

# The Right to a Future



POLICY FOR SWEDEN'S INTERNATIONAL HIV AND AIDS EFFORTS



REGERINGSKANSLIET



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**Government Offices  
of Sweden**

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## Summary

HIV and AIDS have been with us for over a quarter of a century. Despite successes in work to prevent HIV transmission and in reaching increasing numbers of people with anti-retroviral drugs, millions of people become infected worldwide every year. HIV and AIDS are complex challenges that impact large sections of the societies affected by them and hamper both social and economic development while risking destroying the development progress already achieved. The pandemic is therefore a large-scale developmental challenge, rather than an isolated health issue. In view of this, and of the seriousness of its scale and global spread, HIV and AIDS constitute a key priority in Sweden's international efforts.

This policy aims to create a platform for Sweden's international action in the field of HIV and AIDS. The objective of the policy is reduced vulnerability to HIV and AIDS and increased opportunities for the best possible conditions of life for the groups primarily affected.

Implementation of the policy will contribute to the objective of international development cooperation – to create opportunities that will enable poor people to improve their conditions of life. Among the global challenges identified by the Government within the framework of Sweden's policy for global development are *oppression*, as well as *communicable diseases and other health threats*. This policy is one contribution to Sweden's efforts to meet these challenges and is based on the rights perspective and poor people's perspective on development. This means, among other things, that Sweden's international efforts in the field of HIV and AIDS are characterised by the demand for strengthened respect for human rights, and increased efforts for gender equality. Focus is placed on the individual. From this starting-point, the policy also draws attention to the need for greater visibility of young people and key populations at risk and opportunities for them to influence their conditions of life.

The policy emphasises that an effective response to HIV and AIDS must be made on the basis of the scale, spread and nature of the epidemics, which vary in different parts of the world. Measures must therefore be adapted to the local context and to the needs of the specific target groups.

The Government will particularly prioritise prevention and alleviation of the long-term effects of HIV and AIDS. The policy also states that Sweden will take action to strengthen research, on HIV prevention as well as on the

long-term effects of the disease.

The policy is to be implemented in strategies for cooperation with countries, regions and organisations, but is also to serve as a framework for Sweden's efforts in international policy development and standard-setting activities.

Implementation of the policy requires an active commitment by a large number of actors – state and non-state – in Sweden and internationally. Concordance will be required when taking action, and initiatives must serve to support the affected countries' own priorities, plans and programmes. The importance of responsible leadership, both at the political level and within civil society organisations, is emphasised. Experience shows that such leadership is necessary for successful responses against HIV and AIDS.



FOTO: UNAIDS/G. PROZZI

# 1. Introduction

Despite the fact that 33 million people today<sup>1</sup> are living with HIV<sup>2</sup>, the majority of them in poor parts of the world, the prevalence of the disease at global level has fortunately stabilised. The same positive trend applies to several of the most affected countries. Thanks to major international initiatives and commitments by individual countries, three million people in low- and middle-income countries now have access to anti-retroviral drugs. However, despite these successes, according to UN estimates 2.7 million people are newly infected with HIV every year, the majority of whom are young people in poor countries. Although access to anti-retroviral drugs has increased, two-thirds of those needing the necessary treatment still do not receive it, and two million people die of AIDS every year.

The spread of HIV is driven by complex causal factors. HIV is broader than a purely medical issue and is about justice and power relations in society. The pandemic has gained its strongest foothold and has the most far-reaching consequences in the regions of the world that are characterised by poverty, social injustice and where the lack of gender equality is considerable. Strengthening respect for human rights and increasing gender equality are therefore of crucial importance in curbing the spread and alleviating the consequences of HIV. At the same time, the links between poverty and HIV are complex. Underlying factors affecting the spread in many countries include the lack of a functioning healthcare system, lack of access to nutritious food and the abuse of alcohol and other drugs. The latter factor is quite often linked with the gender-based violence that often lies behind the spread of the infection.

The spread of HIV is characterised by two trends: the globalisation of the disease and its feminisation. Today, HIV and AIDS is found in all parts of the world, but sub-Saharan Africa is still the region in the world that is hardest stricken. The feminisation of HIV (the fact that growing numbers of women and girls are affected) is most evident in this region but it is also increasingly

<sup>1</sup> Report on the global AIDS epidemic 2008 (UNAIDS).

