# Toolkit for Trade Unions on HIV and AIDS

## Booklet 5:

Mobilizing resources for trade union action

ILO Bureau for Workers' Activities (ACTRAV)

INTERNATIONAL LABOUR ORGANIZATION, GENEVA

Long-term trade union intervention on HIV/AIDS includes developing projects and programmes, and these will inevitably need resources to support at least some of the activities. This booklet aims to help you identify sources of funding at country level, including the Country Coordinating Mechanisms (CCMs) of the Global Fund, and make contacts with key players, such as National AIDS Committees, UN Theme Groups and UNAIDS country offices, and bilateral donors.

Booklet 6 will provide advice on the process of developing sound project proposals.

It should be noted that the ILO is not itself a funding agency, but it can support your efforts in a number of ways.

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# 1. THE NEED FOR MORE FUNDING

Financing a response to the HIV/AIDS epidemic in low- and middle-income countries has emerged as one of the world's greatest challenges. International assistance from donor governments is a critical part of the response.

Funding for HIV/AIDS has risen significantly in recent years and is now worth approximately US$10 billion a year.

In July 2009 UNAIDS and the World Bank released a report, *The Global Economic Crisis and HIV Prevention and Treatment Programmes: Vulnerabilities and Impact*, which indicates that the global economic crisis is threatening HIV prevention and treatment gains in poor countries.

Eight countries were already facing shortages of antiretroviral drugs or other disruptions to AIDS treatment. Together, these countries are home to more than 60% of people worldwide receiving AIDS treatment.

Prevention efforts are also at risk. In 34 countries, representing 75% of people living with HIV, respondents to a survey reported that there was already an impact on HIV prevention programmes focusing on high-risk groups such as sex workers, people who inject drugs and men who have sex with men.

"This is a wake-up call which shows that many of our gains in HIV prevention and treatment could unravel because of the impact of the economic crisis," said Michel Sidibé, Executive Director of UNAIDS. "Any interruption or slowing down in funding would be a disaster for the ... people on treatment and the millions more currently being reached by HIV prevention programmes. We need to show solidarity with people living with and affected by HIV just as they are beginning to hope for a better future."

Since 2001, UNAIDS and its partners have tracked the flow of resources to HIV programmes, and projected what funding will be needed in the future for a comprehensive response. In September 2007, UNAIDS issued the report *Financial Resources Required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support*.

UNAIDS estimates that if the increase in HIV services and interventions that has taken place in the last few years continues at the same pace, the funding needed would be US$ 15.4 billion in 2010 and US$ 22.5 billion in 2015. Yet even with such increases, the world will not achieve universal access by 2010 or even by 2015.

To meet the goal of global universal access, available financial resources for HIV should have more than quadrupled by 2010 compared to 2007 – up to US$ 42.2 billion – and continue to rise to US$ 54.0 billion by 2015.

This is a great deal of money, but a small amount compared to the huge sums made available in 2008 to financial institutions in the developed countries to save them from bankruptcy.

At the time of writing, mid-2010, concern is growing about the level of funding for HIV/AIDS – see extracts below from the press release by *Médecins sans Frontières*. Trade unions should be aware that they are in competition for diminishing amounts of funds, but at the same time should contribute to advocacy around funding. Advocacy and lobbying must focus on the need for funding to be sustained and in proportion to need, not only the need for continued ARV treatment but also for intensified prevention. See details of the Global Unions 'Keep the promise' campaign aimed at the G8 in Booklet 1.

**Johannesburg, November 2009 -** A retreat from international funding commitments for AIDS threatens to undermine the dramatic gains made in reducing AIDS-related illness and death in recent years, according to a new report by Médecins Sans Frontières (MSF).

"After almost a decade of progress in rolling out AIDS treatment we have seen substantial improvements, both for patients and public health. But recent funding cuts mean doctors and nurses are being forced to turn HIV patients away from clinics as if we were back in the 1990s before treatment was available", says Dr Tido von Schoen-Angerer, Director of MSF's Access to Essential Medicines Campaign.

International support to combat HIV/AIDS is faltering as reflected in significant funding shortfalls…In 2005, world leaders promised to support universal AIDS coverage by 2010, a promise that encouraged many African governments to launch ambitious treatment programmes.

