

Turning Policy into Practice: Sida's implementation of the Swedish HIV/AIDS strategy

Concept Paper

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1. Introduction

1.1 Background

In the spring of 2004, Sida initiated an evaluation of its strategy to combat HIV/AIDS. The first phase of the work consisted of a desk review of documents from twelve countries.¹ Field studies have taken place in December and will continue in January. The purpose of the evaluation is to assess the strategy, in particular to seek an understanding of how the policy process works in the organisation and how a cross-cutting theme such as HIV/AIDS is integrated in the work of different sectors.

The strategy itself is quite recent. In 1999, Sida in co-operation with the Swedish Ministry for Foreign Affairs developed the policy document “Investing for Future Generations, Sweden’s International Response to HIV/AIDS”. Its overall objectives are to contribute to a reduction of the further spread of HIV and to mitigate the effects of the epidemic. The strategy applies a multi-sectoral approach to the HIV/AIDS epidemic, seeing this as a development issue and not only a problem for the health sector. It is also stated that Sweden intends to have a broad commitment towards the epidemic, by utilizing different channels of co-operation.

Based on an analysis of the causes and effects of the epidemic, IFFG presents a strategic framework containing the following four strategic goals: HIV prevention; political commitment; care and support; and coping strategies. In describing the necessary actions to be taken within each of these areas, the strategy also identifies the specific areas of Swedish support. Finally the strategy contains a framework for implementation, describing the support which shall be provided at the global, regional, country and community level.

1.2 Purpose

In the overall work plan for the evaluation, it is stated that during the first phase a concept paper will be produced, which is to elaborate on the subject of policy analysis and evaluation. The evaluation of policy is a rather unusual phenomenon in Sida, even if this is not the first policy evaluation in Swedish development co-operation. Policy evaluation is a complex undertaking, as it concerns the long-range effects of visions and ideas, and how these visions are implemented in an organization. This concept paper is written to make that complex evaluation task a bit easier and to clarify how the evaluation team intends to proceed. More specifically, the paper aims to:

- Present the state of the art in policy evaluation.
- Present an overview of policy implementation theories.
- Describe how other donors work with HIV/AIDS.
- Draw lessons from Sida’s previous evaluation of its gender mainstreaming strategy.

The concept paper as such will thus introduce and review, and draw conclusions from, policy theories, as well as from experiences that are relevant to the HIV/AIDS strategy evaluation. In the text below, we devote one chapter to each subject, and present overall conclusions in a summary.

¹ Skjelmerud, Anne et al, ‘Evaluating “Investing for Future Generations” Report Part 1: Sida’s approach to HIV/AIDS since 1999. A review of country strategic documents and organizational arrangements’ October 2004.

1.3 Method

This is a desk study, and that it is also the most obvious choice of method for presenting an overview of theory. We draw on a recent literature search at the Stockholm School of Economics on the subject of “policy evaluation”, which yielded around 150 hits over the past five years. These came mainly from the scientific journals of “Evaluation”, “Evaluation Review”, “Policy and Planning” as well as from journals in organisation theory and administrative behaviour.

The study of implementation theory is much more far reaching, and also further removed from the evaluation subject itself. Here we draw on a review of literature on governance and political science, but we have not made any specific literature search. Even so, we think we have captured the major tenets of implementation theory, but as the subject is evolving rapidly and is such a wide and interdisciplinary one, we cannot be sure.

With respect to how other donors work with HIV/AIDS, we should ideally have visited a sample of other aid agencies. However, neither time nor money allowed for any visits to organisations, and hence we rely on information gathered from websites and our own familiarity with other organisations (mainly German and Norwegian bilateral aid, and UNICEF and UNESCO among the UN family organizations).

2. A note on the theory of policy evaluation

2.1 New, but not without a history

Though it is sometimes claimed that policy evaluation is a recent phenomenon, the subject has a history. There has undoubtedly been an increase in the amount of policy evaluation in the last few years, and also an increasing awareness that policy analysis may require different approaches than does an ordinary project or program evaluation.

Already in 1990, two researchers conducted a review of the literature on public policy evaluation, and they had no shortage of material to look at (Lester and Wilds). Their primary interest was the use of policy evaluation, that is, the extent to which policy evaluations contributed to setting and formulation of new policies. They found major shortcomings, and argued strongly for a participatory approach to evaluation as a way to increase utility. Carol Weiss (1990), Johnson (1995), Cousins, Donohue and Bloom (1995), followed up with a similar analysis and with equally strong arguments for a participatory approach to policy evaluation (and evaluation in general).

The early literature thus had a strong focus on utility and on supporting decision-makers. Kirst (1980) suggested that the test of a good policy evaluation would be whether it is helpful to a decision maker, that is, whether a decision maker who looks at the valuation would find that he or she understands the problem better, understands the choices better, or understands the implications of choice better. Notice here that the emphasis is on the informing the decision maker, not the decision. Lynn argues in his casebook on policy analysis (Lynn, 1980) that a major craft skill needed by policy evaluators is the ability to understand and make accommodations for a specific decision maker’s cognitive style and other personal characteristics.

As we can see, the concern for utility came early to the field of policy evaluation, and has been with it ever since. Some of the most recent studies in the area (Vedung, 2000; Bemelmans-Videc et al, 1998; Leeuw et al, 2000; Lundahl and Öquist, 2003) all return to the subject of how policy evaluation is used and how utility can be improved (Schwartz and Mayne, 2004). But the utilization of policy evaluation is a specific question and it does not really tell us how to do policy evaluation.

2.2 The object of policy evaluation

Most writers take for granted that policy evaluation will look at the real world and assess what happened as a consequence of a given policy. Many go on to elaborate on the specific means of follow-up in a given sector. In a recent review Mickwitz (2003) develops a framework for evaluating environmental policy instruments. As environmental problems often have long time frames, are complex and concern geographically remote regions, they are a challenge for evaluators. Also, scientific knowledge is important in environmental policy evaluation, but such knowledge is characterized by huge uncertainties. This could be said about many sectors and areas, not least about HIV/AIDS. Generally speaking, policy evaluation would often face larger uncertainties, longer time frames, and more complex causal chains than other evaluations do. When evaluators (Barnes, Matka and Sullivan, 2003) recently have talked about the specific challenges of complexity, non-linearity and emerging conditions, they seem to talk about the typical problems of policy evaluation.

For many years and in the overwhelming part of the literature on policy evaluation, the focus is on how to assess the impact of policy. So for example, those who write on environmental policy are mainly concerned with the methodological questions of how to assess whether a policy on, for example, the reduction of green house gases, have an effect on climate change (see for example Jänicke and Weidner, 1995; Lundquist, L.J. and Keohane et al, 1998). There are then two major challenges: first to establish whether the patterns of global warming are changing, and second to link these changes to the policy. (It is a drastic example, but shows how the concern for most policy evaluators would be whether the policy has the intended impact on the world at large).

