Report on Swedish and United Kingdom support for HIV/AIDS prevention and care and contraceptive supply in developing countries

AHRTAG

Working for health worldwide

Report on Swedish and United Kingdom support for HIV/AIDS prevention and care and contraceptive supply in developing countries

Supplemental report to:

Support in developing countries for HIV/AIDS prevention and care and contraceptive supply: a study of government and non-governmental sectors in six European countries and the European Union (March 1995)

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

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Acknowledgements

This report was written by Christopher Castle and Kathy Attawell (consultant), and was designed by Mary Helena. It provides supplemental information to a previous report entitled *Support in developing countries for HIV/AIDS prevention and care and contraceptive supply: a study of government and non-governmental sectors in six European countries and the European Union* (March 1995).

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SECTION 1

Introduction

At the beginning of 1995, the Appropriate Health Resources and Technologies Action Group (AHRTAG) was commissioned by JICA to assess the current level of overseas support on HIV/AIDS and contraceptive supply assistance from six European Countries and including the European Union. This original study was completed in March 1995 and was entitled *Support in developing countries for HIV/AIDS prevention and care and contraceptive supply: a study of government and non-governmental sectors in six European countries and the European Union.*

Following reciept of this report, JICA requested that AHRTAG undertake some additional research in order to obtain supplementary information specifically about policies, programmes, and strategies within the Overseas Development Administration (ODA) in the UK and the Swedish International Development Agency (SIDA). AHRTAG agreed and was commissioned by JICA to produce the supplemental information contained in this report.

1.1 Aim of the supplemental study

The aim of the study project was to obtain supplemental information on policies, programmes, and strategies within the Overseas Development Administration (ODA) in the UK and the Swedish International Development Agency (SIDA). Using a set of detailed questions provided by JICA concerning the ODA, AHRTAG agreed to research the answers, where possible.

The resulting data is very much a complement to the information contained in the original report to JICA. It attempts to provide greater detail to the earlier research, and to clarify outstanding issues as requested by JICA.

1.2 Methodology

The methodology used for undertaking the supplemental study included:

- in-depth face-to-face and telephone interviews with key personnel within ODA and SIDA
- additional review of recent reports, annual reviews and other documentation held at AHRTAG's resource centre and/or provided by ODA and SIDA

- attendance at a presentation by Pierre Shori, Deputy Minister, Foregin Affairs and Minister for International Development Co-operation, Sweden, on 6 October 1995 in London entitled: *The Swedish Aid Programme and its Future Directions*

1.3 Limitations of the study

The information collected for this supplementary study would not have been possible without the co-operation of key personnel within ODA and SIDA. Despite busy schedules and other work pressures, staff in both agencies agreed to give time to AHRTAG for the purposes of providing the necessary additional information. The quality of the information is due to their generosity and assistance.

However, staff within both agencies were open about the constraints affecting the collection of information. These included:

- limited data collection and management systems within the ODA and SIDA, although at the ODA at least there are plans underway to develop a more sophisticated and responsive system for monitoring project budgets and effectiveness

- the integrated approach to HIV/AIDS, reproductive health and population means that a clear separation of data is not always possible

These contraints were especially apparent in the area of finance and budgets. Both ODA and SIDA reported that they would be willing to provide budgetary figures for the last ten years in tabular form if this information existed, but it does not. Neither agency holds information in such detail, using these formats, and in tubular form as requested by JICA. AHRTAG has been able to uncover some financial information indicating trends, prefered channels and types of assistance which was included in the original report. Some additional financial information has also been found for inclusion in this report.

ODA has encouraged JICA to contact them directly in mid-1996 when the Health and Population Division is expected to have completed the establishment of a database to monitor programme and budgetary statistics in greater detail. SIDA, which has just completed a major review and re-organisation, has also invited JICA to make direct enquiries for any future information requests.

SECTION 2

Sweden

2.1 The changing context of Swedish development co-operation

The Swedish government is in the process of redefining its development co-operation for the next century, within a foreign policy framework that aims to meet the challenges of a changing global security context. Appendix 1 contains SIDA's new organisational brochure.

Sweden no longer intends to maintain a separation between foreign policy and development aid, and envisages no conflict between strategic foreign policy interests and development objectives. Linkage of peace and security, democracy, and development will be fundamental to future programmes to address global issues such as increasing poverty and population.

The geographical scope of Swedish development co-operation has been broadened to include Eastern and Central Europe, although the budget is separate from that for the Lome countries and there has been no reallocation of resources from the latter to the former. Similarly the new emphasis on areas of conflict is not intended to detract from Sweden's support for the poorest countries.

Rather than focus on reconstruction of physical infrastructure, post-conflict support will emphasise reconciliation and the development of 'democratic culture', illustrated by the following examples.

- In Burundi, Sweden is supporting reconciliation efforts through financing women's peace groups, retraining the police force, and public education.
- Efforts in Europe are focusing on strengthening democratic institutions, human rights and legal systems, and technical support for the development of social market economies in former Eastern Bloc countries especially Russia and former Yugoslavia.
- Sweden will continue support for Palestine and regional dialogue in the Middle East.

Sweden will maintain its historical commitment to multilateralism and the UN system, and to bilateral aid from the richer nations, in addition to new commitments to the European Union. EU membership is not expected to affect Sweden's global and bilateral commitment, although no increase in Sweden's overseas aid budget is envisaged.

- In light of concerns about reduced income in the global public sector from the US, Russia and OPEC nations, Sweden will lobby to mobilise funds from additional sources, in particular the newly wealthy countries of Asia, and to maintain donations from existing contributors.

- Lobbying for reform and reorganisation of the UN system will go hand in hand with support for the UN's rapid reaction forces.

- Sweden's position towards the international financial institutions has changed from opposition to collaboration, especially since the World Bank has begun to address the social dimensions of development.

- Sweden will lobby to counteract isolationism and the danger that other donor nations may follow the US in reducing overseas aid budgets.

- Sweden will support initiatives to re-evaluate global taxation and explore new sources of income, for example taxation of international corporations and foreign currency transactions.

- Support for regional co-operation and regional institutions in developing countries will be maintained.

Whilst the impact of the process of reorientation on sectoral support is unclear, it seems likely that in future Swedish aid policy will broadly emphasise:

- Improved targeting of development co-operation to address the widening gap between rich and poor nations and to the poorest groups within countries.

- Development through the empowerment of women, since women constitute approximately 70 % of the world's poor, and gender and equality issues will be fundamental components of all programmes.

- An increase in the social dimension of programmes to address social exclusion in addition to economic disadvantage.

Source: *The Swedish Aid Programme and its Future Directions*, presentation by Pierre Schori, Deputy Minister, Foreign Affairs and Minister for International Development Co-operation, Sweden, ODI, 6 October 1995

2.2 Swedish International Development Agency (SIDA)

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2.2.1 Organisational structure

The merger of SIDA, SAREC, SWEDCORP and BITS into one unified aid organisation formally took place on 1 July 1995. The new organisation is called the Swedish International Development Co-operation Agency (SIDA).

However, within this new agency, the reorganisation of different departments is still ongoing and it is not yet possible to describe how the new organisation will be structured. It is therefore also difficult to provide examples of how the unified organisation will operate in practice while different divisions such as SAREC remain separate.

2.2.2 Policy

As yet there are no new policies towards HIV/AIDS and population resulting from the restructuring, and the priority countries for Sweden remain unchanged. These are:

- 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

HIV/AIDS and family planning are already integrated within a broader approach to sexual and reproductive health (SRH), and SIDA has guidelines on support for SRH outlined in the previous report to JICA.

SIDA has recently decided to establish a working group to review these guidelines and to formulate a new policy on SRH that will be more comprehensive than the existing guidelines.

Multisectoral involvement is expected to be an aspect of the review, with inputs in new policy development from other divisions such as education and environmental health. The latter division for example covers issues related to water and its impact on the situation of women. The timeframe for this review is one year and the new guidelines will not be available before the end of 1996.

2.2.3 Strategies and activities

SIDA currently emphasises two areas in health: health policy and development, and sexual and reproductive health. SIDA inputs are primarily in the form of funding and, for example, even where support is provided for procurement, funds are allocated to country ministries which themselves handle procurement.

While it is difficult to summarise SIDA strategies, because funds are mostly channelled to other organisations, some examples illustrate the approach taken.

In all bilateral agreements SIDA offers support and co-operation in the field of SRH and there is increasing emphasis on this area. This has meant a change of direction in SIDA support which is not always welcomed or understood by recipient countries.

The range of activities supported through bilateral agreements, however, varies considerably, from financial support in Kenya for import of contraceptive pills, to funding programmes for youth or to promote sexual rights.

SIDA also finances the programme activities of international agencies and NGOs such as UNFPA, IPPF, Population Council, and UNAIDS (which is receiving substantial support), and of national NGOs. Examples include:

- in Tanzania, bilateral support for HIV/AIDS activities and for NGOs such as AMREF, and for the prevention and care activities of the Swedish Church Mission
- support for UNFPA implementation of a maternal health programme in six provinces of Vietnam, through family planning clinics
- Population Council research on virucides

- support for research into the social and economic consequences of AIDS in Zambia, through a range of organisations and in collaboration with UNDP and USAID

Note: Detailed project applications and reports are internal documents, available only in Swedish, and it is not possible to circulate these externally.

2.2.4 Co-operation with other organisations

Within Sweden, the focus of SIDA co-operation with other organisations is academic institutions not private consulting firms. There are a few consulting firms but the involvement of private consultants is largely through collaboration with these institutions.

The key institutions are the Karolinska Institute, Institute of Child Health at the University of Uppsala, Programme on Population and Development of Lund University, and the Swedish National Bacteriological Institute. Research and training for both SIDA personnel and overseas nationals are undertaken by the first three of these institutions. The National Bacteriological Institute is also involved in research and training but focused on technical issues in particular because of its expertise in the area of HIV testing.

These institutions are also used to provide programme support and to undertake evaluation activities, where these are a component of collaborative projects.

A range of Swedish NGOs receive support from SIDA, in particular church organisations with programmes addressing the social consequences of HIV and AIDS.

NGOs and other institutions are not implementing agencies for SIDA projects. Projects are initiated, managed and implemented by organisations outside SIDA. SIDA is approached for financial assistance and provision of support is dependent on whether or not projects fit within SIDA's policy guidelines.

As already noted above, SIDA provides support for a range of international agencies and NGOs including WHO, UNDP, UNICEF, UNFPA, IPPF and the Population Council. WHO for example, receives support for programmes related to TB, AIDS, youth, reproductive health, and women's health.

2.2.5 Financial resources

SIDA's health division has three budget lines:

1. Population and development
2. Sexual and reproductive health
3. HIV/AIDS/STD control

Examples of agreements for the 1994-1995 financial year indicate the range of organisations funded by SIDA under these budget lines:

1. Population and development

- Centre for African Population
- International Council on Management of Population, Kuala Lumpur, Malaysia
- International Union for Scientific Studies of Population, Brussels, Belgium
- Planet 21, London, UK
- Population Council
- Union for African Population Studies

2. Sexual and reproductive health

- IPPF
- WHO
- World Bank
- UNFPA (Vietnam, maternal health programme)
- AMREF (Tanzania, sexual health of youth)
- International Women's Health Coalition, New York, USA
- Worldview International Foundation, Sri Lanka
- Path, Seattle, USA
- RFSU (Swedish Family Planning Association) activities in Tanzania

3. HIV/AIDS/STD control

- WHO
- UNDP
- UNESCO
- UNICEF
- Alliance, London (support for NGO programmes)
- Panos Institute, London (IEC activities)

2.2.6 Human resource development

The institutions mentioned in the section above provide training for nationals of developing countries, in Sweden and, where this is a component of project implementation, in recipient countries.

Training is mostly a component of institutional collaboration and the range of training provided varies according to the type of project.

One trend to note is the decrease in the number of long term expatriate placements dealing with project implementation and training in recipient countries. Instead there is a growing emphasis on short term expert involvement as part of institutional

collaboration. SIDA is seeking to encourage the establishment of direct co-operation programmes between Swedish institutions and recipient country institutions. As a consequence there is a decrease in SIDA involvement in direct administration and an increase in the use of contracting institutions.

2.2.7 Financial and budgetary issues

There have been considerable changes within SIDA in terms of allocation of funds to different budgets and detailed information concerning total amounts provided during the last ten years is not available. However, two major trends can be discerned with regard to assistance during the past five years, related to a shift in the balance of funds allocated between the budget line items for HIV/AIDS/STD control, sexual and reproductive health, and population and development.

Firstly, there has been a significant reduction in the amount of funding allocated to HIV/AIDS/STD control. It is estimated that this has been reduced by approximately 50 per cent between 1990 and 1995.

Secondly, there has been a substantial increase in amounts allocated for sexual and reproductive health and for population and development. This is reflected in the increased emphasis on support for SRH in bilateral programmes.

SIDA assistance is almost entirely provided in the form of grants, allocated through UN agencies and NGOs or through bilateral agreements. Technical co-operation research financing is managed by SAREC.

There has been no discernible change in the overall balance of allocation through bilateral, multilateral and other channels and it is not envisaged that this will be different in future. Some adjustments are made within these categories in respect of changes in circumstances. For example, recently reduced support to GPA was matched by increased support to UNDP, UNICEF and UNAIDS.

