Support to developing countries for HIV/AIDS prevention and care and contraceptive supply

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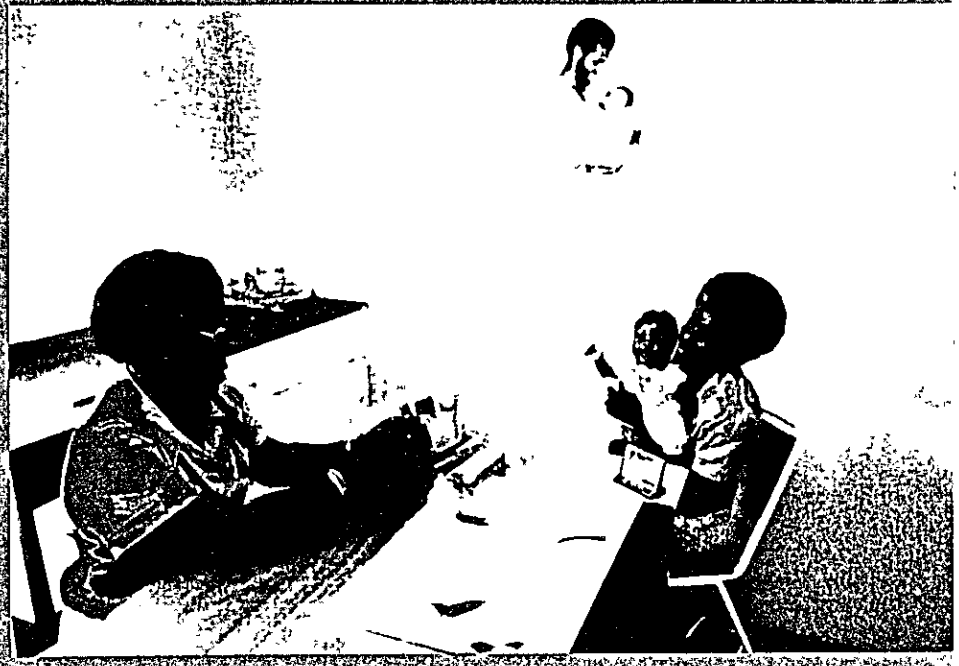
a study of government and non-governmental sectors in six European countries and the European Union



Commissioned by the Japan International Co-operation Agency (JICA)

Conducted by AHRTAG

March 1995

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Acknowledgements

This report was written by Christopher Castle, Kathy Attawell (consultant), and Celia Till. It was designed by Ingrid Emsden and Mary Helena.

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SECTION 1

Executive summary

The Appropriate Health and Technologies Action Group (AHRTAG) was commissioned by JICA in early 1995 to assess the current level of overseas support on HIV/AIDS and contraceptive supply assistance from Denmark, Finland, the Netherlands, Norway, Sweden, the United Kingdom, and the European Union. The study methodology included a literature review, questionnaires and follow-up telephone interviews, and interview with key informants. 57 organisations were contacted within the study countries, and the overall response rate for returned questionnaires was 82%.

HIV/AIDS prevention and care

Support for HIV/AIDS prevention and care is a high priority. Many of the study countries have policies which seek to place HIV/AIDS within the context of health and development more generally. Programmes which aim to integrate HIV/AIDS activities into existing projects are favoured over initiatives specifically focusing on HIV/AIDS. HIV/AIDS issues are often linked to efforts designed to decrease discrimination and the violation of human rights against those affected or infected, and to strengthen the status of women and other marginalised groups. Increasing emphasis is being placed on involving people living with HIV/AIDS at all levels of decision-making and in the design and delivery of services.

Most support for HIV/AIDS prevention and care is directed towards Africa, and in particular Tanzania, Zimbabwe, Zambia, Uganda, and Mozambique. The Asia-Pacific region is the next priority, and it is growing in terms of donor interest. Latin America is a low priority for most governments and NGOs.

Multilateral and bilateral financial support for the global AIDS strategy from study country governments is among the highest of all donor countries. During the period of 1986-91, the combined contribution of the study countries and the European Commission amounted to US$3.5 billion. Multilateral support has been primarily channelled to the World Health Organization's Global Programme on AIDS (GPA), and most governments have stated their commitment to support the new UN Joint and Co-Sponsored Programme on AIDS (UNAIDS). No comprehensive financial data is available for the NGO sector, but it is clear that substantial sums are being spent. Overall, both governments and the NGO sector are expecting to maintain and possibly expand existing levels of financial support over the coming years.

Contraceptive supply assistance

The study countries generally view contraceptive supply assistance in terms of broad health and population policies. Government and NGO sector policies often stipulate that family planning services must include choice and respect for local culture. All respondents require that contraceptive commodities must conform to internationally-recognised standards, such as those outlined by the International Standards Organisation or the World Health Organisation. National requirements, where they exist, are also respected.

All study countries reported supplying condoms (male only), injectables, and oral pills. A high number are also supplying intrauterine devices, and equipment and funding to conduct tubal ligation and vasectomy. No study countries are providing mifepristone (RU486), and there is little support available for abortion (which is not regarded as a family planning method). Few donors have a list of priority countries for the receipt of contraceptive supply assistance. Many donors utilise IPPF or the UNFPA to procure and deliver contraceptives because they have a strong comparative advantage in this area.

As with funding for activities on HIV/AIDS, the study countries rank among the highest in the world in terms of their financial contribution towards contraceptive supply. Financial figures from 1990 show that more than US$200 million was spend on contraceptive supply assistance by the study countries in that year. NGO expenditure for contraceptives is on a much smaller scale, and their focus is on the provision of training for personnel involved in clinical and counselling services. Many NGOs reported an interest in expanding contraceptive supply assistance, but cited lack of financial resources and local government policy as barriers.

SECTION 2

Introduction

The United Nations estimates that 95% of world population growth is occurring in developing countries. Many women and men in both developed and developing countries have a need for contraception which is not met because of a lack of information and services. When the quality and scale of services are improved and individual requirements can be met, the rate of population growth will reduce significantly.

Population issues greatly influence the progress of development. In many developing countries, rapid population growth is offsetting the effect of economic growth, making efforts to reduce and eradicate poverty more difficult. Environmental issues are becoming more serious with desertification caused by over-grazing, commercial felling of trees, and increased air and water pollution with the growth of industrialisation and urbanisation.[1]

HIV infection is also increasing in every part of the world, but most rapidly in developing countries. By the year 2000, WHO estimates that the total number of people infected with HIV will have reached between 30 and 40 million, with 90% of these living in developing countries. Urgent attention is necessary to help prevent HIV transmission and to care for individuals and families infected and affected by the virus.

More than ever before, international co-operation is needed to address the twin issues of population growth and AIDS. Better co-ordination and increased support is needed to strengthen health systems, education and basic infrastructure in developing countries.

The Appropriate Health Resources and Technologies Action Group (AHRTAG) was commissioned by JICA in early 1995 to assess the current level of overseas support on HIV/AIDS and contraceptive supply assistance from six European countries and including the European Union. It is hoped that a clearer understanding of existing programmes and initiatives will contribute towards the formulation of appropriate policies and more effective strategies. With so much at stake and in light of overwhelming needs, careful co-ordination of aid policies and the avoidance of duplication have never taken on such a high degree of urgency.

[1] Source: *Japan's global issues initiative on population and AIDS*, 1994.

2.1 Research aim and objectives[2]

This study seeks to ascertain government and selected NGO information on:

A. HIV/AIDS prevention and care

i. development cooperation policy concerning HIV/AIDS prevention and care

ii. strategies, including primary targets and priority regions and countries

iii. organisational/implementation information, to include:

- size of financial commitment (spending in the area of HIV/AIDS)
- organisational focal point(s)
- funding channels for NGO, bi- and multilateral support

iv. availability of technical expertise and/or primary recruitment strategies

v. key areas of HIV/STD prevention research

vi. project profiles (selected representative sample)

vii. barriers, problems, and future trends

B. Contraceptive supply assistance

i. review of laws, regulations, guidelines, principles, and requirements concerning contraceptive supply assistance overseas

ii. type and availability of contraceptives available domestically and for overseas to include male and female sterilisation, IUD, oral pills, injectables, condoms, and RU486

iii. factors affecting contraceptive supply assistance, including:

- funding available
- regulations or restrictions
- procurement requirements

iv. project profiles of contraceptive supply assistance (selected representative sample)

[2] This information is based on the terms of reference agreed with JICA (London office).

Scope of the study

It was agreed that the geographic scope of the research would be limited to Denmark, Finland, The Netherlands, Norway, Sweden, and the United Kingdom, and include a policy review of the European Union. Furthermore, the study encompasses government overseas development agencies and a representative sample of between 3-5 of the most active NGOs in the area of HIV/AIDS and contraceptive supply in each of the six study countries.

2.2 Methodology

The methodology for the research includes:

1. review of annual reviews, reports, and other documentation held at AHRTAG and at other key information centres

2. semi-structured questionnaires sent to the six government agencies and selected NGOs, followed up where possible with telephone interviews

3. in-depth interviews with other key informants which could include, for example, personnel from the International Planned Parenthood Federation and networks and consortia based in the six countries of the study concerned with AIDS and/or contraceptive supply

2.2.1 Literature review and database searches

Searches of AHRTAG's computerised bibliographic and contacts databases were carried out as part of background research for the study. This also included the collection and review of annual reports and other relevant documentation held on government and non-governmental organisations within the six countries of the study.

Other organisations consulted for information included[3]:

- AIDS Coordination Bureau, Royal Tropical Institute, The Netherlands
- Centre for Population Studies, London School of Hygiene and Tropical Medicine
- International HIV/AIDS Alliance, UK
- International Planned Parenthood Federation, UK
- UK NGO AIDS Consortium

[3] Full contact information for these organisations is included in appendix C.

2.2.2 Questionnaires and telephone interviews

Four sets of questionnaires were developed on the basis of the study's terms of reference (see appendix B). These were customised and sent to each government agency responsible for overseas aid and 3-5 NGOs in each of the study countries, as well as to the European Commission in Brussels.

A total of 57 questionnaires were sent to organisations for the study, and 47 were returned, representing an overall response rate of 82%. For HIV/AIDS prevention and care, 28 questionnaires were issued and 19 returned for a response rate of 68%. Questionnaires on contraceptive supply assistance were sent to 26 organisations. 22 were returned leading to a response rate of 85%.

Telephone contact was made in each instance where a questionnaire was not returned. Where clarification or additional information was required from a returned questionnaire, follow-up telephone interviews were conducted.

2.2.3 Interviews with key informants

In-depth consultations were conducted, where necessary, and included International Family Health, UK, Health and Development Cooperation Agency (HEDEC), Finland, and the Overseas Development Administration (ODA), UK.

2.3 Limitations of the study

This study does not provide an exhaustive review of all existing government and non-governmental activity on HIV/AIDS care and prevention and contraceptive supply assistance within the six study countries. Although all government agencies contacted for the study were able to respond with information, some could not provide specific data requested, particularly in the area of contraceptive supply assistance. This was usually because the methods used by the agency to monitor expenditure did not include sufficient detail, or because they did not monitor statistics in categories corresponding the study's terms of reference.

Although the study captures a great deal of information about activity in the subject area, the overall picture remains incomplete without the inclusion of data from France and Germany. These two countries are significant contributors to European overseas aid for HIV/AIDS and contraceptive supply, and their absence from the study merits notice.

A high number of respondents, from both government and NGO sectors, reported difficulty estimating annual expenditure on either HIV/AIDS or contraceptive supply assistance because they were supporting the integration of these activities into existing programmes. Where there were no vertical programmes, exact estimates were hard to calculate. Some respondents were willing to offer rough estimates, but cautioned that margins of error could be significant.

NGO activities on HIV/AIDS and contraceptive supply in developing countries are too diverse and numerous to be comprehensively studied. Instead, this study sought to review a representative sample of the most active NGOs working in each of these two areas. NGOs included in the study provide an overview of the range of approaches and activities being undertaken.

In general, the study benefited from a willingness by many respondents to complete the questionnaire and submit supporting documentation. However, heavy workloads, overseas travel, and other priorities were cited by many as the reason for either late or incomplete responses. A majority of those contacted indicated a preference for face-to-face interviews rather than a questionnaire as the primary method for data collection. In the limited number of instances where face-to-face interviews were possible (London-based), the quality of information was better than only through correspondence.

Much of the information in this report is not static and is likely to change over time as a result of ever-shifting policies and priorities. Target countries shift and personnel changes are inevitable. The dynamic nature of development aid, the rapid evolution of HIV/AIDS, and explosive population growth means that access to up-to-date and reliable information is crucial. Every effort has been made to ensure the reliability of information in this report, but it can only provide a 'snapshot' of the current situation at the time of its undertaking.

Despite these limitations, the information compiled by AHRTAG for the study has yielded interesting and informative insights into the policies, strategies, and activities of the government and NGO sectors on HIV/AIDS and contraceptive supply assistance within the study countries. Every effort has been made by AHRTAG to ensure that the information contained in this report is accurate and up-to-date.

Financial data in the report has been noted in the currency reported followed by US dollar equivalents. A currency exchange rate table is contained in appendix D, and indicates rates used for conversion into US dollar amounts.

SECTION 3

HIV/AIDS prevention and care

3.1 Section overview

Policies, strategies, and activities

The study found that there is a general overall consistency among government agencies and the NGO sector in terms of policies concerning HIV/AIDS care and prevention. The issue is viewed largely within the context of longer term development strategies and primary health care approaches. Many governments and NGOs are attempting to achieve greater integration of HIV/AIDS activities within existing health programmes, with dwindling support for specific or vertical initiatives. HIV/AIDS is often linked to other priority areas, such as urban poverty, population, maternal and child health programmes, and the environment and education. Support to HIV/AIDS programmes is frequently described as a way of strengthening the primary health care infrastructure.

HIV/AIDS programmes are often seen as part of broader development agendas which aim to improve human rights, the status of women, and destigmatise marginalised groups. Most agencies and organisations in the study countries reported that support for women is a priority, and many said that assistance to marginalised groups would continue to receive attention and funding.

