



**Expertgruppen för biståndsanalys
The Expert Group for Aid Studies**

Invitation for proposals: Swedish development cooperation response to the HIV epidemic – what can we learn from the process?

The Expert Group for Aid Studies (EBA) is a government committee mandated to evaluate and analyse the direction, governance and implementation of Sweden's official development assistance (ODA). The EBA engages researchers and other experts to carry out studies of relevance for policymakers and practitioners.

The EBA hereby invites proposals for a study of the Swedish development cooperation's response to the HIV epidemic over time and what can be learnt from the process.

Background: HIV and AIDS emerging as a global health hazard and a development obstacle

From the end of the 1970s when the first AIDS cases were identified, the number of new HIV infections per year increased drastically up until the end of the 1990s when successful prevention methods and an increased availability of anti-retroviral drugs began to pay off. The number of deaths per year caused by AIDS peaked at 2 million in 2005-2006. By 2019, the number of deaths were down to 690 000, the vast majority occurring in Sub-Saharan Africa. Despite the decrease in numbers of new infections, the HIV prevalence¹ is still high in countries in southern Africa, currently between 10 to 20 percent, with 71 percent of new infections affecting the younger population.²³

¹ The share of people aged 15 to 49 years old who are infected with HIV.

² <https://ourworldindata.org/hiv-aids>

³ <https://www.who.int/news-room/spotlight/why-the-hiv-epidemic-is-not-over>

The significance of the consequences of HIV and AIDS was recognized in the millennium development goals, adopted in 2000, which included one goal specifically related to HIV: “to combat the spread of HIV/AIDS and other contagious diseases” (Goal 6). The 2030 Agenda for Sustainable Development, adopted in 2015, includes the objective to “by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases” (Sustainable Development Goal 3.3).

Development assistance has contributed with significant resources for combating HIV and AIDS. During 2017, 9.1 million USD, about 24 percent of the total global health aid was spent on HIV and AIDS.⁴ Already in the beginning of the epidemic, international development cooperation played a role through WHO, and later through the additional institutional structures created including UNAIDS and the Global Fund.

Globally, the view on strategies and approaches for sexual and reproductive health and sexual rights (SRHR), including HIV, has varied between countries. One group of countries, including Sweden, has consistently emphasised the human rights perspective and openness around sexuality and sexual rights, while others have chosen strategies that advocate abstinence and a stricter view of what is better or worse in terms of sexual relationships. These different perspectives, shaped by facts as well as values, have partly contributed to a polarized global political debate on gender, equality and sexual and reproductive health rights and has affected strategies vis-à-vis HIV and AIDS.⁵

The Swedish response to HIV and AIDS

Sweden’s initial international response to the HIV epidemic consisted mainly of channelling support and resources through international organisations.⁶ The first Swedish HIV/AIDS-strategy for international cooperation, “Investing for future generations” was not launched until 1999.⁷ Its overarching goals were to contribute to reducing the further spread of HIV and to mitigating the effects of the epidemic on individuals and society.

⁴ Dieleman, J. L., Haakenstad, A., Micah, A., Moses, M., Abbafati, C., Acharya, P., & Alizadeh-Navaei, R. (2018). Spending on health and HIV/AIDS: domestic health spending and development assistance in 188 countries, 1995–2015. *The Lancet*, 391(10132), 1799–1829. <https://www.sciencedirect.com/science/article/pii/S0140673618306986>

⁵ <https://www.regeringen.se/49c83f/contentassets/d0f27ea3fe59435d9c3dbbfb2efd3ed9/fran-befolkningsfragor-till-srhr---sverige-globala-engagemang-i-sexuell-och-reproduktiv-halsa-och-rattigheter>

⁶ Ibid.

⁷ <https://www.sida.se/contentassets/77d3d4c276ce4aa3ba1b30eb21efb284/12976.pdf>

Sweden's international policy on Sexual and Reproductive Health and Rights, adopted in 2006, advocates an integrated perspective of SRHR and HIV and AIDS, as well as a focus on power structures and social norms.⁸

In 2009, "The right to a future", Sweden's international HIV/AIDS-strategy, was launched.⁹ The strategy establishes the high priority given to HIV prevention and the alleviation of its long-term effects and emphasizes the importance of human rights and gender equality.¹⁰

Increasingly, HIV has been treated as a 'cross-cutting' issue, meaning that organisations (Sida itself, civil society and other partners) were expected to consider the impact on, and the consequences of, the epidemic in all other sectors.