The report provides evidence that, particularly in high HIV-prevalence settings, treating AIDS has a positive impact on other important health goals, in particular maternal and child health. "A stronger commitment to other health priorities must happen, but this should be in addition to, not instead of, continued, increased commitment to HIV/AIDS", adds von Schoen-Angerer.

At present, over four million people living with HIV/AIDS in the developing world receive antiretroviral therapy. An estimated six million people who are in need of life-saving treatment, are still waiting for access. MSF operates HIV/AIDS programmes in around 30 countries and provides antiretroviral treatment to more than 140,000 HIV-positive adults and children.

# 2. UNDERSTANDING DONORS

It is essential for any workers' organization considering applying to donors to understand how these organizations work. Donors increasingly prefer to be seen as development partners rather than just providers of funds.

A key reference point is the *Paris Declaration on Aid Effectiveness-Ownership, Harmonisation, Alignment, Results and Mutual Accountability*. This was adopted in 2005 at a conference of donor and recipient governments.

You will find many references to the Paris Declaration and the principles it established. A key concept is *national ownership*. The idea here is that donor support should be for programmes and projects that are really "owned" by countries not driven by the donor. The problem from a trade union point of view is that too often *national ownership = government ownership*. The social partners may not be involved. Countries receiving development assistance are supposed to "Reinforce participatory approaches by systematically involving a broad range of development partners when formulating and assessing progress in implementing national development strategies", but trade unions will know how difficult it is to influence key policies and poverty reduction strategies.

It is therefore vital that workers' organizations lobby to ensure that "national ownership" includes a national consensus that the world of work and social partners are an integral part of the multisectoral response to HIV/AIDS. This will be easier if and when countries implement the new ILO standard on HIV/AIDS which aims to put in place national policies on HIV/AIDS and the world of work.

## *Multilateral and bilateral*

Donor organizations and international development agencies may work on a 'multilateral' or a 'bilateral' basis. Assistance to developing and transition countries can be channelled through an international organization - this is known as *multilateral* funding. The international organization approves or identifies the recipient organization/ project and may play a considerable role in designing the assistance, even implementing the project. The European Union and United Nations agencies are examples of multilateral organizations.

The Global Fund to Fight AIDS, TB and Malaria is a multilateral funding mechanism of a slightly different kind which will be explained in more detail.

With *bilateral* support, the donor works directly with a recipient country or organization, negotiating the support package and providing the funds directly. In 2006, the Netherlands, the United Kingdom and the United States were the top three donor countries for bilateral assistance for HIV/AIDS. Increasingly, the embassy or mission of donor governments is authorized to fund projects at country level.

Many bilateral donors also provide funding to the multilateral organizations - for example, the Netherlands has bilateral programmes in a number of countries but also contributes to UNAIDS and the Global Fund.

## *Promises and spending*

A distinction needs to be drawn between commitments and disbursements. A commitment is a promise by a donor to make available a certain amount of money over a period of time. Disbursement is the actual amount of money paid out.

There can be a considerable gap between commitments and disbursements. For example, between 2005 and 2006, commitments to spending on HIV/AIDS rose by 28% and disbursements by 11%. In other words, funding that was promised was not actually spent.

There are many reasons for this gap. One factor is the lack of capacity by a recipient to spend money. To give an example, a donor may make a commitment to provide funding for medicines for treatment in a particular province or for a particular population group such as sex workers. But the recipient may not have the infrastructure on the ground to reach all those who will benefit and to deliver the medicines. The technical term used here is 'absorptive capacity'- if this is not available, then the funds cannot be spent and the services will not be delivered.

Most donors give money in instalments (a word often found is 'tranche', from the French word for 'slice'). The second or third instalment depends upon satisfactory reports on the previous instalments. In many cases, if a recipient is late in providing accounts further payments are delayed.

It is therefore very important that when workers' organizations make applications to donors, whether on their own or in partnership with employers, they think about their absorptive capacity. In other words, do not ask for more money than you can reasonably spend, or commit to deliver on.