Sweden is emphasising HIV/AIDS in the context of sexual and reproductive health, along with the UK which also views HIV/AIDS as part of reproductive health. Gender issues and projects aiming to encourage communication and understanding between men and women are receiving greater support from several countries.

Support and care for people living with HIV/AIDS, and integrating care with prevention, are growing priorities, particularly following the world AIDS summit meeting held in Paris in December 1994. The greater involvement of people with HIV/AIDS in all levels of project planning and implementation is an important issue. This has been particularly emphasised by Norway and the Netherlands.

Most governments reported a commitment to support the new UN Joint and Co-Sponsored Programme on AIDS, called UNAIDS, although details about this initiative remain unclear. Until now, multilateral support has been focused almost entirely on WHO and its Global Programme on AIDS (GPA).

NGO sector policies generally reflect those of the government overseas aid agencies. Activities supported by NGOs are usually smaller in scale than government programmes. The study also found that NGOs tend to support training activities and are more involved in transferring skills and expertise than government agencies.

Priority countries and regions

The majority of assistance from study countries is directed at Africa. Several development agencies and NGOs target aid to the poorest countries, which partly explains why Africa is a priority region. Africa is also recognised as the region most affected by HIV/AIDS, and thus justifying its larger share of assistance. Countries within Africa most often targeted by study countries are Tanzania, Zimbabwe, Zambia, Uganda, and Mozambique.

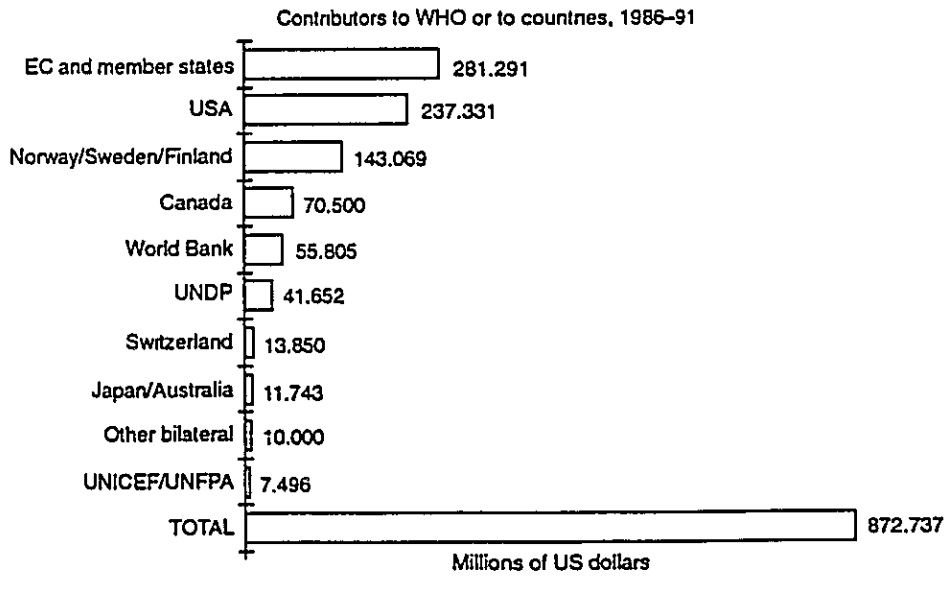
Asia follows Africa as a priority region for HIV/AIDS assistance. Priority countries include Vietnam, Bangladesh, and India, followed to a lesser degree by Pakistan, Nepal and Sri Lanka.

HIV/AIDS care and prevention support for Latin America is low. Some of the study countries do not provide any aid to Latin American countries. Nicaragua was the largest recipient of support on AIDS in the region, followed by Peru.

Financial resources

Multilateral and bilateral donations towards the global AIDS strategy from the study country governments has been among the highest of all donor countries (see Table 1).

Table 1: External agencies' support to global AIDS strategy



Source: Action: The EC's response to HIV/AIDS in developing countries, 2nd edition, summer 1994

All of the study countries except Finland were among the top ten contributors during the period of 1986-91, with Finland ranking thirteenth on the list.[4] Taken together, the six countries' contribution during this period amounts to more than US$2.6 billion. If the European Commission's contribution is added, the total rises to more than US$3.5 billion.

Multilateral support has been substantial since the late 1980s, with WHO's Global Programme on AIDS (GPA) receiving the bulk of funding (see Table 2).

Table 2: Multilateral and bilateral donors' support to the global AIDS strategy, 1986-1991, as reported in June 1992 (millions US$)

Country	Multilateral WHO/GPA	Multi/bi through WHO/GPA	Bilateral	Total	Cumulative %
United States	87.060	5.271	145.000	237.331	35.3
Sweden	52.738	9.575	35.226	97.539	49.8
Canada	23.312	1.573	45.615	70.500	60.2
United Kingdom	37.424	10.372	11.544	59.340	69.0
Norway	16.391	12.603	12.454	41.448	75.1
France	4.349	0.245	34.329	38.923	80.9
Denmark	14.479	2.517	19.900	36.896	86.4
Germany	4.100	2.806	21.345	28.251	90.7
Netherlands	17.858	1.045	3.829	22.732	94.0
Switzerland	10.255	-	3.595	13.850	96.0
Japan	7.500	0.600	-	8.100	97.3
Finland	3.513	-	0.569	4.082	97.9
Australia	1.661	0.059	1.923	3.643	98.5
USSR	3.550	-	-	3.550	99.0
Italy	1.749	-	1.796	3.545	99.5
Belgium	0.987	0.057	-	1.044	99.7
Spain	-	-	0.800	0.800	99.7
New Zealand	0.336	-	-	0.336	99.9
Austria	0.158	-	-	0.158	99.9
Kuwait	0.050	-	-	0.050	100.0
Total	287.470	46.723	337.925	672.118	

Source: AIDS in the World, Mann et al, 1992

Comprehensive data on NGO sector funding for HIV/AIDS is not available. This study reveals that there are substantial sums of money being spent in the area of HIV/AIDS by NGOs, but these examples do not provide the full picture. Several NGOs reported annual budgets for HIV/AIDS in excess of US$1 million, including Danchurch Aid (Denmark), Memisa Medicus Mundi (The Netherlands), ICCO (The Netherlands), Charity Projects (UK), and the International HIV/AIDS Alliance (UK). Other NGOs reported that they could not estimate expenditure on HIV/AIDS because support for this area was contained within health or other sector budgets.

[4] Data compiled by the Global AIDS Policy Coalition in *AIDS in the World*, 1992.

Both governments and NGOs generally predicted the maintenance and, in some cases, an increase in the annual expenditure for HIV/AIDS care and prevention. Where decreases were reported this was because HIV/AIDS activities were being integrated into other programme areas.

Technical expertise

Most of the respondents reported a high level of in-house expertise in the area of HIV/AIDS. Many noted that technical expertise required for HIV/AIDS was often more general in nature, such as programme design and management. Expertise in the broad area of organisational development were priority areas, including on monitoring and evaluation, financial accounting, and staff management.

External consultants are frequently recruited informally through word-of-mouth and current and past contacts. Occasionally, information centres are consulted for advice on potential consultants. These organisations are noted in the report.

Research

Government research often involves academic or medical research bodies collaborating with similar institutions in developing countries. For example, the Ministry of Foreign Affairs in the Netherlands collaborates with institutions in Ethiopia and Tanzania on HIV/STD research. Other areas of research receiving support from governments includes studies on care and support at community level, research into female controlled virucides, epidemiological studies, and socio-economic impact assessments.

Many NGOs reported that they do not support research, other than what might be included as part of a specific project intervention such as needs assessment or the particular behaviours of certain communities. NGOs in the UK are working on a collaborative study to assess the effectiveness of NGO interventions, and work by NGOs from the other study countries also tend to be focused on evaluating the effectiveness of particular NGO projects.

3.2 Denmark

3.2.1 Government - DANIDA (Danish International Development Agency)

Dr Finn Schliemann
DANIDA (Danish International Development Agency)
Ministry of Foreign Affairs
2 Asiatisk Plads
DK-1448 Copenhagen K
Denmark
Tel: 45 33 92 00 00 Fax: 45 31 54 05 33

Policy, strategies and activities

Denmark's international development assistance strategy, revised in March 1994, focuses on poverty alleviation, strengthening the role of women in development, environment, and democratisation and human rights. The strategy aims to strengthen Danish efforts in three priority areas: population, trade and debt relief.

Bilateral assistance is being further concentrated. It is focusing on 20 countries, embracing all sectors, but concentrating on selected sectors within each country. Assistance to countries implementing structural adjustment programmes will continue. This will increasingly take the form of debt relief.

The fairly equal division between multilateral and bilateral aid is expected to be maintained. DANIDA will work to maintain a focus on Africa in terms of European development assistance efforts.

Health remains an important element in the revised strategy, as a crucial aspect of development. DANIDA supports primary health care and health reform measures. It is moving from project assistance towards health sector support, particularly capacity building and institutional strengthening. Health sector support programmes may include financing procurement of drugs and vaccines or, occasionally, commodities.

This sectoral approach may mean that in some countries the health sector will no longer receive aid.

Health sector support aims to strengthen:

- community development
- health services (including strengthening care in sexual and reproductive health, essential drugs and AIDS)
- health systems development

Current AIDS policy guidelines state that DANIDA will:

- work within the framework of national AIDS control policies and strategies; and support AIDS activities that respect the dignity and human rights of persons infected with HIV/AIDS
- support AIDS activities that are integrated within the existing disease control and basic health care services at the district level
- support community-based health education activities that address the behavioural, social, economic and human rights components of the problem. Wherever possible a participatory approach should be used, involving the target groups, including people with AIDS, in planning and implementation. Priority will be given to health education activities directed at the following groups: women, schoolchildren, young people in out-of-school settings including 'street children', and sex workers
- support the development of appropriate systems of home-based care within the framework of primary health care and based on essential drugs, counselling and community support
- support condom marketing programmes, especially extensive and varied distribution systems, including non-traditional outlets
- support programmes that integrate the treatment of STDs into the primary health care service, including sexual and reproductive health services. The treatment and diagnostic procedure should be practical and based on a simplified approach ('syndromic treatment'). The STD programmes should include a health education component emphasising health seeking behaviour
- support HIV testing of blood and rational use of blood transfusions
- support development and implementation of integrated inter-sectoral AIDS programmes involving, for instance, health labour, planning, education, defence, and private and religious sectors at national and district levels. In addition, HIV/AIDS activities, if suitable, should be integrated into other DANIDA programmes
- support development of appropriate orphan care systems that focus on family or family-like structures
- support research activities that are directed towards improvements of prevention and control activities and appropriate models of support and care of persons infected with HIV/AIDS

Priority countries and regions

Eighteen countries in Africa and Asia were selected in 1992/93: Bangladesh, Benin, Bhutan, Burkina Faso, Egypt, Eritrea, Ghana, India, Kenya, Mozambique, Nepal, Nicaragua, Tanzania, Thailand, Uganda, Vietnam, Zambia and Zimbabwe. Eritrea, Burkina Faso, Nicaragua and Vietnam were added in 1993.

Regional assistance, including SADCC, Sahel, Central America, was also to be maintained.

Temporary assistance to other countries including Chile, Ethiopia, Namibia and Mongolia was provided for rebuilding following strife or conflict.

Financial resources

DANIDA, unlike other bilateral agencies, is not experiencing budgetary restrictions and expects to maintain existing levels of funding.

In 1992, Denmark provided US$59 million bilateral aid to the health sector. This represented 7.4% of total bilateral aid. Africa was the main recipient, receiving just under 50%. Asia received around 20% and Latin America nearly 6%.

Funding support channelled through Danish NGOs continued to grow following the 1987 decision to increase co-operation with NGOs. In 1992, funding through NGOs totalled 1,086 million DKK (US$179.85 million), representing 13% of DANIDA's total aid.

Contributions to the UNFPA increased from 76 million DKK in 1988 (US$12.48) to 115 million DKK (US$18.88 million) in 1992. In the same period, contributions towards IPPF increased from 24 million DKK (US$3.94 million) to 40 million DKK (US$6.57 million).

Denmark's overseas development assistance for AIDS from 1986-1991 totalled US$36.9 million, of which US$19.9 million was bilateral aid, and the remainder multi/bilateral aid provided through the WHO/GPA. Denmark was the seventh largest donor for AIDS of all multilateral and bilateral donors during this period.

Technical expertise

Technical co-operation is a key component of DANIDA aid. This includes attaching advisors to projects, ministries, training insitutions or fellowships, and providing consultants to the private sector.

Examples of projects supported by DANIDA

DANIDA support to HIV/AIDS projects has changed from focusing on home care to including prevention activities.

Projects supported by DANIDA have included: community development, counselling, education, home and community care, elderly, human rights and non-discrimination, information, mother and child health, primary health care, prevention, women, and youth. No specific project examples were provided in response to requests for this study.

Sources:

- *DANIDA sector priorities: health,* DANIDA, Ministry of Foreign Affairs, January 1995
- *A developing world: strategy for Danish development policy towards the year 2000,* Summary of a strategy paper presented by the Danish government, March 1994
- *Denmark's development assistance,* DANIDA, 1987-88
- *Denmark's development assistance,* DANIDA, 1992-93
- *AIDS in the world,* 1992
- *UK NGO Consortium directory of European funders,* 2nd edition, 1993

3.2.2 NGO sector

3.2.2.1. Red Barnet

Red Barnet
Brogardsvaenget 4
DK 2820 Gentofte
Denmark
Tel: 45 31 680888 Fax: 45 31 680510

Red Barnet is only working on HIV/AIDS in a very limited capacity and therefore responded that it was unable to complete the questionnaire.

Red Barnet has supported HIV/AIDS projects related to community development, counselling, education, home and community care, human rights and non-discrimination, mother and child programmes, orphans, primary health care, welfare and services, and women.

It has focused on Kenya, Ethiopia, Lesotho, Mozambique, Uganda, Zimbabwe, Guatemala, Mexico, Peru, Egypt, Sudan, Cambodia, Vietnam, Bangladesh and India.