The level of bilateral support is also expected to remain stable, although there has been a change in the balance of allocation towards greater focus on SRH. Similarly there is no expectation that the emphasis of programme support will change from current prioritisation of 'software' (for example IEC activities) above 'hardware' (such as HIV testing).

2.3 Research co-operation

Technical co-operation in research is the responsibility of SAREC which remains as a separate department within the new SIDA but is now called Research Co-operation, SAREC (see Appendix 2).

SAREC is also undergoing a process of review and establishing modes of co-operation within SIDA. SAREC continues, however, to concentrate on four main areas of activity:

1. Bilateral co-operation with developing countries, through relationships with universities and research councils in these countries, usually with agreements for 2-3 year research programmes which include research training and building institutional capacity for research. Joint research projects are undertaken by Swedish university departments and developing country institutions, in Tanzania, Nicaragua, Zimbabwe, Vietnam and Ethiopia among others.

2. Substantial support is provided by SAREC to the research programmes of international agencies such as WHO.

3. Regional research projects, mainly focusing on agriculture, but including support for medical research education in Central America, and social sciences institutional support in Latin America and Africa, outside the bilateral programme.

4. Provision of research project grants to Swedish institutions through the Swedish Research Council, often involving collaboration with developing country institutions.

In addition, SAREC has special research initiatives. One example has been the special programme on AIDS research which received extra government funding but is now incorporated into the ongoing SAREC programme. Special AIDS research has concentrated on biomedical issues such as vaccine and diagnostic research related to HIV and STDs, and social science issues.

SAREC relates to a considerable number of university departments in Sweden. Additional information about SAREC activities is included in the attached pamphlet and annual report.

Sources:

- telephone interview with Staffan Uddeholt, SIDA, October 1995
- telephone interview with Dr. Freij, SAREC, October 1995
- New SIDA to co-ordinate all Swedish Development Co-operation, 1995, 12 pages
- SAREC in brief, 1995, 16 pages
- SAREC Annual Report 1993-94, 36 pages
- Sexual and reproductive health: development co-operation to promote sexual and reproductive health. An action plan of the Health Division at SIDA, 1994, 20 pages

SECTION 3

United Kingdom

3.1 Overseas Development Administration (ODA)

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A broad description of Britain's overseas aid administered through ODA was included in the earlier report to JICA and remains relevant (section 3.7.1 page 48). Information contained here responds to JICA's specific request for additional information and benefits from additional interviews and research.

3.1.1 Overall policy framework for health and population

In a recent progress report[1], four priority themes for ODA's Health and Population aid are outlined, which are:

Theme I: Healthcare management and health sector reform

Theme II: Better reproductive health and children by choice

Theme III: Reduced illness and death due to communicable diseases

Theme IV: Better health in emergency situations

[1] From *ODA progress report 1995, chapter 7, Human development - health and children by choice,* ODA, March 1995.

During the last few years the portfolio of ODA health and population projects has rapidly adapted to the objectives within each of these themes. The focus within each theme is on the use of UK aid funds to:

> *'...help achieve sustained benefits for individuals and their societies, through the most efficient means, and within the local political, cultural and economic context.'*[2]

To achieve the desired objectives, ODA looks for the most effective ways in which aid funds can:

- help advance global health and population initiatives when they are relevant, focused and well-directed. Examples include the UN's successful remodelling of the approach to world population growth at the 1994 ICPD, the World Health Organisation's leadership in improving access to pharmaceuticals (through the revised drug strategy), and disease control programmes (through WHO's strategies on malaria, tuberculosis, and AIDS)

- help establish policies and programmes for improving health at country and local level, through operational research, pilot initiatives, dialogue and consensus-building, institutional development and strengthening of management systems. This also means making the best use of global initiatives but not necessarily adopting them wholesale, and in selected cases, insuring that essential services are provided and respond to people's needs through the supply of selected commodities, essential equipment, physical structures, and - occasionally - critical personnel to work with national colleagues.

There are four areas within the field of health and population which ODA hopes, when addressed, will enable its objectives to be better met. These are:

1. There has been relatively little formal review of the effectiveness of the sectoral projects and there is clearly a need to improve this aspect of project management.

2. ODA will continue to develop a clear strategy for the deployment of human resources within the health and population sector.

3. ODA will ensure that the results of research are used in the development of future projects.

[2] From *ODA progress report 1995, chapter 7, human development - health and children by choice,* March 1995, page 110.

4. ODA will work to strengthen collaboration with the major multilateral aid agencies.

3.2 HIV/AIDS and reproductive health

In the March 1995 report *Support in developing countries for HIV/AIDS prevention and care and contraceptive supply: a study of government and non-governmental sectors in six European countries and the European Union*, the ODA was said to be in the process of revising its HIV/AIDS strategy. Although many aspects of the current policy are unlikely to shift, supplemental interviews and research have clarified where changes are likely.

As noted in the previous report to JICA, the basis for ODA's 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 continues to believe that a combination of strategies are necessary to help people avoid HIV infection, and to help those infected or affected to cope with its consequences.[3] 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. A key influence on the future direction of ODA's HIV/AIDS strategy is the recent study from Tanzania showing that the syndromic approach to the treatment of STDs can result in a significant reduction in HIV transmission. This research, financed by the ODA and European Union, showed a 42% drop in the spread of HIV, despite any evidence of changes in sexual behaviour. More emphasis on the diagnosis and treatment of STDs can be expected in future ODA programmes.

Other indications of future ODA direction on HIV/AIDS strategy can be found in *technical notes and concept papers* commissioned by the ODA. Several of these papers are now in unapproved draft form and thus unavailable for broad distribution or citation here.

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

Topics which have been commissioned include:

- a critical analysis of approaches for caring for people with HIV/AIDS
- gender issues and HIV/AIDS
- HIV testing issues
- HIV and workplace issues

Once approved, these policy papers will be published and distributed to ODA Health and Population regional and field advisors (see Appendix 3).

3.2.1 Priority countries

ODA priority countries for HIV/AIDS are not different from those selected for Health and Population. These are:

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.

3.2.2 Programme examples

As noted in the previous report to JICA, reproductive health programmes supported by ODA attempt to address issues around women's vulnerability and male responsibility,[4] and HIV/AIDS is viewed as an integral part of these programmes. Specific examples of reproductive health programmes supported by ODA include[5]:

Malawi reproductive health project

Project period: October 1994 to March 2001
Budget: £13,612,000
Project aim: improve the reproductive health of poor women and men in rural and urban areas of Malawi

Main outputs:

1. Establish 5 main clinics, 15 satellite clinics, and 20 health posts which can provide quality reproductive health services

[4] In section 3.7.1, page 49.

[5] These three project examples were specifically supplied by the ODA in response to our request.

2. Establish 40 workplace clinics which can provide quality reproductive health services

3. Develop a communication strategy which includes radio spots and newspaper articles

4. Expand financial, technical, and administrative capacity to monitor and evaluate the project

5. Improve government family planning services by setting up 30 micro-projects at district level health facilities

Zimbabwe sexual health project

Project period: July 1994 - June 1999
Budget: £4.118 million
Project aim: Prevention and care of sexually transmitted infections, and promotion of condom use, leading to reduced spread of HIV/AIDS.

Main outputs:

1. In Year 1: 3 professional/4 support staff recruited; programme management systems established. Three Year National Plans, and 8 Provincial Plans approved.

2. 277.5 million condoms to be procured and distributed by Year 5; 10 operational and policy research studies to be completed by Year 5.
3. Effective protocols to be developed, disseminated and updated; improve laboratory training and facilities in 8 provinces.

4. Training strategy and curricula developed by Year 2; 2000 nurses, 800 community based distributors, 62 doctors, 20 programme managers, and 1000 traditional healers to be trained in STI treatment and prevention.

West Bengal sexual health programme

Project period: on-going; specific project dates unavailable
Budget: not available
Project aim: Improved sexual health achieved in project-supported communities in West Bengal.

Main outputs:

1. Increased access to, and use of sexual health services by people in project - supported communities who have an STD or are at risk of STD infection.

2. Training courses and technical assistance provided to staff and volunteers of project partner organisations.

3.2.3 Additional programme information specifically requested by JICA

Strategies for Hope

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Strategies for Hope (SFH) is an initiative which aims to promote informed, positive thinking and practical action, by all sections of society, in dealing with AIDS. A series of booklets and videos have been produced which describe pioneering experiences of NGOs working on HIV prevention and AIDS care, counselling and support for people with AIDS and their families in developing countries. Initially focused on several African countries, newer booklets have included case studies from the Asia-Pacific region.

With financial support from the ODA (via Action Aid), the Norwegian Agency for Development Co-operation, and WHO, the series of booklets to date consist of:

No. 1: *From fear to hope: AIDS care and prevention at Chikankata Hospital, Zambia*
Williams, G.
G & A Williams. 1990, 31 pages.
ISBN: 1 872502 00 8. Price: £2.00 (TALC - includes postage and packing)
Geographic focus: Africa - Zambia
Languages: English, French, and Portuguese

Describes this rural hospital's home-based care programme for people with HIV/AIDS. Sets the Chikankata experience in the context of AIDS control and prevention in Africa.

No. 2: *Living positively with AIDS: the AIDS Support Organisation (TASO), Uganda*
Hampton, J.
G & A Williams, 1990, 31 pages.
ISBN: 1 872502 01 6. Price: £2.00 (TALC - includes postage and packing)
Geographic focus: Africa - Uganda
Languages: English, French, and Portuguese

An account of the first AIDS support and service organisation in East Africa. Describes how TASO provides care, counselling and support for people with AIDS and their families.

No. 3: *AIDS management: an integrated approach*
Campbell, I. D.
G & A Williams, 1990, 31 pages.
ISBN 1 872502 02 4. Price: £2.00 (TALC - includes postage and packing)
Geographic focus: Africa - Zambia
Languages: English and French

Describes the organisation and management of a comprehensive AIDS control and prevention programme by a rural hospital in Zambia.

No. 4: *Meeting AIDS with compassion: AIDS care and prevention in Agomanya, Ghana*
Hampton, J.
G & A Williams, 1991, 31 pages.
ISBN: 1 872502 07 5. Price: £2.00 (TALC includes postage and packing)
Geographic focus: Africa - Ghana
Languages: English and French

Describes the work of St. Martin's Clinic in Ghana's Eastern Region in AIDS prevention, and in providing home-based care and support to people with AIDS and their families.

No. 5: *AIDS orphans: a community perspective from Tanzania*
Mukoyogo, M. C.
G & A Williams, 1991, 35 pages.
ISBN: 1 872502 09 1. Price: £2.00 (TALC - includes postage and packing)
Geographic focus: Africa - Tanzania
Languages: English and French

Examines how AIDS affects the family system in rural Tanzania, and community mechanisms for coping with large numbers of children orphaned by AIDS.

No. 6: *The caring community: coping with AIDS in urban Uganda.*
G & A Williams, and Tamale, N.
G & A Williams, 1991, 35 pages.
ISBN: 1 872502 10 5. Price: £2.00 (TALC - includes postage and packing)
Geographic focus: Africa - Uganda
Languages: English, French, and Portuguese

Looks at how members of nine 'small Christian communities' in Kampala provide care, support and comfort to people with AIDS and their families, and also promote safer sexual behaviour.

No. 7: *All against AIDS: the Copperbelt Health Education Project, Zambia*
Mouli, V. C., and G & A Williams.
G & A Williams, 1992, 53 pages.
ISBN: 1 872502 17 2. Price: £2.00 (TALC - includes postage and packing)
Geographic focus: Africa - Zambia
Languages: English, French, and Portuguese

An account of the first four years of an AIDS prevention project in Zambia's Copperbelt: achievements, shortcomings, and plans for the future.

No. 8: *Work against AIDS: workplace based AIDS initiatives in Zimbabwe*
Williams, G., and Ray, S.
G & A Williams, 1993, 67 pages.
ISBN 1 872502 25 3. Price: £2.75 (TALC - includes postage and packing)
Geographic focus: Africa - Zimbabwe
Languages: English and French

Documents successful workplace-based AIDS programmes in urban and rural areas of Zimbabwe, and analyses the factors in their success.

No. 9: *Candles of hope: the AIDS programme of the Thai Red Cross Society*
Sittitrai, W., and Williams, G.
G & A Williams, 1994, 48 pages.
Price: £2.00 (TALC - includes postage and packing) and a limited number of free copies are available to readers in Asia from UNDP's Regional Office in New Delhi and from the Thai Red Cross Society.
Geographic focus: Asia - Thailand
Languages: English (French in preparation)

Two videos have been produced, each produced in co-operation with The AIDS Support Organisation (TASO) in Uganda. The first looks specifically at the work of TASO, while a second reviews a programme of community based care for orphans.

SFH booklets are available at low cost (£2.00 per booklet), or in some cases free if the organisation is unable to pay.