## Checklist for resource mobilization

- ✓ Make sure you understand the funding 'map' in your sector or country; talk to the ILO Office, UNAIDS, the Global Fund Country Coordinating Mechanism and the National AIDS Council or Commission – the exact name varies from country to country. Identify sources of assistance and support for the development of your proposal.
- ✓ Carefully research a donor before you approach them, and check the criteria for funding in your country - do not try to write a proposal yet, as this could lead to wasted effort.
- ✓ Check that any donor you're interested in is currently open to receive proposals; some donors call for proposals with specific closing dates.
- ✓ Check if the donor you're applying to has a particular format for applications, or even a required application form. You should follow the format (a surprising number of applications to donors don't!).
- ✓ If there is anything in the application process that you do not understand, or find difficult, there should be someone to ask in the donor organization. This might be a help desk or a programme officer. Do not ignore these problem areas.
- ✓ Liaise with the appropriate employers' organization and see if they're willing to make a joint proposal, and perhaps with the Ministry of Labour for a tripartite proposal – include other partners if possible (joint proposals are generally viewed more favourably); agree roles and responsibilities within this consortium.
- ✓ Before submitting a formal proposal, try to make contact with the donor – request a meeting if possible. Prepare for this by gathering evidence of what you've achieved already and what more you could do with additional resources. Have a project 'idea' even if it's not yet in the form of a proposal. Brief the union leadership so that they can mention these ideas at high-level meetings and social gatherings and help pave the way.
- ✓ Inform the ILO (local office, ACTRAV, ILO/AIDS) of what you're intending to ask for, if you haven't already sought their advice.


First International HIV/AIDS Cartoon Exhibition, UN 2006
*Artist: V. Kazanevsky,*
*Country: Ukraine*

# 3. MULTILATERAL FUNDING

Three of the main multilateral donors are considered here:

- The Global Fund
- The European Union
- The World Bank

## The Global Fund

The full name is the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM or just the Global Fund).

Since its creation in 2002, the Global Fund has become the main source of finance for programmes on HIV/AIDS, TB and malaria. By the end of 2009, donors had pledged more than $21 billion to the Fund, which has approved almost $19 billion in grants to 144 countries. It provides a quarter of all international financing for HIV and AIDS, two-thirds of funding for TB and three-quarters of funding for malaria. About 60 per cent of people worldwide who receive HIV treatment receive it through Global Fund-supported programmes.

The Global Fund is a financing mechanism created to increase resources for these particular diseases, and to direct them to areas of greatest need, rather than an implementing agency. It is a partnership between governments, civil society, the private sector and affected communities. Donors pool their resources to support a single coherent strategy within a country and to reduce the bureaucratic burden on countries that normally have to report to many different donor agencies.

The Fund works on the basis of the following principles:

- Operate as a financial instrument, not an implementing body.
- Make available and leverage additional financial resources.
- Support programmes that evolve from national plans and priorities.
- Operate in a balanced manner in terms of different regions, diseases and interventions.
- Pursue an integrated and balanced approach to prevention and treatment.
- Evaluate proposals through independent review processes.
- Operate with transparency and accountability.

## How does it work?

The Global Fund Board guides policy and strategic decisions and approves all funding.

The Global Fund Secretariat manages day-today operations. Because the Global Fund finances but does not implement programmes, it does not maintain any in-country staff. The Partnerships Department includes people with responsibility for civil society, for the private sector and for trade unions.

An independent body of global health and development experts, the Technical Review Panel (TRP), is appointed by the Board to evaluate the merits of all proposals and make funding recommendations to the Board.

At country level, the Country Coordinating Mechanism (CCM) is composed of government, NGO and private sector representatives. It submits proposals to the Global Fund, nominates the bodies accountable for administering the funding (the recipients), and oversees grant implementation.

The body chosen by the CCM to receive Global Fund resources and implement programmes (sometimes with sub-recipients), is known as a Principal Recipient (PR). It must provide regular reports and progress updates to the Secretariat. It is increasingly possible to have two PRs in partnership.

Since it does not have an in-country presence, the Global Fund contracts with a local entity (usually an accounting firm) to monitor programme implementation and ensure financial accountability - these are known as Local Funding Agents (LFA).