Source:

- *Directory of European funders,* 2nd edition, UK NGO AIDS Consortium, 1993

3.2.2.2 Danish Red Cross Society

Hanne Thorup, International Department
Danish Red Cross Society
PO Box 2600
27, Blegdamsvej
DK-2100 Copenhagen
Denmark
Tel: 45 31 38 14 44 Fax: 45 31 38 39 66

The Danish Red Cross Society works in partnership with National Red Cross Societies. It will consider supporting AIDS-related programmes in the following areas: community care, counselling, education, elderly, information, management development, materials assistance, mother and child, primary health care, prevention, training, travel, welfare/services, women, and youth.

Priority countries include:

- Africa: Ethiopia, Malawi, Sudan, Tanzania, Zimbabwe
- Asia: Nepal, Philippines

Source:

- *Directory of European funders*, 2nd edition, UK NGO AIDS Consortium, 1993

3.2.2.3 Danchurch Aid

P Kristian Pedersen, International Department
Danchurch Aid
Sct. Peders Straede 3
DK-1453 Copenhagen
Denmark
Tel: 45 33 15 28 00 Fax: 45 33 15 38 60

Danchurch Aid is a church-related organisation which works through partners in developing countries. It does not implement projects itself. Partners are primarily local churches, church-based groups or other community-based groups. Needs and priorities are defined by partners and activities are planned in partnership.

The general working principles of Danchurch Aid's AIDS strategy are:

- that beneficiaries (including persons infected or affected by HIV/AIDS) take part in and are empowered by their active involvement in project planning and implementation
- that emergency relief, rehabilitation, and long-term development be linked
- that culture-specific interventions be supported
- that Danchurch Aid is involved in national and international advocacy

The AIDS strategy follows other policies of Danchurch Aid including its human rights policy.

Focal point

The International Department is the primary focal point for contact about HIV/AIDS. No one individual has specific responsibility for HIV/AIDS, which is integrated into programme activities supported by Danchurch Aid.

Policy, strategies and activities

Danchurch Aids's position is that the churches in developing countries have a crucial role to play in the fight against the spread of HIV/AIDS and in dealing with consequences of the epidemic.

Danchurch Aid seeks to facilitate networking between partners and other AIDS organisations to disseminate experience, and to encourage partners to involve beneficiaries in planning, implementation and evaluation of projects.

Key objectives, within the overall strategies of Danchurch Aid, are:

- to contribute to the prevention of the spread of HIV in developing countries
- to assist in alleviating the consequences of the HIV/AIDS epidemic

Specifically, Danchurch Aid:

- will support community-based health promotion activities aimed at preventing the spread of HIV/AIDS, either by integrating HIV/AIDS concerns into existing community development projects, or by adding general health promotion to AIDS projects. This includes ensuring that project components are linked in a 'continuum of care' model, encompassing the interdependent needs of the non-infected, persons at risk, the infected, carers and survivors in the local community.
- emphasises efforts to prevent further spread of HIV infection (while acknowledging that projects combining prevention and care have often been successful).
- encourages communities to offer solidarity and assistance to those infected or affected by HIV/AIDS. Priority is given to supporting people with HIV and AIDS in their community, or reintegrating them into the community. This includes ensuring that affected children receive education to reduce future risk behaviour.
- considers that education activities are important aspects of most AIDS projects, to raise awareness and promote behaviour change. Education should be integrated into existing health education programmes.
- recognises that correct condom use prevents the spread of HIV. The work of Danchurch Aid will *not* be based on the mass distribution of condoms, as this does not ensure correct use. However, Danchurch Aid may support condom distribution programmes which give due regard to religious and cultural norms.
- supports the individual's right to make decisions about testing.
- believes that counselling should be offered as a priority to those infected or affected by HIV/AIDS. Danchurch Aid will support counselling activities at individual, group and community level.

- will support community-based home care programmes that benefit the most needy and promote a process of community self-organisation and empowerment. Home-based care should be integrated into general primary health care programmes and structures.

- will support programmes that offer aid to people infected or affected by HIV/AIDS and their families, especially children. For example, Danchurch Aid may provide school fees and other expenses, support income-generating activities or establish day care centres or feeding posts. The emphasis is on preserving the community structure rather than, for example, setting up institutional care for children.

- will support the human rights of people infected or affected by HIV/AIDS.

- aims to strengthen women's position in society. This includes, for example, supporting sex workers to gain control over their lives, including encouraging churches to overcome their reluctance to work with sex workers.

Only in exceptional circumstances will Danchurch Aid provide equipment for testing blood, which it considers to be a government responsibility. Similarly, Danchurch Aid will only in exceptional circumstances provide protection materials to health staff in hospitals and dispensaries. Instead, it will support activities aimed at reducing fear and increasing knowledge.

Danchurch Aid is not involved in research activities and does not support research.

Priority countries and regions

The focus of Danchurch Aid's work is determined by partner organisations. Currently all projects are in sub-Saharan Africa, apart from one in Thailand.

Financial resources and examples of projects supported by Danchurch Aid

The total budget for current AIDS projects is 79.62 million DKK (US$13.07 million). Table 3 shows all Danchurch Aid's current AIDS projects and financial support for these.

Table 3: AIDS projects supported by Danchurch Aid

Country	Project name	Total budget DKK	US$
Lesotho	AIDS Information Phase II	5,429,000	892,000
Lesotho	AIDS Prevention/Control	6,866,920	1,127,000
Malawi	AIDS Programme (bridging programme)	3,000,000	493,000
Southern Africa	AIDS network	25,000	4,000
Tanzania	AIDS equipment, Kagera	140,000	23,000
Tanzania	AIDS control programme, Kagera	3,120,000	512,000
Tanzania	AIDS prevention programme	1,000,000	164,000
Thailand	AIDS information	11,100,000	1,823,000
Uganda	Rakai Rehabilitation Programme	25,294,000	4,153,000
Uganda	Rakai District Dev. Prog.	4,500,000	739,000
Zambia	AIDS programme	19,139,712	3,143,000

Source: questionnaire

Sources:

- questionnaire
- *Danchurch Aid AIDS strategy 1994-96,* 5 September 1994

3.2.2.4 World Assembly of Youth (WAY)

Heikki Pakarinen, Secretary General
World Assembly of Youth (WAY)
Ved Bellahoj 4
2700 Bronshoj
Copenhagen
Denmark

Tel: 45 31 60 77 70 Fax: 45 31 60 57 97

World Assembly of Youth (WAY) focuses primarily on issues related to young people and works in collaboration with youth organisations worldwide.

Focal point

The focal point for issues related to HIV/AIDS is the WAY Secretariat at the address above.

Policy, strategies and activities

WAY recognises that young people are among those most at risk of HIV infection and that prevention is the only available way of fighting against AIDS. WAY is committed to AIDS education and prevention, with the emphasis on public education directed at young people. WAY believes that youth organisations at national, regional and global level must play a more active role in changing the sexual attitudes of young people, and that young people

must be involved in preventive education and AIDS control, taking into account their outlook and behaviour.

The WAY secretariat has been mandated to develop a youth-specific support system, including resources, information, advice and personnel, which is available to youth organisations, youth leaders and young people. WAY also works with existing programmes and organisations including WHO, national ministries of health, national AIDS committees and NGOs.

The secretariat has also been mandated to continue to devote special efforts towards preventive education and activities, development of education programmes and strategies to increase awareness of HIV prevention and AIDS control (including promotion of safer sex practices) and to expand the *Youth and AIDS* newsletter. Key areas of activity are encouraging youth organisations to work on HIV/AIDS and identifying resources.

WAY is unlikely to support activities that do not involve youth organisations.

WAY does not support research on HIV/AIDS or STDs.

Priority countries and regions

WAY has identified Asia as a priority region for HIV/AIDS activities.

Financial resources

WAY is facing reductions in funding. Future activities will depend on funds available.

Technical expertise

Programmes usually require expertise in working with youth.

Examples of projects supported by WAY

- Caribbean Regional Youth Workshop on AIDS Prevention and Control, 1989
- Inter-country Consultation on AIDS Prevention, Cameroon, 1989
- Inter-country Workshop on Youth for the Prevention and Control of AIDS, India, 1991

Sources:

- questionnaire
- Resolution from the 12th WAY General Assembly, 3-8 April 1993, Kuala Lumpur, Malaysia

3.3 Finland

Finnish support of HIV/AIDS prevention and care in developing countries is limited, except for that provided by FINNIDA. No NGO activity was reported, although study questionnaires were sent to:

- Finnish Red Cross Society
- Institute of Development Studies, University of Helsinki
- Development Cooperation, Helsinki School of Economics

Finland's Health and Development Cooperation Agency (HEDEC) was able to respond with limited information, which forms the basis for the information contained in this section, along with a review of the government's annual reports on overseas development assistance.

3.3.1 Government - FINNIDA (Finnish International Development Agency)

Leena Viljanen, NGO Division
FINNIDA (Finnish International Development Agency)
Ministry for Foreign Affairs of Finland
Katajanokanlaituri 3
FIN - 00160 Helsinki
Finland
Tel 358 0 134 161 Fax: 358 0 622 2576

Finland's government has pursued a stringent economic and fiscal policy in recent years, resulting in a reduction in funds available for overseas development assistance. In 1993, the level of aid appropriations was 0.4% of the GNP, although the government claims it remains committed to achieving the UN set target of 0.7% pending economic recovery.

A large issue affecting Finland's development cooperation policies concerns its application and successful membership to the European Union, officially beginning in January 1995. Finland plans to contribute towards the eighth replenishment of the European Development Fund and participate in EC development cooperation.

Priority themes within Finnish aid policy includes support for poverty alleviation, environmental issues, human rights and democracy, and women in development.

Policy, strategies and activities

FINNIDA believes that HIV/AIDS should be tackled along with other STDs and as a part of reproductive health. Activities supported in the past have included:

- blood testing
- support for hospital and clinical care
- STD diagnosis and treatment (other than HIV)
- training
- information services and support

FINNIDA looks to HEDEC (see section 3.3.2) as a key contact for issues concerning HIV/AIDS. HEDEC acts as a link to other organisations on behalf of FINNIDA.

Priority regions and countries

FINNIDA support to the regions in 1993 was as follows:

- Southern Africa 26.7%
- East, West and North Africa 9.2%
- Asia 31.8%
- Latin America 9.6%
- 20% unallocated

Countries specifically mentioned as recipients of Finnish aid were Mozambique, Namibia, Zambia, Tanzania, Zimbabwe, Egypt, Ethiopia, Kenya, Bangladesh, Nepal, Sri Lanka, Vietnam, Malaysia, China, Nicaragua, and Peru.

Kenya, Tanzania, and Namibia have been specifically cited as recipient countries of FINNIDA aid for HIV/AIDS.[5] Sub-Saharan Africa and Latin America and the Caribbean were named as priority regions for HIV/AIDS support from FINNIDA.

Financial resources for HIV/AIDS care and prevention

A large portion of FINNIDA assistance on HIV/AIDS has been channeled multilaterally through WHO's Global Programme on AIDS. In 1989, FINNIDA contributed US$3 million. This increased to US$3.5 million in 1990 and again in 1991. Government spending cutbacks in 1992 let to the complete elimination of FINNIDA support of WHO-GPA, although US$2 million was contributed in 1993.

No breakdown of FINNIDA bilateral support for HIV/AIDS was available, but they view overall strengthening of health services and the health sector as an indirect yet essential contribution towards the ability of communities to respond to HIV/AIDS. Support for bi-lateral populations programmes, which sometimes include HIV/AIDS components, amounted to US$1.3 million in 1993, or 0.5% of Finland's total overseas aid. Specific information about

[5] Source: FINNIDA response to questionnaires issued in 1992 by the International HIV/AIDS Alliance (London).

how this money was spent was unavailable.

FINNIDA support for NGOs usually requires that there be a link to a Finnish NGO for the channeling of funds and technical support. No specific information about this relationship was available from FINNIDA or through documentation they provided, but the total amount via Finnish NGOs for HIV/AIDS is thought to be small.

Some FINNIDA funding is channeled through international NGOs (outside Finland), and in recent years this has included approximately 12 working on a range of issues. Of the 12, two have been funded to work on HIV/AIDS-related areas - the Panos Institute (London) and AHRTAG London. Details of FINNIDA support to Panos was not available.

AHRTAG has received funding since 1992 for its international AIDS information services. Contributing 900,000 Finnish Markka during the first three years of the programme (US$189,874), FINNIDA has recently renewed funding for an additional three years. Support for this initiative allows AHRTAG and its overseas partners to:

- provide information and technical support for the development of HIV/AIDS resource centres in partnership with organisations in the South, including Colectivo Sol in Mexico/Latin America; ABIA in Brazil; Township AIDS Project in South Africa; and the Kenya NGOs AIDS Consortium

- facilitate networking and exchange of information and experience between organisations, including support for the International Network of Sex Worker Projects and the Hand-in-Hand Network of projects working with street youth

- offer a comprehensive enquiry service by letter, FAX, e-mail, telephone, and through visits, with particular emphasis on developing this capacity with AHRTAG partners

- research and publication of resource lists, specific bibliographies, briefing papers, training and other materials

The AHRTAG programme has recently expanded, with FINNIDA funds, and will focus in the next three years on:

- specific information and technical support for decentralised resource and information services through seven key resource centres in the South which act as focal points for networks of non-government and community organisations regionally or nationally

- general information support for an additional 20 South-based HIV/AIDS resource centres and regional and international networks

- ongoing provision of an international HIV/AIDS information and enquiryservice to individuals and NGOs which do not have access to a regional or national source of information

FINNIDA's relationship with AHRTAG also ensures that its own requests for information and technical support receive priority attention. AHRTAG also regularly provide bulk copies of its publications to FINNIDA via HEDEC for distribution to FINNIDA overseas project staff.

3.3.2 Health and Development Cooperation Agency (HEDEC)

Regina Montell
Health and Development Cooperation Agency (HEDEC)
Siltasaarenkatu 18c
PO Box 220
FIN - 00531
Helsinki
Finland
Tel: 358 0 3967 2041 Fax: 358 0 773 2922

HEDEC is a quasi-governmental organisation providing information and expertise on health and social welfare development for national issues and for developing countries and countries in transition (ie Eastern Europe). It has a core full-time staff of experts, and operates an information and resource centre.

