

Sida's Annual Report on HIV/AIDS



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List of Abbreviations

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

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1. Introduction

A brief presentation of the major achievements with regards to HIV/AIDS was made in Sida's Annual Report 2004. This *Annual Report on HIV/AIDS 2004* contains a longer review of progress and achievements in the field of HIV/AIDS, but is by no means a full picture of Sida's support and work in the field of HIV/AIDS. Rather than being exhaustive the report aims to present the diversity of initiatives supported by Sida.

The annual report for 2004 by the Regional HIV/AIDS Team for Africa should be seen as a complement to this report. The report of the Team provides a comprehensive picture on HIV/AIDS related development trends in the Africa region and key issues for dialogue. It also focuses on the Team's work in 2004 in relation to regional development co-operation on HIV/AIDS.

HIV/AIDS Secretariat
August 2005

2. Executive Summary

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

The HIV/AIDS epidemic is a severe obstacle for development, affecting all geographical regions and all sectors of society. The complexity calls for a multisectoral response at all levels. During the latest years, the global response to HIV/AIDS has increased markedly but the available resources are still far from the needs. Therefore, it is important that all actors in a harmonized and coordinated way take the responsibility to share the burden in the fight against HIV/AIDS.

Last year (2004) Sida enhanced its response to HIV/AIDS by increasing both activities and financial disbursements on HIV/AIDS. Sida also identified HIV/AIDS as one of three strategic priorities for Swedish development cooperation for 2005–2007.

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

3. The severity of the HIV/AIDS epidemics

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

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

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

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

Sub-Saharan Africa has just over 10 per cent of the world's population, but is home to close to two-thirds of all people living with HIV/AIDS. African women are being infected at an earlier age than men, and the gap of the prevalence rate between women and men in this region continues to grow. Women/young girls constitute 75 per cent of all infected in the age group 15–24 years old in the region. In sub-Saharan

Africa the epidemic will continue to affect every aspect of life from people's daily livelihoods to the capacities of national states, for decades to come.

The Asia and Pacific region hosts rapidly expanding epidemics. In, 2004, an estimated 8.2 million people were living with HIV. In the same year, about half a million people died due to AIDS¹. Although it is the region next after Africa with the largest number of HIV infections, the overall HIV prevalence in the region is still low. But the vast population of Asia means that even low figures translate into millions of cases. Also national prevalence figures mask sub-national epidemics in many countries. For example, certain districts in India are experiencing as high as 5 per cent HIV prevalence as compared to the national figure of 0.9 per cent. A similar picture can be seen in some provinces of Cambodia, Myanmar and Thailand.

Diverse AIDS epidemics are under way in *Eastern Europe and Central Asia*, housing about 1.3 million people living with HIV/AIDS. Estonia, Latvia, the Russian Federation and Ukraine are the worst affected countries in this region. The main driving force behind the epidemic across the region is injecting drug use but in some areas the epidemic has become generalized, meaning that it is spreading to people that do not constitute the so called high risk groups. The worrying sign is that in this region, injecting drug use has increased drastically during the last decades, calling for sustained efforts to target HIV/AIDS prevention at young people and those at risk of drug use.

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

The global response

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

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

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

¹ UNAIDS, A scaled-up response to AIDS in Asia and the Pacific, June 2005

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

Adults and children estimated to be living with HIV as end of 2004



Total: 39.4 (35.9–44.3) million

Source: AIDS Epidemic Update Dec. 2004 UNAIDS/WHO.

4. HIV/AIDS as a strategic priority

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

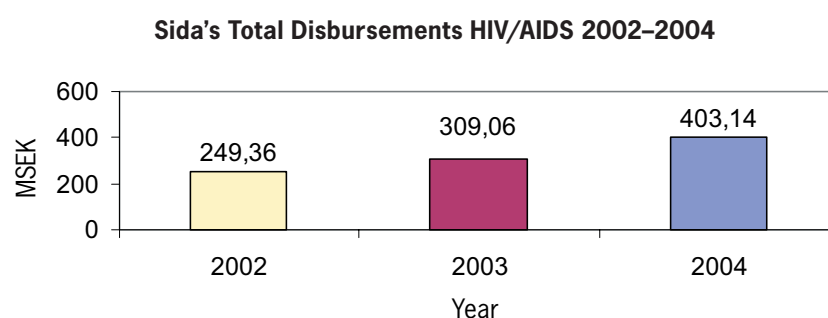
Last year, Sida identified HIV/AIDS as one of three strategic priorities for Swedish development cooperation for 2005–2007. Africa Department (AFRA) instructed all its Embassies to scale up HIV/AIDS in their annual plans for 2005. Asia Department increased its commitment to HIV/AIDS by recruiting an additional HIV/AIDS adviser for South East Asia in Cambodia and increased its support to regional programmes on HIV/AIDS. The Regional Team in Africa expanded with 1.2 persons last year.

In 2004 Sida's HIV/AIDS resource group was composed of the HIV/AIDS Secretariat in Stockholm, the Regional Team in Africa and the Regional HIV/AIDS Adviser for South Asia. Further, each division and Embassy (with development cooperation programmes) has appointed an HIV/AIDS focal point.

5. Financial support

5.1 The total HIV/AIDS support in development cooperation

Sida's direct support to HIV/AIDS activities increased with 30 per cent during 2004; from an annual disbursement in 2003 of 309 MSEK to 403 MSEK in 2004.² This amounts to 3,2 per cent of Sida's total development cooperation for 2004.



The nature of “mainstreaming” makes it difficult to assess the true size of funding going into HIV/AIDS. Most probably the figures presented above are being under-estimated.³