## Global Fund grant process

Funds are awarded in the context of funding Rounds. The timing of each Round is determined by the availability of funds. There have now been nine Rounds and a tenth call for proposals was announced in May 2010. Round 10 closed in August 2010 and a new Round has not yet been announced.

Applications are accepted for three main “components” - HIV/AIDS, tuberculosis, and malaria. Countries are encouraged to submit proposals covering two or more of the diseases in an integrated way. The trade unions in Cameroon, who have received GFATM support, now train “integrated peer educators” who provide information and education on all three diseases. Partnerships are also strongly encouraged.

Guidelines containing specific criteria for each funding Round are published on the Global Fund website, along with each call for proposals.

## The world of work

The Global Fund sees great value in working with the ILO to increase the involvement of business and labour in national programmes, and the two organizations have signed a joint letter of agreement designed to encourage a world of work component in proposals, and the participation of the ILO's constituents in CCMs. In 2008, UNAIDS also signed a new Memorandum of Understanding with the Fund, which covers the ILO as one of the ten UNAIDS cosponsors.

A key objective is to strengthen the CCM process by a greater participation of the stakeholders from the world of work. To the best of our knowledge the social partners are only represented on eight CCMs to date, but the Fund encourages organizations that are not part of the CCM to apply for funding in countries whose proposals have been successful.

## *How to request assistance*

You need to be alert for the call for proposals from the Global Fund generally and from your own CCM in particular – then you'll have a deadline for the submission of your proposal!

The Fund only accepts proposals from eligible partnerships, representing public and private stakeholders. Country eligibility is determined primarily by a country's level of development, but also its rate of adult HIV sero-prevalence and/or incidence of TB. The first port of call is the National AIDS Council, which may host the CCM or will anyway be in close contact with it.

The procedures are extremely complicated. Trade unions should *not* attempt to apply to the Global Fund on their own. They should work through the CCM, and with employers and Ministries of Labour where possible. The ILO has a special programme of assistance to countries which wish to submit a tripartite proposal: this involves (i) a tripartite workshop to ascertain the commitment to proceed and agree roles and responsibilities and (ii) hiring a consultant to support the drafting process. For more information contact the Director of the local ILO office and the Director of ILO/AIDS. UNAIDS has also produced a detailed guidance booklet on making proposals.

A useful source of independent information and advice about the Global Fund is an organization called Aidspan, which is dedicated to monitoring the Global Fund and has produced many publications providing guidance on application procedures.

## *Further information:*

- http://www.theglobalfund.org/en/
- http://www.aidspan.org/

Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

## The European Commission

The majority of the Commission's development assistance for health and communicable diseases - including HIV - is allocated within regional and country programmes, typically of a duration of four years or more. These are developed in the context of the Commission's regional and country strategy papers (CSPs), produced in cooperation with the countries in question, along with other development partners. Existing CSPs may be seen on the Commission's website at: http://europa.eu.int/comm/development/body/csp_rsp/csp_en.cfm

The Commission also has some traditional, project-type assistance.

### *How to request assistance*

The Commission works through the EuropeAid Co-operation Office and through its local offices (these are called delegations of the European Commission and are diplomatic missions).

You should talk to the l delegation in your country as well as look at the possibilities on the EuropeAid website. Your chances would be improved if you have some collaboration with a European trade union organization.

### *Further information*

- http://ec.europa.eu/europeaid/index_en.htm

## The World Bank

*The Multi-Country HIV/AIDS Program (MAP)*

The World Bank is one of ten cosponsors of UNAIDS. The purpose of the MAP is to support national efforts in Sub-Saharan Africa to accelerate and expand existing programmes in prevention, care, treatment and impact mitigation, and to build capacity. All MAP funds are grants. Launched in 1999, the programme is expected to last for 12 - 15 years.

The overall objective of the MAP is to increase access to HIV/AIDS prevention, care, and treatment programmes, emphasizing groups at risk (including youth, women of childbearing age, and others). The funds of the MAP are channelled through National AIDS Councils (NACs) in order to reach both the public and private sectors, as well as civil society.