Services include:

- provision of multidisciplinary experts in the areas of policy development, institutional development, human resource development and financing systems
- research on health and social welfare issues
- planning, monitoring and evaluation of projects

HEDEC itself is not involved in the implementation of HIV/AIDS, but does provide information support to overseas projects involved in this area. FINNIDA looks to HEDEC as a key information source on issues relating to the subject. HEDEC can also assist programmes by helping to identify project experts and consultants within the fields of family planning and sexual and reproductive health.

Sources:

- questionnaire (from HEDEC)
- *Finland's Development Assistance 1993: annual report*
- HEDEC report, 1995

3.4 The Netherlands

3.4.1 Government - Ministry of Foreign Affairs

Dr Hans Moerkerk, AIDS Coordinator
Dir-General International Cooperation
(DST/TA)
Ministry of Foreign Affairs
PB 20061
2500 EB Den Haag
The Netherlands
Tel: 31 70 348 60 09 Fax: 31 70 348 59 56

AIDS is considered to be a developmental problem and as such has a high priority for Dutch foreign aid. AIDS has received increasing attention and financial support since 1987 and this trend will continue.

The Dutch government has supported WHO's Global Programme on AIDS (GPA) from the start in 1987 with financial, technical and policy contributions. It has made no financial contribution to the EU African Caribbean and Pacific (ACP) programme, but has provided direction and consultation in co-ordination with GPA. It has provided funds to UNDP to set up the UNDP-GPA Alliance and has contributed to the GPA Trust Fund to support activities such as the implementation of medium term plans (MTPs) in Latin America.

Focal point

The focal point for HIV/AIDS issues within the Ministry of Foreign Affairs is Dr Hans Moerkerk, AIDS Coordinator, at the above address.

Policy, strategies and activities

Key strategies are to integrate HIV/AIDS with development policy, and to focus on prevention, prevention combined with care, care, and non-discrimination and human rights, including increasing support to people with AIDS.

Priority activities include education aimed at prevention, including condom promotion; research into sexual behaviour and operational research; and strengthening the position of women and marginalised groups.

The importance of linking AIDS with other priority areas, such as urban poverty, population, care of mothers and children, environment and education, is emphasised. Support to AIDS programmes is also seen as way of strengthening the PHC infrastructure, especially in Africa, and encouraging governments to give higher priority to public health.

Support will normally be provided to national AIDS programmes, but will be provided to NGOs if this is not possible. There is strong emphasis on co-ordinating activities at global, country and regional levels.

Priority countries and regions

Priority countries for support are:

- Africa: Benin, Burkina Faso, Ethiopia, Kenya, Mali, Mozambique, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe
- Asia: Bangladesh, India, Nepal, Vietnam
- Central America: Bolivia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua

The Ministry of Foreign Affairs is unlikely to support activities not related to effective prevention, such as screening of prisoners, and vertical programmes for which there is no guarantee of integration with broader developmental activities.

Financial resources

Between 1986 and 1991 the Netherlands provided US$22.7 million for AIDS, of which US$3.8 million was bilateral support, making it the ninth largest donor.

In 1993 the Ministry planned to increase multilateral support for WHO's Global Programme on AIDS from Dfl8 million (US$4.6 million) by Dfl1 million (US$5.75 million) a year in 1993 and 1994.

The trend has also been to increase bilateral funding for AIDS, though not at the expense of other health programmes.

The Ministry has no fixed budget specifically for AIDS, although in 1994 approximately US$27 million was spent on AIDS-related activities. This was 22.5% of the total health programme budget of US$120 million.

It is envisaged that funding for HIV/AIDS activities will increase during the next five years.

Research priorities

The Ministry of Foreign Affairs is currently funding HIV/AIDS and STD research in collaboration with institutions in Ethiopia and Tanzania.

Increasing priorities for research are likely to be care, and support at community level.

Technical expertise

The two areas of technical expertise most commonly required are knowledge of cultural values and norms necessary for focused prevention activities at community level, and research. Technical expertise on all aspects of HIV/AIDS is available within the Ministry of Foreign Affairs and external expertise is only recruited for external evaluations of programmes.

Examples of projects supported by the Ministry of Foreign Affairs

- Ethiopian-Netherlands AIDS Research Project (ENARP) in Ethiopia
- Tanzanian-Netherlands Supporting AIDS Project (TANESA) in Mwanza region, Tanzania
- Instituto Latino Americano de Prevencion de Salud (ILPES) Central America, based in Costa Rica

Sources:

- questionnaire
- *HIV/AIDS and Developing Countries: Policy Document*, April 1993
- *AIDS in the World*, 1992

3.4.2 NGO sector

In 1987, several Dutch NGOs and the Dutch Directorate General for International Cooperation (Ministry of Foreign Affairs) created the AIDS Coordination Group. Their aim was to establish a forum which could assist them in formulating policies regarding support to HIV/AIDS-related actvities in developing countries and provide a platform for the exchange of relevant information. The AIDS Coordination Bureau (ACB) was established to serve as the Group's secretariat and resource centre.

Since 1993, the Group consists only of 8 NGOs since the Ministry of Foreign Affairs has terminated its status as a member. The ACB is an important source of information about Dutch expertise and information concerning HIV/AIDS and development.[6]

[6] Source: *AIDS Coordination Group and Bureau, Annual Report 1994*

For further information contact:

AIDS Coordination Bureau (ACB)
Royal Tropical Institute
Information and Documentation Department
Mauritskade 63
1092 AD Amsterdam
The Netherlands
Tel 31 20 568 8428 Fax 31 20 665 4423

Dutch NGOs contacted for the study:

- HIVOS
- ICCO
- Memisa Medicus Mundi
- Novib

Each of these NGOs responded to the study questionnaire.

3.4.2.1 Humanistic Institute for Cooperation with Developing Countries (HIVOS)

Frans P Mom, Policy Officer/AIDS Advisor
HIVOS
Raamweg 16
2596 HL Den Haag
The Netherlands
Tel: 31 70 363 69 07 Fax: 31 70 361 74 47

HIVOS is a humanistic organisation, and has no religious links. Its primary focus is on human rights, poverty and support for groups that are stigmatised by society. It has two regional offices, in Zimbabwe and India.

Focal point

The policy officer/advisor for AIDS is the principal focal point for issues related to HIV/AIDS within HIVOS.

Policy, strategies and activities

HIVOS' policy on HIV/AIDS is set within its overall policies and the context of human rights. Policy therefore takes account of issues such as poverty, stigmatisation, marginalised groups, sexuality, and the impact of HIV on women and children, in addition to disruption of family structure and economic consequences. It stresses the vital role of prevention and the need to reach the most vulnerable in society. In particular HIVOS is concerned to break down taboos surrounding sexuality issues.

HIV/AIDS is one of the five main issues within HIVOS' overall policy. It is envisaged that support for HIV/AIDS will continue to increase steadily.

HIVOS has three objectives concerning its work on HIV/AIDS:

- enabling NGOs in the South to support the development and execution of AIDS prevention strategies by their governments; if governments are unable or unwilling to do this, HIVOS' counterparts will try to develop and execute preventive strategies or have them developed

- protection of human rights with respect to people with AIDS, including, for example, combating discrimination against more vulnerable groups and people with AIDS, and advocating to ensure that these groups have access to employment, medical care and housing

- emancipation in society with regard to AIDS and sexuality, including, for example, the human rights of women, addressing imbalances of power within society and within the family by improving the legal position of women

HIVOS targets support to groups that are 'at high risk' because of lack of access to facilities and stigmatisation, for example, homosexuals and bisexuals, sex workers, migrants, refugees and prisoners.

Activities fall into three key areas:

- prevention, including information, training and education through radio, theatre and printed materials

- promotion/protection of human rights, in particular for people with HIV and marginalised groups, through lobbying, research and publication, and publicising human rights violations

- network development, including organisation building to promote collaboration among NGOs

HIVOS does not directly support cure or care activities. It does not support research on HIV or other STDs.

HIVOS also recognises the importance of practical and accessible information on AIDS. Since 1991 it has funded AHRTAG's AIDS information services (see section 3.3. for more information on this project). In 1994 HIVOS renewed funding for this project for an additional three years.

Priority countries and regions

- Southern Africa
- Central America, the Caribbean and Andes countries (Peru, Chile and Bolivia)
- India, Sri Lanka, Malaysia, Indonesia and the former Soviet Union

In 1991, project support was allocated as follows: 40.2% in Latin America, 27.3% in Asia, and 28.6% in Africa.

Financial resources

The current HIVOS annual budget for HIV/AIDS prevention and care activities in developing countries is US$700,000. Funding available through HIVOS for HIV/AIDS activities is expected to increase during the next five years.

Technical expertise

HIVOS uses in-house expertise to appraise projects and does not recruit external expertise on HIV/AIDS.

Project examples

- Via Libre, Lima, Peru. Activities include information, education, counselling and research
- The AIDS Consortium, Johannesburg, South Africa
- Pink Triangle, Kuala Lumpur, Malaysia. Activities include a hotline, AIDS documentation centre, information and human rights protection.

Sources:

- questionnaire
- *Policy paper*, June 1992

3.4.2.2 Netherlands Organisation for International Development Cooperation (NOVIB)

G J M Wehkamp, Head, Policy Support Desk
NOVIB
Amaliastraat 7
2514 JC Den Haag
The Netherlands
Tel: 31 70 342 16 21 Fax: 31 70 361 44 61

NOVIB targets support to the poorest groups in society in developing countries, focusing, for example, on rural development and on women in development.

Focal point

The Project Department and regional bureaux within this department are the principal focus in NOVIB for HIV/AIDS.

Policy, strategies and activities

NOVIB's objective is to contribute to the sustainable development of marginalised groups in the South through structural poverty alleviation.

NOVIB takes the side of people whose opportunity to make choices is too limited to enable them to shape their own future. NOVIB aims to help create conditions in which these people can build themselves sustainable livelihoods. Areas in which NOVIB specialises include environmental protection, respect for human rights, and autonomy for women.

Those most affected by HIV/AIDS are included in NOVIB's overall policy, since their vulnerability to HIV/AIDS is linked to root causes of poverty, lack of information and discrimination. HIV/AIDS will not become a priority theme, since NOVIB sees it as a symptom of structural poverty. However, NOVIB also perceives HIV/AIDS as responsible for poverty, and therefore having a place in NOVIB's policy of structural poverty alleviation.

NOVIB works with Southern NGOs either consisting of underprivileged people or working with them. At all times, NOVIB expects target groups to participate in activities. NOVIB aims to integrate HIV/AIDS issues into projects with existing partners, rather than supporting new partners specialising in HIV/AIDS.

Emphasis will be given to dialogue, especially with human rights organisations, about becoming more active in fighting discriminatory laws and regulations, and with women's organisations that can support women who are forced to take unacceptable risks. Implications of this dialogue will be incorporated into country policy documents.

NOVIB does not support research.

Priority countries and regions

NOVIB works in Africa, Latin America and Asia.

Financial resources

Specific information was not provided, although reference was made to limited financial resources.

Source:

- *NOVIB and HIV/AIDS, Working Paper, Project Department,* February 1993

3.4.2.3 Memisa Medicus Mundi

Dr Peter Kok, Medical Advisor
Health Service Department
Memisa Medicus Mundi
PO Box 61
3000 AB Rotterdam
The Netherlands
Tel: 31 10 414 48 88 Fax: 31 10 404 73 19

Memisa is a Catholic organisation which supports church and non-church related projects, usually NGOs, responding to initiatives from counterpart organisations. Memisa's primary aim is to develop basic medical services at grassroots level. It provides personnel, training, funds for drugs, and medical supplies.

Focal point

The focal point for all projects is the medical advisor in the Health Service Department. Projects are first received by the regional project co-ordinators (Latin America, Anglophone Africa, Francophone Africa and Asia) who seek the advice of the medical advisor.

Policy, strategies and activities

All projects funded by Memisa must meet certain criteria related to partner setup, control and effectiveness.

HIV/AIDS is a priority area. Memisa aims to stimulate existing partner NGOs working in health to incorporate an HIV/AIDS component into their programmes, with prevention and care as a main element. The primary health care approach is strongly emphasised, with its aim of providing continuous care from hospital to community and vice versa. Memisa believes that the community and health services should find the best mix of community care and health services support.

Memisa's support has concentrated on hospital equipment and services to protect health workers and patients, such as sterilisation equipment, gloves, blood transfusion services, laboratory support and training, drugs and materials, and care programmes strengthening community response and organisation. Awareness programmes have been limited to education.

There is a trend away from small projects to programmes for whole populations or specific groups such as the poor, vulnerable, commercial sex workers, slum dwellers, and young people.

Priorities for funding include intervention programmes in counselling, treatment for TB and AIDS, home based care, family support and orphan care, HIV testing and blood transfusion policy, and to programmes supporting women and children.

Memisa does not support 'AIDS only' programmes. AIDS activities should be embedded in existing NGO social or health programmes. Memisa is unlikely to support programmes for individuals or for specific limited groups. It does not support South-North conferences or visits. AIDS service organisations are not a primary target group unless they have a strong developmental focus.

Memisa is unlikely to support research, apart from operational research for formulating and monitoring programmes.

Memisa can only support a few larger district AIDS prevention and care programmes because of rising costs, especially of those that include orphan care social programmes. Memisa will not support programmes where the cost per beneficiary is unsustainably high.

Priority countries and regions

Priority countries and regions in 1995 are:

- Africa: most sub-Saharan countries
- Central and South America: Bolivia, Chile, Peru
- Asia: Afghanistan, Bangladesh, Myanmar, India, Indonesia (south-eastern part), Mekong region in Papua New Guinea, Philippines, Thailand

Financial resources

HIV/AIDS projects are estimated to absorb about 3-5% of all direct funding. The exact proportion is hard to discern, as HIV/AIDS activities are included in all health interventions supported by Memisa.

Memisa estimates that annual expenditure on AIDS projects is US$1.5 million for direct costs plus US$2.5 million indirect costs. Indirect costs include part of US$4 million for personnel (including 140 health staff in developing countries, most of whom are involved in integrated health care programmes incorporating HIV/AIDS), plus a small component of the US$12 million emergency health assistance budget and a substantial part of the US$10 million budget for health programmes.

The amount of funding available through Memisa for HIV/AIDS has doubled over the last eight years and is likely to continue to rise. The proportion for AIDS projects is unlikely to rise, however, as HIV/AIDS activities will be supported increasingly as an integral part of primary health care development.