<sup>2</sup> HIV (*human immunodeficiency virus*) is a virus that successively breaks down the body's immune system. An HIV infection does not heal spontaneously but there is now effective treatment that stops the virus from replicating. AIDS (*acquired immune deficiency syndrome*) is a syndrome defined by the various infections and tumours to which an untreated HIV infection ultimately leads. HIV can be transmitted via blood, sperm and vaginal secretion. HIV can also be transmitted to a child via pregnancy, childbirth and breast-feeding.

noticeable in other parts of the world.

The scale and spread of HIV and its development over time vary between different parts of the world and are influenced both by underlying and direct factors. There is, therefore, no *single* global HIV pandemic, but rather several different epidemics (see also annex 1). Knowledge about the factors behind the spread of HIV in various regions is vital for an effective response – hence the internationally accepted expression “know your epidemic”. A rough division can be made between concentrated and generalised HIV epidemics. At an overall level, the so-called *prevalence* of HIV is measured as the proportion of people in a population at a given time who are living with the disease. Equally – or even more – important is the number of new cases of infection in a population over a given time, so-called *incidence*, and analysing which groups of the population that run a higher risk of being infected with HIV. Access to reliable information on this data, both at national and international level, is essential.

*Concentrated HIV epidemics* are characterised by the fact that infection primarily occurs in the groups of the population that run a greater risk of being infected by HIV because of their exposed situation, termed key populations at risk. These groups include men who have sex with men, injecting drug users and those selling sex and their clients. National prevalence figures in concentrated epidemics are low, around one per cent, but among key populations at risk they may be 10–20 per cent. In *generalised HIV epidemics*, HIV is primarily spread among the general population and mostly through heterosexual contacts. Generalised epidemics in which more than 15 per cent of the population are HIV-positive are termed *hyperepidemics*. Regions in which both concentrated and generalised epidemics occur in parallel are called *mixed HIV epidemics*.

Human rights (HR) and HIV are intimately linked in both concentrated and generalised epidemics. People's vulnerability to HIV increases when their human rights are not respected, particularly rights relating to sexual and reproductive health (SRHR). This, together with the feminisation of HIV, shows that respect for human rights must be strengthened and that gender equality must increase in order to be able to respond to HIV and AIDS effectively.

The economic and social consequences of HIV and AIDS in the countries that are most affected are extremely noticeable. Poor people are particularly vulnerable with regard to the impact of these epidemics. Young people are



also vulnerable. The number of orphans is increasing and the majority of these children lack a secure childhood. The more sweeping economic effects are particularly severe in specific fields, such as the health and education sectors, agriculture and industry. The extent of these accumulated effects undermines the development potential of many countries. Poverty reduction and the promotion of economic and social development are therefore key elements in the work to alleviate the consequences of these epidemics.

The greatest challenge of HIV and AIDS remains: to prevent it spreading further. The number of people who become newly infected each year is more than double that of people who, over the same period, gain access to anti-retroviral drugs for the first time. This is an untenable equation. At the same time it is important to tackle the long-term economic, social and cultural effects of HIV and AIDS.

Experience from recent decades shows that, although HIV and AIDS are difficult, complex and sensitive, it is possible to prevent these epidemics. All the countries that have had successful responses have two things in common: a political leadership that translates its commitments into action and an active civil society.



FOTO: WORLD AIDS CAMPAIGN/STUART NIMMO

## **2. Purpose**

The purpose of the policy is to create a platform for Sweden's international action in the field of HIV and AIDS.

## **3. Context of the policy**

The policy is based on the objective of international development cooperation, to help create opportunities that will enable poor people to improve their conditions of life, and the Government's policy for global development (PGD), the overall goal of which is to contribute to equitable and sustainable global development. Key themes of the global development policy are the rights perspective and poor people's perspective on development. The rights perspective centres on the individual's freedom and rights. The perspective of poor people focuses on the individual by using his or her life, experience and priorities as a starting point. The policy is based on HIV and AIDS as a general threat to development rather than an isolated health problem. This approach is emphasised by the global challenges identified in the global development policy, particularly oppression as well as communicable diseases and other health threats. Against this background and the seriousness of the spread and scale of the disease globally, Sweden attaches importance to preventing the spread of HIV and dealing with its long-term effects in various ways. These efforts are also of key importance in order to successfully and sustainably fight poverty, achieve the Millennium Development Goals, and in turn contribute to equitable and sustainable global development. Annex 2 provides a further account of how the policy is based on national and international policy decisions and policy documents.

