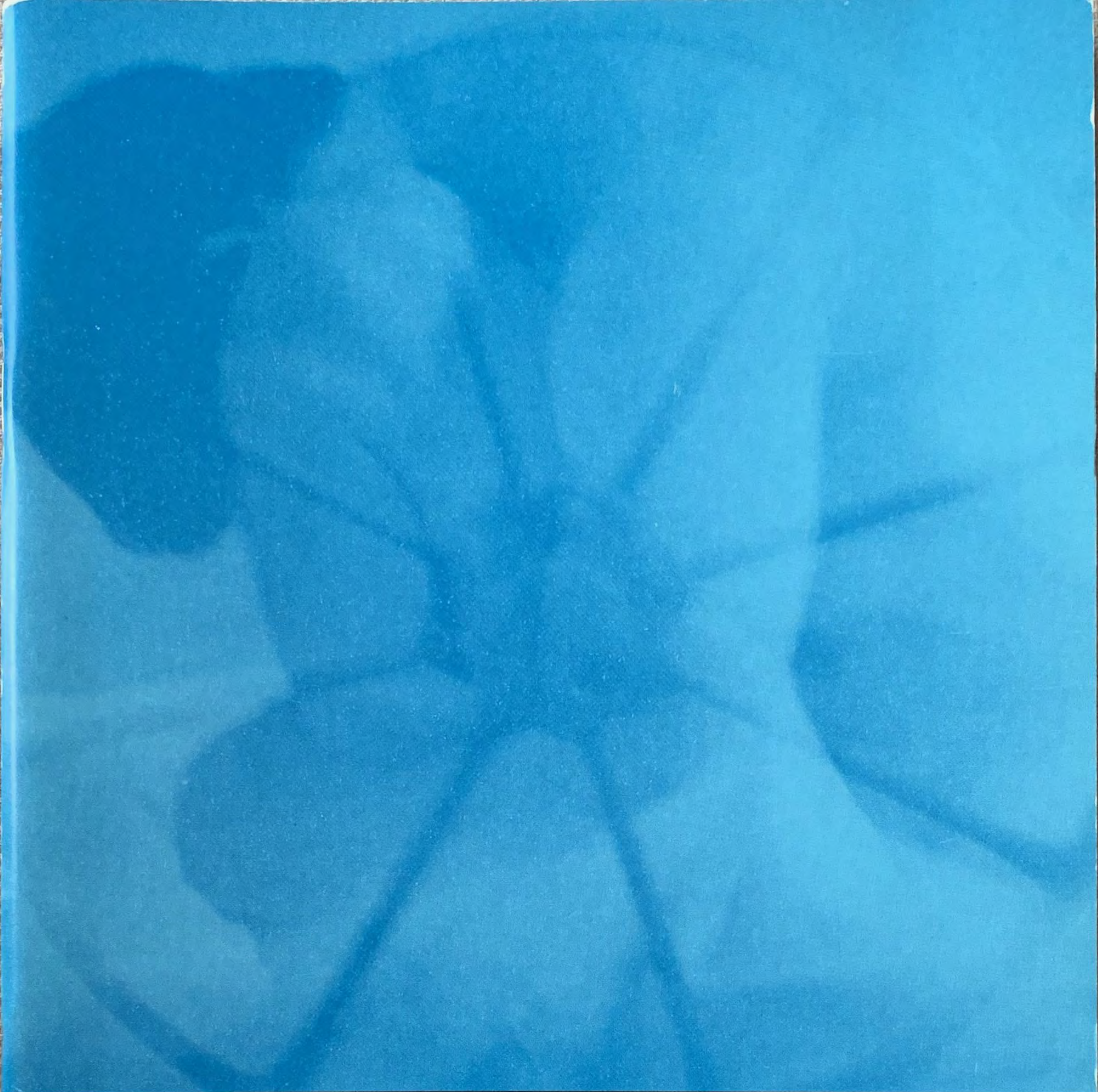

Investing for future generations

Sweden's International Response to HIV/AIDS

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Art Direction by: Nauclér AB

Foreword

When HIV and AIDS first appeared in the early 1980s, Sweden was one of the first countries to participate in the global effort to curb the epidemic. To date, Sweden has allocated about USD 150 million for HIV and AIDS programmes implemented by different national governments, international bodies, and non-governmental organisations.

Now that the serious consequences of the epidemic are becoming visible in the hardest hit countries, it is clear that present efforts have been insufficient. Infection continues to spread rapidly, indeed far more rapidly than was initially predicted. As a result, the "state of emergency", which is now beginning in many countries, threatens to reduce or reverse the effects of earlier development efforts.

It is time to make a new commitment. Renewed and stronger efforts must be made. Sweden intends to continue to support – and to increase the effectiveness of – the work to combat the epidemic.

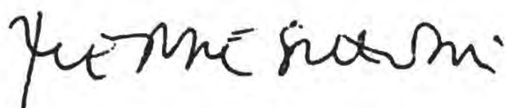
Investing for Future Generations describes the stance the Swedish government takes with respect to HIV and AIDS and development. It outlines the basis for Sweden's renewed commitment to reducing HIV transmission and mitigating its effects globally, and spells out the direction Sweden intends to take with its development partners.

What is new about the strategy? For a start, the emphasis is on present day measures to promote a better future. In pursuit of this goal, the Swedish government shifts its focus from mainly a health approach, to a multi-sectoral strategy for dealing with HIV and AIDS.

Our commitment will therefore be broader than before. Different channels for the provision of development assistance will be utilised strategically, and relevant expertise and experience will be tapped. Our aim is to make future Swedish participation in the international struggle against AIDS more relevant and effective.

In implementing this strategy, Sweden intends to consolidate existing partnerships, build new ones and encourage collaboration between the many governments, agencies and individuals that have a stake in the field.

March 1999



Pierre Schori
Minister for International
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Bo Göransson
Director General, Sida

Executive Summary

HIV and AIDS pose an increasing challenge to countries all over the world, both directly as health issues and indirectly through the challenges they pose for development. UNAIDS and WHO have recently estimated that over 33 million people worldwide are now living with HIV (a ten per cent increase in the course of 1998), and that almost half of all new infections are occurring among those aged 10-24.

Since the majority of people living with HIV have not yet developed AIDS, the impact of the epidemic is felt only gradually. The rapid rate of transmission of HIV – an estimated 16,000 new infections every day - calls for immediate action in the fields of prevention and care, as well as efforts to mitigate the epidemic's effects on individuals and communities.

Both underlying and immediate causes can be identified for the epidemic. These in turn give rise to immediate and longer-term effects. The causes and effects of HIV and AIDS are discussed in the context of an analytical framework.

The immediate causes include transmission through unprotected sex, from mother to child and through blood and blood products. More fundamental and underlying causes are of a structural and environmental nature. They include poverty, gender inequalities, population movement and lack of political will. These factors systematically render some groups more vulnerable than others, and structure the way in which the epidemic emerges and develops in different parts of the world.

In terms of effects, the individual is usually the first to suffer, but immediate effects are felt quickly at household and community levels. Children and young people may be particularly seriously affected as the capacity of families to care for their members becomes stretched. In some parts of the world, children have not only been orphaned by AIDS, but have lost all or most other close adult relatives. The health sector is also placed under stress by the increased costs of higher morbidity and an increased demand for services.

In many cases, the long-term security of the family and the community are sacrificed to meet short-term needs for survival and care. As those dying of AIDS are usually of reproductive age, there may be an absence of extended family members to care for the next generation. As the epidemic develops, other sectors of society begin to be affected. The education system may be unable to function properly through teacher ill health and the reluctance of

parents to send their children to schools when their labour may be needed at home. Other sectors of the economy are also impacted upon, particularly those that are dependent upon training and skills that are in short supply.

A wide range of actors and agencies are now involved in international efforts to reduce HIV transmission and to mitigate the social and economic impact of the epidemic. Political commitment at all levels is vital in providing a supportive environment for effective and long-term HIV and AIDS-related activities, and in ensuring that HIV and AIDS-related concerns are integrated into overall planning for development. The Swedish government intends to take a more active role internationally to ensure that a concern for HIV and AIDS is made more central to development programming.

Much has now been learned about the kinds of programmes that are effective in preventing HIV infection and which enable care and support to be offered to affected individuals, households and communities. Preventive measures implemented alongside activities for care generally achieve better results than those that are implemented alone. HIV and AIDS-related programmes consisting of a number of activities, and implemented using a multi-sectoral and participatory approach, are more likely to be successful than others.