IPPF's Sexual Health Project

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IPPF launched its Sexual Health Project in 1994 with six family planning associations (FPAs) in Africa, Asia and the Caribbean. The project aims to improve sexual health at the community level by a combination of embracing traditional programme areas (such as reproductive health, family planning, sexually transmitted disease control and HIV/AIDS) as well as areas largely ignored by current programmes - community discussion of concerns around sexuality and human relations.[6]

Encouraging community discussion on sexuality and human relations is seen by IPPF as a vital starting point for behavioral and social change. Family planning workers are encouraging groups to articulate their concerns and to identify the issues which lie behind these; issues that relate inevitably to the social, political and economic environments in which people live, as much as to the services provided. IPPF believes that the implications of such an approach will be far reaching, since it is hoped that the opportunity will be created for people in marginalised villages and neighbourhoods to take independent, community action to change their lives for the better, and to review the very nature and development of FPA service delivery.

FPA's participating in the ODA-funded project include Burkina Faso, Dominican Republic, Gambia, Ghana, India, and Tanzania.[7]

[6] From *Sexual health and community development: a new approach for family planning associations*, January 1995.

[7] An in-depth description of IPPF's Sexual Health Project can also be found in AHRTAG's newsletter *Health Action*, issue 10, September-November 1994, pages 4-5.

3.3 Population and contraceptive supply assistance

3.3.1 Multisectoral strategies and ODA's approach to Population

ODA has indicated that it 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.

ODA's approach to Population is also consistent with this multisectoral perspective. At the country level, ODA field managers are involved with several government ministries in addition to health, including education, defense, and agriculture. They are encouraged by ODA headquarters to view HIV/AIDS *and* population issues within a wider context than just health. At country level, the integration of HIV/AIDS, reproductive health, and population is encouraged.

At ODA headquarters, there is a desire to approach HIV/AIDS and population across more divisions than Health and Population, although this department remains the key focal point within the agency. ODA's Social Development Office, for example, is becoming involved in HIV-related issues such as female genital mutilation, violence, and the trafficking of women. Education and Agriculture divisions are also exploring ways of integrating HIV/AIDS and population into existing work.

Because ODA prioritises an integrated approach to HIV/AIDS, reproductive health and population, it is difficult to delineate clear differences in approaches for each area. Although different staff at ODA headquarters divide responsibility between various areas, they work within the Health and Population Division, and there is clearly a desire for integrated approaches. This is reflected in locally-supported projects, which often include a range of activities including[9]:

- improving access to services for safer childbirth
- treatment for STDs
- prevention of infertility
- reducing the effects of female genital mutilation
- promoting a range of good quality family planning services
- creating better educational opportunities for women

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

[9] Source: questionnaire response and *Children by choice not chance*, 1993.

3.3.2 Contraception provision and key contacts

ODA's strategy for contraceptive supply assistance is based on co-ordination and collaboration with the UNFPA and IPPF, as well as to other groups. Although ODA does directly handle contraceptive provision (see section 4.7.1 page 97 in the previous report), where appropriate it tries to make this provision in the context of wider reproductive and population programmes. The programme examples provided by ODA for this report reflect this preference (see section 3.3.4). Additional information about the supply of contraceptives by ODA is included in Appendix 4.

ODA has found its relationship with UNFPA particularly helpful in the area of forecasting contraceptive needs and in logistics management. The UNFPA's Global Initiative[10] was cited by ODA as a particularly useful collaboration, especially in terms of government to government technical support on contraceptive supply.[11] ODA has contributed towards the Global Initiative's database of donor activities. Brazil was mentioned as an example of where UNFPA's Global Initiative has proven to be useful.

ODA has not taken a lead in forecasting contraceptive needs, and has tended to rely on US data. However, there is some concern that reliance on the US to continue to provide accurate and reliable data in this area may not be sustainable in the longer term, especially if threatened US cuts in overseas aid are implemented. This may partly account for ODA's support of UNFPA's Global Initiative, since forecasting and logistics management may be better served through multilateral support.

IPPF has a memorandum of understanding with the ODA naming IPPF as a key agent for the procurement of contraceptives. IPPF has taken on this function almost exclusively for ODA in recent years, although the future of this relationship is under review. The Crown Agents could resume a role in this area, but no decisions have been taken.[12]

ODA also participate in the UK Forum on Population and Reproductive Health, a focal point for the exchange of information between NGOs and government departments on population and reproductive health with the context of international development. It provides an analysis of issues, thematic discussions and two-way consultation. Membership is open to all members of the NGO Forum established in 1992 for the 1994 ICPD conference in Cairo.

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[10] For additional information about UNFPA's Global Initiative, contact Chris Hesling, UNFPA, tel. 1 212 292 5381; fax 1 212 297 4916.

[11] Communicated to AHRTAG during an interview with Mark Mallalieu, Head of Section, Health and Population, ODA.

[12] From AHRTAG's interview with Mark Mallalieu.

The Forum has regular business meetings twice a year, at the ODA and chaired by ODA's Chief Health and Population Advisor or an alternate. Additional meetings of the Forum or its subcommittees are arranged as appropriate.

Two other fora were noted by the ODA. The first is the All Party Parliamentary Group on Population. This group meets periodically to review government legislation and implications of policy in the area of population.[13] The other group is the NGO Forum for Beijing, established to prepare for the UN Conference on Women and explore possibilities for follow-up.

3.3.3 Consumable products

In the previous report to JICA, it was reported that the ODA was unlikely to support activities which involve large scale expenditure on consumable products. This reference was clarified with ODA staff, who said that ODA currently has a reluctance to support the costs of expensive HIV antiretroviral treatments, for example. However, it was emphasised that contraceptives do not fall within this category. In fact, ODA has indicated that it funds the following:[14]

condoms
injectables
intrauterine devices
oral contraception

Pessaries and spermicides are also provided by the ODA.

There is currently no funding for tubal ligation or vasectomy, but the ODA is prepared to consider support in this area. The ODA is currently not supporting abortion and does not promote it as a means of family planning.

3.3.4 Population project examples

Mexico health and population sector aid project

Project period: 1994 - 2000
Budget: £795,500
Project aim: To help achieve Government of Mexico population target of reducing fertility rate whilst promoting reproductive choice.

[13] For additional information about the All Party Parliamentary Group on Population, the Secretary may be contacted: Trudy Davies, telephone 44 171 219 2692; fax 44 171 219 2641.

[14] As reported in *Support in developing countries for HIV/AIDS prevention and care and contraceptive supply: a study of government and non-government sectors in six European countries and the European Union*, March 1995, page 95.

Main outputs:

1. To provide reproductive choice for target groups; to provide oral and IUD contraceptives to meet a forecast shortfall in supplies and thus permit the population programme to continue.

2. To provide time to allow the Government of Mexico to arrange for long term funding of its contraceptive supply needs.

Uganda: family planning supplies project

Project period: 1994 - 1997
Budget: £1,109,000.00
Project aim: To improve the reproductive health status of the people of Uganda by increasing access to a full range of modern family planning methods, particularly those methods controlled by women.

Main outputs:

1. Injectable contraceptives available nationwide; vaginal foaming tablets available nationwide and supplied according to good practice.

2. Recommendations made to Government of Uganda on guidelines for use of injectable and other contraceptives.

Nigeria: support for private sector reproductive health social marketing

Project period: on-going; specific project dates unavailable
Budget: not available
Project aim: To improve reproductive health in Nigeria

Main outputs:

1. Injectables provided through low-cost rural NGO networks.

2. Condoms marketed at affordable prices, and sold through general and pharmaceutical outlets in smaller towns and peri-urban communities.

3. Responsible sexual behaviour promoted among young people.

3.4 Budget

Unfortunately, ODA has indicated that at present it is not able to provide budget figures in tabular form covering the previous ten years for HIV/AIDS and Population, as requested by JICA. This is due to the following reasons:

- the integrated nature of ODA support in the areas of HIV/AIDS, reproductive health and population means that it is difficult to separate data into the categories requested by JICA
- ODA's Joint Funding Scheme (JFS)[15] further complicates clear budgetary reporting
- data over the past ten years has not been collated in the format requested by JICA

Nonetheless, ODA is in the process of developing a database on the effectiveness of Health and Population projects, which is expected to be operational in mid-1996. This initiative is headed by Mr. David Daniels in the Health and Population division, and JICA has been encouraged by ODA to contact them directly next year with their specific request for budgetary data.

Despite these constraints, the previous report to JICA was able to provide some information concerning financial trends, and the proportion of the British aid budget for HIV/AIDS and Population according to type, channel, and area of assistance.

Although unavailable during research for the previous report to JICA, ODA has since published *ODA Population and Reproductive Health Statistics - 1994*, which provides key financial statistics and more of an overall picture of ODA budgetary commitments in this area. The entire 21 page document has been included in Appendix 6 of this report.

3.5 Co-operation with others

ODA relies on a wide range of NGOs and private organisations to assist in the planning implementation of its projects. A competitive bidding process is used by ODA to select outside expertise which can deliver necessary services, and this method has been particularly expanded during the past 3-4 years. Before then, ODA relied more heavily on internal technical advisors. A complete and up-to-date listing of ODA's Health and Population Group advisors is included in this report (see Appendix 3).

[15] Mentioned on page 50 of the previous report to JICA, and see also Appendix 5.

ODA's relationship with these external groups is designed to avoid the micro-management of projects. Monitoring of projects is carried out at the country level by Health and Population field managers, who may also buy in external expertise locally as and when needed. The day-to-day implementation is left to the project, and regular financial and narrative reports (usually quarterly) are expected by ODA.

The British Council is often successful in bids to assist the ODA in planning and implementing HIV/AIDS and Population projects. Other groups mentioned by ODA included Care International and the accounting firm Price Waterhouse. The selection of an external organisation to provide services is based on ODA's assessment of which group bidding for a particular contract is best placed to deliver the services most effectively and at the best price.

3.5.1 Resource Centres

ODA relies on several external resource centres for information on HIV/AIDS, reproductive health and population. These include:

- health sector reform (London School of Hygiene and Tropical Medicine)
- reproductive health and population (Options based at Marie Stopes International)
- HIV/AIDS (International Family Health - formerly ACT-HIV at the NHS Overseas Enterprises)
- malaria (Liverpool School of Hygiene and Tropical Medicine)

Following from the previous report, JICA has requested additional information about resources centres covering HIV/AIDS and reproductive health/population.

3.5.1.1 HIV/AIDS/STD resource centre

When discussed in the previous report to JICA, a description of the primary aim and objectives of the ACT-HIV resource centre were outlined, and it was mentioned that ODA had announced its intention to 'tender competitive bids from other organisations to operate the centre.'[16] In September 1995 ODA announced its decision to select International Family Health (IFH) in association with other agencies to take over this role. IFH is now responsible for providing the ODA with the expertise necessary to develop a relevant, coherent and effective donor response to the international problem of HIV/AIDS/STDs. International by nature, this new resource is available to other bi-lateral and multi-lateral agencies.

[16]From section 3.7.1, page 51 of *Support in developing countries for HIV/AIDS prevention and care and contraceptive supply: a study of government and non-governmental sectors in six European countries and the European Union*, March 1995.

IFH's Experience as a Resource Centre[17]

The staff and board of IFH have been working in the areas of reproductive and sexual health for the past thirty years, both at a policy level and through project implementation. During the past few years, one of the most successful aspects of IFH's work has been in providing consultancy services. IFH has developed the organisational, communication and managerial skills which, in addition to its technical expertise, has qualified it as a leading consultancy group in reproductive and sexual health in Europe. In recent years, IFH has worked for the ODA, the EC, KfW, the World Bank, the Rockefeller Foundation and other agencies in more than twenty countries in every region of the developing world.

IFH's critical experience of providing consulting services in the field of HIV/AIDS/STDs stems from its work in establishing the International HIV/AIDS Alliance, now an UK registered charity.

Resource Centre Working Principles

At a programmatic level:

- IFH's work endeavours to implicitly and explicitly focus on at least one of the following priorities: reducing the incidence of STDs including HIV infection and supporting those who are infected or affected by HIV/AIDS. Where possible, IFH will select mutually reinforcing strategies to address each of these issues.

- IFH recognises gender inequality and is committed to addressing this as far as possible at every level (from the selection of consultant teams to country level programme design).

- IFH recognises the need to involve people affected by HIV as far as possible, while at the same time remaining alert to the sensitivity of this issue.

- IFH encourages imaginative programme design which builds upon the strengths and weaknesses of the public sector and which involves appropriate use of the private sector, especially in view of the need for greater project cost-recovery and sustainability.

- IFH intends to avoid duplication of effort and the establishment of vertical programmes wherever possible through integration within existing services and programmes, while at the same time recognising that some HIV-specific issues may not necessarily be best addressed in this way.

[17] This information was submitted to AHRTAG from IFH specifically for the purposes of writing this report.

Working principles at a business level:

- IFH views the Resource Centre as a 'customer oriented' intermediary whose mission is to facilitate the work of its two most direct clients: the donor agency and the consultants.

For the donor agency, IFH:

- offers professional assistance, when necessary, in defining TOR which keep a suitable balance between programmatic relevance and mission feasibility.
- offers a swift response to requests through an efficient computerised selection process and rapid organisation of field missions.
- implements and monitors jointly defined standards of quality related to both the content and the format of all consultancy reports.
- keeps a vigilant eye on costs at every stage of the consultancy process.

For the consultants, IFH:

- minimises the amount of effort by consultants for work unrelated to mission content.
- offers maximum support through documentation and professional advice.
- establishes close links among consultants, to promote improved understanding of the disciplines involved in HIV/AIDS/STD related work.
- manages consultancy contracts in a professional manner, clearly stating the obligations of each party.