### *Types of project supported*

The MAP supports the full spectrum of HIV/AIDS activities, in conjunction with all other partners. Typically, MAP projects include:

- Capacity building for government agencies and civil society
- Expansion of governmental responses to HIV/AIDS in all sectors
- A civil society fund to channel grants directly to community organizations, NGOs, faith-based organizations and the private sector for local HIV/AIDS initiatives
- Effective mechanisms for project coordination, management, and monitoring and evaluation

Criteria for access to MAP include:

- evidence of a strategic approach to HIV/AIDS, developed in a participatory manner;
- existence of a high-level HIV/AIDS coordinating body, with broad representation of key stakeholders from all sectors, including people living with HIV;
- government commitment to quick implementation arrangements, including channelling grant funds for HIV/AIDS activities directly to communities, civil society, and the private sector; and
- agreement by the government to use multiple implementation agencies, especially NGOs and community-based organizations.

The proposal should identify an area that is not already covered under the current national Aids programme and explain how the proposed project will fulfil the unmet need. Kenya's National AIDS Control Council was involved in this type of initiative, requesting funding for workplace training programmes consistent with ILO guidelines.

The best route to MAP funding is through partnerships at the local level making a proposal through the appropriate National AIDS Council. The Bank will assist in formulating the proposal. Sub-regional proposals are also considered.

## *Further information*

Go to www.worldbank.org and select topics for links to HIV/AIDS or select countries then Africa. See too the pages for ACTAfrica.

To go straight to MAP:
http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/EXTAFRHEANUTPOP/EXTAFRREGTOPHIVAIDS/0,,contentMDK:20415735~menuPK:1001234~pagePK:34004173~piPK:34003707~theSitePK:717148,00.html

**The Multi-Country HIV/AIDS Program for Africa (MAP)**

# 4. BILATERAL DONORS

Bilateral donors are individual countries. Their development assistance will usually be channelled through a specialized agency or ministry. In some cases it is channelled through the Ministry of Foreign Affairs. Some bilateral donors have a decentralized system and you will only need to talk to officials at country level. In other cases, proposals are referred to their headquarters. The more time you spend researching a particular donor, the better.

Bilateral donors are listed below in alphabetical order. If a country is not included, this does not necessarily mean that it will not fund HIV/AIDS programmes. The priorities of donors are constantly changing. You may also find that at the national level officials in an embassy have some flexibility.

## Australia

Agency for International Development( AusAID)

Australia is the largest bilateral donor working on HIV/AIDS programmes in the Pacific and South East Asia; it also supports African countries that are members of the Commonwealth. Some of its funding is directed at community-based projects identified by Australian NGOs. The Australian Council of Trade Unions (ACTU) has a specialized solidarity 'arm', Union Aid Abroad - APHEDA.

The NGO HIV/AIDS programme is open to organizations working with Australian NGOs in the following countries: Kenya, Lesotho, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia, Swaziland and Zimbabwe.

In the Asia-Pacific region, civil society organizations – and that includes trade unions - may apply to AusAID - usually based in Australia's mission to their country - and request information about applying for support for HIV/AIDS activities.

### *Further information*

- http://www.ausaid.gov.au

## Canada

Canadian International Development Agency (CIDA)

Between 2005/2006 and 2007/2008, the Canadian International Development Agency (CIDA) provided approximately $515 million in funding to support the implementation of initiatives that respond effectively to the AIDS epidemic in the developing world. CIDA maintains bilateral programmes in Africa, Asia, and the Caribbean, and supports multilateral initiatives that facilitate access to medicines for developing countries.

Bilateral programmes have been developed in close conjunction with the National AIDS Council. Proposals must identify an area that is not covered under the current national AIDS programme and explain how the proposed project will fulfil the unmet need.

It is worth noting that the Canadian Labour Congress signed a partnership agreement with ITUC-Africa in August 2009 to support its work on HIV/AIDS.

### *Further information*

- www.acdi-cida.gc.ca/

## Denmark

Ministry of Foreign Affairs of Denmark

Denmark's development policy focuses on the Millennium Development Goals, which include a commitment to combat HIV/AIDS (MDG6). Africa is a priority for Denmark, which works through multilateral agencies and also has a decentralized bilateral programme.

Administration of Danish development assistance has been decentralized to the Embassies in the programme countries. The Ministry has prepared guidelines for applying for a Local Grant and a form for the application. Some embassies are authorized to spend up to 5,000,000 Danish crowns on projects, without reference to their headquarters (around US$1 million).