5.2 Regional programmes⁴

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

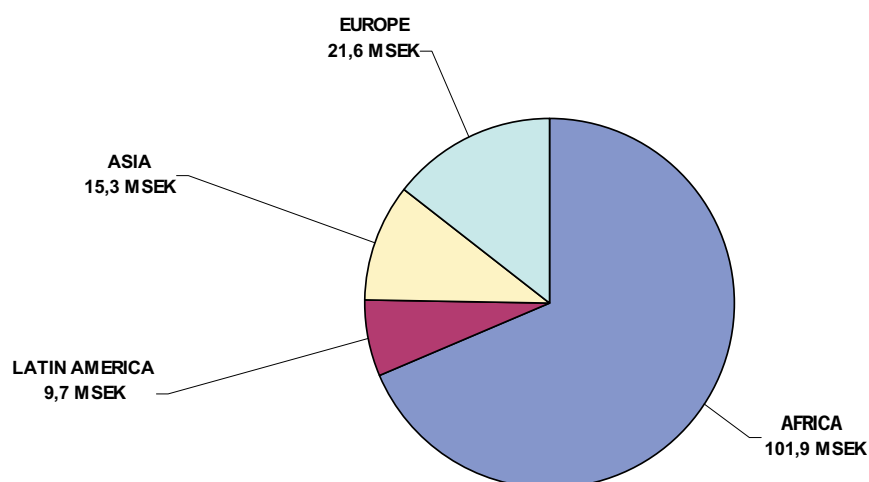
Regional support for HIV/AIDS activities in the Africa region increased from 61 MSEK in 2003 to close to 102 MSEK in 2004. In Asia the disbursements for HIV/AIDS at the regional level has increased by more than four times between 2002 and 2004 (3,6 MSEK in 2002 to 15,3 MSEK in 2004). Support to regional programmes in the other two regions, Europe and Latin America, have also increased significantly over the last years.

² Figures include bilateral, regional as well as global support.

³ All figures refer to direct HIV/AIDS support – Sector code 2112.

⁴ Figures include only support to regional programmes.

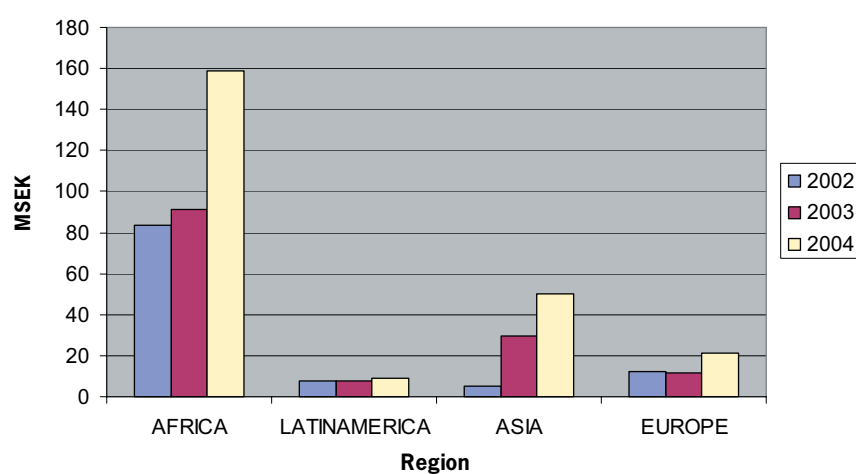
Disbursements Regional Programmes HIV/AIDS 2004



5.3 Bilateral support

Nearly all Sida's partner countries have benefited from amplified bilateral funding for HIV/AIDS programming. During the course of 2004, a number of bilateral programmes, particularly in Africa, were initiated and extended, and many important organisations and institutions were identified for collaboration and new partnerships. For further details on financial disbursement, see annex 1 and 2.

Disbursements Bilateral Programmes HIV/AIDS by region



6. Sida's main strategy

6.1 High and low prevalence countries

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

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

6.2 How?

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

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

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

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

For example, in India the Embassy organized a training workshop to strengthen the capacity of its partner NGOs to dialogue. Another example is the Swedish Embassy's contribution in the dialogue related to the Global Fund support to Honduras.

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

For Sida, the direct support has increased considerably during 2004. However, there is still a potential to increase specific HIV/AIDS projects/programmes through NGOs, the UN system and/or Government structures.

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

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

6.3 What?

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

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

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

	Prevention	Care & treatment	Impact mitigation
Dialogue			
Direct Support			
Mainstreaming			

Table 1. “3 x 3” model

7. Sida's global action and advocacy

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

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

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

During 2004, Sida provided technical inputs to development of the EU's Programme for Action on TB, Malaria and HIV/AIDS, to the resolution on HIV/AIDS adopted at WHO's World Health Assembly as well as to UNAIDS development of a Global Strategy on Prevention of HIV/AIDS. Further, Sida handed over to the MFA the Swedish Strategy framework "Working in partnership with UNAIDS". Sida contributed financially to UNAIDS report "AIDS in Africa: three scenarios to 2025".

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

At the International AIDS conference in Bangkok last year, Sida organized two satellite meetings, one on the right of access to information and the other one on coordination and accountability in research, policy and programming. The publication "Act as One" that was developed by Sida in close collaboration with MFA, provides samples of different interventions supported by Sida as well as statements by the Swedish Government related to HIV/AIDS.

8. Youth and gender

The majority of newly-infected are between 15 and 24 years old, yet young people represent a window of hope for behavior change to bring down HIV prevalence levels. Even though knowledge among young people has increased, many are still lacking comprehensive information about HIV prevention. Gender inequality is one of the driving forces behind the epidemic and HIV/AIDS is becoming increasingly feminized. Gender equality and openness on sexual and reproductive health and rights including services are therefore central to Sida support in its response to HIV/AIDS. In the era where the conservative forces have gained increased market share, Sida has enhanced its efforts to promote a broad prevention agenda in which youth and gender merit special attention.

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

Further, Sida supports an HIV/AIDS prevention and income generation programme for young people in *Tanzania* that includes issues on attitudes from a gender perspective. In the same country Sida supports, through UNICEF, an HIV/AIDS prevention programme addressing the role of girls and boys and life skills. Additionally, it includes a component of prevention of mother to child transmission, as many young women are becoming mothers.

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

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

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

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

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

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

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

In collaboration with MTV Sida contributes to HIV/AIDS edutainment on relationships and gender stereotypes directed to young people. A 90 minutes film will show how the infection spreads around *the world*. Attached to the film will be a teaching kit for teachers.

9. Research

Sida has a special initiative for HIV/AIDS research. The programme has provided long-term support for a few selected research projects focusing on preventive measures, such as vaccine development and studies on infection transmission from mother to child.

The bilateral Swedish-Tanzania research programme TANSWED includes a number of studies looking at important aspects of HIV/AIDS such as infected mothers and mother to child transmission.

As a result of a seminar on Swedish HIV/AIDS research organized by Sida in close collaboration with the Royal Academy of Science, a call for application focusing on research on HIV/AIDS was made. Based on recommendations by Sida's international expert committee for HIV/AIDS research, it was decided to focus on basic research in order to come up with new knowledge and ideas to develop preventive and affordable tools such as a vaccine. Related to this, new important scientific collaborations were created.

