

The Regional HIV and AIDS Team for Africa



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Published by Sida 2005

Department for Africa

Author: The Embassy of Sweden, Lusaka

Printed by Edita Communication AB, 2005

Art. no.: SIDA4779en

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

List of Abbreviations

AAU	Association of African Universities
AFRA	Department of Africa, Sida HQ
AIDS	Acquired Immunodeficiency Syndrome
AJAR	The African Journal of AIDS Research
ARASA	Aids and Rights Alliance of Southern Africa
AMREF	African Medical and Research Foundation
ANERELA+	African Network of Religious Leaders Living with or Affected by HIV/AIDS
AU	African Union
BOCAIP	Botswana Christian AIDS Intervention Project
CADRE	Centre for Aids Development, Research and Evaluation
CIDA	Canadian International Development Agency
CODESRIA	Council for the Development of Social Science Research in Africa
DfID	Department for International Development
DRC	Democratic Republic of Congo
Equinet	Regional Network for Equity in Health in Southern Africa
ESARO	Eastern and Southern African Regional Office, UNICEF
EU	European Union
FBO	Faith-based organisation
FEMINA-HIP	FEMINA – Health Information Project
GART	The Golden Valley Agricultural Research Trust
GDP	Gross Domestic Product
GLIA	Great Lakes Initiative on AIDS
HACI	Hope for Africa Children Initiative
HEARD	Health Economics and AIDS Research Division at University of KwaZulu Natal
HIV	Human Immunodeficiency Virus
ICASA	International Conference on AIDS and STDs in Africa
ICPD	International Conference on Population and Development
IDASA	Institute for Democracy in South Africa
IHAA	International HIV/AIDS Alliance
IMF	International Monetary Fund
INEC	Infrastructure and Economic Cooperation, Sida HQ
IOM	International Organisation for Migration
IVF	International Video Fair
KANCO	Kenya AIDS NGO Consortium
KK-Foundation	Kenneth Kaunda Foundation
MAP	Multi-sectoral AIDS Programme of the World Bank
MDG	Millennium Development Goals
NGO	Non Governmental Organisation
NORAD	Norwegian Agency for Development Cooperation
OSSREA	Organisation for Social Science Research in Eastern and Southern Africa
OVC	Orphans and Vulnerable Children
PEPFAR	US President's Emergency Plan for AIDS Relief

PHAMSA	Partnership on HIV/AIDS and Mobile Populations in Southern Africa
PLWHA	People Living with HIV and AIDS
PRSP	Poverty Reduction Strategy Paper
PSG	Project Support Group
RAAAP	Rapid Appraisal, Analysis and Action Planning
RATN	Regional AIDS Training Network
RENEWAL	Regional Network on HIV/AIDS, Rural Livelihood and Food Security
REPSSI	Regional Psychosocial Support initiative
RRD	Sida Resource Centre for Rural Development based in Nairobi
SADC	Southern Africa Development Community
SafAIDS	Southern Africa HIV/AIDS Information Dissemination Service
SANASO	Southern Africa Network of AIDS Service Organisations
SARDP	Sida-Amhara Rural Development Programme
SAREC	Department for Research Co-operation, Sida
SCARJOV	Association for reintegration of youth and children in social community life
SDC	Swiss Agency for Development and Cooperation
SEK	Swedish kronor
SEKA	Cooperation with NGOs, Humanitarian Assistance and Conflict management, Sida HQ
SOMA-Net	Social Science and Medicine Africa Network
SRH(R)	Sexual and Reproductive Health and Rights
STI	Sexually transmitted infection
STEPS	Social Transformation and Empowerment Projects
TASO	The AIDS Service Organisation
UAPS	Union for Population Studies
UNAIDS	Joint United Nations programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Populations Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UN-HABITAT	United Nations Human Settlements Programme
UNICEF	United Nations Children's Fund
UNZA	University of Zambia
WB	World Bank

1 Summary

Sub-Saharan Africa, is home to almost two-thirds of all people living with HIV and AIDS globally, an estimated number of 25 million people being HIV-positive in the region in 2004. As the HIV/AIDS pandemic continues to devastate families and communities across the region, the burden is falling more brutally on women and young girls. Gender inequality, and the violations of the rights of women that accompany it, are some of the most important forces fuelling the spread of HIV amongst women. The report of the UN Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa released in 2004 was clearly a call for action.

National responses to HIV/AIDS are broader and stronger, and have improved access to financial resources and commodities. Although more resources are needed, with the great increase in funding (mainly external) both in the level and the number of contributors, the ability for heavily-affected countries to co-ordinate the contributions, avoid duplication and fragmentation of resources, and govern the response has become critical. Parallel to this is growing awareness of the epidemic's implications on human capacity losses for the maintenance of state structures and economic development, and the need for exceptional emergency responses. The major development over the last year has been the consensus around the "Three Ones" principles – one agreed HIV/Action Framework, one National AIDS Coordinating Authority and one agreed country level Monitoring and Evaluation System.

The Regional HIV/AIDS Team acts as a resource for Swedish and Norwegian Embassies and offices in sub-Saharan Africa and also handles Sida's allocation for regional development co-operation on HIV/AIDS in February 2004. The Team organised a seminar on the macroeconomic impact of HIV/AIDS and one conclusion among the participants was that at the high prevalence level we are observing in the region it is no longer appropriate to apply a "business as usual" approach in development planning. Later in the year scaling-up of HIV/AIDS was discussed in a workshop for HIV/AIDS focal points in the region. The Team was also actively involved in Sida's process aiming at increased HIV/AIDS focus for Swedish NGOs.

In regional development co-operation a focus has been on issues where regional co-operation is essential. Work with mobile/migrant populations is an obvious such area. The impact of HIV/AIDS in sub-Saharan Africa (and especially in Southern Africa) has been declared an

emergency by many affected countries and by the UN special envoy on HIV/AIDS in Africa. The erosion of human resources, combined with the urgent need for capacity development, is a tremendous task for countries, a task that cannot be achieved without external input. Regional co-operation to assist countries in capacity building for rapid scaling-up of HIV/AIDS efforts is therefore essential. HIV/AIDS, governance and food security, the triple threat to countries in Southern Africa, are also issues essential for regional co-operation. Support has also been given to programs where regional co-operation gives added value, e.g. through networking, economies of scale and comparative programmes. In 2004 the Team almost doubled the contribution to regional HIV/AIDS programs.

2 Strategic Development Trends

The Regional HIV/AIDS Team for Africa was established in 2000 in Zimbabwe and was moved to Lusaka, Zambia in 2002. The sub-goals for the Regional HIV/AIDS Team are:

- HIV/AIDS should be integrated in Sida's processes and projects and in the dialogues with co-operating countries.
- Good knowledge about and a broad view on HIV/AIDS as a development issue within Sida and among regional actors.
- Increased capacity to reduce the spread and impact of HIV and AIDS through regional development co-operation.
- A strengthened Swedish profile and position in the regional and international dialogue.

The Team's regional development co-operation strategy is to build-up a portfolio in key areas for combating the transmission of HIV.

This report discusses under section two, strategic HIV/AIDS related development trends in the region and key issues for dialogue including poverty reduction, macro-economic development, political development and development co-operation and partnerships. Section three focuses on the Team's work in 2004 in relation to regional development co-operation on HIV/AIDS, to the Team's collaboration with Swedish and Norwegian Embassies and information and communication. The Team is also responsible for Sida's bilateral co-operation with Botswana, which is also briefly touched upon in Section 3.3.

2.1 HIV and AIDS and its impact in Sub-Saharan Africa

Sub-Saharan Africa is home to two-thirds of all people living with HIV and AIDS globally. According to the 2004 UNAIDS global Report on AIDS, an estimated 25 million people are living with HIV in sub-Saharan Africa. This scenario is grave, considering that sub-Saharan Africa accounts for only about 10% of the global population.

Region	HIV+
South/Southeast Asia	6.5
Latin America/Caribbean	2.0
East Europe/Central Asia	1.3
North America	1.0
East Asia/Oceania	0.9
Western Europe	0.6
North Africa/Middle East	0.5
Sub Saharan Africa	25.0
Total	37.8

Table I. Estimated number of HIV infected persons end 2003, in millions(UNAIDS 2004)

The epidemics in sub-Saharan Africa appear to be stabilising (looking at the whole continent) at 7.4%. Albeit, this hides large regional differences. For instance, in Southern Africa alone, all seven countries have prevalences above 17% with Botswana and Swaziland having prevalence above 35% while in West Africa, HIV prevalence is much lower with no country having a prevalence above 10%. Moreover, it means that more or less equal numbers of people are being newly infected and dying of AIDS. It also means that successful care and treatment programmes in Africa will initially result in higher prevalence figures for the region, as HIV infected people live longer.

According to UNAIDS HIV/AIDS Epidemic Update 2004, women and girls make up 57% of people infected with HIV in sub-Saharan Africa. Of the 15–24 years cohort, a staggering 76% HIV positive are female. In some Southern African countries, young women are three to six times more likely to be infected than young men of the same age group are. In some worst affected countries, such as Botswana and Swaziland, over 40% of women between the ages of 15–29 years are estimated to be HIV-positive. In the wake of all this, women and girls also bear the blunt of the impact of the epidemic; they are most likely to take care of sick people, to lose jobs, income and schooling as a result of illness, and to face stigma and discrimination.