Research

Research related activities focus on epidemiological and medical information, and formulation, execution and evaluation of HIV prevention and care programmes.

Technical expertise

Technical expertise is mainly provided by Memisa and its more experienced field staff (programme co-ordinators, members of local organisations funded by Memisa, and counsellor trainers).

Project examples

- AIDS prevention and home care programme in a slum area of Nairobi, Kenya, in which a local organisation is working with voluntary health workers. It is supported by small Christian communities and the Catholic Church. Memisa sees this is as an effective and fairly sustainable programme, catering for a population of 20,000-50,000 at an average cost per patient per year of $32, regarded by Memisa as acceptable.

  Memisa reports that the programme has an extensive home care component and is maintaining a small hospice for intensive care for short periods. People with AIDS are fully involved. The programme is well accepted and the level of volunteer participation is high. A child crisis centre is connected to the programme. Relations with the existing municipal health services are good, assisting people with HIV/AIDS to make optimal use of available resources.

- Until recently, HIV testing materials were provided for several years in Tanzania and Uganda to ensure safe blood transfusions

- Five years' support for the national AIDS co-ordinator for the Tanzania Episcopal Conference. The project aims to encourage and assist all the dioceses to maintain or initate HIV/AIDS control programmes by providing support, exchanging views, providing and developing educational materials, acting as a resource centre, organising counselling and refresher courses, maintaining communication with the National AIDS Programme, advising on funding, and organising an annual seminar.

- Since 1987 Memisa has funded the production and distribution of the quarterly international newsletter, *AIDS Action*, published by AHRTAG and regional partners. *AIDS Action* is produced in six regional editions with a worldwide circulation of 179,600.

Sources:

- questionnaire
- *Directory of European funders*, 2nd edition, UK NGO AIDS Consortium, 1993

3.4.2.4 Interchurch Agency for Development Co-operation (ICCO)

Jaap Breetvelt, Medical Advisory Board for ICCO
ICCO
PO Box 151
3700 AD Zeist
The Netherlands
Tel: 31 71 17 77 33 (Medical Advisory Board)

The Interchurch Agency for Development Co-operation (ICCO) is a Protestant church-based organisation. It works primarily in partnership with church-related and Christian groups in developing countries and is part of a network including, for example, Christian Aid. Partners include the Christian Medical Association of India and Christian Medical Association of Zambia.

Policy, strategies and activities

The church is seen as having a key role to play in AIDS prevention and care through its networks, status in African society, and, in particular, its expertise in pastoral care and counselling, and care for the sick and dying.

Three levels of support are outlined:

- material assistance
- support for training, seminars and publications on ethical issues
- solidarity at national and international levels against poverty and exploitation

The emphasis is on programmes working with women, orphans, people with AIDS, street children and schoolchildren. ICCO promotes the participation of target groups and strengthening of indigenous structures, by integrating HIV/AIDS activities with primary health care, co-ordinating activities with national AIDS programmes and supporting relevant initiatives of church organisations and congregations.

ICCO's policy also stresses the impact of poverty and the consequences of AIDS, the importance of human rights, control of sexually transmitted diseases, district level management, and socio-economic issues.

Projects and programmes are assessed on the basis of these issues. They may include contextual information programmes, including education and training, AIDS management activities in church hospitals and other NGO hospitals, programmes aimed at home based care, pastoral care and counselling, AIDS support organisations, relief programmes for orphans, alternative employment programmes for women and certain high risk groups, programmes aimed at sex education in primary and secondary schools, early tracing, treatment, and prevention of TB, reinforcing and improving district health care programmes as part of strengthening home based care, and income generating programmes and non-formal education for women.

AIDS is a priority for ICCO. The emphasis in future is likely to be more and more on social issues (in line with the conclusions of the Copenhagen Summit on poverty and with Dutch government priorities such as health and education).

Support for home based care programmes is increasing in all countries where ICCO works. ICCO has also been a long-term funder of *AIDS Action* newsletter (see section 3.4.2.3 for details).

Priority countries and regions

ICCO's policy emphasises sub-Saharan Africa where the AIDS situation is most serious. However, it also recognises the growing AIDS problem in other regions, especially Asia and Latin America, and the importance of early intervention in these regions. The following countries are specified:

- East Africa: Kenya, Uganda, Tanzania, Zaire
- Southern Africa: Angola, Mozambique, South Africa, Zimbabwe
- West Africa: Cameroon, Chad, Ghana, Liberia, Mali, Ghana, Niger, Nigeria
- Horn of Africa: Eritrea, Ethiopia, Sudan
- Latin America: Andean region, Argentina, Brazil, Chile, Dominican Republic, Haiti, Mexico, Peru, Uruguay
- Asia: Bangladesh, India, Indonesia, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Thailand

Financial resources

Funding for AIDS-related activities is allocated as part of programme budgets. It is therefore difficult to specify expenditure on HIV/AIDS. ICCO estimates that annual expenditure on HIV/AIDS is approximately Dfl 5-7 million (US$3-4 million). This is likely to increase in future.

Technical expertise

Like most other Dutch international health and development NGOs, ICCO is a member of the AIDS Coordination Bureau at the Royal Tropical Institute in Amsterdam. ICCO relies on the Bureau and its members for sharing expertise on technical and policy issues.

Project examples

- Puppets against AIDS, a health education project in South Africa

- Health education materials produced and distributed by the UK NGO, Appropriate Health Resources and Technologies Action Group (AHRTAG)

Source:

- *Medisch Coordinatie Secretariat AIDS Policy Paper*, 1992

3.5 Norway

3.5.1 Government - NORAD (Norwegian Agency for Development Cooperation)

Marit Berggrav, Head, Health Division
NORAD
PB 8034 Dep.
0030 Oslo
Norway
Tel: 47 22 31 44 00 Fax: 47 22 31 44 01

Focal point

The focal point for HIV/AIDS in NORAD is the Health Division, which serves as technical advisor on health issues to other departments. The NGO department and the two regional departments (Asia/Latin America and Africa) are responsible for funding.

Policy, strategies and activities

NORAD's policy and strategy framework was developed by the Ministry of Foreign Affairs in 1992. The main guidelines relating to HIV/AIDs which are followed by both the Ministry of Foreign Affairs and NORAD are:

- HIV and AIDS prevention will increasingly be integrated into long-term development co-operation, such as country programmes, multilateral and bilateral activities and NGO programmes

- collaboration and co-ordination at country level will be promoted, and support will be given to strengthening national AIDS programmes and committees. Norway supports the leading role of WHO in AIDS prevention and control.

- based on the current spread of the pandemic, the Ministry of Foreign Affairs and NORAD plan, in collaboration with national authorities in the countries most affected, to assess the need to direct ongoing collaboration towards the social consequences of AIDS.

- priority will be given to efforts directed at women and children, to activities undertaken by vulnerable groups, to collaboration with persons with HIV/AIDS and to multisectorial approaches.

NORAD provides support to NGOs, in principle requiring shared funding between NORAD and the NGO. In a transition phase NORAD can provide 100% of funding for specific projects. NGOs supported in order of level of support include: Norwegian Church Aid, Redd Barna, Norwegian Red Cross, CARE Norway.

AIDS prevention has high priority within NORAD's overall work. Activities that deal with the consequences of AIDS will be part of general development co-operation. No change in priority is envisaged, although methods of work or collaboration on AIDS may change according to perceived needs. Challenges remain regarding the integration of AIDS work into other development assistance.

Overall priorities for funding have remained fairly constant. However, increasing emphasis is being placed on multisectoral approaches and support to vulnerable groups. As a result of increased global experience of effective approaches to prevention, emphasis on technical quality is increasing. There is also increasing emphasis on sustainability as an important aspect of development.

In 1993, support for PAHO's regional AIDS programme was reduced since PAHO did not react to Nicaraguan legislation against homosexuality.

Evaluation of Norwegian development co-operation on AIDS is planned for 1995.

Priority countries and regions

Priority is given to countries in sub-Saharan Africa. Some countries in South Asia and Central America are also supported.

Norway has bilateral co-operation with the following countries:

- Africa: Botswana, Mozambique, Namibia, Tanzania, Zambia, Zimbabwe
- Asia: Bangladesh, India, Pakistan, Sri Lanka
- Central America: Nicaragua

In 1993, Tanzania and Mozambique received the most bilateral support. Just over half of all bilateral support was provided to African countries.

In its 1993 annual report, NORAD reported plans to move into development co-operation with South Africa and the Middle East, starting to provide assistance to Ethiopia and Eritrea, renewing government to government co-operation with Uganda, and increasing activities in Indo-China and South-East Asia.

Financial resources

Overall bilateral spending on health by NORAD was NK380 million (US$56.2 million) in 1992 and NK365.5 million (US$54.1 million) in 1993.

In 1995, Norway's total budget for AIDS development collaboration was NK70 million (US$10.4 million). Approximately half of the budget is used by NORAD. The other half is used by the Ministry of Foreign Affairs to support multilateral organisations.

The evaluation of Norwegian development co-operation on AIDS in 1995 may result in a shift in the distribution of funds.

A detailed breakdown is not available. However, of approximately NK30 million (US$4.4 million) used annually by NORAD for AIDS, approximately half has been provided to Norwegian NGOs and half to Norwegian representations in countries. Country representations have funded both government and NGO activities.
WHO has until now received the largest proportion of Norwegian funding for multilaterals. It is expected that UN agencies will receive funding from 1996 but no formal decision has been been made.

NORAD also has a special allocation for AIDS in addition to country programme funding. In 1993 this totalled NK31.8 million (US$4.7 million), of which 42.8% (US$2 million) was allocated to Africa, 33.6% (US$1.6 million) to Asia and 10.4% (US$0.5 million) to Latin America, with 13.2% (US$0.6 million) unspecified.

Research priorities

NORAD is currently supporting a collaborative project with Swedish SIDA and AMREF in Kenya on reaching youth in four countries to improve their sexual health through school and health service collaboration.

STDs are one component in a broad university collaboration on AIDS-related research between the University of Dar es Salaam and the University of Bergen.

Intervention development rather than pure research has priority. There are currently no plans to change this, although the evaluation may point to the need for research.

Technical expertise

Sources of technical expertise are primarily in the countries where Norway collaborates. It covers a range of professions, and includes members of vulnerable groups and people with HIV or AIDS.

In Norway, social scientists and medical professionals are used in an advisory capacity. Within NORAD, the Health Division has technical staff with health and social science backgrounds.

NORAD also has a collaborative agreement with the Norwegian Board of Health and with institutions with demographic and development expertise that provide technical advice on HIV/AIDS as needed. NORAD currently funds a staff post in the Norwegian Board of Health to provide technical advice.

In 1993, it was recommended that the Development Cooperation Training Centre, operating on a trial basis, be established on a permanent basis as a forum for the development of expertise and communication between various groups associated with Norwegian development co-operation.

Examples of projects supported by NORAD

- Norwegian Church Aid projects collaborating with local NGOs and teaching institutions working with commercial sex workers and the general public in Northern Thailand
- Norwegian Gay and Lesbian Association collaboration with gay organisations in South Africa, Peru and Mexico to increase AIDS awareness among men who have sex with men and the general public
- Norwegian Save the Children (Redd Barna) working on the social consequences of AIDS in Uganda

These are just three of many projects implemented in collaboration with Norwegian NGOs and local organisations. In addition, NORAD representations in countries have funds to provide direct support to local agencies and organisations.

Source:

- questionnaire
- *NORAD Annual Report*, 1993

3.5.2 NGO sector

3.5.2.1 Norwegian Red Cross

Elizabeth Hoff, Health Coordinator
Norwegian Red Cross
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The Norwegian Red Cross is affiliated to the Federation of Red Cross and Red Crescent Societies. It obtains support from the Norwegian government and the public, and works mainly through national Red Cross Societies in developing countries. HIV/AIDS is a priority. Other areas of activity include community-based rehabilitation and disability issues, and maternal and child health.

Focal point

The main focal point for issues relating to HIV/AIDS in developing countries is the International Department.

Policy, strategies and activities

The Norwegian Red Cross does not have a policy statement for its AIDS work. It does, however, have a clear strategy to focus on three main areas:

- home care
- information, education and communication
- human rights issues

HIV/AIDS activities are mentioned as an area of particular concern in the strategy of the International Department, in which priority should be given to bilateral collaboration with national Red Cross Societies and through the Federation of International Red Cross and Red Crescent Societies.

The Norwegian Red Cross has been working on HIV/AIDS since 1983. The emphasis is currently on integrating HIV/AIDS activities into existing Red Cross programmes, rather than running vertical HIV/AIDS programmes.

In future, the Norwegian Red Cross will focus support on education programmes on sexual health where HIV/AIDS information is included, and home care programmes for people with chronic diseases including AIDS. It is unlikely to support programmes that include HIV testing.

Because the Norwegian Red Cross assists national Red Cross Societies, it is unable to support HIV/AIDS activities in countries where HIV/AIDS is not a priority for the national Red Cross Society. This applies to quite a few countries.

Priority countries and regions

The Norwegian Red Cross has identified two priority regions for support to HIV/AIDS activities: Southern Africa and South East Asia. In 1992 it was supporting activities in Mexico, Rwanda, Kenya, Sri Lanka, Mozambique and The Gambia.

Research priorities

The Norwegian Red Cross is currently supporting one research project being carried out by Panos. The main objective of the project is to research the neglected issues related to male to male sexual transmission in the developing world, and to communicate the research to donor organisations, international organisations, the government and the public.

Financial support

The overall annual budget for HIV/AIDS prevention and care varies according to the quality of project proposals received from national Red Cross Societies. The budget for 1995 for AIDS projects is US$300,000. Funding will be increased if good project requests are received.

Technical expertise

The areas of expertise most often required are development of programmes in reproductive and sexual health that include HIV/AIDS activities, and in home care. Consultants with expertise in HIV/AIDS are also required for programme quality assurance and evaluation.

Expertise within the Norwegian Red Cross resides with the AIDS co-ordinator, who is currently the Resident Representative, based at the national society in Mozambique, and the health co-ordinator in Oslo.