During 2004, Sida prepared for a support to IAVI (the International AIDS Vaccine Initiative) and IPM (the International Partnership for Microbicides). The latter focuses on developing a microbicide to protect HIV to enter the body and/or kill the virus during vaginal sexual intercourse.

10. In the regions

10.1 Africa

Most countries in sub-Saharan Africa face a situation where the epidemic is generalized; meaning that HIV/AIDS needs to be tackled in all sectors and at all levels of society. Although there are positive examples of reversed epidemics (i.e. Uganda, Senegal), all in all the number of new infections in the region is increasing. This means that there is a continued need to maintain and scale up work on prevention in order to make information and education messages translate into behavior change at the individual level. Although treatment has become available to a larger group of people, it is estimated that only 11 per cent of those in need receive ARV treatment in Sub-Saharan Africa. The reality of HIV/AIDS in Africa has called for increased commitments by Sida. In this region, Sida is supporting the entire chain of activities; prevention, care and support and impact mitigation. The need for interventions on impact mitigation have become more obvious as the number of orphans increases and the burden on elderly have become more acute and severe.

Mobile and migrant population

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

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

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

Food security and nutrition

HIV/AIDS and food security are closely interlinked. The importance of nutrition for prevention and care of people living with HIV/AIDS is crucial. In an already constrained situation, HIV/AIDS aggravates the

condition by contributing to a higher poverty level, labor shortage and losses of agricultural knowledge which compromises household food security.

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

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

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

Orphans and Vulnerable Children (OVC)

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

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

Treatment

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

After a preparatory phase Sida took a decision to enter into an agreement with Tanzania to support its National Care and Treatment Plan which was developed with the support of Clinton Foundation. For Sida it is the first ever supported programme on a national scale where anti-retroviral medicines will be included as a component.

The world of work

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

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

In line with the new Swedish policy for Global Development Sida signed an agreement with the International Council of Swedish Industry and Swedish Metal Workers Union for a programme on HIV/AIDS in the workplace, to be implemented in Swedish related companies in three countries in Sub Saharan Africa.

Capacity building

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

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

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

Mainstreaming/integration of HIV/AIDS

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

10.2 Asia

Because of the Asia-Pacific region is home to 60 per cent of the world's population, the low HIV prevalence still means large numbers of people living with HIV/AIDS. The HIV epidemic is vast and diverse in the

region. There are countries with very low prevalence such as Laos and Bangladesh but where risky behavior is common, there are countries with a rapid increase of the virus including Vietnam, and there are countries – Cambodia and Thailand – where effective prevention methods have cut the risk of contracting the virus. Sex workers and intravenous drug users are the most common risk behavior. Drug use is increasing rapidly, in particular among young people in Asia. Harm reduction, the generally approved approach to deal with illicit drug use and HIV transmission through needle sharing among IDUs, has been slow to be accepted in parts of Asia.

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

Direct support

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

Rights and non discrimination

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

In India, the support to Lawyers Collective involves the promotion of human rights and fighting stigma and discrimination related to HIV/AIDS. Through capacity building to different legal actors, communities are empowered to respond to HIV/AIDS and seek legal service. The primary target groups are women, PLWHAs, men who have sex with men, sex workers and IDUs. Lawyers Collective has been instrumental in the process of adopting a new legislation on HIV/AIDS in India.

Care and support

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

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

Sexual and Reproductive Health and Rights

For Sida it is clear that Sexual and Reproductive Health and Rights (SRHR) should be part of HIV/AIDS programmes and HIV/AIDS

should be brought into SRHR programmes, such as sexuality information/education and service provision, including mother to child transmission (MTCT). The service delivery level should combine and inter-link the “two” aspects.

In Bangladesh, Sida is supporting an integrated reproductive health and HIV/AIDS prevention project for tea plantation communities in Sylhet Division implemented by the Ministry of Labor and UNFPA. The HIV/AIDS component is to be integrated with the reproductive health intervention. The target group is tea plantation workers, who are a group originally from India.

Mainstreaming/integration of HIV/AIDS

During 2004 Sida and the Asian Development Bank (ADB) prepared a collaboration in setting up a Trust Fund for HIV/AIDS at the Bank with the two fold aim: that HIV/AIDS becomes an important component in all programmes that is being supported by the ADB and to strengthen and increase the capacity to address HIV/AIDS in the Asia and Pacific region.

Sida has contributed to the fact that the road sector in Laos since some years back has integrated HIV/AIDS information and education for road workers and community members. In the planning for a new phase, the HIV/AIDS component will be even more focused upon and be an integral part of the road ministry’s deliberations.

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

10.3 Europe and Central Asia

A key feature of HIV/AIDS in this region is the low age of those infected: more than 80% of newly infected are below the age of 30. Here, injecting drug use is the main driving force of the epidemics. It is clear that epidemics in Europe and Central Asia are diverse, with local pockets of high prevalence rates. As a number of Sweden’s country strategies recognize the particular threat that HIV/AIDS constitutes, particularly to young people in the region, Sida’s support is focused on prevention and coordination in the region.

Prevention

The combination of overcrowded spaces, widespread HIV infection, and high number of needle addicts increases the spread of HIV/AIDS both inside and outside the prison walls.

Sida is financing an educational programme on HIV prevention for the entire correctional system – doctors, psychologists, correctional officers, teachers, and prisoners in seven large Russian prisons.

Coordination and harmonization

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

10.4 Latin America

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

Dialogue

Sida has been actively involved in the dialogue related to the Global Fund in Honduras. By facing several challenges/problems during the inception phase the implementation was delayed last year. However, the Sida office in Honduras was instrumental in facilitating the procedure of the Fund.

Direct support

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

Mainstreaming/integration of HIV/AIDS

Sida’s HIV/AIDS support has been mainly channeled through the Pan American Health Organization (PAHO). Sexuality and Reproductive Health and Rights (SRHR) including HIV/AIDS are Sida’s priorities in its support to the organization.

11. Capacity building and knowledge sharing at Sida

11.1 Capacity Building

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

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

With the aim to increase the awareness that HIV/AIDS implies serious effects at both the micro and the macro level, the Regional Team in Lusaka organized a seminar on the macroeconomic impact of HIV/AIDS with the participation of economists and counselors from both the Swedish and the Norwegian Embassies in Africa. Another seminar focusing on national co-ordination and scaling-up of HIV/AIDS was held for HIV/AIDS focal points at the Embassies in Africa.