By focusing on its two most direct customers, the Resource Centre maximises the services provided for its indirect customers, the populations of recipient countries confronting the HIV/AIDS pandemic.

External human and organisational resources

IFH has joined together with four other UK development agencies which enables the Resource Centre to provide a unique combination of expertise. Through CABI (publishers of the *AIDS Newsletter*) and AHRTAG, IFH is able to access numerous databases and resources necessary to ensure that the Centre and those utilising its services are kept abreast of relevant developments and issues at international and national levels. Through Women Development Consultants, the International HIV/AIDS Alliance and through its own team of consultants, IFH is able to secure

the services of highly skilled consultants with relevant expertise. Through its academic links with the Universities of East Anglia and Exeter, IFH is able to secure additional specialised consultants and research expertise.

IFH currently has more than 100 consultants offering their services to the Resource Centre. The consultants, all experienced in sexual and reproductive health, have specific expertise in the following areas and disciplines:

- programme management
- evaluation
- advocacy
- intervention design
- community development
- medical care
- ethical and legal issues
- information dissemination
- health economics
- social marketing
- health promotion
- training
- counselling
- materials development

The IFH Resource Centre is managed by Susan Crane, the Executive Director of IFH.

For further information about IFH and the HIV/AIDS/STD Resource Centre, contact:

IFH
5th Floor
Parchment House
13 Northburgh Street
London EC1V 0AH
UK
Tel: 44 171 336 6677 Fax: 44 171 336 6688

3.5.1.2 Options

Marie Stopes International (MSI) has the ODA contract to operate the resource centre on reproductive health and population, called Options. It operates in a similar way to the HIV/AIDS/STD resource centre run by IFH, only it specialises in reproductive health and population.[18]

Clients of Options extend beyond the ODA and includes the World Bank and the European Union. Options aims to provide high-quality technical support services to multilateral and bilateral organisations, voluntary bodies, and private bodies worldwide.

For further information about Options, contact:

Marie Stopes International
62 Grafton Way
London W1P 5LD
UK
Tel: 44 171 388 3740 Fax: 44 171 388 1946

3.5.2 Human resource development/training

The institutions mentioned in the section above provide training for nationals of developing countries, in the UK, and in recipient countries where this is part of a project. Training is mostly part of institutional collaboration and the range of training varies according to the type of project.

3.5.3 External donors and international organisations

The following donor nations and international aid agencies were listed[19] by ODA as important in its policy context for joint co-operation projects:

- European Union
- International Planned Parenthood Federation
- Japan/Japan International Co-operation Agency
- Sweden/SIDA
- UNAIDS
- UNFPA
- World Bank
- World Health Organisation

[18] It is interesting to note that MSI made an unsuccessful bid for the HIV/AIDS/STD Resource Centre, which was awarded instead to IFH.

[19] Information provided to AHRTAG during interviews.

ODA personnel participate in the regular EU hosted expert meetings on the topics of health, population, and HIV/AIDS. The ODA is also a member of the Programme Co-ordination Board of the new UNAIDS programme.

3.6 Research

ODA will consider undertaking research activities with any UK-based organisation. It is preferable that these organisations have a link with a partner agency in the country where the research is focused, but this is not always a requirement. ODA does not provide direct funding for research in the area of HIV/AIDS, reproductive health or population to research bodies in developing countries; there must be a link with a UK-based organisation.

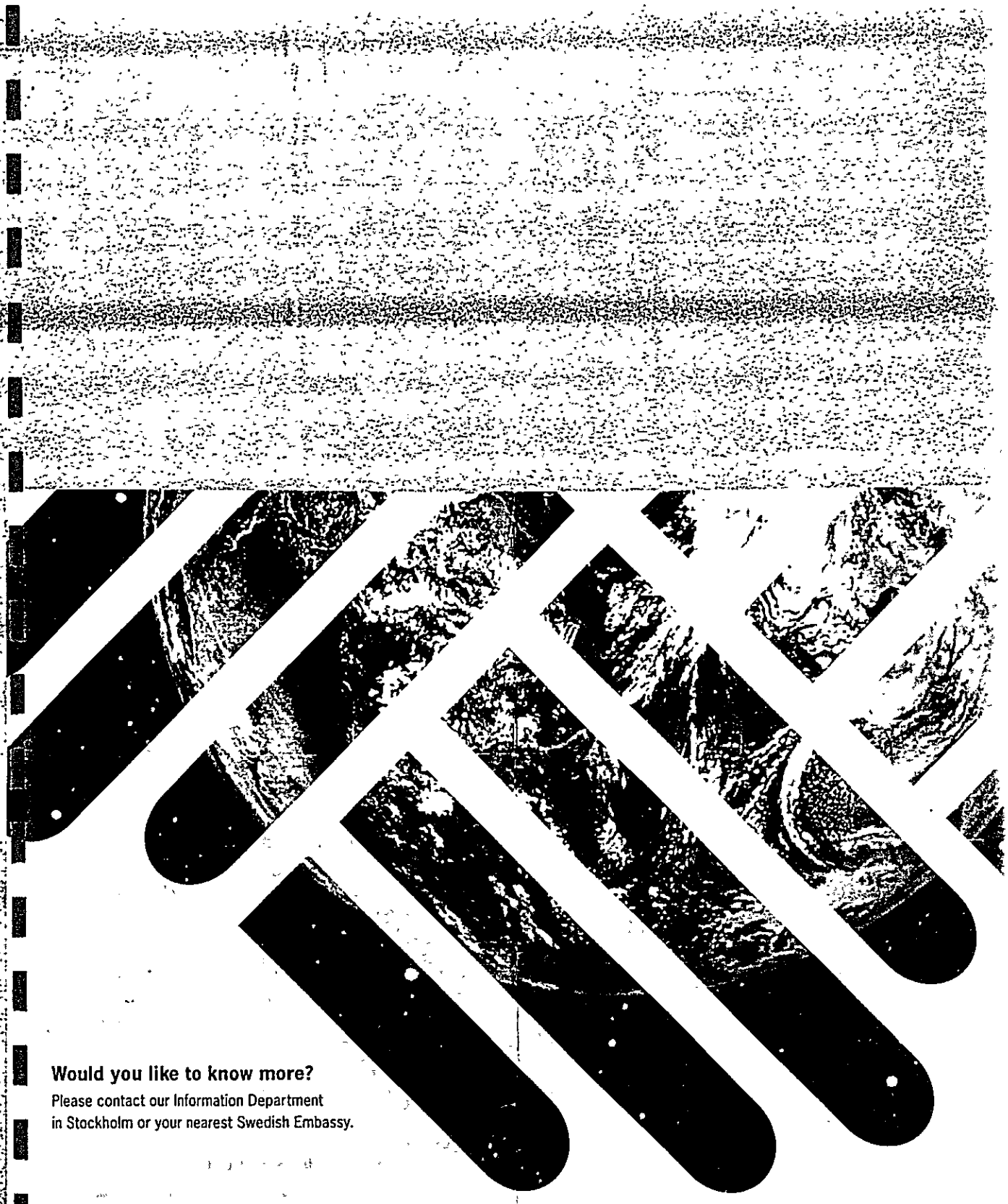
Other than the Medical Research Council and information provided in the previous report to JICA, it is worth noting that ODA maintains relationships with the London and Liverpool Schools of Hygiene and Tropical Medicine in what is called 'work programmes' for both HIV/AIDS and population/reproductive health. These work programmes cover a five year period and are designed to enable the development of more research-related activities along the lines of the Tanzania STD study mentioned earlier in this report (section 3.2). A copy of the project frameworks for these work programmes are included in appendix 7.

Other research is sometimes conducted through ODA supported resource centres (see section 3.5.1), or through the British Council.

Sources:

- interview with Dr Hilary Homans and Mark Mallalieu, ODA, October 1995
- *ODA progress report 1995, chapter 7: Human development - health and children by choice*, ODA, March 1995
- *Living with HIV: challenges and new approaches*, speech by Baroness Chalker, 26 April 1995
- *Sexual health and community development: a new approach for family planning associations*, IPPF, January 1995
- *Health Action*, issue 10, Sept-Nov 1994, pages 4-5, AHRTAG
- *Children by choice not chance*, ODA, 1993

Appendix 1
New SIDA to co-ordinate all Swedish development co-operation

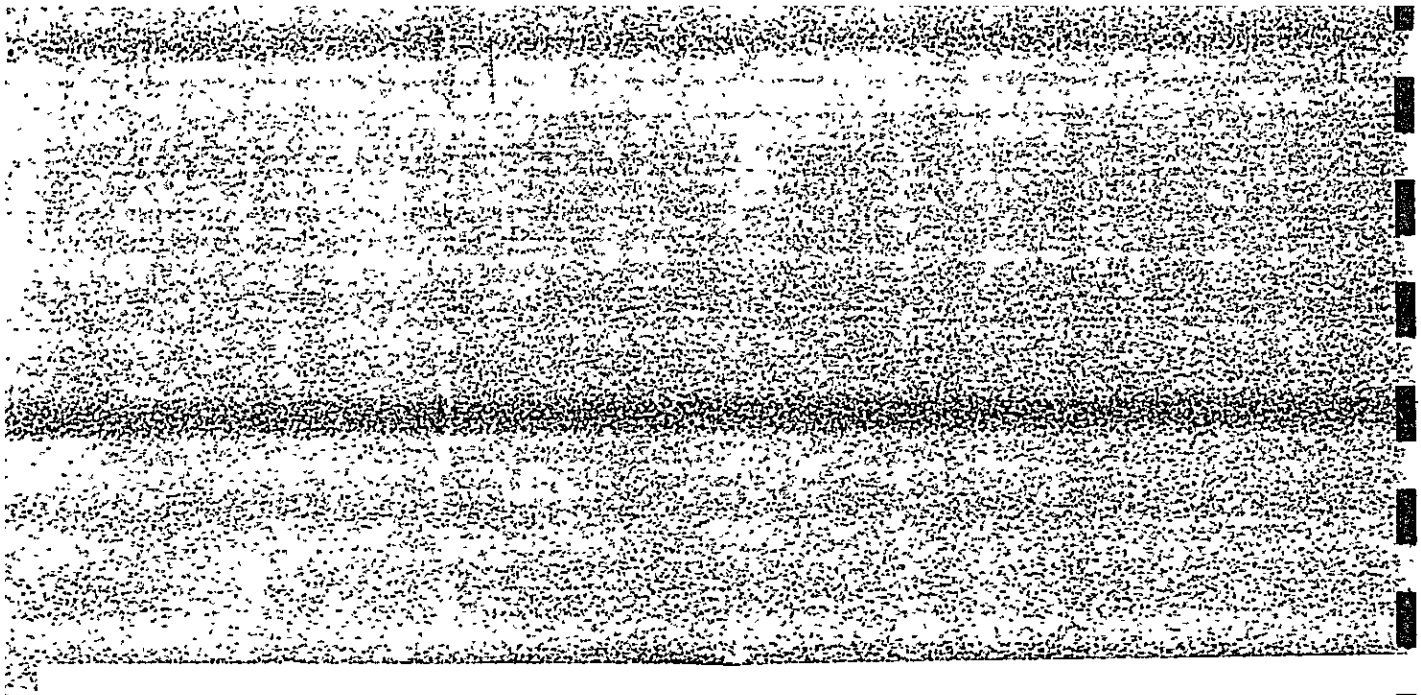


Would you like to know more?
Please contact our Information Department
in Stockholm or your nearest Swedish Embassy.

Sida

Swedish International Development Cooperation Agency
S-105 25 Stockholm, Sweden
Phone +46 8 698 50 00. Fax +46 8 20 88 64.

New Sida to Coordinate All Swedish Development Cooperation



A new world demands a new kind of development assistance

The world has changed radically in the last 30 years.

Life has improved for billions of people. The world's most rapid growth is to be found in South East Asia and Latin America. A wave of democratisation has followed on the heels of the Soviet Union's collapse.

However, the fall of the dictators has also lead to the collapse of economic systems, to conflicts and war. Severe ecological problems have followed in the wake of rapid growth in many countries. The gap between rich and poor is increasing, both between and within countries. And in most of Africa, economies stagnate whilst populations continue to increase at a rapid pace.

The new Sida will be a concentrated force

A changing world requires a different type of development assistance, more holistic and cooperative. Using new, flexible methods which can rapidly adapt support to new conditions.

For this reason the Swedish Parliament has made a decision to merge the five Swedish development assistance authorities into one. On July 1st 1995, Bits, Sandö Course Centre, Sarec, Sida and SwedeCorp merged to form the new agency named Sida (The Swedish International Development Cooperation Agency). The responsibility for cooperation with Central and Eastern Europe also rests with this new organisation.

The aim is clear: to provide more effective and efficient development cooperation. Improved results for each crown invested.