Sub region Country	Popula- tion, in millions ¹	Human De- velopment Index, (rank) ²	Estimated no. HIV infected end 2003 ³	Adult prevalence 15–49 years end 2003 ³	Female: Male ratio of adult HIV infec- tions ³	Estimated no of AIDS deaths in 2003 ³	Est. no of orphans 0–17 years 2003 ³
Southern Africa							
Angola	13.3	0.381 (166)	240 000	3.9	144:100	21 000	110 000
Botswana	1.7	0.589 (128)	350 000	37.3	136:100	33 000	120 000
Malawi	11.9	0.388 (165)	900 000	14.2	131:100	84 000	500 000
Mozambique	19.2	0.354 (171)	1 300 000	12.2	126:100	110 000	470 000
Namibia	1.9	0.607 (126)	210 000	21.3	122:100	16 000	57 000
South Africa	46.9	0.666 (119)	5 300 000	21.5	132:100	370 000	1 100 000
Zambia	10.9	0.389 (164)	920 000	16.5	131:100	89 000	630 000
Zimbabwe	12.7	0.491 (147)	1 800 000	24.6	139:100	170 000	980 000
Eastern Africa and the Horn							
Ethiopia	72.4	0.359 (170)	1 500 000	4.4	122:100	120 000	720 000
Kenya	32.4	0.488 (148)	1 200 000	6.7	189:100	150 000	650 000

Rwanda	8.4	0.431 (159)	250 000	5.1	130:100	22 000	160 000
Tanzania	36.1	0.407 (162)	1 600 000	8.8	127:100	160 000	980 000
Uganda	26.1	0.493 (146)	530 000	4.1	150:100	78 000	940 000
Central and West Africa							
Burkina Faso	13.6	0.302 (176)	300 000	4.2	125:100	29 000	260 000
DRC	58.3	0.326 (168)	1 100 000	4.2	133:100	100 000	770 000
Mali	13.4	0.431 (174)	140 000	1.9	145:100	12 000	75 000

Sources: 1) Population Reference Bureau. 2004 World Population Data Sheet, 2) UNDP, Human Development Report 2004, and 3) UNAIDS, July 2004. HIV and AIDS estimates and data.

Table II. Indicators on HIV and AIDS and its impact

The impact of the HIV/AIDS epidemic is reaching devastating levels. Even in countries with a stabilising prevalence waves of continuing serious impacts are still coming. Professor Michael Kelly, one of the Team's reference group members and also one of the experts contributing to the UNAIDS Scenarios for Africa argues that the pandemic now has had six waves rolling in on humanity – noting the first such wave as the invisible epidemic of HIV, then developed into AIDS, the associated stigma and discrimination, then the resultant orphans after deaths of parents, followed by the burden of the elderly caring for orphans and then the food insecurity that comes in. He also observes that there could possibly be other waves that we do not as yet know about.

One of the severe consequences of the AIDS epidemic is the increasing numbers of children (age 0–18) who lose their parents due to AIDS related infection and/or are infected themselves (see table II above). It is estimated that the number of children who had lost one or both of their parents amounted to 12.3 million in sub-Saharan Africa by 2003. This equals to 80% of the global orphan population. An estimated 2.1 million orphans are themselves living with HIV and AIDS globally, 90% of these live in sub-Saharan Africa¹. In the recently published report “Reaching out to Africa's Orphans”² it stated that in countries such as Swaziland, Botswana, and Zambia, orphans now make close to 20 percent of all children under 18 years of age.

The severity of the orphan and vulnerable children situation is emphasised by a negative circle where more and more children leave school to care for dying parents and assist in the household food production as parents are increasingly unable to do that work, and finally risks losing any social security linkages due to property dispossession upon the death of their parents. Children dropping out of school in a world of AIDS have clear vulnerability indications – the report referred to above states that in Uganda for example, children who drop out of school are more than twice as likely to become HIV positive. With too little education and knowledge gathered from their parents, as well as being deprived of parental love and guidance throughout their childhood, the children of AIDS victims later become adults who themselves are less able to raise their own children and to invest in their education. The process is insidious, since the effects are felt only over a long period.

¹ UNAIDS Global Report on AIDS, 2004

² Reaching Out to Africa's Orphans, Kalanidhi Subbarao and Diane Coury, World Bank Report, 2004

2.2 Poverty Situation

The HIV/AIDS pandemic has claimed millions of adults in sub-Saharan Africa, thereby leading to a reduction in the workforces, increasing dependency ratios, exacerbating famine, impoverishing families, orphaning millions of children and significantly contributing to increased numbers of vulnerable groups.

With respect to income poverty, about 40% of SADC's population lives below the poverty line of less than 1\$ per day. Poverty is particularly acute among vulnerable groups such as households headed by the elderly, women and children. The prognosis does not look promising given that progress towards reversing the trend is being hampered by economic downturns, the interaction between food insecurity and HIV/AIDS, protracted instability in some countries (Zimbabwe and the DRC), weak governance structures, erratic climatic conditions and the refugee crisis.

Using selected Millennium Development Goals (MDGs) as poverty indicators, it is evident that the region will not achieve the set goals for universal primary education or reducing child mortality. The pandemic strikes at the heart of the most cardinal factor in the achievement of the MDGs namely: human resource. According to the Human Development Report of 2004, the hunger situation, income poverty and sanitary conditions are worsening. With reference to food security, close to 35% of the population in the region faced general and acute food shortages during the consumption period (2004/2005).

According to the SADC Barometer of December, 2004, the pandemic has had a direct impact on child and adult mortality with more than 25% under five children being underweight. Access to clean water and sanitation has reduced, school enrolments among girls have declined, and in general life expectancy has declined.

A UNICEF nutrition fact sheet of June, 2004 reported that approximately 5% of children less than 59 months of age in sub-Saharan Africa may have HIV/AIDS and may therefore be stunted. UNICEF further notes that HIV/AIDS is the single largest threat to child malnutrition.

Obvious deprivations and vulnerabilities that characterise the poor such as limited or lack of choices, lack of safety nets and security were generally experienced in several countries in the region. With erratic rains experienced at the start of the 2004/2005 season, it was evident that the region would experience reduced yields in the year 2005. As is always the case, the poor will bear the blunt of food insecurity.

Several countries in the region have embraced poverty concerns as an integral part of economic development planning. This led to Poverty Reduction Strategies, PRS, becoming overarching national planning instruments (UNDP 2000). Development of PRSPs has in fact become a prerequisite to qualify for concessional lending and debt relief. According to the study by Arrebag and Sjöblom of March, 2005, the PRS process has started to add value by bringing HIV/AIDS into national poverty planning processes. However, the progress in transforming stated objectives into programmes still remains slow. In addition, PRSP planned actions are, in many instances, not reflected in budgetary allocations, targets and indicators which has created a significant risk of implementation slippage.

According to the same study, PRSPs have started to bring HIV/AIDS into the national poverty reduction planning arena. However, recognising and analysing the link between HIV/AIDS interventions and poverty reduction is a lingering challenge. It is crucial that HIV/AIDS is seen as a key factor contributing to poverty, especially for

vulnerable groups such as young people and women, and at the same time, that poverty is a key determinant of HIV/AIDS (thereby creating a potentially vicious cycle between HIV/AIDS and poverty). Recognising the two-way link between HIV/AIDS and poverty is essential to be able to determine the impact HIV/AIDS interventions have on different households and social groups. In particular, there is a strong need to strengthen the poverty reduction content of PRSPs by addressing the specific needs and rights of people affected by HIV/AIDS.³

2.3 Macro-economic Development

While the impact of HIV/AIDS on the micro level, i.e. the individual and household level, seems to be fairly well documented and understood, the knowledge of the full impact on the macro level is still very poor, not least with regard to the economic consequences e.g. economic growth. Forecasts of the impact of HIV/AIDS on GDP/capita are unconvincing for a number of reasons. Most forecasts tend to underestimate the impact on GDP/capita, which can be explained by the time lag from initial infection to impact on demography and economy, which is confusing to analysts and decision-makers. Hence, estimates of the economic impact of HIV/AIDS that look only at the short- to medium term effects on economic variables such as reductions in labour supply are dangerously misleading as they risk lulling policymakers, especially those concerned with short-term economic fluctuations, into a sense of complacency⁴.

Despite difficulties in measuring HIV/AIDS impact on macroeconomic variables, there is no doubt that the epidemic severely effects the societal fabric e.g. through morbidity and mortality hitting people in their most productive ages in life thus influencing variables such as the accumulation of human capital which in turn eventually impacts economic growth⁵. Moreover, increased health expenditure leads to drop in savings and capital accumulation, which will further impact long economic growth. However, not only the epidemic itself will destabilise the economy but also the efforts implemented to fight HIV/AIDS.

In 2003 and 2004, there has been significant growth in the sense of urgency on the issue of HIV/AIDS treatment in the international community hence momentum has grown for scaling-up of treatment programs. Funding for HIV/AIDS activities for low- and middle-income countries increased substantially during 2003–04, Sub-Saharan Africa receiving the largest share of the financial assistance. The macroeconomic and fiscal environments to provide an appropriate platform for the new funds for scaling up the HIV/AIDS response have hardly been addressed outside the work of advocacy groups (e.g. Action Aid International, Global AIDS Alliance)⁶. The essential impact of massive increase of external HIV/AIDS grants on the macro-economy is an increase in money supply which in turn might increase inflation as money supply exceeds money demand. In addition to increased inflation, external funds will push up the demand for local currency which will appreciate the exchange rate hence reducing exports.