## **4. Overall objectives, points of departure and areas of activity**

### **4.1 Overall objectives**

The overall objective of this policy is to reduce vulnerability to HIV and AIDS and increase opportunities to create the best possible conditions of life for the groups primarily affected.

### **4.2 Points of departure**

#### ***Respecting human rights and promoting gender equality***

The rights perspective and poor people's perspective on development mean that the focus is placed on the individual. This means that Sweden's international efforts in the field of HIV and AIDS are permeated by the requirement for strengthened respect for human rights and greater gender equality.

Ensuring that human rights – civil and political as well as economic, social and cultural – are guaranteed and complied with is key to efforts to effectively respond to HIV and AIDS. Discrimination and violations of human rights influence both the spread of HIV and people's access to care and treatment.

In many countries, women and young people have few opportunities to make their voices heard, which makes it more difficult for them to influence their conditions of life. Equally, this applies to people living with HIV and AIDS, men who have sex with men, injecting drug users, people who sell sex and their clients and other key populations at risk. Freedom of expression, independent media and the right to form organisations are therefore fundamental. Safeguarding freedom of expression is important to increase people's knowledge of the complex causal connections that drive the spread of HIV and to be able to change people's attitudes to HIV and AIDS.

Other fundamental rights in the responses to HIV and AIDS are the right to education and the right to health. This particularly applies to the right to sexual and reproductive health and sexual and reproductive rights, where the starting point is equal rights for all people to a responsible, satisfying

and safe sex life. This means being able to decide over their own bodies and sexual reproduction, without coercion, violence or discrimination.

The sexual and reproductive health and rights of women as well as lesbian, gay, bisexual and transgender (LGBT) people are violated in many parts of the world. This has widespread consequences for the spread of HIV. The large majority of all new cases of HIV are transmitted sexually, or in connection with pregnancy, childbirth and breast-feeding. Vulnerability to HIV increases because of sexually transmitted infections, gender-based violence and the lack of information, knowledge and access to contraception, such as female and male condoms. By linking initiatives for sexual and reproductive health and rights with HIV prevention efforts, a vastly increased number of opportunities are created for curbing the spread of the pandemic.

The general principle of non-discrimination is fundamental and is found in all human rights conventions. People who are denied their rights are particularly vulnerable and run a greater risk than others of becoming infected with HIV. By guaranteeing people their human rights they will become less vulnerable to HIV and AIDS. No one must be subjected to stigmatisation or discrimination owing to their HIV status. At the same time, people living with HIV are often victims of both discrimination and stigmatisation. They are excluded from the life of their communities and denied equal treat-



FOTO: JOACHIM LADEFOGED / VII

ment, for example in the labour market and with regard to access to care and treatment. This, in turn, hampers HIV-prevention.

The lack of gender equality is one of the reasons for an increasing number of women and girls living with HIV. Women and girls are also particularly affected by the impact of epidemics. They often become the sole providers, and bear main responsibility for the care of their relatives. Violations of the rights of women and girls hinder both work to prevent HIV and AIDS and to alleviate the effects of the disease. Promoting gender equality is therefore necessary to be able to respond to epidemics effectively. The rights of women and girls must be respected and they must be empowered to decide over their own bodies, sexuality and reproduction. Women and girls must be given greater opportunities to influence their lives. This also applies to women and girls who sell sex, who are living with HIV, who are disabled, or who are members of the LGBT community.

A key starting point in this work is to challenge the traditional view of women and men and the relations between them. Men must begin to support increased efforts for gender equality and question traditional male roles and gender-based violence. Men's responsibility for children and the care of their families is key to HIV prevention work, as is their involvement in mitigating the effects of the epidemics. Without a change in attitudes and behaviour among men and boys, unequal power structures will remain.

