forces people into risky behavior that put them at risk of HIV/AIDS. Poor and marginalized groups often do not have the same rights as other groups in the society. They are less able to access information and health services that will help them to prevent HIV and when infected or affected by HIV/AIDS poor people are not in the same postion to access care and treatment.

Mobile populations who are forced to leave their homes in search of better livelihoods or safer places to live in due to conflict, disasters, etc., is one of the most vulnerable groups to the epidemic. In many countries the spread of HIV/AIDS can be found along transport and trade routes, in ports and cities. Simultaneously, prostitution is growing and many women and young girls end up in a situation where they have to trade sex for money and/or other commodities. At the same time, HIV/AIDS aggravates poverty by pushing people infected/affected by HIV/AIDS deeper into poverty due to increasing expenditures and loss of income.

In nearly all regions of the world, infection rates are increasing among *women and young girls*. Globally, women and young girls make up nearly 50 per cent of people living with HIV/AIDS. Besides being more vulnerable than men to become infected, both due to biological and socio-economic reasons, there is also a gender dimension in the social consequences of the epidemic. Almost everywhere, it is women and girls that care for sick relatives and family members. Due to care responsibilities, women and girls are more likely to drop out of school and to lose income generating jobs, thereby undermining possibilities for education and making it more difficult to financially sustain themselves and their families.

Sub-Saharan Africa has just over 10 per cent of the world's population, but is home to close to two-thirds of all people living with HIV/AIDS. Sub-regional differences are large, with Southern Africa being the worst affected. African women are being infected at an earlier age than men, and the gap of the prevalence rate between women and men in this

region continues to grow. Women/young girls constitute 75 per cent of all infected in the age group 15–24 years old in the region. In sub-Saharan Africa the epidemic will continue to affect every aspect of life from people's daily livelihoods to the capacities of national states, for decades to come.

The Asia and Pacific region hosts rapidly expanding epidemics. In, 2005, an estimated 8.3 million people were living with HIV/AIDS. In the same year, about half a million people died due to AIDS. Although it is the region next after Africa with the largest number of HIV infections, the overall HIV prevalence in the region is still low. But the vast population of Asia means that even low figures translate into millions of cases. Also national prevalence figures mask sub-national epidemics in many countries. For example, certain districts in India are experiencing prevalence rates of 2–5 per cent as compared to the national figure of 0.9 per cent. A similar picture can be seen in some provinces of Cambodia, Myanmar and Thailand.

Diverse but fast spreading epidemics are under way in *Eastern Europe and Central Asia,* housing about 1.6 million people living with HIV/AIDS. The Russian Federation and Ukraine are the worst affected countries with mature epidemics calling for massive prevention, treatment and care efforts. The main driving force behind the epidemics across the region is injecting drug use The worrying sign is that injecting drug use has increased drastically during the last decades in the countries of the former USSR, calling for sustained efforts to target HIV/AIDS prevention at young people and those at risk of drug use.

In *Latin America* HIV/AIDS tends to be highly concentrated among populations at particular risk, rather than being generalized. Four of the six countries in Latin America with the highest estimated HIV prevalence are in Central America – Belize, Honduras, Panama, and Guatemala. Amongst these four, Belize has the highest prevalence of at least 2.4 per cent. Outside of the Africa region, HIV prevalence is highest in the Caribbean where over 3 per cent are living with HIV/AIDS. For example, Haiti and Dominican Republic have serious epidemics that need to be addressed firmly.

The global response

Despite all efforts to arrest the spread of the epidemic by governments, civil society, development agencies and other actors, the overall epidemic continues to expand and there are still major obstacles to scale up interventions on HIV/AIDS. For development agencies, it is critical to identify those obstacles, and in a coordinated manner work strategically to tackle them. However, the epidemic has global, regional and national differences and, therefore, has to be tackled accordingly.

The Declaration of Commitment on HIV/AIDS establishes targets that underpin the Millennium Development Goals (MDGs). After reviewing the progress achieved in realizing the commitments of the declaration, it is clear that HIV/AIDS is one of the undermining factors for achieving the MDGs.

However, in the last years there has been an important change in the HIV/AIDS agenda. Political commitments to fight HIV/AIDS have increased, both at global and national levels. Financial resources to HIV/AIDS have increased markedly and access to ART (antiretroviral therapy) has become a reality for more people. Leaders – for example, in China and Russia have started to speak openly about the issue. Even though the prevention initiatives remain insufficient, the coverage has increased.

The "Three Ones" initiative (one framework, one authority and one monitoring and evaluation system) has provided a platform for strengthening the co-ordination, which has become an issue of serious concern due to increased financial resources as well as number of actors. The conclusion of the special report "The Three Ones in action: where we are and where we go from here" by UNAIDS, is that the majority of the countries studied (66 countries) have a national AIDS authority including national frameworks. However, many authorities do not have strong mandates and support reaching down from highest levels of government to cover all sectors at all levels in the society. There is also an absence of human resource capacity in order to be able to enhance the national response on HIV/AIDS.

Adults and children estimated to be living with HIV in 2005

Total: 40.3 (36.7–45.3) million

Source: AIDS Epidemic Update Dec 2005 UNAIDS/WHO

4. HIV/AIDS as a strategic priority

In the Letter of appropriation for 2004 the Swedish Government directed Sida to scale up its efforts on HIV/AIDS. Sida has responded by increasing both activities and financial disbursements on HIV/AIDS.

Sida has identified HIV/AIDS as one of four strategic priorities for Swedish development cooperation for 2005–2006.

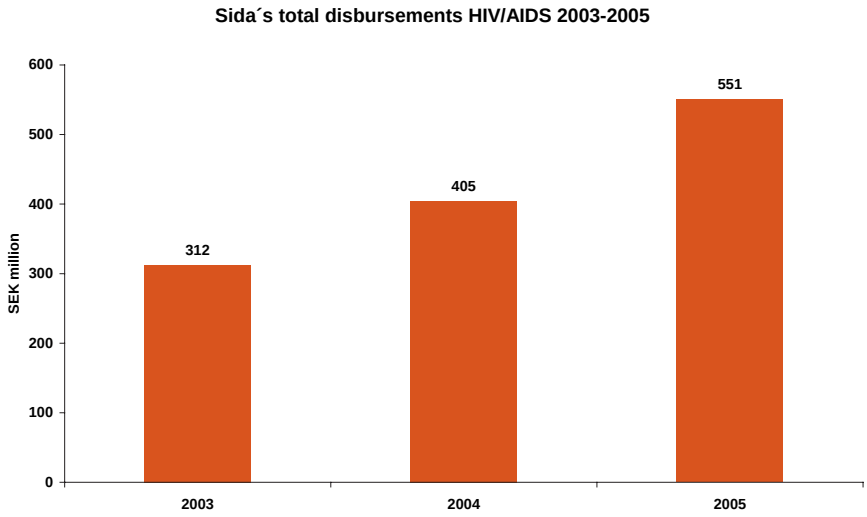
> *"For Sida's development cooperation, HIV/AIDS will increasingly be the point of entry for analyses as well as for interventions with mainstreaming as the main methodological tool. In high prevalence countries we shall mainstream HIV/AIDS in* ***all*** *our support, and monitor that this has been done. Sida will also reinforce direct support to prevention and treatment, and double our support in the coming years, thereby focusing on Sweden's comparative advantages, and fully support efforts on coordination and harmonization. Greater emphasis will be put on mitigating the impact of the epidemic by strengthening coping strategies for the care and support of millions of children and households made vulnerable due to HIV/AIDS.*"
>
> Quote from Director General's memo
> "Strategic priorities for the planning of activities 2006"

Africa Department (AFRA) instructed all its Embassies to scale up HIV/AIDS in their annual plans for 2005. Asia Department increased its commitment to HIV/AIDS by recruiting an additional HIV/AIDS adviser for South East Asia in Cambodia and increased its support to regional programmes on HIV/AIDS.

In 2005 Sida's HIV/AIDS resource group was composed of the HIV/AIDS Secretariat in Stockholm, the Regional HIV and AIDS Team for Africa in Lusaka and the Regional HIV/AIDS Advisers for South Asia (based in Dehli) and in South East Asia (based in Phnom Penh). Further, each division and Embassy (with development cooperation programmes) has an HIV/AIDS focal point. In November 2005 the cooperation with Norway was taken one step further in that Norway decided to second two advisors to the Team in Lusaka and a budget allocation for cooperation on HIV/AIDS with regional and subregional organisations in Africa.

