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Sida Report 2005

The Regional HIV and AIDS Team for Africa

Contents

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List of Abbreviations

AAU	Association of African Universities
AFRA	Department for 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
ARV	Anti-retrovirals
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
CTP	Care and Treatment Plan
DBS	Direct Budget Support
DfID	Department for International Development, the UK
DRC	Democratic Republic of Congo
EAC	East African Community
ECOWAS	Economic Community of West African States
Equinet	Regional Network for Equity in Health in Southern Africa
ESARO	Eastern and Southern African Regional Office, UNICEF
EU	European Union
FAO	Food Agriculture Organisation
FBO	Faith Based Organisation
FCM	Family Care Model
FEMINA-HIP	FEMINA-Heath Information Project
GART	The Golden Valley Agricultural Research Trust
GDP	Gross Domestic Product
GLIA	Great Lakes Initiative on AIDS
GTT	Global Task Team
HACI	Hope for Africa Children Initiative
HEARD	Health Economics and AIDS Research Division at University of KwaZulu Natal
HIPC	Heavily Indebted Poor Countries
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
IFRC	International Federation of the Red Cross

IHAA	International HIV/AIDS Alliance
IMF	International Monetary Fund
INEC	Department for Infrastructure and Economic Cooperation, Sida HQ
IOM	International Organisation for Migration
IPC	Initiative Privee et Communautaire
IPPF	International Planned Parenthood Federation
IPPFARO	International Planned Parenthood Federation African Regional Office
IVF	International Video Fair
JAS	Joint Association Strategy
JFA	Joint Financial Arrangement
KANCO	Kenya AIDS NGO Consortium
KK-Foundation	Kenneth Kaunda Foundation
KKCAF	Kenneth Kaunda Children of Africa Foundation
MAP	Media Action Plan
MDG	Millennium Development Goals
MLG	Ministry of Local Government
MoFA	Ministry for Foreign Affairs
MOU	Memorandum of Understanding
MTEF	Medium Term Expenditure Framework
NAC	National AIDS Council
NACA	National AIDS Coordinating Authority
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
PMTCT	Prevention of Mother to Child Transmission
PRSP	Poverty Reduction Strategy Paper
PSG	Project support Group
RAAAP	Rapid Appraisal, Analysis and Action Plan
RATN	Regional AIDS Training Network
RENEWAL	Regional Network on HIV/AIDS, Rural Livelihood and Food Security
REPSSI	Regional Psychosocial Support Initiative
RFSU	Swedish Association for Sexuality Education
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

SAT	Southern Africa AIDS Trust
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 Cooperation
SEK	Swedish Kronor
SEKA	Cooperation with NGOs, Humanitarian Assistance and Conflict management, Sida HQ
Sida	Swedish International Development Cooperation Agency
SOMA-Net	Social Science and Medicine Africa Network
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
STEPS	Social Transformation and Empowerment Projects
SWAP	Sector Wide Approach to Programming
TASO	The AIDS Service Organisation, Uganda
TARSC	Training and Research Support Centre
UAPS	Union for Population Studies
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Funds
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
VCT	Voluntarily Counselling and Testing
WHO	World Health Organisation
WB	World Bank
YMEP	Young Men as Equal Partners

1. Summary

In 2005, an estimated 3.2 million people in sub-Saharan Africa became newly infected, while 2.4 million adults and children died of AIDS. Among young people aged 15–24 years, an estimated 4.6% [4.2–5.5%] of women and 1.7% [1.3–2.2%] of men were living with HIV in 2005. HIV prevalence rates appear to be stabilising in a number of countries in the region. Significant declines in adult HIV prevalence have been reported by two sub-Saharan African countries: Kenya and Zimbabwe. They appear to be following the same pattern of reduced prevalence and linked behavioural changes seen in Uganda.

The annual meeting with HIV/AIDS focal points and advisors from Swedish and Norwegian Embassies was held in June 2005 with a focus on prevention. A presentation and discussion of the recently launched UNAIDS global HIV prevention strategy was one of the topics at the workshop. This strategy was the beginning of increased efforts to put prevention high on the African agenda. Ministers of Health met in November and decided that 2006 will be the year to accelerate HIV-prevention in the region. The Universal Access Initiative was also broadened to encompass prevention, as well as care and treatment.

The Team has in 2005 increasingly worked with co-ordination and harmonisation with other international co-operating partners with representation at regional level. Several joint financial arrangements are under development and first two were signed in 2005, one of them with SADC. Sida, through the Team, has become lead donor in the co-operation with SADCs HIV/AIDS Unit. In November the co-operation with Norway was taken a step further to include two secondments and a budget allocation for co-operation on HIV and AIDS with regional and sub-regional organisations.

During 2005, the Team has identified thematic areas that will serve as a point of departure towards concentration and consolidation of Sida's regional work on HIV/AIDS. The thematic areas were developed from an analysis of the on-going regional portfolio, recent developments in the epidemic and the responses in the region. The same thematic structure will also be used in planning for co-operation with the Embassies.

2. Strategic Development Trends and Key Issues for Dialogue

2.1 HIV/AIDS and its impact in Sub Saharan Africa

Overall HIV prevalence rates appear to be stabilising in the region, but the epidemics differ both between and within sub-Saharan regions. *West and Central Africa* have the lowest adult HIV prevalence rates in sub-Saharan Africa with no country over 10% and most 5% or below. Albeit, Nigeria, with a prevalence rate of 4%, has the third highest number of people living with HIV and AIDS in the world – 3.4M, because of its large population. In *East Africa* adult HIV prevalence rates are between 5–10%.

	Adults and children living with HIV	Adults and children newly infected with HIV	Adult prevalence %	Adult and child deaths due to AIDS
Sub-Saharan Africa*	25.8M	3.3 M	7.2	2.4M
	(2003 24.9M)	(2003 3.0M)	(2003 7.3)	(2003 2.1M)

** AIDS Epidemic update. UNAIDS-WHO. December 2005.*

The decreased rates in Uganda appear to have stabilised at around 6%. Lower prevalence rates among pregnant women in urban centres in Kenya may signal a decline due to behavioural change. *Southern Africa* has adult prevalence rates above 15% with the exception of Angola. Some countries, such as Botswana 37% and Swaziland 38%, have extremely high adult prevalence rates. Zimbabwe is the only country in the Southern Africa region to report a significant decline in adult prevalence rates. Among pregnant women prevalence has fallen from 26% in 2002 to 21% in 2004. Increased condom use within casual sex, fewer sexual partners and later sexual debut are reported in behavioural surveys. As mortality rates appear to be levelling off in parts of the country, the lower prevalence is likely to be due to behaviour change rather than increased mortality. Though the urban 'clean-up' programme, continuing economic decline and food insecurity during 2005, may mean that the reduced prevalence is not sustained.

Sub region Country		Life expectancy at birth, 2002		Healthy life expectancy at birth			People living with HIV and AIDS		
	Population	Males	Females	Males	Females	Adult HIV prevalence end 2003	Adults	Children	Females/ Males
Angola	13 625 000	38,0	42,0	31,6	35,1	3,9	220 000	20 000	1,44
Botswana	1 785 000	37,0	36,0	36	35,4	37,3	330 000	20 000	1,36
Burundi	6 825 000	40,0	45,0	33,4	36,8	6,0	220 000	30 000	1,44
DRC	52 771 000	42,0	47,0	35	39,1	4,2	1 000 000	100 000	1,33
Eritrea	4 141 000	58,0	61,0	49,3	50,8	2,7	55 000	5 000	1,29
Ethiopia*						4,4	1 400 000	100 000	1,22
Kenya	31 987 000	50,0	49,0	44,1	44,8	6,7	1 100 000	100 000	1,89
Malawi	12 105 000	41,0	42,0	35	34,8	14,2	810 000	90 000	1,31
Mali	13 007 000	44,0	46,0	37,5	38,3	1,9	120 000	20 000	1,45
Mozambique	18 863 000	44,0	46,0	36,3	37,5	12,2	1 200 000	100 000	1,26
Madagascar	17 404 000	55,0	59,0	27,3	49,9	1,7	130 000	10 000	1,41
Namibia	1 987 000	50,0	53,0	42,9	43,8	21,3	200 000	10 000	1,22
Rwanda	8 387 000	43,0	46,0	36,4	40,2	5,1	230 000	20 000	1,30
South Africa	45 026 000	48,0	50,0	43,3	45,3	21,5	5 100 000	200 000	1,32
Tanzania	36 977 000	44,0	46,0	40	40,7	8,8	1 500 000	100 000	1,27
Uganda	25 827 000	47,0	50,0	41,7	43,7	4,1	450 000	80 000	1,50
Zambia	10 812 000	39,0	39,0	34,8	35	16,5	830 000	90 000	1,31
Zimbabwe	12 835 000	38	38,0	33,8	33,3	24,6	1 600 000	200 000	1,39

***)** *no recent figures available*

Even in a situation of stabilised HIV prevalence rates, the impacts of the epidemics are immense. An estimated 15% of children in the region have lost one or both parents. The elderly are a forgotten group. They often have very limited means of income, they have lost support from their deceased children and have taken on their orphaned grandchildren. Food security is an increasing issue in the Southern and East Africa region, with the impact of AIDS decreasing household coping strategies and ability to maximise small-holder farming. In terms of macro-economy, the AIDS epidemic depletes trained and professional personnel and institutional continuity, adding to the effects of the brain-drain from Africa. Absences due to sickness and funerals, loss of professional staff, as well as outlays on health-care and training mean increased costs for government and business.