At the same time it is important to see that men and boys also have special needs and are vulnerable to HIV and AIDS, often as a result of traditional male roles.

The underlying causes of the lack of gender equality must also be tackled. Women and girls need increased financial independence and to be empowered to decide over their own lives. This is facilitated by providing opportunities for education, employment and the right to property and inheritance.

*Increasing opportunities for young people and key populations at risk to influence their conditions of life*

Strengthened respect for human rights and greater gender equality also means bringing young people and key populations to the fore.

Many children and young people have been infected with HIV at birth. Others have been infected through sexual contacts, assault or substance abuse. The large number of young people living with HIV shows this

group's vulnerability to HIV and makes initiatives to reach children and young people particularly urgent. Young girls are especially vulnerable to HIV when they are subject to sexual or other forms of violence. Inequalities in society often also force them to have sexual relations with older men. Young people also have a sexuality and the right to positive, responsible and safe sex lives, regardless of their HIV status. Access to sexuality education and information on HIV and AIDS, particularly in schools, is therefore important. Similarly, access to youth clinics offering information and education, voluntary counselling and testing, is also of key importance.

If the spread of HIV among young people is to be reduced effectively, it is important that the role of young people in prevention is strengthened. Work to alleviate the long-term effects of HIV and AIDS also requires the involvement of young people. Young people are not only a target group for interventions; they must also be seen as actors who are allowed to influence decision-making.

Key populations at risk are often excluded from prevention and treatment programmes and therefore run a greater risk of being infected with HIV than the population as a whole. The issue of who should be included in the concept of key populations at risk may vary in place and over time. The concept conventionally includes men who have sex with men, injecting drug users and those selling sex and their clients. Other groups that may be more vulnerable to HIV infection are women, young people, migrant workers and refugees, LGBT people, people with disabilities, prisoners and indigenous peoples.

In concentrated epidemics these groups have greater vulnerability and show higher HIV prevalence rates than the general population. This may also be the case in generalised epidemics. Concentrated epidemics also occur within generalised epidemics. To prevent HIV from spreading to the general population, it is important to focus on reducing vulnerability among key risk populations.

## 4.3 Areas of activity

### *Preventing the spread and alleviating long-term effects*

Sweden is to give special priority to the prevention of HIV and to the alleviation of its long-term effects. This work is to be permeated by the requirement for strengthened respect for human rights and greater gender equality. Efforts are primarily to be directed at promoting better conditions and opportunities for women and girls, young people and other groups at major risk of being infected with HIV and thus dying prematurely of AIDS.



FOTO: PHOENIXIMAGES

### 4.3.1 Prevention is crucial

The continuing spread of HIV worldwide makes prevention work crucial. This is to be prioritised in Sweden's international action in the field of HIV and AIDS. For Sweden, tackling the underlying causes of the transmission of HIV is a matter of particular urgency.

Effective and successful prevention efforts require that respect for human rights is strengthened and that gender equality is increased. A broad approach is also needed so as to reach the entire population: adults, young people and children.

Respect for people's sexual and reproductive health and rights is necessary for successful responses against HIV and AIDS. Men and women, children and young people, regardless of HIV status, sexual orientation and gender identity must therefore have access to information and knowledge about HIV and SRHR. Such information and knowledge may also have an impact on people's decisions concerning their own sexual behaviour. Recent studies show that having several concurrent partners combined with low levels of condom use increases the risk of HIV transmission. Access to protective contraception is of key importance. The possibilities of using both existing and new prevention technologies must be fully examined. Support to research on vaccines and microbicides continues to be important.

Successful prevention efforts require that stigmatisation and discrimination are reduced and that openness is promoted at all levels of society. Beneficial, non-discriminatory legislation that is observed, general access to information and knowledge of human rights, and well-functioning democratic processes that allow people to exercise their rights make this possible.

Key populations at risk are often marginalised in society and are seldom reached by prevention programmes. This is why HIV continues to spread in these groups and also from them to the population as a whole. Both initiatives specifically focused at target groups and overall measures are required to curb the transmission of HIV. Examples of targeted initiatives are syringe exchange programmes for injecting drug users as part of comprehensive treatment programmes, and initiatives to reach those who sell sex and their clients, both with preventive measures and treatment. Targeted measures involving injecting drug users should be continually evaluated to ensure that undesirable outcomes do not occur.



