

# Strategy for Denmark's Support to the International Fight against HIV/AIDS



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# Contents

<b>Introduction</b>	<b>5</b>
<b>Global Commitments</b>	<b>8</b>
<b>Main Goals for Denmark's International Assistance to the Fight against HIV/AIDS</b>	<b>10</b>
<b>Increase Access to Prevention, Care and Treatment</b>	<b>12</b>
Prevention	12
Care and Treatment	13
<b>Political Leadership</b>	<b>15</b>
<b>Country Level</b>	<b>15</b>
Supporting National Leadership and Coordination	16
Multi-Sector Approach to HIV/AIDS	17
Strengthening National Health Systems	18
Supporting Specific HIV/AIDS Activities	18
<b>Thematic Priorities</b>	<b>22</b>
Addressing Women's and Girls Vulnerability to HIV/AIDS	22
Linking HIV/AIDS and Sexual and Reproductive Health and Rights	24
Meeting the Needs of Adolescence and Young People	26
Mitigating the Effects of HIV/AIDS on Children and Orphans	28
Combating Stigma and Discrimination	29
Supporting HIV/AIDS Actions in Conflict Situations	30
Strengthening the Role of the Civil Society	31
Private and Business Sector Involvement	32
Supporting Research and Development	34
<b>Achieving Results</b>	<b>36</b>
Strengthen Competencies	36
Monitoring Progress	36



# Introduction

In May 2001 Denmark was among the first countries to launch a Plan of Action for international assistance to fight HIV/AIDS. In the years leading up to 2001, Danish efforts in the field of HIV/AIDS had been guided by specific strategy papers and consisted of support for projects and components in the sector programme support. The basis for the Plan of Action was the strategy entitled “Partnership 2000”, published in 2000, which identified the fight against HIV/AIDS as one of four priority areas for Danish development assistance.

Since then it has become even clearer that AIDS is one of the greatest threats to development. UNAIDS estimates from 2004 show that approximately 40 million people are now living with HIV/AIDS, with the majority — 28 million — of those infected living in Sub-Saharan Africa. But the HIV/AIDS epidemic is also spreading rapidly in Asia, Russia, Eastern Europe, Latin America and the Caribbean. In 2004, some 5 million new HIV cases were registered; 3.5 million of these were in Sub-Saharan Africa. Almost 50 per cent of the new infections occur in young people between 15 and 24 years of age. The majority of these are women.

The epidemic affects the most productive and reproductive age groups. As a result, the number of orphans is increasing rapidly, and in some countries AIDS has caused average life expectancy to fall dramatically. The impact has a devastating effect on individuals and families as well as whole communities. AIDS destroys families and communities and increases the workload on children, youth and old people. Apart from the human suffering, the epidemic is also threatening the agricultural production and food security and increasingly affecting the prospects for the future development and economic and social stability of the worst affected countries.

The combined effect of all this is increased economic and social poverty. Poor people take more risks also when it comes to their health and thus a spiral of increased vulnerability and increased poverty is created.

In April 2004 the Danish Parliament discussed Denmark’s support to the international fight against HIV/AIDS. The Parliament confirmed its strong support for continued

focus on HIV/AIDS and proposed that a review of the implementation of the Plan of Action be initiated. Based on the findings of this review, the 2001 Plan of Action was to be revised. The Parliament also proposed to allocate an additional amount of DKK 100 million over the coming 4 years for innovative NGO-activities.

The review of the Plan of Action was conducted from May to July 2004 and the findings were published in September 2004. The review concluded among other things, that Denmark's support for HIV/AIDS through sector programme support was increasing steadily and that some progress had been made in supporting women and orphans, mainly through NGO support, but that the activities had been relatively weak. The review also highlighted major problems with coordination of the overall HIV/AIDS response and underscored that in some of the severely affected countries the capacity, in the health sector especially to handle the various demands was much too weak.

In preparation of the new strategy it was decided to draw on the work of the Copenhagen Consensus Conference, which took place in May 2004. The Copenhagen Consensus panel had focused on 10 global challenges and concluded that investing in prevention of HIV/AIDS would yield the highest economic benefits and should therefore be the top global priority<sup>1</sup>. A small group of experts, among them representatives from UNAIDS and the World Bank, was invited to look at different aspects of HIV/AIDS prevention. The group identified critical constraints to HIV/AIDS programmes and recommended among other things that Denmark should remain a strong supporter of building national health systems in developing countries and should increase its support for civil society, women and vulnerable groups, such as injecting drug users.

As was the case with the Plan of Action from 2001, this strategy deals with Denmark's support to the fight against HIV/AIDS in developing countries, such as the bilateral support mainly allocated to the 15 so called Programme Countries and the multilateral assistance to international organisations.

HIV/AIDS will remain a strategic priority in Denmark's development cooperation in the years to come. Based on the priorities for Danish development cooperation 2005-2008, "Security, growth – development", Denmark is committed to strengthening her efforts to fight HIV/AIDS, with special focus on Africa South of the Sahara. Accordingly, the aim of the strategy will be to strengthen and focus Denmark's contribution towards reaching the internationally agreed HIV and AIDS targets through its bilateral development cooperation as well as its contribution to the multilateral efforts.

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<sup>1</sup> Copenhagen Consensus – Challenge Paper on Communicable Diseases by Ann Mills and Sam Shillcutt, Feb. 2004, p. 41-42.

The response in specific countries and regions will be based on the special circumstances in each case. In sub-Saharan Africa, the part of the world worst affected by the epidemic, Danish support will contribute to a wide variety of interventions ranging from prevention to treatment and care. In countries with a lower burden of disease, Danish support will focus on strengthening the prevention of the spread of HIV/AIDS and promoting stronger political commitment to the fight against HIV/AIDS through active dialogue with partners in the country.

# Global Commitments

During the first years of the new millennium, international awareness of the HIV/AIDS crisis has arisen and the response to fighting the epidemic has gained momentum. At a series of international conferences and meetings a number of global goals and commitments regarding HIV/AIDS have been made. Following this there has been a considerable increase in financial assistance, albeit without the goal set by the UN Secretary-General of an annual 7-10 billion USD having been reached.

At the UN Millennium Conference in September 2000 the fight against HIV/AIDS was identified as one of the key issues and of the 8 Millennium Development Goals one aims specifically at combating HIV/AIDS, malaria and other diseases and at having halted and begun to reverse the spread of HIV/AIDS by 2015<sup>2</sup>.

The UN Special Session on HIV/AIDS in June 2001 identified a set of key global and national level actions, including a call for a substantial increase in world spending on HIV/AIDS<sup>3</sup>. In addition it was underlined that strong leadership at all levels was essential for an effective response to the epidemic and that prevention should remain the mainstay of the response, but that care, support and treatment were fundamental elements of an effective response. The Special Session furthermore stressed that preventive efforts should focus on reducing vulnerability and that children orphaned and affected by HIV/AIDS should receive special assistance.

While recognized in earlier documents such as the UNGASS Declaration, awareness of the particular factors making women more vulnerable to HIV infection has increased in the recent years. Contrary to the early days of the epidemic, when men vastly outnumbered women among people infected with HIV, women today account for 50 per cent of adults living with HIV globally. In Sub-Saharan Africa 60 per cent of the infected are women. Women's vulnerability to HIV is primarily due to inadequate knowledge

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2 Millennium Development Goal 6.