The UNAIDS-WHO Epidemic update 2005[1] highlights that children less than 15 years of age living with the HIV virus now amount to 2.3 million globally. Around 700,000 children below 15 were newly infected during 2006 and 570,000 children died of AIDS. Four out of every five of these children live in sub-Saharan Africa. Fifteen per cent of children in 11 sub-Saharan countries are now living without one or both parents. The numbers represent millions of children that may grow up with lack of physical and emotional security, as well as insufficient stimulation and education, with lasting effects on their well-being and identity. It may also affect their own ability for parenting in the future.[2]

Some regional initiatives were taken in 2005 to put more emphasis on children in relation to HIV and AIDS. For example, the African Union

[1] AIDS Epidemic update. UNAIDS-WHO, December 2005.

[2] While HIV/AIDS is receiving increased attention and funding, efforts for affected children remain weak. Of the total funding support for HIV and AIDS, it is estimated that only around 3% is allocated to orphans and vulnerable children. Moreover, it is not clear how much actually reaches the children. Responses are mostly through targeted areas for support, in which the school system receives around 67% of resources.

launched their HIV/AIDS Strategy prioritising women and children[3]. In addition, UNICEF and Wilton Park convened a conference to highlight the role of social welfare in Africa's HIV/AIDS response.

During 2005 the southern Africa region had severe reductions in crop yields. This was due to poor rains and insufficiently adaptive agricultural policies (e.g. reliance on maize as a staple crop) but also to the impact of HIV/AIDS. In an appeal for humanitarian assistance for the six most affected countries in the region (Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe), the Secretary General of the UN noted in his letter of 10th August, 2005 that more than 10 million people were in danger of starvation[4]. He attributed the crisis to endemic poverty and the negative impact of HIV/AIDS on people's livelihoods. For People Living with HIV/AIDS (PLWHA) for whom good nutrition is very critical, the food insecurity could only have worsened their condition and reduced the benefit of ARVs.

Whilst HIV/AIDS is strongly linked to poverty, no segments of society are spared by the epidemic as shown, for example, in the increase of by-elections in the region due to deaths of Members of Parliaments[5]. This adds costs to already overstretched government budgets and hampers democratic development.

2.2 Poverty situation

At the core of poverty is lack of power, choice and material resources, which deprive people of the freedom of being able to decide over their own lives[6]. Poverty and HIV/AIDS are inter-linked in a vicious circle. The spread and maturing of the HIV/AIDS epidemics in Africa undermines household coping capacity, which reinforces poverty and rolls back development gains in life expectancy, child mortality, school attendance, food security etc. As noted above, the escalating numbers of orphans in high-prevalence countries in the region illustrate the increasing inability of the extended family to provide social support. Higher HIV prevalence rates for women and girls than for boys and men, demonstrate the underlying gender inequalities within poverty that are fuelling the epidemic.

Sub-Saharan constitutes the poorest region in the world. In monetary terms the latest MDG up-date states that 313 million people in Sub-Saharan Africa live below the poverty line. In spite of relatively good economic growth[7] in a number of countries, as well as debt relief through HIPC, not one country lives up to the Abuja Declaration that 15 percent of the total national government budgets should be allocated to health[8]. This is in a situation where HIV/AIDS related illnesses are increasing and national care and treatment programmes are being the rolled-out, both adding to the burden on already inadequate health systems.

2.3 Macro-economic development

In 2005, the average external debt burden continued to decline as a share of GDP as more countries in Africa received debt relief under the Heavily Indebted Poor Countries (HIPC) – Initiative. The severe fiscal

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[3] African Union Commission HIV/AIDS Strategic Plan 2005–2007 and AIDS Watch Africa (AWA) Strategic Framework.

[4] Kofi A. Annan, United Nations Secretary General, Letter of appeal for Humanitarian Assistance for Southern Africa, August, 2005

[5] AIDS and Electoral Democracy, Insights into impacts on Africa's democratic institutions, Kondwani Chirambo, IDASA

[6] Goal, perspectives and central component element, Sida March 2005

[7] 4.6% GDP growth projection 2005 for Sub-Saharan Africa, 5.0% excluding Nigeria and South Africa, according to IMF:s Regional Economic Outlook of October 2005

[8] Progress Report on Implementation of the Plan of Action of the Abuja Declaration, WHO, December 2004

frameworks set by IMF through the HIPC-initiative, have hampered national governments' possibilities to respond effectively to the HIV/AIDS epidemic. For example, the imposed policies have resulted in government recruitment freezes, including health staff and teachers, as a means of reducing public spending. Therefore, countries that have reached the HIPC completion point will now have more scope to increase responses to HIV/AIDS.

While the impact at micro level is fairly well documented and understood, knowledge on the macro level impact is limited. Some macro-economic models suggest that HIV/AIDS only has minor impacts on GDP growth, even in high prevalence countries. Limitations with such models are that they mostly examine short-term effects on labour supply within the formal economy and do not factor in the myriad micro-effects at household and community level and the longer term impacts within the wider economy.

In the light of the need for more refined and restructured models for measuring impact on the entire economy, Sida[9], in collaboration with the Malawian Government, undertook a study in year 2005 so as to explore the impact of AIDS on the economy, on livelihood and on poverty. The findings of the study to be presented at a seminar in Lilongwe in the beginning of 2006.

2.4 Political development, good governance and human rights

2.4.1 Regional initiatives

In 2005 the Team started to work systematically in relation to the formal regional level in African politics, constituted by the regional intergovernmental organisations in sub-Saharan Africa.

SADC, in a process stretching over several years, has ensured political commitment and operational strategy through the Maseru Declaration and the HIV and AIDS Business Plan. In late 2005, Sida signed a Joint Financing Arrangement (JFA) together with a group of donors and has taken responsibility as lead donor in supporting SADC to implement its Business Plan.

At the pan-African level, the AU has developed an HIV/AIDS Strategic Plan for 2005–2007. A group of donors initiated discussions with the AU in late 2005 on the operationalisation of the Strategy. The Swedish Embassy in Addis Ababa is following developments at the AU and has participated in these discussions on behalf of the Team.

Two further organisations in which possibilities of collaboration are to be investigated are ECOWAS and the EAC. Discussions with the former were initiated in December 2005. The Lake Victoria Secretariat is collaborating with the EAC on HIV/AIDS, including technical support through the AMREF Regional Office in Nairobi. The Team will be holding discussions with the Secretariat and the EAC in early 2006.

2.4.2 Human rights and gender

There is an increasing trend of feminisation of the epidemic with females representing 57% of all people in Sub Saharan Africa living with HIV & AIDS. Girls and young women make up 75% of HIV positive youth 15 – 24 years old. The differences between female and male adult HIV prevalence levels are even more marked in Southern Africa. Unequal gender relations, combined with poverty, are fuelling the epidemic.

[9] Sida POM in collaboration with the Regional HIV/AIDS Team

Transactional sex, with older men paying or supporting young women and girls, is the main means for transmission of the virus to the younger generation in the region. Domestic violence, rape, coerced sex and sexual abuse of minors are further aspects of especial female vulnerability to HIV infection. Women living with HIV & AIDS also face more stigma and discrimination than men do. Women bear of the brunt of providing care for the sick and looking after orphans. Women also often provide the majority of volunteers for community responses to HIV/AIDS.

Gender inequalities and unfair burdens on women are thus major underlying factors in HIV/AIDS prevention, provision of care and treatment, as well as impact mitigation work. Mainstreaming gender and HIV/AIDS thus poses a major challenge for the regional development cooperation efforts. In terms of women's rights, a stronger focus on implementation of declarations and laws is needed, for example through para-legal advice and support services against domestic violence and property grabbing. Furthermore, commitment to gender equality from men needs encouragement through promotion of 'men as equal partners' and of male responsibility in sexual and reproductive health etc.