The guidelines may be found at:

- http://amg.um.dk/en/menu/ManagementTools/LocalGrantAuthority/LocalGrant.htm

### *Further information*

- http://www.um.dk

This website is in Danish, but you can click to the English version in the top right-hand corner

## Finland

Finnish Development Cooperation, Ministry of Foreign Affairs of Finland

The Finnish Government intends to increase its development assistance to reach the UN target of 0.7 per cent of its gross national product by 2010. The UN Millennium Declaration provides a framework for Finland's development policy.

HIV/AIDS is a cross-cutting theme supported throughout all Finnish development policy.

Finland has bilateral programmes with eight long-term partner countries: Ethiopia, Kenya, Mozambique, Nepal, Nicaragua, Tanzania, Vietnam and Zambia. Development cooperation is planned jointly with the partner country on the basis of its development plans and ownership. This means that the government needs to be involved – trade unions could approach the Ministry of Labour.

Egypt, Namibia and Peru are countries which have 'graduated' from long-term partnership status but with which Finland still has a special relationship.

Local cooperation funds are administrated by the Finnish embassies. The aim is to support the strengthening of civil society - which includes trade unions.

You should visit the Finnish Embassy and meet the official responsible for development cooperation.

### *Further information*

Ministry for Foreign Affairs of Finland:

- http://formin.finland.fi/english/

## Germany

Development cooperation from Germany is provided through a complex network of institutions. Apart from the federal government, each province (*länder*) has a development programme. There are many private foundations based on political parties, trade unions, churches and other organizations. Trade unionists will be familiar with the Friedrich Ebert Foundation (FES), active in many countries. It is therefore worth discussing potential projects on HIV/AIDS and possible support from German sources with the local FES office in your country.

You may also want to know more about the technical support programme called *BACKUP.*

### *The BACKUP Initiative*

The Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) is owned by the German government and specializes in providing technical support. The BACKUP Initiative was established by GTZ in 2002, shortly after the creation of the Global Fund. BACKUP stands for "Building Alliances – Creating Knowledge – Updating Partners" to respond to HIV, tuberculosis and malaria and other priority diseases.

The purpose was to help build the capacity of countries – including civil society – so that they could benefit from the opportunities provided by global financing mechanisms such as the GFATM, the World Bank MAP and others. It offers technical assistance and sometimes funding for the development of project proposals. The initiative aims at improving equitable access to global finance, assuring quality of implementation and scaling up responses at the national level.

*Requesting assistance from the BACKUP Initiative*

All governmental, non-governmental, training and private sector institutions or organizations that are stakeholders in the GFATM process or other global initiatives to fight HIV/AIDS, TB and malaria are eligible to apply for support. Proposed outputs and activities should be in line with country strategies and the principles of the GFATM.

Submitted proposals should be endorsed by the CCM. GTZ BACKUP support should not contain activities that could be funded by GFATM or the World Bank's MAP. The proposals should state possible links between bilateral BACKUP support and assistance from UN organizations. One of three formal application forms will need to be completed.

**These forms and further information may be found at**:

- http://www.gtz.de/en/themen/soziale-entwicklung/hiv-aids/4356.htm

## The Netherlands

Directorate General for International Cooperation

The Netherlands works towards the MDG goal of halting the spread of HIV/AIDS by 2015. It has a designated HIV/AIDS ambassador who is responsible for implementing Dutch HIV/AIDS policy, both nationally and internationally, as an integral part of foreign policy.

The Netherlands has both multilateral and bilateral programmes. There are 36 partner countries and you can find out if your country is one of these by visiting the Dutch government website.

The Netherlands HIV/AIDS policy envisages that funding will be spread through bilateral, multilateral, civil society and public-private partnerships. It supports a strong role for national AIDS coordination mechanisms. This emphasises once again the importance for trade unions of having good relationships with national AIDS organizations.

Country-specific applications must be submitted to the relevant Dutch mission. They will be appraised on the basis of bilateral programme criteria and priorities.

### *Further information*

- http://www.minbuza.nl/en/developmentcooperation

## Norway

The Norwegian Ministry of Foreign Affairs is responsible for development assistance. The Norwegian Agency for Development Cooperation (NORAD) provides advice and dialogue, and also gives financial support to Norwegian non-governmental organizations.

