

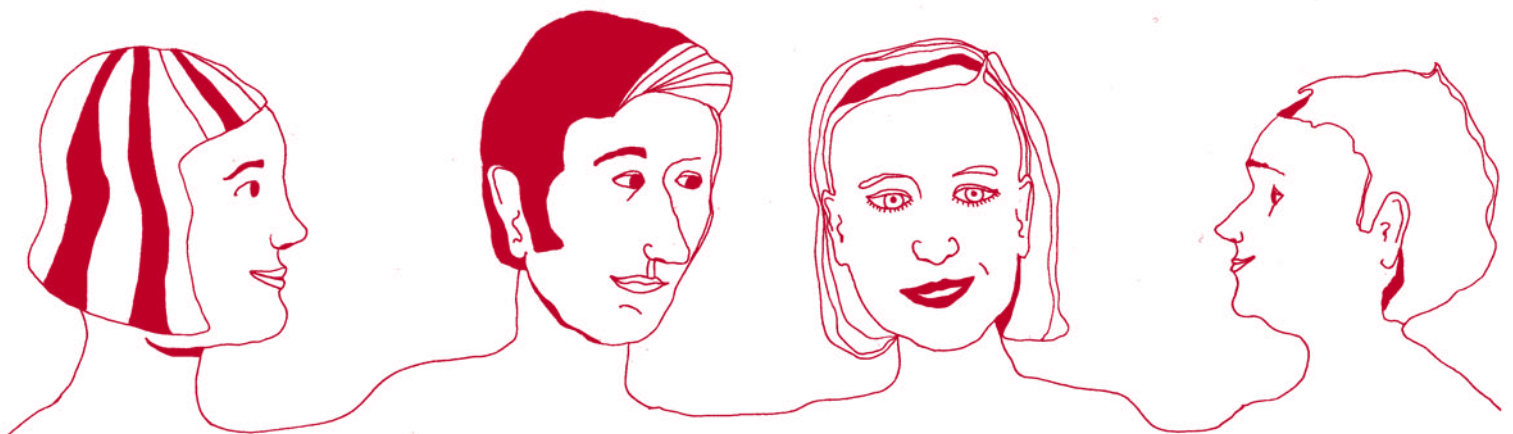
EVALUATION OF REPORTING ON PROJECTS
FINANCED THROUGH THE EUROPEAN
COMMISSION AIDS BUDGET LINE

Outi Ojala-Seppänen

Nordic School of Public Health

Master of Public Health

MPH 2005:13



EVALUATION OF REPORTING ON PROJECTS FINANCED THROUGH THE EUROPEAN COMMISSION
AIDS BUDGET LINE.

© Nordic School of Public Health

ISSN 1104-5701

ISBN 91-7997-100-8



Master of Public Health

– Essay –

Title and subtitle of the essay EVALUATION OF REPORTING ON PROJECTS FINANCED THROUGH THE EUROPEAN COMMISSION AIDS BUDGET LINE				
Author Outi Ojala-Seppänen				
Author's position and address Task Manager, Central management of thematic budget lines – Health Sector European Commission, EuropeAid Co-operation Office B-1049 Brussels				
Date of approval June 8, 2005		Supervisor NHV/External Professor Bengt Lindström Docent Bo Eriksson		
No of pages 46	Language – essay English	Language – abstract English	ISSN-no 1104-5701	ISBN-no 91-7997-100-8

Abstract

The AIDS epidemic affects the whole world, as there is no region of the world that has been spared. Approximately 34-46 million people are infected with HIV and more than 24 million people have already died since the first cases were identified in 1981. The pandemic is no longer just a health problem but a serious threat to human development. Significant efforts have been made to halt the transmission of the disease. As early as 1987, the European Union established a HIV/AIDS Programme in Developing Countries. From 1994 to 2001 the EC spent an average of 625 million Euros every year on health, HIV/AIDS and population in more than 100 developing countries. The EC support is mainly implemented through projects financed through Community grants.

The main objective of this study is to contribute to improving the quality of project reporting. The purpose is to evaluate the reporting on projects financed through the European Commission AIDS budget line both in terms of structure and content through analyzing the final project reports.

The targets and the amount of money invested in the fight against HIV/AIDS are high, but are we reaching the targets and getting value for the money invested? The spread of HIV/AIDS continues despite increased efforts in recent years. Nearly 5 million people became newly infected in 2003. This is more than in any previous year.