International lessons learned along with the Swedish government's overall goals for international development co-operation highlight four strategic goals for HIV prevention and care.

- Enabling people to protect themselves against HIV infection (HIV Prevention)
- Encouraging greater political commitment to HIV prevention programmes (Political Commitment)
- Enabling people infected and affected by HIV/ AIDS to pursue their lives with quality and dignity (Care and Support)
- Developing coping strategies to alleviate long-term effects (Coping Strategies).

Investing for Future Generations describes the way in which the Swedish government hopes to contribute to the attainment of each of these goals. It outlines a number of key areas in which efforts will be focused and other areas in which financial support will be provided.

To enable people to protect themselves against HIV infection, Sweden will encourage the adoption of safer sexual behaviour especially among young

people, with a clear emphasis on gender equality. Support will be given for enhanced access to treatment for sexually transmitted infections, and for the development and availability of safe, effective and affordable vaccines against HIV.

To encourage greater political commitment to HIV prevention work, Sweden will encourage policy makers and decision makers to recognise HIV and AIDS as major development and political issues. Efforts will also be made to promote greater respect for human rights in order to protect people living with and affected by HIV and AIDS.

To allow people infected and affected by HIV and AIDS to pursue their lives with quality and dignity, Sweden will support activities that provide social support to poverty affected households, and social and educational support to affected children.

Finally, in order to develop coping strategies to alleviate the effects of HIV and AIDS, Sweden will promote evidence based, sector specific, impact alleviation and strengthening sectoral capacities. These will include manpower planning in the health and other badly affected sectors of the economy.

Investing for Future Generations also describes how Sweden intends to work internationally through the United Nations system and the European Union, and bilaterally with partner countries, to ensure that HIV and AIDS-related issues are given greater prominence in development co-operation agendas. A number of levers are identified to facilitate the strategy's implementation, including existing policy statements, guidelines and action plans. Together, these identify ways of strengthening the Swedish government's contribution to international work in the fields of HIV-related prevention and care.

Sweden will continue to support scientific research relevant to each of the above strategic goals. Continued support will be given to bilateral research cooperation, also aiming at the development of research capacity in partner countries, as well as to special research projects producing results of more general relevance. Co-operation will take place with relevant international programmes so as to strengthen partnerships between developing countries and the international research community.

1.

HIV/AIDS and Development

As the epidemics of HIV and AIDS unfold, they place new burdens on countries, peoples and their development partners. The consequences of these burdens are felt not only today but will also be present in years to come.

HIV and AIDS pose complex development issues: some that may be common to all societies, others that vary between societies. Responses to HIV and AIDS can be of different types, and vary from the supportive and the positive to the discriminatory and negative. It is also important to recognise that they change over time.

1.1 The Unfolding Crisis of Development

International experience shows that HIV disease is usually first understood as a health sector problem. This leads governments and international agencies to underestimate the impact of HIV and AIDS on development. AIDS is a critical problem for development because of the number of people and sectors affected. By killing large numbers of productive and reproductive adults, AIDS erodes the human development infrastructure and increases health and welfare demands while adding to the cost of providing services. It also increases the total number of children orphaned by the death of one or both parents.

Labour costs increase with staff turnover, absenteeism, loss of skills, and increased recruitment and training costs. AIDS reduces formal and informal sector productivity. It undermines family stability and security, and erodes savings and investment at all levels.

Disproportionately affecting the poor, HIV disease deepens socio-economic inequalities and thrives on gender inequalities and human rights abuse, making it even more imperative to address these issues swiftly and effectively. AIDS also undermines formal and informal institutions within society, weakening the capacity of individuals and of society to respond to the crisis.

The impact of AIDS builds up over several decades. This seriously impedes prevention, care and impact alleviation early on, when interventions are likely to be most cost effective. Future generations will experience the worst of the epi-

demic if action is not taken now. Even countries with the most mature epidemics, where the incidence of infection may actually be slowing, will experience steep increases in mortality in the next few years.

AIDS cannot be viewed independently of wider socio-economic and political realities. Development processes themselves may also increase HIV-related risks (e.g. by opening up transport routes and by relocating of populations). Development agencies need to understand both the impact of AIDS on development (and therefore the urgency of effective HIV prevention), and the ways in which development processes themselves can inadvertently fuel the epidemic.

Governments, policy makers and community leaders need to put HIV and AIDS prominently on national development agendas. Past unwillingness to do this has impeded public awareness and effective prevention and coping. This reluctance to act has many sources of origin. These include the stigma associated with AIDS, personal fears and anxieties, an unwillingness to discuss sexuality and to challenge religious norms and traditional gender structures, and ignorance of the longer-term development implications of the epidemic.

Box 1. Basic facts about HIV and AIDS

HIV stands for Human Immunodeficiency Virus, the virus that causes AIDS. AIDS stands for Acquired Immune Deficiency Syndrome. This condition is present when the immune system has become seriously weakened by the virus, and the infected person can no longer fight off certain infections.

Following infection, the virus replicates rapidly leading to a strong immune response and the development of antibodies. These antibodies can usually be measured by a blood test within a few weeks of infection. If they are detected, the person is said to be HIV positive.

For a varying period of time, the immune system keeps HIV infection in check and the person only gradually develops serious immune deficiency. She or he appears healthy with little sign of infection although the virus can be transmitted to others through semen, vaginal and cervical secretions, and blood. During this period, and provided the conditions are right, people living with HIV can have long and productive lives.

Gradually HIV overwhelms the immune system causing susceptibility to infections that healthy people successfully fight off. These opportunistic infections include certain kinds of pneumonia, tuberculosis, some fungal infections and many other diseases. This end stage of HIV disease is called AIDS.

1.2 The Epidemic

1.2.1 General Situation

Despite efforts to curb the epidemic, current estimates show that HIV continues to spread rapidly. The epidemic is well established in Sub-Saharan Africa and is growing rapidly in parts of Asia and in Central and Eastern Europe where it is fuelled by economic and social transition.

More than twice as many people were newly infected by HIV than died of AIDS in 1998. This means that the number of people currently living with HIV is rising rapidly. The main impact of the epidemic is still to be felt even in those countries in Africa that already have mature epidemics. HIV also exacerbates other health problems and has led to a massive resurgence of tuberculosis (TB).

Box 2. Estimates

UNAIDS and WHO currently estimate that:

- 5.8 million people were infected during 1998 alone, or 16,000 every day;
- 33.4 million people world-wide were living with HIV in 1998, of whom 13.8 million were women and 1.2 million were children;
- 13.9 million people have died of HIV and AIDS-related illnesses since the start of the epidemic, of whom one-third are women and a quarter are children;
- About 7,000 young people aged 10–24 are infected with HIV every day, that is five young persons every minute;
- Around 600,000 children are born with HIV each year, the majority of whom will die within five years.

1.2.2 Regional Patterns

The rate of new HIV infections demonstrates wide differences between and within regions. The reasons for these geographical differences are not fully understood, but the main factors are clear and relate to different transmission routes and risk environments, as well as when HIV first reached a given region.

Large differences in HIV prevalence may also occur within countries. It is

sometimes useful to think of there being multiple epidemics within a country (or region), not just one.

Sub-Saharan Africa is, to date, the worst affected region of the world, accounting for 83% of all HIV and AIDS-related deaths. Transmission has mainly been through heterosexual sex, (with women and men equally infected), and from mother to child. Most of those infected in Africa, however, are unaware of their infection until they become seriously ill and die. An estimated 22 million people are now living with HIV in Africa. Fears are that up to one-third of children will be orphaned by AIDS in the worst affected countries. The epidemic is rapidly developing in southern Africa.

In Asia, where the epidemic began later, about 6.7 million people were living with HIV in 1998. It was not until the early 1990s that a number of countries experienced substantial numbers of infections. These were initially concentrated among groups such as drug injectors and sex workers. Reported prevalence continues to vary widely between countries. India and many countries in south-east Asia are comparatively hard hit, while HIV incidence is reported to be falling in Thailand because of prevention campaigns.