A regional health seminar was held in New Delhi. One of the objectives was to assess the HIV/AIDS developments in the Asia region as well as to understand the importance of mainstreaming HIV with a broad multisectoral approach. Participants were Sida counselors and programme officers.

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

Last year, the HIV/AIDS Secretariat organized a session on HIV/AIDS at the field forum and at the Annual Assembly (Storforum) for all staff at Sida headquarters, respectively. In addition, HIV/AIDS was part of the training programme for newly recruited staff of the Embassies.

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

Swedish Civil Society

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

11.2 The evaluation

Last year, Sida commissioned an evaluation to assess the implementation of the Swedish strategy *Investing for Future Generations* at Sida. The focus of the evaluation was twofold: to analyze and comment on Sida's efforts to implement the new strategy in its organization and work and to assess and reflect on theories of policies and implementation in a more general way. The evaluation was based on desk studies, interviews and four desk country studies (Bangladesh, Ethiopia, Zambia and Ukraine). The Secretariat as well as the Team and the advisor for South Asia were actively involved in the process of the evaluation. The evaluation team recommended Sida to strengthen its work on HIV/AIDS. A strategically located unit of HIV/AIDS expertise should remain at Sida HQ as a regular entity (not project) for the coming years. In addition, the regional structures should be strengthened, especially in Asia, Eastern Europe and Latin America. It was emphasized that the staff resources must be in line with policy priorities.

11.3 Information and communication

HIV/AIDS was the theme of Sida's annual information campaign and the Swedish Development Conference held in October 2004.

Quarterly Sida publishes a global newsletter "Eyes on AIDS". The themes for the 2004 issues were; mainstreaming, access, the Global HIV/AIDS Conference in Bangkok (special issue), and gender. The newsletters were disseminated to several hundreds readers, globally. An evaluation of the newsletter is planned for early 2005. The regional HIV/AIDS Team sends out monthly news to all Swedish and Norwegian Embassies, hiv@africa.

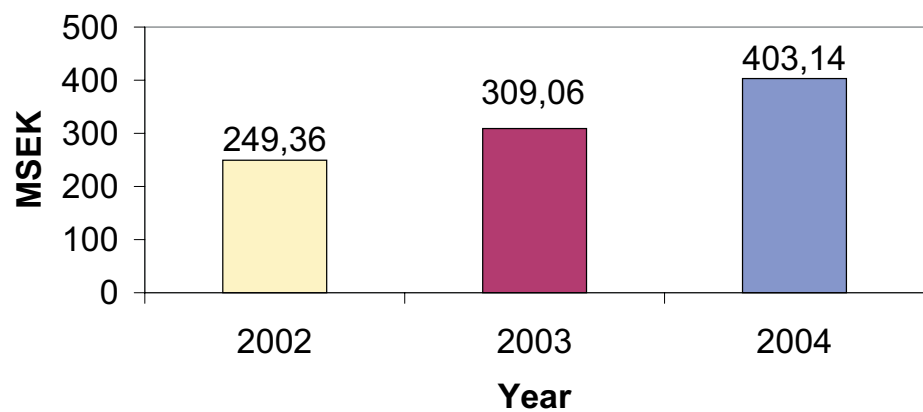
"Act as One" was developed before and distributed during the global conference on HIV/AIDS in Bangkok last year.

The Regional HIV/AIDS Team in Africa developed an annual report for 2004. The report provides a comprehensive picture on the HIV/AIDS situation as well as Sida's regional support in the region.

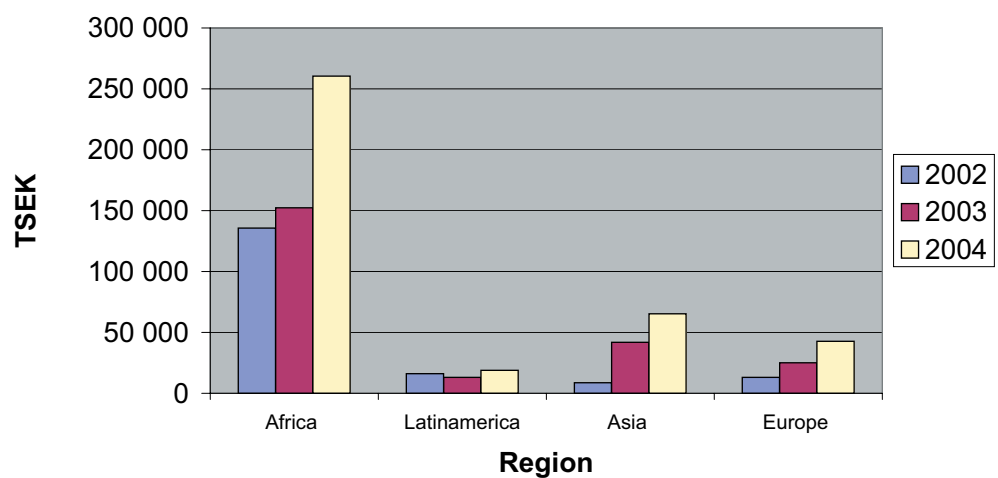
On the occasion of the World AIDS Day 1 December 2004, the Secretariat invited Sida staff to a seminar on gender based violence and HIV/AIDS with Gudrun Schyman and Anders Milton as panelists. The Swedish Embassy in India organized a half-day work place training on HIV/AIDS for all the staff and their family. In Zambia the Team participated in activities in the countryside organized by Chikankata hospital and community HIV/AIDS program.