In terms of human rights approaches to HIV/AIDS, this should encompass not only citizen rights to equitable access to treatment, protection and support, but also the accountability of the state. Within the scaling-up of HIV/AIDS care and treatment programmes, there will clearly be a bias towards urban and more developed areas during the first years. Moreover, there is an emphasis on quantity (i.e. numbers of people on ARVs) over quality, i.e. providing quality of health care in monitoring patients and linking them to community support networks. This is because numbers of patients on ARVs have become a measure of governmental success, as well as of the WHOs 3 by 5 programme[10]. Moreover, the main programmes supporting care and treatment, such as PEPFAR and the Global Fund, focus on quantifiable indicators.

Previously, confidentiality and the rights of the individual have characterised approaches to HIV testing and counselling in the region. Though this means that the rights of individual are put before the rights of the collective and even their sexual partners. This has led to the introduction of laws against knowingly putting others at risk of HIV infection, as well as the introduction of so-called routine opt-out HIV testing[11] in the health systems of some countries.

2.4.3 Commitment and co-ordination

The global community has increased its investments in responses to the HIV/AIDS pandemic tremendously over the past few years. Around 75 percent of the estimated funds required have been pledged and so money in the short term is no longer a major issue. Rather the problem is to coordinate, prioritise and effectively utilise resources. Thus, 2005 needed to be the year of harmonisation and alignment.

The 'Three Ones'[12] principle, launched in April 2004, was a great step towards coordination and harmonisation at the national level. It was adopted by the Africa Union Summit in Abuja at the end of January 2005. A month later the Paris Declaration on Aid Effectiveness set the stage for global harmonisation and alignment. A week after that, the

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[10] Instituted in 2003, the programme's goal was 3 milllion people globally on ARVs by 2005.

[11] Routine testing is when an HIV test is taken along with any other medical tests. It is an 'opt-out' rather than an 'opt-in' system.

[12] One HIV/AIDS Strategic Framework, one co-ordinting mechanism and one system for monitoring and evaluation.

HIV/AIDS community continued to further pursue this path in London at the 'Making the Money Work' meeting[13]. It resulted in the creation of a Global Task Team, GTT, to advise on coordination. In June, the GTT delivered its recommendations, including coordination and division of labour within the multilateral systems.[14]

After the Gleneagle meeting theG8 communiqué was given urging the UN organisations and other international bodies to aim for Universal Access:

> *"with the aim of an AIDS-free generation in Africa, significantly reducing HIV infection s and working with WHO, UNAIDS and other international bodies to deveop and implement a package of HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all those who need it by 2010. Limited health systems capacity is a major constraint to achieving this and we will work with our partners in Africa to address this, including supporting the establishment of reliable and accountable supply chain management and reporting systems. We will also work with them to ensure that all children left orphaned and or vulnerable byAIDS or other vulnerable by AIDS or other pandemics are given proper support. We will work tom eet the financing needs for HIV/AIDS, including through the replenishment this year of the Global Fund to fight AIDS, TB and Malaria (GFATM); and actively working with local stakeholders to implement the '3 Ones' Principles in all countries."*

Coordination is also important in terms of setting the agendas at global, regional and national levels, as well as anchoring them in African political ownership. The Team is participating in an informal group of donors and UN-agencies working at regional level in Southern and Eastern Africa with the aim of increased co-ordination and harmonisation in line with the international commitments. By the end of the year, JFAs had been utilised in support of several organisations and a plan to develop a common framework for regional HIV/AIDS support was agreed on.

2.4.4 Prevention, care and treatment

In terms of prevention work, there is an increased understanding that approaches based on individual risk perception have their limitations. They do not factor in aspects that may hinder utilisation of knowledge, for example: group norms and culture, contextualities of poverty such as alcohol and drug abuse, gender, age and wealth hierarchies. There is thus a need to focus on underlying factors that lead to increased risk of infection. Furthermore, prevention approaches should focus more on influencing group norms and culture. Gender inequality is a major area for future work.

As well as underlying causes, there are the *contributing factors* that lead to increase risk of infection, such as disease burden, low nutrition and lack of various trace elements that boost the immune system.

There is concern that the challenges of scaling up HIV/AIDS care and treatment will detract from prevention work. A further concern is the increasing influence of moral approaches in the prevention agenda. Moral conservative argue that abstinence and faithfulness should be forefronted and that promotion of condoms undermines moral messages and provides an alternative strategy. These forces are being backed by the extensive

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[13] The Global Response to AIDS: 'Making the Money Work' the Three Ones in Action. Communiqué from the High-Level Meeting, 9 March 2005.

[14] Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors. Final Report 14 June 2005.

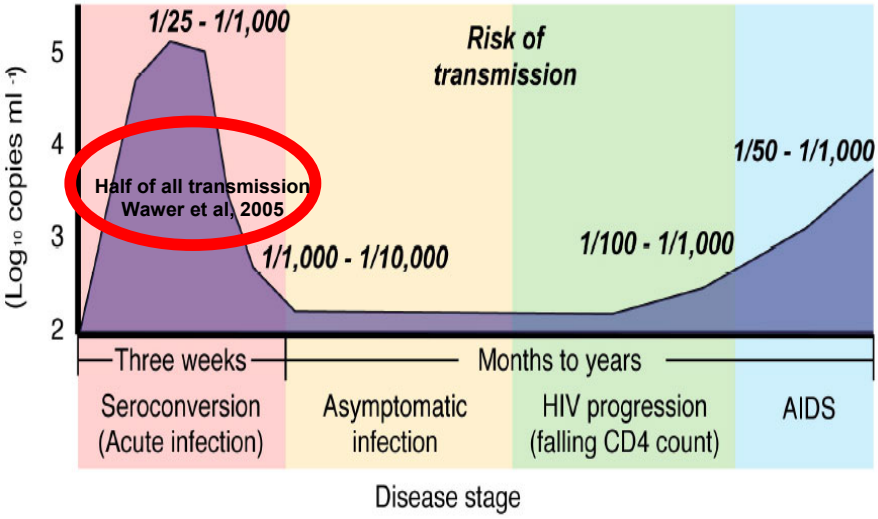
PEPFAR funding and it is also finding a sympathetic ear with many governments in the region. Access to youth friendly sexual and reproductive health services is being curtailed for those below 18 years in a number of countries. There is a concomitant tendency for prevention messages to be focused on moral behaviour rather than on informed choice.

UNAIDS produced its new 'Prevention strategy last year[15]. The document calls for evidence based approaches to prevention, but otherwise is a document designed to accommodate all stakeholders. Nevertheless, the UNAIDS lead will give a welcome impetuous to the prevention agenda.

Two promising areas for prevention work are male circumcision and microbicides. There is a significant correlation between sub-Saharan African regions that practice male circumcision and lower HIV/AIDS prevalence rates. Meta analyses have shown that circumcised men were 50–70% less likely to get HIV. This was in 2005 further demonstrated in a randomised trial in South Africa, where male circumcision reduced HIV transmission by 60%.[16]

Microbicides are gels or foams that protect the vaginal wall from infection and are thus a female controlled method that can be inserted a period of time before sex. There are a number of candidates undergoing clinical trials. The Population Council's 'Carrefour' gel (supported by Sida and MoFA) is one of the most advanced in terms of trials.

Furthermore, research published in 2005 showed the increased risk of HIV transmission during the window period. Figure 1. below illustrates the high viral load during the first weeks after infection and the elevated risk of transmission due to concurrent sexual partnerships during this period.[17]



Source: Galvin, S.R. & Cohen, M.S. (2004) The role of sexuality transmitted diseases in HIV infection. Nature Reviews Microbiology, 2(1)

Cheap and simple protocols for Prevention of Mother To Child Transmission (PMTCT) have been available for a number of years. Nevertheless, mothers' access to these programmes is still limited in the region. One of the difficulties is in scaling-up access to VCT. In Botswana

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[15] UNAIDS Policy Position Paper: Intensifying HIV Prevention. Geneva, June 2005.

[16] Auvert B, Taljaard D, Lagarde E, Sobngwi-Tambekou J, Sitta R, Puren A. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 trial.

[17] From a presentation by Prof. David Wilson.

routine voluntary testing has been offered to women in antenatal care since 2004 and the uptake so far is 90%[18].

HIV/AIDS care and treatment programmes are being rolled out in the region, but at a much slower rate than envisaged. The WHO target of three million people on ARVs (globally) by 2005 is still unmet, but has been fundamental in encouraging the scale-up of care and treatment. Challenges include the under-funded public health systems, lack of trained health and laboratory staff (including brain-drain), lack and breakdown of equipment and bottlenecks with procurement, storage and distribution of drugs. Training and drugs for paediatric treatment are still limited and need urgent development and implementation for the African setting. Roll-out of testing is another critical issue in the effective scale-up of treatment.