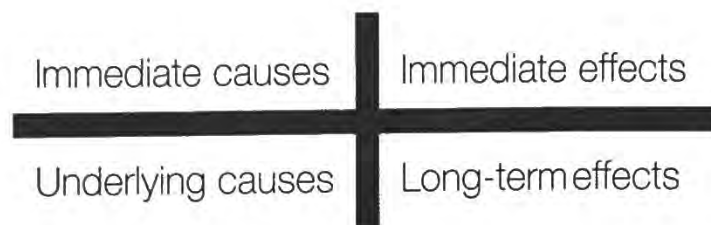
In Latin America, the pattern of HIV spread is similar to that in industrialised countries. In this region, it is estimated that 1.4 million people are now living with HIV or AIDS. Most initial infections took place among men who had unprotected sex with other men, and among injecting drug users who shared needles. However, heterosexual transmission is now becoming more frequent. Increasingly, poor people and the less educated are being affected, and among them are increasing numbers of women.

In Central and Eastern Europe and in Central Asia there has been a rapid increase in HIV infection over the past few years, related mainly to injecting drug use and unprotected sex between sex workers and their clients. Recent data from UNAIDS indicate that in 1998, almost 270,000 people were living with HIV or AIDS in this region.

2.

Causes and Effects

In order to understand the rapid transmission of HIV, as well as the social and development consequences of the epidemic, it is helpful to distinguish between different kinds of causes and effects. These factors are in fact closely interrelated, and they may in various ways reinforce one another.

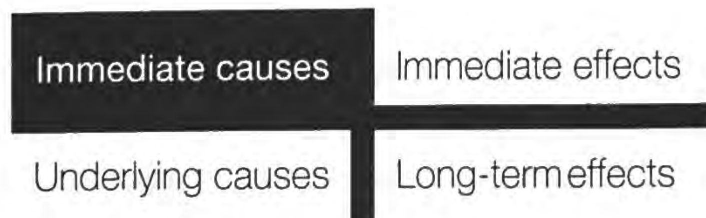


2.1. HIV Transmission

2.1.1. Immediate Causes

There are three main modes of HIV transmission:

- sexual transmission,
- transmission from mother to child, and
- transmission through transfusions and the sharing of blood or blood products.



Sexual transmission

Sexual transmission occurs through unprotected penetrative sex. Globally, the majority of cases of sexual transmission have occurred between women and

men. However, in some countries, sex between men is the main route of sexual transmission. Factors increasing the risk of sexual transmission include:

- high rates of partner change in environments of high HIV prevalence
- low levels of condom use
- high levels of untreated sexually transmitted infections (STIs)
- sexual partnerships between older men and younger women (transmitting infection from a cohort with a higher level of infection to a cohort with a lower level of infection)

Safer sex significantly reduces HIV transmission. Peer education, training in communication and sexual negotiation skills, condom promotion, information campaigns, and sex education for young people, all have a role to play in sexual risk reduction.

The female condom and the development and dissemination of affordable, safe and effective vaginal microbicides will enhance women's ability to protect themselves against HIV infection. Both of these new prevention technologies will make women less dependent on men's willingness to use condoms.

The success of HIV prevention is enhanced when it is integrated into existing systems for the promotion of sexual and reproductive health, and sexual and reproductive rights (e.g. when it is linked to voluntary and confidential systems of STI treatment and counselling). Well-trained staff and client-friendly services encourage people to seek HIV-related information, counselling and support.

There remain major challenges for scientific research in relation to the immediate causes of HIV infection. Ultimately, the development of safe, effective and affordable vaccines may offer the only way of ending the epidemic, and important vaccine research is presently being carried out in industrialised countries with the support of a few national and international agencies. Such research should increasingly involve developing country scientists, especially in view of the fact that field trials will of necessity have to be carried out in these countries.

There is a continuing need for research to develop understanding of how best to promote safer sexual behaviour and other actions to decrease the transmission of HIV. This research is to a large extent locality specific and requires the active involvement of national scientists.

Mother to child transmission

HIV transmission from mother to child (MCT) – or vertical transmission as it is often called – can occur during pregnancy, during birth and through breastfeeding.

The rate of vertical transmission from a mother living with HIV or AIDS to her child is on average 20% during pregnancy and delivery, and 15% through breast-feeding, but varies across different settings.

Vertical transmission can, however, be almost entirely prevented by the administration of anti-retroviral zidovudine therapy before and during birth, improved obstetric practice, and the avoidance of breast-feeding.

Where a woman is infected, the following factors increase the likelihood of MCT:

- the mother has an advanced stage of HIV infection or became infected during pregnancy or lactation
- invasive obstetric procedures
- prolonged breast-feeding.

Past experience indicates the need for effective support systems, including improved pre-natal care, enhanced obstetric practices, and improved nutrition. Actions focusing on primary prevention among adults must be the first and main priority. Voluntary counselling and testing is essential in order to encourage pregnant women to find out their HIV status. It needs to be offered alongside support to pregnant women living with HIV or AIDS so as to reduce vertical transmission during birth.

Counselling of mothers about different feeding options, and support for safe replacement feeding or modified forms of breast-feeding may reduce mother to child transmission. It needs to be recognised, however, that women practisising different feeding options may experience stigma and discrimination if it is believed by the wider community that they have HIV disease. Efforts should therefore be made to counteract such negative responses and reinforce solidarity with those affected.

Progress has been made in developing less intensive and more cost-effective zidovudine regimens for use in developing countries. However, in the foreseeable future at least these regimens are likely to remain out of reach of most women in the countries where they are most needed. Further research is needed to develop affordable antiretroviral treatment regimens to curb vertical transmission as well as different feeding options.

Shared blood and blood products

HIV is transmitted via blood and blood products between drug injectors sharing contaminated equipment, and between patients receiving infected blood and blood products through transfusions.

Injecting drug users

HIV infection through the sharing of contaminated needles and syringes among injecting drug users is common in Eastern and Central Europe, Asia, and Latin America, and is increasing in parts of Africa. HIV transmission among injecting drug users increases when there is:

- lack of information, awareness and support programmes for users to reduce the level of drug injection
- a high level of rapid sexual partner change (e.g. in the context of sex work to purchase drugs)
- an insufficient supply of clean needles and syringes, or where arrangements for the exchange of used needles and syringes for clean ones do not exist.

International experience suggests that the best way of reducing HIV transmission among injecting drug users is through a comprehensive package prevention measures. Such a package should include education, training in skills, access to sterile injection equipment or the means of disinfecting equipment, access to condoms, treatment and rehabilitation programmes, and education to reduce the demand for, or prevent the abuse of, injected drugs.

Blood transfusions

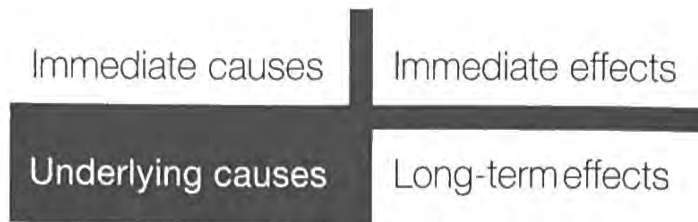
Within health care settings, the transfusion of infected blood and blood products, and the use of contaminated needles and syringes, can also transmit HIV. Transmission through blood transfusions is particularly likely when there is:

- poor blood donor selection and screening alongside high HIV incidence in donor populations
- incomplete blood screening (e.g. of emergency blood donations in peripheral health services due to lack of rapid testing kits).

In order to make blood transfusions safer, extensive blood screening programmes were implemented in many countries at an early stage of the epidemic. A few countries' programmes work effectively, but many continue to experience problems in reaching adequate levels of blood safety.

2.1.2. Underlying Causes

Beyond the immediate factors identified above, an individual's risk of acquiring HIV infection is influenced by underlying causes that increase individual and societal vulnerability to HIV.



Weak political commitment

Strong political commitment to fighting the epidemic is vital. Leaders at all levels have been reluctant to put HIV and AIDS on national development agendas and to see the epidemic as a serious development issue. Unless governments, policy makers, religious and community leaders and the private sector advocate for and support HIV prevention, open discussion and relevant action will simply not take place. Weak political commitment may mean:

- difficulties in openly discussing sexuality and how HIV is transmitted
- the dynamics of the epidemic in specific settings will not be fully understood
- efforts to address HIV and AIDS in its socio-economic and cultural context are undermined.

Political commitment is of particular importance early in the epidemic. Early actions are most cost-effective if the incidence of HIV among those most vulnerable to infection can be reduced. By investing in prevention when fewer people are infected, governments may be able to contain the epidemic and avoid future health care and support costs for people living with HIV or AIDS.