The effectiveness of HIV/AIDS projects, in terms of changing attitudes and behavioural change, has been criticized. According to this study, changes can be identified at several levels – the individual, the community and the international. It was shown in some case studies in the assessed reports that the projects could have significant impact on the individuals. This study shows that the strength of these projects was the diversity of them and the new innovative approaches. They targeted different vulnerable populations like children, IDUs, truckers etc. Further they used many strategies on addressing many areas related to AIDS as human rights, capacity building, advocacy, clinical practice etc. This study suggests more systematic evaluations of the EC funded AIDS prevention projects and the application of a unified format for reporting in order to be able to compare results and effectiveness of interventions.

Key words

HIV/AIDS, evaluation, project, report, content analysis



Master of Public Health

– Essay –

Title and subtitle of the essay Evaluation de rapports soumis dans le cadre de projets financés sous la ligne budgétaire SIDA de la Commission Européenne				
Author Outi Ojala-Seppänen				
Author's position and address Gestionnaire de projets, Gestion Centrale des Lignes Budgétaires Thématiques – Secteur Santé Commission Européenne, EuropeAid Office de Coopération B-1049 Brussels				
Date of approval June 8, 2005			Supervisor NHV/External Bengt Lindström Bo Eriksson	
No of pages 46	Language – essay English	Language – abstract French	ISSN-no 1104-5701	ISBN-no 91-7997-100-8

Abstract

L'épidémie du SIDA touche le monde entier, aucune région du monde n'est épargnée. Environ 34-46 millions de personnes sont infectées avec le VIH et plus de 24 millions sont mortes depuis l'identification des premiers cas en 1981. La pandémie n'est plus seulement un problème de santé mais constitue une menace sérieuse pour le développement humain. Des efforts significatifs ont été faits pour mettre un terme à la transmission de la maladie. Dès 1987, l'Union européenne a établi un programme de lutte contre le VIH/SIDA dans les pays en développement. De 1994 à 2001 la CE a consacré en moyenne 625 millions d'euros chaque année à la santé, au VIH/SIDA et aux politiques de population dans plus de 100 pays en développement. L'aide de la CE est principalement mise en oeuvre à travers les projets financés par les subventions communautaires.

L'objectif principal de cette étude est de contribuer à l'amélioration de la qualité des rapports rédigés dans le cadre des projets. Le but est d'évaluer les rapports de projets financés par la ligne budgétaire SIDA de la Commission européenne aussi bien au niveau du format que du contenu et ce par l'analyse des rapports finaux.

Les objectifs de la lutte contre le VIH/SIDA sont ambitieux et les montants investis élevés, mais atteignons-nous les objectifs et est-ce que notre investissement porte ses fruits? Le VIH/SIDA continue à se propager malgré les efforts accrus de ces dernières années. Presque 5 millions de personnes ont été nouvellement infectées en 2003. Cela est plus que pendant toute autre année précédente.

L'efficacité des projets de VIH/SIDA, en termes de changement d'attitudes et des comportements, a été critiquée. Selon cette étude, des changements peuvent pourtant être identifiés à plusieurs niveaux : individuel, communautaire et au niveau international. Dans certains cas cités dans les rapports évalués il a été démontré que les projets ont eu un impact significatif sur les individus. Cette étude montre que la force de ces projets réside dans leur diversité et dans leurs approches innovatrices. Ils ont ciblé différentes populations vulnérables comme les enfants, IDUs, des camionneurs etc. Par ailleurs, ils ont adopté des stratégies pour adresser plusieurs domaines liés au SIDA comme les Droits de l'homme, le renforcement des capacités, l'IEC, la pratique clinique etc. Cette étude propose davantage d'évaluations systématiques des projets de prévention du SIDA financés par la CE et l'application d'un format unifié des rapports pour permettre une meilleure comparaison des résultats et évaluation de l'efficacité des interventions.

Key words: VIH/SIDA, évaluer, projet, rapport, analyse du contenu

LIST OF CONTENTS	page no
ABSTRACT	
LIST OF CONTENTS	2
ABBREVIATIONS	3
1. INTRODUCTION	4
2. BACKGROUND	5
2.1. The global AIDS epidemic	5
2.2. Projects and their characteristics	6
2.3. Project reporting	8
2.4. Project evaluation and impact	9
2.5. European Commission's support for HIV/AIDS projects	12
2.6. Previous studies	13
3. PURPOSE OF THE STUDY	16
4. MATERIALS AND METHODS	17
5. RESULTS	22
5.1. Project reporting	22
5.2. Project impact	27
6. DISCUSSION	30
6.1. Discussion on results	30
6.2. Discussion on validity	31
7. CONCLUSION	33
8. ACKNOWLEDGEMENTS	34
REFERENCES	35
ANNEX 1 Council Regulation (EC) No 550/97	40

Disclaimer: The author accepts sole responsibility for this essay. The views expressed in this essay are those of the author and do not necessarily reflect the official position of the European Commission.