3 "Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session on HIV/AIDS, 25-27 June 2001."

about AIDS, insufficient access to sexual and reproductive health and educational services, inability to negotiate safer sex due to gender discrimination and imbalances of power, and a lack of female-controlled HIV prevention methods, such as the female condom and microbicides<sup>4</sup>. In addition women, and especially very young women, are biologically more at risk of infection than men. This vulnerability is increased in cases of rape and other sexual violence.

In addition, attention to the strong linkages between sexual and reproductive health<sup>5</sup> and HIV/AIDS is growing. The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Many of the root causes, driving the HIV/AIDS epidemic, such as gender inequality, poverty and social marginalization of the most vulnerable populations, are also the cause of sexual and reproductive ill health. Linking sexual and reproductive health and HIV/AIDS therefore offers an opportunity to achieve more cost-effective programmes with greater impact.

Another significant development is the increased attention given to improving the opportunities of providing treatment in resource-poor settings. The decrease in drug prices brought about by strong civil society, pressure as well as production of generically produced products in a number of developing countries, made treatment much cheaper and thus a more realistic option. In 2003 WHO and UNAIDS identified the target of providing life-prolonging treatment to three million people by the end of 2005, at least half of whom should be women and children<sup>6</sup>.

Finally, another important aspect has been the growing number of financial resources available to fight HIV/AIDS, which are increasingly being channelled to countries through new specific initiatives, programmes and mechanisms. All too often this results in the creation of parallel systems at country level.

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4 "The Global Fight against AIDS: A Comprehensive Strategy to Protect Women" by Carin Jämtin, Hilde F. Johnson, Paula Lehtomäki, Per Stig Moller, and Peter Piot The article was published in the International Herald Tribune, April 2004.

5 Reproductive Rights are defined in the ICPD Programme of Action paragraph 7.3 and are based upon rights recognised in international human rights treaties including The International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the UN Convention on the Rights of the Child and the International Convention on the Elimination of all Forms of Racial Discrimination. Also, the 2004 UN Commission on Human Rights explicitly recognised women's sexual rights as essential to combating violence and promoting gender equity.

6 "3-by-5" initiative launched on December 1<sup>st</sup> 2003 in Geneva by WHO in conjunction with UNAIDS and other partners and endorsed by the 2004 World Health Assembly.

# Main Goals for Denmark's International Assistance to the Fight against HIV/AIDS

As part of the support for reaching the internationally set targets for the efforts to combat HIV/AIDS, Danish assistance should contribute to:

- Strengthening national planning and implementation of HIV/AIDS programmes, including supporting efforts aimed at improving co-ordination and harmonisation of the response at country-level.
- Increasing focus on women and strengthening the linkages between gender equality, sexual and reproductive health and HIV/AIDS programmes.
- Increasing focus on the synergies between HIV prevention and treatment.
- Increasing focus on young people and on children orphaned or made vulnerable by HIV/AIDS.
- Strengthening the involvement of the civil society in the planning and implementation of the HIV/AIDS response.
- Fighting stigma and discrimination.

## **Tools for implementing Danish priorities**

Danida works to promote its priorities in many different ways.

At the multilateral level, Danida

- Promotes its aims and points of view in international fora and agreements, resolutions, etc.
- Seeks to influence international organisations at all levels, based on Organisation Strategies for the individual organisations
- Funds work carried out by international organisations

At the bilateral level, Danida

- Supports sector programmes and programmes covering cross-sector issues (e.g. governance, public sector reform)
- Funds more specific projects, i.a. HIV/AIDS projects
- Maintains a dialogue with partner governments on development policies

In some of these contexts, Denmark's possibility to influence the final outcomes is better than in others. Denmark, however, generally seeks to augment its influence and leverage, not least by participating in or building coalitions with like-minded donors on both the multilateral and the bilateral side. Co-funding important programmes and participating actively in government-donor fora at the national level are other effective means for being heard.

The actual implementation is in most cases carried out by different partners such as national governments, international organisations and agencies, NGOs at all levels, and private businesses.

# Increase Access to Prevention, Care and Treatment

## Prevention

Since the start of the epidemic in the early 1980s, the number of new infections has increased every year. The current coverage of HIV-prevention is extremely low with only a fraction of the people at risk of HIV infection having access to even the most basic prevention services such as condoms, treatment for sexually transmitted infections, services for prevention of mother to child HIV-transmission, information and education services for young people and voluntary testing and counselling services.

There is an urgent need to intensify preventive efforts and to ensure that a sufficient number of resources are allocated to prevention. Prevention programmes should build on evidence from interventions that have proven effective. This is particularly important in areas of behaviour change, which remains a challenge for many prevention programmes. Working with people living with HIV/AIDS and involving them more directly are examples of interventions that have worked well<sup>7</sup>.

Focusing on the risks and vulnerabilities of particular population groups is an important element in providing effective prevention. As already mentioned, women are especially vulnerable to infection and the need to increase access to sexual and reproductive health must be linked more closely to HIV/AIDS preventive efforts. Prevention must focus on young people. 15-24-year-olds account for half of all new HIV infections worldwide<sup>8</sup>. Young people must be targeted with gender specific information on how to avoid becoming infected through the education system, through community activities and by being directly involved in the planning and implementation of preventive activities.

In countries and regions where specific population groups such as injecting drug users and sex workers are the main drivers of transmission of HIV infection, effective, focused programmes such as harm reduction<sup>9</sup> are cost-effective ways of combating HIV/AIDS<sup>10</sup>.

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7 UNAIDS 2004 Report on the Global AIDS Epidemic p 17.

8 UNAIDS 2004 Report on the Global AIDS Epidemic, p 93.

9 Needle/syringe exchange, opiate substitution therapy and outreach to injecting drug users.

10 The Copenhagen Consensus: Supporting Concerted AIDS Action, Copenhagen, November 2004.

## Care and Treatment<sup>11</sup>

Compared to only a few years ago, life prolonging treatment is today both cheaper and more simple to provide, administer and maintain. A number of initiatives aimed at a rapid scale-up of ARV-treatment in developing countries have emerged<sup>12</sup>, providing earmarked funding for treatment interventions. Moreover, more countries are making treatment an integral part of their national HIV/AIDS agenda. In countries facing social and economic devastation, treatment is a way of protecting the stability and security of communities, countries and regions by keeping people alive, healthy and productive, as well as preventing increasing numbers of orphans. There is, furthermore, growing evidence that the synergy between care and treatment and prevention can increase the effectiveness of the overall HIV/AIDS response.

But it is equally recognized that treatment and care alone will not bring the epidemic under control. In other words, if we do not manage to prevent more people from becoming infected, the battle against HIV/AIDS will be lost<sup>13</sup>. Denmark will support the development of comprehensive global and national strategies that address HIV/AIDS in a balanced way, integrating prevention, care and treatment interventions.

Through the EU Denmark is supporting the full and swift implementation of the DOHA Declaration on TRIPs and Public Health. Via EU cooperation, Denmark is supporting local production capacity and technology transfer with the aim of promoting the production of essential drugs.