Research is needed to better understand the underlying causes of HIV and AIDS including the factors that impede or lead to political commitment. This kind of research might include studies of why some policy makers, church and community leaders are reluctant to promote sex education in schools, and of ways of overcoming this resistance.

Poverty

Not only does poverty enhance HIV-related vulnerability; AIDS widens the gap between the rich and the poor, and hampers economic growth. The escalating incidence of HIV in developing countries highlights the role that poverty plays in fuelling the epidemic. It is important to recognise that:

- poor people have less access to information, health services including treatment drugs, and the means to protect themselves against infection

- poor people are less able to act on information they receive, partly because of powerlessness, but partly because survival needs may drive them to adopt risky survival strategies (e.g. selling sex)
- malnutrition and poor living conditions increase the risk of exposure to other infections and health hazards.

Gender inequality

Men have a crucial role to play in HIV prevention, being the dominant partners in sexual relations. Because being brave and taking risks is so closely linked to masculinity in many cultures, men may expose themselves and their partners to risk through failing to practice safer sex. They may be particularly reluctant to use condoms with their wives and other regular sexual partners.

Because of their dependence on men economically, socially and legally, many women cannot negotiate for safer sex, and thus reduce their risk of infection. Stereotypical cultural norms, and expectations that are difficult to confront, influence many heterosexual relationships. Other gender issues relevant to HIV transmission include:

- women's greater physiological susceptibility to infection
- women's vulnerability to sexual and other forms of violence.

Men may face difficulties trying to change their behaviour as they may be constrained by stereotypical assumptions and practices that they, as individuals, find it difficult to confront. Male sexuality and the determinants of changes within male sexual behaviour are as yet poorly understood.

Lack of dialogue on sexuality

Because open discussion of sexuality is taboo within many cultures, and because AIDS is so closely associated with sexuality and death, people often avoid talking openly about sex. Even in contexts where the sexual and reproductive health and rights are recognised, open discussion about sex and sexuality can be difficult. As a result:

- adults hesitate to provide young people with information and education on sexual matters
- many cultures lack neutral words in which to talk about sex and sexuality. This can impede frank and open dialogue on sexual matters including HIV and AIDS.

Since open discussion of sexual matters remains difficult in many countries,

culturally sensitive programmes using a participatory approach are often appropriate. Advocacy by policy makers at various levels is essential for the success of this kind of work. But policy makers too may require support in being more open about sexual matters.

Young people and HIV

Young people may be especially vulnerable to HIV transmission when they first become sexually active. They may lack appropriate sex education and/or life skills training, as well as social support. Inaccurate information about sex and sexuality may have been received from friends and other sources, and young women in particular face heightened physiological and other risks. Other problems facing young people include:

- lack of education about sex and sexuality
- sexual initiation rites such as female genital mutilation
- lack of social support including youth friendly sexual and reproductive health services
- the non-availability of youth friendly HIV counselling and testing services.

Girls may face particular risks linked to trafficking and prostitution, as well as from 'sugar daddies' and the tendency of some men to prefer younger girls as sexual partners because they believe they are less likely to be infected by young girls.

Experience shows that young people want to take an active part in decisions affecting their own lives, including activities to prevent HIV transmission. In educating young people about sexuality it is important for parents and society to convey positive and helpful messages.

Experience indicates that education about sex and sexuality, including HIV/AIDS, does not promote sexual activity in young people. On the contrary, such educational programmes may lead to the increased practice of safer sex and a more positive view of sexuality and gender relations, as well as delayed sexual debut. Good quality sex education in combination with youth friendly services and condom promotion usually results in positive outcomes.

Population movement

Circumstances of high population mobility and conditions of socio-economic change and insecurity can increase HIV-related risks.

- Urbanisation can contribute to a break down in the protective social norms and values that are sometimes found in rural areas.

- Compared to more isolated communities, a high HIV prevalence often occurs along trade and transport routes, in commercial centres and near military bases.
- Families are often split up as men and women move in search of employment. This in turn can facilitate HIV transmission.
- HIV-related risks may be particularly high in environments such as refugee camps where social norms and structures have broken down, and where there may be profound inequalities of power.

Human rights infringements

HIV and AIDS are highly stigmatised because of their close associations with sex and death, and the human and legal rights of people living with HIV or AIDS are frequently eroded. This stigma discourages people from being tested for HIV, and from openly discussing the epidemic and the way in which it affects them. Moreover,

- the greater the discrimination, the more the epidemic is driven underground and the more prevention is impeded
- within a human rights focus, the rights of women are of special concern.

In 1997 the United Nations Office of High Commission for Human Rights (OHCHR) in collaboration with UNAIDS published a set of international guidelines concerning human rights and HIV/AIDS. These guidelines encourage nations to actively involve people living with HIV or AIDS in HIV and AIDS policy development, programming and interventions.

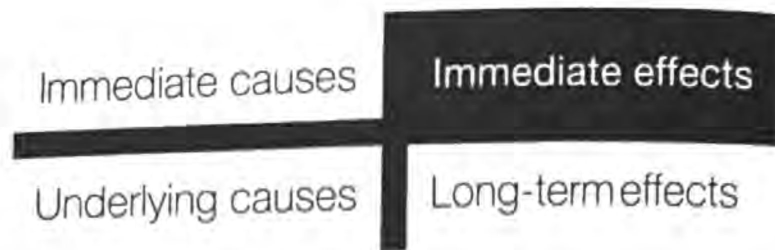
2.2. Effects of the Epidemic

2.2.1. Immediate Effects

Increased morbidity and mortality have important consequences for individuals, their families and all sectors of society. A high prevalence of HIV and AIDS, as in parts of southern Africa, generates serious additional burdens at all levels of society with major implications for development. The immediate impact of AIDS is most directly felt at the household level, in particular among children and in the health sector.

Households

Families and networks of kin become increasingly stretched as the number of deaths escalates and the number of orphaned children grows.



AIDS may reinforce existing gender inequalities. Rural women, in particular, may experience an increased workload because of extra demands for agricultural and domestic duties and for care. Furthermore,

- the loss of income and remittances, absenteeism, and the loss of household labour, combined with increased expenditures on health care, funerals and transport (to clinics and hospital), can lead to increased impoverishment
- extended families are increasingly called upon to care for orphaned children at a time when their own labour, savings and assets are declining
- widows and elderly women often lack financial, legal and moral support when, as the sole adult within the family, they take on responsibility for the care of children and young people
- the changing balance of labour within households may encourage less labour-intensive and less nutritious crops to be grown.

Many households adjust to HIV and AIDS by developing new survival strategies, including different ways of producing food and undertaking trade.

Experience shows that communities need a wider network of support to enable them to provide home care for the sick, and improved support for widows, elderly people and the disabled. Community-based social welfare systems run by people affected by and living with HIV and AIDS offer one way of assisting households to adjust to the changing situation.

In some parts of the world, people living with HIV or AIDS have established support groups and advocacy networks. The incentive to join such groups is usually an attempt to meet basic survival needs.

Children and young people

The situation of children in a world with HIV and AIDS is getting worse. More children are orphaned as the number of deaths among adults increases. This forces them to undertake new roles within the household and seek new ways of survival. As more mothers transmit HIV to their infants, the number of children living with HIV or AIDS also increases. Furthermore,

- children and young people may be taken away from schooling, thereby reducing their long-term security
- orphans may face heightened risks of HIV, especially when they lack access to an extended family or a stable and secure social network. Some may become street-children vulnerable to child labour, exploitation and sexual abuse.

There is a growing understanding of the special situation of children and young people in relation to HIV and AIDS. Organisations, such as the United Nations Committee on the Rights of the Child, have highlighted the importance of acting urgently to meet the special needs of children, and of involving them in the process. Projections suggest that the number of orphaned children will increase significantly over the next few years as a result of AIDS. This highlights the need for new systems of support.

Community-based organisations and other non-governmental agencies are helping meet the HIV and AIDS-related needs of children and young people, be they orphaned or otherwise. However, sustainable and culturally acceptable long-term solutions have still to be found for the care of children orphaned as a result of AIDS. The focus should be on providing children and young people with community support, not on residential care.