For democracy and sustainable development

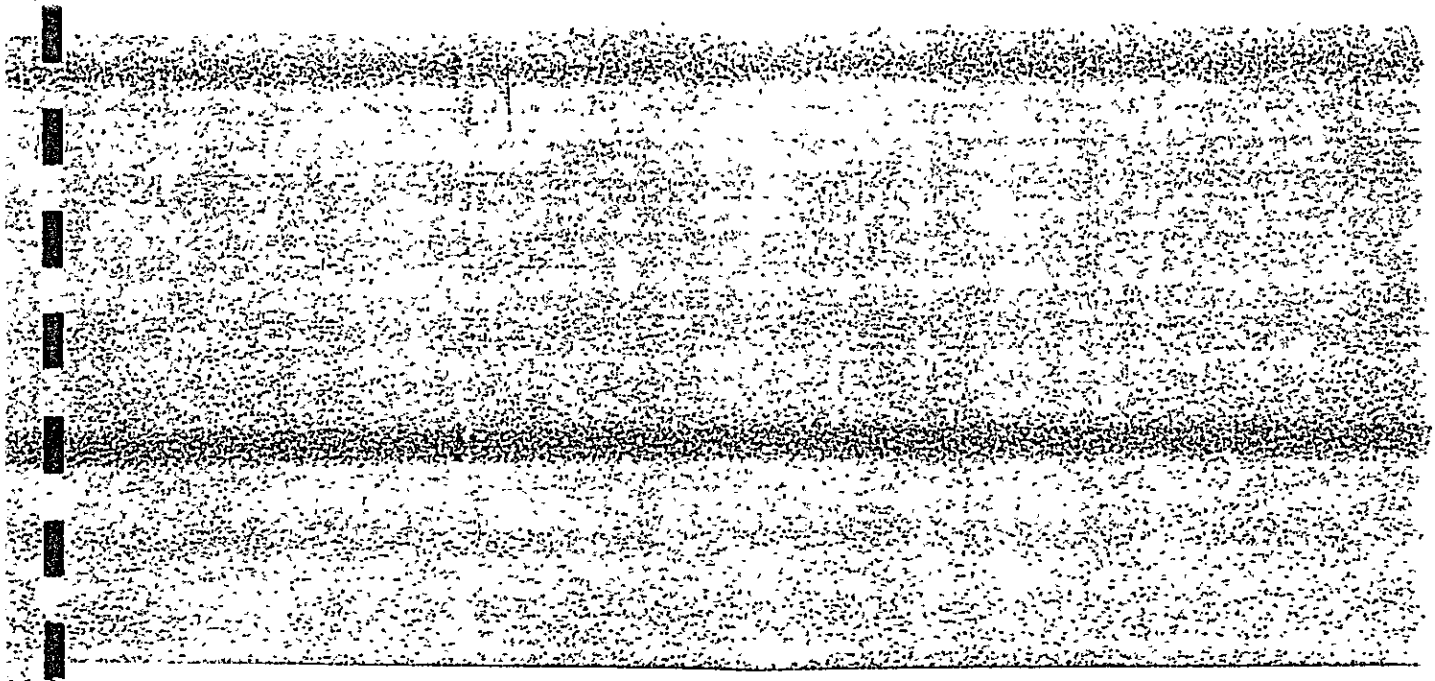
Sweden's development cooperation shall contribute to improving the living standards of the poorest groups. Sida's chosen route is via support to democratisation and sustainable development.

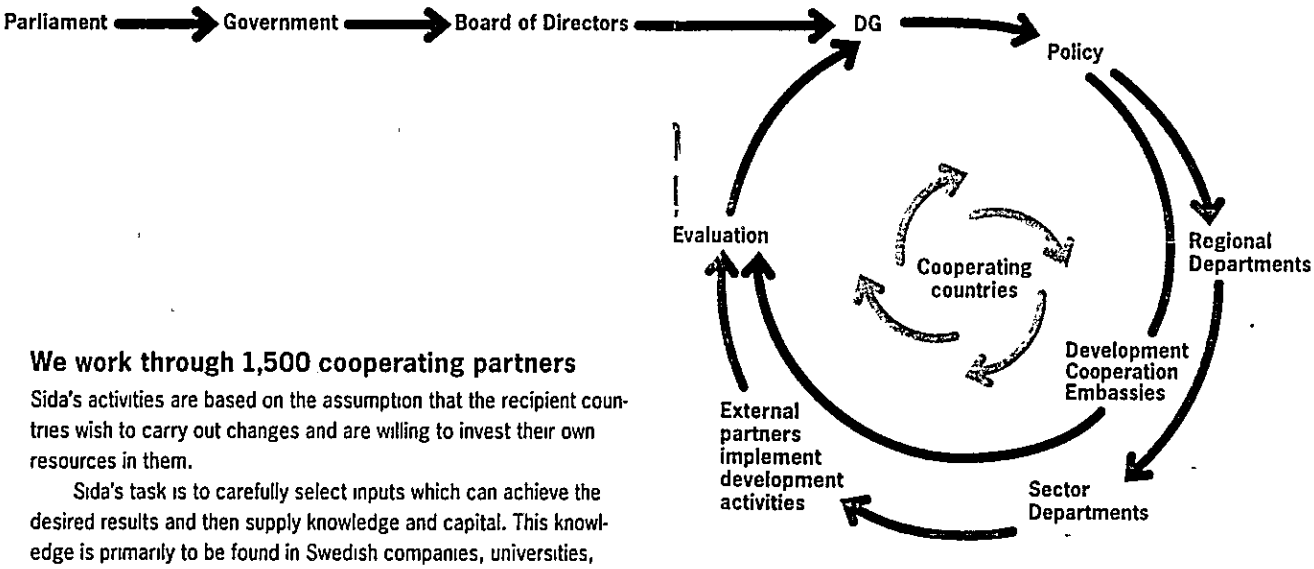
Support to democratisation is not merely support to free elections, it also means support to just legislation, impartial courts, a free press and efficient public administration.

Bringing about sustainable development means the creation of longterm growth in balance with nature. The basis of growth is education, training and research, free enterprise, trade and a functioning capital market. It is telephone systems, energy supply and railways.

And it is also social security which liberates human resources. Strengthening the position of women must be prioritised.

In order to secure natural resources, the environmental impact of each input will be studied. Projects with a detrimental impact will be discontinued.





We work through 1,500 cooperating partners

Sida's activities are based on the assumption that the recipient countries wish to carry out changes and are willing to invest their own resources in them.

Sida's task is to carefully select inputs which can achieve the desired results and then supply knowledge and capital. This knowledge is primarily to be found in Swedish companies, universities, public administration, popular movements and organisations. The capital primarily comes from the Swedish tax payer.

Each input is carefully examined during the planning phase. Later it is thoroughly evaluated both whilst activities are underway and when they have been completed – often by independent experts.

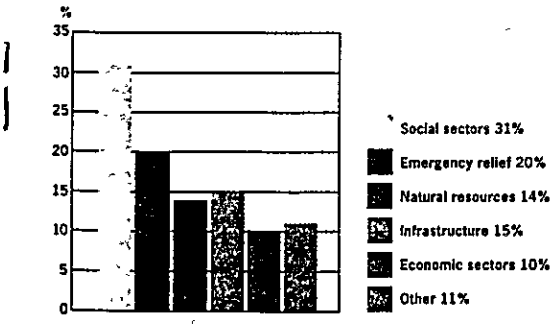
We supply 9,000 million

Sweden's total development cooperation amounts to MSEK 14,000 annually including support to Central and Eastern Europe. Of these millions, 4,000 are channelled multilaterally – primarily through the different UN agencies and EU. MSEK 1,000 is utilised for reception of refugees in Sweden.

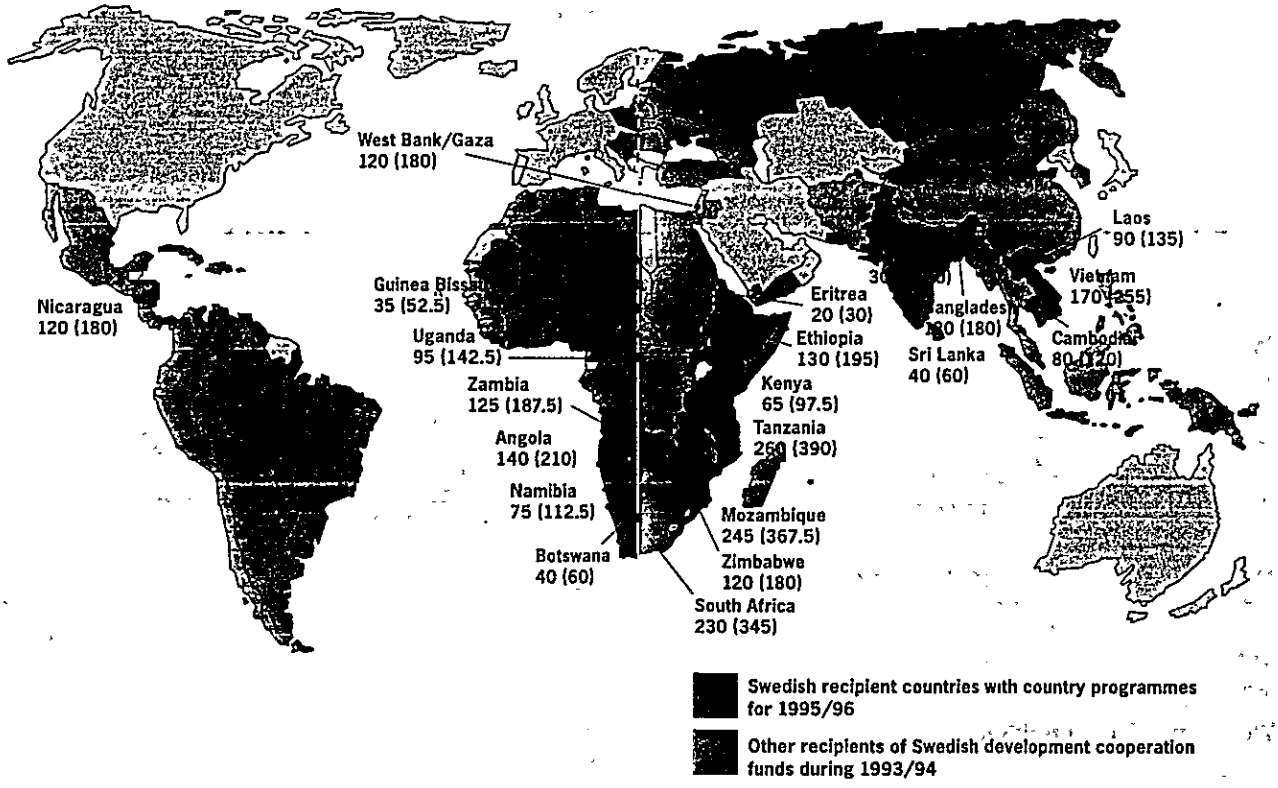
The remainder, ie around MSEK 9,000 is channelled via Sida. The diagram shows how development cooperation was allocated by activity (excluding assistance to Central and Eastern Europe) during the fiscal year 1993/1994.

The social sectors include development cooperation within the education, health and human rights areas. Natural resources encompasses support primarily to agriculture, forestry and fisheries. Infrastructure covers support to communications, power supply etc.

Among activities in the economic sectors are support to small industries, import support and debt relief. Other includes support to legislation, the legal system and public administration.



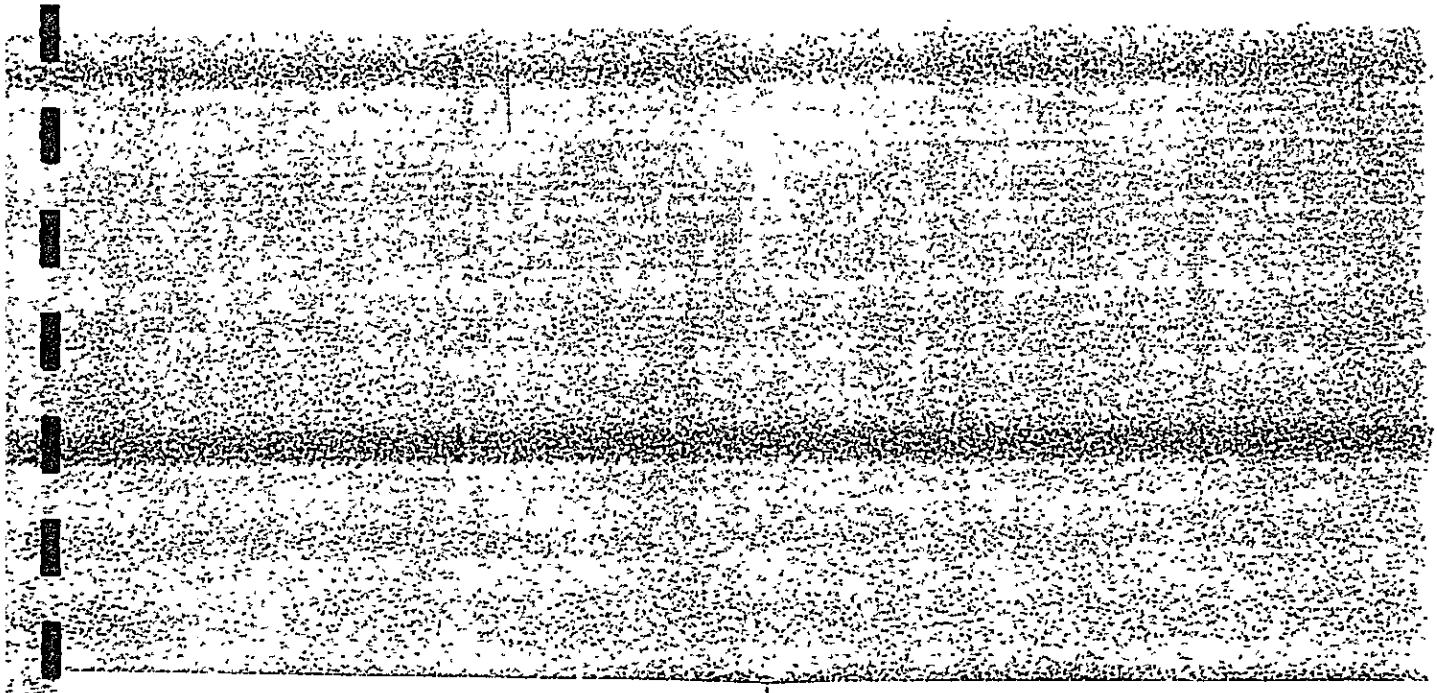
Allocation of development funds 1993/94 (Excluding Central and Eastern Europe).