Project examples

- HIV/AIDS education programme in Nepal through the Nepal Red Cross
- AIDS information and counsellor training through the South African Red Cross Society
- Asian Task Force on AIDS (International Red Cross and Red Crescent Societies): a focus group of experts from the national Red Cross societies in the region who meet and collect information, and share resources and experiences, to strengthen exchange between the Societies

Source:

- questionnaire
- *NORAD Annual Report*, 1993

3.5.2.2 Norwegian Church Aid

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Norway
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Norwegian Church Aid has supported a range of HIV/AIDS projects including: advocacy/campaigning, community development, counselling, education, human rights and non-discrimination, information and networks, mother and child programmes, prevention, women, youth, training. Preference is given to church organisations.

Priority countries have included:

- Africa: Eritrea, Kenya, Sudan (southern)
- Asia: Laos, Thailand, Vietnam

Source:

- *Directory of European Funders*, UK NGO AIDS Consortium, 2nd edition, 1993

3.5.2.3 Redd Barna (Norwegian Save the Children)

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PO Box 6200 Etterstad
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Norway
Tel: 47 22 57 00 80 Fax: 47 22 68 85 47

Redd Barna (Norwegian Save the Children) has supported HIV/AIDS projects in areas including advocacy/campaigning, community development, counselling, education, home/community care, information and networks, mother and child programmes, research, women and youth.

Priority countries include:

- Africa: Eritrea, Ethiopia, Kenya, Mozambique, Uganda, Zimbabwe
- Central America: Guatemala, Honduras, Nicaragua
- Asia: Cambodia, Nepal, Sri Lanka, Thailand

Source:

- *Directory of European Funders*, UK NGO AIDS Consortium, 2nd edition, 1993

3.6 Sweden

3.6.1 Government - SIDA (Swedish International Development Authority)

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Health Division
SIDA
Birger Jarlsgatan 61
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SIDA is merging with three other Swedish bilateral assistance agencies during 1995: SAREC, a research agency, SWEDCORP, which provides technical assistance mainly in engineering, and BITS, an agency focusing on support to Eastern Europe. Policies, priorities and name of the new organisation will not be clear until the beginning of the new financial year in July 1995.

Focal point

The focal points for issues relating to HIV/AIDS are the Health Division and NGO Division.

Policy, strategies and activities

AIDS is currently viewed within the context of sexual and reproductive health. HIV/AIDS support is likely to be integrated with support for sexual and reproductive health, which is 1993-94 accounted for 20% of total health sector support. The new organisation may retain an AIDS advisor, given the importance of the AIDS problem.

Priority countries and regions

In 1991-92, priority regions were sub-Saharan Africa, Latin America and the Caribbean, and Asia. Support was specifically not provided to the Middle East or Western Pacific. Stated programme countries were:

- Africa: Angola, Botswana, Ethiopia, Guinea-Bissau, Lesotho, Kenya, Mozambique, Tanzania, Uganda, Zambia, Zimbabwe
- Asia: Bangladesh, India, Laos, Sri Lanka, Vietnam
- Latin America: Chile, Guatemala, Nicaragua

Research priorities

SIDA has provided support to SAREC for research. The budget for 1991-92 of was SEK20 million (US$2.7 million), which included support to a research institute in Tanzania.

Financial resources

SIDA's annual budget for HIV/AIDS in 1993-94 was SEK98 million (US$13.2 million), which was 13% of SIDA's overall spending on health and development.

The budget in 1991-92 was US$20 million. Support for HIV/AIDS will continue to decrease. However, funding for sexual and reproductive health activities, which accounted for 20% of total health sector support in 1993-94, is expected to increase.

Since 1986-87 support has been divided between WHO's Global Programme on AIDS, other UN agencies, SIDA programme countries, and via Swedish NGOs. SIDA's 1993-94 contribution to WHO-GPA is SEK46.7 million (US$6.29 million), by far its largest overall contribution. The next largest contribution to a UN agency was SEK2.7 million (US$363,391) to UNICEF.

Country programme support in 1993-94 went to the following:

- Angola SEK1 million
- Ethiopia SEK2.7 million
- India SEK0.1 million
- Tanzania SEK9.6 million
- Uganda SEK6.9 million
- Zambia SEK2.0 million
- Zimbabwe SEK8.1 million

Up to 25 Swedish NGOs have received funds to support AIDS activities in developing countries, mainly information, education and communication. NGOs including ARO, Swedish Pentecostal Mission, Swedish Church Mission and Swedish Red Cross. In 1991 15% of SIDA's AIDS budget was spent on NGOs, the average grant being US$100,000.

Multilateral support is expected to decrease, while country programme allocations are expected to increase.

In the five years to 1991, Sweden was the second largest donor for AIDS globally, providing 12% of funds provided by the principal donors. Sweden provided a total of US$97,539 million, of which 36% (US$35,226 million) was bilateral funding.

Technical expertise

SIDA recruits expertise from various institutions, mainly in Sweden.

Examples of projects supported by SIDA

No examples were provided. General support to WHO/GPA in Geneva has been the largest allocation from SIDA.

Sources:

- questionnaire
- *Sexual and reproductive health*, SIDA Health Division, 1994
- survey from International HIV/AIDS Alliance, 1992
- *SIDA Factsheet March 1991*: Swedish Development Assistance for the Control of AIDS
- *Swedish Development Assistance for the Control of AIDS*, 30 January, 1992
- *AIDS in the World*, 1992

3.7 United Kingdom

3.7.1 Government - Overseas Development Administration (ODA)

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HIV/AIDS and Reproductive Health Officer
Health and Population Division
Overseas Development Administration (ODA)
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The ODA manages Britain's overseas aid to around 150 developing countries, as well as the states of central and eastern Europe and the former Soviet Union. It works in partnership with governments of developing countries, with international organisations, including the European Union and United Nations agencies, and with NGOs in Britain and overseas.

In its efforts to reduce poverty and promote sustainable economic and social development, the ODA aims to support economic reform, enhance productive capacity, help achieve good government, finance activities directly benefiting poor people, promote human development (including better education and health and children by choice), promote the status of women, and help tackle environmental problems.

55% of Britain's aid is distributed bilaterally with 70% of this amount targeted to the world's poorest countries. 45% of UK aid is multilateral, and includes support to UN agencies, the European Union, and the World Bank. Nearly half of this multilateral aid is channelled through the European Union, amounting to £435 million (US$679 million) in 1993-94.

Focal point

Within the ODA, the Health and Population Division is the focal point for HIV/AIDS issues.

Policies, strategies and activities

HIV/AIDS is a high priority for ODA, and is addressed through programmes on reproductive health and communicable diseases.

The ODA is currently in the process of revising its HIV/AIDS strategies. Its existing policy was articulated in a speech to a meeting of the All Party Parliamentary Group on AIDS by Baroness Chalker, head of ODA, in April 1994. In this speech, she emphasised that ODA's fight against suffering caused by HIV was part of overall efforts aimed at relieving poverty, improving access to family planning services, and enabling people to enjoy better reproductive health.

The ODA believes a combination of strategies is necessary to help people avoid HIV infection, and to help those infected or affected to cope with its consequences.[7] Aid is provided to improve the availability of low cost and effective condoms, drugs to treat STDs, measures to reduce blood borne transmission, and safe virucides that can be used by women (as they become available). Support is also given to help countries improve the diagnosis and treatment of STD and HIV related infections. The ODA will fund the provision of improved care and counselling for individuals and communities living with HIV and AIDS, and will back research to develop new approaches for responding to HIV.

ODA increasingly views HIV/AIDS as a multisectoral problem requiring further integration into reproductive health programmes with emphasis on women's vulnerability and male responsibility.[8] The ODA tries to avoid being involved in HIV control programmes that consist only of selective health care interventions or that are limited to a few targeted interventions. The ODA is unlikely to support activities which involve large scale expenditure on consumable products.

ODA is likely to increase support for NGOs working with local community groups in future. CAFOD, Christian Aid, Action Aid, Oxfam, Save the Children and AMREF, among others have been financed by ODA to support programmes addressing the needs of orphans as a result of AIDS, home care, counselling and education in Africa, Latin America and Asia.

Initiatives designed to help expand the capacity of NGOs to absorb and manage additional funds have also been supported by ODA. These include Action Aid's Strategies for Hope programme, IPPF's sexual health initiative (now in 7 countries), and the International HIV/AIDS Alliance (see section 3.7.2.3). To help the ODA develop and monitor these and other new projects, it has also established the ACT-HIV advisory centre, linking academic bodies, the National Health Service, and private groups (see below).

Priority countries and regions

For the last five years, ODA priority countries for health and population programmes have included:

Africa: Kenya, Uganda, Tanzania, Ghana, Nigeria,Zimbabwe, Zambia, and Malawi

Asia: Pakistan, India, Bangladesh, and Nepal

Recent additions to the ODA list: South Africa, Namibia, Cambodia, Russia, Kazakhstan, Kyrgyzstan, and Peru.

[7] From: *Living with HIV: challenges and new approaches*, speech by Baroness Chalker, 26 April 1994.

[8] Information provided in the study questionnaire from Dr. Hilary Homans, ODA.

In 1993-94, the top 10 recipients of ODA support to countries overall, and not just priority countries for health and population programmes, were (in millions of pounds sterling)[9]: India £103m, Bangladesh £55m, former Yugoslavia £52m, Pakistan £48m, Zambia £48m, Zimbabwe £40m, Uganda £39m, Indonesia £35m, Mozambique £35m, and China £34m.

Research

In 1993 the ODA spent nearly £1 million (US$1.5 million) for research by universities, the Medical Research Council (MRC), and NGOs so they could better explain some of the uncertainties surrounding HIV infection. The MRC was funded to explore the differences between infection with HIV-1 and HIV-2. Research in Zaire has sought to explain the transmission of HIV from mother to child; in Zimbabwe to develop and introduce HIV surveillance techniques; in Uganda to examine health seeking behaviour following infection, and in Tanzania to document the impact of STD treatment on HIV transmission rates. Studies have been funded in Africa and Asia to examine the impact of HIV disease on populations, including the demographic impact and the impact of the virus on social and economic development.

The ODA is also funding the UK NGO AIDS Consortium (see section 3.7.2) to undertake a collaborative study to identify which NGO interventions are proving the most effective. The study is a collaboration between 12 UK development agencies and 18 partner organisations in developing organisations. Results of the study are expected by the end of 1995.

Research into female-controlled methods of HIV prevention is a growing priority for the ODA.

The ODA recognises the importance of sharing research results, and has supported the dissemination of research information through international workshops and conferences, and through the publications of Panos, the Bureau of Hygiene and Tropical Diseases, and AHRTAG.

Through its Joint Funding Scheme, for example, the ODA has agreed (starting in 1995) to fund information services and publications in Latin America and the Caribbean via AHRTAG partner organisations in the region. This programme includes the production and distribution of more than 60,000 copies per quarter of *AIDS Action* newsletter to health workers and NGOs in Spanish and Portuguese language editions. With more than £300,000 (US$468,000) in funds from ODA during the next three years, AHRTAG and its partners are hoping to match this amount in order to maintain and expand circulation of the newsletters and further develop existing resource centres in the region who are providing practical and accessible information on HIV and other STDs.

Financial resources

Since 1986, ODA has contributed a total of £55 million (US$85.8 million) to HIV/AIDS. Of this sum, £37.3 million (US$68.18 million) has gone to WHO, and the remaining £17.7 million (US$27.61 million) to bilateral support, NGOs, and research.

[9] Source: *British overseas aid, annual review 1994*, 1994

Out of the total 1993 budget of £100 million (US$156 million) for health and population activities, ODA spent £10 million (US$15.6 million) on HIV/AIDS. These funds were routed through multilateral, bilateral, and NGO channels.

During calendar year 1994, ODA spent a total of £39.6 million (US$61.78 million) on population and reproductive health activities, of which approximately 14% was spent on HIV/AIDS prevention and care activities - £5.675 million (US$8.85 million).[10]

Since 1987, ODA has been a major supporter of WHO, and expects to maintain and possibly increase the amount of its multilateral financial contribution through the new UN Joint and Co-Sponsored Programme (UNAIDS).

Bilateral support from 1987-94 from ODA amounted to £11 million (US$17.16). Spending through NGOs during the same period (1987-94) £9.3 million (US$14.5 million).

Nearly £1 million (US$1.5 million) was spent on HIV/AIDS research by ODA in 1993.

Technical expertise

ODA most often requires technical expertise in epidemiology, STD control, project planning, gender analysis, and in legal and ethical issues.

Within ODA there is one staff with a specialisation in HIV/AIDS and reproductive health. Additional needs are met by recruiting consultants externally. This is often done through the ACT-HIV advisory centre, established in June 1993 by ODA.

The goal of ACT-HIV is to help donors and developing country governments to introduce effective sexual health programmes by deploying expert efficient and effective technical assistance. It has a small core staff and includes a database of UK consultants. ACT-HIV has been operated by the NHS Overseas Enterprises (a private company) until recently, although the ODA has announced its intention to tender competitive bids from other organisations to operate the centre. Further information can be obtained by contacting:

ACT-HIV
75-79 York Road
London SE1 7NJ
UK
Tel: 44 171 928 299 Fax: 44 171 928 6266

Sources:

- *British overseas aid, annual review 1994*, 1994
- *Health and population policy statement*, ODA, 1994
- *British aid for health and population*, briefing paper no. 4, 1995
- *Living with HIV: challenges and new approaches*, speech by Baroness Chalker, 26 April 1994

[10] Source: study questionnaire completed by Dr. Hilary Homans, ODA.

3.7.2 NGO sector

There is a large amount of British NGO activity in the area of HIV/AIDS and development. One indication is the size of the membership of the UK NGO AIDS Consortium.

Founded in 1987, the Consortium now has more than 50 active members and observers. It aims to facilitate the exchange of information on HIV/AIDS in developing countries, to encourage networking and co-operation between UK development NGOs and AIDS service organisations supporting projects in the South, and to advocate for appropriate policies and responses to the pandemic.

The Consortium organises four meetings a year, distributes a bulletin, and hosts occasional seminars on topics of particular interest to its members such as HIV testing and women and AIDS. It has also published a directory of European funders of HIV/AIDS in developing countries.