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral
EU	European Union
EC	European Commission
HAP	Health, AIDS and Population
HIV	Human Immunodeficiency Virus
MDGs	Millennium Development Goals
NGO	Non-Governmental Organisation
PLWHs/PLWAs	People living with HIV/People living with AIDS
STDs	Sexually Transmitted Diseases
UNAIDS	United Nations Joint Programme on HIV/AIDS
WHO	World Health Organisation
VCT	Voluntary Counselling and Testing

1. INTRODUCTION

The AIDS epidemic has implications for everyone today as it affects the whole world. There is no region of the world that has been spared. Significant efforts have been made in the areas of education, care and condom promotion, as there is no cure and, to date, no vaccine available. The pandemic is no longer just a health problem but a serious threat to human development.

HIV/AIDS has been an important focus of the EU's public health activities since the late 1980's. From 1994 to 2001 the European Commission gave support to health, HIV/AIDS and population in more than 100 developing countries (amounting to 5 billion Euros). This makes an average annual expenditure of 625 million Euros. However, the spending to combat the spread of HIV is still far less than it ought to be. Additional spending on prevention and treatment of AIDS is recognised by the Millennium Development Goals (MDGs) as a key aim. The MDG related to AIDS aims to have halted progression of the disease and begun to reverse the spread of HIV/AIDS by 2015. (European Commission 2003.)

The EC support to health, HIV/AIDS and population is mainly implemented through projects financed through Community grants. Today the need to include monitoring and evaluation, as an integral part of HIV/AIDS projects is understood. Evaluation can help to determine whether a project can be considered successful and worth the resources invested in it.

The targets and the amount of money invested in the fight against HIV/AIDS are high, but are we reaching the targets and getting value for the money invested? The spread of HIV/AIDS continues despite increased efforts in recent years. Nearly 5 million people became newly infected in 2003. This is more than in any previous year. These are some interesting questions, which this study aims to discuss.

This issue is both of current interest and of enduring importance. My personal interest in this topic arises from my professional activity. Over the last three years I have had the opportunity to work in the European Commission's Europe-Aid Cooperation office dealing with the AIDS budget line. In this position I have been closely following the implementation and results of HIV/AIDS projects. As it is not possible to visit all the projects, the results and impact of the activities are assessed through reports. Therefore the final reports are practical tools and data sources for this study. No specific guidelines for reporting exist for this budget line, which means that the reporting varies widely in format, content and quality.

This study looks at final reports from projects financed through the European Commission's AIDS budget line, in order to evaluate the quality of reporting, identify some important lessons learnt and assess the reported impact of the projects. The next chapter provides an overview of the global AIDS epidemic and previous studies in the field. It presents the theoretical framework of the study and defines the core concepts. The two following chapters explain the purpose and methods of the study. In the fifth

chapter the results of this research are presented and in the two last chapters the results are discussed and conclusions made.

2. BACKGROUND

2.1. The global AIDS epidemic

Approximately 34-46 million people are infected with HIV, a virus that was unknown until 1980. More than 24 million people have already died since the first cases were identified in 1981 and AIDS is now the leading cause of death for young adults worldwide. Girls and young women are at greatest risk. As of December 2003, women accounted for nearly 50% of all people living with HIV worldwide, and for 57% in sub-Saharan Africa. Young people (15-24 years old) account for half of all new HIV infections worldwide. (UNAIDS 2004, WHO 2004.)

The AIDS epidemic has increased its rate of transmission and the disease shows no signs of coming under control. In fact the incidence is increasing by 3% every year. The AIDS crisis continues to deepen in Africa, while new epidemics are growing with alarming speed in Asia and Eastern Europe. No region of the world has been spared. The course of the epidemic in China and India - the two most populous countries in the world - will have a decisive influence on the global epidemic. (UNAIDS 2004, WHO 2004.)

Globally, unprotected sexual intercourse between men and women is the predominant mode of HIV transmission. Other important modes of transmission include unprotected penetrative sex between men, injecting drug use and unsafe injections and blood transfusions (WHO 2004). As the HIV infection is asymptomatic for a long time, the majority of the world's infected people are unaware of their HIV infection. In sub-Saharan Africa 9 out of 10 HIV-positive people do not know that they are infected. Many of these people do not even have a chance to find out their HIV status due to weak primary health care structures. Often also lack of information, attitudes and prejudice hamper the diagnosis of HIV, care and treatment as well as preventive efforts (Holmström 2002). The availability of treatment would significantly increase voluntary counselling and testing. At present, almost 6 million people in developing countries need antiretroviral therapy, but only about 400 000 received it in 2003 (WHO 2004).