The focus on impact would make most efforts at policy evaluation large research undertakings and it would take long before any evidence on the policy could emerge. The utility, which has always been a concern, would be low. Policy makers could not wait and besides, it might be possible to obtain more direct indicators of whether the policy works or not by shifting the focus somewhat. For example, one might argue that if nobody knows about the policy, it would not have any impact anyway, however sophisticated our causal analysis would be ten years down the line. The evaluation task of checking whether a policy is known, disseminated and communicated in an organization can be done immediately.

The focus of the evaluation would thus shift from the question of whether the policy has any impact to whether and how it is implemented in the organization. Bemelmans-Videc et al (1998) identify three categories of policy instruments, evocatively labelled “carrots”, “sticks” and “sermons”. Policy makers could presumably make things happen by giving orders, creating incentives, or by providing information, visions and ideas (talking). Each of these categories contains a number of specific instruments, as illustrated in box 1.

If we return to the example of an evaluation of policies to reduce green house gases, we might thus look at a specific instrument, for example a tax on carbon dioxide emission. How is that tax introduced? Who are targeted? What are the taxation levels (too high or too low, or just right)? How is the tax income used – to encourage and support technical innovation, to enforce rules of compliance, or what? The evaluation could also ask how different policy instruments are mixed: is taxation combined with information and incentives? How is the balance achieved? A successful outcome would probably depend on an appropriate mix between the three. It would be possible to discuss evidence and to develop better policies, and implement them, even without full knowledge of impact on climate change in the example above.

Box 1. Model of the policy instruments

POLICY INSTRUMENTS	STICKS	Decisions by the Director General on targets to be achieved
		Performance monitoring system, coupled with rating and follow-up decisions
	CARROTS	Additional resources
		Earmarking of existing resources
		Redirection of resources
		Additional staff
		Redeployment of staff
		Organisational structures
	SERMONS	Speeches and statements by leaders/managers
		Meetings and workshops
		Training/motivation
		New publications
		Press releases
		Recommendations from evaluations
		Informal communication

2.3 The methods of policy evaluation

Regrettably, the policy evaluator does not have access to any other methods than evaluators in general. He or she has to choose an appropriate mixture of interviews, documents analysis, surveys, and observation. There are no other ways of collecting data.

Which methods to choose depend on the focus of the evaluation task. An impact evaluation might need to gather data on people’s behaviour through observation and surveys. An evaluation of the impact of policies on CFC emissions would need to measure the levels of presence of CFC’s in the atmosphere. An organization which introduces a “no-smoking” policy might want to observe patterns of smoking in relevant areas through observation. A policy to combat stigmatization of people living with HIV/AIDS may want to design methods of direct observation, as well as interviews.

An evaluation that focuses on the methods of implementation would usually work with the most common methods of organisational analysis, that is, largely qualitative methods, supplemented with reviews of structure, budget allocations, and other forms of document analysis. However, the three categories of policy instruments may call for different evaluation methods within the broad range of qualitative instruments for organisational analysis. The category of “sermons” needs methods to analyze the formulation, dissemination, and reception of messages, for example through interviews, focus groups, or questionnaires. “Sticks” could be analyzed with help of document reviews (budgets, accounts of expenditure, incentive programs, etc.) and interviews; “carrots” through observation and focus groups. The sample of respondents, how many respondents, the type of questions, etc. would vary in each case (Rist 1998).

Pawson (2003) has developed the possible combination of evaluation instruments in a series of articles. He is concerned with impact as well as implementation, and illustrates how evaluators can work with narrative reviews, meta-analysis and synthesis studies. There are different rhetorical devices through which evaluators can communicate findings of such an analysis, such as summary matrixes.

On the subject of rhetorical devices, it must also be recognized that a policy itself is a form of rhetorical device, and it can be evaluated as such. The subject of the policy can of course be contested. In a recent evaluation of UNICEF’s policy response to HIV/AIDS (Kruse and Forss, 2000), the evaluators discussed where the policy was to be found. They took three approaches to the subject:

- The policy could be defined by analyzing what people did, in the sense that “our policy is reflected in what we do, and that’s the only way to understand what our policy is about” Apart from the attractive simplicity, it also resolves the implementation problem – there is no need to analyze that specifically).
- The policy could be defined as a specific text (a document from the board entitled “policy for...”).
- The policy could be viewed as an emerging phenomenon where an initial expression of intent is further elaborated through speeches, research reports, agreements with other agencies, evolving practice, etc.

If the emphasis of the evaluation is on the policy statement, then this can be assessed as rhetorical statements, which have been assessed at least since Aristotle and Longinus wrote on the subject: a “good” statement should be clear, concise, to the point, build on logical categories, and so on.

Policy documents are at times written in haste and can appear quite sloppy. If the policy is not clearly conceived and communicated, it is less likely that instruments can be appropriately designed and implemented, and hence less likely that the policy will have an impact. The evaluator would need to start with the policy expression itself (Forss and Kruse, 2004), as this sets the scope for what may be achieved, a poorly defined and expressed policy would be less likely to be implemented irrespective of which policy instruments are chosen, and these in turn would be less likely to achieve the policy objectives.

2.4 Concluding remark

A comprehensive policy evaluation would usually have to approach its subject matter “the policy” from many angles. The evaluators should not take for granted that the policy can be reduced to one single statement, but need to be aware that policies are also implicit in organization. There might be a mismatch between officially stated policies and the practice of implementation, and to some extent it must be recognized that policy is an emerging phenomenon, which can also be studied by observing what an organization does.

Box 2. Combination of methods and objects of policy evaluation

Object of analysis	Methodological approaches
A policy statement, policy document, or other written expressions of policy intent – combinations of written expressions of policy intent.	Textual analysis, interviews with key informants.
Policy instruments, that is, the means through which the policy is to be implemented in an organization – a network of organizations, society. “The sticks, the carrots and the sermons.”	Organisational analysis, interviews with decision-makers and people in organizations. Focus groups, possibly surveys.
The impact of the policy, whether the policy objectives are achieved and what the impact – whether intended or unintended, positive or negative – is on society and its environment.	Indicators of change, measured through observation, document analysis, and data gathered from interviews, surveys.

It would be presumptuous to suggest that there is only one way to study an object. However, there is probably a broad consensus that there is a match between the object and the most common methodological approaches to evaluation. The qualities of a text would, for example, usually be possible to analyze through a qualitative assessment of the text itself. People's behaviour is usually analyzed through observation or interviews. The box above summarizes the most common methods used to evaluate different aspects of a policy evaluation.

3. A note on the implementation of policies

3.1 Two approaches to implementation

The question of how and why things happen in organisations and in society is a broad subject. Scholars in political science, organisation theory, administrative behaviour, organisational psychology, leadership studies, and many others have – over the years – made important contributions with regard to this question. It is not our purpose to make any form of general overview over this field of research, but only to set out some practical notes for our study of the implementation of Sida's HIV/AIDS strategy.