At present, there are no specific HIV strategies or policies in Swedish development cooperation. Instead, HIV is integrated in key strategies such as the policy framework for Swedish development cooperation, the strategy for Sweden's global development cooperation in sustainable social development and in the strategy for SRHR in Sub-Saharan Africa, 2015–2019.

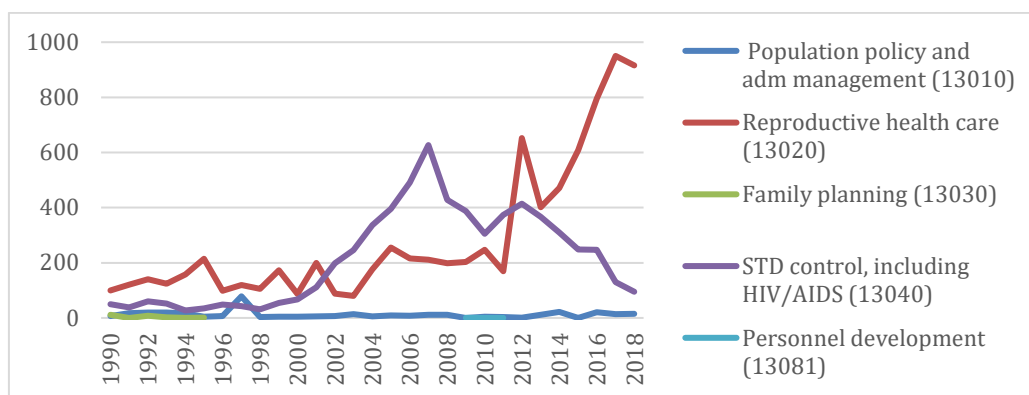
There is no reliable compilation of the total volume of Swedish development assistance funds allocated to HIV or AIDS related initiatives, partly because these flows are increasingly mainstreamed into different SRHR initiatives and thus difficult to track. In 2017 and 2018, Swedish bilateral development cooperation in the area of population and reproductive health reached about 1 billion SEK. Aid for control of sexually transmitted infections, including HIV, increased up until 2007 when it started to decrease again, but was likely compensated for by the increase in allocations to reproductive health care (Figure 1).

⁸<https://www.regeringen.se/49c843/contentassets/4f3bb66cc7a64b6695a690f876830942/sveriges-internationella-politik-for-sexuell-och-reproduktiv-halsa>

⁹<https://www.regeringen.se/49c841/contentassets/3dc2f2476570496ebc238dc41c7c670b/ratt-en-till-en-framtid---policy-for-sveriges-internationella-hiv--och-aidsarbete>

¹⁰<https://www.regeringen.se/49c841/contentassets/3dc2f2476570496ebc238dc41c7c670b/ratt-en-till-en-framtid---policy-for-sveriges-internationella-hiv--och-aidsarbete>

Figure 1. Swedish bilateral aid for population and reproductive health 1990–2018 (million SEK)



Source: CRS data, OECD-DAC

A large part of Swedish core support to multilateral organisations is allocated to SRHR and more specifically to HIV and AIDS. As an example, the Global Fund to Fight AIDS, Tuberculosis and Malaria received 97.8 million USD and UNAIDS received 36.1 million USD in 2018. Other organisations that work with HIV, for example WHO, UNICEF, UNFPA and the World Bank, also receive significant Swedish support.

A rough estimate would be that between 1995 and 2015, approximately 10-20 percent of Sweden’s bilateral and multilateral aid has been directly directed to the HIV sector, which equals several billion USDs in today’s monetary value.

Motivation for the study

HIV has been one of the major health issues to occur in the history of development cooperation, it has absorbed large volumes of aid flows and given rise to new multilateral organizations. Looking back at the past four decades, one could say that the millennium goals referring to HIV and AIDS were almost reached. Infection rates have decreased, the death toll has gone down, and many of those infected survive through medication.

From a development effectiveness perspective, the HIV response is also interesting because of the rapidly shifting landscape of knowledge and the learning process this has engendered. Changes in the nature of the epidemic, the evolution of medical, technical and socio-economic knowledge regarding transmission mechanisms, affected populations, prevention and treatment, and transforming views of HIV and AIDS in society, has made HIV and AIDS into continuously moving targets to which policy responses

needed to react and adapt. Different countries and societies and their choice of strategies and policies have also been influenced by fundamental values linked to religion, human rights, sexuality, gender and equality, which affects the learning process. Donors have also adopted different approaches in terms of strengthening partner countries' health systems horizontally, and/or implementing vertical organizational structures to focus on HIV and AIDS.