For the past two years the Consortium has been supporting a collaborative study exploring effective NGO responses to AIDS with funding from the ODA. The study includes the participation of 12 UK member agencies and 18 partner organisations overseas.

The Consortium is managed by an elected steering committee and has a full-time co-ordinator. It is financed by member contributions.

For further information contact:

UK NGO AIDS Consortium
37-39 Great Guildford Street
London SE1 0ES
UK
Tel: 44 171 401 8231 Fax: 44 171 401 2124

NGOs contacted for the study were:

- Charity Projects
- Christian Aid
- International HIV/AIDS Alliance
- Save the Children Fund

Completed questionnaires were received and follow-up telephone interviews conducted with all of these organisations.

3.7.2.1 Charity Projects

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Charity Projects was established five years ago to raise funds to help disadvantaged people in the UK and Africa realise their aspirations and potential. They organise an annual "Red Nose Day" event to collect funds from the public, which since its launch has brought in £75 million (US$117 million). Of the monies raised, two-thirds is distributed to UK aid agencies working in Africa, and the remaining third to charities working in the UK.

All of the funds raised through Red Nose Day go towards charity since the campaign's overhead is provided by separate donors. There are 26 full-time staff with Charity Projects (plus additional temporary staff during Red Nose Day).

Grants to Africa during 1992-93 totalled £7,701,837 (US$12,014,865), with the health, nutrition and family planning sector accounting for the largest share, at nearly 28%. Grants for other sectors included water and sanitation (15.5%), agriculture, forestry, and livestock (15.2%), and education, communication and training (9.1%).

Focal point

The Africa Grants Department (AGD) is the principal focus in Charity Projects for issues relating to HIV/AIDS. Although quite rare, it is also possible that the UK Grants Department could have an interest in funding an HIV/AIDS initiative if it overlaps with one of their four areas of funding, which include older people and young people who are homeless, disabled, or have problems with drugs and alcohol use.

Policy, strategies and activities

Charity Projects is currently reviewing its HIV/AIDS policy, and at present does not have a written statement on funding within this area. Its 1993 Grant Making Guidelines did not specifically refer to HIV/AIDS, although it was widely accepted that this was an area worthy of support. To qualify for support during this funding cycle (March 1993 - December 1994), the intervention needed to provide evidence of working towards the following five criteria:

1. promoting African organisations
2. responding to locally-felt needs
3. thinking in the long term
4. targeting disadvantaged groups
5. monitoring and evaluation

A total of 13 grants totalling £326,500 (US$509,349) were made for HIV/AIDS work using money from Red Nose Day 4.

Charity Projects does not insist on a uniform approach to interventions for HIV/AIDS. Analysis of projects supported from funds raised during Red Nose Day 4 suggest that a range of work has received funding. These include preventative measures around education and awareness raising, support to counsellor training, a commitment to assisting the economic status of AIDS orphans in the context of their adopted households, and a multi-hospital focused programme emphasising home visiting, care, and community education.

HIV/AIDS is viewed as a critical problem facing both rural and urban dwellers in Africa and whose impact is felt more acutely by those already trapped in cycles of poverty and disadvantage. It is perceived by Charity Projects as an issue which may, at times, require specialist intervention but whose longer term solutions are closely bound up in wider development activities and people exercising more control over their social, economic and political lives. People or groups at risk are not prioritised as a matter of policy, above for instance people who are disabled, refugees, or who are displaced. No barriers within Charity Projects were identified which would impede support for HIV/AIDS related activities.

It is difficult to identify trends concerning HIV/AIDS within Charity Projects given the small number of grants in this area. However, the main change has been the recent increase in grants for HIV/AIDS, 80% of which were made within the past two years.
Proposals which do not satisfy the five criteria outlined above would not have much hope of being funded. Reasons given in previous years for denying funds for proposals with an HIV/AIDS focus included:

- insufficient consideration to the impact on women
- over-emphasis on service delivery
- not targeting the poor
- lack of involvement of people with AIDS in the design or implementation of the project
- lack of commitment to building community confidence and skills to manage their own programmes

Charity Projects has a policy not to support research projects unless these are clearly part of an appraisal phase of an identifiable project.

Priority countries and regions

Most of the 27 grants approved for HIV/AIDS work since 1989 have focused on 7 African countries. Kenya and Uganda have received the most grants (combined total of 9). Eight grants have taken a more regional or continent-wide focus. However, a geographical focus for grant-making has not been established nor imposed at any time.

Barriers and restrictions

No overt constraints to supporting HIV/AIDS were cited. However, the Africa Grants Department acknowledged a growing interest among development agencies in viewing HIV/AIDS related activities within the context of a more integrated development programme. One outcome of this thinking might be for HIV/AIDS work to lose some of its profile and with it some of its funding support. Charity Projects believes that a reduction in direct support for HIV/AIDS activities might be offset by an increase for more general development activities.

Financial resources

During the period of 1993-95, no upper ceiling was set for grants made for HIV/AIDS prevention and care activities. Any proposal which corresponded with the grant making guidelines (1993) was accepted for consideration. Out of a total of £12.7 million (US$19.81 million) distributed in grants during this period, £326,500 (US$509,340) was given for HIV/AIDS related work, representing 2.6% of the total.

Future funding projections are difficult to make until the policy review currently underway is completed. If a decision was made not to prioritise HIV/AIDS as a funding issue, funds in this area could fall. On the other hand, since HIV/AIDS is an issue overlapping with a number of other themes, such as urban development and women's needs, work in this area could continue to attract funds.

Technical expertise

Charity Projects has in-house expertise enabling it to appraise and evaluate HIV/AIDS interventions, allowing the assessment of proposals. Since Charity Projects does not itself implement projects, these skills must exist within the organisations charged with carrying out the project. This is a fundamental prerequisite for approving the grant.

Examples of projects support by Charity Projects

- evaluation of The AIDS Support Organisation (TASO) in Uganda - 1992. £15,630 funded through ActionAid
- support for the AIDS Counselling and Support Programme, Medical Missionaries of Mary - 1993. £61,961 funded through Oxfam
- production of AIDS counselling videos (4), Free Film Makers in South Africa. £247,448 funded through Christian Aid

Sources:

- letter and questionnaire
- *Annual review and accounts 1992-93*

3.7.2.2 Christian Aid

Mary Convill, South Asia Team
Christian Aid
PO Box 100
London SE1 7RT
UK
Tel: 44 171 620 4444 Fax: 44 171 620 0719

Christian Aid began its work in response to the needs of refugees in Europe during the Second World War. Today it is the official relief and development agency of 40 British and Irish Churches. It works where the need is greatest in more than 70 countries. It is supported through individual donations and government contributions totalling £42,142,000 (US$65,741,520) in 1994. Christian Aid seeks to address the root causes of poverty, injustice and the denial of the most basic rights to life. As a result, up to 10% is spent on education and related campaigning. It does not have permanent overseas offices, and instead works directly with the poor through local church and other organisations whose programmes aim to strengthen people towards self-reliance.

Christian Aid has recently undergone re-organisation, and is now divided into 32 teams. There are two overseas teams for Latin America/Caribbean, three teams for Africa, one team for Middle East and West Asia, and two teams for South and South East Asia. Each of these teams can take up the issue of HIV/AIDS as a priority.

Focal point

In order to assist team action, an AIDS working group has been established. Although still not officially approved at the management level, the overall aim of the group is to:

- improve Christian Aid's response the HIV/AIDS epidemic
- integrate action on HIV/AIDS into the work of all the overseas teams
- act as a resourcing group, facilitating and supporting such action
- enable staff working in non-overseas teams to see the relevance of HIV/AIDS issues in their work
- raise awareness on HIV/AIDS issues among Christian Aid staff and supporters
- enhance the work of the group by liaising as necessary with other organisations

Policy, strategies and activities

The organisation has no written policies on AIDS, although a number of the teams have country policy papers which usually include a statement about AIDS. A paper outlining key issues to consider when assessing AIDS projects has been drafted[11], and highlights the following areas:

- is AIDS a priority in development work? - programmes aimed at reducing the time before AIDS is taken seriously are a priority. Networking, South-South exchanges and publicising stories about the real life effect of AIDS on individuals, families and communities are important.

- education and information - initiatives empowering groups (schoolchildren, truck drivers, sex workers, local communities etc) to link education on AIDS with collective expectations of safer sex practices are priorities.

- what you do not who you are - programmes need to stress that it is "what you do" rather than "who you are" that puts people at risk. People need to be actively drawn into considering how they are at risk and what they can do about it rather than just being presented with scientific facts.

- fighting discrimination - support of programmes counteracting discrimination is a priority. Helping local organisations and churches to contribute in an unprejudiced way to the debate on the very real practical and ethical questions posed by AIDS in any society is also very important.

- AIDS and gender - all AIDS programmes must recognise and deal with the gender issues. Specific programmes dealing with gender issues and women's empowerment are very important.

- counselling - both in the context of diagnosis and in the context of AIDS education is important and an area in which NGO's and the churches can play an important role.

- caring for people with AIDS - increasingly preventative programmes also include care for people and families with AIDS. Support of innovative pilot programmes developing culturally and cost effective methods should be supported.

- testing - if a project request includes a testing component it is essential that both the ethical and the technical aspects have been adequately considered by the project.

- support for organisations of PWHIVs - this is a priority. Ensuring the involvement of PWHIVs in all programmes is extremely important.

[11] This set of guidelines has been edited from Christian Aid's *Key issues to consider when assessing AIDS projects*, September 1992.

- AIDS, condoms, and the Church - programmes that prevent the possible negative impact of churches and their leaders on anti-AIDS campaigns may be very important. This means education for the leaders - exposure to the realities of AIDS and its spread in their community. This way they can come to the debate with real understanding.

- networking - funds for attending conferences should preferentially go to grassroots anti-AIDS organisations rather than conference organisers so decision making power remains at the grassroots.

- resources - support is important not only for the local production of resources but also translation, adaptation and exchange. Support should also be given to local resource centres.

- hospital equipment - not usually a priority for Christian Aid unless as an integral part of a preventative education or pilot home based care programme

- interaction between HIV/AIDS and tuberculosis - the link between these two infections should not be used as another weapon for discrimination against PWHIVs.

This is the first year that Christian Aid has had an official working group on the issue. There is no full-time staff member working on HIV/AIDS, and overall there are other issues which have been prioritised instead of HIV/AIDS.

Priority countries and regions

Countries falling within Christian Aid's Southern Africa team (covering South Africa, Zambia, Zimbabwe, Angola, Mozambique and Malawi) have constituted a priority region for HIV/AIDS programmes, particularly in South Africa and Zambia. The East, West, and Central Africa team could gradually become the priority focus, and within that Uganda would figure strongly.

Otherwise, it is possible that any of Christain Aid's teams comprising other developing countries could support HIV/AIDS programmes.

Barriers and restrictions

Barriers relate to the fact that emergencies, food security issues, natural disasters, agriculture, water, community organisation and gender issues all figured more strongly in Christian Aid's work than did health. As the issue of HIV/AIDS has become more prominent, Christian Aid moved towards campaigning on large issues such as debt, trade and international financial institutions. HIV/AIDS has had a place in this campaigning, but not as a single stand alone issues.

Christian Aid responds to a large extent to existing partners, who have often seen HIV/AIDS as the responsibility of someone else, although several groups have taken it on and integrated work on AIDS into their activities.

Christian Aid is unlikely to support large welfare-type programmes and large international conferences in preference to smaller-scale innovative projects. Research is not supported.

Financial resources

No specific figures for spending on HIV/AIDS from Christian Aid since they do not collate costs specifically on this activity. Given their integrated approach to the issue, discrete estimates of expenditure are not available. Spending on HIV/AIDS would be most likely to fall under the budget heading "development," which in 1994 totalled £18,870,000 (US$29,437,200). Christian Aid said it was not possible to predict whether spending on HIV/AIDS would increase in future, but this may happen if it increases as a priority issue within the organisation and among its partners.

Technical expertise

No staff within Christian Aid are specifically designated to provide technical support in the area of HIV/AIDS, although staff in many of the teams have expertise in this area. Christian Aid does not appear to seek external technical support very often, and they did not mention any particular arrangements with external agencies or consultants for this purpose.

Examples of projects supported by Christian Aid

- EMPOWER in Thailand - women's health and rights organisation with programmes aimed at HIV prevention for sex workers and their clients
- Madras Christian Council of Social Service in India - urban and rural development NGO which has sought to integrate counselling and support relating to HIV/AIDS into existing programmes
- Anti-AIDS Project in Zambia - targets school children with education on AIDS

Sources:

- questionnaire
- *Report back 1993-1994*
- *Key issues to consider when assessing AIDS projects* (no date)
- *Terms of reference: AIDS working group*, Christian Aid, April 1995

3.7.2.3 International HIV/AIDS Alliance

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Focal point

As the Alliance is an HIV/AIDS-oriented organisation, all staff members are involved in related issues. Initial contact would normally be made the Executive Director, Jeffrey O'Malley. Other staff contacts include:

- Ioanna Trilivas, Programme Director
- Jerker Edstrom, Programme Officer
- Sarah Lee, Policy Officer

Policy, strategies and activities

The International HIV/AIDS Alliance was founded in December 1993 in order to provide resources to local NGOs in developing countries, to sustain and expand their efforts in HIV/AIDS prevention and care, and community support. Supported by a consortium of primarily bilateral donors, including USAID, SIDA (Sweden), ODA (UK), and the French Ministry of Cooperation, as well as the European Union, the Alliance facilitates the establishment of "linking organisations" in targeted countries where local priorities are established and funding decisions are made.

The Alliance aims to:

- strengthen the work of NGOs already responding to HIV/AIDS and encourage new organisations to become involved

- work in a way which is effective and appropriate for each of the countries where the Alliance has programmes, with local leadership developing their own approaches to HIV/AIDS based on local needs and priorities

- facilitate cooperative planning among NGOs, and between the voluntary sector and government

- provide local leadership with technical assistance, management support and funds with which to give support and resources to NGOs carrying out HIV/AIDS efforts

- stimulate creative and effective community responses to HIV/AIDS in developing countries by sharing information and lessons learned from around the world and providing international expertise

- mobilise international resources and support for NGOs from governments, foundations and the business sector

The Alliance works within specific countries in partnership with people who have led the local response to HIV/AIDS. The local leaders take on the responsibility of sharing their experience with others in the country, providing local support to new efforts and consulting widely to identify NGO needs and priorities. The Alliance makes a commitment to provide international resources, including technical assistance, management support and funds, which can be channelled to local NGOs.