There are essentially two approaches to the study of implementation in organisations that can be deduced from the disciplines mentioned above. First, there are many who approach organisations with the aim of making them work better. Since the origins of the study of administrative behaviour, theorists such as Fayol (1949) and Taylor (1911) have formed an opinion of how organisations ought to be managed. They have elaborated principles of scientific management based on assumptions of rationality and control. Over the years, this approach has led other researchers, managers and consultants to develop recipes on how to manage organisations. In public administration this gave rise to schools of thought on, for example, management by objectives, management by results, evidence based policy-making, performance management, and so on.

Another approach has come from academics who have been more interested in how and why things happen than on how things ought to happen. They have been more interested in problems and obstacles, for example concerning policy implementation, than on how to improve the policy implementation process. Some of the more prominent researchers in this tradition are Weick (1979), Brunsson (1990) and Czarniawska (1994; 1998; 2000). There is an ongoing dialogue between the two approaches, but in caricature the dialogue consist of the former accusing the latter of not having any practical solutions to the real problems of organisation – and the latter accusing the former of simplistic solutions that do not take account of how organisations really function.

The point to be made here is that we refuse to follow in the footsteps of either approach. We recognise the need for organisations to approach policy implementation with traditional tools of management and to make the best of those, but at the same time we also see the value of taking a sceptical look at these tools, and also to understand the role of informal systems, irrational motives for behaviour, and the often circumvented paths that a policy takes to implementation.

3.2 Policy implementation in theory and practice

With these theoretical distinctions in mind, let us now turn to some of the practical implementation problems around Sida's HIV/AIDS strategy. A vital element in evaluating the implementation is the process and action of implementation itself. Who are the actors involved in that process and what issues are related to them? Four categories of actors can be distinguished:

- National agencies and public bureaucracies as the main actor for public reforms.
- Intermediate actors which could be NGOs, civil society organizations, private persons, enterprises or others through which reforms are implemented.
- “Street-level bureaucrats” like teachers, judges, policepersons etc.
- Addressee implementers sometimes also called ‘target-audience’, the beneficiaries of the proposed reform or intervention.

With these four groups in mind, who are all at different levels involved in the combat against HIV/AIDS, and thus affected by – and affecting – any policy, we could now identify issues and processes that relate to their role in that struggle. At first, it would be necessary to discuss the four groups in their relation to HIV/AIDS under three headings:

- Comprehension and understanding of the issues: do all four groups have a similar understanding of the issues at hand? Deficiencies in understanding may hamper implementation and thereby results.
- Capability to implement (availability of time, equipment, personnel, financial resources).²
- Willingness and motivation, which is a precondition for both comprehension and capability.

While the two elements of ‘comprehension’ and ‘capability’ are easy to appreciate, the willingness and motivation of the ‘bureaucracy’ is a more controversial issue. Three major ‘theories’ can be distinguished:

- The theory of the bureaucracy’s self-regarding behaviour: the ‘bureaucracy’ is not serving the state or the politicians, but interprets the reforms for their own self-serving interests.
- The attitudinal mismatch theory: the proposed reforms are not shared by the bureaucracy, especially not their higher levels. The upper management interprets things differently in light of choices under scarce resources. The reason could be: differences in the direction to go (ends based) or mistrust/ non-conviction of the effectiveness of the proposed reform (means based).
- The regulatory capture theory: the addressee does not want to change; therefore they resist or capture the reforms. Regulations to control industries were transformed into protection measures for the same industry.

This framework can be applied to the IFFG analysis:

- Who were the actors who should implement the IFFG in the organization? Was that clearly decided?
- Were there specialized structures with well defined tasks? Did they have adequate resources (financial, personnel, training)?
- When staff in general (‘everybody’) was concerned, did such persons have a sufficiently developed understanding of the issues? Did they have resources (time) to pursue it?
- What was the motivation of staff, specialized or general, to take on the new policy? Incentives and sanctions? Did staff manifest reactions such as: “again, a new cross-cutting issue! We are already overwhelmed with other issues! Too many priorities!”
- Did staff ‘reinterpret’ the IFFG for harmonizing it with their own views or needs? Did they just do a “little HIV/AIDS” to please the supervisors, directors or management?
- Was the higher management (directors of departments and heads of divisions) fully behind the new policy or did some interpret it for their own purpose?

² Vedung (2004) is very explicit on the fact that one of the major factors impacting on implementation is, of course, financial resources. Limitations of funding impact on staff, qualification/training, equipment, research etc.

- How much ‘empire’ building and acquiring/defending of departmental interests went into decisions about implementation of IFFG, for example the creation and location of an HIV/AIDS secretariat in the organizational structure?

3.3 Historical and environmental background of policy elaboration

To understand and assess/evaluate a process of change, it is not only necessary to look at the intervention/reform itself, but to assess the wider historical setting in which the specific process is taking place. Elements of the historical context of a reform that might affect its chances of actually being implemented include:

- Is the proposed reform in line with other policies?
- How was the intervention/reform negotiated? Was it done on a basis of consensus or of conflict?
- The degree to which the ‘bureaucracy’ actually behaves in a slow and self-serving way.
- “The probability of an effective implementation is inversely proportional to the dimension of the deviation from the status quo” (Van Meyer & Van Horn)
- How much attention is given to the reform by the decision makers? Is it competing with other more important issues?
- Is the proposed reform a mere symbolic action with the purpose to demonstrate good intentions but lacking in convictions of the decision makers to actually implement it? (“Most elements which governments want to pursue in the name of ‘reform’ or ‘new programmes’ are more symbolic gestures to demonstrate the level of problem-consciousness and good intentions than serious attempts to achieve social change” (Donald Campbell).
- Do ‘interested parties’ participate in the reform? This increases the chances of success (increased legitimization). Did the ‘bureaucracy’ itself participate in the reform/policy change?

To apply this factor of historical background to the IFFG issue, the following points need to be reviewed:

- The role which the IFFG played and still plays depends much on the environment in which Sida’s policies in general are formulated.
- How was the policy/strategy developed? To what extent could staff participate in that process?
- Was and is it in line with overall Sida development policies?
- Is HIV/AIDS as a development issue something radically new for Sida or is it in line with other cross-cutting development issues like gender equality, human rights, environmental concerns which all had been introduced earlier?
- How strongly was Sida’s top management, the Director General and senior staff behind that new policy?
- Was adoption of the policy forced on Sida by the international climate for instance? Was it more a ‘symbolic action’ to demonstrate to the staff, the public, the constituencies in the countries that Sida is taking this issue serious or was there really conviction behind it?

As with the analysis of the historical setting, the evaluation also has to look into the entire policy environment:

- Is there a complementarity of programmes and policies? Are synergies or mutual support achieved or do distinct policies obstruct each other?

- To what extent is the policy environment coherent?

To apply this factor of policy environment for the IFFG issue, the following points need to be reviewed:

- Is IFFG consistent with other Sida development policies?
- Can it logically and systematically be integrated into the overarching goal of poverty reduction?
- Is there policy coherence with other cross-cutting issues like gender equality, human rights or democracy?
- The same question could be asked for the national policies: does Sida support their review to make them coherent with the HIV/AIDS policy?