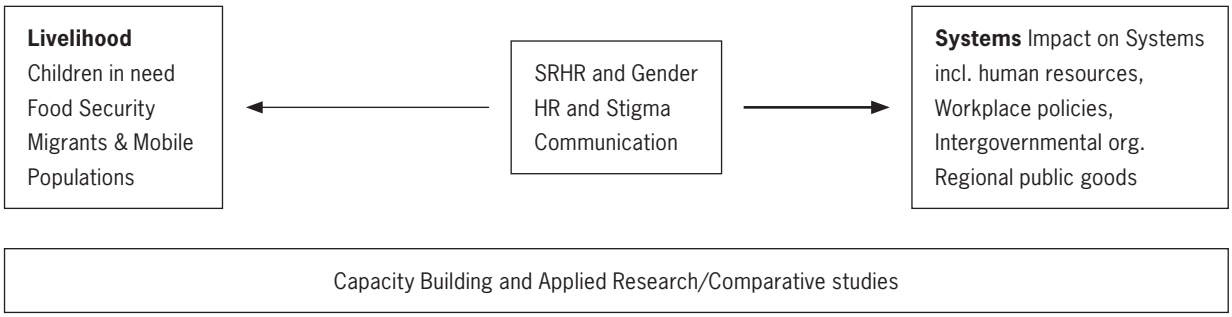
Present programmes are concentrating on first line generic drugs with limited availability of the more expensive second-line drugs, many of which lack generic equivalents. The revision of patent laws in India in 2005 will constrain the development of second and third line generics, thus necessitating agreements between governments and drug companies for reduced pricing, or licensing for national and regional production. Sustainability of the care and treatment programmes is a further major question: much of the current support is from the Global Fund and the PEPFAR. During 2005 calls for universal access to HIV/AIDS care and treatment were made at the global level, including at the Gleneagles meeting. UNAIDS has initiated work towards universal access by 2010 and will be taking the agenda forward through country, regional and global consultations during 2006.

[18] http://www.avert.org/hiv-testing-pregnancy.htm

3. Swedish Development Co-operation – Overall Assessment

3.1 Strategic assessment and considerations

In 2005, the Team developed a proactive strategic direction for the coming years, in consultation with the Team's reference group, around the focus areas illustrated in the figure below.



Project groups were set-up for *regional public goods* and for *communication* to work during 2006 in outlining and developing areas for support. In terms *of sexual and Reproductive health and gender* the Team will continue to develop the portfolio during 2006, as well as focus on capacity building support to the Embassies on these issues. The Team's portfolio of support to *mobile and migrant populations* is quite large and this is a focus area for a number of other regional funding initiatives. *Livelihood* is an area with a strong focus on Orphans and Vulnerable Children, as well as food security within the Team's portfolio. Areas to expand are support to the elderly and micro-finance in relation to people living with HIV & AIDS. *Human rights and stigma* also has a strong Team portfolio. Work with *Inter-governmental organisations* will be scaled up. At present there is joint financial arrangement support to SADC and initial discussions have been made with the AU and ECOWAS. Talks with the EAC will be initiated during 2006. Analysis on responses on *impact on systems* is also planned to be scaled-up.

3.2 Key issues for dialogue

Main areas for dialogue are:

– Maintaining and scaling-up HIV prevention work – including an evidence based approach to what works and promoting a sexual and reproductive health and rights agenda

– Developing holistic approaches that impact on the underlying causes for the HIV/AIDS epidemic, such as gender inequalities.
– Regional approaches to support the scale-up of care and treatment
– Scaling-up impact mitigation, particularly the needs of OVCs and the elderly
– The development of regional surveillance, monitoring and evaluation systems linked to dissemination strategies

Key regional partners for dialogue over and above supported regional NGOs are SADC and the other intergovernmental organisations, the informal donor coordination group in Southern Africa (Dfid, DCI, Norway, Royal Netherlands, UNAIDS). The regional partnership coordination meetings, called bi-annually in Southern and East Africa by UNAIDS, are also key events for networking and dialogue. They have participation by inter-governmental organisations, multilaterals, bilateral and regional donors.

3.3 Volumes and disbursements

In 2005 the Team disbursed 147.8 MSEK from the budget allocation for regional development co-operation on HIV and AIDS. The Team had agreements with 38 different partner organisations. In the plan for the coming years further concentration on thematic areas and partner organisations are mapped out.

Furthermore, the Team disbursed 1.9 MSEK to HIV/AIDS programs in Botswana, see attached LIS-reports (Annex 1–2). In addition the Team handled delegations from: SAREC on a social science research program (6.9 MSEK disbursed in 2005); AFRA on a support to an NGO in Burkina-Faso (3.2 MSEK in 2005); and from the Embassy in Angola for support to UNICEF (5 MSEK).

4. Thematic Overview of the Programme

4.1 Livelihood

A total of 16 (mostly high prevalence) countries in sub-Saharan Africa have completed costed National Plans of Action for Orphans and Vulnerable Children. The HIV/AIDS Team has supported UNICEF in accomplishing these plans. Discussion on a new round of Rapid Appraisal, Analysis and Action Plans (RAAAP) has been initiated during the latter half of 2005 for 11 further Eastern and West African countries (mostly low prevalence and some of them post-conflict) to do the same exercise. The Regional Team and UNICEF agreement on mainstreaming human rights into their HIV and AIDS activities was completed end of 2005 and a ToR is now being drafted to evaluate and collect lessons learnt. The Regional Team is also continuing to support the Regional Psychosocial Support Initiative (REPSSI) to scale up capacity in the field of psychosocial support to children in the region. REPSSI has initiated a collaboration process with SADC and is seconding an officer responsible for vulnerable children in sub-Saharan Africa. The agreement with HACI for service delivery to vulnerable children came to an end in 2005 and is due for review in early 2006 to inform the way forward. An overall trend in the advocacy agenda of the region for vulnerable children is to move from policy to action, adapt a lifecycle approach to responses and to commit to long-term support from donors.

In 2005, the team supported two Embassies in their development of bilateral support to the child rights agenda: Namibia (support to UNICEF) and Angola (UNICEF). The team also joined a donor mission to Burundi to review the situation of vulnerable children and identify areas for possible future support. Moreover, the team held a regional conference for supported partners in October 2005 to identify regional issues and gaps to scale up support to vulnerable children.[19]

On the role of nutrition in care and support of people living with HIV and AIDS the Team supported the Kenneth Kaunda Children of Africa Foundation (KKCAF) in its research efforts. The KKCAF utilises locally available, culturally accepted and adapted foods. Trainings are conducted for communities in production, preparation, processing and storage of highly nutritious foods. The KKCAF is slowly being recognised as a training centre in the area of nutrition for PLWHA. Several

[19] Scaling-up Regional Responses for Vulnerable Children Affected by HIV and AIDS. Report from a conference in Lusaka 12–14 October 2005

conducted tours have been organised by communities and NGOs to the centre, the most recent being organisations from the Niassa region in Mozambique. This visit was arranged by the Team in collaboration with the Embassy in Mozambique for their partners to gain practical experience in the role of nutrition in care and treatment. The KKCAF is now in the process of scaling up the concept in Lesotho, Namibia and Botswana in collaboration with the Golden Valley Agricultural Research Trust. The synergy between the two projects has so far proved beneficial in ensuring that valuable and properly packaged information is disseminated to end users. Parallel to this initiative, is policy research and advocacy by Renewal.

During the year, the Team supported the planning of the Export Promotion of Organic Products from Africa (EPOPA) project phase 2. This is a private sector development project linking small producers with companies and export markets. Advice to EPOPA in developing guidelines around workplace policy was the chief aspect of the support.

The Team's support to mobile and migrant populations during 2005 was through IOM and the Project Support Group (PSG). Two IOM projects are supported. One is on the vulnerabilities and rights of migrant workers. The other project is for the integration of HIV/AIDS information and prevention activities in the repatriation of Angolan refugees. PSG facilitates community interventions for HIV/AIDS. The Sida support is focused on cross-border communities. The collaboration with IHAA also included support to crossborder activities in Senegal and its neighbouring countries.

The Team also participated in a seminar on HIV and trafficking arranged by the Norwegian Embassy in Maputo. The Team was advised by its reference group, at the September meeting 2005, to investigate possible interventions for HIV and trafficking through a desk study for the region. Discussions with partners who could carry out the study were initiated during the latter part of the year with a view to carrying out the study in early 2006.