When launching activities in a country, the Alliance conducts an initial informal needs assessment to determine if Alliance support is appropriate. The Alliance then works with both international facilitators (consultants) and local partners to consult on initial priorities, elaborate principles and methods of collaboration and design a local mechanism which can sustain the responsibility of supporting NGO efforts.

In some countries, the agreed mechanism is a new "linking organisation", an independent foundation which ensures ongoing planning, priority-setting, and the allocation of technical assistance, management support and funds to NGOs. In other cases, the Alliance may set up advisory panels or transfer funding and training responsibilities to an existing local NGO. Regardless of the mechanism involved, the Alliance ensures governance of HIV/AIDS activities to the country level, strengthening local leadership and ensuring that resources are made accessible to NGOs within their own country.

Priority is given to projects involving local people, for example initiatives designed to communicate HIV/AIDS information to youth groups or train village health workers. Support is not restricted to highly targeted interventions, and the general public may also be included.

Outside of the Alliance's role at country level, it aims to work at the international level to act as a central channel for expertise, resources, and ideas. This includes sharing global expertise in areas such as evaluation or the involvement of people with HIV/AIDS. It also mobilises resources from governments, foundations and businesses. The Alliance is also involved in international communication and policy work, attempting to help build upon lessons learned from the first decade of the pandemic.

The Alliance is an HIV/AIDS focused organisation. Most activities it supports are organised by community groups involved in much more than AIDS, whether primary health care, community development, sexual health, minority rights, or other development activities. These groups are encouraged to either add an HIV/AIDS component to their current programming, or to integrate HIV/AIDS issues into their programming.

The Alliance also supports some specialist AIDS organisations, which it believes is necessary to ensure strong and dedicated local and international leadership focused on the epidemic and its impacts, as well as strong local and international technical support capacities.

For the immediate future, the Alliance plans to continue to provide support to NGOs in developing countries and expand operations in areas such as the sharing of international lessons learned and the provision of international expertise. The longer term focus will

depend on a variety of factors, including the results from review and evaluation of existing programmes, the changing dynamics of the pandemic, and the availability of funds.

Local projects are not funded directly by the Alliance, nor will they consider providing resources for work which they believe is better suited to governments or large institutions, such as large-scale condom distribution, national HIV/AIDS mass media programmes, national HIV testing facilities or national blood testing. The Alliance also does not provide resources for basic research, although participatory, action-oriented research is supported.

Priority countries and regions

The Alliance works in Africa, Asia, and Latin America in countries with both high and low rates of HIV infection. Countries are selected according to factors such as their need for external resources, their capacity to develop and support community responses to HIV/AIDS, and the commitment of NGOs to HIV/AIDS work.

The Alliance has already launched programmes in Bangladesh, Burkina Faso, Ecuador, the Philippines, Senegal and Sri Lanka. By 1996, it has plans to be supporting programmes in 12-14 developing countries around the world.

Barriers and restrictions

At the country level, the most significant barrier identified by the Alliance has been a combination of inadequate local technical assistance resources (too few people being asked to do too much) and inadequate understanding within implementing agencies of their own strengths, weaknesses, opportunities, and needs. This is often linked to a lack of relevant review and evaluation. Some national governments have been initially hesitant to share information in a manner that would facilitate joint planning to address gaps and avoid duplication and some have attempted to assert control over any external funds for NGO AIDS activities, but these challenges have usually proved surmountable.

At the international level, the main restrictions affecting the Alliance relate to mobilising international resources and support. This includes the "ear-marking" of funds by most donors for specific activities and countries, which undermines the principles of flexibility and responsiveness that donors themselves often call for. Secondly, complex and contradictory fund-raising and reporting requirements demand a disproportionate amount of Alliance staff time and resources. For example, one donor requires externally audited accounts on a quarterly basis.

Financial resources

The total Alliance budget for 1995 is in excess of US$5 million. Increases in the size of the budget for future years are anticipated, but the Alliance believes this will depend upon the availability of international development assistance funds from official sources.

By the end of its first three year, the Alliance aims to use 70% of its resources to directly support community responses to HIV/AIDS in developing countries, with 20% allocated to international support to country programmes (includes technical support) and 10% to the mobilisation and adminstration of international resources.

Technical expertise

The technical expertise needs of linking organisations supported by the Alliance vary from country to country, however they often include information, training and support on:

- information on HIV/AIDS
- planning and implementing effective NGO support programmes
- priority setting
- planning effective HIV/AIDS prevention and care strategies
- management structure and operations
- acting as funders (such as how to assess applications)
- financial systems and accounting
- monitoring and evaluation
- social mobilisation (including the involvement of people with HIV/AIDS and women)
- developing communications and policy programmes

The linking organisations are most often required to provide technical expertise to NGOs in areas including:

- information on HIV/AIDS
- planning and implementing effective prevention and care strategies
- developing HIV/AIDS activities within the context of development activities
- development of appropriate care activities
- developing health seeking and treatment programmes on STDs
- integration of prevention and care activities
- working with vulnerable and marginalised communities
- priority setting
- management structure and operations
- application writing and reporting requirements
- financial systems and accounting
- specific areas (including the involvement of people with HIV/AIDS and addressing gender dynamics in work)

The Alliance expects that as its programmes develop, the technical expertise needs are likely to both increase and diversify.

International Alliance staff expertise is most developed in strategic planning, monitoring and evaluation, social mobilisation, policy and communications, finance and adminstration of support programmes, and assessment of technical support needs. The Alliance also works with a team of associate consultants and other specialists with extensive experience in training and facilitation in many areas.

If particular expertise is not available among existing staff or associate consultants, external experts are employed. They are recruited from a variety of different sources, including NGOs and their networks (such as the International Council of AIDS Service Organisations - ICASO), academic institutions (such as Harvard University's Global AIDS Policy Coalition), and specialist bodies (such Funders Concerned about AIDS).

Examples of projects supported by the Alliance

Of the six country programmes supported by the Alliance to date, only the Philippines and Burkina Faso have worked through a complete cycle of support for NGOs. The Alliance has suggested that the programme in the Philippines, called PHANSuP (Philippines HIV/AIDS NGO Support Program), provides a useful case study.

PHANSuP goals include "enabling more NGOs and CBOs to plan, implement, monitor, evaluate and sustain their HIV/AIDS prevention and care projects" and "improving collaborations among NGOs and CBOs, government organisation and private enterprise." Their priorities include targeting NGOs outside Metro Manila and supporting groups not previously involved in HIV/AIDS efforts.

In 1994, PHANSuP provided technical assistance, management support and funds to 16 community organisations throughout the Philippines, 14 of which were working on HIV/AIDS for the first time. Projects included promoting HIV/AIDS information through community drama groups and training sex workers as peer educators and counsellors.

3.7.2.4 Save the Children Fund (SCF)

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Save the Children Fund (SCF) was founded in 1919 to work for children's rights. It now has projects in over 50 countries including the UK, and works where it believes it can achieve the greatest impact - in partnership with governments, local communities and other organisations. SCF's 1993-94 annual income was £86,934,000 (US$135,617,040). Of this total, nearly £76 million (US$119 million) was spent on overseas projects. The bulk of SCF's income is through grants and private voluntary donations. In addition to SCF in the UK, there are independent sister organisations in other developed countries, loosely affiliated through an international federation.

Focal point

SCF's Policy Development Unit is the key point of contact for HIV/AIDS, and is where the HIV/AIDS technical advisor is located. In addition, the following regional desks also have programmes on HIV/AIDS:

- Southeast Asia Desk
- Latin and Central America Desk
- East Africa Desk
- South Africa Desk
- West Africa Desk

Policy

This is currently under review and is expected to be revised later in 1995. SCF's role in HIV/AIDS was initially defined as filling the gaps left by WHO-GPA and other donors. In the first few years this involved the provision of some HIV testing kits for Africa, as well as some disposable equipment. SCH was also a founding member of the UK NGO AIDS Consortium, and remains an active member, strongly supporting the need for the exchange of experiences among other UK development agencies working on HIV/AIDS and for lobbying.

More activities were added when SCF perceived a collapse in the international consensus and response to HIV/AIDS. SCF's existing policy is outlined in a February 1992 paper, and emphasises the belief that HIV infection and AIDS cannot be seen in isolation. It views the issue in terms of the economic, social and health problems of developing countries, and finds that HIV/AIDS presents difficulties familiar from other work. These may be summarised as follows:

- government often lacks effective means of reaching large populations with centrally organised services, in education, welfare or health

- private activity, whether commercial or voluntary is often poorly regulated by legislation, and legislation is often poorly enforced

- local NGO's and community organisations may be comparatively few, have little coverage or experience, and work largely in isolation from each other and a wider world

- the larger external donors may dominate specific sectors of activity, be guided by their own rather than local policies and be wholly unco-ordinated

SCF currently supports education, counselling, primary health care services, legislative reform, research, and global advocacy. In Uganda, for example, SCF is involved in:

- running a mother and child clinic which includes paediatric AIDS care at Mulago Hospital in Kampala

- sponsoring demographic research on orphans in five districts of western Uganda

- developing guidelines for work with paediatric HIV/AIDS diagnosis
- establishing social work programmes which aim to strengthen communities suffering severely from AIDS

A local NGO in Peru called Instituto de Educacion y Salud (IES) has been supported to develop school curricula which includes AIDS education, and which offers young people counselling and information. Similar support of AIDS education is taking place in Laos through work with the ministry of education, and in Swaziland with the national AIDS programme.

Other work supported by SCF includes outreach to street children in Guatamala through an NGO called Allianza, and support for women by funding commercial farm projects in Zimbabwe which include nursery schools and communal bakeries and other income generating projects for women. Advisors have been provided to governments in Loas, Vietnam, Nepal, Uganda, Ethiopia, Liberia, China, Somalia, and Sudan who seek to influence and integrate HIV into relevant policies. SCF's worldwide commitment to limit the spread of HIV is also reflected in its staff policy, which calls for staff training and awareness in HIV prevention.

The importance of HIV/AIDS within SCF is demonstrated by the fact that it has a full-time technical advisor. The only other subjects within the organisation (international headquarters) to have technical advisors are disability and education.

Over the past few years, SCF's support for HIV/AIDS has evolved from an emergency response, to training within the organisation to raise awareness and open opportunities for integration into existing programmes.

Priority countries and regions

HIV/AIDS support is not targeted at particular countries, but is left to country programmes to prioritise through the country strategy planning process. The HIV/AIDS advisor can, however, help to raise awareness and promote the issue of HIV/AIDS within countries and regions.

Countries and regions prioritised by SCH worldwide include:

- Africa: Angola, Burkina Faso, Ethiopia, Gambia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mali, Mozambique, South Africa, Swaziland, Tanzania, Uganda, and Zimbabwe
- Americas: Brazil, Honduras, Jamaica, and Peru
- Eastern Mediterranean: Israel Occupied Territories (West Bank/Gaza), lebanon, Morocco, Pakistan, Somalia, and Sudan
- Western Pacific: Cambodia, China, Fiji, Hong Kong, Laos, Papua New Guinea, Philippines, and Vietnam
- Southeast Asia: Bangladesh, Bhutan, India, Nepal, Sri Lanka, and Thailand

Barriers and restrictions

Despite this high level of commitment, staff still find it difficult to bring about specific action against HIV/AIDS because SCF is geared towards a sectoral response where issues such as HIV/AIDS are integrated rather than dealt with through discrete programmes. The risk is that HIV/AIDS will become de-prioritised in the process.

Other barriers identified by SCF:

- national government resistance
- slow bureaucratic systems
- conflicts between SCF country programme priorities and the agendas of other donors

Research

Studies have been supported to survey the extent of the orphan population (as a result of AIDS) in the Rakai district of Uganda, improve the diagnosis and clinical management of paediatric AIDS in Uganda, and research the socio-economic impact of HIV on children in Thailand.

Financial resources

Because HIV/AIDS is not approached as a specific programme within SCF, no specific budget exists for this area. The HIV/AIDS technical advisor supports work at country level, and the sum total of expenditure of all country programmes in the area of HIV/AIDS is not available. It is therefore not possible to assess SCF's annual financial expenditure on HIV/AIDS. In any case, SCF estimates that financial resources at country level for HIV/AIDS will increase over the next five years.

Given its emphasis on integrated and sectoral approaches, SCF is not likely to fund vertical or AIDS-specific projects. However, there is a recognition that in the early stages of HIV/AIDS awareness it may be necessary to make exceptions to this rule.

Technical expertise

Support for programme development requires the greatest amount of technical expertise within SCF, especially once a country programme has prioritised HIV/AIDS.

Specific technical expertise on HIV/AIDS within SCF headquarters has been identified in the posts of HIV/AIDS technical advisor, senior health advisor, and the head of the policy unit. Country programme offices may have staff with experience in HIV/AIDS.

External expertise is sought as and when the need arises, and where internal expertise is not sufficient or available to meet the need. Recruitment is through informal contacts and word of mouth.

Examples of projects supported by SCF

- Vietnam: work with injecting drug users and research into high risk behaviours in the capital. Included training of peer educators and outreach workers. Expansion in 1993 added outreach to men who have sex with men, students, young people and low income workers. Currently expanding to other parts of the country.

- Peru: support for school education through a local NGO. Includes teacher training, materials and curricula development, and AIDS counselling and information for young people.

- Uganda: numerous projects including support to affected families through health workers and traditional birth attendants, training for social workers, and a child social care project with a paediatric care component.

Sources:

- questionnaire
- *Review 1994: 75th Birthday* - Save the Children
- *Save the Children Fund and HIV/AIDS worldwide*, undated
- *HIV/AIDS: what's the problem?*, 10 May 1994
- Draft guiding principles for the management of national staff with HIV and other chronic conditions, July 1994
- *Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome* - a policy paper for Save the Children Fund, 1 February 1992
- SCF HIV/AIDS inventory, July 1994