5. Financial support

5.1 The total HIV/AIDS support in development cooperation

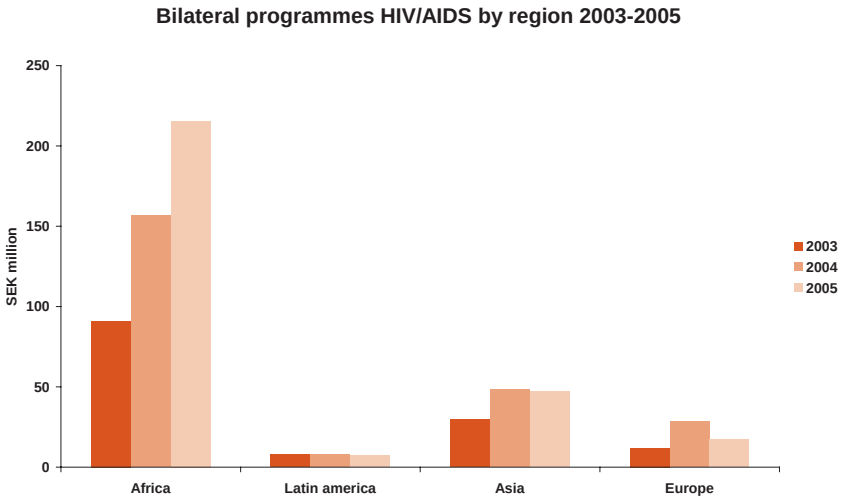


Sida's direct support to HIV/AIDS activities has increased considerably over the last three years, from an annual disbursement in 2003 of 312 MSEK to 551 MSEK in 2005.[1] This amounts to 4,0 per cent of Sida's total development cooperation for 2005.

The nature of "mainstreaming" makes it difficult to assess the true size of funding going into HIV/AIDS. Most probably the figures presented above are being under-estimated.

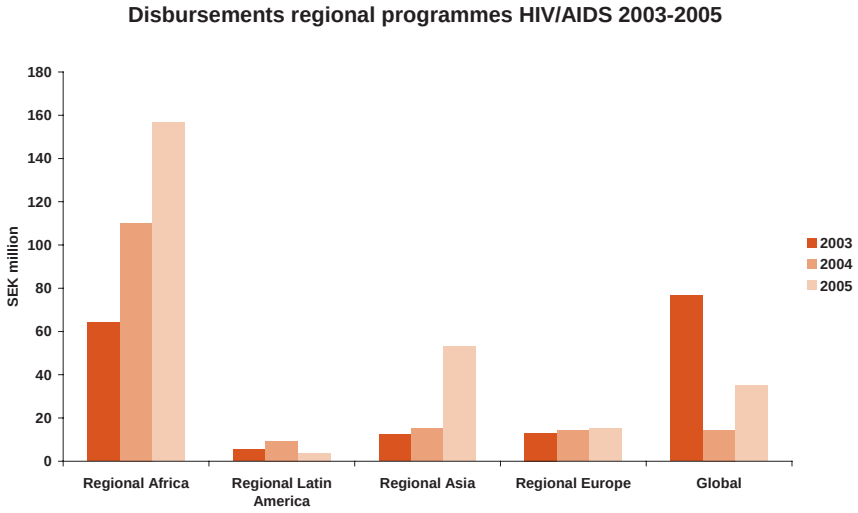
[1] Figures include bilateral, regional as well as global support

5.3 Bilateral support



Support to bilateral programmes is Sida's main venue for development cooperation, and this is also where support to HIV/AIDS activities has expanded the most. Nearly all Sida's partner countries have benefited from amplified bilateral funding for HIV/AIDS programming. During the course of 2003–2005, a number of bilateral programmes, particularly in Africa, were initiated and extended, and many important organisations and institutions were identified for collaboration and new partnerships. For further details on financial disbursement, see appendix.

5.2 Regional programmes



One way to scale up HIV/AIDS activities has been to increase funding for regional programmes. The regional programmes focus on issues where comparative advantages can be gained by working over national boarders. Except knowledge and experience sharing, work with mobile population is an example where regional cooperation is crucial. Another cross border issue could be the need for collaboration between countries in an emergency situation on – for example, food security.

Regional support for HIV/AIDS activities in the Africa region increased from 61 MSEK in 2003 to 157 MSEK in 2005. In Asia the

disbursements for HIV/AIDS at the regional level has increased by more than four times between 2003 and 2005 (12 MSEK in 2003 to 53 MSEK in 2005). Support to regional programmes in the other two regions, Europe and Latin America, have also increased over the last years.

6. Sida's approach

6.1 High and low prevalence countries

In high prevalence countries all aspects of the epidemic need to be reflected, i.e. prevention, treatment and care and impact mitigation. Further, in those countries with high prevalence the majority of the citizens are at risk of contracting HIV, therefore, it is crucial to reach all people with interventions.

In low prevalence countries there might be a priority towards prevention within sexual and reproductive health and rights with emphasis on young people. People with high-risk behavior such as prostitutes and their clients, intravenous drug users, men who have sex with men and youth should be the main target groups. In addition, ensuring law enforcement for those most at risk is crucial in the response to the epidemic. Unless there is a guarantee not to be stigmatized or discriminated when – for example, carrying condoms or seeking services, people will not have confidence in utilizing facilities.

6.2 How?

The Swedish response to HIV/AIDS includes the full chain of activities with a balance between prevention, care and treatment and impact mitigation. This is done through the dialogue, direct support to HIV/AIDS activities and mainstreaming/integration of HIV/AIDS into sector support and/or other projects/programmes. The dialogue on harmonization and coordination is an important example.

The dialogue. HIV/AIDS is defined in several country strategies as a priority *dialogue* issue for Sweden. In connection with more actors and increased financial resources for HIV/AIDS, the dialogue becomes even more important – especially on the issues of coordination and harmonization at country level.

The dialogue on HIV/AIDS should take place at all levels – global, regional and national – and with different partners.

For Sweden, the need to address sensitive issues like gender inequalities, sexuality education and the rights of young people to adequate information and services remain key in the dialogue on HIV/AIDS.

Direct support to HIV/AIDS refers to programmes where the main objective is to address the epidemic, e.g. providing resources to the care and treatment agenda, support to the national AIDS programme and/or initiatives of young people and sexuality.

For Sida, the direct support has increased considerably over the last years. However, there is still a potential to increase specific HIV/AIDS projects/programmes through NGOs, the UN system and/or Government structures.

Mainstreaming or integrating HIV/AIDS into programmes and sectors is a key method for Sida in scaling up HIV/AIDS. At the same time mainstreaming HIV/AIDS into different sectors is one of the most challenging ways of working with the issue. In high prevalence countries, it is not enough just to take the epidemic into consideration. Rather, programmes/projects regardless of sector should have as a sub-goal to combat the epidemic. HIV/AIDS must increasingly be mainstreamed/integrated and be seen as the point of departure in analysis and in strategies/interventions.

Even though Sida has expanded its work, mainstreaming HIV/AIDS is yet to be taken seriously by Sida, particularly in Africa where direct support to HIV/AIDS activities is not enough in order to address the various dimensions of the epidemic. All planned interventions in countries/regions with a high prevalence of HIV and/or AIDS should be based on a thorough HIV/AIDS contextual analysis. Here, nearly all sectors and actors have an important role to play in the prevention of new infections; to make care and support for people living with and affected by the virus accessible; and to counter the negative effects of the epidemic.

6.3 What?

In the absence of a cure to HIV/AIDS reducing new infections of HIV remains the most important intervention. Therefore, *prevention* is a major strategy in Sida's response to HIV/AIDS. Effective prevention encompasses a combination of approaches. Over the last years Sida has enhanced its work on issues related to behavior change, openness on sexuality and attitudes, condom promotion and gender equality – as for example, "My Future My Choice" in Namibia and MAMTA in India (see below).

HIV/AIDS infected/affected people need *care and support* and guidance to live a positive life. Psycho-social support and home based care is a crucial complement to hospital care. Further, proper nutrition has been identified as an important component parallel to treatment, both ART and treatment for opportunistic diseases. The support to Tanzania's National Care and Treatment Plan is an example (see below).

In the long term, HIV/AIDS will have both demographic and macro-economic consequences, particularly in Sub-Saharan Africa. In order to *mitigate the impact* of the epidemic, Sida has substantial support to coping strategies for orphans and other vulnerable children in Africa.

Table 1. "3 x 3" model

	Prevention	Care & treatment	Impact mitigation
Dialogue			
Direct Support			
Mainstreaming			

7. Sida's global action and advocacy

Globally, the political and valued-based differences in the prevention agenda necessitate intensified dialogue between actors at all levels. Further, harmonization at country level must be strengthened. The increased funding for treatment calls for balance between the prevention and treatment agenda.