4.2 Impact on systems; workplace, intergovernmental organisations

In the UNAIDS publication "AIDS in Africa: Three scenarios to 2025"[20], supported by the Team, it is concluded that we have to learn from the 20 years of work on the continent and look into how we can inspire "change of behaviour at institutional level". In line with this the Team has devoted one of its thematic areas to impact on systems. The work entails support to intergovernmental organisations, universities, the UN and private sector organisations, apart from the important work with Swedish and Norwegian embassies.

Methods used are capacity building through training, technical assistance and research all in order to influence policy change at institutional level. During 2005 the Team took the lead in a donor group in JFA with SADC for a quick-start to the implementation of their HIV/AIDS Business Plan.

For the benefit of Swedish and Norwegian Embassies three capacity building seminars were organised, two on the New Aid Architecture and one on Education and HIV/AIDS:

New Aid Architecture seminars were arranged in collaboration with UNDP, UNAIDS and NORAD, with the main purpose of exploring the

[20] AIDS in Africa; Three scenarios to 2025. UNAIDS 2005.

implications and opportunities for the HIV/AIDS response in an environment of PRSP, SWAP-arrangements, DBS, MTEF, JAS. The training was highly useful as it created a common ground for discussion between UN and Sida/NORAD on the issues, as well as scope for further harmonisation between bilaterals and multilaterals at country level[21].

The Education seminar was appreciated as practical and applicable tools were given, that according to participants, will make it simpler to look at issues of mainstreaming in sector support. The objective of the seminar was to provide an opportunity for the officers, in the field as well as at NORAD and Sida HQ, to share knowledge and materials on how to assess mainstreaming of HIV and AIDS in education sector plans and programmes.[22]

Support to embassies was also given on a bilateral level, for example the Section for Development Cooperation in Mali was supported in the initial preparation of assistance to the Institutional Strengthening of the National AIDS Council. The team worked closely with the embassy in Ethiopia in ensuring that HIV/AIDS was practically mainstreamed in the Sida Amhara Rural Development Programme (SARDP). Field visits to SARDP project areas helped to consolidate the understanding by communities and project implementers of the implications of improved infrastructure (roads) and effects of trading mobility arising from increased agricultural productivity in relation to risks of HIV transmission.

A mission was made to the Embassy in Dar es Salaam for support in following up the Swedish contribution to the Tanzanian HIV/AIDS Care and Treatment Plan (CTP), as agreed in the project memorandum. Inputs were also given within the country strategy process. The memorandum for support to the CTP finalised in 2004 was utilised by the Norwegian Embassy in Tanzania during 2005 in preparing their own support.

The Team participated in the Sida's regional health meeting in Kampala, May 2005 and gave an update presentation on trends and developments with HIV & AIDS in sub-Saharan Africa.

In terms of assessing impact on systems and formulating responses, strong links must be forged between research, policy and implementation. The Health Economics and HIV/AIDS Research Division, HEARD, of University of KwaZulu Natal focus on research, training and advocacy. By providing research based capacity building on HIV/AIDS programming HEARD facilitates the implementation of evidence-based interventions. The Governance and AIDS Programme (GAP) and the AIDS Budget Unit (ABU) are two programmatic activities of the Institute for Democracy in South Africa (Idasa) which are looking at the governance implications of HIV/AIDS. While GAP seeks to investigate the broad impact of HIV/AIDS on governance processes, ABU seeks to establish how governments are prioritizing HIV/AIDS in terms of budget allocations and spending.

The Private Sector is equally important in the fight against HIV and AIDS. The support to Swedish companies in Zambia, South Africa and Kenya through NIR/Metall has continued to use the work environment for HIV-prevention, care and treatment. One example is Sandvik Mining and Construction in Zambia that has developed a comprehensive HIV/AIDS workplace policy emphasising confidentiality and disclosure, communication and information sharing and provision of drugs. An-

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[21] "Workshop report on the Changing Development Environment and UN Reform in support of national responses to HIV and AIDS in Eastern and Southern Africa. Johannesburg, Nov. 16–18 and Nairobi, Nov. 22–24, 2006."

[22] Mainstreaming HIV and AIDS in the Education Sector. Report from a seminar in Lusaka 19–22 April, 2005.

other key product of Sandvik Zambia has been a film produced by the employees entitled "Deserved Promotion" which has proved useful for both workers and management in addressing stigma and discrimination at places of work. This collaboration has been complemented by a support to the Global Health Initiative of the World Economic Forum on best practices for building Workplace Policies in the supply chains of multinational companies in Africa. Keeping in mind that a single supply chain can include over 1 000 small and medium sized companies, it is an area with great potential.

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.

Following the release of the workplace policy by the Ministry for Foreign Affairs, Embassies have embarked on domesticating the policy taking into account their specific environments. In several embassies, workplace committees have been constituted and are in the process of developing activity plans with a focus on prevention, treatment and awareness creation against stigma and discrimination. The team has been assisting embassies in developing activity plans by drawing on experience gained from projects being supported.

A project of the UNHABITAT Urban Management Programme is supported to pilot municipal responses for HIV/AIDS in five Africa cities, seeking to build capacity of local authorities in responding to the epidemic.

The support to UNDPs Regional project on Building Capacity for Reducing HIV Spread and Consequence for Development came to an end, and the evaluation influenced ongoing discussions and preparations for a scale-up, all over sub-Saharan Africa, of the sound ideas and catalytic pioneering work that came out of the previous phase. The Team has developed a close collaboration with UNDP also in training activities, one example in 2005 being the Regional Director's facilitation of a mainstreaming seminar arranged by the Norwegian Embassy in Maputo.

4.3 SRHR, Gender, Communication, Human Rights and Stigma

The Team continued to strongly mainstream gender in all supported projects and programmes. Support was given in the second half of 2005 to the RFSU/IPPF project Young Men as Equal Partners (YMEP). This is a comparative project in four countries, working through the IPPF member associations, targeting boys and young men through schools and health services. IPPF Africa Regional Office (IPPFARO) also received support to hold a participatory young people's satellite on youth vulnerability to HIV at the 14th International Conference on AIDS and STIs in Africa, held in Abuja, December 2005. Another organisation focusing on young people is TARSC through its development of a participatory tool to work with adolescents – the Auntie Stella playing cards.

Given the need to scale-up the Team's gender portfolio – in recognition of the feminisation of the pandemic – discussions were held with various organisations on projects to combat gender based violence and for a study on the links between trafficking and HIV/AIDS. Both of these are expected to be initiated during 2006.

The Team also participated in a number of donor meetings with the East African Development Communication Foundation on creating a donor basket to support the FEMINA-HIP initiative and the Team has

been instrumental in assessing the strategic programme for continued support. Support was given to the Embassy in Kampala in development of the preparation memo for increased funding to the Straight Talk Foundation – Uganda's main HIV/AIDS print and radio communication media targeted on youth.

The Team compiled and submitted a report on gender and HIV/AIDS in the region[23]. This was in response to a request from AFRA for contributions from the field to the Sida information campaign theme on gender and development 2005–2006.

The Team arranged a seminar on Human Rights and HIV/AIDS for focal points at the Swedish and Norwegian Embassies with the participation of other relevant organisations. HR was discussed from different point of departures in the response to HIV/AIDS and HIV/AIDS was put into a discourse of the rights perspective. The aim was to empower programme officers to work with the human rights approach in the HIV/AIDS work and vice versa – but also to outline problems and possibilities with the different approaches[24].

Support was given to the African Network of religious leaders living with or personally affected by HIV/AIDS (ANERELA+). The main purpose of ANERELA is to found effective national networks in the Sub-Saharan Region that links HIV positive or personally affected religious leaders for fellowship, mutual support and empowerment in order to fight stigma and discrimination and advocate for enhanced prevention and care.

In terms of information and communication, the Team has over the past years encouraged exchange and sharing of best practices among both Swedish and Norwegian embassies in Africa and also channelled information to the Swedish public through the AIDS secretariat at Sida HQ. Communication initiatives to profile Sida's work in the field of HIV/AIDS were also undertaken. One such was participation at the five-day ICASA conference in Abuja -Nigeria. At the conference, the Team manned an information stand with Sida and partner publications. Last year, the Team maintained the web page hosted by Sida's main website under Partner point. Plans are underway to develop the team's own website with from Sida's information department in early 2006.

The Team continued channelling information and sharing of experiences through:

- the electronic monthly newsletter hiv@africa digest mainly focused on the Embassies in the region
- the quarterly newsletter – EYES on AIDS developed in cooperation with the AIDS-secretariat at Sida HQ and the regional Advisor in Asia.
- major workshop reports are also produced and shared with the embassies and partners

Media plays an important role in HIV/AIDS dialogue and to set the policy agendas. A study "Reporting HIV/AIDS in Southern Africa – lessons for today and tomorrow", funded by Sida and conducted by Panos Institute Southern Africa, showed that the print and radio media is the main source of information on HIV and AIDS in the region. The study shows that whilst reporting has improved, it still lacks a more in-depth contexts.