Concentration for improved results

At present Sida is supporting approximately 2,000 projects – activities in Central and Eastern Europe included. The major part of resources are allocated to approximately 20 Programme Countries, where more longterm cooperation is implemented. The figures give development cooperation in MSEK from 1st July 1995 to 31st June 1996. The figures in brackets are development cooperation budgets up until 31 December, 1996.

We intend to decrease the total number of projects by approximately 500 during the next three years. In a longer perspective, the number of cooperating countries is also to decrease. The aim is not to reduce development cooperation but to concentrate efforts and so be able to invest resources where best results can be achieved.



The different departments within Sida have the following terms of reference

The Board of Directors and the Director General

They are appointed by the Government. They establish the framework for Sida's activities, take policy decisions and ensure that governmental and parliamentary decisions are followed.

The Regional Departments

Are responsible for country assessments, plan and coordinate development cooperation. Their work is carried out in close cooperation with the development cooperation embassies.

Central and Eastern Europe

Cooperation primarily with Estonia, Latvia and Lithuania, Poland and north-west Russia. Support includes activities within democratisation, support to market economic institutions, the social sector, environment and nuclear security.

Democracy and Social Development

Supports activities which promote democracy, public administration, health and education, culture and the media.

Infrastructure and Economic Cooperation

Supports activities within energy, telecomms, transport, urban development and environment, business, economic cooperation, capital market development, trade, international courses and development and cooperation credits.

Natural Resources and Environment

Is responsible for development cooperation within the area of natural resources. Special emphasis on agriculture, forestry, fisheries and rural development.

Research Cooperation

To strengthen the research capacity of developing countries via bilateral and regional activities. Promote research relevant to developing countries both internationally and in Sweden. A Research Committee is connected to the Department whose task is to guarantee the quality of support to research and to allocate grants for research into development issues. The eleven members of this Committee, nine being external researchers, are appointed by the Government.

Cooperation with Non Governmental Organisations and Disaster Relief

To coordinate development cooperation via popular movements and NGOs. Responsible for disaster relief and assistance to refugees outside Sweden plus support to reconstruction. Ensure that issues concerning peace and armed conflicts are monitored and to coordinate development assistance to ex-Yugoslavia.

Administration and Sandö

Responsible for financial administration, personnel, personnel development, in-house services and recruitment of development cooperation personnel. Course activities at Sandö are included in this department. Sando arranges courses in foreign languages and cultures primarily for development staff but also for the general public.

Policy and Legal Services

Analyses the world around us and develops policies for activities so that Sida can achieve development cooperation objectives in a more efficient and sustainable fashion. Macroeconomic assessments, gender issues, poverty, alleviation emphasis in assistance, other coordination. Legal Secretariat.

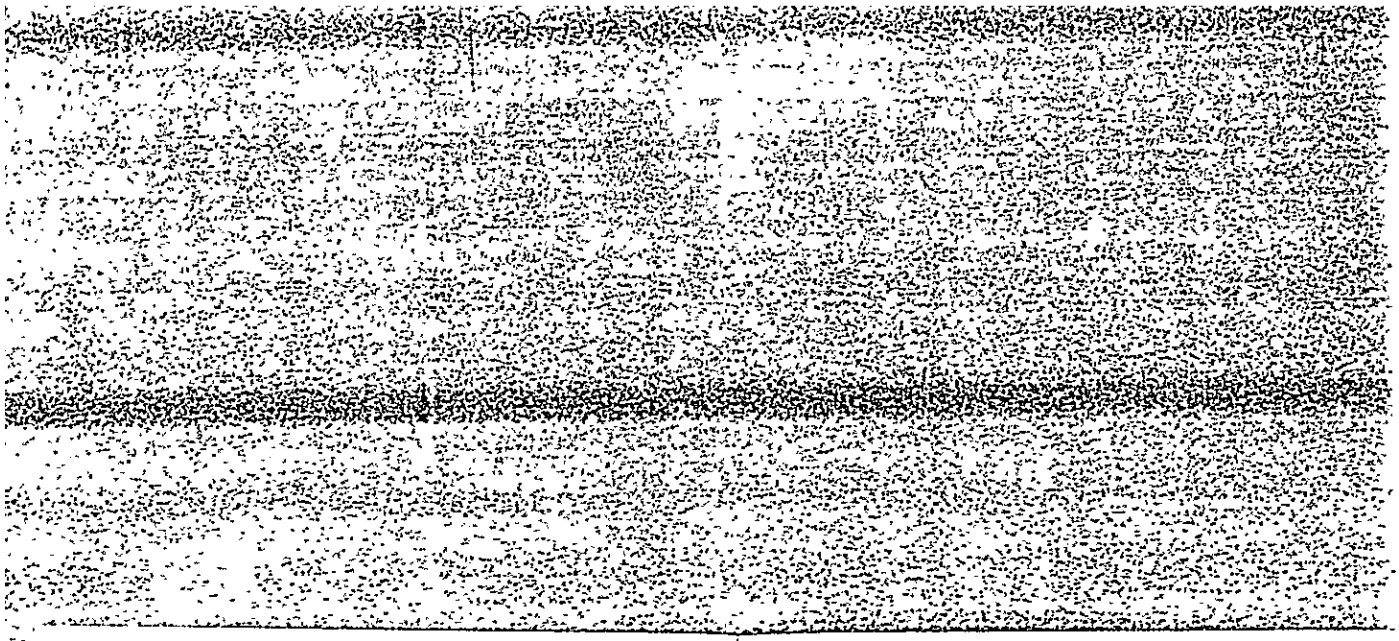
Evaluations and Internal Audit

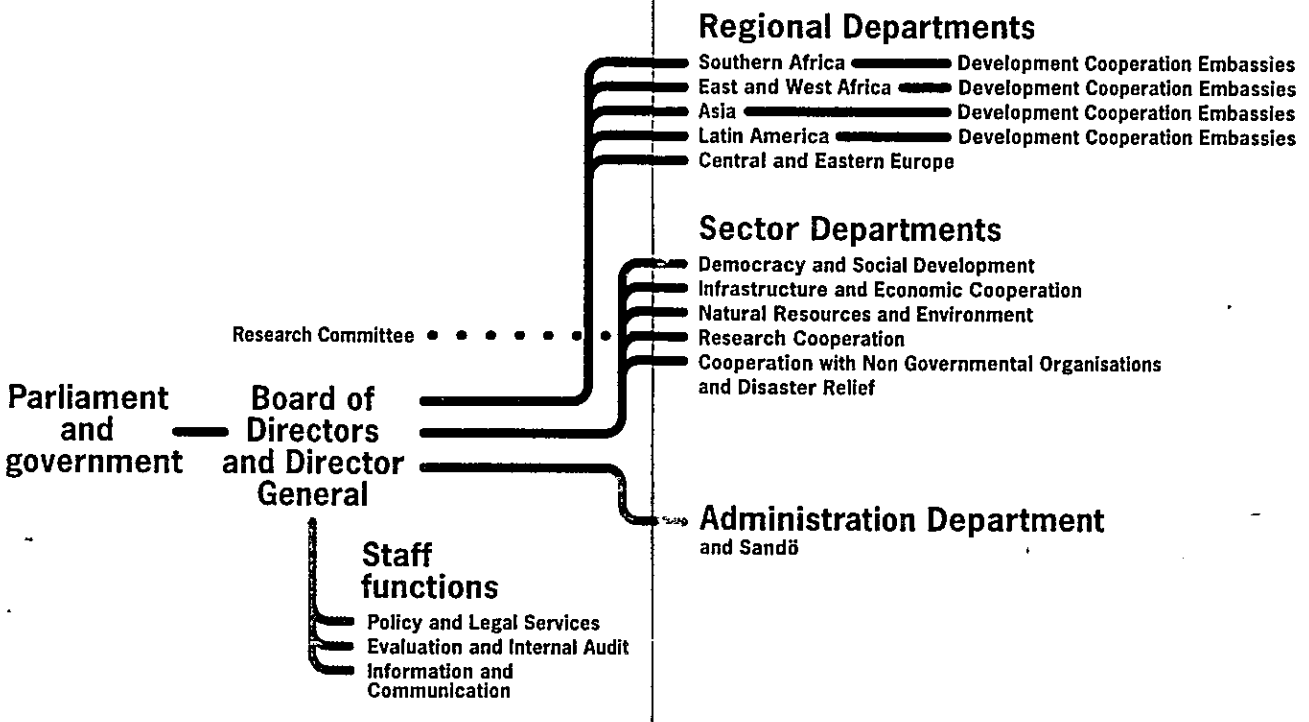
Secure the quality of Sida's activities through evaluations, methodological development and advisory activities.

Information

Is responsible for Sida's external and in-house communications. The goal is to create dialogues between Sida and the world around which contribute to the fulfilment of the agency's objectives.

In addition, INFO has been assigned a special task by the Parliament which is to provide development education and information in such a way that the public opinion favours Sweden's development cooperation.





The new Sida is organised to reap maximal benefits from coordination

Sida has approx. 650 employees, people who are expert within many different sectors – economics, technology, health care, training and education, environmental conservation etc.

The regional departments plan long term development cooperation and coordinate support to the various countries.

In order to attain maximal effect, it is important to take into consideration the fact that development problems are extremely complex – an input aimed at the development of agriculture may require economic reforms, new sales channels, new legislation, research on new seed types, road building, electrification, training, inputs specially aimed at women, credits and support to small enterprises.

The sector departments recommend which projects or programmes are to be supported – and channel capital and competence to recipient countries and NGOs accordingly. These are then responsible for the implementation of the activities.

Appendix 2
SAREC in brief

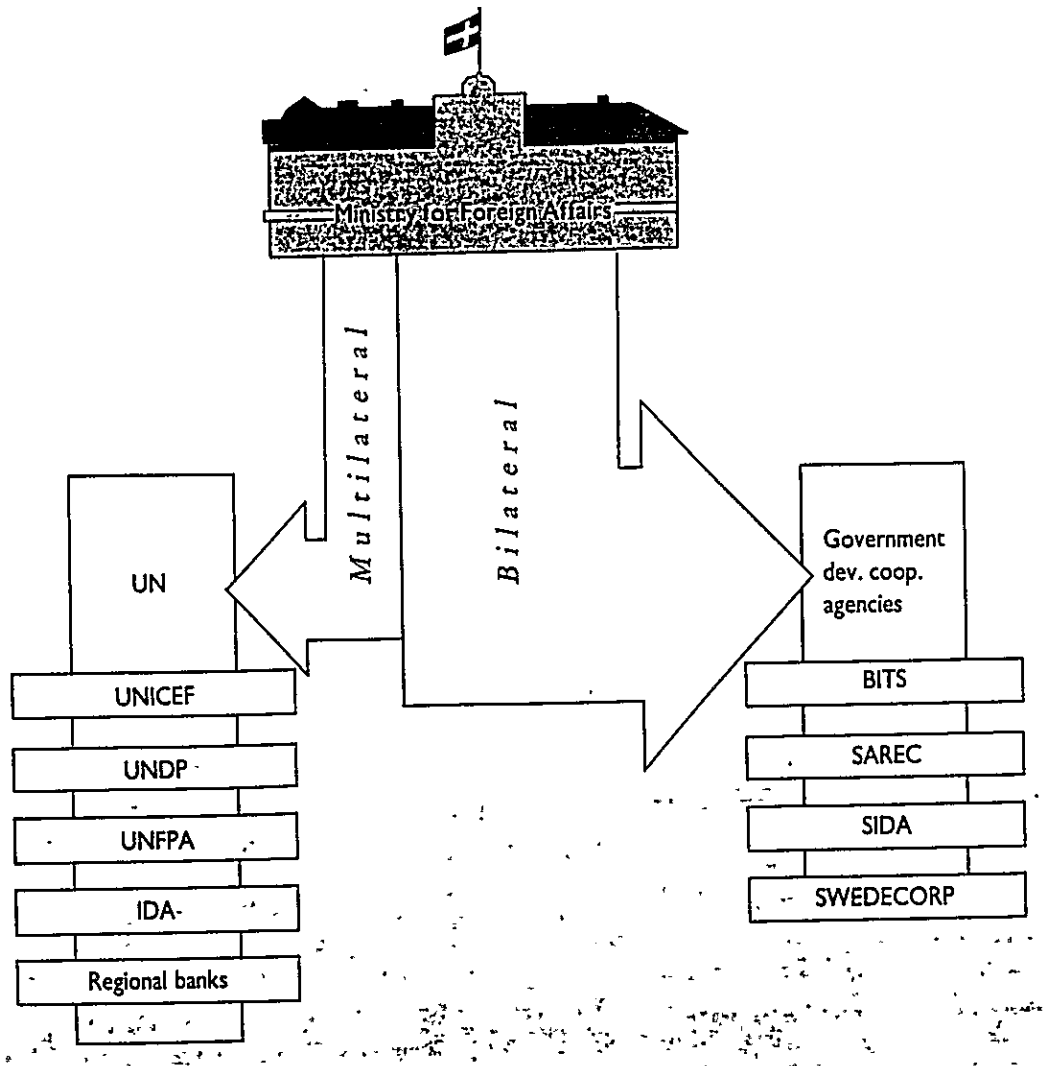
SAREC IN BRIEF

sarec

Address: Box 161 40, 103 23 Stockholm
Visiting address: Klarabergsgatan 23, Stockholm
Telephone: 08/791 21 00. Telefax: 08/791 21 99. Telex: 19111 SAREC S

SWEDISH AGENCY FOR RESEARCH COOPERATION
WITH DEVELOPING COUNTRIES

Channels for Development Cooperation



What is SAREC?