The growing gap between the agenda of sexuality and reproductive health and rights (SRHR) and HIV/AIDS is of great concern for Sida. In order to be able to reach as many people as possible with prevention interventions including sexuality education, the two agendas need to be closely interlinked. Sida has increased its support to International Planned Parenthood Federation (IPPF) to continue to work for a comprehensive prevention agenda, including both SRHR and HIV/AIDS.

Sida has been instrumental in the global approach on coordination and harmonization. With its experiences and knowledge on coordination related to HIV/AIDS, Sida has been asked to actively participate in different fora such as DAC/OECD meetings, and to disseminate lessons learned.

In 2004, Sida decided to support the Implementation of the "Three Ones" principles in the Russian Federation. The programme is implemented by UNAIDS and aims at strengthening the capacity of key government counterparts to provide comprehensive support to the development of a national HIV/AIDS strategy and a unified HIV/AIDS monitoring and evaluation system.

Sida's Regional team for Africa started strategic work on collaboration with regional intergovernmental organizations in 2005. Supporting SADC's HIV/AIDS Business Plan, Sida signed a Joint Financing Agreement (JFA) with a group of donors, and has taken the responsibility to be the lead donor in this exercise.

Moreover, Sida provided technical inputs to the development of UNAIDS Global strategy on Prevention of HIV/AIDS. Further, Sida handed over to the MFA the Swedish Strategy framework "Working in partnership with UNAIDS". Sida contributed financially to UNAIDS report "AIDS in Africa: three scenarios to 2025".

Sida has provided HIV/AIDS technical inputs to the Swedish participation at the board meeting of UNAIDS, UNFPA and UNICEF. In addition, Sida has contributed to UNICEF's medium-term strategy plan, 2006–2009.

Sida provided core support to the International AIDS conference in Bangkok held in July 2004 and to the regional African conference on

HIV/AIDS, ICASA, hosted by Nigeria in December 2005. At both conferences, Sida organized satellite meetings and gathered conference participants at its booth. At the regional HIV/AIDS conference for Asia-Pacific, ICAAP, in July 2005 Sida hosted a well-visited seminar entitled "Moral and Politics – driving forces in the prevention agenda".

8. Youth, gender and SRHR

The largest share of newly-infected are between 15 and 24 years old, yet young people represent a window of hope for behavior change to bring down HIV prevalence levels. Even though knowledge among young people has increased, many are still lacking comprehensive information about HIV prevention. Gender inequality is one of the driving forces behind the epidemic and HIV/AIDS is becoming increasingly feminized. Gender equality and openness on sexual and reproductive health and rights including services are therefore central to Sida support in its response to HIV/AIDS. Furthermore, committment from men to gender equality and challenging of masculinity norms that fuel the epidemic need encouragement. This can be done through e.g. promotion of "men as equal partners" and of male responisbitility in sexual and reproductive health. In the era where the conservative forces have gained increased market share, Sida has enhanced its efforts to promote a broad prevention agenda in which youth and gender merit special attention.

In **Tanzania,** the Sida supported youth magazine "Femina" brings up issues like relations, sexuality and HIV/AIDS and is distributed for free in all secondary schools in Tanzania. In *Uganda* a similar magazine "Straight Talk" is published and widely spread to young people around the country. It addresses not only young people but has a special issue for parents and for professional groups like teachers and health workers. The magazine "You and Me" takes up issues on sexuality for boarding school students in certain provinces in *China*. The Sida supported magazine is also used for teaching purposes.

The RFSU/IPPF project **Young Men as Equal Partners (YMEP)** is a comparative project in four countries, working through the IPPF member associations, targeting boys and young men through schools and health services. The main objective of the proejct is to get young men to increasingly adopt safer sexual practices and make better use of Sexual and Reproductive Health (SRH)- services in the communities. This project is implemented in Zambia, Kenya, Tanzania and Uganda.

In **South Africa,** Sida has funded a documentary on child rape and violence against women and children in order to raise awareness on the issue. The film is to be screened on South African National television as well as internationally.

In the support to prevention activities for the **Zimbabwe** national railways employees, in which women are a minority, workshops on female empowerment have been held. In addition, women are being trained as peer educators.

"My Future My Choice" is a *Namibian* peer facilitated life skills project supported by Sida and UNFPA/UNICEF that target adolescents between 15 -18 years. The training aims to give young people the information and life skills they need to make decisions about their future. The sessions are facilitated by slightly older young people. By the end of 2004 about 140,000 young people had received training on life skills. The Ministry of Basic Education, Culture and Sports have declared the programme as official extra-curricular activity.

In **Bolivia,** UNFPA with support from Sida runs a project on sexual and reproductive health education and gender-based violence for teenagers. The cross-sector model involves the adolescents themselves, and the message targets the teenagers in school, by their own youth leaders, their family members and the health institutions.

A Youth Parliament Special Session on HIV/AIDS, partly supported by Sida, took place in 2004 in New Delhi, **India.** More than 3,000 student leaders from all over the country participated. Of these, over 500 students were handpicked to play parliamentarians and to sensitize legislators at the national, state and district levels about HIV/AIDS.

During 2004, an Indian NGO – MAMTA – has, through Sida support, engaged more than 11,000 young people and 25 peer educators in 62 villages and six slum areas in activities related to sexuality, relationships and gender. Two youth centers have been opened and a manual "Sexuality and Gender" has been developed and will be printed in five languages. 30 representatives from three states have together with MAMTA and the Swedish Association for Sexuality Education (RFSU) developed proposals on how to include gender and young people in proposals that the government of India will send to the Global Fund.

Last year an HIV/AIDS prevention project, RTK (Adolescents with the Right to Know), in **Eastern Europe** was completed. The RTK has provided opportunities for participation, communication, learning and skills development for some 3,000 young people from three countries (Serbia -Montenegro, Macedonia and Bosnia-Herzegovina). Young people from different backgrounds have learned new ways of discussing sensitive issues and interacting with each other. Increased information has been gathered by young people about their beliefs, wishes, knowledge, habits and learning styles – information that has been forwarded to policy-making institutions and decision-makers.

In connection to World AIDS Day 1 December 2005 the film **"Transit"** was shown on national TV in 33 countries, including Sweden. The 90 minutes film was a co-production between Sida and **MTV** and is geared at youth to stimulate discussons about HIV/AIDS and gender relations. Attached to the film is a teaching kit for teachers.

9. Research

In bilateral research cooperation programmes, where the main aim is to build long-term institutional research capacity and analytical capacity, Sida has supported several different studies. The Swedish-Tanzania research programme, TANSWED, includes a number of studies looking at important aspects of HIV/AIDS such as infected mothers and mother to child transmission. The cooperation with Mozambique includes studies on HIV-1 and HIV-2 infections in pregnant women. In Uganda there is a project on sexual and reproductive health but also studies on ARV treatment and clinical expressions of HIV. In Ethiopia the close relation with TB infection is studied.

Sida has supported a special programme for HIV/AIDS research. The programme has provided long-term support for a few selected research projects focusing on preventive measures, such as vaccine development and studies on infection transmission from mother to child. Related to this, new important scientific collaborations were created. As a result of a seminar on Swedish HIV/AIDS research organized by Sida in close collaboration with the Royal Academy of Science, a call for application focusing on research on HIV/AIDS was made. Based on recommendations by Sida's international expert committee for HIV/AIDS research, it was suggested to continue and expand the focus on basic research within the special programme in order to come up with new knowledge and ideas to develop preventive and affordable tools such as a vaccine.

Sida has also specifically supported social science research through regional African organisations such the Council for the Development of Social Science Research in Africa (CODESRIA), the Organization for Social Science Research in Eastern and Southern Africa (OSSREA), Social Science and Medicine Network Africa (SOMA-Net) and Union for African Population Studies (UAPS). Focus has been on treatment and the rights of patients, responses to the pandemic on local, sector and macroeconomic levels, protection of young people and new generations, improvement of statistics for national policy and planning.

During 2005, Sida has supported IAVI (the International AIDS Vaccine Initiative) and IPM (the International Partnership for Microbicides). The latter focuses on developing a microbicide to protect HIV to enter the body and/or kill the virus during vaginal sexual intercourse. Since 2003, Sida has also been supporting AAVP (the African Aids Vaccine Programme) which has the aim to promote and facilitate HIV vaccine research and evaluation in Africa through capacity building and international collaboration.

10. In the regions

10.1 Africa

Most countries in sub-Saharan Africa face a situation where the epidemic is generalized; meaning that HIV/AIDS needs to be tackled in all sectors and at all levels of society. Although there are positive examples of reversed epidemics (i.e. Uganda, Senegal and lately Kenya and Zimbabwe), all in all the number of new infections in the region is increasing. This means that there is a continued need to maintain and scale up work on prevention in order to make information and education messages translate into behavior change at the individual level. Although treatment has become available to a larger group of people, by the end of 2005 it was estimated that only 17 per cent of those in need received ART in Sub-Saharan Africa. The reality of HIV/AIDS in Africa has called for increased commitments by Sida. In this region, Sida is supporting the entire chain of activities; prevention, care and support and impact mitigation. The need for interventions on impact mitigation have become more obvious as the number of orphans increases and the burden of elderly have become more acute and severe.