More and more governments set up national action plans for treatment and care. In so doing countries with limited resources are faced with a number of challenges. In countries where large sections of the population do not have access to basic health care, ARV treatment will primarily benefit the well off. Ensuring equitable access to HIV/AIDS services, and in particular ARV-treatment, therefore requires good basic health systems. Supporting the strengthening of basic health systems will remain a core part of Denmark's efforts in fighting HIV/AIDS. This applies both to the Danish bilateral support for health sector development and to advocacy at the international level with the aim of ensuring that more resources, including resources earmarked for care and treatment, are allocated to investments in general health systems. In addition we propose setting clear targets for treatment of women and children and building monitoring and evaluation systems that are gender and age specific.

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11 Care and treatment generally includes treatment of opportunistic infections associated with HIV as well as life prolonging ARV-treatment.

12 Such as the WHO/UNAIDS "3-by-5" Initiative and The Clinton Foundation Initiative.

13 UNAIDS/PCB (16)/04.3: Intensifying HIV Prevention – Foundations for a Strategy Framework, November 2004.

### **3-by-5**

Launched on World AIDS Day in 2003 by WHO and UNAIDS, the initiative aims at providing antiretroviral treatment to three million people living with AIDS in developing countries and those in transition by the end of 2005. To reach this target the initiative focuses on five critical areas:

- Simplified, standardized tools to deliver antiretroviral therapy.
- A new service to ensure an effective, reliable supply of medicines and diagnostics.
- Rapid identification, dissemination and application of new knowledge and successful strategies.
- Urgent, sustained support for countries.
- Global leadership, strong partnership and advocacy.

To reach the goal it is estimated that WHO, countries and partners need to train 100 000 health workers, develop health systems and build infrastructure and standards. The funding needed to reach the goal is estimated at USD 5.5 billion<sup>14</sup>. Denmark has provided financial support for the initiative since its start and has supported a stronger role for WHO as a provider of technical assistance with regard to antiretroviral treatment.

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<sup>14</sup> WHO: About the 3-by-5 Initiative, WHO Homepage: [www.who.int](http://www.who.int)

# Political Leadership

The importance of strong political leadership for an effective response to the HIV/AIDS epidemic is widely acknowledged and is essential to ensure the development and implementation of national HIV/AIDS strategies and plans, to reduce stigma and discrimination and to ensure the participation of civil society in the fight against HIV/AIDS. Denmark will remain an active partner in the dialogue at global level advocating adequate, well-targeted, long-term and sustainable financing of the global response to HIV/AIDS and the development of a well-balanced response that maximizes the synergy between prevention, treatment and care. At the national level Denmark will continue the dialogue with partners in developing countries aimed at promoting strong political awareness and leadership.

## Country Level

The HIV/aids epidemic differs between regions, countries and communities. HIV prevalence rates vary from less than one to over 30 per cent. The most affected countries in Sub-Saharan Africa, where the epidemic is firmly established in the general population, are also characterized by lack of resources and weak health systems. In other areas such as Eastern Europe, Asia and Latin America, overall prevalence is lower and concentrated in particular population groups such as injecting drug users, sex workers and men who have sex with men. In these countries the biggest obstacle to containing the epidemic is not so much lack of resources and systems capacity but rather stigma and lack of political will.

### **Number of people living with HIV in various regions – 2004 figures**

Sub-Saharan Africa	28.0 million
Asia	7.4 million
Latin America & Caribbean	2.0 million
Eastern Europe & Central Asia	1.3 million

Danish HIV/AIDS efforts at country level can in most cases be based on analyses of the HIV/AIDS situation already produced by other actors, including the national authorities. In cases where no up-to-date comprehensive analysis can be found, however, the

Danish diplomatic missions will initiate studies to that effect in order to be able to work on a sound basis of understanding.

The country level work will also be underpinned by regular discussions of the issue of HIV/AIDS and the national response as part of the agenda of the high-level negotiations between Danida and the partner governments. This will serve to maintain a dialogue at a higher, strategic level than that of the individual interventions. In the high-prevalence countries, one important topic will be how to attain an appropriate balance between prevention, care, and treatment in the national response.

### **Supporting National Leadership and Coordination**

The review of Danish support to HIV/AIDS undertaken in 2004 showed that the response to the fight against HIV/AIDS all too often takes place in national settings where institutions are weak. Several bodies within the national and sub-national administrations are responsible for aspects of the national response, often with an unclear perception of their tasks and of the delineation of their responsibilities and a multitude of national and local NGOs and CBOs are part of the response. The activities of the national actors are mostly paid for by external donors and delivered by a host of organisations – bilateral agencies, international organisations, public-private partnerships and other international initiatives, international NGOs, etc. – all with their own priorities, strategies, and preferences and operating through a large number of aid modalities. This must be seen in light of the fact that no comprehensive mapping of the actors and their activities and therefore no overview of the national HIV/AIDS response as a whole was in existence in any of the Danish programme countries in Africa.

The task of coordinating the national response and achieving a reasonable level of efficiency and effectiveness is therefore daunting in most countries. As a response to this situation, in 2003 UNAIDS launched the concept of the “Three Ones”.

#### **Supporting Improved Co-ordination at Country Level – The Three Ones**

Growing recognition of the threat that the HIV/AIDS epidemic is posing has led to an increase in the flow of resources to low- and middle-income countries to prevent new infections, treat those already infected and mitigate the impact of AIDS. The increase in resources has been followed by an increase in the number of actors at country level, often overwhelming national efforts to coordinate an inclusive and multi-sector response based on national priorities.

As a response to this situation, three principles to be respected by all stakeholders at country-level were identified and agreed to by a broad range of partners, including donors, national governments in recipient countries, and the civil society. The three principles are:

- One agreed AIDS action framework that provides the basis for coordinating the work of all partners.
- One national AIDS coordinating authority with a broad-based multi-sector mandate.
- One agreed country level monitoring and evaluation system.

Denmark has fully endorsed these principles, which are in line with the harmonization and alignment process driven by the OECD DAC.

It is essential that Denmark remains committed to supporting national leadership and ownership of the HIV/AIDS response and the “Three Ones” approach. This will be done by participating in funding the relevant national institutions (either directly or indirectly through financial support to key actors in this field, such as UNAIDS), by being an active partner in coordination fora and sharing all relevant information with national and external actors, and by seeking to influence fellow donors and others to promote the national leadership. It is also important to assist in improving consistency between national plans at various levels, not least between the PRSP and the HIV/AIDS plans and strategies, in order for the countries to have consistent and transparent goals and objectives.

### **Multi-Sector Approach to HIV/AIDS**

Most of Denmark’s bilateral aid is in the form of sector programme support. In all countries, the fight against HIV/AIDS is defined as an effort that cuts across sectors and institutions. It thus remains a central element of Denmark’s response to mainstream HIV/AIDS into the work programmes and budgets of each sector and institution supported by Denmark. In order to strengthen Denmark’s support, efforts will increasingly focus on the policy and strategic level; i.e. developing sector HIV/AIDS policies and plans of action, active participation in the national coordination, coordination and cooperation with other sectors, human resource development and personnel policies and teaching materials development. In addition support will be given to selected activities at field and other lower levels. In this context it is important to find the right balance between seeking to expand the sector’s response to HIV/AIDS and keeping the activities within the natural limits given by the sector’s general mandate and responsibility. Finally, much can be done by seeking to harmonise the views of the whole community of donors supporting each sector in order for the dialogue between the sector’s national stakeholders and their donors to be more effective.