Both UNAIDS and the Global fund are increasingly concerned about whether additional resources for HIV/AIDS prevention and treatment

³ Bonnel et al. (2004, pp. i, ii).

⁴ Haacker, Marcus, The Macroeconomics of HIV/AIDS, IMF, 2004.

⁵ Other examples of macroeconomic impacts of HIV/AIDS are: Shrinking tax base; increasing labor costs as a result of slowed or reversed growth in the labor supply especially of skilled labor leads to higher production costs; higher production costs lead to a loss of international competitiveness which can cause foreign exchange shortages.

⁶ Scaling Up HIV/AIDS Treatment in Africa: Linkages with Macroeconomic and Fiscal policies, Concept note for the Policy Dialogue at the World Bank, November 4, 2004.

can be included within the fiscal framework of a country following an IMF Poverty Reduction and Growth Facility program. IMF's spending constraints may block poor countries from accepting desperately-needed outside help. For example, in 2002–2003, Uganda nearly rejected a \$52 million grant from the Global Fund to Fight AIDS, TB & Malaria because it sought to stay within the strict budgetary constraints it had agreed to maintain in order to acquire loans from the IMF⁷.

The requirements of the IMF and the WB have been heavily critiqued as it has been claimed that rigid macroeconomic conditionality is hampering national governments possibilities to confront the pandemic. For instance, the imposed macroeconomic policies are often translated in highly restricted further recruitment of health staff as a means of reducing public spending. Many critics urge for International financial institutions to grasp the width and implications of the HIV/AIDS-pandemic and to ease requirements linked to their poverty reduction programs. Simultaneously, the IMF has encouraged donors to provide grants that commit to a predictable flow of grant resources as a way of minimising the effect on macroeconomic stability.

2.4 Political Development, Good Governance and Human Rights

2.4.1 Regional initiatives

Political declarations on HIV/AIDS have been issued from Southern Africa Development Community (SADC), African Union (AU) and other intergovernmental bodies. A Commission on HIV and Governance in Africa has been established with support from the UN Economic Commission for Africa.

In an effort to stem the spread of HIV/AIDS in the Great Lakes region, government ministers from six countries signed a convention in July, establishing a new regional organisation called the Great Lakes Initiative on AIDS (GLIA) which will partly be monitoring the movement of people in the region. The organisation would be headquartered in Rwanda's capital, Kigali. Member states are Burundi, Democratic Republic of Congo (DRC), Kenya, Rwanda, Tanzania and Uganda.

2.4.2 Human rights and gender

Democracy and human rights influences the spread of the epidemic and the strength of the response with regard to prevention, care and mitigation. The UN Secretary General's reports on the UNGASS declaration show little progress on human rights, despite time-bound targets set for 2003 and 2005. The importance of engaging people living with HIV/AIDS and vulnerable groups in the national response needs continued attention. In the context of rapid roll-out of anti-retroviral treatment, human rights are being challenged, both in practice and in new draft legislation. Stigma and discrimination is still a major obstacle to effective responses.

The deadly link between women's rights abuses and the spread of HIV/AIDS has received more prominent attention, and the UN Secretary General has appointed a Special Rapporteur addressing these issues in the region. Several countries are seeing increased media coverage and emerging attention from Governments but more notably from civil society.

Human Rights Watch has published country and regional reports that have documented the situation:

⁷ Blocking Progress, advocacy statement prepared by Action AID International USA, The Global AIDS Alliance, the Student AIDS Campaign, September 2004.

“... women and girls are beaten in their homes, trafficked into forced prostitution, raped by soldiers and rebels in armed conflicts, sexually abused by their “caretakers,” deprived equal rights to property and other economic assets, assaulted for not conforming to gender norms, and often left with no option but to trade sex for survival. Some are “inherited” by male in-laws when they become widows, often becoming wives in polygamous families. These acts of discrimination and violence are conduits for HIV infection. Women living with AIDS confront not only stigma, but also the deprivations caused by violations of their rights. Relative to the scale and severity of these abuses, laws, policies, and programs to combat HIV/AIDS by protecting the rights of women and girls are negligible.”

Likewise issues of child defilement and other abuses of children's rights are more often on national agendas. In several countries, HIV/AIDS is also featuring more prominently as an election issue, not the least as regards access to treatment and other services.

Human Rights Watch has published country and regional reports that have documented the situation⁸

2.4.3 Commitment and Co-ordination

National responses to HIV/AIDS are broader and stronger, and have improved access to financial resources and commodities. Although more resources are needed, with the great increase in funding – mainly external – both in the level and the number of contributors, the ability for heavily-affected countries to co-ordinate the contributions, avoid duplication and fragmentation of resources, and govern the response has become critical. Parallel to this is growing awareness of the epidemic's implications on human capacity losses for the maintenance of state structures and economic development, and the need for exceptional emergency responses.

The major development over the last year has been the consensus around the “Three Ones” principles, reaffirmed at a high-level meeting on 25 April 2004. To achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management, donors reaffirmed their commitment to strengthening national AIDS responses led by the affected countries themselves.

Three principles applicable to all stakeholders in the country-level HIV/AIDS response are:

- One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners.
- One National AIDS Coordinating Authority, with a broad based multi-sector mandate.
- One agreed country level Monitoring and Evaluation System.

Sweden, Norway, the Regional HIV/AIDS Team and the Embassies are increasingly advocating for and promoting these principles at all levels, although at regional level, there are no clear co-ordinating frameworks or bodies for HIV/AIDS response. For example, the developments within SADC and its HIV/AIDS unit are followed carefully and co-operating partners are increasingly consulting on how best to co-ordinate support with regard to regional responses.

⁸ www.hrw.org/women/aids.html

Financing the response to HIV/AIDS in Africa

Global spending on HIV/AIDS increased from US \$1.2 billion in 2000 to an estimated \$6 billion in 2004. However, despite this increase, it is estimated that in 2005, \$12 billion would be needed while in 2007,⁹ \$20 billion would be needed in order to finance a comprehensive response to the epidemic.

UNAIDS argues that, to strategically plan for an effective response to the AIDS pandemic, resource tracking estimates for HIV/AIDS are required. To get ahead of the epidemic, resources should be delivered where they are most needed, and they must be used more efficiently and effectively. In 2002, UNAIDS established a Global Resource Tracking Consortium for AIDS, composed of international experts in this field, among them Idasa in South Africa (Idasa received support from Sida, see section 3.2.4). In 2004, the Consortium and UNAIDS published the report, *Resource tracking estimates for HIV/AIDS expenditure in low- and middle-income countries*, with several Idasa contributions due to the project supported by the Regional HIV/AIDS Team. Its purpose is to identify the magnitude of global resources available relative to the estimated resource needs. Tracking AIDS resources is currently a low priority in most-affected areas, and is poorly developed, if performed at all. The report therefore calls for more reliable and ongoing information on the following areas: equity; allocative effectiveness; additionality; and misallocation/corruption.

In 2004 Global Fund approved new applications from several African countries through Round 4 (June 2004). Among these were Angola, Ethiopia, Mali, Tanzania and Zambia. Large amounts were also channelled from the US Emergency Plan for AIDS, PEPFAR. With these developments, the need for strengthened national ownership and co-ordination is greater than ever. (see table III below on funding).

Sub region Country	World Bank MAP ^{i, ii}	Global Fund (round) ⁱⁱⁱ	PEP-FAR ^{iv}	EU ⁱ	Clinton Foundation ^v
Southern Africa					
Angola	4	4			
Botswana		2	4		
Malawi	4	1		4	
Mozambique	4	2	4	4	4
Namibia		2	4		
South Africa		3	4	4	4
Zambia	4	1, 4	4	(4)	
Zimbabwe		1			
Eastern Africa and the Horn					
Ethiopia	4	2, 4	4		
Kenya	4	1, 2	4		
Rwanda	4	3	4		4
Tanzania	4	1, 4	4	4	4
Uganda	4	1, 3	4		
Central and West Africa					
Burkina Faso	4	2			
DRC	4	3		4	
Mali	4	4		4	

ⁱ UNAIDS, September 2004: UNAIDS at Country Level. Progress Report, www.unaids.org

ⁱⁱ The World Bank, www.worldbank.org/afr/aids; accessed 22 March 2005. As of July 2004.

ⁱⁱⁱ The Global Fund, www.theglobalfund.org

^{iv} US President's Emergency Plan for AIDS Relief, www.usaid.gov/our_work/global_health/aids/pepfar.html

Table III: Quick overview of some external sources of funding

⁹ UNAIDS, Global Report 2004.

Even when money is available, in many heavily affected countries it is clear there are serious bottlenecks to effective spending. Several countries in Southern Africa face a growing crisis in delivering vital public services that are crucial to the AIDS response. Reasons for this range from migration of key staff from public to private sectors, migration abroad, to the deadly impact of the AIDS epidemic itself.