Sida's disbursements HIV/AIDS 2000–2004

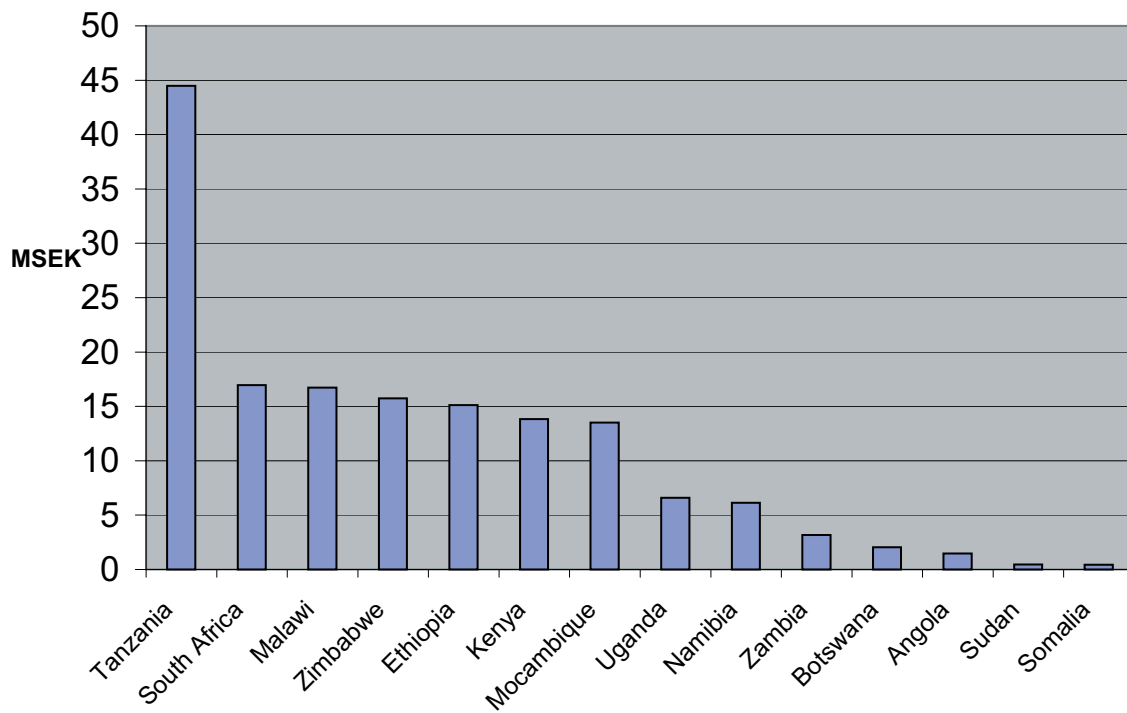
**Total disbursements HIV/AIDS
2002–2004**



Disbursements HIV/AIDS by region 2002–2004
(regional and bilateral programmes)