The failure to reduce the burden of HIV/AIDS has brought it to the centre of the international development debate. This has led to calls for urgent international initiatives in the context of the Millennium Development Goals, which include targets to fight HIV/AIDS (European Commission 2003). While there is a need for additional resources and commitment, some progress has been achieved by people living with or affected by HIV, as well as by governments, NGOs, business people and religious leaders (UNAIDS 2004).

AIDS is not simply a health problem. There is growing evidence concerning the importance of historical, political, social and economic factors in HIV/AIDS. According to a recent study by Kylmä (2000), HIV is a peculiar, socially restricting phenomenon and it evokes psychosocial problems in PLWHs/PLWAs and those around them. The HIV/AIDS epidemic is also viewed as an individual and social tragedy but also as a catalyst for change and development of innovative approaches and projects (Cabrera et al. 1996). The European Commission (2003) regards HIV/AIDS as a specific and pernicious threat to development in many developing countries.

Given the magnitude and severity of the HIV/AIDS epidemic, it is now clear that there is no simple way of controlling this scourge and comprehensive HIV/AIDS projects are needed. Such comprehensive project activities should include education, care, screening of blood donors, control of other sexually transmitted diseases (STDs) and condom promotion. HIV prevention campaigns have often promoted abstinence, faithfulness and condom use (Klepp et al. 1995, European Commission 2001b).

2.2. Projects and their characteristics

The word project is derived from Latin meaning proposal or plan (Ruuska 1999). A programme is usually defined as a set of actions or projects designed for a specific purpose (i.e. HIV/AIDS programme or tobacco control programme). A project is often defined more narrowly, although in terms of resources used it may be larger or smaller than a programme (Diwan et al. 2000). “Health care project” is sometimes used when referring to a time-limited international health care programme i.e. a three-year overseas aid funded child health project in a developing country (Øvretveit 1998) The term project is used in the present study to designate both projects and programmes.

A project may be a short-term event or it may be bigger, longer and involve a large number of people. There are many different types of projects but they all have some features in common. A project:

- has a clear purpose that can be achieved in a limited time;
- has a clear end when the outcome has been achieved;
- is resourced to achieve specific outcomes;
- has someone acting as a sponsor or commissioner who expects the outcomes to be delivered on time;
- is a one-off activity and would not normally be repeated (Löow 2002, Martin 2002).

People might think that there is no point in carrying out a project if it does not result in a change. In fact projects normally do contribute to the management of change (Martin 2002). Chen (1990) states that projects are created for the purpose of providing services or solving problems. Drummond et al. (1997) stress that services which have been shown to do no more good than harm should not be provided under any conditions. “If something is not worth doing, it is not worth doing well.” The different project

definitions emphasize that a project is a time bound, unique task with an ultimate goal and a limited budget. Furthermore, Martin (2002) and Ruuska (1999) talk about key dimensions or factors of a project. These three key dimensions are budget, time and quality (See figure 1). They are regarded as the aspects of a project that must be kept in an appropriate balance if the project is to achieve a successful outcome.

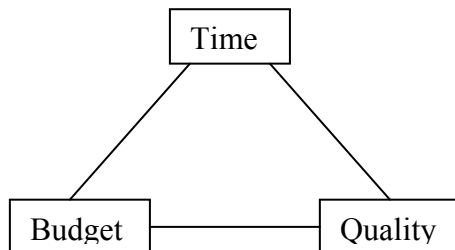


Figure 1. The balance of project dimensions

These dimensions are in tension with each other and any action taken on one of the dimensions will impact on the two others. These dimensions are useful to keep in mind throughout the project's life span because actions and decisions will impact one or another of these dimensions and upset the balance. If the balance is upset, the project might fail to meet the expectations of keeping within the agreed budget, finishing by the target date or producing outcomes of the quality required. (Martin 2002, Ruuska 1999.)

The logical framework method was developed in the 1970s as a tool for improving project planning and implementation. The method involves the presentation of the results of analysis in such a way that it is possible to set out the project objectives in a systematic and logical way, reflects the causal relationships between the different levels of objectives and indicating how to check whether these objectives have been achieved (European Commission 2001a).

Goals are usually used to guide project activities and to determine resource allocation. Further goals are frequently used as criteria to assess the project effectiveness. However projects are also very likely to generate unintended outcomes (Chen 1990). Chen (1990) also talks about a goal trap, which occurs when sometimes goals are formulated to obtain funding but are never intended to be realized.