From this perspective, a study of Sweden's response to the HIV epidemic could provide insights into how policy design and implementation has responded to a health threat in constant transformation. The importance of learning from the adaptation of development cooperation in earlier epidemics can be seen during the Covid-19 pandemic.

The study is expected to analyse and draw lessons starting from the emergence of a Swedish response in the 1980s. The EBA expects the study to be designed so that major results can be identified (or conclusively found to not have been reached), and hence it is expected to cover a long period of time. Through a long-term approach, complex connections can be analysed, and the role of context can be investigated. Furthermore, over time it may be possible to uncover path dependence and multiple causality - phenomena that are important to learn from, but that are usually not treated in short-term studies.

Purpose and research questions

The purpose of this study is to assess and to learn from the Swedish international response to the HIV epidemic.

The study should describe and analyse what the Swedish response looked like and how it has changed over time. How and where has Sweden contributed resources and influenced systems, organizations and initiatives? Which were the factors and trends which have influenced the decisions that Sweden has taken as a global actor in development cooperation for HIV?

The two tasks of the study are:

1. To describe and analyse the Swedish response to the HIV epidemic and assess its results.
2. To describe and analyse learning - identifying how knowledge was generated, shared and put to use; and what this implies for policy formulation and management in times of crisis and turbulence.

Comments on the purpose and research questions

The invitation for proposals takes its starting point in the concept of 'a response' to the HIV epidemic. This includes the explicitly formulated strategies as well as the managerial decisions on projects and programmes. 'Response' can be understood as an emerging and evolving phenomenon. 'Response' includes decisions on financial allocations, but equally important are capacity development, institutional reforms, policy decisions in multilateral organisations and other arenas for international cooperation.

The Swedish response should be seen in context, and it is expected that the study will look at patterns of coordination, collaboration, and partnerships in Sweden and at international levels - as well as on resistance, obstacles to overcome and compromises that need to be made. The study is expected to address the 'other side of the argument', that is the opposite of the 'like-minded' in order to understand the scope and limitations of the Swedish response.

Yet another aspect of context refers to Swedish policies. Development cooperation is guided by policies (domestic as well as international) and there have been significant changes in policies during the last three decades – suffice it to refer to the Millennium Development Goals, the Agenda 2030, the Paris Declaration on Aid Effectiveness, and the domestic 'Politik för global utveckling'.¹¹ It can be expected that the broader policy environment has influenced the response to the HIV epidemic, and it is likely that this in turn has influenced policy development in other and related fields. SRHR and gender policies in particular may be of interest to analyse.

The global networks that constitute the response to the HIV epidemic have included different groups of actors – the medical profession, the bureaucracies of aid agencies, civil society organisations that represent people living with HIV, LBGTQ activists, and others. Each group have had its own ethos, objectives, professional standards, etc. How has the Swedish response interacted with these groups and how has the research community and civil society organisations, in Sweden and internationally, interacted with development cooperation? What factors and trends (research/knowledge, political and moral values, implementation, etc.) have influenced the design and choices (for example institution building vs. separate HIV mechanisms, prevention vs. treatment, sexual rights vs. sexual control)?

¹¹

<https://www.regeringen.se/49b739/contentassets/bf3ad53ef9ce418fbd60b5b25c4cc837/sveriges-politik-for-global-utveckling-skr.-20070889>

The response to the HIV epidemic emerged over several years. Although a longitudinal study is called for, the time span might need to be differentiated. Some periods saw a rapid development of knowledge, institutions, alliances. In other time periods not much happened. The study might want to identify such critical junctures and focus on these and treat 'uneventful' (if any) time periods lightly.

The question of effectiveness is central, in its own right and as an entry point to learning. If an organisational system learns, it is often important to understand what the basis for learning is. Success is an obvious inspiration for learning, but so can mistakes be. In either case, it takes evidence to know which is which. The Swedish organisations have commissioned many evaluations of HIV and AIDS projects and programmes, and during the time when this was a cross-cutting issue, all evaluations were expected to comment on achievements/failures. This study is not expected to be a synthesis of past evaluations, but it is expected that some of the most important conclusions/lessons learned also inform the analysis.

The information generated by this study considering learning from the HIV response over the past decades should be applicable to policy formulation for the contemporary and future HIV response and development cooperation at large to ensure a continued learning process.