3.4 The capacity to implement policies

The performance of an organization is usually said to be influenced by: (1) the organizational capacity, (2) the internal environment (which includes its culture, rewards and incentive system, management style) and, (3) the external environment in which it operates. The organizational capacity can be distinguished in two aspects: resources and management.

Resources are “hard” capacities such as infrastructure, technology, finances, and human resources. Management, in contrast, are “soft” capacities. Examples include; system of setting appropriate and achieving appropriate goals; type of management; strategic leadership, programme and process management, managing linkages and relationships with external stakeholders. Soft capacities are often mistakenly seen as secondary to hard capacities. Some researchers also distinguish two types of capacities: operational capacities “carrying out day-to-day operations” and adaptive capacities “learning and changing”. To respond to these challenges, organizations have to develop a system of capacity building. This should be based on a holistic approach:

*“a holistic approach to capacity development entails a more comprehensive, continuous, and logical process that begins with strategic planning and is followed by an assessment of capacity needs, then planning for capacity development interventions (including training, acquisition of equipment, and collaborative research projects), finally, periodic monitoring and evaluation”.*³

The reader must remember that we are summarising a huge field of literature. More references could of course be developed on the subject of capacity development and organisational reform. One researcher suggests seven steps that can be distinguished in the process of capacity development. It is an analysis that seems practically useful:

1. monitor the external environment to identify needs and opportunities for organizational change
2. review the organization’s strategy
3. identify capacity needs
4. plan for capacity development
5. negotiate external support
6. implement and manage the capacity development process
7. monitor and evaluate the capacity development process.

It is not only the steps themselves that are essential, but also how they are performed. Self-learning, self-assessment, and critical thinking learning by doing through a process of controlled experimentation are

³ International Service for National Agricultural Research (ISNAR), Briefing Paper 62, September 2003, “Developing and evaluating capacity in Research and Development Organizations”.

crucial for capacity development. Only if the entire process is considered, one can assume that the organization will be developing the necessary capabilities to respond to new tasks or challenges.

4. Experiences of other agencies in dealing with HIV/AIDS

4.1 A common challenge but different contexts

The challenges for development organisations to respond to the global HIV/AIDS epidemic were tremendous. There is no precedent in modern times of a ‘natural’ albeit ‘human-made’ disaster that was completely unknown before the beginning of the 1980s and which is continuously growing in a very short time and affecting large parts of the world. Emergencies like outbreaks of Ebola, cholera, influenza or natural disasters like earthquakes or hurricanes all have in common to be either locally very concentrated or relatively short in time. HIV/AIDS is different: the epidemic has no short or geographically limited ‘natural’ history nor can it be contained easily with the known instruments of epidemic control. Therefore, the challenges to all organizations are:

1. Realizing the dramatic, global, long-lasting nature of the epidemic.
2. Conceptualising the threat and the possible responses.
3. Preparing the organization theoretically and in human resources to tackle the threat.
4. To rethink their entire ‘business’ in the light of the global emergency.
5. Difficulties to systemize experiences and organize a coherent learning process.

The following is a summary of experiences from a few development organizations describing major elements of their response to HIV/AIDS. It is, of course, not an in-depth analysis of any of the organizations mentioned.⁴ Its main purpose is to provide an illustration of key elements in shaping the response as a kind of outside view for the evaluation of the IFFG Sida response.

4.2 Timing the response and allocating funds

In the face of catastrophes and emergencies, speed of response is often a virtue in its own right. It is therefore interesting to note that there are quite large differences between organisations as to how and when they started reacting to the emergence of HIV/AIDS. Many of the UN agencies, funds and programmes were quite late in developing a response, although their mandates would seem to have necessitated quick action. UNICEF and UNESCO, to take two examples, took quite some time to realize the full threat of the epidemic and did not have any policies until the early 1990s, some eight to ten years after the virus was discovered.

Especially in the middle eighties, when the first international programmes like the Global Programme on AIDS (GPA) of the World Health Organisation (WHO) or the AIDS Task Force of the European Community were created, UNICEF and UNESCO treated HIV/AIDS basically as one issue among many others with relatively low priority. Others, like GTZ in cooperation with the German Federal Ministry of Economic Cooperation and Development (BMZ) were somehow more far-sighted and established

⁴ The appreciation here is based on first hand knowledge and personal communication with some of the organizations (GTZ, Norad) by the evaluation team members and on evaluations done on UNESCO and UNICEF by expanded evaluation team members. See literature list for details.

already in 1987 a special AIDS project with a perspective lifespan of 20 years. However, no specific importance or priority was assigned to the HIV/AIDS issues.

While in the mid 1990s some organizations (UNICEF, UNESCO, GTZ) kept a somehow moderate (at times even declining) attention to HIV/AIDS, it was not before the end of 1990s that the organizations began to realize the full dimension of the epidemic. This was probably due to the dramatic rise of infection rates in some countries in Southern Africa (South Africa, Botswana etc.), the intensified international discussion especially in the UN culminating in the foundation of UNAIDS, and the increased awareness of big funding structures like the World Bank to address the HIV/AIDS challenge squarely.

The ability to allocate funds to HIV/AIDS projects and programmes have also differed, but few agencies have been able to scale up and increase their activities significantly. Even in agencies that make HIV/AIDS a high priority (as UNICEF does at present), the total allocations remain below ten per cent of overall budgets. The question is of course when an issue is a priority, but it is generally agreed that words are not enough. There has to be actual financial commitment of visible significance – meaning at least ten percent of an organizational budget.

4.3 From policies to organizational structures

Many organizations developed some kind of policy guideline on how to deal with HIV/AIDS in the late 1980s. These guidelines were very much inspired by the Global AIDS Strategy of WHO's GPA programme which at that time was the undisputed strategy-policy centre of the international AIDS work. These guidelines were sometimes written in form of a comprehensive document (BMZ/GTZ) or consisted of a series of policy documents which at times originated from concrete issues in a specific regional or national environment (UNICEF). The relevance of these documents was however often very limited as no specific political weight or concrete instructions influencing the development cooperation accompanied these documents. AIDS developed slowly but steadily into just one more area of development cooperation without impacting much on the established businesses and priorities.

At the same time, all organizations established some responsibility for the HIV/AIDS issues inside their own organization. Often this was a task that was simply added on for officers in the health sector. Given the nature of decentralization of most development organizations, organizational capacities developed unevenly, often responding to already felt needs in some countries/regions of the world long before the head office took them up as global issues. Some also experimented with specific regional structures. While GTZ for example had a full-time AIDS person ever since 1987, the work of this person was mainly limited to run the different components of the AIDS project with some input in the health division but did not go beyond that until 1994/95. UNICEF established a central HIV/AIDS unit at New York only as late as 1999. Norad seems to be one of the first organizations which shouldered the responsibility for HIV/AIDS in a kind of mainstreaming process from the mid-1990s.