Effective prevention programmes require that information, knowledge and prevention also target people who are living with HIV to enable them to take responsibility and protect their partners or children – before, during and after birth – and thus help prevent further infection. This requires access to counselling and testing as well as to good maternity care and initiatives to prevent mother-to-child-transmission of HIV. Men must also be involved in these efforts.

Effective prevention efforts require both medical and socioeconomic research, particularly with regard to the underlying causes of HIV transmission.

### **Sweden is to take action to ensure that:**

- strengthened respect for human rights and increased gender equality permeates efforts to prevent HIV. HIV prevention should be rights based and adapted to the needs of the target group, regardless of HIV status. Men and boys' responsibility for gender equality must increase;
- people who run a higher risk of being infected with HIV must be made visible and given greater opportunities to influence their conditions of life;
- sexual and reproductive health and rights of women and men, girls and boys, with relevant services, are guaranteed;
- young people, boys and girls are given access to relevant sexuality education and youth-friendly services that include information on SRHR, sexually transmitted infections and HIV prevention;
- medical and socioeconomic research on the prevention of HIV is strengthened.

At the same time prevention efforts must be seen in context. Effective prevention measures require well-functioning care and treatment initiatives. Access to treatment increases people's interest in getting tested. Making people aware of their HIV status is fundamental to curbing the spread of the epidemic. This is why HIV counselling and testing are key elements of prevention work. The possibility of being treated can also help reduce stigmatisation and discrimination. Functioning care and treatment require, in turn, that national health systems are strengthened.

Within the framework of its international efforts, Sweden will work acti-

vely to promote broad, long-term solutions in the field of treatment. This can be done by providing financial support to relevant organisations, working to strengthen national healthcare systems and increasing access to pharmaceuticals in the most affected countries. With regard to the latter, Sweden intends to actively support the implementation process of the Action Plan<sup>3</sup> negotiated within the framework of the World Health Organisation.

#### **4.3.2 Sustained commitment is necessary**

The epidemic affects all levels of society and have long-term consequences in countries that are seriously affected by HIV and AIDS. To alleviate these, a broad, lasting response is needed. For Sweden it is essential to also prioritise the mitigation of the long-term effects of HIV and AIDS.

In the most affected countries, the demographic consequences are dramatic, such as higher mortality rates among adults, increasing child mortality, declining life expectancy and changes in the size and structure of the population. For individuals and households affected by HIV and AIDS, the results are loss of income, a decrease in food supply and greater costs for care. A serious effect is the increasing number of orphans, many of whom are forced to leave school and assume responsibility for supporting the family and providing care at a young age. Without their parents, these young people are more vulnerable to poverty, disease and sexual exploitation. Old people left on their own is another effect. Efficient social security systems ensure that these consequences of the epidemics are alleviated.

Increasing gender inequalities, particularly regarding care of relatives in the home, where women and girls are expected to assume the major responsibility also follow fast on the heels of the epidemics. This leads to girls being forced to leave school and women giving up an income from employment and thus living in greater dependence on male relatives. Promoting men's responsibility for their children and for care of their families is therefore of key importance.

HIV and AIDS leads to skilled workers falling ill and dying, which has far-reaching consequences primarily in the countries that are most affected. The spread of HIV and AIDS leads to a lack of human resources in practically all sectors of society. Its impact on the healthcare and education systems is particularly serious. Staff are lost when employees fall ill, die or are forced to care

<sup>3</sup> Global strategy and plan of action on public health, innovation and intellectual property

for sick relatives. Declining access to education and knowledge, particularly for the younger generation is another consequence. The lack of education, in turn, leads to increased gender inequalities, as well as fewer opportunities for employment. For the health sector, the large – and growing – numbers of people living with HIV and AIDS put even greater strain on systems that are already weak in many countries. The fact that many of those who are ill have tuberculosis or other diseases at the same time puts further strains on health systems. Apart from this, the recruitment of low paid healthcare staff from South to North and the competition for staff from large HIV funding initiatives in the affected countries themselves, is another reason for healthcare personnel leaving publicly financed primary care. Strengthening national healthcare systems, including infrastructure and human resources, is therefore vital.