Intended users

The target audience for this report includes important actors involved in HIV-SRHR-health in Swedish development cooperation, including Staff at the Ministry for Foreign Affairs, The Swedish International Development Cooperation Agency (Sida), and other government ministries such as the Swedish Ministry of Health and Social Affairs, as well as civil society organizations, and the research community.

The study is expected to generate new findings on the HIV response in development cooperation, as well as more general findings related to learning, adaptation and change management in new and rapidly changing circumstances. As such the study should be of interest to other actors in the international donor community as well as researchers, both within and outside of the realm of SRHR and health.

Previous studies and evaluations

A relatively large number of studies and evaluations related to HIV are available. Using the search term HIV in the Sida publication database generated 106 matches and similarly, for AIDS generated 110.

For example, in 2005, an evaluation of the implementation of the Swedish strategy for HIV/AIDS, Investing for Future Generations (IFFG) was published, called “Turning Policy into Practice”.¹² Other evaluations include: Evaluation of the Health Economics and HIV and AIDS Research Division (HEARD)¹³, Review of the Swedish Support to the HIV/AIDS Programmes in South Africa 2004-2013¹⁴, Panos Southern Africa’s Communicating HIV and AIDS in Southern Africa project, 2005–2008¹⁵, Evaluation of the Swedish-Norwegian Regional HIV/AIDS Team for Africa¹⁶, Boosting HIV/AIDS Programming in Civil Society Development Cooperation. Sida’s Special Support for NGO Projects Addressing HIV/AIDS 2004–2006¹⁷, Swedish Health Forum in South Africa – from point of view of the Swedish partner¹⁸ and Sida’s Support to the Agency for Cooperation and Research in Development (ACORD) to the HIV and AIDS Support and Advocacy Programme (HASAP) in Uganda¹⁹.

However, no studies have addressed Swedish development cooperation for HIV comprehensively over time.

Methods

It is up to the authors to choose study design and delimitations and it is expected that proposals include a detailed analytical framework. While not prescribing any particular method, these are some notes to help proposals suggest the design of approach and choice of methods:

- The proposals are expected to outline how causality will be handled. A long-term approach detects effects that become apparent many years after interventions took place, but on the other hand it is likely that context, intervening factors, random events also shape the new conditions. Hence an explicit approach to causal analysis is expected.

¹² https://www.sida.se/contentassets/915857f098784fbda9c092e3dfcab409/05211-turning-policy-into-practice-sidas-implementation-of-the-swedish-hivaids-strategy_2084.pdf

¹³ <https://www.sida.se/contentassets/f73970ee629043cb8941f1877129a310/22255.pdf>

¹⁴ <https://www.sida.se/contentassets/edb1de70d6974d7e85cdd5c709691ce0/15323.pdf>

¹⁵ <https://www.sida.se/contentassets/10edb6ba60b44c118b4da1bd329c7f56/14906.pdf>

¹⁶ <https://www.sida.se/contentassets/b2eee4d5b0274142a4dc3897aece5f2d/14963.pdf>

¹⁷ <https://www.sida.se/contentassets/02cba550ca5f4b878888f43c64cd31ed/14917.pdf>

¹⁸ <https://www.sida.se/contentassets/1f51efa430df41a7bcf03449e2b0f256/14862.pdf>

¹⁹ https://www.sida.se/contentassets/c1d47e41077846aba51495bd4b580e33/200858-sidas-support-to-the-agency-for-cooperation-and-research-in-development-acord-to-the-hiv-and-aids-support-and-advoca_1899.pdf

- Qualitative as well as quantitative methods are likely to be necessary for different parts of the study. It is likely that a large number of interviews with key informants will be needed; these can be designed as, for example, personal interviews, group interviews or focus groups. The methods for data collection should be clearly motivated and outlined in sufficient detail to assess their merits.
- The subject matter is extensive, and the study can be expected to generate large amounts of data. Innovative approaches to data analysis are welcome. Potentially important sources of information are written sources from the MFA, Sida and partner organizations, evaluations, mid-term reviews, final reports, previous research etc. While there is no requirement for the main applicant to understand Swedish, the evaluation team should include someone with the ability to analyse documents written in Swedish.
- One of the two purposes of the study is to generate learning and the EBA welcomes proposals that engage key audiences during the process. The EBA always appoints reference groups to guide studies, but in this particular case we expect to see an evolvement of our traditional reference groups into more intensive and more extended processes of learning.