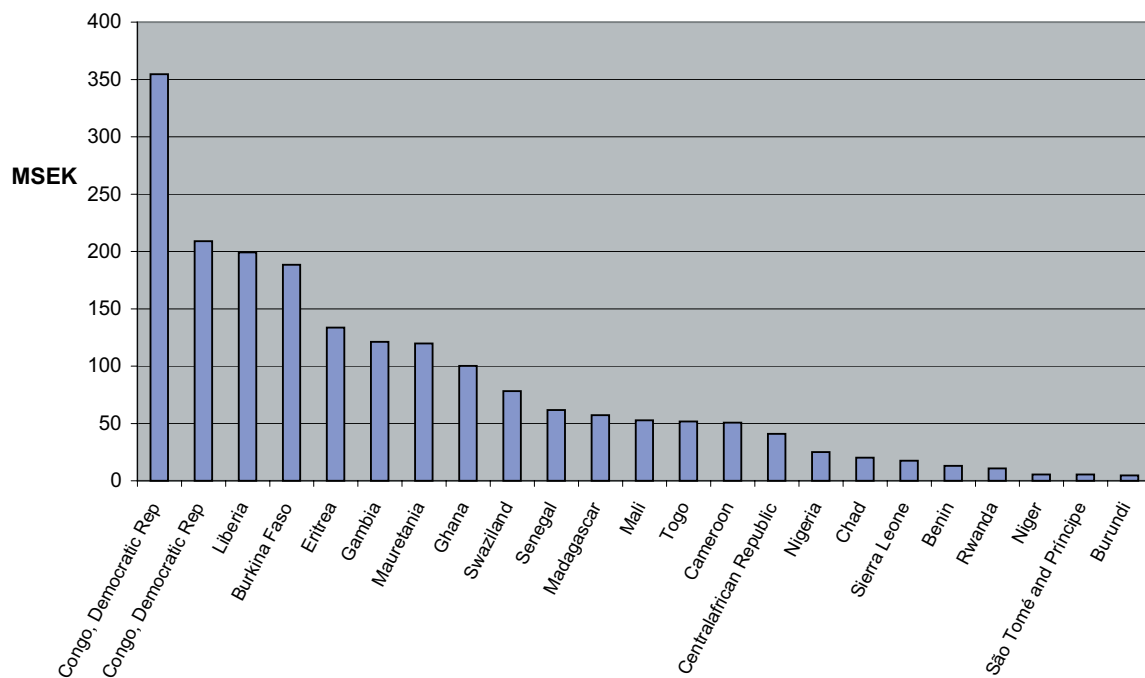


HIV/AIDS disbursements Africa 2004



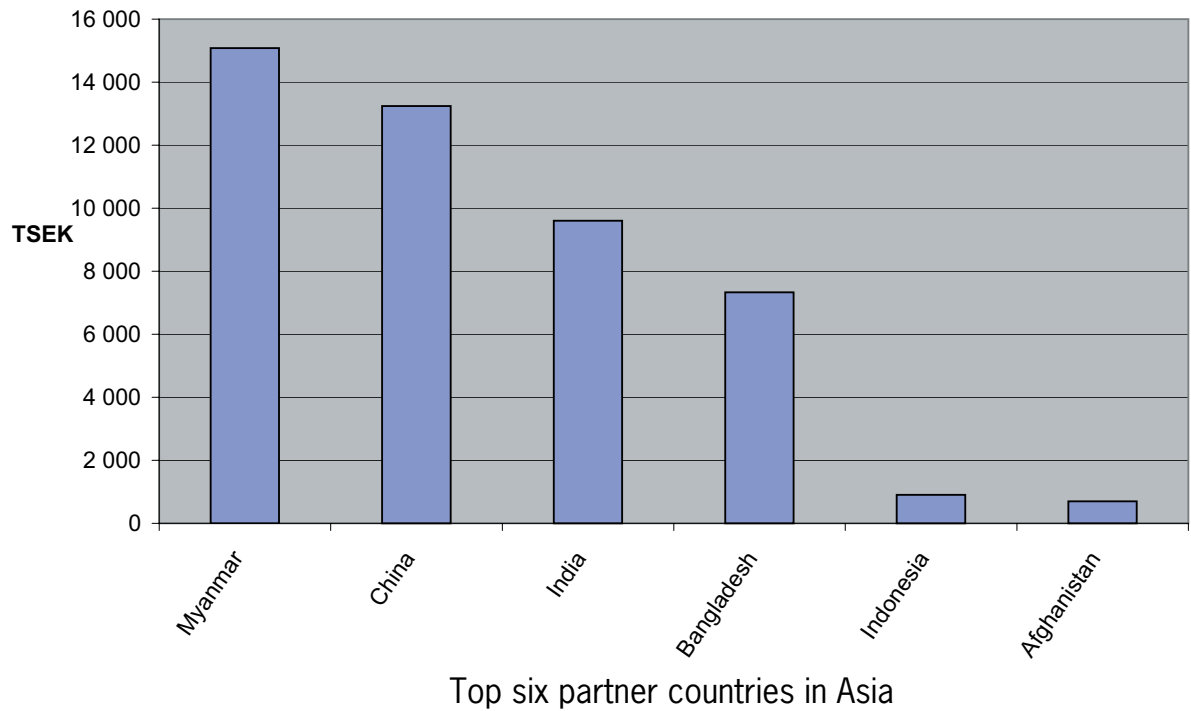
Top Fifteen partner countries in Africa

HIV/AIDS disbursements Africa 2004

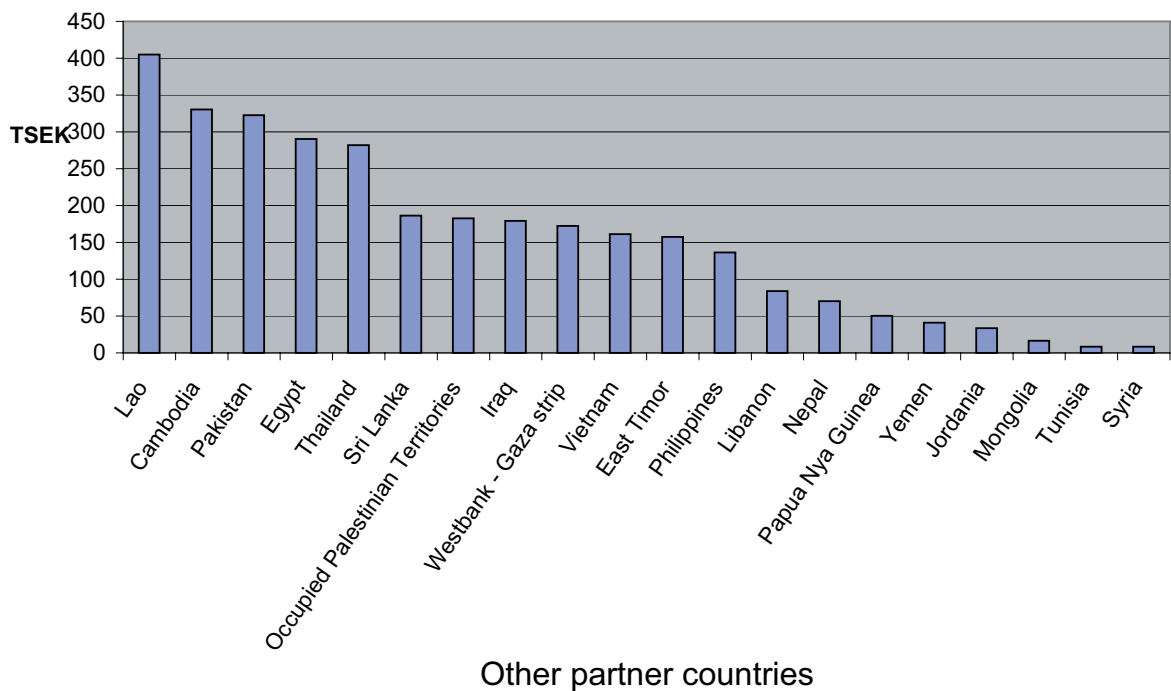


Other partner countries

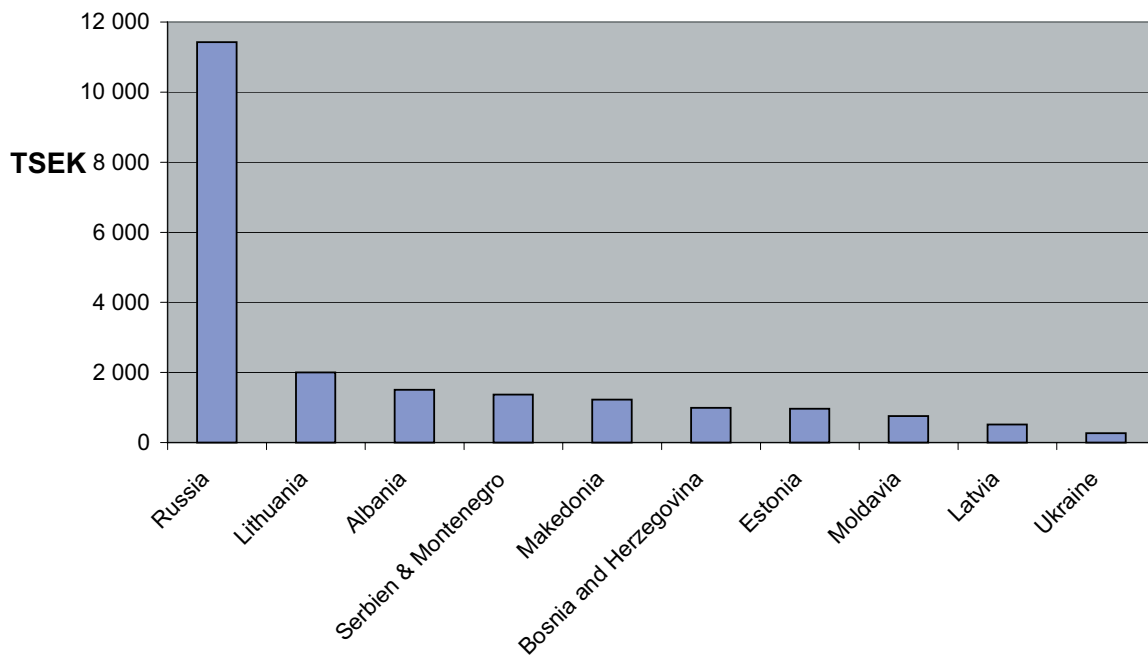
HIV/AIDS Disbursements Asia 2004



HIV/AIDS Disbursements Asia 2004