### **Human Resource Crisis**

Human resources and institutional capacity are central to tackling the HIV/AIDS crisis. The lack of skilled health workers and managers is not a new phenomenon, but

has become increasingly worse due to increased out-migration of health personnel and disinvestments in the health sector. At the same time the HIV/AIDS epidemic has considerably increased the workload – it is estimated that as many as 80 per cent of the hospital beds in Ugandan hospitals are occupied by patients with an AIDS-related illness – new forms of treatment have placed increasing demands on health workers at the same time as health workers themselves become infected and are dying from AIDS. In addition, the new funding for ARV treatment tends to steer qualified staff away from the national health systems due to the better wages and conditions often associated with special treatment programmes. The combined effect of these factors is a severe human resource crisis in the national health systems.

### **Strengthening National Capacity and Health Systems**

The sector most heavily and deeply involved in the fight against HIV/AIDS is the health sector. Even here, though, there remains a need to mainstream HIV/AIDS into many of those activities that are not specifically concerned with HIV/AIDS, and into relevant management tools of the sector (such as tools for planning and budgeting). The single most essential challenge, however, is the strengthening of the capacity and the performance of the sector in general terms across sub-sectors, programmes and facilities. The success in meeting the challenge posed by HIV/AIDS will to a large extent depend on how well the health care system in its totality can be made to perform. HIV/AIDS comes on top of all the other health-related challenges, which already exceed the capacity and capabilities of the health system in most programme countries. Making effective use of the increased financial resources available for ARV-treatment presupposes huge advances in the capacity and productivity of the health systems – including both the public and the private sectors. Denmark has long and diverse experience within this field and will continue to focus its support to the health sector on improving the functioning of the health care systems in general, in addition to supporting various specific areas of concern. One such area is the drug and medical supplies supply and distribution systems, which is an aspect of the health sector that is particularly important for the capacity to handle HIV/AIDS, not least the scaling up of ARV treatment.

### **Supporting Specific HIV/AIDS Activities**

In addition to the mainstreaming effort in the priority sectors and cross-sector programmes, Denmark will continue to allocate a limited share of the bilateral assistance for specific HIV/AIDS projects and programmes. As is already the case, these activities will mostly be funded out of the decentralised appropriation facility managed by the Danish diplomatic missions. Depending on the project proposals received and the demands of the situation in each country, the missions will select the beneficiary projects with due regard to the priorities presented in this document. As generally in Danish development assistance, possibilities of joint support with other donors will be preferred to separate projects.

Denmark will:

- In all cases make sure that the contribution to the national HIV/AIDS response is based on comprehensive knowledge and understanding. Where needed, the Danish representations will themselves initiate studies of the national HIV/AIDS situation to that effect.
- Ensure that HIV/AIDS and the national response continue to form part of the agenda of the high-level meetings between the Danish and the partner country authorities.
- Actively support national authorities in their effort to coordinate and lead the national HIV/AIDS response in accordance with the Three Ones-approach of UNAIDS.
- Mainstream HIV/AIDS into the work plans and budgets of partner institutions as the key Danish priority within the support to sector and cross-sector programmes - constituting the bulk of Danish bilateral aid.
- Gradually increase the weight given to the levels of sector policy and strategy relative to localised field-level activities within the assistance to mainstreaming HIV/AIDS.
- Continue to focus its health sector support on general systems development and capacity building of the national health care systems in order for these to be better able to tackle the challenge posed by HIV/AIDS in all its dimensions.
- Make sure to include the private sector as appropriate in each national setting.
- Continue to make available limited funds for HIV/AIDS-specific projects run by either governments or NGOs.

### **Country example: Tanzania**

The Danish support to fighting HIV and AIDS in Tanzania is carried out in close collaboration with the Tanzanian Government and other donors and is based on the national strategies: The National HIV/AIDS Multi Sectoral Framework 2003-2007, The Health Sector HIV/AIDS Strategy 2003-2006 and the National Care and Treatment Plan 2003-2006. Denmark is seeking to play important roles in three areas:

#### **1. Policy dialogue and national coordination:**

- Denmark participates actively in the process of formulation and monitoring of the Poverty Reduction Strategy Papers, in which HIV/AIDS is made a priority area to be tackled through a multi sector approach in a partnership between the public sector, NGOs, CBOs and donors.
- Denmark is also an active participant in the Development Partner Group on HIV/AIDS, which is a coordinating forum of bilateral and multilateral donors on HIV/AIDS, and in the partnership meetings with Tanzania AIDS Commission (TACAIDS), the overall national coordinating body.
- Denmark was also the first to financially support the establishment of TACAIDS, i.a. for capacity development.

- HIV/AIDS is made a subject for discussion at high level bilateral discussions between Denmark and Tanzania.
- Denmark has emphasised the importance of changing the district planning and budget guidelines to better reflect HIV/AIDS priorities.

## 2. Danish Sector Programme Support

Apart from supporting Tanzania at the macro-economic level and through providing funding for the public sector reform complex, Denmark is supporting Tanzania in four sectors. In addition, the Private Sector Programme is active in the country. Through the **Health Sector Programme Support**, Denmark plays a major role in supporting the Ministry of Health in terms of planning and providing health services, human resources, infrastructure etc. Specific support is given to the Medical Stores Department to solve the logistical problems associated with large-scale supply of drugs and supplies, including ARVs and STI and HIV commodities. Also, Denmark is providing new support for rational drug use as well as support for an innovative drug supply and use system in the NGO sector. The worst HIV-affected region, Kagera, is targeted with special support, i.e. to carry out an inventory of HIV-related activities, a study on blood donors and HIV prevalence, and an economic impact study of HIV/AIDS. In Kagera, there is also Danish support to Youth Friendly Reproductive Health Centres.

As part of the **Road Sector Programme Support**, Denmark supports HIV/AIDS awareness training activities for road sector staff, district council staff, local contractors, construction workers and their families. In addition, HIV/AIDS awareness “Road Shows” are conducted for communities living along the road corridors and efforts are made to mainstream the issue of HIV into the policy and strategic work in the road sector.

Through the **Business Sector Programme support** is given to companies and chambers of commerce to train and raise awareness on HIV/AIDS, prevent stigmatisation and build capacity for HIV/AIDS interventions. Support is given to selected companies to develop and implement HIV/AIDS workplace policies, IVCT and antiretroviral health management programmes. Support to trade unions is i.a. provided for the development of training materials, workplace policies and training of HIV peer-educators. Finally, support is given for revising Labour Laws i.a. to make them include the HIV/AIDS issue.

In the **Agricultural Sector Programme Support**, HIV is made an integrated part of every business plan under the private sector component, and investors are assisted with contacts to relevant NGOs for training, etc.

HIV/AIDS has also been mainstreamed into all training activity at district, ward, and village level, and support has been provided for HIV sensitisation in a large number of secondary schools. Equally important, HIV/AIDS has been included in courses for agricultural extension workers.

Finally, in the **Private Sector Programme**, HIV/AIDS has been mainstreamed into training programmes, where relevant.