The health sector

The epidemics of HIV and AIDS already have, and will continue to have, a profound effect on the health sector. The demand for health services, including drugs, rises as more people develop opportunistic diseases such as tuberculosis, pneumonia, diarrhoeal diseases, and other infections. The capacity of the health care system to cope will gradually be diminished by the loss of staff through AIDS-related deaths, and increased costs may arise from the introduction of new safety procedures. Moreover,

- many common infections are more difficult and costlier to treat in the presence of HIV
- health systems may be put under increased pressure by the increasing number of patients with AIDS, and because the average hospital stay of an AIDS patient is longer than for other conditions. As a result, other patients may be displaced
- people with AIDS tend to seek care in secondary and tertiary institutions. This is not sustainable in the long term, taking into consideration the overall burden of disease in developing countries.

In many countries, efforts are underway to implement a continuum of care

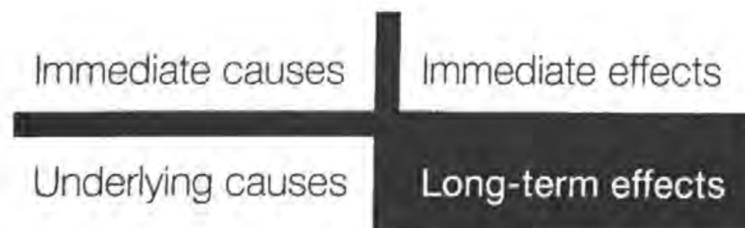
with medical, nursing and psychosocial components as well as home-care support. This requires collaboration between health and other sectors, and access to treatment drugs for opportunistic infections.

In providing such a continuum of care, it is important not to compromise the health care provided for other diseases. Key activities include promoting the development of new and cost-effective protocols for HIV and AIDS-related care, and improved human resource development within the health professions. This kind of work is best underpinned by health systems research to provide evidence of the most effective approaches to adopt.

While new and potentially effective anti-retroviral drugs are available to people living with HIV and AIDS, adherence to currently complex treatment regimens is difficult. The cost of these drugs is also high and currently out of reach of most people in developing countries. Additionally, many countries lack the health support systems needed for effective treatment. International negotiations and research is needed to find new and cost-effective ways of providing anti-retroviral drugs to HIV-infected people in developing countries.

2.2.2. Long-Term Effects

National strategies to alleviate the long-term consequences of AIDS on the various sectors of the economy require a better understanding of the dynamics of the epidemic and its links to other development issues, including poverty and gender. Policy-makers, politicians, informal leaders and managers need to be encouraged to make plans to cope with the wide-ranging consequences of HIV and AIDS. Even in the worst affected developing countries, the proportion of people who have already developed AIDS is relatively minor compared with the number who will be affected in the future. Hence, the worst effects of the epidemic are still to be felt. HIV and AIDS are likely to affect development efforts by governments and their international partners for decades to come.



Demographic impact

In the worst hit regions of the world, AIDS is already affecting the demographic structure of the population, with concomitant effects on human development indicators;

- dependency ratios are worsening
- life expectancy is being reduced (up to 50% in the most affected countries)
- past gains in infant and child mortality are being eroded or even reversed
- population growth rates are slowing as a result of increased mortality among the most reproductive members of society.

Inter-generational consequences

Within families, the impact of AIDS is cumulative. Households sacrifice longer-term security to meet short-term needs. The capacity of extended families and networks of kin becomes increasingly stretched as the number of deaths escalates and the number of orphaned children grows. Moreover,

- the next generation of orphaned children will be even more vulnerable than the present one, as the buffer of extended family members and grandparents able to provide care declines
- children's experience of repeated bereavement, insecurity, material deprivation, abuse, neglect and the stigma of AIDS may have serious inter-generational consequences
- the creation of a large sector of poorly socialised and unskilled young adults may pose a significant risk of societal destabilisation.

Macro-economic impact

HIV and AIDS have their immediate impact at the micro level. At the macro level, much of the impact is hidden or cushioned although, in the longer term, it may eventually become apparent in the worst affected countries. While the overall effects at national level will be shaped by complex political and economic variables, they may include:

- pressure for rising prices
- lower competitiveness in the world market
- a decline in aggregate savings and investment, from the household to the national level
- reduced profits and reduced incentives for business to invest
- a long-term decline in productivity and consumption.

Sectoral Impact

Over time, sectors other than health will be affected by the loss of staff and increased demands on their services. The demands on welfare services will increase with the growing numbers of orphaned children and impoverished households, but the capacity of such services will decline with increasing morbidity and mortality.

All employment sectors – public and private, formal and informal, social and productive – are affected by AIDS. The worst affected sectors are often those with a highly mobile workforce. These include the transport industry, the armed forces, seasonal farm labour and construction work.

The most vulnerable sectors of the economy are those that depend on the kinds of highly trained and experienced staff that are in short supply. These include banking and commerce, universities, government and the public services.

The majority of present analyses of the long-term effects of AIDS at the sectoral or national level are inadequate. Future programme design should be based on well-formulated projections and sound theoretical analyses of the likely effects of particular courses of action.

Education

Investment in education is crucial for long-term socio-economic development and for HIV prevention. A weakening of the education system will make it more difficult for children and young people to receive information and education about HIV and AIDS before they become sexually active. Other effects on the education sector may include:

- declining quantity and quality of education as teachers at all levels die
- increased costs of teachers training and teacher replacement
- decreased demand for, and access to, education as families need their children's (especially girls') labour at home.

Agriculture

In many countries, the loss of labour for subsistence agriculture and the associated loss of income coincides with increased household expenditures on health-related and funeral costs. AIDS will therefore have serious and long-term effects on small holder farming and commercial agriculture. In particular,

- as family labour and security declines, the emphasis may shift to short-term survival at the expense of longer-term planning
- migration to markets or to seek raw materials may have particular impact on small-holder agriculture and fishing

- disregard for environmental impact and sustainability may increase caused by changes in agricultural production.

Other sectors

Activities within the commercial and informal sectors will also be severely affected by the epidemic. For example, family income from informal sources will significantly decline, and domestic markets will contract as households divert expenditure to health and funeral costs and deprive themselves of savings in order to survive.

3

The Swedish Response

3.1 Guiding Principles

The following strategy is intended to assist in Sweden's dialogue with development partners in identifying HIV and AIDS-related programmes and projects to support. It offers a means of better understanding of the complexity and growth of the epidemic, of how various development programmes may impact on the epidemic and vice versa, and of how a concern for HIV and AIDS can be made central to Sweden's international development response.

The overall objectives of Swedish international strategy on HIV and AIDS are to:

- contribute to reducing the further spread of HIV
- contribute to mitigating the effects of the epidemic on individuals and society.

Investing for Future Generations, the title of this strategy, indicates the broad approach to be taken. In relation to the above objectives, the emphasis is on present day measures to promote a better future – and in particular a world that is not threatened by HIV and AIDS.

The strategy is based on, and is in line with, broader Swedish policies on development co-operation (Box 3), and Swedish experiences in the area of HIV and AIDS (see Appendix).

Box 3. Relevant Sida-policy documents

Action Programmes

Action Programme for Sustainable Development, Sida, 1996.

Poverty Programme – Action Programme to Promote Sustainable Livelihoods for the Poor and to Combat Poverty, Sida, 1996.

Action Programme for Promoting Equality between Women and Men in Partner Countries, Policy and Action Plan, Sida, 1997.

Justice and Peace: Sida's Programme for Peace, Democracy and Human Rights, Sida, 1997.

Sector policies

Policy for Sida Cooperation in Basic Education and Education Reform, Sida/DESO, 1996.

Policy for Development Cooperation, Health Sector, Sida/DESO, 1997.

Position paper on Population, Development and Co-operation, Sida/DESO, 1997.

Strategy for Development Co-operation: Sexual and Reproductive Health and Rights, Sida/DESO, 1997.

A number of guiding principles underpin the specific objectives that Sweden intends to pursue in its international development response to HIV and AIDS (Box 4).

Box 4. Guiding principles behind the strategy

Swedish support should be guided by:

- The desire to enhance the capacity, commitment and efforts of partner countries to processes of economic and social development
- Locally identified needs and the demand for support to HIV and AIDS programmes in partner countries
- The need to serve not only as a funding agency. The focus should be on making an active contribution to areas where Sweden has relevant experience
- The need to integrate HIV and AIDS into international development co-operation around the attainment of certain strategic goals
- The need to ensure that priorities and approaches match local needs and requirements, and are in line with country and regional strategies
- The need to match levels of ambition and involvement to local needs, technical expertise and the resources available
- The need to involve people living with HIV or AIDS, or affected by the epidemic at all stages
- The need to facilitate the development of national research and research capacity.