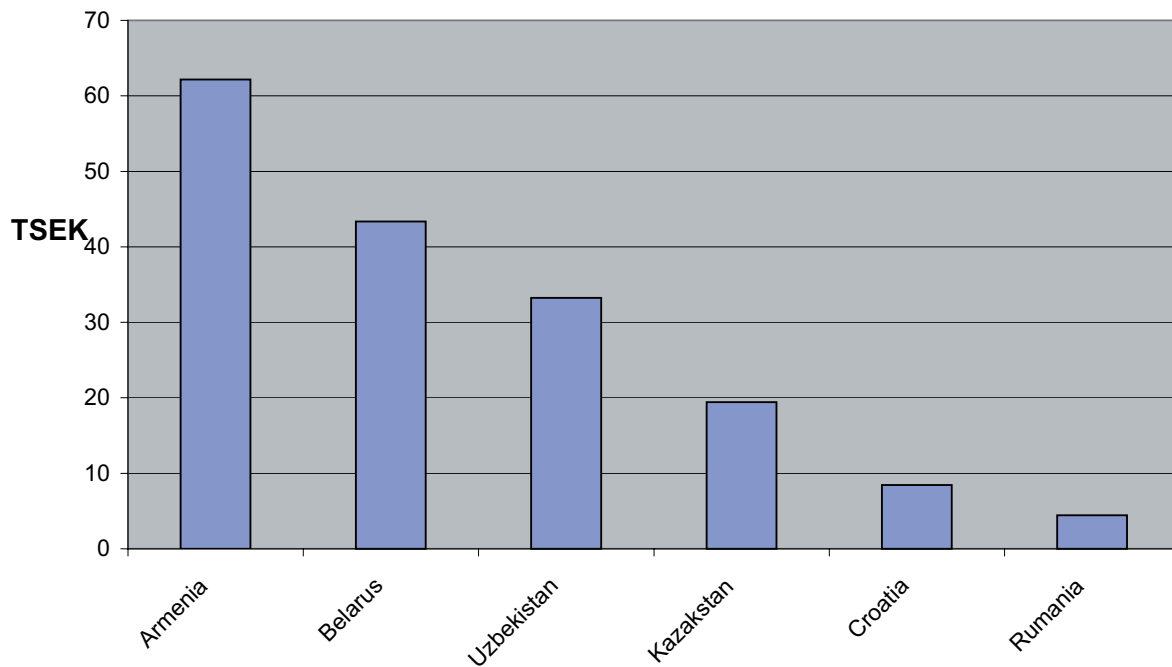


HIV/AIDS Disbursements Europe 2004



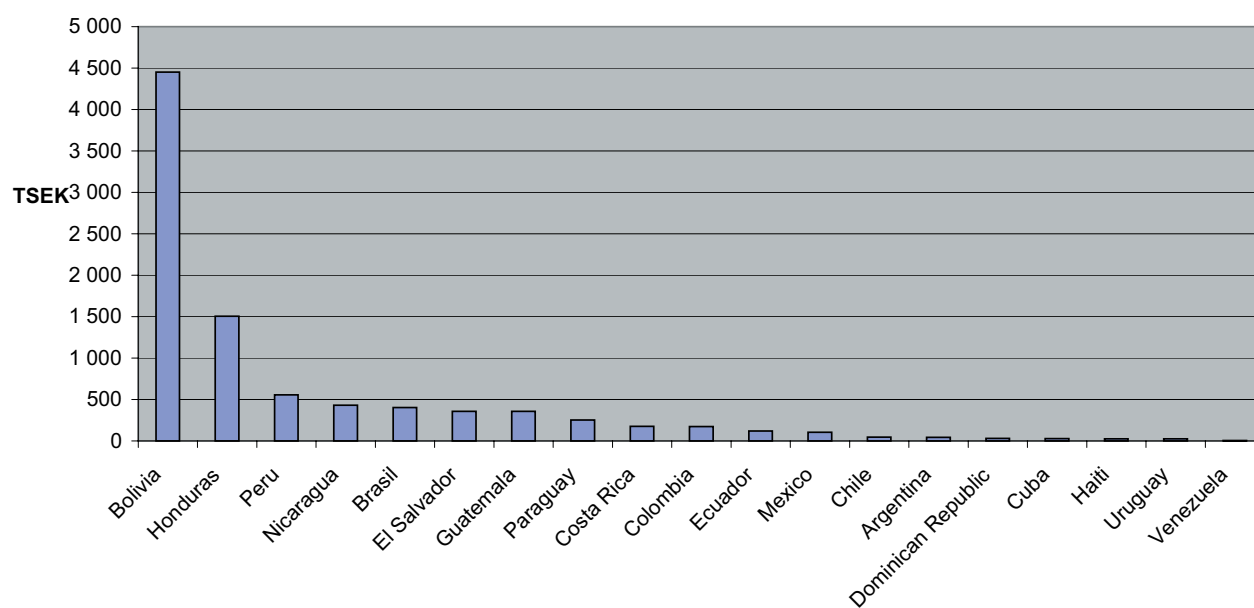
Top ten partner countries Europe

HIV/AIDS Disbursements Europe 2004



Other partner countries

HIV/AIDS Disbursements Latinamerica 2004



Sida disbursements HIV/AIDS 2000-2004

Disbursements (or repayments) in SEK 2000 - 2004 per country/region where the classification has been 2112 (HIV/AIDS)