2.5 Development Co-operation and Partnership

Ever since Sweden's International Response to HIV/AIDS, 'Investing for Future Generations' was decided upon in 1999; an increase in Sida's work with HIV and AIDS can be noted. In 2004 the Africa department in its instructions for the planning process reinforced the need for scaling-up the work in both dialogue, mainstreaming and direct support. The table below shows an increase in the disbursements for HIV/AIDS contributions (based on the registration in the financial system, sector=2112) over the last five years.

	2000	2001	2002	2003	2004
Reg Africa	27 532	57 224	52 372	61 082	101 916
Angola	1 839	0	4 950	678	1 460
Botswana	2 152	2 510	3 455	3 093	2 054
Burkina Faso	34	0	66	31	188
Ethiopia	123	217	1 681	1 352	15 118
Kenya	46	184	37	383	13 836
DRC	46	136	14	190	355
Malawi	3 583	9 698	11 409	14 190	16 737
Mali	17	0	7	13	53
Mozambique	31	704	2 110	10 297	13 508
Namibia	4 857	5 151	6 041	6 570	6 141
Rwanda	0	0	0	31	11
South Africa	3 809	1 154	1 159	3 402	16 969
Tanzania	5 719	7 272	29 705	24 623	44 478
Uganda	3 641	7 729	7 710	9 029	6 587
Zambia	6 384	5 198	3 274	2 062	3 160
Zimbabwe	4 819	7 013	10 399	14 320	15 742
Other countries	456	331	182	505	1 345
Total	65 088	104 521	134 569	151 849	259 656

Table IV. Annual disbursements for HIV/AIDS contributions in Africa by country and for regional programs for the period 2000–2004, in thousand SEK.

Sweden has as one of the objectives in its strategy for co-operation with regional and sub-regional organisations in Africa stated that Sweden's support for regional co-operation shall have helped to increase African capacity to cope with reducing the spread of HIV/AIDS in the region and strengthen regional co-operation in that respect. The regional allocation is increasing in order to fulfil the objectives in the strategy. Sida's allocation for regional co-operation on HIV/AIDS is handled by the Regional HIV/AIDS Team.

Sida, represented by the Regional HIV/AIDS Team, and UNAIDS together with regional donor representatives for the Netherlands and Ireland proposed a regional HIV/AIDS donor co-ordination and harmonisation initiative for sub-Saharan Africa to achieve enhanced region-

al capacity to contribute to the achievement of the objectives specified in the various international frameworks. In an effective fashion, increased co-ordination of regional HIV/AIDS programmes among likeminded and other interested donors and, as and where feasible, harmonisation of their respective administrative procedures, including transparent reporting formats, underlies the concept of this initiative. The outcome would be the establishment of an effective regional HIV/AIDS donor network that facilitates in the co-ordination of the respective donors' HIV/AIDS strategies and regional programme interventions, and, to the extent possible, in the harmonisation of administrative procedures among regional donors.

As a result of this initiative enhanced contact mechanisms are being set-up between the Team and the HIV/AIDS regional advisors/offices for Netherlands, Ireland Aid, DfID, EU and UNAIDS. It is envisaged that this network will be expanded to include other donors such as CIDA, SDC etc. As a first step a study has been commissioned to explore and recommend mechanisms for donor co-ordination and harmonisation in co-operation with NGOs working regionally and also discuss and suggest the way forward for a co-ordinated approach vis-à-vis SADC. The latter part is done in collaboration with SADC.

Norway has, since mid 2002, seconded one regional advisor to the Team and by then the Team also increased its mandate to also be a resource for Norwegian Embassies. In 2004 the Norwegian Ministry of Foreign Affairs decided to perform an internal assessment of the co-operation and based on the result of this assessment discuss future co-operation, both in terms of tasks and input from Norway. This process will be finalised in the first half of 2005.

3 Swedish Development Co-operation

3.1 Strategic Assessment and Considerations

As noted earlier, the Team's regional development co-operation strategy is to build-up a portfolio in key areas for combating the transmission of HIV. To develop its strategy for regional funding, the Team commissioned a regional response analysis. The study maps out the regional organisations working with HIV/AIDS and analyses the regional response to HIV/AIDS in Sub Saharan Africa¹⁰. The mapping of regional organisations has been published in collaboration with UNAIDS Regional Office for Eastern and Southern Africa.¹¹

The Team has a reference group with experts from different disciplines and countries in Africa and the members also represent different types of organisations. The reference group met twice in 2004 and advised the team on strategic issues and on specific programs. Reference group members have also been very valuable facilitators in capacity building seminars/workshops arranged by the Team. For the composition of the reference group, see section 3.5.

Some of the main challenges to be met in terms of regional developments are the co-ordination and harmonisation of regional initiatives as alluded to above, the scaling-up of care and treatment programmes and the issue of food security. Furthermore, the Team's portfolio needs expansion on support to gender initiatives (gender inequality being a driving force of the pandemic) and to Faith Based Organisations (FBOs). The latter provide much of the voluntary work that relieves the impact of the pandemic at grass-roots level. The Team's responses to these issues are outlined in the sections below.

Prevention of HIV/AIDS remains Sweden's main strategy in combating the pandemic. In this regard, young people represent a window of hope for behavioural change to bring down HIV prevalence levels. Albeit, young people and women generally are both very vulnerable populations. The highest number of new infections in sub-Saharan Africa is estimated to be in the 15–25 year's cohorts. In some worst affected countries, such as Botswana and Swaziland, over 40% of women between the ages of 15–29 years are estimated to have HIV/AIDS.

Sweden's policy for HIV prevention is within its rights based and informed choice approach to sexual and reproductive health (SRH).

¹⁰ Gelmon, L. The Regional Response to HIV/AIDS: An Analysis of Activities in Sub-Saharan Africa. June 2004, Sida (to be published in Sida's HIV/AIDS Report Series)

¹¹ Directory of HIV/AIDS Resource Institutions in Eastern and Southern Africa.

During 2004 moral conservative approaches to SRH have been increasingly manifest in the region. Young people in particular will be affected. Moves are afoot in a number of countries for 'abstinence' only campaigns and to restrict young people's access to condoms. Youth friendly SRH services and sexual education are also likely to be targeted. The American government's PEPFAR funds are supporting these approaches. Pressure is also being put by PEPFAR on their partners to limit condom distribution to 'high-risk' groups only. At the same time, Sweden and like-minded partners have started mobilising in response. The *Beijing Platform for Action* and the *Cairo ICPD Programme of Action* are perceived as the main guiding documents to re-link the HIV/AIDS agenda to a SRH rights and gender rights approach.

One of the key issues for both prevention and for scaling-up of care and treatment is testing. In June 2004 UNAIDS published a new policy on testing where, in high prevalence settings, provider initiated testing with a possibility for the client to "opt-out" is recommended in clinical settings where treatment is available. The importance of "the three C's", confidentiality, counselling and informed consent, is emphasised in the policy.¹²

Many countries in the region are implementing programmes to scale-up HIV/AIDS care and treatment. The eventual ambition is to supply all those in need with antiretrovirals. The levels of ambition and capacity to implement the programmes differ from country to country. Funding, at least in the short term, for these programmes is not a major constraint. Rather, the main bottlenecks are weak health systems, lack of trained health personnel and lack of technicians, laboratories and equipment. The human resources problem has brought increased attention to the migration of health personnel to middle income countries within the region and higher income countries overseas. A further difficulty within the scale-up of care and treatment is the need for increased civil society responses in liaison with health services. For example, dealing with stigma, treatment literacy, treatment adherence, nutritional advice, psychosocial support to people living with HIV/AIDS and orphans and vulnerable children, volunteer support for home based care programmes etc. are all important areas for community work.

In terms of the Team's inputs, support will be given to the Embassies in identifying gaps for funding in the scale-up of country responses. Given the focus on care and treatment, prevention programmes will need to be maintained from a rights and gender based approach. Within the care and treatment programmes, gaps may be in the training needs of health staff, in mobilising district responses or in developing monitoring and evaluation programmes. In terms of impact mitigation, vulnerable groups, in particular orphans, will need support.

On a regional level harmonisation of policy on prevention from a rights perspective will need to be developed. In terms of care and treatment there is a need for co-ordinated responses to the health sector human resources situation, for capacity building through training, and for regional forums for Ministries of Health and National AIDS Councils. For impact mitigation, food security and co-ordinated FBO responses are prioritised areas, as outlined above, whilst gender is a crosscutting issue.

Strategic considerations of importance for the development of an effective response to the HIV/AIDS epidemic are also mirrored in the dialogue matrix developed by the Team in connection with the planning process. See Annex 2.

¹² UNAIDS/WHO Policy on HIV-testing. June 2004.

3.2 Regional Development Co-operation Review

The criteria for the Team's development co-operation are that it should be for reasons of essentiality for a regional approach or for the comparative advantages to be gained from a regional input (e.g. networking, economies of scale, comparative programmes). Work with mobile/migrant populations is mentioned in the category where regional co-operation is essential. The impact of HIV/AIDS in sub-Saharan Africa (and especially in Southern Africa has been declared an emergency by many affected countries and by the UN special envoy for HIV/AIDS in Africa. The erosion of human resources, combined with the urgent need for capacity development, is a tremendous task for countries, a task that cannot be achieved without external input. Regional co-operation to assist countries in capacity building for rapid scaling-up of HIV/AIDS efforts is therefore essential. HIV/AIDS, governance and food security, the triple threat to countries in Southern Africa, are also issues essential for regional co-operation.