4.4 Responding to change and policy development

New policies were issued, HIV/AIDS was declared a priority for the development cooperation in general and new organizational structures encompassing a wide spectrum of the organisation's work were created (GTZ, Norad). AIDS moved up in the priority list of the organisations. However, although it was now very much centralized, this process spread unevenly through the organizations reflecting their decentralized nature as well as the very different dynamic of the HIV/AIDS epidemic in parts of the world. For instance, UNICEF in East and Southern Africa was well ahead of the rest of UNICEF in reshaping its entire country cooperation in the region in light of the HIV/AIDS challenge. GTZ's Africa Department took the initiative and made HIV/AIDS mainstreaming mandatory for all sectors in all countries in Africa south of the Sahara while the other geographical departments (Asia, Latin America and the

Caribbean, Europe) have not reached such a consensus. Through special circumstances UNESCO got very intimately and profoundly involved in the Brazilian AIDS programme while its contribution remained rather modest in most African countries for example.

The decentralized nature of most development organizations and the specifics of the epidemic threat in countries and regions hindered the organizational learning process. UNESCO's rich experience in Brazil and GTZ's encouraging cooperation in parts of Uganda and Tanzania remained largely local knowledge despite some documentation. Lack of appropriate policies and lack of funding also prevented the adapted replication of successful experiences in other parts of the world.

Although most organizations have by now updated policy orientations and an expanded human resource capacity to respond to the epidemic threat (training materials have been developed including e-learning by Norad, for instance), there are still major challenges ahead. Among others they include:

- a. full integration of HIV/AIDS concerns into the overarching policy of poverty reduction or child development
- b. more systematic and coherent integration of HIV/AIDS issues with other cross-cutting issues like gender equity, human rights etc.
- c. development of specific tools and concepts for addressing HIV/AIDS issues in several thematic sectors
- d. appropriate policies and focus in 'low-prevalence' countries and regions
- e. strengthening the internal organization and responsibility (HIV/AIDS units, focal points, leadership/management responsibility etc.)
- f. increasing cooperation with national and development partners for synergy and effectiveness.

4.5 Specific issues shaping the response to HIV/AIDS

Any comparative discussion of how aid agencies have responded to the HIV/AIDS epidemic has to bear in mind the different political circumstances of organisation as well as their administrative and legal context. Why and how they have responded has often depended on the nature of their mandate, and one cannot conclude that an early response, or more funds, or clearer policies, are necessarily "better". In addition there are a number of specifics regarding HIV/AIDS that all the organisations have to respond to, but that they respond to differently. Development policies of organizations in 'donor' countries, although they are often based on internationally agreed knowledge or even conventions, try to promote changes in other countries. Hence, the policy tries to intervene in countries and in/with populations as part of being invited to support a national process.

Understanding causal links

Even if there is substantial bilateral cooperation between two countries, the factual influence of the cooperation in moving and changing complex policy issues in the host country is likely to be very limited and nearly impossible to quantify or qualify in any meaningful matter with regard to its impact. No development organization has ever, and probably will ever, make any claim of having substantially contributed to the reduction of HIV prevalence rates in a country. There are simply too many internal and external factors present to 'isolate' the specific contribution of any one organization working in the country.⁵

⁵ The closest one could get to such a claim is probably the German contribution in Mbeya in Tanzania. For nearly 15 years, Germany was the only major external support to the HIV/AIDS programme in a region of 3 Million people. Between 1994 and 2002, the HIV prevalence rate has been reduced by ca. 50 per cent, while in most regions in Tanzania the rates were still increasing. For references: Jordan-Harder, Brigitte et al, 2000, "Hope for Tanzania", Eschborn; Jordan-Harder, Brigitte, et al, 2004, "Thirteen years HIV -1 sentinel surveillance and indicators for behavioural change suggest impact of programme activities in south-west Tanzania", pages 287-294.

In addition to the government of the host country and the diverse public, private, civil organizations, the development organizations through which the policy change should be promoted and supported are only one intervening force in a complex environment. Not only do they have to regard the national policies and institutions as the leading, and ultimately responsible, structures for what is happening in the country, they also play in the concert of development organizations as only one of many players.

Handling complexity

An international HIV/AIDS policy/strategy must by necessity be rather general and generic in its prescription and recommendations in order to respond to quite different geographical areas, with different stages and dynamics of the epidemic, with different social and cultural milieus etc. While this strategy can describe the main dynamics and differentiations in the epidemic, it will necessarily remain ‘unpractical’ with regard to the question: what should a given member of an organization do in a specific context (sector), in a specific part of a specific country?

Very often internationally conceived policies, because they tend to be so broad and general, try to develop a ‘one size fits all’ approach which does no justice to the many diverse local-national settings. Especially policies which deal with a complex culturally and socially constructed phenomenon like human sexual behaviour in order to work on a too general level, tend to miss the most relevant aspects.

Moreover, a systematic reflection on the conditions of its implementation is very often missing in the process of formulating a policy. While there may be references to “constraints” etc., a close analysis on conditions of implementation would be necessary as a directly linked part of a policy which strives for results. Such elements would and could only be concrete, and include the national framework of policies (the national HIV/AIDS policy/programme) but also other national policies which may impact on the issue, public action, civil society actors, and the available resources.

By reducing the complexity of evaluation – as the contribution of the Swedish policy on HIV/AIDS to the ultimate benefit for the population a given country is impossible to assess – one must concentrate on lesser complexities related to Sida and the HIV/AIDS policy. However, it may well be that Sida not only has a well-written policy but also an excellent implementation throughout the organization, that the organization and its staff are “AIDS-competent” and still not much is being produced as an outcome/impact for the population in the partner countries. The ‘blame’ could then be on the country, other donors, adverse circumstances limiting Sida’s influence or the general limitations of small development cooperation in the overall national context and not on the policy itself.

Two inter-related epidemics

There are aspects connected with the subject matter: two interrelated epidemics – HIV and AIDS, which are produced through social (sexual) behaviour of people and which have reached, despite efforts to contain them, in many developing countries catastrophic dimensions. HIV/AIDS is not a ‘classical’ health problem. The policies constructed around HIV/AIDS are of ambivalent character. On the one hand they contain elements of classical health approaches to contagious diseases: vector, milieu, interruption of transmission, containment (and eradication). On the other hand, conceptualizing HIV/AIDS refers to broad social theories on human behaviour embedded in economic, social, and cultural environments with strong elements of gender and human rights issues. Both constructs exist in parallel.

As there are no medical interventions through which specialists or institutions can either protect vulnerable populations through vaccinations or provide effective treatment (cure) as with many other sexually transmitted or communicable diseases, there is still a dominant trait in HIV/AIDS policies which consists in focusing on interventions in governments, institutions, and services. Unlike the smallpox eradication campaign, which was probably the most successful international health intervention in the second part of the last century, no military-like operation can be staged against the “enemy” HIV. However, many aspects of the HIV/AIDS policies are influenced by that kind of thinking. (It is therefore not surprising

that the language used in many documents and plans has a strong inclination towards military style operations).