### **3. Strengthening civil society response**

Within this field, Denmark has supported a variety of initiatives:

An HIV/AIDS film project to combat stigma, a National Youth Prevention Campaign (ISHI), a national youth information campaign, a local HIV project in the Temeke District of Dar es Salaam, a Street Children support project in Dar Es Salaam, and an NGO for HIV+ people (SHEDEPHA). Denmark has also supported a project, MAASAI AIDS, targeting the Masai population. In addition, Denmark has co-funded together with other donors a “Rapid Funding Envelope” for HIV/AIDS interventions by national NGOs in order to speed up the response through small-scale projects.

*For more detailed information see [www.amg.um.dk](http://www.amg.um.dk)*

# Thematic Priorities

In Denmark's support to the fight against HIV/AIDS, a number of specific thematic areas of intervention will be given high priority. The support within these thematic priority areas will be pursued through the bilateral assistance as well as through the support given to international organisations. Whereas the bilateral assistance is focused on the Danish programme countries, the multilateral assistance provides an opportunity to support the fight against HIV/AIDS on a more global scale, including in countries in Asia and Eastern Europe, where epidemics are rising fast, and countries emerging from conflict, where the UN-system often is the only development partner present. Among the important global partners supported by Denmark are GFATM, EC and the World Bank, who together provide a substantial amount of the world's financing for HIV/AIDS programmes as well as international agencies such as WHO and UNAIDS, who play an important role as providers of technical assistance and advice.

## **Addressing Women's and Girls Vulnerability to HIV/AIDS**

76 per cent of young people aged 15 –24 living with HIV are female. Women are more physically susceptible to HIV infection than men, and young women are about three times more vulnerable to HIV infection than their male counterparts.

In addition, gender discrimination increases vulnerability to HIV/AIDS among girls and women. Social restrictions, lack of financial security, lack of access to education and employment, lack of decision-making power in the household and lack of inheritance and property rights for women all limit women's opportunities and abilities to protect themselves against HIV/AIDS.

In many parts of the world, marriage and monogamous relationships do not protect women from HIV. Women do not have the right to question their partner's behaviour or to ask their husband to use a condom even when he has several sex-partners. Violence against women and girls is another factor leading to increasing numbers of women being infected. Fear of violence makes it difficult for women to negotiate condom use and in areas of armed conflict where sexual violence is widespread the risk of HIV infection also increases dramatically. Violence against women exists across the world and includes a wide range of violations of women's rights, including forced pros-

titution and trafficking, child marriage, rape, wife battering, sexual abuse of children and harmful traditional practices, such as female genital mutilation.

Lack of financial security can also drive women to exchange sexual services for food, money, shelter etc. – often, young girls have relations with much older men, who are more sexually experienced. This “sugar daddy syndrome” or cross-generational sex, also contribute to the high rise in HIV amongst young women.

The growing burden of AIDS care falls on women and girls. When the husband becomes ill, it is usually the wife who provides the care and takes on additional duties and tasks in order to support the household. When women fall sick, it is often the older or younger women of the household (grandmothers or daughters) who take on the role of carers and who look after AIDS affected children and orphans. Likewise, where children are taken out of school due to financial constraints, it is usually the girls who are taken out first.

Access to care and ARV treatment, is also marred by gender barriers where so far, it has been easier for men to access the necessary information and financial means to obtain the various forms for care or ARV programmes when they become available. Decision making and priority setting of household resources are often performed by husbands or elders, where the needs of women and girls come last.

Challenging gender inequality and negative gender roles is critical in combating AIDS<sup>15</sup>. In the 2001 UN Declaration of Commitment on HIV/AIDS, Denmark, together with other governments, has pledged to create multi-sector strategies to reduce the vulnerability of girls and women. This is also reflected in the Danish Strategy for Gender Equality.

In the years to come, Denmark will continue to focus on reducing fundamental gender inequalities that contribute to the spread of HIV in all its programmes. In particular, more efforts will be made in areas of support to:

- Promotion of programmes that give women more choice and control over their reproductive lives.
- Focused, gender specific interventions to prevent the spread of HIV/AIDS amongst poor women and girls, young people and marginalized populations.
- Continued dialogue with international organisations, especially those with a strong mandate with regard to HIV/AIDS, on the importance of focusing on gender aspects

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<sup>15</sup> There is a general tendency to rely on gender stereotypes and to reduce gender to women's issues. As a result the role of men has often been neglected and interventions have been made less effective. Hence the need for intervention strategies to challenge gender stereotypes and to include relevant gender analysis in their specific context.

of the epidemic and the need to identify specific interventions addressing these aspects.

- The Global Coalition on Women and AIDS.
- Support programmes aimed at preventing mother-to-child transmission.
- Advocate with WHO, GFATM, UNAIDS and other international donors involved in providing treatment, that within the goals set for treatment, targets to ensure that treatment reaches women, children and marginalized groups are introduced and implemented.

### **Global Coalition on Women and AIDS**

The Global Coalition on Women and AIDS is a partnership bringing together civil society groups, networks of women living with HIV and AIDS, governments and UN agencies with the aim of lessening the devastating impact of AIDS on women and girls worldwide. Launched in early 2004, the coalition works at global and national levels to highlight the effects of AIDS on women and girls and to stimulate concrete and effective action to prevent the spread of HIV. Efforts are focused on preventing new HIV infections, promoting equal access to care and treatment, ensuring universal access to education, addressing legal inequities and reducing violence against women.

### **Linking HIV/AIDS and Sexual and Reproductive Health and Rights**

As the majority of HIV infections worldwide are a result of heterosexual intercourse, or associated with pregnancy, childbirth and breastfeeding, it is essential that HIV prevention is integrated into reproductive health services and visa versa. Both areas are strongly linked and share many of the same root causes and challenges regarding the broader issues of public health, development and human rights. Whereas HIV/AIDS programmes and services can gain from lessons learned from family planning promotion and behaviour change, it is important to integrate HIV prevention into those services that women use already, and where staff are already trained in those areas. Likewise, HIV/AIDS services offer an important opportunity for increasing access to sexual and reproductive health services, also for those men and women who are infected with HIV. Reducing the stigma and discrimination associated with HIV and targeted interventions for vulnerable groups can also improve marginalized groups' access to reproductive health services, and better access to family planning services enables increased condom use for HIV prevention and reduction of mother to child transmission<sup>16</sup>.

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<sup>16</sup> Although not specifically mentioned in the Millenium Development Goals (MDGs), the goals of the International Conference on Population and Development (ICPD) in areas of sexual and reproductive health and rights (SRHR) provide the foundation for achieving many of the MDGs.

However, until recently, policies, programmes and initiatives addressing either sexual and reproductive health or HIV/AIDS have often been competitive and have failed to link the two areas. As a result they have missed the opportunities for becoming more relevant, with greater cost effectiveness and impact. It is becoming increasingly clear that the HIV/AIDS communities and the reproductive health communities need to work closely together on both policy making and service delivery if the development goals of reducing the spread of HIV/AIDS and ensuring universal access to sexual and reproductive health services are to be achieved. (MDGs and ICPD+10)<sup>17</sup>.