3.2 Areas of Support

The analytic framework described in section 2 and the guiding principles outlined above relate to four strategic goals for reducing HIV transmission and mitigating the impact of HIV and AIDS. For each strategic goal, there are a number of specific objectives to which Sweden will contribute (Box 5).

For selected objectives, the Swedish government will assume an expanded role. In addition to providing financial support, efforts will be made to access and draw upon relevant experience in the field of development co-operation, and to undertake advocacy in international and national environments.

Sections 3.3.1 to 3.3.4 below identify the specific objectives where the Swedish government will assume an expanded role.

Box 5. Strategic framework

Sweden will assume an expanded role for those specific objectives marked in italics. For other specific objectives, Sweden may provide financial support.

Addressing immediate causes

Strategic goal: *To enable people to protect themselves against HIV infection (HIV Prevention)*

Specific objectives:

- *greater acceptance of safer sexual behaviour, especially among young people, with an emphasis on gender equality*
- provision of condoms and other forms of protection against HIV
- *enhanced access to treatment for sexually transmitted infections (STIs)*
- enhanced access to voluntary counselling and testing
- *development and availiability of safe, effective and affordable vaccines against HIV*

Addressing immediate effects

Strategic goal: *To allow people infected and affected by HIV/AIDS to pursue their lives with quality and dignity (Care and Support).*

Specific objectives:

- *the provision of social support to poverty affected households*
- *the provision of social and educational support to affected children*
- improved availability and quality of health care services and home-based care for people living with HIV and AIDS

Addressing underlying causes

Strategic goal: *To encourage greater political commitment to HIV prevention programmes (Political Commitment)*

Specific objectives:

- *greater recognition by policy and decision makers of HIV and AIDS as major development and political issues*
- *greater respect for human rights to protect people living with and affected by HIV or AIDS*
- good surveillance and information systems, and well co-ordinated policies on HIV and AIDS

Addressing long-term effects

Strategic goal: *To develop coping strategies to alleviate long-term effects (Coping Strategies)*

Specific objectives:

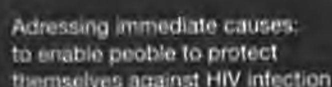
- *development of sectoral capacities to respond to HIV and AIDS*
- application of a national multisectoral approach to mitigate the epidemic's impact on society

3.3 Specific Areas of Focus

In relation to each of the broad areas of support highlighted in Box 5 are specific aspects of the epidemic upon which the Swedish government wishes to assume an expanded role (specific objectives marked in italics). In relation to the immediate and underlying causes of the epidemic and its immediate and long-term effects, these are as follows.

3.3.1 Addressing Immediate Causes: HIV Prevention

Sweden will work actively as follows to enable people to protect themselves and their partners against HIV infection.



Greater acceptance of safer sexual behaviour, especially among young people, with an emphasis on gender equality

Gender equality is an important issue in all HIV-related work. Women and men have the right to enjoy a safe and satisfying sexual life. Both women and men should be able to avoid illness and disability in their sexual lives, and should be encouraged to take responsibility for protecting their partners against infection. Men should be given the opportunity to recognise and appreciate the positive aspects of an equal relationship with women.

Sex education has a crucial role to play in enabling young people to reduce their risk of becoming infected. Swedish support for HIV prevention programmes will, therefore, have a clear focus on the needs of young people.

Sweden will give priority to developing and integrating sexuality and gender education, including HIV related prevention activities into its ongoing development co-operation in the areas of education and health.

Programmes to effect changes in people's sexual behaviour should include a number of activities and be culturally acceptable. Sweden will promote the innovative use of the media, theatre, cinema and other cultural activities in this kind of work.

Swedish support for programmes to develop the transport and industrial

infrastructure of developing countries may inadvertently increase the risk of HIV transmission. Such programmes should include specific HIV prevention measures in line with the principles outlined in this strategy.

Sweden also emphasises the role of research in the area of safer sexual behaviour, with special attention to the needs of future generations. There is a continued role for medical research to prevent mother-to-child transmission, and to develop women controlled preventive methods such as vaginal microbicides.

Enhanced access to treatment for sexually transmitted infections (STIs)

A number of advantages derive from efforts to combine STI and HIV prevention activities, and to integrate these services into broader programmes to promote sexual and reproductive health and rights. Improved STI treatment also reduces the risk of HIV infection, especially among girls and women.

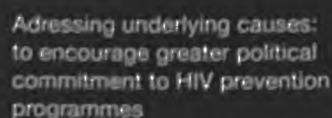
Priority will therefore continue to be given to STI prevention measures in development co-operation. Sweden should encourage the integration of STI/HIV prevention activities into other services for sexual and reproductive health. Sweden will actively support scientific research to develop new knowledge for the prevention of STIs.

The development and availability of safe, effective, and affordable vaccines against HIV

Sweden will promote research and development activities to develop safe, effective and affordable vaccines. These ultimately offer the best possibility of controlling the epidemic while providing individuals with the best means of protecting themselves against infection.

3.3.2 Addressing Underlying Causes: Political Commitment

Sweden's work to advocate for greater commitment to HIV prevention will aim to encourage



Greater recognition by policy and decision makers of HIV and AIDS as major development and political issues

Sweden will promote enhanced political commitment through its participation in the governing bodies of United Nations organisations and the European Union, as well as through bilateral dialogue with partner countries.

Sweden will aim to put HIV and AIDS more firmly on national development agendas. Efforts will be made to highlight the relationship between the spread of HIV and AIDS and poverty, gender inequality, human rights and sustainable development.

Greater national commitment to HIV prevention and care will be promoted through dialogue with governments and key national players, including the public and private sectors. This dialogue will promote openness and straight-forwardness with respect to sexuality and gender equality. NGOs will be strengthened in their capacity to undertake advocacy on the links between HIV and AIDS and national development.

Efforts will be made to support the involvement of local leaders and NGOs in HIV and AIDS-related activities to strengthen their understanding of, and commitment to, the epidemic.

In order to influence governments and national authorities, Sweden will promote research on the political, social, economic, and legal aspects of HIV and AIDS, including the consequences on national development. The possibility of initiating national and/or regional policy research on the factors that facilitate or prevent political commitment will also be actively explored.

Greater respect for human rights to protect people living with and affected by HIV and AIDS

Through dialogue with partner countries, Sweden will actively use the international guidelines on HIV/AIDS and human rights. Sweden will discourage stigmatisation and discrimination towards people living with HIV or AIDS, and towards people affected by the epidemic, especially children and young people.

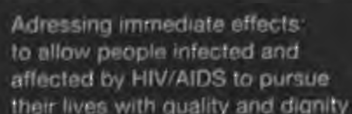
Sweden has ratified a number of relevant Human Rights Conventions including the Convention on the Rights of the Child. These conventions offer a starting point for global efforts against the epidemic. Partner countries will be encouraged to conform to international law on human rights, and to undertake legal reforms where necessary.

In line with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), partner countries will be encouraged to ensure that women are protected against sexual violence, abuse and exploitation, and to recognise that this right is central to efforts to combat the epidemic.

Strengthening the inheritance and tenure rights of widows and orphaned children is also necessary to enable them to continue to live their lives with quality and dignity.

3.3.3 Addressing Immediate Effects: Care and Support

The Swedish government aims to allow people infected and affected by HIV/AIDS to pursue their lives with quality and dignity. In order to facilitate this, Sweden will encourage



The provision of social support to poverty affected households

The overall goal for Sweden's development cooperation is poverty alleviation. The effects of HIV and AIDS include deepened poverty and widened socio-economic inequalities in affected countries. In the course of the next decade, as AIDS-related mortality escalates, a picture of poverty similar to that seen in emergencies due to civil unrest and natural disasters may develop. Poor people will become even poorer, and there is a real risk that they will be systematically excluded from processes of social and economic development.

Consequently, and in line with Sweden's overall commitment to reducing poverty, communities seriously affected by HIV and AIDS will be encouraged to develop social welfare systems, to take action to prevent stigmatisation and discrimination, and to provide support for carers. Sweden will encourage the active participation of HIV and AIDS affected communities in all aspects of this work.

The provision of social and educational support to affected children

Children are likely to be a particularly seriously affected group. Consequently, and in line with Sweden's commitment to the Convention on the Rights of the Child, efforts will be made to influence governments in partner countries to provide equitably and appropriately for children living with, or affected by, HIV and AIDS.