Mobile and migrant population

The HIV/AIDS epidemic thrives in an environment of social exclusion. Most mobile populations including migrants work and live in such environment. They lack a social structure where they share common norms and values, language, and community and family support – which make them more vulnerable to HIV/AIDS.

Sida continued programme support to IOM focusing on enhancing health rights and conditions for migrant workers in Southern Africa. A new agreement with IOM was made during the period on prevention activities within the repatriation of Angolan refugees from Zambia and Namibia.

The trucking industry is being faced with huge challenges in South Africa. Therefore, the industry representing business, the trade unions and government developed last year, with support from Sida, an HIV/AIDS project in the National Bargaining Council of the Road Freight Industry (NBCRFI).

Food security and nutrition

HIV/AIDS and food security are closely interlinked. The importance of nutrition for prevention and care of people living with HIV/AIDS is crucial.

In an already constrained situation, HIV/AIDS aggravates the condition by contributing to a higher poverty level, labor shortage and losses of agricultural knowledge which compromises household food security.

Sida has entered into collaboration with RENEWAL, a programme aiming at deepening and extending the understanding of the impact of HIV/AIDS on rural livelihoods. The support will contribute to policy modifications in the agriculture sector.

Intensified efforts were taken to integrate HIV/AIDS in the Ethiopian Swedish agricultural programme in the Amhara region in Ethiopia, with the aim to address food security.

Through the support from Sida for the Great Lakes Region, FAO has been building a project that aims to support HIV/AIDS affected households in Burundi, DRC and Uganda. FAO has provided seeds, tools and training in agricultural techniques and nutrition to help HIV/AIDS affected families improve their diet and provide a means for an added income.

On the role of nutrition in care and support of people living with HIV/AIDS, Sida supported the Kenneth Klaunda Children of Africa Foundation (KCAF) in its research efforts. The KKCAF utlises locally available culturally accepted and adapted foods.

Orphans and Vulnerable Children (OVC)

In the long term the number of orphans increase due to HIV/AIDS. Globally, 15 million children have been orphaned due to AIDS, and the number is increasing every day. Orphans are more vulnerable than other children – many are growing up with low self-esteem and little sense of security, poorly educated and less chances to pull themselves out of poverty. The immediate concerns for these children are to provide support for their physical and psycho-social distress and suffering as well as to strengthen families and communities.

In Zimbabwe, the Catholic Relief Services/Strive Project targets children affected by HIV and AIDS, including other vulnerable children through support from Sida and other donor agencies. The STRIVE project was developed to test innovative, community, school and church based activities that improves the care and support to OVC. Through capacity strengthening of 16 local organisations the quality of care, support and prevention services for OVC and children & adults living with HIV and AIDS have improved. Strive has developed, in partnership with UNICEF and NPA secretariat, the first ever child friendly version of the national policy document for OVC – the first in Africa.

Sida is supporting several regional OVC programs in Africa. UNICEF has undertaken a Rapid appraisal, analysis and action planning (RAAAP) as a basis for scaling up the work with affected children, both nationally and regionally. Plan Sweden initiated collaboration with Hope for Africa Children Initiative (HACI) with Sida support. The Regional Psychosocial Support Initiative (REPSSI) in Eastern and Southern Africa seeks to build the capacity of organizations in psychosocial support programming, with a view that these organizations will in turn, build the capacities of extended families and communities including the children and young people, to provide psychosocial support to children affected by HIV/AIDS. An organizational assessment of REPSSI was made in 2004, outlining some key recommendations for the continued work of the organization.

Treatment

Treatment should be perceived both as treatment to prolong peoples' life and as a method of prevention. Access to treatment also helps to reduce stigma and discrimination. Unless there is access to ARV treatment, people are reluctant to go for an HIV test. By not knowing one's HIV status people are less likely to protect themselves and others, and therefore contributing to a further spread of the virus.

In 2005 Sida took a decision to enter into an agreement with Tanzania to support its National Care and Treatment Plan which was developed with the support of Clinton Foundation. For Sida it is the first ever supported programme on a national scale where anti-retroviral medicines is included as a component. Sida has participated in follow-up meetings of the Plan. In early 2006, 52,000 HIV positive patients were enrolled and 26,000 were on treatment. 100 sites have been pre-qualified and another 100 sites are under way.

The world of work

Many people infected/affected with HIV/AIDS face discrimination at their work place. Nevertheless, it is also an arena where many people can be reached with information and services and therefore critical to behavior changes.

In South Africa the support to the Eastern Cape Provincial Administration has, through utilizing Sida funds, developed an HIV/AIDS workplace policy that encompasses eleven departments of the Province. As part of developing the work place policy, a campaign on encouraging employees to get tested for HIV was launched. Efforts have been taken to involve employees living with HIV/AIDS.

In line with the new Swedish policy for Global Development Sida has an agreement with the International Council of Swedish Industry and Swedish Metal Workers Union for a programme on HIV/AIDS in the workplace, to be implemented in Swedish related companies in Zambia, South Africa and Kenya. One example is Sandvik Mining and Construction in Zambia that has developed a comprehensive HIV/AIDS Workplace policy emphasizing confidentiality and disclosure, communication and information sharing and provision of drugs.

The Association of African Universities (AAU) is supporting universities in Africa to develop workplace policies for students and university employees. They are also working with mainstreaming of HIV/AIDS in curriculum development and encouraging increased research focus on the epidemic.

Macro-economic development and impact

While the impact of HIV/AIDS at the micro level is fairly well understood, knowledge on the macro level is limited. In the light of the need for refined and restructured models for measuring impact on the economy as a whole, Sida in collaboration with the Malawain government, undertook a study in 2005 so as to explore the impact of AIDS on the economy, on livelihood and on poverty. The findings of the study were presented at seminars in Lilongwe and Stockholm in early 2006.

Capacity building

To build capacity among the actors is crucial in order the use the increased available resources in an efficient and effective way in the response of HIV/AIDS.

In collaboration with Canadian Cida, Sida initiated and performed an evaluation on a regional training network of 21 research and training institutes in order to find tools to redesign future training needs on HIV/AIDS in the region. Sida intensified collaboration with two of its partners – TASO and HEARD. Together with policy makers, government employees and staff from the implementing organizations TASO, in Uganda, carries out short term experiential training for personnel from NGOs and public service health providers in the region. HEARD at the University of KwaZulu Natal in Durban, South Africa, has a comprehensive program including applied research, advocacy and training.

An evaluation of a small grant fund programme in Namibia concluded in 2004 that the three year programme was successful. It has reached about 68,000 grass root beneficiaries without too many inter-mediators in between. It has developed HIV/AIDS managerial capacity of 67 NGOs that has also benefited from the Fund. Sida has signed an agreement for a continued phase aiming at strengthening three HIV/AIDS areas; 1) enabling environment 2) prevention 3) impact mitigation. Similar small grant HIV/AIDS funds have been develop with Sida support, in Kenya and Tanzania.

Mainstreaming/integration of HIV/AIDS

Mainstreaming efforts have been intensified in bilateral development cooperation in Sub Saharan Africa. In Kenya a working group has been created at the Embassy in order to ensure that HIV/AIDS is mainstreamed into all sectors of the development cooperation. HIV/AIDS components have been strengthened and influenced the programming and implementation in sectors like roads, agriculture and natural resources.

10.2 Asia

Since the Asia-Pacific region is home to 60 per cent of the world's population, the low HIV prevalence still means large numbers of people living with HIV/AIDS. The HIV epidemic is vast and diverse in the region. There are countries with very low prevalence such as Laos and Bangladesh but where risky behavior is common, there are countries with a rapid increase of the virus including Vietnam, and there are countries – Cambodia and Thailand – where effective prevention methods have cut the risk of contracting the virus. Commercial unprotected sexual acts and intravenous drug use are the most common risk behaviors in the region. Drug use is increasing rapidly, in particular among young people in Asia. Comprehensive harm reduction programmes, an international favoured approach to deal with illicit drug use and HIV transmission through needle sharing among IDUs, has been very slow to be accepted in parts of Asia.. In addition, laws in many countries still criminalise men who have sex with men and sex work making it difficult to reach these populations with much needed prevention programmes.

Sida considers interventions on prevention for groups with risky behavior, including youth, as the main approach in the response to prevent new infections in Asia.