Denmark will:

- Support national and international partners, such as UNFPA and IPPF, with the aim of strengthening the integration of HIV prevention efforts with reproductive health services and visa versa (including HIV counselling and testing, STI management, family planning and prevention of mother to child transmission programmes) in order to ensure that the services are complementary and not competitive.
- Actively support the full recognition of the importance of linking HIV/AIDS and sexual and reproductive health and rights at the global level, including at relevant international summits and conferences.
- Ensure that the linkages between HIV/AIDS and sexual and reproductive health are addressed within national development plans and budgets, including health sector reforms, poverty reduction strategy papers (PRSPs) sector wide approaches, UN instruments, country assessments and the development assistance framework.
- Promote female condoms and research and development of female controlled prevention such as microbicides.
- Promote strategies and programmes that ensure that HIV/AIDS and sexual and reproductive health programmes contribute to the overall strengthening and sustainability of health systems.
- Support commodities programmes that can ensure adequate supply of condoms.
- Support programmes aimed at combating violence against women and girls i.a. through promoting women's rights, through information activities, through assistance for victims of sexual violence such as PEP-treatment (Post Exposure Prophylaxis) and through programmes working with men and boys focusing on behaviour change.

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<sup>17</sup> The number of women of reproductive age (15-49) is expected to grow by 22 per cent in developing countries between 2000 and 2015. Therefore, the need for contraceptives and reproductive health services which include HIV/AIDS prevention and care is expected to escalate in the next decade.

### **Violence against Women and HIV/AIDS in South Africa**

South Africa has one of the fastest growing HIV/AIDS epidemics in the world. More than 20 per cent of the adult population are infected with HIV. Two out of three new infections occur among women aged 15 to 24. Violence against women is a major factor contributing to the spread of HIV. Since 2001 Denmark has supported a UNICEF-programme in South Africa aimed at reducing HIV infection as a consequence of violence against women. The programme works with increasing awareness and creating capacity to respond to the needs of adult and adolescent females who are victims of domestic and sexual violence. Among the activities carried out under the programme are training for service providers within statutory, non-governmental and community based organisations to understand and define appropriate service responses and develop capacity for referral.

### **Meeting the Needs of Adolescents and Young People**

AIDS is a young people's disease, with half of all new infections worldwide occurring in the 15-24 year age group. Young people are exposed to HIV in different ways. In Sub-Saharan Africa the main mode of transmission is through sex, and a total of 6.2 million young people are presently infected, of whom 75 per cent are female. In Eastern Europe and Central Asia, the most common transmission mode is through contaminated drug injecting equipment and sex. In societies where children's and young people's rights are overlooked and their sexual and reproductive needs denied, the vulnerability to HIV increases. Access to knowledge, information, condoms and reproductive health services are needed if the growing HIV epidemic amongst young people is to stop.

The majority of the world's young people have had sex before the age of 20 and are at high risk of HIV, other sexually transmitted diseases and unwanted pregnancies. Every year about 15 million adolescent women have a baby, while about 5 million have an abortion, often illegally. Pregnancy-related complications are a leading cause of death among 15-19 year olds. Most young women who begin childbearing in adolescence are married. They often face huge barriers to education, information and health care, including family planning, as they are expected to begin childbearing soon after marriage. Unmarried pregnant adolescents also face barriers to education, often because of discrimination from teachers and peers as well as reduced family and community support.

While there are many examples of effective small-scale youth projects that increase adolescents' access to youth-friendly services and AIDS information and thereby adoption of safe sexual practices, the challenge lies in scaling them up. Often it has been NGOs that have shown the way in piloting creative ways to make services more accessible and acceptable for young people. Governments are beginning to follow suit, but training of

teachers or health workers to encourage tolerance and understanding, policies to guarantee confidentiality of young clients, and other youth-friendly changes are still a challenge and need to be incorporated into the basic structure of health services.

Education plays a vital role in HIV prevention for young people. Life skills education and peer group education have in many cases resulted in behaviour change such as delayed sexual debut or increased condom use. In the education sector, mobilizing the system to become a vehicle for a comprehensive prevention and life skills programmes for school age youth will also have to be intensified and strengthened, just as teachers need to be trained and curricula adapted to the realities of AIDS. Increasingly, both teachers and pupils are being lost due to AIDS and the education sector is being undermined. It is therefore of great importance to address the long-term effects of AIDS on the education sector.

Likewise, it is important to reach those who influence young people, such as parents, extended families and political and community leaders, including religious leaders, teachers and celebrities. The media also has an important role to play as many young people take a great interest in, for example, radio or TV programmes or other entertainment containing educational messages. Experience shows that when young people are given appropriate support and tools, they can become powerful agents for change among their peers and in their communities. For example, young people have successfully formed Anti AIDS School Clubs, youth clubs, music or drama projects or other peer-led prevention programmes and projects.

### **Supporting Young People in Mozambique**

In Mozambique Denmark is providing support for “Geracao Biz”, a youth-friendly programme promoting sexual and reproductive health and rights. The programme was developed jointly by the Ministry of Health, the Ministry of Education and the Ministry of Youth and Sports of Mozambique and is being implemented by UNFPA and the NGO “Pathfinder International”. The programme targets young people between 10 and 24 years of age. Today the programme covers half of the schools and health institutions of Mozambique and also includes activities for out of school youth who are involved through youth centres, drama groups and information work. Through peer education, where young people are trained in counselling others about HIV/AIDS, sexual and reproductive health and rights and gender awareness a large number of young people are given access to information and services. The programme has shown great potential for changing the sexual behaviour of young people and is in the process of being up-scaled to the entire country.

Denmark will:

- Support national and international partners, such as UNFPA and IPPE, in scaling up integrated youth friendly reproductive health and HIV prevention programmes where young people are at the centre of design and implementation.
- Support innovative, participatory HIV/AIDS prevention programmes for children and young people – young men as well as young women – addressing health and education.
- Support national policies and interventions that promote and protect the rights and needs of young people, including access to services and condoms.
- Support the education sector in addressing and mitigating the impact of HIV/AIDS on teachers and pupils.
- Support capacity building in the education sector i.a. through training of teachers and curricula development.
- Support information and prevention programmes tailored for out of school youth.
- Promote strategies and programmes aimed at enabling young people (girls in particular) to complete secondary school.

### **Mitigating the Effect of HIV on Children and Orphan**

Across the world, but particularly in Sub-Saharan Africa, HIV and AIDS is destroying families and communities, the primary safety net for children. More than 15 million children have lost one or both parents to AIDS and millions live with sick or dying family members. More than 2 million children are now living with HIV. Children affected by HIV/AIDS are among the most vulnerable and in need of protection from sexual exploitation, trafficking and child labour.

It is estimated that by 2010 the number of orphans will have risen to 20 million due to AIDS, and caring for a rising number of orphans in Africa puts a heavy burden on children, households and communities. Few national governments have the capacity, adequate legislation or national policies to meet these needs, and at present most households caring for orphans and vulnerable children, including child-headed households, do not get any support. In many cases, orphans are cared for by grandmothers who themselves are needy and unable to generate resources to support the children.

Governments need assistance to develop long-term plans, strategies and structures for the protection, care and support of orphans and other children affected by HIV/AIDS. Critical areas include provision of health care, including paediatric and children's ARV treatment, access to education, social protection and food and nutrition. In addition initiatives are needed to keep the mothers and parents alive and prevent the transmission of HIV from mothers to children. Finally, the capacity of communities to support the growing numbers of orphans must be strengthened.