In addition to this, food security is threatened when workers in the agricultural and fisheries sectors fall ill and die prematurely. This also has a long-term impact, since important knowledge and skills are lost. Promoting an



FOTO: UNAIDS/L. TAYLOR

awareness of the effects of HIV and AIDS in the agricultural and fisheries sectors is therefore essential.

HIV and AIDS have an enormous impact on the most affected societies and their consequences will remain serious for a long time to come. Their link to six of the eight UN Millennium Development Goals demonstrates the epidemic's consequences from a wider development perspective. A broad approach is therefore key. HIV and AIDS constitute a challenge that requires a long-term approach and the perseverance of all the actors involved, particularly those in the affected countries themselves, but also donors.

To be able effectively to alleviate the impact of HIV and AIDS, in-depth research on its long-term economic, social and cultural consequences is required.

**Sweden is to take action to ensure that:**

- strengthened respect for human rights and greater gender equality permeate efforts to alleviate the long-term effects of the epidemics. This primarily means drawing attention to and dealing with the particular vulnerability of women, children and young people and also involving men in efforts towards gender equality-creating activities.
- HIV and AIDS become part of broad health efforts and thus part of concerted development efforts of the countries affected. International support in the area of HIV and AIDS is to be aligned with and support national priorities, plans and programmes.
- national systems, including healthcare and education systems, and domestic institution-building are strengthened. This means promoting the integration of sexual and reproductive health services with preventive measures and care and treatment initiatives for HIV and AIDS in the health sector and health care systems. It also means promoting the goal of education for all, so that both boys and girls receive basic schooling.
- social protection systems, including social insurance systems, are developed and strengthened.
- research on the long-term effects of HIV and AIDS and possibilities to alleviate them is strengthened.

## 5. Implementation

### *Know your epidemic*

To curb the transmission of HIV, a long-term, broad approach is necessary. Effective initiatives for preventing HIV, treating those affected and alleviating the long-term effects require that measures are adapted to the local context and to the specific target group's circumstances. In this way, support can be targeted at the people most in need. Target group-specific interventions should be combined with integrating HIV and AIDS measures into broader programmes and sectors, since both approaches strengthen and complement each other. Having knowledge of the nature of the epidemic – how HIV is transmitted and who is primarily infected – is fundamental to designing effective interventions.

HIV epidemics differ between countries and regions, but also within regions and within countries. Carrying out an analysis of the HIV epidemic is therefore of key importance. The level of ambition and relevance of various initiatives must be based on the scale, spread and nature of the epidemic.

Coherent action is key in implementing this policy regardless of at which level, or through which channels the support is given. The policy is to be put into practice in cooperation and organisation strategies or other relevant policy or decision-making documents. Account is also to be taken of this policy in Sweden's international action with regard to policy development and normative work, including that in the UN, the EU, international funding organisations and regional bodies.

In addition to overall policy development and work on standard-setting, Swedish support is provided via bilateral, regional or multilateral cooperation and via a combination of these channels. Bilateral support channelled via multilateral organisations – multi-bi assistance – is another possible form of support. Support can also be given to institutions with mainly financial functions. The political dialogue is a further channel for influence.

A key element of all Swedish initiatives is support via civil society organisations. By making use of various actors and modalities for Swedish efforts, support for target group-focused initiatives can be combined with support for the integration of broader measures.

## 6. Roles and responsibilities

### *All actors are needed*

Implementation of the policy will require an active commitment from a large number of actors (state and non-state) in Sweden and the countries affected.

Civil society plays a key role in responses to HIV and AIDS with its broad sphere of information disseminators and service organisers. These consist, for example, of religious communities and associations, NGOs, networks of people living with HIV and AIDS and parliamentary organisations. Private companies and the social partners are also important in this context. Civil society organisations partially play different roles in efforts concerning HIV and AIDS. In their role as organisers of services, they are often the implementers of projects and programmes. These may be entirely or partly financed by public funds. In other contexts they serve as disseminators of information, acting as opinion formers, mobilisation instruments and monitors. Both of these roles are key and complementary, but they may sometimes



FOTO: EVELYN KOGO, SWEDISH WORKPLACE HIV/AIDS PROGRAMME, NIR-IF METALL-SIDA

conflict with each other. There are many large, resource-rich actors in civil society, but many are also small and lack resources. This particularly applies to the countries affected, where such actors may require special support.