Norway's priorities on HIV/AIDS include to "develop and support strategies that focus on the workplace and the working environment, in cooperation with business and industry, trade unions and the informal sector". It is rare to find explicit reference to workplace responses in HIV strategies and even rarer to find the trade unions identified as partners – take advantage of the door that's been opened!

The Norwegian embassies play an important role in the administration of the development assistance so make contact with your local Norwegian Embassy.

### *More information*

- www.norad.no

You need to click on the English option

## Sweden

Swedish International Development Cooperation Agency (Sida) International Response to HIV/AIDS

Sweden's HIV/AIDS strategy has four main 'pillars':

1. HIV prevention - enabling people (especially young people) to protect themselves against HIV through greater acceptance of safer sexual behaviour, with an emphasis on gender equality; enhanced access to STI treatment; and development and availability of safe, effective, and affordable vaccines.
2. Political commitment - promoting greater recognition by decision-makers of HIV/AIDS as a major development and political issue, and greater respect for human rights to protect people living with and affected by HIV or AIDS.
3. Care and support - promoting the provision of social support to poverty-affected households, and the provision of social and educational support to affected children.
4. Coping strategies - supporting the development of strategies to alleviate the long-term effects of HIV/AIDS, and of sectoral capacities to respond.

The Swedish government seeks to promote synergy between its own financial, technical and advocacy support and that of other governments and international agencies (they include the ILO). In keeping with this philosophy, workplace programmes are often integrated into Sida's broader development initiatives.

Sweden has bilateral partnership agreements with many African countries and an HIV/AIDS team based in Lusaka, Zambia. There is also an advisor for South Asia, based in New Delhi. Most Swedish embassies have a focal point for HIV/AIDS.

### *Further information*

- www.sida.se/. You need to click on the English option.

## The United Kingdom

Department for International Development (DFID)

DFID-sponsored HIV/AIDS programmes generally target the poorest countries. Some £1.5 billion was spent in the period 2005 - 2008.

In 2008, DFID launched the UK government's new AIDS strategy, 'Achieving Universal Access'. This committed £6 billion to improving health systems and services in poor countries up to 2015. The strategy places particular emphasis on prevention.

The UK rates second amongst government donors in terms of the volume of bilateral assistance that is spent on HIV/AIDS and on sexual and reproductive health. UK development assistance is delivered both multilaterally and bilaterally.

DFID operates a decentralized structure and decisions about programmes and support are taken at the country level. Decisions on how to deliver Universal Access in a particular country would take into consideration: the stage and nature of the HIV epidemic; identified

needs and priorities; and the work of the national government, other donors and multilaterals. Some DFID country offices may not be working on HIV/AIDS at all.

### *How to request assistance*

Bilateral assistance is channelled through DFID's network of country offices around the world. Funding levels for individual country programmes are determined in each of the relevant country offices.

The first step in applying for bilateral assistance involves a visit to the local DFID office (not necessarily located at the relevant British Embassy).

### *Further information*

- http://www.dfid.gov.uk/Global-Issues/How-we-fight-Poverty/HIV-and-AIDs/

## The United States

The President's Emergency Plan for AIDS Relief (PEPFAR) was a commitment of $15 billion over five years (2003–2008) from United States President George W. Bush in response to the global HIV epidemic. The *US Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act* of 2003 established the Office of the Global AIDS Coordinator to oversee all international AIDS funding and programming.

The programme initially aimed to provide ARV treatment to 2 million HIV-infected people in resource-limited settings, to prevent 7 million new infections, and to support care for 10 million people by 2010. PEPFAR increased the number of Africans receiving ART from 50,000 at the start of the initiative in 2004 to at least 1.2 million in early 2008. PEPFAR has been called the largest health initiative ever introduced by one country to address a disease.

As of 2004, all US international funding for HIV/AIDS has been channelled through PEPFAR and as a result a number of ILO projects funded by the US Department of Labor (USDOL) have been extended with additional resources from PEPFAR. These are in Botswana, Burkina Faso, Guyana, India, Lesotho and Swaziland.