The Team's current portfolio includes support to regional umbrella/facilitating organisations, regional network organisations, international NGOs, UN and other multilateral organisations.

3.2.1 Mobile and Migrant populations

Transient populations are among the most vulnerable groups to HIV infection. They are also often unable to access adequate health care. The Team is supporting two major regional initiatives in southern Africa for mobile populations. The first is through the Project Support Group (PSG) – a regional NGO facilitating community responses through partner organisations. The project focuses on prevention and impact mitigation in vulnerable communities, particularly along the main transport routes. The second is a project by the International Organisation for Migration (IOM) that focuses on health rights and conditions for migrant workers (PHAMSA). The Team is also supporting an IOM project for HIV prevention activities within the repatriation of Angolan refugees from Zambia and Namibia.

3.2.2 Food Security and Nutrition

In 2004 the Team recruited a program officer with special competence in food security and started to develop a portfolio in this area. Good nutrition plays a pivotal role in prolonging the period between infection and full-blown AIDS. The team is supporting action research on specific nutrients essential for PLWHA through the Kenneth Kaunda Children of Africa Foundation. The Golden Valley Agricultural Research Trust on the other hand is developing, testing and promoting food crops and other nutritious foods appropriate for households affected and infected by HIV/AIDS for production and processing under resource poor settings. The International Federation of the Red Cross through the Swedish Red Cross is a recipient of support to a home-based care programme implemented in 10 countries in Southern Africa. The support to RENEWAL in deepening and extending the understanding of the impact of HIV/AIDS on rural livelihoods. The support is expected to contribute to policy modifications in the agricultural sector.

3.2.3 Capacity building.

Within the scaling-up of responses to HIV/AIDS there is a general need for capacity building, both among governments, private sector and civil society organisations. There is also a need to co-ordinate and rationalise

regional responses. Capacity building through regional training schemes can be argued for as essential within the ongoing scale-up of responses. Support to networking, information dissemination, and to comparative applied research gives added value.

In terms of training, the Team is supporting The AIDS Service Organisation (TASO) based in Uganda, The Regional AIDS Training Network (RATN) in Kenya and the Health Economics and HIV/AIDS Research Division (HEARD) at the University of Kwazulu-Natal, in South Africa.

TASO is Uganda's largest and oldest HIV/AIDS organisations covering a full range of services. It is providing short-term experiential training attachments for personnel from other NGOs and public service health providers in the region at TASO centres. RATN is a consortium of 21 research and training institutions in East and Southern Africa that provides regional workshops and short term training courses. HEARD conducts research on HIV/AIDS and the socio-economic aspects of public health and provides training courses for policy-makers, government employees and staff at implementing organisations in the region. HEARD is also active with advocacy in the region. In 2004 they launched the declaration 'Free by Five'¹³. HIV/AIDS treatment including anti-retroviral therapy is increasingly available throughout the developing world. However, the drugs and associated laboratory tests are rarely provided for free. Most people living with HIV will die simply because they cannot afford the contribution which is sought from them.

Two networking organisations supported by the Team are the Southern African Network of AIDS Services Organisations (SANASO) and Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS). SANASO is network of non-governmental organisations (NGOs) and community groups involved in HIV/AIDS activities in ten countries¹⁴ in Southern Africa. SafAIDS has an interactive website and both produces and disseminates publications (see also 4.2.7 *Media, culture and communication*).

In terms of applied and action research the Team is administering a SAREC programme on African social science applied research on HIV/AIDS. As well as the results of the studies, the aim of the programme is to promote capacity building for applied research on the epidemic by African scholars. The support is to four African research networks: CODESRIA, OSSREA, SOMA-Net and UAPS¹⁵. Applied research is also conducted by various organisations supported by the Team such as FEMINA-HIP, GART, HEARD, IOM, KK-Foundation, PSG, RE-NEWAL, REPPSI, UNDP etc.

3.2.4 Democratic governance

In the area of human rights, the Team in 2004 initiated a collaboration with the Aids and Rights Alliance of Southern Africa (ARASA) – a network of NGOs working together to promote a human rights based response to HIV/AIDS in the SADC region. One of the priority activities of ARASA is to advocate for and promote a draft *Code on the equality of women and the reduction of risk of HIV infection* for the SADC region.

A programme on the rights of mobile populations, linked to policy recommendations through SADC, is also being supported (PHAMSA; see 3.2.1).

¹³ <http://www.ukzn.ac.za/heard/freeby5/freeby5.htm>

¹⁴ Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe

¹⁵ CODESRIA – Council for the Development of Social Science Research in Africa OSSREA – Organisation for Social Science Research in Eastern and Southern Africa SOMA-Net – Social Science and Medicine Africa Network UAPS – Union for Population Studies

In terms of democratic governance the Institute for Democracy in South Africa (Idasa) receives support for two related projects on HIV/AIDS budgeting and the effects of the pandemic on electoral processes. The multi-country budget analysis and resource tracking is a continuation of a project undertaken in four African and five Latin-American countries, building national capacities and led to a major publication *Funding the Fight. Budgeting for HIV/AIDS in developing countries* (Idasa, October 2004).

Urbanisation is a strategic priority for Sida's work in sub-Saharan Africa. The Team is supporting (in consultation with INEC) UNHABITAT's Urban Management Program in a pilot project to scale-up municipal responses to HIV/AIDS in five African cities. These are Abengourou in Ivory Coast, Blantyre in Malawi, Kisumu in Kenya, Louga in Senegal, and Markudi in Nigeria.

The Team has also supported the UNAIDS led project, "Building Scenarios for HIV/AIDS in Africa". The scenario project looked at what factors will drive Africa's and the world's response to the Aids epidemic over the next 20 years. Three scenarios for 2025 have been produced in book¹⁶ and presentation material that will help generate discussions and mobilise political interest and support for national and international responses to the epidemic, illustrating how decisions taken now will impact on the future of the epidemic. The scenarios emphasised factors fuelling Africa's AIDS epidemics, including poverty, gender inequality and underdevelopment.

3.2.5 Orphans and vulnerable children (OVC)

With the rapid spread of the HIV/AIDS epidemic, extended families are increasingly being stretched in caring for one or more orphans, as well as the family's own children. Grandparents and older orphans are now being forced to take on this new role. Although grandparents may provide a secure and loving environment that takes care of the children, they may find it difficult to respond to children's psychological, legal, economic, and basic needs. Grandparents may be old, and they may be themselves sick and tired. They are usually poor and receive little or no support from the community to help them shoulder their new responsibilities¹⁷. The team in Lusaka is supporting three major regional programmes to support, as well as to scale up, responses to needs of vulnerable children from a holistic approach: Regional Psychosocial Support Initiative (REPSSI), Hope for African Children Initiative (HACI) and United Nations Children's Fund (UNICEF).

In responding to the limited psychological and emotional support given to children affected by HIV/AIDS, REPSSI seeks to build the capacity of organisations in psychosocial support programming, with a view that these organisations 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/AIDS¹⁸. HACI, in turn, provides technical, management, programmatic and financial support to alliances and networks which assist orphans and vulnerable children in a number of countries in Africa. The initiative is working with partners to deal with the social and economic problems affecting orphans and vulnerable children¹⁹. UNICEF has been sup-

¹⁶ AIDS in Africa. Three Scenarios to 2025. UNAIDS, 2005.

¹⁷ Reaching Out to Africa's Orphans, Kalandidhi Subbarao and Diane Coury, World Bank Report, 2004

¹⁸ www.repssi.org

¹⁹ HACI conceptual paper to Sida 2002

ported for two different, but related, fields of activity. On the one hand the Eastern and Southern African Regional Office (ESARO) was funded to strengthen co-ordination, monitoring and evaluation as well as to develop a set of best practices based on four pilot countries (Zambia, Zimbabwe, Botswana and Tanzania) related to the field of OVC and child protection. The other initiative that the team supported was the rapid appraisal, analysis and action planning (RAAAP) for OVC carried out in 2004–2005. The RAAAP shall be forming a basis on which to develop detailed work plans in 17 countries to scale up the response to OVC.

3.2.6 Youth

Youth are the window of hope in combating the HIV/AIDS pandemic. Sexual and reproductive health information and services targeted on young people are therefore central to Sweden's strategy. The Team is supporting the production and distribution of FEMINA-HIP magazine – a Swahili language edutainment approach to sexual and reproductive health for youth.

REPSSI (see organisational description under OVC section) deals with children 0–18 years of age. Selections of age specific guidelines have been developed including documentation and activities that targets youths. One such documentation is a child headed household guide for youths, dealing with issues such as sexuality, HIV/AIDS information, STI information, pregnancies, loss and bereavement, conflicts and going to school.

As part of the ARASA supported activities, the Angola member organisation, Association for reintegration of youth and children in social community life (SCARJOV), is convening training on HIV/AIDS and human rights in all provinces in Angola, targeting demobilised youth, displaced youth, ex-refugee (returnee) youth, as well as police officers, local leaders and others.