Direct support

Sida is supporting, through a joint funding mechanism the Fund for HIV/AIDS in Myanmar (FHAM). The programme was developed to strengthen coordination of the response to the epidemic in Myanmar aiming at changing behavior to reduce the transmission of HIV and to

improve the health of People Living with HIV and AIDS (PLWHA). A new joint financing mechanism is being prepared, where six donors (incl. Sweden) have joined hands to provide programme support to address AIDS, Malaria and TB in Myanmar.

Rights and non discrimination

Lack of human rights and democracy hamper the response of prevention, care and treatment. In many places, people infected and affected by the virus are stigmatized and discriminated in the law, policy and practice. Often, the laws govern the marginalized groups of sex workers, men having sex with men (MSM), injecting drug users (IDUs), and criminalize their behavior/lifestyle. It is, therefore, important to support legal interventions and advocacy related to HIV/AIDS and human rights, including full participation of PLWHA.

In India, the support to the Lawyers Collective involves the promotion of human rights and fighting stigma and discrimination related to HIV/AIDS. Capacity building of different legal actors and empowerment of communities are empowered to respond to HIV/AIDS and seek legal service are some of the components. The primary target groups are women, PLWHAs, men who have sex with men, sex workers and IDUs. The organisation has been instrumental in the process of preparing a new legislation on HIV/AIDS in India. It is also actively involved in the Access to affordable medicines and treatment campaign and has recently filed its first petition opposing a patent application of Combivir in India.

Care and support

With the expanded number of people living with HIV/AIDS, the need for care and support is becoming more important in Asia. Since less than 10 per cent of those who need ART in the region are currently accessing the drugs, care and support is a crucial complement and alternative to treatment.

Sida decided to provide project support to the International Federation Red Cross and the Swedish Red Cross to work with the large network of Red Cross/Crescents societies in South Asia. The aim is to strengthen local responses in order to enhance the community-based prevention and care and support as well as to fight stigma and discrimination in the region.

Sexual and Reproductive Health and Rights

For Sida it is clear that Sexual and Reproductive Health and Rights (SRHR) should be part of HIV/AIDS programmes and HIV/AIDS should be brought into SRHR programmes, such as sexuality information/education and service provision, including prevention of mother to child transmission (MTCT). The service delivery level should combine and interlink the two.

In Bangladesh, Sida is supporting an integrated reproductive health and HIV/AIDS prevention project for tea plantation communities in Sylhet Divison implemented by the Ministry of Labor and UNFPA. The HIV/AIDS component is to be integrated with the reproductive health intervention. The target group is tea plantation workers and their families.

Mainstreaming/integration of HIV/AIDS

In 2005 Sida and the Asian Development Bank (ADB) signed a collaboration in setting up a Trust Fund for HIV/AIDS at the Bank with the two fold aim: that HIV/AIDS becomes an important component in all programmes that is being supported by the ADB and to

strengthen and increase the capacity to address HIV/AIDS in the Asia and Pacific region.

For three years Sida has financed an HIV/AIDS component as part of its long-standing road building support in Laos. Although not yet mainstreamed into the rapidly growing road and infrastructure sector HIV/AIDS is increasingly being recognized as an important aspect in project preparations. Moves are made for donor harmonisation on HIV/AIDS interventions within the ministry of Transportation.

In Bangladesh, Sida is supporting BRAC and their Community based HIV/AIDS Education programme, which is organized under the BRAC Health Programme. It is implemented in Faridpur, Madaripur, Khulna and Jamalpur districts and targets community members, groups with high risk behavior and adolescent girls and boys, in communities, and pupils in class 8–10.

10.3 Eastern Europe and Central Asia

Eastern Europe and Central Asia is the region with some of the fastest growing epidemics in the world. UNAIDS estimates the number of people living with HIV/AIDS in the region to 1.6 million, a 20-fold increase in less than ten years. A key feature of HIV/AIDS in this region is the low age of those infected: more than 75% of newly infected are below the age of 30. Today women to an increasing extent are affected by the disease. As all matters concerning sexual and reproductive health are more or less taboo in the former Soviet countries, people living with and affected by HIV/AIDS are stigmatised and discriminated against. The HIV/AIDS epidemics in Eastern Europe and Central Asia are diverse, with local pockets of high prevalence rates. Although injecting drug use is the main driving force of the epidemics in the region, the patterns of the epidemic are changing in several countries and more and more of the new diagnosed cases are sexually transmitted. A number of Sweden's cooperation strategies with countries in the region recognize the particular threat that HIV/AIDS constitutes, particularly to young people. In this region, Sida' s HIV/AIDS support is primarily focused on prevention and coordination.

Prevention

In Eastern Europe and Central Asia, until quite recently HIV has primarily been spreading among injecting drug users, men who have sex with men as well as sex workers and their clients. However, with an epidemic that is changing character there is a need for prevention work to be broader, targeting larger groups in society. Sida supports a number of initiatives on prevention of HIV and STIs in the region, of which some target certain high-risk groups and others are directed more generally towards young people and adolescents.

In Ukraine, Sida has supported a programme implemented in collaboration between UNFPA, UNDP and UNICEF aiming at reduction of HIV incidence among young people. A key feature of the programme has been targeted education and condom promotion. Also in Ukraine, AFEW implements prevention activities focusing on men who have sex with men supported by Sida. Breaking barriers to sexual choice and to health services are main objectives of this project.

The combination of overcrowded spaces, widespread HIV infection, and high number of needle addicts increases the spread of HIV/AIDS both inside and outside prisons. Therefore, AFEW, in a programme, financed by Sida and in cooperation with the Russian Ministry of Justice, developed curricula to ensure that medical, psychological,

security and training staff have training to increase their knowledge and skills for confronting the HIV epidemic within the prison system. The programme is implemented in a number of large prisons in Russia.

Lafa, the Stockholm County AIDS Prevention Programme, is carrying out a project "Teenagers our Future" in St Petersburg Russia. Drawing on Swedish and international experiences, Lafa has collected the best practices and compiled them into a handbook "The main thread". This handbook is available in English and Russian.

Social campaigns can play an important role in increasing people's awareness and understanding of issues. In Moldova, Sida supports a three year program on prevention of HIV where one of the objectives is to arrive at a unified national HIV/AIDS communication strategy, the implementing organization, AFEW, works closely with the Ministry of Health, the AIDS Centre and other partners.

The HIV-epidemics in the Balkan are very different from those in former USSR with much lower prevalence rates. Through the Partnerships in Health, Sida is supporting a three year programme on HIV/AIDS in six countries (Albania, Bosnia & Hercegovina, Croatia, Kosoova, Macedonia, Serbia & Montenegro) in the Western Balkans. Here, the main focus is on high-risk groups in order for them to reduce risk taking behaviour by increasing knowledge about prevention and transmission of HIV/AIDS. Primary target groups are local NGOs in order for them to improve technical and management capacity to implement HIV/AIDS prevention education and VCT activities.

Unicef is implementing a three-year regional HIV/AIDS prevention project focusing on policy and capacity development on national level, youth-friendly health services on regional and municipal level and outreach prevention and care activities on local level. The main target group is adolescents, especially hard-to-reach vulnerable youth in Serbia-Montenegro, Bosnia-Herzegovina, Kosovo and Macedonia with a particular emphasis on Roma youth.

10.4 Latin America

The HIV prevalence in Latin America is still low, even though there are examples of countries – Honduras and Belize – where the prevalence is generalized. The epidemic is mainly concentrated among groups with high risk behavior such as sex workers and their clients, men who has sex with men and migrants. In Central America, in particular, national subepidemics are common in areas near the so called "maquilas" (free trade zones). Sida perceives the trend of the HIV/AIDS epidemic in Latin America seriously and as an important aspect in the dialogue and within the social sector of the development cooperation.

Dialogue

Sida has identified the dialogue as one key approach to HIV/AIDS in the development cooperation in the region. In Honduras, Sida has been actively involved in the dialogue related to the Global Fund and on the harmonization and coordinated response to HIV/AIDS in the country.

Direct support

The Sida supported "National AIDS Forum" in Honduras provides technical assistant to the members as well as raises funds. Also, Sida supports the Forum to manage a small grant fund to support innovative initiatives from NGOs and CBOs.

Mainstreaming/integration of HIV/AIDS

HIV/AIDS has been mainly channeled through the Pan American Health Organization (PAHO). Sexuality and Reproductive Health and Rights (SRHR) including HIV/AIDS are Sida's priorities in its support to the organization. In 2005 Sida conducted a consultancy study to assess the HIV/AIDS situation in Guatemala, Honduras and Nicaragua to be able to identify the entry points for the Swedish response to HIV/AIDS.