SAREC, the Swedish Agency for Research Cooperation with Developing Countries, receives over 3 per cent of the total Swedish Government allocation for development cooperation, which in 1993/94 is SEK 13 billion. SAREC was founded in 1975 and in 1979 became an independent government agency under the Ministry for Foreign Affairs. The SAREC Board consists of 12 members, most of whom are senior academics. The president of the Board is Professor Daniel Tarschys, MP.

SAREC's task is to support research that contributes to the development of Third World countries. This means, among other things

- helping developing countries to build up their own research capacity
- supporting research which can help to solve important problems in developing countries
- promoting scientific cooperation between Sweden and the developing countries.

Why support research in developing countries?

The industrialized countries pay for and direct the greater part of the world's research — 96 per cent — and do so in accordance with their own interests. Sometimes this works to the benefit of the developing countries, but in many cases the outcome is not applicable to their conditions and can even do actual harm. Usually industrialized countries' solutions to problems can not be directly transferred to or copied by the developing countries.

Developing countries must have research capacity of their own in order to find solutions to their specific problems. They must also be able to participate in, influence and derive benefit from research done internationally.

SAREC's support by sector

Natural sciences, technology and industrialization

Social sciences and the humanities

Rural development and environment

Health and nutrition

SAREC supports

Research in the fields of health and nutrition

SAREC, among other things, supports research in epidemiology, diarrhoeal diseases, maternal and child health, tropical diseases, health systems research and AIDS. Particularly important areas include epidemiological studies of health problems in developing countries and biomedical research to develop new vaccines and drugs.

SAREC supports the international health research programmes of the World Health Organization (WHO), one on tropical diseases such as malaria, leprosy, Chagas disease, trypanosomiasis and schistosomiasis, the second on human reproduction. SAREC supports WHO's research activities on primary health care in developing countries.

SAREC has also initiated bilateral research programmes focusing on maternal health. Special efforts have been made to encourage social and behavioural research on adolescent sexuality and fertility.

SAREC's support for AIDS/HIV research is given both through bilateral cooperation and as part of a special three-year programme on AIDS and sexually transmitted diseases which was initiated by the Swedish Government in 1987. This programme is designed to support research for an AIDS vaccine and on sexually transmitted diseases and other factors which increase the risk of contracting HIV.

Nutrition, particularly of children and mothers, is still an important area for research and action. SAREC supports several projects which include nutritional aspects in community based studies. One such example is a comprehensive project in Pakistan involving longitudinal studies on the health and development of children, and the influence of varying feeding conditions.

SAREC supports

Research in the fields of rural development and the environment

SAREC supports research on e.g. crop management, agricultural technology, biological nitrogen fixation and marine ecology. In Kenya, research at the International Centre of Insect Physiology and Ecology (ICIPE) has produced a biological agent which has been used in traps for tsetse fly, which spreads African sleeping-sickness. In an experiment in one area of Kenya it was successful in trapping 99 per cent of the tsetse fly.

SAREC supports international research in agriculture, not least through the Consultative Group on International Agricultural Research (CGIAR). With 13 institutes, mostly situated in developing countries, this group carries out research on rice, potatoes, maize and wheat and domestic animals. The objective of its research is to increase agricultural production in developing countries.

The International Council for Research in Agroforestry (ICRAF) in Kenya is developing methods for growing forest products and agricultural crops in combination, a technique which improves soil durability and yields. ICRAF is a new member of the CGIAR.

Through a special regional programme SAREC supports marine research in East Africa, the Carribean and Asia. The aim is to carry out research concerning the sustainable use of coastal and marine resources, and environmental management of the coastal zone.

A special five-year research programme on deforestation and desertification was terminated in 1992. Many of the activities receive continued support. Environmental aspects are to be integrated in most SAREC programmes.

SAREC supports

Research in the fields of natural sciences, technology and industrialization

Central to this sector is support for research collaboration and research training in Africa. In Ethiopia, for example, SAREC-supported research training at MSc and PhD level is in progress in, among other subjects, biology, chemistry, physics, geography, road and water engineering and electronical engineering. Support for energy research is given through a regional network in Africa, AFREPREN. A cooperative project involving Indian and Swedish scientists is in progress on fuel cells, a method of producing electricity from renewable resources such as cow dung and agricultural waste.

In the field of geology, SAREC has given support to several research projects, including one in Nicaragua on gold mining.

SAREC supports the International Centre for Theoretical Physics (ICTP) in Trieste, Italy, which offers courses and research training for physicists from developing countries.

Support is also given to the International Foundation for Science (IFS), an international agency whose mission is to facilitate for young researchers in developing countries to carry out research in their own countries and thereby help reducing brain drain.

In 1992, SAREC started a programme to support seismology in Central America. The programme contains both research and training.

SAREC supports

Research in the fields of social sciences and the humanities

Support for critical social science research is of great importance to developing countries since it illuminates problems of development. SAREC has a special regional programme for support to social science research in Africa — the Programme for African Social Science Research (PASS) — and one in Latin America — the Latin American Programme (LAP).

In 1990, SAREC started a special programme to support research on democracy and human rights. Examples of supported activities so far are investigations into parliamentary and presidental elections in Botswana, Namibia and Zimbabwe.

SAREC also supports economics research through the African Economic Research Consortium (AERC). This consortium, consisting of seven donor agencies, funds research by individuals and small research groups, particularly on issues of balance of payments and financial policy.

SAREC has a special programme for women's research.

In the humanities, SAREC has supported a regional archaeological programme on the origins of urban settlements in East Africa, with seven African countries taking part in the research. Plans are being drawn up for a second phase of the programme.

SAREC's support by continent

ASIA: India, Sri Lanka, Vietnam

AFRICA: Botswana, Ethiopia, Eritrea, Mozambique, Namibia, Tanzania, Zimbabwe

LATIN AMERICA: Argentina, Chile, Costa Rica, Nicaragua, Uruguay

SAREC's mode of work

Bilateral support

Bilateral support goes mainly to a number of least developed countries. SAREC also supports some countries which have more resources for research. Special conditions apply to support to research cooperation with these countries: the problems to be studied must be of importance for the poorer countries, and the receiving institutions must cover local costs.

The goal of bilateral research support is to help developing countries build up their own research capacity. This means support to national research institutions so that they will be able to identify and define research projects, plan and carry through research, and create viable research environments. In the more developed countries the aim is geared at achieving research results.

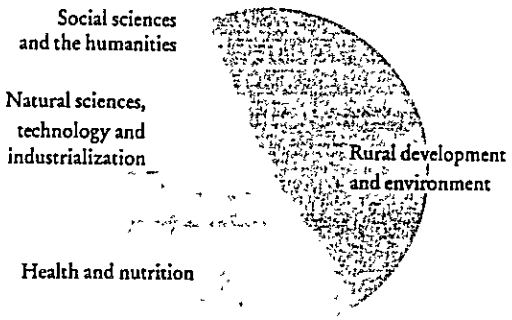
One important way of building capacity in developing countries is through institutional cooperation between researches in departments and institutes in developing countries and those in Swedish university departments. Swedish departments also help collaborating institutions in developing countries to purchase scientific equipment and literature. This institutional cooperation also gives researches from developing countries the opportunity for research training. The number of Swedish departments participating has grown from 40 different departments in 1983 to around 120 in 1991. SAREC supports about 170 projects or programmes with institutional research cooperation and also gives general support to some universities, including support to infrastructure like laboratory equipment and scientific literature for university libraries.

Cooperation between developing countries

SAREC also supports regional research institutions in developing countries and research projects where several developing countries work in collaboration. Support for research collaboration between developing countries is important in that it strengthens the South-South dialogue.

International research programmes

SAREC also gives support to several major international research programmes which yield results that can be used at national level. SAREC therefore works actively to form contacts between international and national research.



SAREC's major contributions to international research go to the CGIAR, an international association of research institutions in the field of agriculture and to the Programme for Tropical Diseases Research (TDR), the Human Reproduction Programme (HRP), and the Research-cum-Action Programmes in Primary Health Care (PHC) of the WHO.

Special programmes

Over time, SAREC has identified some important research areas which have not received attention within the bilateral programmes. SAREC now therefore actively supports research within certain special programmes and areas, i.e. maternal and child health, democracy and human rights, and women's research and also supports research libraries in some developing countries. In addition, the Government has allocated funds for certain areas where the need for research is urgent, for instance AIDS. This support can also go to countries which are not part of SAREC's long-term bilateral research programmes.

Development research in Sweden

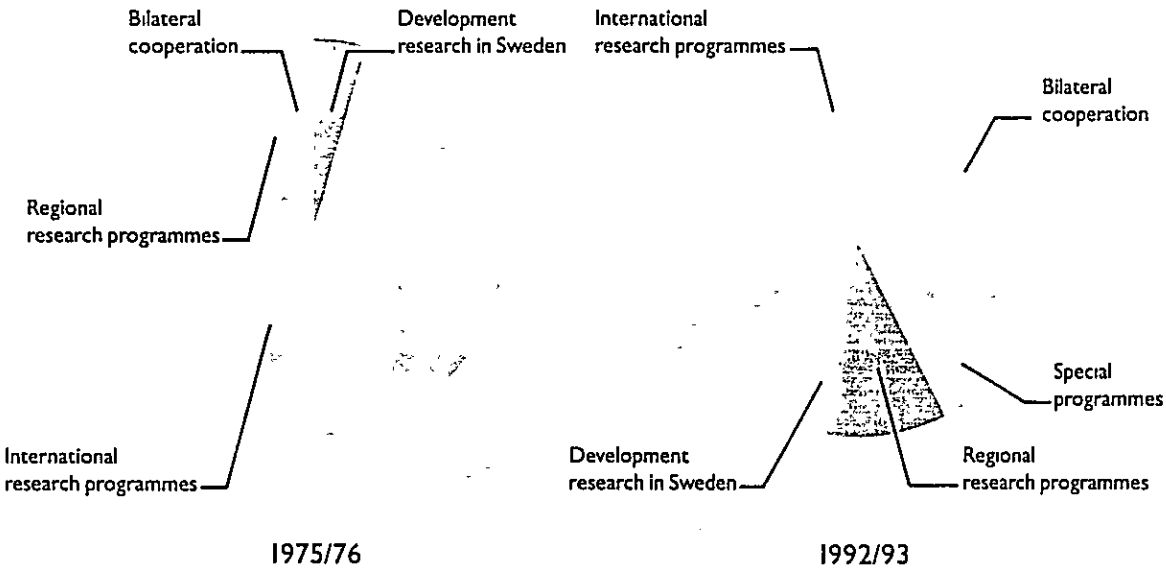
For research in the field of development, SAREC acts as a research council for researchers at Swedish universities. The aim of this programme is to stimulate interest in Sweden for developing countries and the development process. Applications are assessed according to scientific criteria by special academic reference groups.

In 1987 SAREC was asked by the Government to establish a number of senior academic posts at Swedish universities, in the fields of economics, political science and environment. Seven posts have been made — one chair in applied environmental impact analysis, one in marine ecotoxicology, one in development economics, one senior research fellowship in regional natural resource analysis and two in political science.

Support for development research in Sweden accounts for about 10 per cent of SAREC's total budget.

SAREC's development

SAREC's support has changed in both form and scope since its beginning in 1975. Fifteen years ago the budget was SEK 75 million, and almost 90 per cent went to support to international research programmes. Today the emphasis is on bilateral research cooperation. The budget for 1992/93 is SEK 405 million.



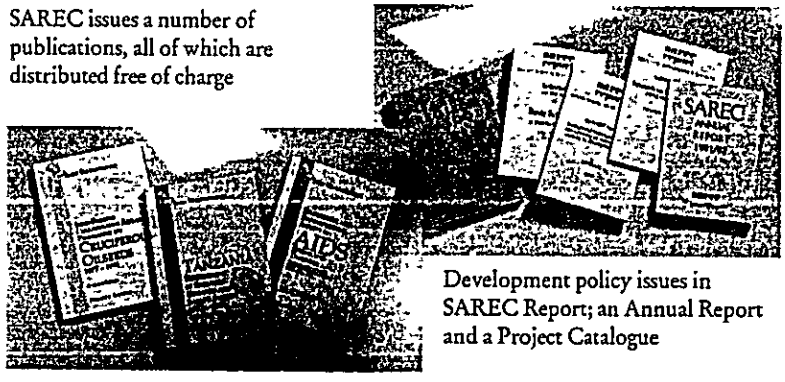
SAREC's secretariat

SAREC has about 45 staff. Most of the research officers have a background in research and experience from research or work in developing countries.