General structure and conditions

The EBA works under what is termed “double independence”. This means that the EBA defines which questions and areas are to be studied, independently of the Ministry for Foreign Affairs. At the same time, analysis, conclusions and recommendations in each study are the responsibility of the author(s).

For all studies, the EBA sets up a reference group consisting of experts in the field of study (members are designated by the EBA in dialogue with the authors). The overall purpose of the reference group is to strengthen the quality of the report. The group will be chaired by one of the EBA members.

The evaluator(s) shall deliver a report (in English) presenting the results from the study to be published in the EBA report series (www.eba.se/en/published-reports/). The length of the report should not exceed 40 000 words (about 80 A4-pages).

The evaluator(s) shall present preliminary results at a pre-launch meeting/workshop with the MFA, Sida and the EBA, and present the final

report at a public dissemination event, preliminary to be held in Stockholm (details to be specified in consultation with the EBA at a later stage).

Procurement procedure, budget and timetable

The procedure will be a restricted procedure in two stages.²⁰

First stage: Application to submit tenders

All suppliers have the right to apply to submit tenders (expression of interest). The EBA will invite three (3) suppliers to submit tenders.

Applications to submit tenders shall be registered at the tender portal Kommers Annons eLite www.kommersannons.se/elite, no later than 31 January 2021. The application should contain:

1. CV of the team leader/principal investigator
2. A list of the team leader/principal investigator's most relevant publications (at most 10 studies from the last 10 years are to be listed)
3. Preliminary team (if more than one author, use at most 300 words)
4. At most three sample studies conducted by members of the proposed team. At least one shall have been authored by the team leader/principal investigator.
5. A short account for how, according to the authors, respective study has contributed to new, reliable, knowledge (at most 300 words, i.e. 100 words per study).

Applicants are kindly asked not to submit any unsolicited material.

Questions related to the first stage may be posed until 21 January 2021.

Selection of applicants to invite to submit tenders will be based on the submitted material assessed against sub-criteria 1-3 of criterion 2 (see the table at the end of this document). Since the proposed team is preliminary, main weight will be put on the team leader/principal investigator's experience and competence.

Suppliers must submit a self-declaration in the form of a European Single Procurement Document (ESPD) by filling in the tender form at www.kommersannons.se/elite. Please make sure enough time is allocated for completing the ESPD form when submitting the expression of interest.

²⁰ The Public Procurement Act (2016:1145), chapter 6, section 3.

Second stage: Submission of tenders

Selected suppliers are invited to submit a full proposal. The proposal shall be written in English and no longer than 15 pages. The proposal shall include a detailed presentation of study design, methods used and delimitations. Choices made shall be clearly justified. The proposal shall also include a presentation of the members of the evaluation team, a detailed schedule, allocation of time and tasks between the members of the group, and a budget (stated in SEK, including price per hour for each team member).

As appendices to the proposal shall be included: (i) CVs; (ii) at most three sample studies (reports or articles) carried out by members of the proposed team. At least one shall have been authored by the team leader/principal investigator. This appendix may be the same or different from the application to submit tenders; (iii) A brief account for how, according to the authors, respective study has contributed to new, reliable, knowledge (at most 300 words, i.e. 100 words per study, may be the same or different from the application to submit tenders).

The maximum cost for this evaluation is SEK 2 000 000 excl. VAT. The budget shall be denominated in SEK. The budget shall enable two to four meetings with the study's reference group (to be appointed by the EBA following dialogue with the authors), a workshop in Stockholm and participation at the launching event. The reference group will meet in Stockholm, but one or two meetings may be conducted by video link.

Tenderers shall give an account of all potential conflicts of interest pertaining to members in the evaluation team, as this may be a ground for excluding tenders.

The proposal shall be registered at the tender portal Kommers Annons eLite www.kommersannons.se/elite, no later than 15 March 2021. Tenderers are advised to monitor the tender portal regularly, as it is not possible to guarantee the receipt of e-mails.

Proposals shall be valid until 30 June 2021.

During the procurement process, the EBA is not permitted to discuss documentation, tenders, evaluation or any such questions with tenderers in a way that benefits one or more tenderers. All questions shall be sent to the Questions and Answers function ("Frågor och svar") on the procurement portal Kommers Annons eLite, www.kommersannons.se/elite. Questions

and answers to questions are published anonymously and simultaneously to everyone registered for the procurement. Questions may be posed until 5 March 2021.