Most HIV transmissions occur through sexual intercourse. This leads to a strong gender focus as nearly everywhere across cultures and geographies, men are the driving sexual ‘predators’ and define or even enforce the rules of sexual intercourse. It is a highly personal and private activity quite different from other social epidemics like drinking alcohol or reckless driving.

The spread of HIV can only be reduced if persons engaging in sexual relations (potentially everybody from a certain age on) adjust their sexual life to reduce the risk of transmission (abstinence, safer sex, condoms etc.). However, what drives sexual behaviour is a very complex affair and only open partially to systematic and intended influence from the outside (though possible influences include education, changes in social-sexual norms, youth culture, role models etc.). Although sexual behaviour is personal and individual, it is in many cases not necessarily voluntary. Many women and girls in developing countries (as well a fewer boys and men) depend in their daily survival on sexual strategies to assure income, school fees or basic amenities.

If HIV/AIDS is conceptualised from the standpoint of human behaviour or social relationship, the focus of prevention will have to shift from governments, institutions and service providers to the people themselves. In order to enable persons of different sexes, ages, cultures and socio-economic situations to ‘organise’ their sexual interaction in ways that expose them less to HIV infection and to adjust their lives to the impact of AIDS in their communities and families, people and their interaction would need to be put at the centre of theories and policies. What exactly that would mean is not yet entirely clear. However, a current in international HIV/AIDS thinking is trying to work on such an approach. Its organizational basis was until late 2004 the UNAIDS/UNITAR (United Nations Training and Research Programme) “AIDS Competence” Programme.⁶

The knowledge gained through nearly 20 years of experience of what works in controlling the spread of HIV, is in general incorporated in most national strategic plans to respond to the epidemic at country level. These plans have to a very large degree a similar design and focus. A major policy shift in recent years was the introduction of the “mainstreaming HIV/AIDS” concept. While it was already early on in the epidemic evident that HIV/AIDS is not only a health issue, and that the response to the epidemic has to be based on a multi-sectoral strategy, the implications of that insight and how to do that are still very much in discussion. As this is a key element in any modern HIV/AIDS policy we will discuss some of the relevant issues of the mainstreaming concept at some length.

4.6 Concluding remarks

Many factors shape the response of aid agencies, but they can be described and compared with regard to some key variables, such as when and how they initiated activities, how much money has been allocated in absolute and relative terms, what kind of policies they have shaped and which organizational solutions they have implemented. Many things are quite similar; most organisations have for example made HIV/AIDS part of health sector activities but in recent years they have increasingly tried to mainstream the response.

It would be interesting if such diversity could be used to draw lessons for good practice. However, it is quite difficult to apply the lessons from one agency to another. They are quite different, and hence what works in one agency might not be relevant in another. As for the present evaluation, it will be useful to keep these experiences in mind, but we can probably not come to more than fairly general conclusions of what Sida might learn from others.

⁶ For references, see the home page www.unitar.org

Moreover, the evaluation of the IFFG has to take into account the particularities and complexities which are connected to the global control of HIV/AIDS itself as a historically unique and new challenge.

5. The mainstreaming concept

5.1 Approaches to cross-cutting themes

Mainstreaming is not a new concept in HIV/AIDS control. It is a notion that has been applied to all cross-cutting issues in development cooperation for years, particularly so in Sida. Gender equality, environmental concerns and human rights are cross-cutting issues which all need to be mainstreamed into larger sectors of development cooperation.

There are various definitions of mainstreaming. In gender equality, *“mainstreaming implies that attention to the conditions and relative situations of different categories of women and men, boys and girls should pervade all development policies, strategies and interventions”* (Sida Action Programme, p.118)

“All personnel working with development cooperation are expected to have basic competence to promote equality between women and men in relation to whatever issues they are working on and to recognize when there is a need for expert competence” (ToRs of Evaluation, p.118)

Sida’s environmental policy requests that all development cooperation be analyzed according to the question: *“Do they contribute or aggravate ‘sustainable development’ as defined at the world conferences in Rio de Janeiro 1992 and Johannesburg 2002?”*⁷ There are of course other ways to make an organization work with new themes, for example by creating special programmes and units. However, mainstreaming is the most common approach in aid agencies. It is interesting to note that it has never been truly evaluated, at least not as a management instrument per se, in such a way that it could be compared with other ways of working with cross-cutting themes.

5.2 Experiences from mainstreaming gender equality

Even if the effects of a mainstreaming policy have not been analysed systematically, Sida’s Department for Evaluation and Internal Audit (UTV) Sida commissioned an evaluation on how the strategy of gender equality was “mainstreamed” in Sida’s cooperation with partner countries.⁸

Gender equality (GE) is a key policy of Sweden. Sida was very active in the international arena for the last 30 years, to promote gender issues. After the International Conference on Population and Development (ICPD) in Cairo 1994 and the UN Fourth World Conference on Women in Beijing in 1995, the Swedish parliament established the promotion of GE in partner countries as a development goal. Sida established a five-year “Action Programme (1997–2001)” for promoting GE in Sweden’s development cooperation. This action programme focused on “mainstreaming”.

Results of gender mainstreaming

Five years after introduction of the action programme, and after nearly 30 years of discussion and promotion, the evaluation noted that actual results were rather minimal. The evaluation had selected three countries and the four sectors in each country. In all of them only one project qualified as having

⁷ See the recent policy document: Sida, *“Integrating the Environment” Knowledge for environmentally sustainable development*, 2004.

⁸ See Mikkelsen, Britha et al, 2001, *Mainstreaming Gender Equality, Sida’s support for the promotion of gender equality in partner countries*, Sida Evaluation Report 02/01, Stockholm.

“a well-developed mainstreaming strategy” (p. 65). Among the many identified constraints at country level, the following were mentioned:

- difficult information situation in countries, few gender disaggregated data available
- no time and resources in projects/programmes to undertake own studies
- non-use of existing gender information for planning of projects/programmes.

In relation to Sida staff, the evaluation identified issues like:

- high turn-over of staff, necessitating constant retraining
- individual commitment to the issue concerned was important
- lack of an incentive/sanction system
- focal points on GE helped in promotion but also centralized the issue
- no clear tasks/function of focal points
- no monitoring of results
- personal commitment of directors/heads of departments/divisions was crucial

The evaluation pinpointed a lack of core competence and policy assignment at Sida head office. However, the work of the gender advisors at Sida’s head office was not analysed in any depth. The evaluation team summarized:

- New and complex strategies need more time before being fully understood and implemented.
- High staff turnover calls for innovative and comprehensive training approaches to reach all staff.
- Lack of a monitoring and evaluation system is a crucial missing link in projects and programmes.