3.2.7 Media Culture and Communication

The media in general has a very important role to play in the dissemination of HIV/AIDS information. Having recognised the vital role that integrated, comprehensive and strategic communication programmes can play in responding to the global epidemic, the Regional Team supported regional media related organisations to implement their programmes meant to mitigate the impacts of the epidemic. Also targeted were edutainment programmes.

The following organisations were supported by the Team last year:

- Continued support to Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS) based in Harare – Zimbabwe,
- Support to Social Transformation and empowerment projects and International Video Fair (STEPS/IVF),
- PANOS Southern Africa: PANOS received support to undertake a study on HIV/AIDS and the media in Southern Africa. The study was completed and follow up projects as a result of the recommendations from the study have been initiated.²⁰
- The Team is also supporting South African based Centre for Aids Development, Research and Evaluation (CADRE) in its publication of The African Journal of AIDS Research (AJAR). AJAR makes contributions to the understanding the social dimensions of HIV/

²⁰ Lessons for today and tomorrow: An analysis of HIV/AIDS reporting in Southern Africa. PANOS Southern Africa 2004.

AIDS in an African context. AJAR publish African research in e.g. sociology, demography, epidemiology, psychology, anthropology, communication, social development and economics. The journal is also being regularly sent to all Swedish Embassies in the region.

As a Team, we acknowledge that very little has been done in the work with culture as it relates to HIV/AIDS especially the involvement of traditional chiefs. In future, this will be given serious attention.

3.2.8 Stigma and discrimination

The fight against Stigma and discrimination of People Living with HIV/AIDS is a prioritised area within the Swedish strategy for HIV/AIDS (Investing for Future Generations). The Regional HIV/AIDS Team is supporting ANERELA+, a regional network for religious leaders in Africa who are living with, or, are personally affected by HIV/AIDS. The goal of ANERELA+ is to be a highly effective network that links HIV positive or personally affected religious leaders for fellowship, mutual support and empowerment in order to end stigma and discrimination and to advocate for enhanced prevention and care.

The regional Team supports the International HIV/AIDS Alliance (IHAA) in various capacity building initiatives to combat the AIDS epidemic. International HIV/AIDS Alliance seeks to draw experience from current sector lessons and good practice in order to inform its key direction. As such they have found that regional programme improves co-ordination, can address differences in national capacities and break down barriers to sharing of information across borders, increased effectiveness of resource use, knowledge sharing and generation. One of the fields targeted by the IHAA is the issue of stigma, especially linking the relationships between stigma – silence – denial – reinforcing ignorance – fear and ultimately risky behaviour.

3.2.9 Workplace Policies

The workplace is an arena where people on a very regular basis interact and is thus critical for behavioural change. Despite workplaces providing structures and procedures which make it relatively easy to reach and socially influence individuals, studies have shown that a large number of organisations do not have own HIV/AIDS workplace policies. In particular, the private sector cites increased costs of care and support as the major reason for shunning HIV/AIDS workplace policies.

The Team is working with the International Council of Swedish Industries and Swedish Metal Workers Union to support close to 25 Swedish-linked companies in Kenya, South Africa and Zambia in developing comprehensive workplace policies. The key element is that programmes and the implementation process are the joint responsibility of management and employees. It is expected that at the end of the project, companies will have developed functional workplace policies and integrated HIV/AIDS costs in their annual budgets.

3.2.10 Mainstreaming of Gender

The Team mainstreams gender in all its project support. Albeit, given the disproportionate effect of HIV/AIDS on girls and women, the Team intends to develop its portfolio for direct gender interventions. Part of the difficulty in identifying regional gender programmes for support is that practical inputs to enhance women's status and improve their rights are more likely to achieve results at the bilateral level.

To mention a few projects in the Teams' portfolio with a strong gender aspect: There is support to a Swahili language magazine 'Femina' that promotes young people's sexual, reproductive health and rights from a gender sensitive approach. There are a number of projects for orphans and vulnerable children that tackle girls' special vulnerabilities. The programmes on prevention and impact mitigation for mobile populations have a gender approach. Training of facilitators to use a gender sensitive toolkit to address HIV/AIDS stigma is being carried out by IHAA with Sida funds. A series of films on HIV/AIDS previously developed with Sida funds, many of which have a gender perspective, are now being screened and facilitators are being trained in the region by STEPS for the Future.

3.3 Bilateral co-operation – The Regional HIV/AIDS Team as a Resource for Swedish and Norwegian Embassies.

The Regional HIV/AIDS Team in its role as a resource base for Swedish and Norwegian Embassies in Sub Saharan Africa is mainly concentrating this work in different areas such as;

- organising seminars and workshops for staff members at the Embassies,
- direct collaboration with Embassies through visits and e-mail consultations, and
- information and communication.

During 2004 the Team continued to provide advisory support to the Swedish and Norwegian embassies in the region. This included consultation visits, mainstreaming seminars for staff, participation in regional seminars, and help-desk support. The following covers the more extensive areas of support given.

One of the largest tasks during 2004 was support, together with the Regional Health Advisor based at the Embassy in Lusaka, to the preparation of the Swedish contribution to the Tanzania HIV/AIDS Care and Treatment Plan. This also involved co-ordination with the Norwegian Embassy, who plans to revise the final Swedish memorandum for their own contribution to the Care and Treatment Plan. The memorandum for support was presented to Sida's project committee in November 2004 and approved with various recommendations for revision.

The Team participated in the annual review and country strategy planning for Malawi and contributed with an analysis of the impact of HIV/AIDS on development in Malawi to be annexed to the country analysis.

Support was given to the Swedish Embassy in Nairobi to preparation of a contribution to AMREF for a small grants fund for HIV/AIDS projects in Western Kenya. In Uganda, the Team, together with the Regional Human Rights and Democracy Advisor, held an HIV/AIDS and human rights/democracy mainstreaming seminar for the Swedish and Norwegian Embassies. The Team also conducted an assessment for the Norwegian Embassy of an informal sector HIV/AIDS project in Kampala. Moreover, the Team made a portfolio analysis of the Norwegian Embassy's work with HIV/AIDS for their mid-term review.

Consultations with the Swedish Embassy in Mozambique lead to identification of HIV/AIDS as a strategic area for the review of the agriculture sector program (ProAgri II). The Team participated in joint review discussions and helped identify an expert who was seconded to the Joint Appraisal Team.

In collaboration with the Embassy in Ethiopia and NATUR the Team contributed to the appraisal of the SARDP Project Proposal submitted to Sida for funding. Consultations led to the inclusion of a more comprehensive HIV/AIDS component in the project proposal.

The bilateral collaboration with *Botswana* is being handled by the Team. Three partner organisations have been included in the collaboration. Support is given to the Ministry of Local Government for its work with mainstreaming of HIV/AIDS in the planning and delivery system and also for the introduction of a family care model bringing home-based care and orphan care closer together. A bottleneck in this collaboration has been the collaboration with community-based organisations and the need for capacity building and increased emphasis on psychosocial support to orphans and vulnerable children (OVC) has been emphasised. Collaboration with Botswana Christian AIDS Intervention Project, BOCAIP, is focusing on the development of community-based mechanisms for support to OVC and includes a component of psychosocial support. A UNICEF project on adolescent and reproductive health was finalised in 2004.

3.3.1 Seminars and workshop for staff members at the Embassies

A seminar on the *macroeconomic impact of HIV/AIDS* was held in February with participation of economists and counsellors from both the Swedish and Norwegian Embassies and of economists from the respective headquarters. The seminar was an eye-opener for many of the participants and many shared the conclusion that, at the high prevalence level we are observing in the region, HIV/AIDS implies a catastrophe at both the micro and the macro levels and hence it is no longer appropriate to apply a “business as usual” approach in development planning.²¹

In the beginning of September another seminar focussing on *national co-ordination and scaling-up of HIV/AIDS* was held for HIV/AIDS focal point at the Embassies as the prime target group. This workshop was conducted in the beginning of the country planning process and will hopefully serve as input into Embassies’ plans for increased work with HIV/AIDS.²²

In collaboration with the Resource Centre for Rural Development (RRD), the team developed a dialogue tool to provide guidance to Sida Programme Officers in assessing the policy environment of agricultural programmes and projects in rural areas characterised by food insecurity and HIV/AIDS. The tool will also assist Sida Programme Officers in effective dialogue with development co-operation partners, other donors, Sida Headquarters and embassies about important HIV/AIDS policy environment issues that can affect the success and sustainability of Sida-financed agriculture sector interventions. The development of the tool was initiated with a three-day seminar in Naivasha, Nairobi organised by RRD in collaboration with the Team.

A survey undertaken by NORAD confirmed that Norwegian Embassies had found the training and seminars provided by the Team useful.

The Team was also actively involved in Sida/SEKA’s process aiming at increased HIV/AIDS focus for Swedish NGO’s and their partner organisations. The Team was responsible for the content in two seminars

²¹ Bill Mc Greevey. HIV/AIDS and Economists Workshop 23–25 February 2004. Regional HIV/AIDS Team in Lusaka. Summary report of Workshop.