Denmark will:

- Support the establishment of national action plans and coordination mechanisms for responding to the orphan crisis, addressing both the needs of orphans and treatment of parents<sup>18</sup>.
- Support the promotion of HIV prevention initiatives in primary and secondary schools.
- Support interventions aimed at ensuring that orphans and other vulnerable children remain in the education system.
- Support community mobilization and capacity building to mitigate the effects of HIV and AIDS on orphans and vulnerable children.
- Promote the development and implementation of national policy and legislation for the protection of children and their rights.
- Continue the dialogue with key international agencies such as UNICEF on the organisations' contribution to the development of strategies and follow-up actions for the protection and support of orphans and other vulnerable children.

### **Combating Stigma and Discrimination**

Promoting human rights is fundamental in the global fight against AIDS. Stigma, discrimination and lack of respect for human rights continue to increase vulnerability to HIV infection.

Special efforts must be made to reach marginalized groups such as refugees and internally displaced persons, prisoners, men who have sex with men, sex workers and injecting drug users. Harm reduction among injecting drug users presents a particular challenge. Its importance is not sufficiently recognised and there are numerous legal and political barriers to effective harm reduction. Injecting drug use is increasing in many countries and contributes to an increasingly large share of new infections, especially in countries with emerging epidemics in Eastern Europe, Central Asia and parts of Asia.

In the past, many people living with HIV/AIDS have suffered discrimination in both the workplace and the community due to misinformation, ignorance and fear of HIV. Experience shows that with the right support workplace policies and work-based initiatives reduce stigma and vulnerability. Such programmes have also been successful in reaching men who would not otherwise come into contact with prevention programmes. Especially work-based peer education programmes addressing men's risk-taking and advocating for behaviour change have proved to be effective. Greater awareness and openness is needed in order to help prevent further spread of the virus and to secure support for those already infected.

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<sup>18</sup> One example being the MTCT+ programmes which seek to strengthen family capacity through provision of antiretroviral treatment and care for HIV-positive mothers, their partners and children.

Denmark will:

- Support programmes addressing the special needs of vulnerable and marginalized groups, including injecting drug users, sex workers and men having sex with men.
- Support the promotion and protection of human rights as an essential component in preventing transmission of HIV and reducing vulnerability to infection and the impact of HIV/AIDS.
- Support media and information campaigns aimed at reducing stigma and discrimination.
- Support the involvement of people living with HIV/AIDS in the planning and implementation of HIV/AIDS activities.

### **Supporting HIV/AIDS Actions in Conflict Situations**

HIV/AIDS is both a long-term crisis in its own right and a contributory factor in acute emergencies. HIV/AIDS is one of many factors contributing to food insecurity. It is important to understand how the impact of HIV/AIDS relates to other factors, such as drought and conflict, to create acute humanitarian crises.

Tackling the wider implications of the HIV/AIDS epidemic on the security situation in the highly affected countries, among refugees and internally displaced people and among uniformed services and peacekeepers is an important element in the fight against HIV/AIDS. Conflicts and other emergency situations create conditions such as increased vulnerability of women and girls, collapse of health systems, break down of traditional sexual norms etc. that increase the risk of contracting HIV-infection and may lead to the further spread of the infection.

Until recently, agencies involved in conflict situations paid little attention to HIV prevention and care in emergency situations. However evidence from concrete situations helped bring about a realization that both non-displaced and displaced persons affected by conflict needed HIV/AIDS interventions. UNHCR recognizes that HIV prevention is central to the overall protection of refugees and is currently finalizing its 2005-2007 Strategic Plan for Refugees and HIV/AIDS. During the past years, UNHCR's HIV/AIDS programmes in numerous countries have been improved and become more comprehensive. In 2003 UN Agencies and NGOs constituted an Inter Agency Standing Committee Reference Group on HIV in emergency settings to coordinate actions and both UNHCR, and WFP have recently joined the family of UNAIDS co-sponsors.

Through contributions to humanitarian interventions, Denmark has supported the development of policies and strategies on HIV/AIDS in conflict and other emergency situations in international humanitarian organisations such as UNHCR and WFP. Support has also been provided for humanitarian programmes including HIV/AIDS awareness raising components aimed at refugees and internally displaced people through Danish NGOs.

### **Prevention among Uniformed Services and Peacekeepers**

More than 25 million people serve in armed forces around the world most of them young men and women in their 20s and 30s. Soldiers and peacekeepers are posted away from their families and communities for long periods of time, which places them at a high risk of HIV infection. Estimates suggest that infection rates among uniformed services personnel could be more than double that of the general population. In some countries armed forces report infection rates of 50-60 per cent.

As a follow-up to the Declaration of Commitment on HIV/AIDS and UN Security Council Resolution 1308, the UNAIDS secretariat established the UNAIDS Office on AIDS, Security and Humanitarian Response in July 2000. The office focuses on the following main areas:

- International security, including international peacekeepers;
- National security, including national uniformed services such as armed forces and civil defence forces;
- Humanitarian response focusing on vulnerable populations affected by conflict and humanitarian workers.

Denmark will:

- Continue to support the UNAIDS initiative on AIDS, Security and Humanitarian Response along with other efforts aimed at supporting increased HIV awareness and prevention among uniformed services and humanitarian personnel.
- Continue to support UNHCR's HIV/AIDS programmes.
- Continue to support efforts of Danish NGO's and international organisations to mainstream and implement specific interventions relating to HIV/AIDS issues in humanitarian situations.
- Support the development of new, innovative ways of tackling issues relating to the HIV/AIDS epidemic in humanitarian situations
- Advocate the integration of refugees into HIV/AIDS policies at national and international levels.

### **Strengthen the Role of the Civil Society**

Since the start of the epidemic, civil society and in particular people with HIV and AIDS have been very successful in raising awareness of the disease and its impact. In countries with strong civil society organisations and groups of AIDS activists, their advocacy campaigns and pressure on public authorities and governments have often led to faster and more effective action and response to the fight against AIDS.

On the other hand, church groups and religious leaders often frustrate the civil society response to the epidemic by stigmatising people living with HIV and by opposing the use of condoms. An interesting possibility could be to work with and use Danish religious organisations as change agents in relation to the African churches.

Denmark continues to support civil society responses to the epidemic. In 2005, additional funding has been made available for innovative NGO interventions and programmes to combat HIV and AIDS, available to Danish NGOs working with HIV/AIDS in developing countries.

### **HIV/AIDS NGO Allocation**

In an effort to strengthen the Danish contribution to the fight against HIV/AIDS the Danish parliament decided in the spring of 2004 to allocate DKK 100 million over 4 years (2005-2008) to innovative pilot-type initiatives through Danish NGOs.

The aim of this HIV/AIDS NGO pool is to support projects promoting the development of new and innovative ways of fighting the HIV/AIDS epidemic, and thereby improving living conditions for the poor and marginalized populations in the developing countries. Areas of focus will be based on the priorities of the Danish HIV/AIDS plan of action, taking into consideration the particular strengths and competencies of the Danish NGOs, including their close partnerships with civil society organisations in the South. Major selection criteria will include the innovative nature of the proposed interventions as well as whether projects are likely to contribute to building up knowledge and development of methodology.