In July 2008, PEPFAR was renewed until 2013 with funding of $48 billion to combat three diseases, including:

- $39 billion for PEPFAR bilateral HIV/AIDS programmes and the US contributions to the Global Fund;
- $5 billion to The President's Malaria Initiative to develop bilateral programmes on malaria around the world; and
- $4 billion for bilateral programmes to fight TB, which is the leading killer of Africans living with HIV.

The Obama administration supports PEPFAR; the programme and the funding should continue as the issue of HIV/AIDS does not divide the political parties. President Obama has made a strong statement of commitment to respond to HIV/AIDS.

## *Priority areas for funding*

Most funding is concentrated in 31 countries heavily impacted by HIV, including the 15 original "focus countries" (Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya,

Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Viet Nam, and Zambia). Funding is also available to some 100 countries where the US Government has existing bilateral, regional or voluntary programmes.

Access to treatment was an early priority but prevention remains of paramount importance.

Workplace programmes have been identified as an important aspect of public-private partnerships. The focus in projects funded to date has been on workplace-based prevention and education, and improving the workplace environment for workers living with HIV/AIDS (including measures to combat stigma and discrimination). Concern has also been expressed to ensure that workers on ARVs have access to jobs – this could be a role for trade unions. The US Government has stated that it is also prepared to provide technical assistance to business and trade unions to support and expand treatment programmes.

## *How to request assistance*

U.S. embassies are required to develop "Country Operational Plans" (COPs) to document annual investments and anticipated results.

The legislation which renewed PEPFAR in 2008 included a new emphasis on country ownership to help foster sustainability and accountability by authorizing "Partnership Frameworks" with recipient countries. These are five-year joint strategies for cooperation between the US the partner ("host") government, and other partners to combat HIV that outline the responsibilities of each party in achieving a country's HIV/AIDS strategies.

It is therefore important that the world of work, especially trade unions and employers' organizations, are involved in the Partnership Framework and the Country Operational Plan. Unless you are mentioned in these documents, you will not be able to receive funding.

Some points to remember about PEPFAR:

- PEPFAR is most interested in how you can help it reach its targets based on its indicators.
- PEPFAR wants to set the right priorities: when planning a proposal, think of how you can help to prevent the next 1000 infections in your country - here a sectoral approach may be a good strategy.
- PEPFAR is interested in 'combination prevention' and how the workplace can contribute: see section on prevention in booklet 3.
- New PEPFAR indicators include income-generating activities, so your proposals could include these.
- PEPFAR believes in partnerships: for the sustainability of the interventions, and to reduce the number of organizations with which it interacts.

- PEPFAR recognizes the good results of door-to-door and mobile testing: this can be adapted to the workplace as long as policies are in place to protect workers' rights to confidentiality and non-discrimination.
- Prevention of mother-to-child transmission (PMTCT) is a PEPFAR priority; it's recognized that husbands play a key role here. Behaviour change strategies targeting working men, implemented through the workplace, could make a significant contribution in increasing the number of parents consulting for PMTCT and thus reduce the number of babies born with HIV.

- http://www.pepfar.gov/

# 5. PRIVATE FOUNDATIONS

As well as the donor governments, there are a number of private foundations. This is one which may be of interest to workers' organizations.

## *The Bill and Melinda Gates Foundation*

The foundation awards the majority of its grants to US tax-exempt organizations identified by its staff. Grantees and partners then work with beneficiaries in the field.

The foundation accepts letters of inquiry (LOI) for grants in the HIV/AIDS initiative. Occasionally, it issues requests for proposals (RFP).

The foundation only accepts letters of enquiry from organizations that are exempted under section 501 of the United States Internal Revenue Code and other tax-exempt organizations. This means that any workers' organization outside the United States will need a US partner.

The foundation supports the following strategies:

- Expand access to prevention and treatment in developing countries;
- Support model country programmes to fight AIDS;
- Develop an effective HIV vaccine;
- Accelerate research on other new prevention strategies, and support access to those that are proven to be effective;
- Fight the joint TB-HIV epidemic;
- Advocate for increased global awareness and resources for HIV/AIDS.

## *Further information*

- http://www.gatesfoundation.org/topics/Pages/hiv-aids.aspx