Africa			
Bilateral	2 002	2 003	2 004
Angola	4 950 000	677 656	1 459 981
Benin	0	19 459	13 003
Botswana	3 454 811	3 092 818	2 053 890
Burkina Faso	65 615	31 005	188 465
Burundi	4	6 997	4 729
Central African Rep	-1 993	13 875	40 921
Côte d'Ivoire	12 360	1 382	-17
Eritrea	37 250	43 215	133 505
Ethiopia	1 680 923	1 352 378	15 117 793
Gambia	37 073	53 729	121 222
Ghana	19 427	27 491	100 191
Guinea-Bissau	0	759	-7
Cameroon	0	0	50 677
Kenya	37 222	382 879	13 835 714
Kongo	-1 459	24 281	208 860
Congo, Dem Rep	13 808	190 337	354 628
Liberia	49 126	62 486	199 153
Madagascar	12 815	55 018	57 296
Malawi	11 408 710	14 189 767	16 736 824
Mali	6 604	12 709	52 780
Mauretania	25 693	82 534	119 737
Mauritius	0	108	-1
Mozambique	2 110 057	10 296 557	13 507 517
Namibia	6 041 362	6 569 514	6 140 689
Niger	0	0	5 500
Nigeria	-1 001	3 469	25 011
Rwanda	0	31 377	10 822
São Tomé and Príncipe	0	0	5 500
Senegal	6 600	8 646	61 630
Sierra Leone	0	26 723	17 529
Somalia	1 056 943	243 215	440 469
Sudan	-993	133 960	465 648
Swaziland	0	8 198	78 251
South Africa	1 159 286	3 401 890	16 968 993
Tanzania	29 704 884	24 622 753	44 477 757
Chad	-997	8 717	20 112
Togo	4	10 683	51 736
Uganda	7 709 760	9 029 387	6 587 058
Zambia	3 273 762	2 061 979	3 160 406
Zimbabwe	10 399 151	14 319 738	15 741 526
Bilateral level Total	83 266 810	91 097 690	158 615 497
Regional programmes			
Regional Africa	39 492 127	39 450 123	30 029 880
Regional Central Africa	0	200 000	0
Regional Sub Saharan Africa	2 046 299	8 155 020	59 537 740
Regional Southern Africa	8 995 277	13 407 087	12 352 766
Regional Lake Victoria	0	0	0
Regional West Africa	0	41 610	-2 400
Regional Eastern Africa	1 838 013	27 740	-1 600
Regional contributions Total	52 371 716	61 281 578	101 916 386
Africa Total	135 638 526	152 379 268	260 531 883

Latin America			
Bilateral	2 002	2 003	2 004
Argentina	0	26 456	42 531
Bolivia	816 734	2 301 247	4 450 893
Brazil	31 713	358 349	403 260
Chile	0	95 223	46 710
Colombia	36 072	116 843	174 249
Costa Rica	38 543	143 465	176 771
Dominican Republic	12 815	36 525	30 864
Ecuador	4	91 527	120 129
El Salvador	90 897	194 563	357 372
Guatemala	2 109 592	153 867	356 538
Haiti	8	20 494	25 867
Honduras	4 051 030	3 099 038	1 506 233
Cuba	0	8 092	29 058
Mexico	10 818	52 718	105 628
Nicaragua	508 849	708 945	431 127
Paraguay	19 800	69 924	253 209
Peru	167 654	278 887	557 303
Uruguay	0	14 365	25 492
Venezuela	0	217	5 598
Bilateral level Total	7 894 530	7 770 746	9 098 832
Regional contributions			
Regional Central America	8 096 243	4 847 307	8 368 686
Regional Latin America	161 572	481 138	1 371 671
Regional South America	0	13 870	-800
Regional contributions Total	8 257 815	5 342 315	9 739 557
Latin America Total	16 152 344	13 113 060	18 838 389

Asia			
Bilateral	2 002	2 003	2 004
Afghanistan	72 141	315 970	699 159
Bangladesh	155 966	363 224	7 329 728
Egypt	36 895	129 310	290 466
Philippines	9 945	50 024	136 289
India	2 068 690	16 917 636	9 603 922
Indonesia	12 356	27 279	906 846
Iraq	11 745	21 676	179 282
Yemen	0	8 298	41 117
Jordan	0	14 621	33 664
Cambodia	68 539	154 174	330 368
China	2 389 153	334 627	13 243 344
Lao	9 384	223 373	404 969
Libanon	9 679	24 519	83 951
Mongolia	4	3 469	16 565
Myanmar	13 200	10 017 891	15 083 353
Nepal	-993	67 554	70 121
Occupied Palestinian territories	44 146	138 980	182 737
Pakistan	49 346	223 602	322 619
Sri Lanka	44 513	152 496	186 349
Syria	4	325	8 443
Thailand	10 206	65 611	281 977
Tunisia	-997	0	8 446
Vietnam	44 128	147 653	161 300
West Bank - Gaza	0	61 540	172 288
East Timor	4	33 531	157 310
Bilateral level Total	5 048 054	29 497 383	49 934 615
Regional contributions			
Regional Asia	3 344 851	995 581	1 781 615
Regional Middle East	0	9 247	-533
Regional Northern Africa	0	49 719	-4 694
Regional South Asia	42 325	1 787 023	1 602 134
Regional South East Asia	194 892	9 471 323	11 912 071
Regional contributions Total	3 582 068	12 312 893	15 290 592
Asia Total	8 630 123	41 810 276	65 225 207

Europe			
Bilateral level	2 002	2 003	2 004
Albania	126 000	0	1 508 446
Armenia	-1 001	99 007	62 169
Bosnien och Hercegovina	227 400	1 755 872	990 893
Kazakhstan	0	25 615	19 421
Croatia	126 000	0	8 446
Macedonia	221 200	2 170 000	1 225 000
Moldavia	5 300 000	10 496	758 537
Serbia & Montenegro	479 400	2 328 807	1 369 669
Uzbekistan	4	5 781	33 239
Bilateral level Total	6 479 003	6 395 578	5 975 820
Regional contributions			
Regional Europé	0	71 688	3 167 654
Regional Western Balkan	-1 001	8 071 884	9 995 995
Regional contributions Total	-1 001	8 143 572	13 163 649
Europe Total	6 478 003	14 539 150	19 139 469
Central- & Eastern Europé			
Bilateral level	2 002	2 003	2 004
Bulgaria	2 618	-723	0
Estonia	416 950	140 884	963 004
Latvia	13 090	93 200	515 642
Lithuania	18 326	236 975	2 002 181
Rumania	5 236	-1 445	4 438
Ukraine	4 341 225	2 210 468	265 839
Belarus	7 854	2 649	43 357
Russia	1 140 686	2 808 060	11 423 367
Bilateral level Total	5 945 985	5 490 068	15 217 828
Regional contributions			
Regional Baltic States	2 618	137 947	10 583
Regional Central and Eastern Europé	647 671	4 771 241	1 024 784
Regional Northwest Russia	0	104 951	7 363 576
Regional contributions Total	650 289	5 014 139	8 398 944
Central and Eastern Europe Total	6 596 274	10 504 207	23 616 771
Oceania			
Bilateral level	2 002	2 003	2 004
Papua New Guinea	4	3 469	50 349
Bilateral level Total	4	3 469	50 349
Oceania Total	4	3 469	50 349
Global			
	2 002	2 003	2 004
Global contributions	75 869 441	76 711 504	15 739 555
Global contributions Total	75 869 441	76 711 504	15 739 555
Global Total	75 869 441	76 711 504	15 739 555
Grand Total	249 364 715	309 060 934	403 141 623

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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