Among their recommendations were:

- GE has to be refocused and connected to other cross-cutting issues like democracy and human rights under the overarching development goal of poverty reduction.
- The inflation of separate policy goals which are mutually exclusive has to be counteracted.
- Focus on identifying reasonable levels of what mainstreaming means (including gender analysis) has to be increased.
- Specific goals should be established, and the change process closely monitored.
- The inclusion of GE in all forms of development dialogue (with governments, in civil society, among institutions etc.) should be promoted and strengthened.
- Sufficient capacities (international/national) at embassy level and in partner institutions are needed, and permanent training should be provided to maintain them.
- ‘Ownership’ of GE in partner institutions should be promoted.

Lessons learned from gender mainstreaming

From that evaluation one can extract some points which seem to have a general bearing on attempts to mainstream issues:

1. Mainstreaming is a conceptual and professional challenge: Despite the fact that gender equality is a concept strongly rooted in Swedish national policy and culture, it was apparently difficult to mobilize and motivate staff to a high degree to integrate this concept into the development cooperation work.
2. Mainstreaming needs time to produce results: Despite the fact that issues related to GE were already discussed inside and outside Sida for decades, even an action programme had very limited impact in the first five years of its existence.
3. Sermons, carrots and sticks are needed to promote mainstreaming effectively: Sermons alone were not enough to promote the issue of GE. The necessary carrots and sticks in form of incentives and regulations accompanying the sermons were somehow missing and no clear policy expectations were formulated.
4. Responsibility of senior management is a key to success: The responsibilities of senior management in following up on implementation of GE were not clearly established.
5. Astonishingly, mainstreaming issues tend to look inward and ‘overlook’ opportunities to connect to related issues: Amazingly HIV/AIDS as an ‘issue’ for GE is not at all mentioned in the whole evaluation. The integration of cross-cutting issues is still on the agenda (see below).

However, based on our own quick scan of gender equality mainstreaming in relevant country strategy documents (see Report Part 1), it seems that the issue was much better developed in 2003 than it was in 2001. This indication has to be treated with caution, however, as we did not analyse any concrete mainstreaming efforts in projects or programmes. It was also reported in the country studies that mainstreaming GE is an accomplished issue for Swedish development cooperation.

Moreover, efforts to bring together some key cross-cutting issues have been made in terms of a combined training approach. The environmental policy now has specific sections on the interrelationship between environmental concerns and gender, HIV/AIDS, health, human rights, democracy, etc.⁹

5.3 Mainstreaming HIV/AIDS: Some issues and clarifications

Elaborating the concept

The term “mainstreaming HIV/AIDS” is a closely connected and integral part of the multi-sectoral strategy to combat HIV/AIDS which all countries having national strategic plans try to implement. Like environment or gender equity, HIV/AIDS is not a sector. It is a cross-cutting issue which can only be understood through a holistic approach looking into the complexities and interrelationships which affect (positively and negatively) human development.

Mainstreaming HIV/AIDS is still very much a concept in need to be elaborated and tested. Most development organizations have accepted the challenge, but often use different terminologies.¹⁰ Some people also prefer to use the term “integrating HIV/AIDS” into development (like the Sida colleagues from the Environmental policy unit).¹¹ These terms can have different meanings. But in the end they call for the same things: a holistic approach to deal with a complex challenge.

Mainstreaming HIV/AIDS is clearly distinct from “add-on AIDS work”. The latter term would amount to undertaking a couple of HIV/AIDS activities in the context of other development work is often preferred

⁹ Sida, “Integrating the environment”, op. cit., p. 18ff.

¹⁰ Germany’s GTZ had in 2003 commissioned a brief study on mainstreaming efforts in development organisations that reviews the processes in DFID, DGIS of the Netherlands, Sida, FAO, UNDP and the World Bank. The conclusion was that all organizations work in the same direction but all are also struggling technically and organizationally to implement the concept in their cooperation. This evidently applies for GTZ too.

¹¹ Cf. this quotation: “One principal of decisive importance for Sida is that the environmental perspective shall be integrated in all contributions and in the work of all Sida’s departments, i.e. it shall be “mainstreamed”. (Emphasis by evaluation team).” Integrating the Environment, op. cit., p. 12.

to the more complex task of mainstreaming, while mainstreaming implies analyzing the entire relationship of the concerned sector with the epidemic.

What is the issue that mainstreaming of HIV/AIDS tries to respond to? Without naming it, the Swedish international HIV/AIDS policy, the IFFG, describes the ‘mainstreaming’ concept as follows:

*“AIDS cannot be viewed independently of wider socio-economic and political realities. Development processes themselves may also increase HIV-related risks (e.g. by opening up transport routes and by relocating of populations). Development agencies need to understand both the impact of AIDS on development (and therefore the urgency of effective HIV prevention), and the ways in which development processes themselves can inadvertently fuel the epidemic”.*¹²

In other words, development actors should ask (and when possible answer) two interrelated questions:

1. Are there elements or factors in the field, sector or in the policies of the organization that I’m working with, which influence (positively or negatively) HIV/AIDS susceptibility and vulnerability?

For example:

- a. May it lead to higher – or lower – risk for the spread of HIV for certain groups?
 - b. May it increase – or reduce – the burden on people who are infected or affected?
 - c. May it decrease – or increase – vulnerability and impact related to AIDS?
2. Is the AIDS epidemic and its short-, medium, and long-term impact affecting the conditions and progress of my field, sector or organization?

These are apparently very simple questions. However, they are not always easy to answer. Predictions in the social and economic field about the future are often uncertain and there are many factors which impact on development. However, there are few people who would deny that the severe HIV/AIDS epidemics in many parts of the world have far-reaching consequences in social, economic and human aspects of development in these societies.

Domains of mainstreaming

There are numerous studies (and more are needed) which demonstrate the impact of morbidity and mortality caused by AIDS in sectors as diverse as education, agriculture, industry or health. Nevertheless it is clear that social-economic development is a highly complex affair and HIV/AIDS is but one important factor in a wide range of elements which come into play. The analysis always has to be very concrete and bound to the national-local context, and this may be a challenge.

Mainstreaming HIV/AIDS into sectors and programmes applies to two domains:¹³

- An *internal* domain, where the sector or organization as a workplace provides HIV/AIDS related information, support, care and treatment for the people and their families working in that sector or organization (for example, for an agricultural project/programme, this would include all the persons and their families who are working in the agricultural sector (ministry, organizations or institutions).
- An *external* domain, which means the sector’s or organization’s mandate to include the people they serve (in the example used, this would relate to the peasants, farm labourers and other agricultural workers and their families).

While their relative importance will depend on the concrete context, both domains need to be addressed. An organization which advocates “mainstreaming” in their partner countries (external domain) but does

¹² Sida, “Investing for Future Generations”, op. cit., p. 11.

¹³ See UNAIDS, “Support to Mainstreaming AIDS in Development”, 2004, p. 4.

not provide the essential information, care and support for its own employees (internal domain) at home and in those countries lacks credibility, just like a government or ministry which has integrated HIV/AIDS into its development plans but fails to ‘protect’ its immediate staff and personnel.