Sweden will also support the development of sustainable and culturally

acceptable methods of caring for the increasing number of children likely to be affected by the epidemic. Efforts to help parents with HIV or AIDS live longer lives will directly influence children's lives and future, and so support will be given to programmes that seek to make treatment drugs for opportunistic infections more widely available.

Children affected by HIV and AIDS, and especially girls, may have difficulty continuing to attend school. With increased family poverty, parents may not be able to afford school fees and the cost of uniforms. Sweden intends to engage in dialogue with partner countries on the importance of adapting the education system to meet the needs of children and young people whose lives are affected by HIV and AIDS.

In order to realise the above *two specific* objectives, Sweden will collaborate with partner countries and relevant United Nations organisations including UNAIDS, UNDP and UNICEF. It will be important to identify new administrative arrangements for the channelling of funds to implementing partners.

International NGOs, and NGOs based in Sweden, especially those working in international development cooperation, will be encouraged to integrate a concern for social support, including support to affected children, into their work with HIV and AIDS. Their work should, however, never be seen as a substitute for actions required at central or district government level.

3.3.4 Addressing Long-term Effects: Coping Strategies

In assuming an expanded role, the Swedish government will act to strengthen national responses to HIV and AIDS through the

Development of sectoral capacities to respond to HIV and AIDS

Existing Swedish development co-operation involves many of the sectors of society that are, or will be, affected by the epidemic. Normative work, competence building and analysis of the relationship between HIV and AIDS and development will therefore be encouraged in various sectors, especially in productive sectors.

Existing projections and knowledge of how the epidemic is likely to affect concerned sectors should be used in programme development. For example, international best practice guidelines and checklists, already developed by some agencies for a number of sectors (agriculture, education, health and other sectors), should be more actively used to improve coping strategies and responses. The development of manpower planning and strengthened management will be supportive.

Country specific situational analyses should also be used in programme development alongside strategic planning in relation to the projected costs and consequences of HIV and AIDS. When revised, Sida's sectoral policies will seek to integrate a concern for HIV and AIDS into their relevant parts.

In future programmes of bilateral research co-operation, Sweden will consider supporting surveys and demographic research to facilitate planning in relation to the anticipated social and demographic consequences of the epidemic on different sectors.

4.

Framework for Implementation

The Swedish government will provide HIV-related development support in a variety of ways. It will offer financial assistance in line with the above priorities, but will also assume an expanded role where relevant.

Different modalities of development co-operation support will be used in strategic combination to make better use of the available resources at global, regional and country levels. The aim will be to achieve synergy between Sweden's efforts and other kinds of input (e. g. from the United Nations system and/or other bilateral agencies) at each of these levels.

4.1 Global Level

A number of important issues relating to HIV and AIDS are best addressed at the global level. These include the development of international policies, the establishment of internationally agreed ethical standards, normative work, and international surveillance of the epidemic. Research of generic importance such as development of vaccines and vaginal microbicides should also be given strategic support at the global level.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) was established in 1996 to expand and strengthen the United Nations response to HIV and AIDS. This Programme brings together a number of United Nations organisations in a common effort against the epidemic. It seeks to utilise each organisation's comparative and strategic advantage in the context of its respective mandate. The operational principles that UNAIDS has identified for the co-sponsoring agencies in its Resource Guide for Theme Groups (1998) are:

- UNICEF: operationalizing programmes at country-level, focusing on children, infected and affected by HIV/AIDS, promotion of the health and development of young people, and preventing HIV infection in women
- UNDP: increasing awareness of the development impacts and consequences of the epidemic, involving NGOs, governance issues
- UNFPA: reproductive health programmes at primary health care level, information, education and communication materials, training, counsel-

ling, condoms. In and out-of-school education. Special attention to women and adolescents

- UNESCO: promoting, developing and assisting in the implementation of life skills education programmes to help youth better understand, and therefore, act, to reduce the risks of HIV infections
- WHO: developing and strengthening health systems for prevention and comprehensive health care
- The World Bank: advocating for HIV/AIDS mitigation through private and public sector investment projects.

Sweden is an active member of the United Nations system. As such, it provides political and financial support to the work of United Nations organisations including UNAIDS. Sweden's view of the role of UNAIDS and its cosponsoring organisations is as follows:

- The cosponsors of UNAIDS should focus primarily on the execution and implementation of activities within their respective mandates.
- The UNAIDS Secretariat should, in collaboration with the cosponsors, focus on normative aspects of HIV and AIDS, i. e., it should act as a forum within which agreement can be reached concerning norms, standards and recommendations for the furthering of safety and the common good.
- The governing body of UNAIDS (its Programme Co-ordinating Board) should provide an environment in which member states can deliberate and negotiate over international issues relating to HIV and AIDS.
- In line with the work of the specialised agencies within the United Nations system, the UNAIDS Secretariat should collect and disseminate data and information relevant to the setting of international standards.
- The UNAIDS Secretariat should initiate and organise international research efforts and advocacy.

The European Union has an important international role to play in relation to HIV and AIDS. As a member state, Sweden will play an active role to ensure that the European Commission's work complements that of other international organisations. It is Sweden's view that:

- The European Commission should collaborate with other development partners, including agencies within the United Nations system, bilateral donors and NGOs at the international and national level efficiently and effectively to use available resources.

- HIV and AIDS issues should be integrated into other development programmes of the Commission.

International NGOs have an important role to play in complementing the work of the United Nations system and the European Commission in relation to prevention and care. It is Sweden's view that:

- International NGOs working in the field of sexual and reproductive health and rights should integrate a concern for HIV and AIDS into their advocacy, method development and overall policies.
- Broad mandate international NGOs operating in HIV affected countries should integrate HIV and AIDS into their work wherever this is feasible.
- International NGOs working on HIV-related prevention and care are efficient conduits for channelling funds to support people living with, or affected by, HIV and AIDS, as well as affected communities.

The Swedish government will seek to promote greater dialogue about the development aspects of HIV and AIDS on the governing bodies of international organisations of which Sweden is a member. These include United Nations organisations and the European Union. Sweden will engage in active dialogue with selected NGOs, and in relevant research environments, so as to influence and learn from HIV and AIDS-related work.

The Ministry for Foreign Affairs and Sida will consolidate the Swedish position vis-à-vis international organisations, including United Nations organisations, so as to guide relations and future dialogue with these organisations.

4.2 Regional Level

AIDS has no respect for borders, and where cultural and economic links exist between nations, a regional response to AIDS is called for. Regional co-operation has the potential to promote collaboration and the exchange of experiences. Many United Nations organisations and other development partners currently implement regional activities, and have established regional offices. It is Sweden's view that:

- Regional collaboration should be encouraged in relation to HIV and AIDS, especially with respect to activities of a catalytic nature.
- Regional meetings and information exchange are important to sensitise policy makers in adjacent countries and to build competence among decision-makers.

- Research networks, methodology workshops, multi-site research projects, and research conferences should be used to promote capacity building in relation to HIV and AIDS.
- HIV prevention measures among mobile work forces, refugees, and to end the trafficking of women and young girls need to be developed on a regional or multi-country basis.

Because the effects of HIV and AIDS vary from one region to another, regional responses to the epidemic must differ and approaches vary. The Swedish government intends to promote and support regional collaboration between governments, institutions and NGOs.

Sweden's current development co-operation programmes in Africa, Asia, and Latin America are based on regional strategies sensitive to local differences and needs. Sida will develop regional action plans for its programmes of co-operation in relation to HIV and AIDS.

4.3 Country Level

In most countries, national AIDS programmes have been established within health ministries to co-ordinate national responses to the epidemic. By 1998, however, many governments recognised the need for an expanded response to HIV and AIDS. Political commitment to co-finance and implement HIV and AIDS-related activities outside the health sector has however been variable, even in those countries that have mature epidemics. It is Sweden's view that:

- Partner countries should be empowered to take full responsibility to address HIV and AIDS as a development issue.
- Partner countries should be assisted in approaching HIV and AIDS in a more integrated and multi-sectoral fashion.
- United Nations organisations' collaboration at country level should take place within the context of the United Nations Development Assistance Framework (UNDAF). This means also that countries should seek to more actively utilise the experience of the UNAIDS co-sponsors.
- Collaboration and co-ordination between donors should be encouraged so as to make the best use of limited resources, and so as to ensure that work is carried out in a complementary manner.
- With respect to HIV and AIDS and development co-operation, existing best practice, checklists and guidelines should be used to build competence and exchange experience at country level.