The private sector is playing an increasingly important role in responses to HIV and AIDS. The business sector can contribute within regular development cooperation (for example through new forms of support such as actor-driven cooperation) but it also plays a key role beyond development assistance, for example in connection with corporate social responsibility. For companies in countries that are seriously affected, it is necessary to have established well-developed and non-stigmatising regulations and policies on HIV and AIDS at the workplace. Experience has shown very efficient cooperation between Swedish companies and their subsidiaries in seriously affected countries, often with the trade union movement as third party.

Successful results require as much coherent action as possible between the various actors, both public and private. It is also of key importance that the initiatives taken support the priorities, plans and programmes of the affected countries themselves. The need to live up to the principles of the Paris Declaration on the effectiveness of development assistance is clear, particularly in view of the many actors who are involved in the HIV and AIDS area.

Good leadership is another factor of great importance to responses to HIV and AIDS. Good leadership is responsible, keenly alive to other people's views, open, inclusive and visible. This means that good leaders translate promises and pledges into concrete action, that they are realistic and open, include groups that are particularly affected and publicly take a position on important issues in order to drive the responses to HIV and AIDS forward. Measures and initiatives to identify the roles and actions of different actors, both in affected countries and among development assistance donors, are therefore essential.

Commitment by political and other leaders at global and national levels, in the affected countries and among development assistance donors, is of key importance. At the same time it is equally important to have good leadership in companies and trade union organisations, churches and religious communities, and within NGOs. Leaders among women and young people, particularly people who are living with HIV must be encouraged, as must role models in marginalised groups, such as LGBT people. Good male role models are also of key importance. Sound formal and informal leadership must be promoted – now and in the future.



## 7. Monitoring and evaluation

This policy is the fundamental platform for governing Sweden's international action in the field of HIV and AIDS. To ensure that the policy pursued has the desired effect, ongoing monitoring and an overall evaluation of implementation of the policy in 2012 are to take place. The purpose of this overall evaluation is to study how the direction and focus of the policy have had an impact on Sweden's international action in the field of HIV and AIDS. The evaluation is to clarify whether the focus of the policy is still appropriate. Identifying areas in which changes and additions are necessary will also be included in the evaluation.

The policy is to apply until further notice, although no longer than the end of 2015.



FOTO: INGRAM



## *Annex 1*

### **HIV Globally**

Sub-Saharan Africa is the region hardest hit by HIV. Twenty-two million people there are living with the disease. It is also only in this region and parts of the Caribbean that generalised HIV epidemics are found. Almost 70 per cent of the world's population living with HIV, and 90 per cent of the world's children living with HIV, are found in sub-Saharan Africa. AIDS-related diseases are also the prime cause of death among adults in the region. At the same time these epidemics appear to have stabilised in the majority of countries, albeit at high levels. The feminisation of HIV (the fact that more women and girls are affected) is clear in southern Africa, where 60 per cent of those living with HIV are women. In some countries the risk of being infected among young women and girls is as much as four times higher than among men of the same age. Children and young people are also a particularly vulnerable group in the region both as regards their social situation and when it comes to their vulnerability to HIV.

There are, however, major distinctions between different countries and different parts of Africa. Several countries in West and Central Africa and in the Horn of Africa have low national HIV prevalence rates, almost like a concentrated epidemic, while the countries in East Africa have higher prevalence figures. Kenya is an example of a mixed epidemic. The region that is hardest hit, however, is southern Africa, where the majority of countries are characterised by hyperepidemics. In these countries, more than 15 per cent of the population are living with HIV.

Widespread poverty, large social differences in the population, a considerable lack of gender equality and extensive gender-related violence against women are some of the factors behind the large-scale HIV epidemics in southern Africa.