²² Regional HIV/AIDS Team. Short report on HIV/AIDS focal point meeting, 8–10 September, 2004. In preparation.

in April – one in Lusaka, Zambia and another in Kisumu, Kenya²³ and also contributed to the final seminar in Härnösand, Sweden in August²⁴. The Team also participated in a regional workshop with Norwegian Church Aid. In this context it can be mentioned that a Code of Conduct for NGOs were developed in 2004. The Swedish Red Cross has been vital in the development of the code, which has been signed by several Swedish and Norwegian NGOs.²⁵

The Team also participated as resource persons in Sida internal workshops, e.g. the workshop under the “From Word to Action” project on operationalisation of the Perspectives on Poverty and in the regional seminar with program officers on health to which also the HIV/AIDS program officer at the Embassies in South Africa contributed with a presentation on the ARV rollout in South Africa.

3.4 Information and communication

With the complex and dynamic nature of the HIV/AIDS epidemic, and the need for fresh information on emerging issues, strategic communication cannot be underestimated. The HIV/AIDS Team has over the past years encouraged exchange and sharing of best practices among both Swedish and Norwegian embassies in Africa and also channels information to the Swedish public through the AIDS secretariat at Sida HQ.

Further, communication initiatives to profile Sida and her work in the field of HIV/AIDS were undertaken last year. 2004 was Sida’s information year specifically on HIV/AIDS and as part of this campaign Sida’s annual poverty conference focused on HIV/AIDS at which the Team participated. At the five-day *International AIDS conference in Bangkok*, Sida exhibited a variety of information materials meant to show case Sida’s various activities and efforts towards the fight against the HIV/AIDS epidemic and as an entry-point for discussions with different stakeholders. The Team arranged two satellites at the conference, one on the right of access to information and the other one on coordination and accountability in research, policy and programming.

The Team also supported the Swedish embassy in Zimbabwe with information materials for the booth during that country’s five-day national AIDS conference. The Team also participated in the development of an information brochure meant specifically for the conference.

At its base in Lusaka, the Team has developed a physical library which is a source of knowledge development for all Team members and also used by short term visiting staff members from embassies and workshop participants, efforts to make the library electronically accessible are underway.

Last year saw the Team develop WebPages in collaboration with the information department and the AIDS secretariat at Sida HQ. This page is hosted by Sida’s main website under Partner point. This site, gives visitors an opportunity to quickly access and read the activities of the Team.

The sharing of experiences referred to above was done throughout last year via:

²³ Report on Sida HIV/AIDS Regional Seminars. “Nothing about us without us”. Corat Africa May 2004.

²⁴ Focus HIV/AIDS. International conference 24–25 August, 2004. Role and responsibilities of NGOs.

²⁵ Renewing our Voice. Code of Good Practice for NGOs Responding to HIV/AIDS, December 2004.

- the electronic news forum, *hiv@africa digest*, which is published monthly and circulated primarily among all HIV/AIDS focal points at embassies in Africa.
- the quarterly newsletter – *EYES on AIDS* developed in cooperation with the AIDS-secretariat at Sida HQ and the regional Advisor in Asia. Four editions of the newsletter were published last year, including one that was a compilation of different experiences/presentations during the 15th international AIDS conference held in Bangkok – Thailand in July. The last one focused on the theme of the world AIDS day: Women, Girls, HIV and AIDS.
- important workshop reports are being and will continue to be shared with embassies
- a report series for HIV/AIDS studies, reports etc. commissioned by the Team has been established. Last year saw the publication of a booklet: *Forging the links, HIV/AIDS, Research, Policy and Practice*. This booklet documents outcomes of the satellite held by Sida during the ICASA conference in 2003.²⁶

Also as part of information gathering and sharing, the Team hosted a seminar entitled ‘Priorities in Social Science HIV/AIDS Research in Lusaka, 19th November 2004. Participants included AAU²⁷, CODESRIA, HEARD, Equinet²⁸, OSSREA, SOMA-Net, UNDP, UNZA²⁹ and SAREC. In December the Team arranged a pre-launch seminar of the report of Scenarios for Africa (see section 3.2.4) facilitated by UNAIDS Geneva.

3.5 Office and administrative issues

Administratively the HIV/AIDS Team is a division within the Embassy in Zambia and overall office issues are thus to be found in the report from the Embassy. In the beginning of 2004 the Team broadened its thematic capacity by recruiting a regional advisor specialised on food security. In October a regional advisor on culture and media was recruited and based with the Team with twenty per cent of her time allocated for work specifically with HIV/AIDS.

The staff of the HIV/AIDS Team 2004

Sent-out staff members:

Counsellor/Head of the Team	Anita Sandström	
Regional HIV/AIDS advisors	Paul Dover	
	Rikard Elfving	Up to 31 December 2004
	Anne Lindeberg	From 1 December 2004
	Öyvind Thiis	Seconded by Norway
Regional advisor on Culture (80%) and HIV/AIDS (20%)	Anette Widholm	From 1 October 2004
Associate Expert/BBE	Sofia Norlin	

²⁶ HIV/AIDS Research, Policy and Practice. Forging the Links against AIDS. Sida June 2004.

²⁷ Association of African Universities.

²⁸ Regional Network for Equity in Health in Southern Africa

²⁹ University of Zambia

Locally employed staff:

Regional advisor on HIV/AIDS and food security	Davies Chitundu	From 1 January 2004
Regional communication officer	Bright Phiri	
Administrative assistant	Jubilee Silwizya	

Members of the Teams Reference Group

The role of the reference group is described in Section 3.1 Strategic Assessments and Considerations.

Member	Affiliation	Area of special competence
Dr Alex Coutinho	Director of TASO Uganda	Public health and work with prevention, care and treatment, PLWHA
Lomcebo Dlamini	Women and Law in Southern Africa, Swaziland	Gender, Legal issues
Helen Jackson	Regional HIV/AIDS Advisor UNFPA, Zimbabwe	Prevention, Information and Communication, Gender
Prof. Michael Kelly	Prof. Emeritus at University of Zambia	HIV/AIDS and development, HIV/AIDS and education, FBOs
Dr RoseMary Musonda	Acting Director, National AIDS Council, Zambia	Vaccine Research, National Co-ordination
Dr Adebayo Olokushi	Director CODESRIA, Dakar	Political Science Social Science Research
Alan Ragi	Kenya AIDS Network of Civil Society Organisations	Civil Society response

Annex 1

Regional HIV/AIDS Team for Africa

Supported regional programs, December 2004

Organisation Lead officer	Programme	Region/coun- tries	Head-quar- ters	Agreement period	Agreed amount, SEK
ARASA OT	AIDS and Rights Alliance of Southern Africa.	Southern Africa (SADC countries)	Namibia	2004–2006	5 000 000
ANERELA+ SN	Support to African Network of Religious Leaders Living with or affected by HIV/AIDS	Southern Africa	Johannesburg	2005	900 000
CADRE SN	Support to African Journal of AIDS Research.	Sub-Saharan Africa	South Africa	2004–2004	800 000
Femina-hip AW	East African Development Communications Foundation, EADCF. Edutainment for youth on prevention and dealing with stigma and discrimination.	Tanzania	Dar es Salaam	2002–2005	12 400 000
Plan Sweden for HACL AL, ÖT	HACL - Hope for African Children Initiative. Pan-African program (partnership between Care, Plan International, Save the Children Alliance, Africa Network for People Living with HIV/AIDS, World Vision, World Conference on Religion and Peace and Society for Women and AIDS in Africa) on orphans and vulnerable children.	Cameron, DRC, Ethiopia, Ghana, Kenya, Malawi, Mali, Mozambique, Namibia, Senegal, Tanzania, Uganda, Zambia.	Nairobi	2004–2005	18 000 000
GART DC	Golden Valley Agriculture Research Trust. Development and dissemination on "food security packages" for PLWHA. Planning grant	Lesotho, South Africa, Namibia, Botswana and Zambia	Zambia	2004–2005	450 000
HEARD SN	University of Natal, Health Economics and AIDS Research Department. Support for development of a training unit, for development of a health systems research program and for advocacy activities.	Sub-Saharan Africa	Durban	2004–2005	3 000 000
ICASA 2005 PD	International Conference on AIDS and STIs in Africa to be held in Abuja 5-9 December, 2005.	Pan African	Abuja	2004-2006	2 000 000
Idasa ÖT	Institute for Democracy in South Africa. Support to: The Aids Budget Unit (ABU) for analysis of HIV/AIDS resource allocation, and to The Governance and Aids Programme (GAP) for analysis of impact of HIV/AIDS on democracy and electoral processes. Multi-country research and capacity building.	ABU: Kenya, Malawi, Namibia, South Africa, Tanzania and Zambia GAP: Botswana, Malawi, Namibia, Senegal, Tanzania and Zambia	Cape Town Pretoria	2004–2007	12 000 000