- The development of national research and research capacity in areas of local priority is of importance for the longer-term control of the epidemic.

The country strategy process should be used to integrate HIV and AIDS-related issues into bilateral support to specific countries.

4.4 Community Level

Community organisations have a key role to play in involving people living with HIV or AIDS in prevention and care, and in stimulating government action through advocacy and assistance to people living with, and affected by, HIV and AIDS. It is Sweden's view that:

- Community responses, including local government responses, are vital for the provision of services in circumstances where HIV and AIDS have had a serious impact.
- The managerial skills of many national NGOs, including AIDS Service Organisations (ASOs) working at community level should be strengthened to better respond to the changing needs and demands for development assistance triggered by the epidemic.
- NGOs working in other fields should be encouraged to integrate a concern for HIV and AIDS into their regular activities.
- Youth organisations have a key role to play in disseminating information about sexuality and HIV/AIDS, and in promoting safer sex among young people.

The Swedish government will encourage support for community organisations in the most seriously affected countries. Different ways of channelling support through NGOs for HIV and AIDS-related activities will be explored.

4.5 Swedish Actors

The Ministry for Foreign Affairs has overall responsibility for providing guidelines on the relative importance of HIV and AIDS-related work in development co-operation, and for multi-lateral support to United Nations organisations.

Sida has overall responsibility for the planning and monitoring of the implementation of this strategy as it relates to development co-operation via Sida.

Sida also provides information to, among others, policy makers, parliamentarians, journalists, institutions, and NGOs in Sweden to increase public awareness of, and involvement in, the area of HIV and AIDS.

Specific guidelines for research support and co-operation will be developed by Sida in accordance with the principles outlined in this strategy.

There is a need to further strengthen the capacity of Swedish actors. Sida will enhance their understanding of HIV and AIDS-related issues, and their capacity to assess, implement and monitor programmes relating to HIV and AIDS.

As indicated in 4.1– 4.4 above, a number of measures will be undertaken to facilitate the implementation of the strategy.

Appendix

Swedish Experiences in the Area of HIV and AIDS

1.1 Swedish National Experiences

The first case of AIDS in Sweden was identified in 1982. As in many other countries in Western Europe and the USA, the first groups to be affected in Sweden were men who had sex with men and injecting drug users. Primary prevention became one of the main strategies to prevent HIV transmission, the main goal being to inform people how best to protect themselves and their partners and reduce the risk of infection.

Swedish national experience includes:

- As in many countries, initial Swedish responses to HIV and AIDS were mixed. However, the potential consequences of the epidemic were recognised early by politicians, policy makers and experts. This resulted in the creation of special programmes to control the epidemic before it spread widely. Substantial resources have been subsequently allocated to meet the new challenges raised by HIV and AIDS.
- In 1985, commercial antibody tests became available and HIV-infection was added to the list of conditions specified in the Communicable Disease Act. HIV testing and counselling programmes were established for people at risk, and HIV antibody tests were offered at STI clinics, maternity clinics and youth centres. Some people were also tested under the Swedish system of partner notification. Pregnant women in Sweden have access to HIV testing as part of pre-natal care.
- The core of the prevention programme builds on Sweden's long tradition of sex education for young people. Sex education was made compulsory in schools in 1956 and is also provided through youth clinics. Its provision is complemented by free contraceptive services and the ready availability of condoms. The widespread provision of information about sex, and the availability of high quality counselling services, encourage Swedish people to approach sexual matters in an open and generally positive way.

- Of special importance, is the notion that sexual matters are private, and any preventive measures should be based on voluntary participation, trust, and respect for the rights of individuals.

- HIV and other STI prevention programmes were brought together early in Sweden, since it was recognised that concurrent infection by another STI facilitated HIV transmission, and the preventive measures are the same.

A national public health policy was conceived in the form of a set of basic principles and an action plan specifying the responsibilities of different sectors. While overall policy on HIV and AIDS is co-ordinated by the National Institute of Public Health, operational activities are decentralised to regions, with government support for particular areas of focus. The need for consistent, long-term measures organised around the following key principles is recognised:

- respect for human rights
- the importance of individual choice in sexual matters
- voluntary participation
- individual responsibility for the avoidance of infection and not transmitting HIV to others
- open and equitable access to care, treatment, and support
- involvement of people living with HIV and AIDS (both as individuals and organisations) in the design and implementation of programmes for STI and HIV prevention and care.

A number of other factors have enabled rates of HIV transmission to be reduced in Sweden. These include well developed health and education infrastructures; on-going broad-based health promotion activities; respect for human rights through efforts to de-stigmatise of people living with HIV and AIDS; well-established collaboration between government and NGOs; a multi-sectoral approach to dealing with HIV and AIDS; a relatively open attitude with respect to sexuality; and relatively high levels of gender equality. Nevertheless, there remain important challenges to be faced in relation to maintaining public awareness of the epidemic and its destructive effects, and with respect to non-stigmatisation and anti-discrimination.

1.2 Swedish Development Co-operation

Swedish support for international HIV and AIDS prevention activities began in 1985. Since then, about one thousand million kronor have been devoted to this cause. Most of these funds have been disbursed in the form of financial support to the United Nations system and international non-governmental organisations. A much smaller sum has been channelled directly to national AIDS programmes. Evaluation of this work has been undertaken by the relevant implementing agencies.

Multilateral co-operation

Initially, the major recipient of funding was the World Health Organisation's Global Programme on AIDS (WHO/GPA). Sweden played a pivotal role in WHO/GPA's work by providing considerable amounts of flexible funding to support the establishment of National AIDS Control Programmes in many countries. Other early recipients of funds and secondments included UNDP, UNICEF and UNESCO. Subsequently, and in order to expand the international response to the epidemic, Sweden actively encouraged the establishment of UNAIDS, is one of its major donors and is an active partner in United Nations' efforts to respond to the epidemic.

Bilateral co-operation

With respect to bilateral co-operation, a specific allocation for work on HIV and AIDS ceased in 1993, and support to HIV prevention activities has since been integrated into other activities. While the total volume of HIV and AIDS specific support initially declined, by 1998 it had risen again, provided this time through many different types of allocations and channels.

During 1986–93, funds were also provided to a number of Swedish NGOs. While this support has been useful, steps must be taken to ensure the continued involvement of these organisations in international HIV and AIDS work, and to make sure that such organisations integrate a concern for HIV and AIDS into their every day plans and activities.

Sweden has taken a clear stance in promoting a comprehensive approach to Sexual and Reproductive Health and Rights (SRHR). The first Swedish position paper on this subject was published in 1992, and support for activities within this field has increased considerably since then. This increase in SRHR-related support has to some extent compensated for the initial decline in specific HIV and AIDS-related support. In recent years, health-related activities have been complemented and supplemented by activities in other sectors such as education and culture.

Research co-operation

In 1985, Sweden initiated support for HIV and AIDS-related research, and this continues. The following activities have taken place as part of this work:

A programme of bilateral research co-operation in Tanzania has produced results of practical value and demonstrated how it is possible to develop a committed national multi-disciplinary team of researchers. This has been achieved through support for a number of research projects based on local priorities, combined with longer-term support for research training and institutional development.

A special research programme has involved Swedish scientists in HIV vaccine development, biomedical research on HIV-related STIs, and in social and behavioural studies. This work has involved increased collaboration with scientists in African countries and will be further developed.

As part of its research co-operation with Tanzania, Sweden has provided support to a UNAIDS multi-centre study providing antiretroviral treatment to HIV positive mothers to prevent infection in the new born child. Positive experience of this work suggests that this kind of tripartite international co-operation is a constructive approach to use in the future.

The global epidemics of HIV and AIDS are far from under control. Worldwide, approximately 14 million people have already died from HIV-related disease, and yet the main impact remains to be felt. HIV and AIDS currently affect men and women of all ages, but young people are particularly at risk. It is therefore vital to involve and reach them in order to safeguard their future lives and future offspring.

In efforts to prevent and mitigate the impact of HIV and AIDS, political will and a sound understanding of the causes of the epidemic are prerequisites for success. *Investing for Future Generations – Sweden's International Response to HIV/AIDS* offers a framework by which to understand some of the factors fuelling the epidemic, as well as the responses of individuals and communities across the world. It describes the active role that the Swedish government intends to take in international cooperation, and confirms Sweden's commitment to increased efforts to prevent and mitigate the impact of HIV and AIDS.

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