11. Capacity building and knowledge sharing at Sida

11.1 Capacity Building

There are many underlying causes of HIV/AIDS such as lack of political commitment, gender inequalities, lack of knowledge and services, risky behavior, sexuality, stigma and discrimination, which have to be taken into consideration when working with HIV/AIDS.

Sida intensified its efforts on capacity development of Sida staff at the HQ and at the Embassies. The HIV/AIDS resource group has been supporting Sida's divisions and Embassies by arranging national and regional training seminars/workshops on mainstreaming of HIV/AIDS.

In the spring of 2005, all regional departments and sector divisions at HQ attended a half day scaling up workshop. One of the aims of the workshops was to enhance knowledge about the Sida instructions to scale up the HIV/AIDS work. Another aim was to identify what scaling up means for the various divisions/departments in their daily work. A special "Scaling up HIV/AIDS" binder containing various Sida and MoFA instructions as well as global declarations was developed for this purpose.

With the aim to increase the awareness that HIV/AIDS implies serious effects at both the micro and the macro level, the Regional Team in Lusaka organized seminars on the macroeconomic impact of HIV/AIDS, education and human rights with the participation of economists and counselors from both the Swedish and the Norwegian Embassies in Africa.

In October and November 2005, The Regional Team for Africa organised, in collaboration with NORAD, UNDP and UNAIDS, two seminars entitled HIV/AIDS and the New Aid Architecture. The main purpose of the seminars was to explore implications and opportunities for the HIV/AIDS response in an environemnt of PRSP, SWAP-arrangements, DBS, MTEF and JAS.

The Embassy in India also organized a workshop on mainstreaming of HIV/AIDS for partner NGOs with the purpose to build capacities among Sida's partners to understand, analyze, plan, and develop HIV/AIDS activities or components in their programmes. The workshop was held in 2004.

Following the Swedish Ministry for Foreign Affairs´ adoption of the HIV/AIDS workplace Policy for the Foreign Service in 2005, Swedish Embassies/Sida offices have embarked on domesticating the policy taking into account their specific environments. In several embassies, workplace committees on HIV/AIDS have been constituted and are in

process of developing activity plans with a focus on prevention, treatment and awareness creation against stigma and discrimination.

Swedish Civil Society

Sida was instrumental in enhancing the Swedish civil societies' response to HIV/AIDS by organizing three conferences for Swedish NGOs and selected partner organizations, last year. The first took place in Lusaka, Zambia, the second one in Kisumu, Kenya, and the third one at the Sida Civil Society Centre in Härnösand. The aim was to initiate a process that would increase the HIV/AIDS focus for Swedish NGO's and their partner organizations. The three conferences gathered more than 200 people from 15 Swedish NGOs and the partner organizations. Following the conferences, an HIV/AIDS forum was created by the Swedish NGOs in order to strengthen coordination as well as to exchange experiences and knowledge in their further work on HIV/AIDS.

11.2 The evaluation

In 2004, Sida commissioned an external evaluation to assess the implementation of the Swedish strategy *Investing for Future Generations* at Sida. The focus of the evaluation was twofold: to analyze and comment on Sida's efforts to implement the new strategy in its organization and work and to assess and reflect on theories of policies and implementation in a more general way. The evaluation was based on desk studies, interviews and four country studies (Bangladesh, Ethiopia, Zambia and Ukraine). The evaluation report was presented in April 2005, concluding that Sida has come a long way but can do even more to strengthen its work on HIV/AIDS[2]. The evaluation was followed by a Management Response, outlining the steps to be taken in 2006 to scale-up HIV/AIDS in Swedish development cooperation and within the organisation. As a result of the evaluation and the Management Response, the HIV/AIDS Secretariat continued to be an entity within the Department for Democracy and Social Development at Sida HQs.

11.3 Information and communication

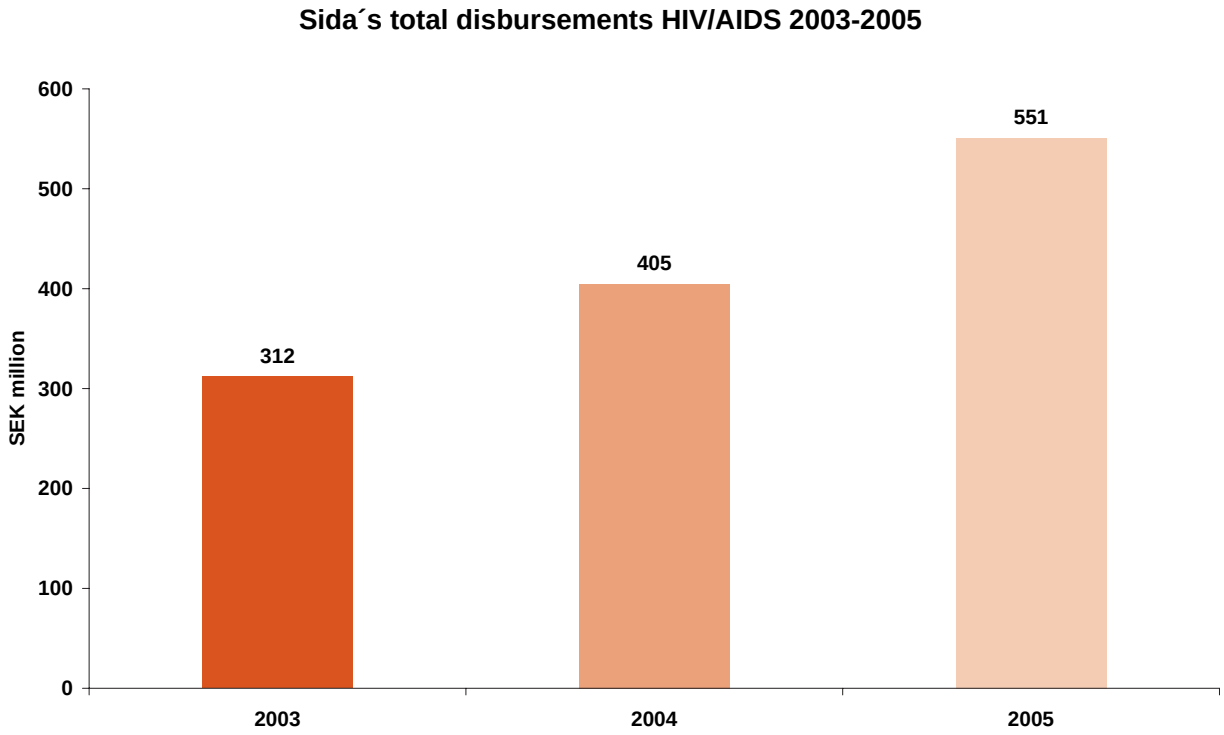
HIV/AIDS was the theme of Sida's annual information campaign 2004–2005 and the Swedish Development Conference held in October 2004. The information campaign was geared at the Swedish public whereas the conference had policy makers and development partners as the primary target groups. The information campaign included TV spots, newspaper ads and leaflets.

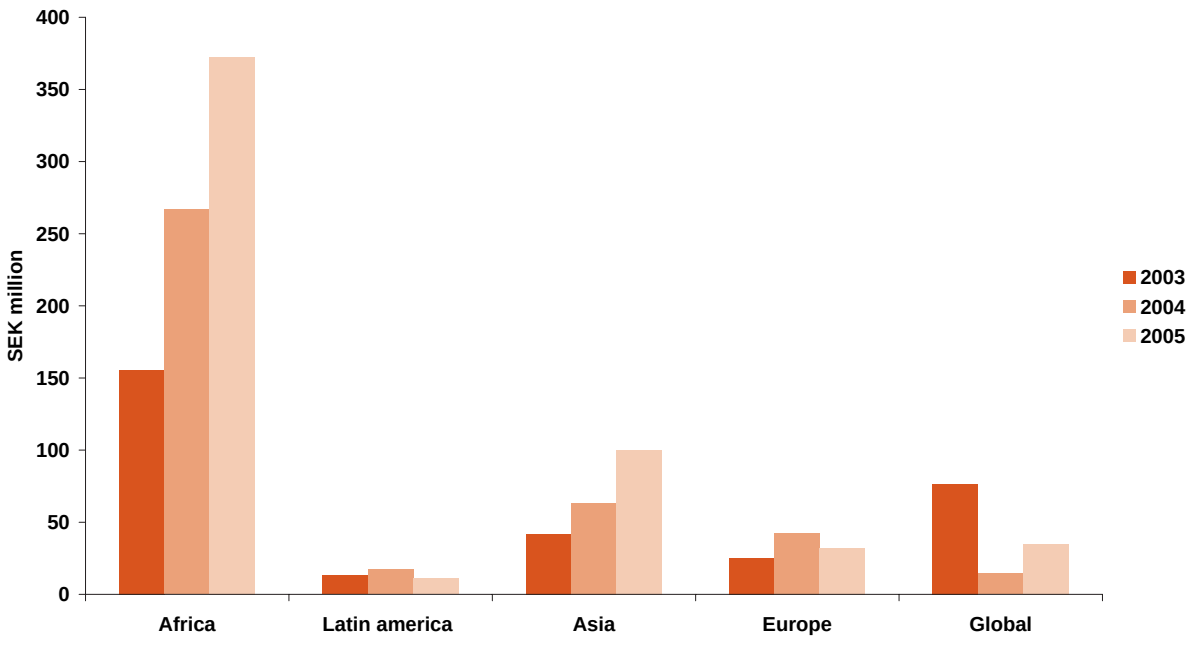
Quarterly Sida publishes a global newsletter "Eyes on AIDS". The newsletters were disseminated to several hundreds readers, globally. The regional HIV/AIDS Team sends out monthly news to all Swedish and Norweigan Embassies, hiv@africa.