Since 1987 SAREC runs a regional office in Harare, Zimbabwe. It monitors research in progress and strengthenf contact with researchers in Southern Africa.

Popular publications in Swedish

SAREC issues a number of publications, all of which are distributed free of charge



Development policy issues in SAREC Report; an Annual Report and a Project Catalogue

Research surveys, evaluations and other reports in SAREC Documentation

Production: Ransheim & Ridell. Photo: Gustaf Eneroth 3:3, Percy Engwall 11:1-3, Pierre Frühling 7.3, Anders Gunnartz 4:2,7:2, Lars Åström 4:1, 4 4, 7.3.

Appendix 3
ODA Health and Population Division

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See over for details of Field Managers and Country Advisers for health and population activities

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Malaria: Malaria Consortium [Sylvia Meek] London School of Hygiene and Tropical Medicine, Keppel St, London WC1E 7HT
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CARIBBEAN (CS)		
Dependent Territories (CS)	ALLAN MACNAUGHT (MOH + Welfare) British Virgin Islands, West Indies). Tel No: 494 3701 x3070 Fax: 494 5018 DAVID WILDMAN (MOH) Turks & Caicos West Indies Tel No: +946 1736 Fax 946 1682	Regional Health Sector Development Adviser Health Adviser
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Russia (GH)	Vacant	Health Sector Programmes Manager

Appendix 4
ODA's contraceptive supply and assistance

ODA's CONTRACEPTIVE SUPPLY ASSISTANCE

COUNTRY	YEAR	CONTRACEPTIVE METHOD	CONTRACEPTIVE DESCRIPTION	QUANTITY	UNITS OF SUPPLY	TOTAL COST BUDGET £	UNIT COST	BENEFICIARY ORGANISATION	SUPPLIER	PURCHASING BODY
Pakistan	1992	Spermicide	Delfen Foam	475,000	bottles			Ministry of Population and Welfare		Crown Agents
Pakistan	1992	Injectables	Norigest	1,200,000	doses/ units syringes + needles			Ministry of Population and Welfare		Crown Agents
Pakistan Pop III project	1994-7		all types			7.6 million over 3 years £3.0m (94/95) £2.5m (95/96) £2.1m (96/97)		Ministry of Population and Welfare		UNFPA
India??	1993/4	Condoms and oral contraceptives		27m (37,000 cycles) 13m (1993) 14m (1994)	cycles	1993: 264,913 1994: 285,804 (budget)				
India** (Orissa)	1994/5-1997/8	condoms OC pills	Masti condoms Pearl pills	85.8 m pieces 308,000 cycles	cycles	£1.32 m	RS 3.42 RS 36.15	PSI-India	Local	PSI India
Nigeria	1993	Injectables		1,246,000	doses	908,000	US$ - 1991	Ministry of Health		
Nigeria	1995/8	Condoms & Injectables				£3 3 m	$4 gross	Society for Family Health (Nigerian NGO)	PSI	PSI
Namibia	1993	Condoms		2,800,000	pieces	41,000	£2.05/gross	Ministry of Health		
Angola	1994/5	Injectables condoms	Dep Provera	10,000m	doses	88,000		MOH NGO		UNFPA
Zimbabwe	1992/3			1992 22,800 gross (3283,200) 1993 435,533 gross (62,716,752)		1992: 242,267 1993: 790,000		Ministry of Health	Dongkuk Techno Malaysia	Crown Agents

COUNTRY	YEAR	CONTRACEPTIVE METHOD	CONTRACEPTIVE DESCRIPTION	QUANTITY	UNITS OF SUPPLY	TOTAL COST BUDGET £	UNIT COST	BENEFICIARY ORGANISATION	SUPPLIER	PURCHASING BODY
Zimbabwe	1994-5	Replacement Condoms		66,000,000		530,500		Ministry of Health & Child Welfare (MOHCW)	LIG India	IPPF
Zimbabwe	1995	Replacement Condoms (not definite)		24,500,000				MOHCW	Dongkuk Techno	Crown Agents
Zimbabwe	1995	Condoms		1,500,000				MOHCW		
Zimbabwe	1995-98	Condoms (social marketing)		12,500,000		650,000		Social marketing		
Zambia	93/94-94/95	Oral Contraceptives (short-term needs)		6.0m cycles		669,000	US$.255			
Zambia	1995/6	contraceptive commodities				1,000,000 *not yet disbursed				Crown Agents
Malawi	1993/4	Injectables	(i) Depo Provera (ii) Norplant	(i) 360,000 (150 mg/ml) (ii)800	sets sets	1993/94: 377,161 1994 7,349 (for Norplant)	$1.47* (Depo) $23 Nor) * Incl syringes	Ministry of Health	Depo: UpJohn Norplant: Leiras (Finaland)	Crown Agents
Malawi	1994/5	Injectables	(i) Depo Provera (ii) Norplant	(i)125,000 (ii) 2000	doses sets	£87,551 £32,979	$1.03 $8.00	Ministry of Health		
Kenya	1991/2-1993/4	Injectables	Depo Provera FP + IUD Kits FP + IUD Kits FP + IU Kits	1,300,000 16 - FP Kits 180, IUD Kits 850,000 12, FP Kits 135,100 " "	doses Kits doses Kits doses Kits	2m " "	 US$ 1.18			
Kenya	1993/4	Condoms Injectables			doses pieces	£1m		MOH	UpJohn	IPPF

COUNTRY	YEAR	CONTRACEPTIVE METHOD	CONTRACEPTIVE DESCRIPTION	QUANTITY	UNITS OF SUPPLY	TOTAL COST BUDGET £	UNIT COST	BENEFICIARY ORGANISATION	SUPPLIER	PURCHASING BODY
Kenya	1994/5	Condoms Injectables			doses pieces	£1.4m		MOH	UpJohn	Crown Agents
Uganda	1994 1995	Injectables	Depo Provera Depo Provera Condoms	Approx 150,000 (injectables) approx 180,000 (injectables)	doses doses pieces	£1.1m £0 6		MOH MOH	UpJohn UNFPA	Crown Agents UNFPA
Tanzania	1993/5	Injectables	Depo Provera		doses	0.900 (provisional)		MOH	UpJohn	Crown Agents
Bangladesh	1994	pills	Nordette	9m cycles	monthly cycles	1.5 m	0.345 DM 0.28 DM	social marketing company	WYETH	Crown Agents
Peru	1994/5	Injectables Inplants	DepoProvera Norplant	500,000 5000	doses kits	1.2	$0 025	MOH	PRISMA	UNFPA
Mexico	1994/5	Orals IUDS	LO Feminals 380A	2,500,000 300,000	unit	746,000		MOH		UNFPA
Gambia	1995	Condoms	Durex	5,000,000	pieces	100,000	$3.75	MOH\NGO	London Int	IPPF
Occupied Territories (Gaza)	1995/7	oral pills condoms IUDS pessaries				85,654		UNWRA		IPPF ?

We have recently approved an additional £100,000 for IPPF to fund the provision of contraceptives in MOLDOVA (no further details available at present)

** India (Orissa) project differs from other projects in that ODA is funding PSI to procure contraceptives locally rather than providing funding for the for the import of supplies

Appendix 5
ODA: Joint Funding Scheme

BRITISH NON-GOVERNMENTAL ORGANISATIONS WORKING IN THE DEVELOPING WORLD

NGOs are often uniquely placed to mount poverty-alleviation projects at village level; they promote involvement of local people; they can give a voice to the poorest groups in the developing world; they are flexible and innovative in their approach to development.

THE JOINT FUNDING SCHEME

Through the Joint Funding Scheme (JFS), the Overseas Development Administration (ODA) works in partnership with British NGOs by:

- Co-funding, usually on a 50:50 basis, long term development projects which seek to improve the status of poor communities, both socially and economically;
- Offering support and advice aimed at strengthening the work of the NGOs.

Responsibility for project design and implementation rests with the NGO.

More information is available from NGO Unit of the ODA but the following gives a brief idea of the kinds of projects which are eligible for support, how the scheme works and how applications can be made.

TYPES OF PROJECTS SUITABLE FOR JFS FUNDING

The JFS works in a wide range of sectors from Agriculture to Population and from AIDS to Sanitation. Some examples of projects are:

AIDS – In Kenya, an innovative project is alerting youths aged 10-18 to the dangers of AIDS by increasing the numbers and capabilities of local educators addressing HIV/STD prevention and control.

Community Development – An imaginative and very effective project in Tanzania has increased agricultural production, improved women's status within the community and established basic child education systems. All of this was underpinned by a very high level of community participation – the JFS places great store on the involvement of local people at all stages of a project.

Environment – Striking the crucial balance between meeting the most urgent basic needs of the population and longer-term environmental conservation measures, a JFS project in the Philippines is developing agricultural productivity and introducing measures such as the improvement of soil and water conservation techniques.

Project activities and expenditure must be concentrated in developing countries.

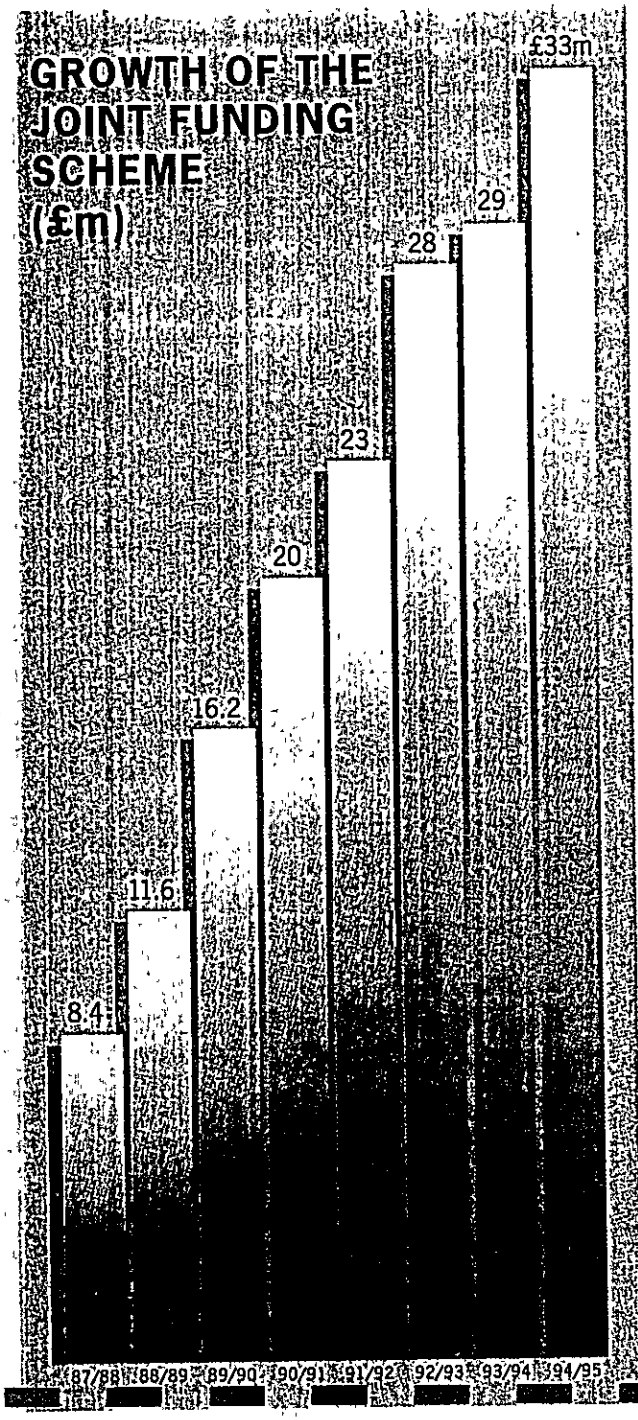
ACTIVITIES NOT SUITABLE FOR THE JFS

JFS funds are not available for research; relief or welfare projects, nor in general for projects which: involve major construction costs or one-off items of equipment; solely involve conventional curative medicine; involve sponsorship or proselytisation; are based in Eastern Europe or the Former Soviet Union (separate arrangments exist for this region).

APPLICATIONS

The JFS is open only to applications from UK registered charities and must relate to projects which will benefit the poorest communities in the developing world.

Applications must be received in NGO Unit by the end of November; for those which succeed, funding will commence from the following April. Support will be for the duration of a project which can be up to a maximum of 5 years.



FOR FURTHER INFORMATION ON THE JOINT FUNDING SCHEME CONTACT:

NGO UNIT
ROOM AH254
OVERSEAS DEVELOPMENT ADMINISTRATION
ABERCROMBIE HOUSE
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JOINT FUNDING SCHEME

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WORKING WITH THE POOREST COMMUNITIES IN DEVELOPING COUNTRIES

OVERSEAS DEVELOPMENT ADMINISTRATION