Five million people are living with HIV in Asia, where the countries of South East Asia show the highest national prevalence. The region is characterised by concentrated epidemics, which, however, show large variation in scale and development. The spread of infection is complex: unprotected commercial sex, injection drug abuse and unprotected sex among men. At the same time, women account for almost half of all new cases in the Asian region. The majority of women have been infected by their partners, who in

turn were infected via the purchase of sex or contaminated injection needles.

In eastern Europe and Central Asia, 1.6 million people are living with HIV. The situation there shows a similar development from epidemics that were almost exclusively concentrated around injecting drug users, primarily men, to now include considerably more vulnerable groups. Today, an increasing number of women are also being infected via heterosexual contacts. Of the new cases in this region, two-thirds can be traced to injecting drug abuse and the remainder to unprotected heterosexual relations. At the same time, the epidemic is growing in some parts of the region. Men who have sex with men account for less than one per cent of the reported new cases of HIV, which is probably a gross underestimate. The uncertainty of the figures may be seen as an expression of the discrimination to which LGBT people are exposed in many of these countries.

In Latin America, 1.7 million people are living with HIV. The epidemics in the region have been at the same level and of a similar nature for the last decade. HIV is primarily transmitted among men who have sex with men. In this group, an HIV prevalence of 10–25 per cent has been reported in several countries. HIV is also being spread among those who sell sex and their clients and among injecting drug users; prevalence in these groups is, however, considerably lower.



FOTO: PLAN ROA/SOLEDADE. GUAYASAMIN

## Annex 2

### Context of the policy

The policy is primarily based on the following national and international policy decisions and policy documents:

*At national level:* The policy is based on the objective of international development cooperation, which is to help create opportunities that will enable poor people to improve their conditions of life. The policy is based on the rights perspective and the perspective of poor people on development. The global challenges identified in the Government communication on Sweden's policy for global development (PGD), particularly the challenges of *oppression* as well as *communicable diseases and other health threats*, provide the basis for the positions on gender equality and SRHR, and on strengthening the healthcare system and greater access to pharmaceuticals (Govt. Bill 2002/03:122, Communication 2007/08:89). The reasoning behind the broader rights perspective is also reflected in the Government's policy for human rights in Sweden's foreign policy (Communication 2008/09:11). Furthermore, argumentation on the link between HIV and AIDS and SRHR is based on the Government's decision on Sweden's international policy for sexual and reproductive health and rights (UD2006/6626/MU). The formulations on HIV and AIDS as part of the broader development agenda are based on the Government's decision on the Strategic Action Plan (2006–2008) for Sweden's contribution to the global fight against communicable diseases (UD2005/67774/GU). The present policy is also based on documents previously applying in this area, and primarily the strategy document "Investing for future generations".

*At international level:* The UN Millennium Development Goals are a key framework of this policy. Apart from the specific goal of reducing the transmission of HIV, malaria and tuberculosis, five other goals have a direct bearing on HIV. The declaration from the UN General Assembly's first special session on HIV in 2001, and the resolution from the follow-up session in 2006 are also key, particularly since important measures and commitments on the pandemic were identified. This also applies to Council conclusions and other agreements in the EU, relating both to activities within the Union and to EU efforts globally. When it comes to the forms of alignment with the affected

countries' own priorities, plans and programmes, international commitments such as the Paris Declaration (2003) and the action plan from Accra (2008) have served as important background documents. Several international conventions and agreements concerning children, women and population issues have also served as frameworks for the process.

*Experience, results and research:* The policy is also based on the experience gained from monitoring and evaluating activities, and on previous research results. Much of the experience and many of the research results of recent years were reported in 2006 in connection with the formulation of drawing up the global programme for universal access to prevention, care and treatment. In Sweden, the evaluation commissioned by Sida of the strategy "Investing for future generations" (Sida Evaluation 05/21), has served as part of the background material for the work.



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The policy for Sweden's international HIV and AIDS efforts is based on the objective of international development cooperation, to help create opportunities that will enable poor people to improve their conditions of life, and the Government's policy for global development (PGD), the overall goal of which is to contribute to equitable and sustainable global development.



REGERINGSKANSLIET

**Ministry for Foreign Affairs  
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