Preliminary Timetable

Invitation to apply to submit tenders	18 December 2020 – 31 January
Invitation to (3) suppliers to submit tenders	3 February 2021
Last day to submit tender	15 March 2021
Decision by the EBA	April 2021
Standstill period (10 days)	April 2021
Contract signed	April/May 2021
Presentation of preliminary findings	November 2021
Final report delivered	31 January 2022
Launch event	March 2022

Selection of proposals in the second stage

An assessment group comprising members of the Expert Group and the secretariat will assess proposals received based on the relationship between price and quality. The following criteria will be used when assessing proposals received:

- Quality of proposal, in terms of design, methods and plan for implementation (weight: 50 per cent).
- Experiences and qualifications of team members in the areas of 1a) Work or research in areas related to the topic, e.g. global health, SRHR, HIV, a team with experience from multiple disciplines is seen as an advantage; 1b) Development cooperation interaction with political dialogue and multilateral organisations; 2.) Quality of previous evaluations/studies conducted by team members (based on studies attached to the proposal); 3) Academic merits of the team members (weight: 40 per cent).
- Cost (weight: 10 per cent).

See the table at the end of this document for the factors that will be considered under each of these three criteria. The assessment of each proposal will be based on the material submitted by the tenderer by the end of the bidding period.

Confidentiality

After the communication of the EBA's selection, all submitted proposals will become official documents, meaning that the Swedish principle of public access to official records applies. Sentences, sections or paragraphs in a document may be masked in the public version if "good reasons" (thorough

motivations in terms of causing economic damage to the company) can be provided and deemed valid. The tenderers are fully responsible for making their claims of confidentiality.

About the Expert Group for Aid Studies (EBA)

The Expert Group for Aid Studies (EBA) is a government committee mandated to evaluate and analyse the direction, governance and implementation of Sweden's official development assistance with a specific focus on results and efficiency. The aim is to contribute to an efficient implementation of well-designed aid. The EBA focuses primarily on overarching issues within Swedish development assistance, not on individual projects. The EBA consists of an expert group of ten members, and a secretariat placed in Stockholm.

In 2021 the Expert Group consists of: Helena Lindholm (chair), Johan Schaar (vice chair), Kim Forss, Torgny Holmgren, Sara Johansson De Silva, Staffan I. Lindberg, Magnus Lindell, Joakim Molander, Julia Schalk, Janet Vähämäki and Anders Trojenborg (adjunct expert from the Swedish MFA).

Assessment criteria

Criteria	1. Quality of proposal in terms of design, methods and plan for implementation. (Weight: 50 per cent)	2. Experiences and qualifications of team members in the areas of interest. (Weight: 40 per cent)	3. Cost. (Weight: 10 per cent)
Scale	Criterion 1 and 2 are graded on a scale of 0–5 where: 5=Extraordinary or exceeds all expectation; 4=Very good; 3=Good; 2=Fair, reasonable, in line with what can be expected; 1=Sub-standard; 0=Not applicable/not possible to assess. Sub-criteria are assessed in falling importance according to number but are not graded numerically.		Continous grade [0,5] as a share of the lowest bid offer, where the lowest bid is graded 5.
	Each criterion is finally weighted (0.50*Criterion 1 + 0,40*Criterion 2 + 0,10*Criterion 3) to obtain a total grade in the interval [0, 5].		
Specifications (numbered in order of importance)	<ol style="list-style-type: none"> 1. Does the study design, i.e. suggested methodological approach and plan for implementation, make it possible to fulfil the study's purpose?* 2. Have the approach and method(s) been described in a specific and transparent manner? 3. Have important or pertinent limitations with the method been described and discussed clearly? 4. Will the study design enable conclusions that can be expected to form the basis of use, learning and reflection among the study's target groups? 5. Does the proposal have a thorough and realistic workplan and timeline? <p>* An overall assessment that the evaluation is feasible to implement and that it can be implemented without any ethical breaches occurring is presupposed. While such an appraisal is required, it is not included as a separate sub-criterion.</p>	<p>The team participants' experience of:*</p> <ol style="list-style-type: none"> 1a. Work or research in areas related to the topic, e.g. global health, SRHR, HIV. A team with experience from multiple disciplines is seen as an advantage. 1b. Development cooperation and interaction with political dialogue and multilateral organisations. 2. Quality of the studies attached to the proposal. 3. Academic merits of the team members. 4. The team members engagement in the evaluation as specified in the proposal's work- and time plan and as shares of proposed budget. <p>* Sufficient language skills in relation to the needs of the assignment are required to be shown and are therefore not specified as a separate sub-criterion.</p>	Total price in SEK (VAT excl)