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[23] Regional Profile on Gender and HIV/AIDS in sub-Saharan Africa. Regional HIV/AIDS Team, October 2005

[24] HIV/AIDS, Human rights & Democracy. A Report on Sida's Regional Seminar 2–4 November 2005 in Lusaka, Zambia.

Following recommendations from the study, Sida has entered into two agreements on media and HIV and AIDS. The regional initiative 'Media Action Plan on HIV/AIDS and gender' is a joint collaboration with Southern African Editors Forum (SAEF) and 15 regional media NGOs. The aim is to have 80 percent of media houses in the region with HIV/AIDS and Gender policies by 2008. This project will lay the foundation for further interventions on HIV/AIDS and gender in the media sector. The second agreement is with Panos Southern Africa and is addressing four areas of action: an HIV/AIDS training manual, radio messaging campaign study, radio listeners clubs in rural areas and reporting on ARV treatment.

Furthermore, the Team in 2005 continued its support to several media organisations: the Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS), Social Transformation and empowerment projects and International Video Fair (STEPS/IVF), PANOS Southern Africa. Further, as a way of addressing information needs for non-English speaking countries, the Team is supporting IRIN Plus News to produce HIV/AIDS information materials in Portuguese.

4.4 Capacity building, research and networking.

Given the need to swiftly scale-up responses to HIV/AIDS in sub-Saharan Africa, capacity building can be argued for as a regional *essential*, whilst research and networking give *added value*. Training for capacity building is provided through funding to the Regional AIDS Training Network (RATN), TASO – an experiential training scheme provided through Uganda's largest HIV/AIDS organisation with across the board services, the Regional Psycho-Social Support Initiative (REPSSI) focusing on the needs of children, the International HIV/AIDS Alliance, and a UNDP mainstreaming programme mainly targeted on government and the UN system. The AAU initiative, mentioned above (4.2), also has a training and mainstreaming component linked to the UNDP programme.

The Team's mandate is for support to regional applied and action research on HIV & AIDS. Funding is channelled through a Team administered SAREC programme for social science applied research on HIV/AIDS, core support to the Health and Economics Research Division (HEARD) at the University of KwaZulu-Natal and to the South African based HIV/AIDS African Journal of AIDS Research published by an the Centre of AIDS Development Research and Evaluation. an NGO and not-for profit consultancy services set up by academics.[25] Funding was also given to the 14th ICASA, held in Abuja 6th–10th December 2005, as well as to sponsorship of three satellites seminars held at the conference. The three satellites were: an initial dissemination on the SAREC social science programme (see above), an IPPFARO seminar on youth vulnerability (4.3) and a seminar organised by IDASA with dissemination of results from its Team supported project on the impact of HIV/AIDS on democracy and governance.

Support to networking is mainly channelled through the Southern African HIV/AIDS Dissemination Service SAfAIDS and through the Southern African Network of AIDS Service Organisations (SANASO).

Support to community responses to the HIV and AIDS epidemics is an important aspect of capacity building. Organisations supported in

[25] The Centre of AIDS Development Research and Evaluation is an NGO set up by academics and provides not-for profit consultancy services.

this area are the Southern Africa AIDS Trust (SAT), RATN, IHAA and PSG. The team also supported th preparation of a collaboration between the Swedish office in Burkina Faso and Initiative Privée et Communautaire de Lutte contre le VIH/Sida au Burkina Faso (IPC) which is a linking organisation to IHAA. A mission to identify an appropriate entry point for HIV and AIDS support was made to DRC in 2005 in which support also may be channelled through the IHAA.

The Embassy in Nairobi is supporting AMREF Kenya in a sub-granting project to community based HIV/AIDS organisations in Western Kenya. The Team supported the Embassy in follow-up of this project, through two field trips, biannual review meetings with AMREF and through participation in the biannual Project Review Committee meetings.

4.5 HIV/AIDS General with Region

HIV/AIDS and development are entwined in a negative spiral. How this can affect priorities for Sida in development co-operation in Africa was discussed at a one-day seminar for counsellors at Swedish Embassies and development co-operation offices in Sub Saharan Africa.

Development[26]

- Movement from less to more
- Process that enables a person to do more, have more, be more
- Development means advancing human freedoms by increasing the capabilities and opportunities for individuals to lead a life they have reason to value (based on Amartya Sen)
- HIV/AIDS prevents a person from doing more, having more, being more
- It limits and does not advance opportunities to lead the kind of life individuals value
- It works against development

The annual meeting with HIV/AIDS focal point at Swedish and Norwegian Embassies was held in the beginning of June. The thematic focus this year was on prevention with discussions around the UNAIDS HIV prevention strategy.

Apart from advice to the Embassies on specific programs, support was also given in the development of HIV/AIDS guidelines, examples are the Embassy in Kampala and the Lake Victoria Secretariat.

4.6 Botswana

In 2005, the bilateral work in Botswana was limited to the support given to the Botswana Christian AIDS Intervention Programme (BOCAIP) and the evaluation of the Ministry of Local Government mainstreaming project. From the work being done by BOCAIP, it has become increasingly clear that service providers to children require special skills in psychosocial counselling. The evaluation of the MLG mainstreaming project on the other hand observed that the Family Care Model was a promising approach due to its comprehensive integration of the home based and orphan care programmes into a family – focussed support system. The approach has received overwhelming support from stakeholders and is being considered for scaling up in the region. Continued support to the Ministry of Local Government is foreseen and will take

[26] Opening statement by Professor Michael Kelly to illustrate how HIV and AIDS affects development.

into full account the recommendations of the evaluation. The Mid-term review of the National Strategic Framework on HIV/AIDS was initiated by the National AIDS Coordinating Agency (NACA). The objective of the review is to asses the strengths and constraints encountered in the implementation of the national response to HIV/AIDS. Sida is one of the donors funding the evaluation. It is expected that the evaluation will provide an insight into possible inroads towards Sida's deeper involvement in the response to the fight against HIV/AIDS in Botswana. With regard to continued support to NGOs, discussions were initiated with Forum Syd to act as a link between Sida and NGOs in Botswana.

5. Office and Administrative Issues

Administratively the HIV/AIDS Team is a section within the Embassy in Zambia and overall office issues are thus to be found in the report from the Embassy. In 2005 an additional sent-out staff member was recruited to the Team.

Sent-out staff members 2005		
Counsellor/Head of the Team	Anita Sandström	
Regional HIV/AIDS Advisors	Paul Dover	
	Ulf Källstig	From 15 August, 2005
	Anne Lindeberg	From 17 January, 2005
Regional HIV/AIDS Advisor seconded by Norway	Öyvind Thiis	
Regional advisor on Culture (80%) and HIV/AIDS (20%)	Anette Widholm	
Associate Expert/BBE	Sofia Norlin	

Locally employed staff 2005		
Regional advisor on HIV/AIDS and food security	Davies Chitundu	
Regional communication officer	Bright Phiri	
Administrative assistant	Jubilee Silwizya	Deceased 30 December, 2005

The year ended very tragically, the Team's administrative assistant, Ms Jubilee Silwizya, who had been with the Team since 2002, died unexpectedly on the 30th of December.

In November Sida arranged a meeting with representatives from the Ministry for Foreign Affairs in Norway and from NORAD. It was decided that the co-operation with Norway should continue and be extended. Norway will second two regional advisors to the Team and the Norwegian contribution for regional development co-operation should also be handled by the Team. An agreement is to be signed in the beginning of 2006.

The following HIV and AIDS experts have agreed to serve in the Team's reference group that has been in function since the beginning of 2003. The group gives advice on strategic thematic issues and assist with peer review of projects and programmes. Reference group members are also a great asset as facilitators for seminars and meetings.

Reference Group Member:	Affiliation	Area of special competence
Dr Alex Cöoutinho	Director, 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, education, FBOs
Dr Rosemary Musonda	Tropical Disease Research Centre, Ndola (earlier Acting Head of the NAC, Zambia)	Vaccine research, National Co-ordination
Dr Adebayo Olokushi	Director, CODESRIA, Dakar	Social Science research, Political Science
Alan Ragi	Kenya AIDS Network of Civil Society Organisations	Civil Society Response.