IFRC – SRC DC	International Federation of Red Cross in co-operation with the Swedish Red Cross. Regional programme with home-based care through national RC organisations in 10 countries in Southern Africa.	Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, Zimbabwe	Harare	2002–2006	30 000 000
IHAA AL	International HIV/AIDS Alliance. Support for the Africa work plan. Capacity building for CBOs and hard to reach groups.	Burkina Faso, Ethiopia, Ivory Coast, Mozambique, Senegal, Tanzania, Zambia, Zimbabwe	Brighton	2002–2004 2005–2007	6 000 000 18,000,000
IOM-PHAMS A	International Organisation for Migration. Partnership on HIV/AIDS and Mobile Populations in Southern Africa. Support given to a review/baseline study. As a result of the study cooperation has been initiated on a regional network on HIV/AIDS and migration, PHAMS. SADC is also supporting the initiative with a grant from the EC.	Southern Africa	Pretoria	2003–2006	15 000 000
IOM-Ukimwi II PD	International Organisation for Migration. Continued support to HIV/AIDS program for refugees now being repatriated to Angola	Angola, Namibia, Zambia	Lusaka	2004–2005	9 200 000
KKCAF DC	Kenneth Kaunda Children of Africa Foundation. Community Based Nutrition Support for PLWHA	Botswana, Namibia, South Africa and Zambia	Lusaka, Zambia	200412–2006	3 000 000
NIR/SMF DC	International Council of Swedish Industry/Swedish Metal Workers Union. Development of HIV/AIDS workplace policies at Swedish-related companies in Southern and Eastern Africa.	Kenya, South Africa, Zambia	Stockholm	2004–2007	30 912 500
PANOS AW	Planning grant for a study on HIV/AIDS and media in Southern Africa. Proposal for follow-up activities.	Southern Africa	Lusaka	2003–2004	500 000
PSG PD	Project Support Group. Programme focussing on migrant/mobile populations and cross-border activities.	Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, Zimbabwe	Johannesburg	2002–2005	17 000 000
RATN AL, PD	Regional AIDS Training Network. Network of organisations providing regional training in the public health/health sector. Core support.	Eastern and Southern Africa.	Nairobi	2003–2005	6 000 000
RENEWAL DC	Regional Network on HIV/AIDS Rural Livelihoods and Food Security. Policy-research and dissemination/advocacy on food security in Southern Africa	Zambia, Malawi and South Africa	Ethiopia	2004–2006	5,700,000
REPSSI AL	Regional Psychosocial Support Initiative for Children Affected by AIDS. Core support.	Seven countries in Southern Africa: Namibia, South Africa, Zambia, Malawi, Zimbabwe, Tanzania, Mozambique	Johannesburg	2002–2007	27 040 000
SAfAIDS BP	Southern Africa AIDS information Dissemination Service. Core support "AIDS in Africa. Continent in Crisis". Special support to the translation of the book by Helen Jackson to French and Portuguese.	Southern Africa Pan African	Harare	2004–2007 2003–2004	9 000 000 2 200 000
SANASO SN	Southern African Network of AIDS Service Organisations.	Southern Africa	Harare	2000–2004	4 000 000

Social Science Research Organisations PD	A social science research program in cooperation with African social science research organisations – Council for the Development of Social Science Research in Africa, CODESRIA – Organisation for Social Science Research in Eastern and Southern Africa, OSSREA – Social Science and Medicine Network, SOMANet – Union for African Population Sciences, UAPS Delegated from the Dept. for Research Cooperation, SAREC, at Sida HQ.	Sub Saharan Africa	Dakar Addis Ababa Nairobi Dakar	2003–2006	29 000 000
STEPS/IVF BP	Social Transformation Empowerment Projects in Southern Africa - STEPS for the Future in collaboration with International Videofair.	Southern Africa	Cape Town	2003–2006	16 650 000
TASO PD	The AIDS Service Organisation. The TASO Experiential Training Project, TEACH.	Sub Saharan Africa	Kampala	2004–2007	16 000 000
UNAIDS ÖT	Support to the project "AIDS in Africa. Building scenarios to shape the future". Launch of Scenario book and CD-Rom in early 2005. Support to Portuguese translation.	Pan African	Geneva	2003–2005	1 200 000
UNDP DC, ÖT	UNDP Regional HIV/AIDS Program. Capacity building programme for mainstreaming of HIV/AIDS in development.	Sub Saharan Africa	Johannesburg	2004-2005	14 000 000
UN-Habitat PD	UN-Habitat. Building capacity for municipal governments and other stakeholders to deal with the impact of HIV/AIDS. A project within the Urban Management Program (UMP).	Abidjan (Ivory Coast), Blantyre (Malawi), Kisumu (Kenya), Louga (Senegal), Markudi (Nigeria)	Nairobi	2004-2005	6 360 000
UNICEF-OVC	A program based on the rights of children who have lost their parents due to HIV/AIDS. The programme gives support to legislation, empowerment of communities with social work, psychosocial counselling and funding through civil society and local government. Cooperation with the Division for Democracy and Sida HQ. Support to a rapid assessment, analysis and action planning on OVC – 17 countries in Sub Saharan Africa.	Botswana, Tanzania, Zambia and Zimbabwe.	Nairobi	2002–2005	30 000 000
AL		Sub-Saharan Africa	Nairobi	2004	1 000 000

Annex 2

Regional HIV/AIDS Team: Framework for Dialogue for 2005–2007

Dialogue Issues	Further definition
Global frameworks	Sweden's development co-operation with its poverty focus based on human rights should be a focus in all our work. The UNGASS commitments (2001) have been signed by all countries in sub Saharan Africa and it is essential that these central and common commitments be followed up at country level. Dialogue partners both bilateral donors and regional organisations, are using these in their dialogue. The Team will bring up the human rights aspect and UNGASS, including the national and regional monitoring with all its partners, including the Embassies..
	The dialogue on the MDGs is central in Sweden's development co-operation. Their relation to HIV and AIDS will be brought up in the Team's dialogue with Embassies and other partner organisations.
Regional frameworks	The Team is, with likeminded donors, preparing support to SADC's business plan. Central issues in the dialogue with SADC are those essential regionally; mobile and migrant populations, food security and capacity building for quick scaling-up.
Regional frameworks, cont'd	The Team has established initial contacts with NEPAD and has initiated the dialogue on HIV, AIDS and food security. This dialogue will be extended to other essential regional work on HIV and AIDS. A similar approach to AU will be discussed further with AFRA and the Embassy in Ethiopia.
National frameworks – The Three Ones	The Three Ones; one national framework, one co-ordinating system and one mechanism for monitoring and evaluation is a central principle for the fight against HIV and AIDS to be carried out in an effective manner. Ultimately aiming to support partner countries in their national co-ordination this dialogue should be held with Embassies, regional organisations and other donors. Intergovernmental organisations can here take a role in supporting the strengthening of the NACs. The dialogue with Embassies should also focus on this principle at sector level.
Anti-corruption	Anti-corruption is central in the dialogue regional organisations. The Team has developed a plan for anti-corruption based on the plan for the Embassy of Zambia. The Head of the Team will follow-up that this plan is 'kept alive' in the Teams work in the whole project cycle.
Improving donor co-ordination and harmonisation	Discussions on donor co-ordination and harmonisation have been initiated with like-minded donors with regional representation on HIV and AIDS. A MoU outlining agreed principles is being developed. The dialogue has to be kept alive in discussions with other donors and regional organisations.
Scaling up – bilaterally	Scaling-up of the work on HIV and AIDS is a central theme in the collaboration with Embassies in 2005 – in dialogue, mainstreaming and direct support. Based on country plans a dialogue with Embassies will be held on how the Team best can contribute to the scaling-up of bilateral work on HIV and AIDS.
Vulnerable Groups	In the UNGASS commitments it is stated that all countries in sub Saharan Africa should develop a plan on national co-ordination on orphans and vulnerable children, OVC. Sida has supported a rapid assessment and action planning of the OVC situation in 17 countries in the region. The results of this analysis will form a basis for the dialogue on these issues both through Embassies, with intergovernmental and regional org.

	Women and girls are most vulnerable to HIV and AIDS. The feminisation of the pandemic in Africa demands a stronger emphasis on the dialogue on empowerment of women and girls and on male responsibilities. Apart from dialogue with partner organisations and Embassies this issue will be lifted in the dialogue at the 15th International Conference on AIDS and STDs in Africa, ICASA, to be held in Nigeria in December 2005.
	Young people is on focus in the Swedish HIV/AIDS strategy, 'Investing for Future Generations'. Young people's right to information is on focus in several Sida supported regional programs. These programs will be offered a possibility to use the Sida booth at the ICASA conference to achieve a broader dialogue on these issues.
	One of the essential target groups for the Team's regional work is mobile and migrant populations. The responsibility and possibilities for intergovernmental organisations will be a focus for the dialogue both with these organisations and with other donors working regionally.
Vulnerable groups, cont'd	The involvement of people living with HIV and AIDS, PLWHA. The Team is planning to support the development of a toolkit on the involvement of PLWHA to be developed by member organisations in Southern and Eastern Africa. This toolkit will give input to the dialogue with both partner organisations and Embassies.
	Old people in Africa are severely affected by AIDS. They have often lost their livelihood and also have to take care of their grand children. The elderly are rarely mentioned in the national frameworks. The Team will focus on elderly, both through support of a network of a regional network of member organisations for elderly, and also through advocacy via the Embassies.
Food security	Food security will be one central dialogue issue with intergovernmental organisations both in Southern Africa and in other sub regions. The dialogue on food security should be developed in a comprehensive manner and include issues on rural development and crop diversification and on nutrition. Dialogue will concentrate on intergovernmental bodies and Embassies. At ICASA a satellite seminar will be arranged on food security.
Access to prevention and treatment	The Team will in its dialogue with Embassies and partner organisations emphasise the need of a comprehensive prevention concept including the linkages between care and treatment. The continuum of care and treatment

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.



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