The brochure "Act as One" was developed before and distributed during the global conference on HIV/AIDS in Bangkok in 2004.

[2] Turning Policy into Practice: Sida's implementation of the Swedish HIV/AIDS Strategy, Sida Evaluation 05/21

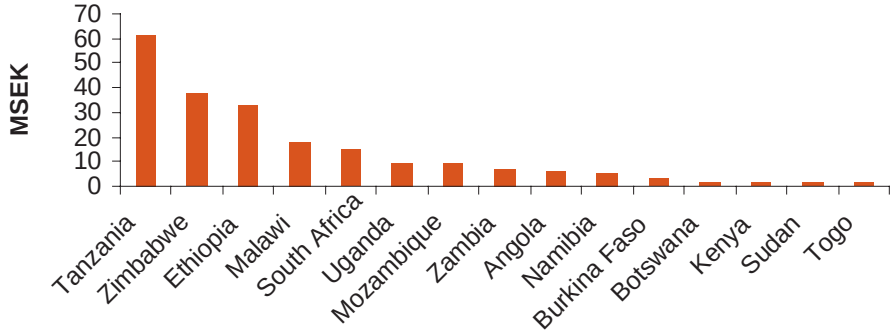
Sida's disbursements HIV/AIDS 2003–2005





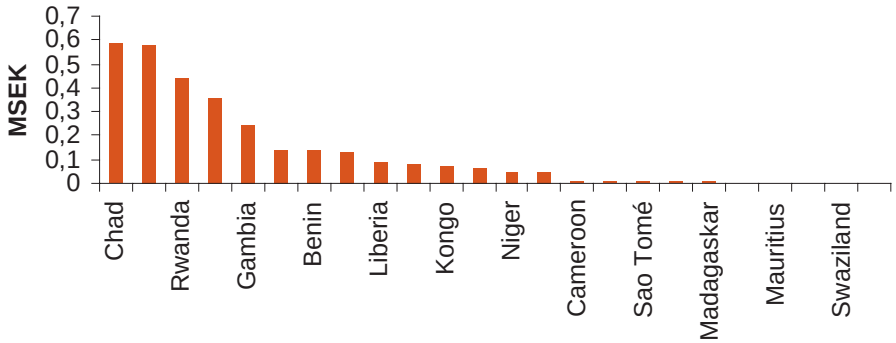
Africa

Bilateral HIV/AIDS disbursements Africa 2005



Top 15 partner countries in Africa

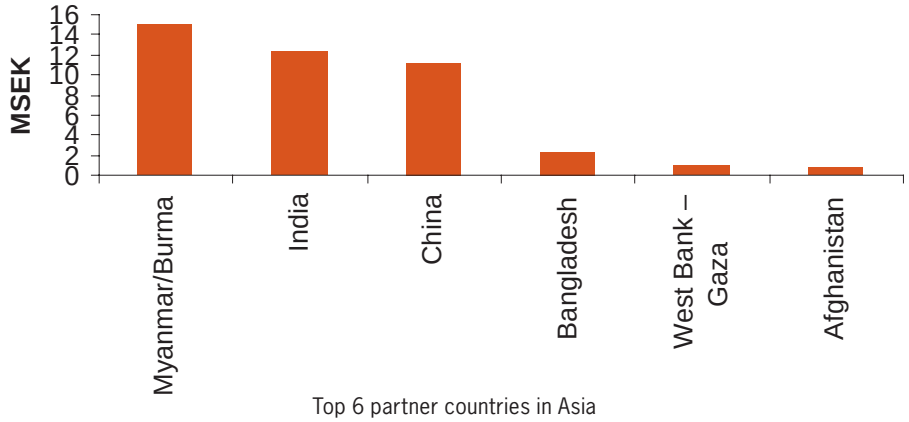
Bilateral HIV/AIDS disbursements Africa 2005



Other partner countries

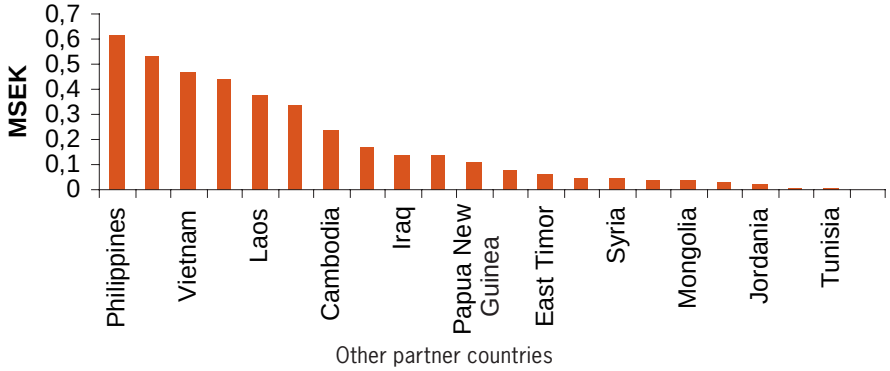
Asia

Bilateral HIV/AIDS disbursements Asia 2005



Top 6 partner countries in Asia

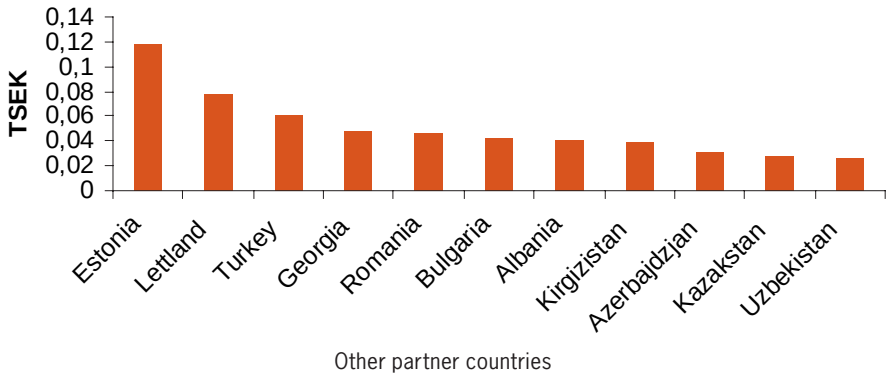
Bilateral HIV/AIDS disbursements Asia 2005



Europe

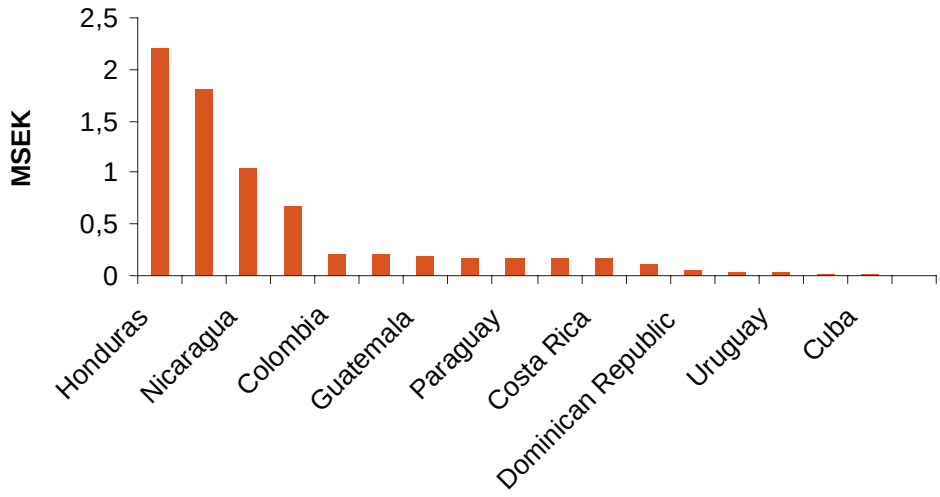
Bilateral HIV/AIDS disbursements Europe 2005