Annex 1

Planning Overview

Delimitation:

Status: I, P, A and C (agr end > 200500 or Disb05 <> 0)
Region/Country:
Main sector:
Alloc account: 155027
Other criteria:
Department:

Country	(All)
Resp Unit	(All)
Resp Officer	(All)

				Data					
Country Alloc	**Alloc Account**	**Status**	**Contribution**	**DAA TOTAL**	**Disb_up_to_2004**	**Disb 2005**	**FC 2005**	**FC 2006**	**FC 2007**
OUTSIDE	Hiv & Aids Secretariat	A	21200003 HIV/AIDS team	28 580 313	11 412 464	6 967 849	6 919 284	10 050 000	0
			21200004 Communication HIV NPO	1 698 305	653 305	285 605	375 000	555 000	575 000
			21200005 Food Security HIV NPO	1 480 000	340 026	428 914	428 914	596 060	600 000
			26000250 RATN Reg Cap Development	5 967 408	3 999 604	1 967 805	1 967 805	0	0
			26003014 STEPS - distribution	16 650 000	9 001 511	6 104 174	6 104 174	1 650 000	0
			26003023 UNDP Reg HIV-program	14 000 000	6 000 000	8 000 000	8 000 000	0	0
			26003024 SAFAIDS - core support	9 000 000	2 979 025	2 999 996	2 999 996	3 020 979	0
			26003026 Femina-youth HIV/AIDS	13 128 250	9 357 381	3 770 869	3 770 869	0	0
			26003027 BOCAIP orphan programme	1 400 000	1 375 999	0	0	0	0
			26003032 IHAA Africa wp 2005-8	18 000 000	0	5 354 494	5 354 494	6 000 000	6 600 000
			26003035 SAfAIDS-AIDS in Africa	3 829 137	2 200 753	1 628 384	1 628 384	0	0
			26003044 NIR - HIV workplace	1 000 000	1 000 000	0	0	0	0
			27000187 REPSSI Regional OVC	27 040 000	17 212 811	6 760 000	6 760 000	3 067 189	0
			27000201 PSG - mobile populations	17 026 132	10 989 417	6 036 716	6 036 716	0	0
			27000204 IOM-Phamsa	15 000 000	4 392 464	6 103 265	6 107 535	4 500 000	0
			27000248 Reference group	900 000	629 227	267 436	270 773	0	0
			27000249 UNAIDS-Africa senario pro	1 180 539	1 180 538	0	0	0	0
			27000250 IFRC/SRC Home-based Care	30 000 000	17 995 550	6 000 000	6 004 450	6 000 000	0
			26003045 HABITAT-UMP HIV/AIDS	6 443 128	3 400 766	3 042 362	3 042 362	0	0
			21500012 AAU HIV/AIDS	7 500 000	0	2 202 923	2 202 923	2 797 077	2 500 000
			21500000 Enhanced Capacity - KKF	4 002 657	1 000 000	3 002 657	3 000 000	0	0
			21500017 ICASA conference 2005	2 001 493	2 001 493	0	0	0	0
			26003034 SANASO 2004 Phase out	693 525	0	693 525	700 000	0	0
			21500008 SADC HIV/AIDS Unit	12 000 000	0	3 000 000	3 000 000	5 000 000	4 000 000
			21500016 ARASA - Aids och MR	5 031 405	2 000 000	2 031 405	2 031 405	1 000 000	0
			26003029 Idasa - ABU and GAP	12 000 000	3 985 141	4 001 901	4 001 901	4 012 958	0
			21500015 GART Planning Grant	453 845	453 845	0	0	0	0
			26003046 OVC Rapid Asessment	1 200 000	1 200 000	0	0	0	0

Country Alloc	Alloc Account	Status	Contribution	DAA TOTAL	Disb_up_to_2004	Disb 2005	FC 2005	FC 2006	FC 2007
OUTSIDE	Hiv & Aids	A	21500013 Program development 2004	1 500 000	300 000	706 809	751 809	0	0
			21500002 CADRE AJAR journal	800 000	249 416	276 596	276 596	273 000	0
			21500010 NIR/SMF workplace policy	30 912 500	3 687 500	8 335 000	8 335 000	9 080 000	9 810 000
			21500006 TASO Reg Training Centre	16 000 000	2 000 000	2 007 803	2 007 803	5 392 197	6 600 000
			21500011 IOM Refugees	9 299 153	5 559 540	3 739 613	3 739 613	0	0
			21500019 UNICEF mainstreaming CR	20 000 000	20 000 000	0	0	0	0
			26003016 Plan Sverige - HACI	18 000 000	9 000 000	9 000 000	9 000 000	0	0
			21500009 HEARD - Univ. of Natal	3 111 152	1 117 169	1 993 983	1 993 983	0	0
			21500020 Renewal-Food security	5 700 000	3 000 000	2 700 000	2 700 000	0	0
			21500025 HIV/AIDS Team Activities	2 000 000	0	609 984	816 361	0	0
			21500024 HIV/AIDS Program developm	1 500 000	0	781 403	797 407	500 000	0
			21500023 ANERELA+	1 073 231	0	1 073 231	1 073 231	0	0
			21500041 Train & research (TARSC)	1 819 419	0	669 419	669 419	615 000	535 000
			21500057 HRDI, Aids discimination	6 900 000	0	1 781 547	1 781 547	218 453	2 000 000
			21500005 GART HIV Food Security	16 000 000	0	5 964 965	6 000 000	5 000 000	5 000 000
			21500060 Social Science Workshop	450 000	0	450 000	450 000	0	0
			21500034 PLUS NEWS HIV/AIDSService	3 800 000	0	1 900 000	1 900 000	1 900 000	0
			21200053 REG NPO HIW/AIDS WA	250 000	0	0	0	250 000	0
			21200047 Monitoring and evaluation	500 000	0	0	50 000	500 000	0
			21500038 RFSU-YMEP	45 700 000	0	10 000 000	10 000 000	11 000 000	12 700 000
			27000203 ILO-Aids SubSahara Africa	43 000 000	0	0	0	13 000 000	12 000 000
			21500039 Panos HIV/AIDS S Afrika	4 400 000	0	1 350 642	1 350 642	949 358	900 000
			21500062 IPPFAR workshop at ICASA	310 000	0	310 000	310 000	0	0
			21500059 WEF Supply Chain	780 199	0	780 119	780 119	0	0
			21500040 Beat It, Swahili transl.	750 000	0	500 000	500 000	250 000	0
			21500061 IDASA workshop ICASA	300 000	0	300 000	300 000	0	0
			21500064 PSG Assessment	950 000	0	950 000	950 000	0	0
			21500028 Secondment UNAIDS TL	3 500 000	0	3 368 884	3 500 000	0	0
			21500032 Media Policy HIV/AIDS	4 700 000	0	530 252	530 252	2 169 748	2 000 000
			21500021 ACORD/HASAP	14 000 000	0	2 000 000	2 000 000	4 000 000	4 000 000
			21500042 SATSouth.AfricaAIDSTrust	5 000 000	0	5 000 000	5 000 000	0	0
		A Total		**520 211 791**	**159 674 947**	**147 730 527**	**148 270 767**	**103 347 019**	**69 820 000**
		C	27000121 AIDS secr consultant, sem	1 722 030	1 658 773	63 257	63 257	0	0
			27000200 IDASA BIS	2 691 810	2 694 407	-2 597	-2 597	0	0
			27400009 IHAA Afrika	5 997 708	5 997 708	0	0	0	0
			72300060 SAfAIDS 2001-2003	5 964 051	5 964 051	0	0	0	0
			21500018 SAT microbicides meeting	635 695	635 695	0	0	0	0
			21500014 HIV/AIDS Team Activities	273 113	256 587	16 526	16 526	0	0
			72004906 SANASO 00-03	4 202 099	4 202 099	0	0	0	0
		C Total		**21 486 506**	**21 409 320**	**77 186**	**77 186**	**0**	**0**
		I	21500044 HOPE World Wide-OVC	6 000 000	0	0	0	2 000 000	2 000 000