Denmark will:

- Support the scaling up and greater coordination of civil society initiatives to address HIV prevention, treatment and impact mitigation and in particular support the involvement of organisations representing people with HIV and AIDS<sup>19</sup>, marginalized populations, youth and women's groups in policy, planning and implementation.
- Continue to support community mobilization and capacity building to mitigate the effects of HIV/AIDS on communities.
- Support the involvement of the civil society through support for NGOs working with involving civil society organisations from developing countries.

### **Private and Business Sector Involvement**

It is estimated that by the end of 2005 the global labour force will have lost 28 million workers due to AIDS since the start of the epidemic. In the absence of increased access

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<sup>19</sup> In line with the principles in GIPA — Greater Involvement of People with AIDS.

to treatment, the numbers of workers lost due to AIDS will have increased to 48 million by 2010, making AIDS one of the biggest causes of mortality in the world of work. Analysis of 50 countries suggests that HIV/AIDS is expected to have a severe impact on the rate of growth in gross domestic product (GDP) and of GDP per capita by destroying the “human capital” built up over years and weakening the capacity of workers and employers to produce goods and services for economies.

### **Impact of HIV/AIDS on Life Expectancy**

Life expectancy at birth has dropped below 40 years in nine African countries: Botswana, the Central African Republic, Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. All are severely affected by AIDS. (In Zimbabwe, life expectancy at birth was 34 years in 2003, compared with 52 years in 1990). Some countries in East Africa such as Kenya, Ethiopia and Uganda show signs of decline in HIV infection levels. The biggest drop has been in Uganda, where the national level has fallen from more than 15 per cent in the early 1990s to 4.6 per cent in 2004. It is still too early to say if this trend will continue, but even if it does, the need for prevention, care and treatment will continue to increase in the years to come.

The private sector, including trade unions, employers’ organisations and business associations, has a vital role to play in awareness raising and HIV prevention. The sector is in a unique position to address stigma and discrimination as well as trying to minimise HIV infection among the workforce and the wider community and economy. Also the private sector has been successful in reaching men, for example through work-based peer group education or information and condom distribution through trade unions programmes. Recently, many of the multinational corporations and large employers have developed workplace policies that also include treatment of HIV-related infections and ARV. However, many of the poorest populations work in the informal sector, where the response to AIDS has been less visible, and where the need for capacity building and awareness raising remains great.

Through the Danish Private-Sector-Development-Programme, companies receiving funds from the programme can be supported in providing AIDS information for their workforce.

Denmark will:

- Promote private sector work place initiatives, inter alia through the Danish business cooperation programme, as well as programmes addressing HIV/AIDS in the informal sector.
- Support interventions seeking to address human capital issues and efforts to sustain national educational and employment capacity, including the legal framework.

- Support trade unions and employers' organisations in developing HIV/AIDS information campaigns and work-based prevention programmes.
- Encourage private companies and other employers receiving Danish support to include and address HIV/AIDS information and prevention in their work.
- Support the monitoring and evaluation of work based HIV/AIDS initiatives in order to share best practices and lessons learned.

### **Combating HIV/AIDS through the Programme for Public Private Partnership**

As part of the national follow-up to the UN conferences in Monterrey and Johannesburg, the Danish Programme for Public Private Partnerships was established to promote corporate social responsibility among Danish companies engaged in the developing countries and to mobilise additional financial resources for development by the private sector. Under the programme, in 2004 Denmark financed a joint project by the Confederation of Danish Industries and an alliance of NGOs to enable Danish companies to address HIV/AIDS workplace problems in developing countries, in particular Danish programme countries. Denmark also supported a joint initiative by the Danish company Inmobia in cooperation with the Kenyan network provider Celtel and the National Aids Council of Kenya to equip mobile telephones in Kenya with information services on the prevention of HIV/AIDS. The demand for this type of support is steadily increasing and will provide a good basis for collecting experience from small and medium size companies.

### **Supporting Research and Development**

In order to target prevention, solid knowledge about socio-cultural contexts and norms, sexual behaviour, especially among young people, and gender issues is a prerequisite. Danida (The Research Council for Development Research) has supported research covering these issues.

Prevention measures can slow down the pace of the HIV/AIDS epidemic, but the best hope of ever halting the epidemic lies in the development of an effective and affordable vaccine. Currently only 1 per cent of all funds spent on health product development go towards the development of a HIV-vaccine. In spite of this, important progress has been made in the search for a vaccine. More than 30 different vaccine candidates are currently being tested in small-scale human trials. For a number of years Denmark has supported the International AIDS Vaccine Initiative, IAVI, which is the world's largest organisation, focused solely on the development of a HIV-vaccine.

Investing in the development of new products that can prevent the spread of HIV infection, such as microbicides, represents another promising endeavour. Microbicides can provide women and girls with prevention that they are able to control themselves.

Denmark will:

- Continue to support the development of an effective and affordable vaccine through support to IAVI and through advocating in international fora for increased investments in vaccine development.
- Continue to support development of a safe and effective microbicide through the International Partnership for Microbicides.
- Support vaccine and microbicide development, including clinical trials, being conducted in line with internationally agreed ethical rules.
- Support research regarding how specific sectors are affected by the HIV/AIDS epidemic, which can form the basis for collecting experience and evidence-informed methods to combat the spread of HIV/AIDS.

# Achieving Results

## **Strengthen competencies**

In order to strengthen staff competencies in areas of HIV and AIDS, an e-learning course will be offered to staff during the first half of 2005. The course is part of a joint Nordic effort and it is to be offered to employees from Nordic embassies around the world. In addition, HIV/AIDS components will be mainstreamed into relevant internal courses, such as pre-departure courses and crisis management.

*For more information see: [www.um.dk](http://www.um.dk)*

Denmark is promoting HIV prevention amongst its employees and protecting and supporting those already infected.

The Ministry of Foreign Affairs has introduced a HIV policy in terms of which employees and their immediate family members are offered information and medical services, including control and treatment for HIV/AIDS. The policy is committed to non-discrimination in relation to HIV positive staff and seeks to raise the awareness of HIV/AIDS for all employees so that they are better able to protect themselves and their families from HIV/AIDS.

Denmark will:

- Continue to promote HIV/AIDS workplace policies for prevention and care and campaigns for non-discrimination against HIV positive staff in government and private sector settings so that employees are better able to protect themselves and their families from HIV/AIDS.
- Strengthen the capacity of staff to handle the HIV/AIDS impact.

## **Monitoring progress**

The follow-up to the recommendations put forward in the strategy will be monitored regularly. Reporting on progress from the various entities responsible for the implementation of the various elements in the strategy will, to the largest possible extent, be included in the existing system for reporting. Based on this reporting, Danida's annual report will present the progress in the implementation of the strategy. This report will among other things build upon:

- Yearly reports from the Danish embassies regarding the follow-up in bilateral assistance.
- Yearly assessments of the sector programme support reviewed as part of the annual sector programme review.
- Yearly reports regarding the follow-up through multilateral agencies based on the individual organisation strategies for each of the agencies receiving Danish support.
- Position papers and instructions for international meetings and conferences and reports on these.
- In addition, ad hoc evaluations of HIV/AIDS support will be carried out as deemed necessary.

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