In many cases mainstreaming may mean to include a component regarding HIV/AIDS as part of the project. Typically, such components include HIV/AIDS information work, perhaps peer education, distribution of condoms, access to VCT, STI treatment etc.

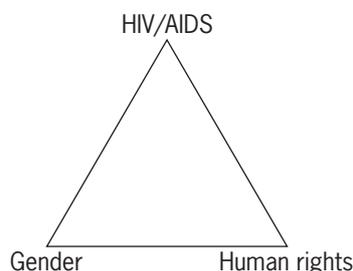
Direct and indirect strategies

However, mainstreaming HIV/AIDS may also be done without necessarily mentioning AIDS. It may be needed to change the design of a project or implement general measures that may be beneficial also in relation to HIV. For instance, if women in a workplace reveal that they are sexually abused by their male colleagues, it is important to implement measures to safeguard the women, and this can be justified independently of AIDS, even if it is a way of reducing susceptibility to HIV-infection. Such “mainstreaming” may thus be difficult to document, but may come out of an analysis.

Some prefer to use the terms “direct” or “indirect” strategies. The direct strategies and interventions are addressing specific aspects of HIV prevention or support, care and treatment and can be organized in different sectors. The indirect strategies and interventions would be measures addressing the root causes or impact of AIDS like advising peasants affected by AIDS to shift to less labour-intensive crops for planting.

Interrelationship of cross-cutting issues

AIDS is an issue that overlaps with other key issues – in particular gender and human rights – in the field of development, and when thinking about mainstreaming, it may be useful to think of it as part of a cluster that should be mainstreamed.



HIV/AIDS is linked to abuse of power, and of not granting people their rights. Power is not least seen in relation to gender. When therefore discussing mainstreaming AIDS, it is recommended to also include a gender perspective in a right-based approach. As many may have experienced it is not always easy having a gender or a human rights perspective on one’s work, but one may hope that by mutually integrating the three perspectives, it will in fact be easier to achieve mainstreaming.

Challenges of mainstreaming

For development organizations like Sida, the challenge of mainstreaming is comparable to the challenges a country faces:

- It needs to review its overall policy orientation on poverty reduction in the light of the HIV/AIDS challenge.
- It needs to develop a strategic thinking and orientation in the different sectors of development cooperation on how HIV/AIDS is affecting these sectors and how the sectors are affecting the epidemic. Of course, these strategic orientations have to be concretized in country contexts and translated into the appropriate responses and interventions to be supported.

- It has to provide the training and capacity building among its staff to promote these ideas in the partner countries and to assist countries in developing the national or local approaches.

Still there may be persons – even in development organizations – who will find it difficult to work with the mainstreaming concept.

- Some have a very technical view of their sector and may lose sight of the fact that all technical work in sectors is connected to human beings and human activities. This has become particularly true in the times of AIDS as a global crisis. In a rice growing project, for example, the safeguarding of the sexual health of the rice experts is simply a necessity. Otherwise, in the future the expert may not exist any more to apply all his/her acquired knowledge.
- There are also those actors who prefer to leave AIDS to the “AIDS experts”. But it is not the “AIDS experts” who can analyse the impact of increased morbidity and mortality from AIDS on the rice production in a given community. This work has to be done by the “rice farming” experts, together with the people labouring in the area.

It is therefore necessary to continue the discussion and to document concrete good practices in some of the more important sectors, in order to eventually provide evidence of the usefulness of the concept.

Mainstreaming HIV/AIDS is not the “magic bullet” for controlling the epidemic, nor is it incompatible with putting specific AIDS programmes in place. It is an important strategy that needs to accompany more direct strategies to control the epidemic in the framework of a national strategic plan.

5.4 Concluding remarks

HIV/AIDS is a cross-cutting issue for development cooperation. The dimension of the pandemic and its actual and potential impact for the development of large parts of the world calls for a systematic and continuous mainstreaming approach in the entire development cooperation. This has been recognized and promoted by the international community (UNAIDS etc.) as well as by Sida and the Swedish Foreign Ministry. However, mainstreaming HIV/AIDS will mean different things in different country situations. As the experiences of mainstreaming gender equality has demonstrated, it will need time and commitment especially by senior staff to make real advances in this regard. Technical and programmatic issues have to be clarified and researched. Capacity, especially in partner countries but also in the development co-operation organizations have to be created to go beyond simple declarations of intentions or abstract generalities. There is a huge potential to counter the often expressed sentiment of “too many cross-cutting issues” by looking into the interrelationships and complementarities of approaches like gender equity and human rights with HIV/AIDS.

6. Conclusions

This short review shows that policy evaluation is a complex subject. Policy evaluation faces the dilemma that it needs to be comprehensive, but that it also needs to be practically useful. Research on policy evaluation has often had a focus on the latter aspect. But to be practically useful a policy evaluation would need to cover aspects of the policy itself, its implementation, and results. This suggests that the evaluation of Sida’s HIV/AIDS policy needs to develop a model to establish the causal links – or rather – an understanding of causality in respect of its subject. The model would build on the following components.

1. A review of the policy itself, to assess the understanding of the HIV/AIDS epidemic expressed in the text, the content of the policy document, its relevance with respect to the epidemic and front-line research, its connection to other policies, and its ability to communicate to external as well as internal audiences what the organization intends to do.
2. A review of how the policy is translated into action through the three sets of policy instruments: the metaphorical sticks, carrots and sermons. Are they coherent and is the balance between them correct? Are there proper incentives to address HIV/AIDS challenges? Is the information present, and what are the informal and formal mechanisms that may become obstacles to policy implementation?
3. It would also be necessary to assess results in the organization, and with that we do not mean results in terms of breaking the advance of the epidemic or similar “end states”, but rather the question of what is done in the organization. What we refer to are new projects and programmes, integration of HIV/AIDS components into other activities, experimenting with organizational structures etc.

These are the elements of assessment that are operationalised into observation and document analysis, interview protocols, and other forms of data that lead into the desk study and the country studies done in the course of the evaluation.

The paper has also shown that most development agencies grapple with similar problems in terms of policy formulation and evaluation. Several of these have already completed major policy evaluations. However, the policy environment, the background and mandate as well as the structure of the organizations are so different that without an in-depth analysis only some general comparisons can be provided to highlight some of the challenges in Sida.

The response to HIV/AIDS is an example of a cross-cutting theme in the organization. This is connected to complex management problems, but these are not unique. It will be important to have a picture of the whole in order to avoid simple solutions to planning, budgeting and other forms of steering. The evaluation needs to assess and appreciate complexity in organizational culture and management systems.

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In addition, a literature search on websites of the World Bank, The German Development Institute (DIE), the OECD, EU and some other organizations was done. In the section of policy we have referred to some of the classical scholars such as Henri Fayol, Karl Weick and others, but the details of those works are not included in the list above.

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