Country Alloc	Alloc Account	Status	Contribution	DAA TOTAL	Disb_up_to_2004	Disb 2005	FC 2005	FC 2006	FC 2007
OUTSIDE	Hiv & Aids	I	21500026 Femina-edutainment-region	3 000 000	0	0	0	1 000 000	1 000 000
			21500043 UNICEF, ESARO-OVC	24 000 000	0	0	0	8 000 000	8 000 000
			21500053 Renewal Support	9 000 000	0	0	0	3 000 000	3 000 000
			21500056 UNDP HIV/AIDS 2006-8	24 000 000	0	0	0	8 000 000	8 000 000
			21500048 UNHABITAT Shelter/AIDS	9 000 000	0	0	0	3 000 000	3 000 000
			21500071 SATSouthAfricaAIDSTrust	28 500 000	0	0	0	9 500 000	9 500 000
			21500054 RATN capacity development	9 000 000	0	0	0	3 000 000	3 000 000
			21500046 STEPS for the future	9 000 000	0	0	0	3 000 000	3 000 000
			21500049 Youth Reg. IYF	9 000 000	0	0	0	3 000 000	3 000 000
			21500055 Secondment R Elfving	3 500 000	0	0	0	3 500 000	0
			21500058 HEARD 06-10	26 000 000	0	0	0	6 000 000	6 000 000
			21500031 Food Security Initiative	6 000 000	0	0	0	2 000 000	2 000 000
			21500052 Nutrition Support- KKCAF	15 000 000	0	0	0	5 000 000	5 000 000
			21500047 EQUINET HIV/AIDS	3 000 000	0	0	0	1 000 000	1 000 000
			21500050 IOM Prevention W. Africa.	11 000 000	0	0	0	6 000 000	5 000 000
		I Total		**195 000 000**	**0**	**0**	**0**	**67 000 000**	**62 500 000**
		P	21500045 HelpAge Africa HIV/AIDS	20 000 000	0	0	0	5 000 000	5 000 000
			21200055 NPO HIV/AIDS	250 000	0	0	0	250 000	0
			21500066 IOM Refugees Ext.	6 700 000	0	0	0	6 700 000	0
			21500051 Support to PACANET	12 000 000	0	0	0	4 000 000	4 000 000
			21500065 PSG mobile population ext	6 000 000	0	0	0	6 000 000	0
		P Total		**44 950 000**	**0**	**0**	**0**	**21 950 000**	**9 000 000**
	Hiv & Aids Secretariat Total			**781 648 297**	**181 084 267**	**147 807 714**	**148 347 953**	**192 297 019**	**141 320 000**
OUTSIDE Total				**781 648 297**	**181 084 267**	**147 807 714**	**148 347 953**	**192 297 019**	**141 320 000**
Grand Total				**781 648 297**	**181 084 267**	**147 807 714**	**148 347 953**	**192 297 019**	**141 320 000**

Annex 2

Supported Regional Programs, December 2005

Organisation Lead officer	Programme	Region/ countries	Head-quarters	Agreement period	Agreed amount, SEK
ACORD-HASAP PD	Agency for Co-operation and Research in Development HIV/ AIDS Support and Advocacy Programme	Sub-Saharan Africa	Nairobi/ Kampala	2005–2007	10 000 000
ARASA AW	AIDS and Rights Alliance of Southern Africa.	Southern Africa (SADC countries)	Windhoek, 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
AAU PD	Association of African Universities – HIV/AIDS workplace policy, curriculum and research development for AAU members according to the AAU strategic plan	Sub-Saharan Africa	Accra	2005–2007	7 500 000
CADRE SN	Support to African Journal of AIDS Research.	Sub-Saharan Africa	South Africa	2004–2007	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	2002–2006	20 000 000
HACI - through Plan Sweden AL	HACI - 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, Mozam-bique, 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 KwaZulu-Natal, Health Economics and AIDS Research Division. 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
HRDI AW	HRDI – Human Rights Development Initiative. Practical education of staff at law clinics to take on cases of HIV/AIDS discrimination	Sub-Saharan Africa and Great Lakes	Pretoria	2005–2007	6 900 000

Organisation Lead officer	Programme	Region/ countries	Head- quarters	Agreement period	Agreed amount, SEK
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 SN	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.	Botswana, Zimbabwe, Zambia, South Africa, Swaziland, Malawi, Namibia, Lesotho, Angola, Mozambique	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	2005–2007	18 000 000
ILO UK	International Labour Organisation working with HIV/AIDS in the World of Works by brining together ongoing and proposed contributions from different ILO offices and Units into a coherent program. Which will strengthen the protection for the infected and affected in businesses and cooperatives.	Sub-Saharan Africa	Geneva	2005 -2009	43 000 000
IOM-PHAMSA PD	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 a cooperation has been initiated on a regional network on HIV/AIDS and migration, PHAMSA. 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	2004–2006	9 200 000
IRIN Plus News	Portuguese HIV/AIDS IRIN Plus news service.	Sub Saharan Africa	Johannesburg	2005–2007	3 700 000
KKCAF DC	Kenneth Kaunda Children of Africa Foundation. Community Based Nutrition Support for PLWHA	Botswana, Namibia, South Africa and Zambia	Lusaka, Zambia	2004–2006	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 SOUTHERN AFRICA AW	Communicating HIV/AIDS in southern Africa. The support contains four projects: Training manuals for media; development of radio listeners clubs in rural areas; radio campaign messages survey; global trade and access to treatment	Southern Africa	Lusaka	2005–2008	4 400 000

Organisation Lead officer	Programme	Region/ countries	Head- quarters	Agreement period	Agreed amount, SEK
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	2002–2006	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/ADS 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
SADC UK	Support to SAD to implement its Business Plan on HIV/AIDS including capacity building at the Secretariat, harmonisation of polices in the region etc.	The SADC Region	Gaborone	2005–2008	12 000 000
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
SAT AL	Southern Africa AIDS Trust		Johannesburg	2005	5 000 000
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 – CODESRIA for the Union for African Population Sciences, UAPS – Additional costs 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 and International Videofair.	Southern Africa	Cape Town	2003–2006	16 650 000
PACANet DC	Pan African Christian AIDS Network aims at increasing and enhancing the capacity of the church and church organisations to better deal with the impact of HIV/AIDS, to network and coordinate their efforts.	Botswana, Burkina Faso, Ethiopia, Liberia, Madagascar, Sierra Leone, Tanzania, Uganda and Zambia	Botswana	2006–2009	13 000000
TARSC BP	Training and Research Centre. Adoloscence SRHR, Auntie – Stella playing cards.	Sub Saharan Africa.	Harare	2005–2009	1 800 000

Organisation Lead officer	Programme	Region/ countries	Head- quarters	Agreement period	Agreed amount, SEK
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 UK	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	2004–2006	6 360 000
UNICEF-OVC AL	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.	Botswana, Tanzania, Zambia and Zimbabwe.	Nairobi	2002–2005	30 000 000
WEF UK	The Global Health Initiative of the World Economic Forum will learn from best practises and develop tools for implementing effective Workplace Policies in supply chains of big business on the continent.	Sub-Saharan Africa	Geneva	2005 -2007	780 000
YMEP SN	Young Men as Equal Partners (YMEP). Increasing adoption of safer sexual practices and utilisation of SRH services by young men aged 10 to 24 years old in 10 project sites. The implementing organisations are the four IPFFARO Member Associations in Zambia, Tanzania, Kenya and Uganda.	Zambia, Tanzania, Kenya and Uganda	Stockholm	2005–2010	45 700 000

Annex 3

List of Strategic Documents

- Investing for Future Generations. Sweden's International Response to HIV/AIDS. March 1999.
- Turning Policy into Practice: Sida's implementation of the Swedish HIV/AIDS Strategy. Sida Evaluation 05/21.
- Swedish Strategy for development co-operation with regional and sub-regional organisations in Sub Saharan Africa 2002–2006.
- Working in Partnership with UNAIDS. A Swedish Strategy Framework for 2005–2008.
- Intensifying Prevention. UNAIDS Policy Position Paper. August 2005.
- Sweden's
- The "Three Ones" in action: where we are and where we go from here. February 2005.
- The global Response to AIDS: 'Making the Money Work' The Three Ones in Action. Communiqué from the High-Level Meeting, 9 March 2005.
- Global task Team on Improving AIDS Co-ordination Among Multilateral Institutions and International Donors. June 2005.
- AIDS in Africa: Three scenarios to 2025. UNAIDS 2005.
- Regional Profile on Gender and HIV/AIDS in sub-Saharan Africa. Regional HIV/AIDS Team, October 2005.
- HIV/AIDS, Human rights & Democracy. A Report on Sida's Regional Seminar 2–4 November 2005 in Lusaka, Zambia.
- Scaling-up Regional Responses for Vulnerable Children Affected by HIV and AIDS. Report from a conference in Lusaka 12–14 October 2005
- "Workshop report on the Changing Development Environment and UN Reform in support of national responses to HIV and AIDS in Eastern and Southern Africa. Johannesburg, Nov. 16–18 and Nairobi, Nov. 22–24, 2006."
- HIV/AIDS, Human Rights & Democracy. A Report on Sida's Regional Seminar 2–4 November 2005 in Lusaka, Zambia.
- Education seminar report

- Regional donor co-ordination towards supporting the HIV and AIDS Unit within the Southern Africa Development Commission. Consultancy report, 2005.
- Study on donor co-ordination.
- SAT, SANASO, SAFAIDS report
- Sweden's International Policy for Sexual and Reproductive Health and Rights. December 2005. In Swedish.
- Gender policy

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