Bilateral HIV/AIDS disbursements Europe 2005



Latinamerica

Bilateral HIV/AIDS disbursements Latinamerica 2005



Sidas disbursements HIV/AIDS 2003-2005

Disbursements (or repayments) in SEK 2003-2005 per country/region where the sector classification has been 16064 or 13040 (HIV/AIDS)

Africa

Bilateral	2003	2004	2005
Angola	677 656	1 459 981	6 164 868
Benin	19 459	13 003	135 679
Botswana	3 092 818	2 053 890	1 935 898
Burkina Faso	31 005	-295	3 179 094
Burundi	6 997	4 729	136 881
Central African Rep	13 875	40 921	0
Côte d'Ivoire	1 382	-17	0
Eritrea	43 215	42 612	64 398
Ethiopia	1 352 378	14 971 420	33 137 576
Gambia	53 729	121 222	241 281
Ghana	27 491	60 261	84
Guinea	0	0	4 628
Guinea-Bissau	759	-7	0
Cameroon	0	50 677	11 711
Kenya	382 879	13 828 358	1 741 690
Kongo Brazzaville	24 281	208 860	69 258
Congo, Dem. Rep.	190 337	234 838	355 700
Lesotho	0	0	336
Liberia	62 486	57 797	90 377
Madagascar	55 018	57 296	4 544
Malawi	14 189 767	16 730 627	18 342 287
Mali	12 709	16 480	78 615
Mauretania	82 534	63 519	129 466
Mauritius	108	-1	168
Mozambique	10 296 557	13 456 039	9 260 323
Namibia	6 569 514	6 140 689	5 285 361
Niger	0	5 500	52 502
Nigeria	3 469	25 011	46 592
Rwanda	31 377	10 822	437 959
Sao Tomé & Principe	0	5 500	7 956
Senegal	8 646	-80	11 543
Sierra Leone	26 723	17 529	53
Somalia	243 215	415 059	580 802
Sudan	133 960	450 597	1 422 834
Swaziland	8 198	-100	84
South Africa	3 401 890	16 378 762	14 953 733
Tanzania	24 622 753	44 250 255	61 453 611
Chad	8 717	20 112	582 609
Togo	10 683	51 736	1 313 779
Uganda	9 029 387	6 552 737	9 706 552
Zambia	2 061 979	3 151 812	6 923 329
Zimbabwe	14 319 738	15 641 781	37 763 200
Bilateral level Total	**91 097 690**	**156 589 932**	**215 627 358**

Regional level			
Regional Southern Africa	13 407 087	15 000 656	35 805 388
Regional Lake Victoria	0	0	10 163 912
Regional West Africa	41 610	-2 400	149 355
Regional Eastern Africa	27 740	-1 600	1 032 766
Regional Central Africa	200 000	0	742 548
Regional Sub Saharan Africa	8 547 157	61 082 773	69 186 992
Regional Africa	42 058 761	34 076 712	39 615 532
Regional Total	**64 282 355**	**110 156 141**	**156 696 494**
Africa Total	**155 380 045**	**266 746 073**	**372 323 852**

Latin America

Bilateral	**2003**	**2004**	**2005**
Argentina	26 456	42 531	120 442
Bolivia	2 301 247	4 386 543	1 801 494
Brazil	358 349	290 086	671 409
Chile	95 223	46 710	6 949
Colombia	116 843	152 469	201 698
Costa Rica	143 465	111 639	159 727
Dominican republic	36 525	30 864	55 861
Ecuador	91 527	120 129	34 326
El Salvador	194 563	66 412	174 191
Guatemala	153 867	214 338	185 406
Haiti	20 494	15 170	15 313
Honduras	3 099 038	1 493 447	2 194 912
Cuba	8 092	21 798	13 632
Mexico	52 718	105 628	161 602
Nicaragua	708 945	344 080	1 041 611
Paraguay	69 924	116 619	166 807
Peru	278 887	261 966	197 670
Uruguay	14 365	36 208	29 400
Venezuela	217	5 598	-7
Bilateral level Total	**7 770 746**	**7 862 236**	**7 232 442**

Regional level			
Regional Central America	4 847 307	8 368 686	2 331 735
Regional Caribbean	0	0	504
Regional Latin America	481 138	1 060 038	162 624
Regional South America	13 870	-800	1 302 204
Regional Total	**5 342 315**	**9 427 924**	**3 797 066**
Latin America Total	**13 113 060**	**17 290 160**	**11 029 509**

Asia

Bilateral	2003	2004	2005
Afghanistan	315 970	699 159	843 216
Bangladesh	363 224	6 991 001	2 398 028
Egypt	129 310	169 099	334 966
Philippines	50 024	70 905	612 410
India	16 917 636	9 372 106	12 416 372
Indonesia	27 279	906 846	1 512
Iraq	21 676	41 342	135 329
Iran	0	0	31 808
Jordan	14 621	8 254	20 791
Cambodia	154 174	239 132	241 242
China	334 627	13 164 846	11 266 603
South Korea	0	0	49 984
Laos	223 373	404 969	374 397
Libanon	24 519	22 153	10 715
Marocco	0	0	42 052
Mongolia	3 469	16 565	34 965
Myanmar/Burma	10 017 891	15 057 899	15 043 611
Nepal	67 554	70 121	168 011
Pakistan	223 602	322 619	530 188
Papua New Guinea	3 469	50 349	103 887
Sri Lanka	152 496	77 449	134 777
Syria	325	8 443	46 172
Thailand	65 611	207 149	438 569
Tunisia	0	8 446	7 956
Vietnam	147 653	111 558	466 087
West Bank - Gaza	200 520	173 380	1 023 448
Yemen	8 298	41 117	73 436
East Timor	33 531	157 310	57 967
Bilateral level Total	**29 500 852**	**48 392 218**	**46 908 498**

Regional			
Regional Asia	995 581	1 487 632	50 321 799
Regional Far East	0	0	252
Regional Middle East	9 247	34 511	755 256
Regional Northern Africa	49 719	-4 694	10 450
Regional Oceania	0	0	840
Regional South Asia	1 787 023	1 602 134	1 986 497
Regional South East Asia	9 471 323	11 912 071	35 152
Regional Total	**12 312 893**	**15 031 654**	**53 110 247**

Asia Total	**41 813 744**	**63 423 872**	**100 018 745**

Europe

Bilateral level	2003	2004	2005
Albania	0	1 508 446	40 896
Armenia	99 007	62 169	360 318
Azerbajdzjan	0	0	31 808
Bosnia and Herzegovina	1 755 872	990 893	2 266 507
Bulgaria	-723	0	41 736
Estonia	140 884	956 859	117 557
Georgia	0	0	47 737
Kazakstan	25 615	19 421	28 670
Kirgizistan	0	0	39 544
Croatia	0	8 446	0
Latvia	93 200	513 252	78 371
Lithuania	236 975	2 002 181	475 982
Macedonia	2 170 000	1 225 000	1 481 064
Moldova	10 496	768 407	2 260 456
Romania	-1 445	528	47 326
Russia	2 913 010	18 785 220	4 351 500
Serbia and Montenegro	2 328 807	1 369 669	3 115 895
Turkey	0	0	60 416
Ukraine	2 210 468	289 911	2 342 471
Uzbekistan	5 781	33 239	26 125
Bilateral level Total	**11 987 947**	**28 533 640**	**17 214 378**

Regional			
Central Asia	0	0	2 491 171
Kaukasus	0	0	87 698
Western Balkan	8 071 884	9 998 105	12 049 680
Belarus	2 649	4 230	307 167
Regional Central and Eastern Europe	4 771 241	963 395	143 373
Regional Baltic States	137 947	0	0
Regional Europe	71 688	3 167 654	0
Regional Total	**13 055 410**	**14 133 384**	**15 079 088**

Europe Total	**25 043 357**	**42 667 024**	**32 293 467**

Global

	2003	2004	2005
	76 711 504	14 406 452	34 943 046
Global Total	**76 711 504**	**14 406 452**	**34 943 046**

Grand Total	**312 061 710**	**404 533 582**	**550 608 618**

Halving poverty by 2015 is one of the greatest challenges of our time, requiring cooperation and sustainability. The partner countries are responsible for their own development. Sida provides resources and develops knowledge and expertise, making the world a richer place.

SWEDISH INTERNATIONAL
DEVELOPMENT COOPERATION AGENCY

SE-105 25 Stockholm Sweden
Phone: +46 (0)8 698 50 00
Fax: +46 (0)8 20 88 64
sida@sida.se, www.sida.se