The overall objectives of a project explain why the proposed activities are important for society in general, in relation to the longer-term benefits to final beneficiaries and the wider benefits to other groups. The overall objectives will not be achieved by the project alone; it will only contribute to the achievement of them. The logical framework method helps to establish what assumptions outside the control of the project may influence its success as well. The logframe cannot alone guarantee successful results, as many other factors will influence a project's success. The organisational skills of the

team or organisation in charge of the implementation are some influencing factors and Figure 2 demonstrates additional influencing factors (European Commission 2001a).

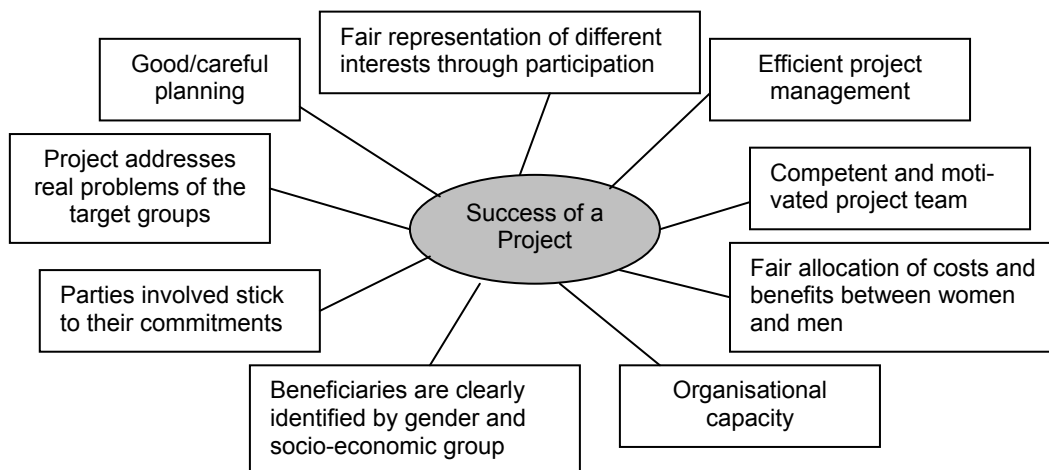


Figure 2. Success of a project: Some factors (European Commission 2001a)

2.3. Project reporting

Projects are generally of interest to a large number of people and reports about progress and achievements have to be prepared for different groups and individuals. Whatever the audience is, a project report should focus on the issue that is reported in a well-structured and logical format. Also appropriate and clear language should be used. The document will use headings and subheadings to guide the reader through the different sections. Examples or graphics could be used in order to exemplify and illustrate. On the cover the reader should quickly see what the report is about, who wrote it and when it was written. A summary should be included, written in a way that enables it to be used as a briefing sheet for a wider audience than that of the full report. (Martin 2002, Ruuska 1999.)

The UNAIDS Executive Director, Dr Peter Piot, has criticised the requirements of reporting: “In AIDS as elsewhere, program managers are often little more than data processors for donors, spending obscene amounts of time trying to satisfy dozens of duplicative reporting requirements, and hosting repetitive review missions month after month. Donor-driven agendas are raising transaction costs and reducing programme effectiveness.” The need to act quickly against the AIDS epidemic means often that you must “learn by doing”. However, some critical elements must not get lost in the shuffle of urgent action, including the documentation of learning so that others can take advantage of it. (UNAIDS 2004.)

A report also should provide a critical analysis of the progress made towards achieving the project's objectives, and of the likelihood that it will provide lasting benefits to the target group (or groups) after its lifetime. It is obvious that not all projects succeed and a report should declare problems and failures as well as success. If the format of successive reports is as similar as possible this facilitates the task of evaluating progress made in achieving the project purpose and results (Practical Management Guide 2000). Nevertheless the articles of the EC grant contracts, which refer to reporting do not at present, stipulate any unified format for reports.

The beneficiaries of EC grants must provide the Commission with full information on the implementation of the operation. To that end the beneficiary must draw up intermediate reports and a final report. These reports shall consist of a technical portion and a financial portion. At the operational level within the European Commission, systematic project reporting provides officials with information on which projects are working well and whether they are achieving the objectives. The financial part of the report shows how the project spent the money received. This can justify receiving funds for on-going and future activities (ANNEX II 2000).

The reports must be laid out in such a way so as to allow comparison of the objectives, the means envisaged or employed and the results expected and obtained (ANNEX II 2000). However these say nothing about issues like staff competence or technical performance, though it is in these areas that the causes of a project's problems may originate. Reports are a convenient method of gathering information of all current activities. Although today computer software exists, that offer extensive help in planning and reporting projects, meaningful reports take time and effort to compile (Webb 1994).

The final report must contain information on considerations, which could be used to evaluate the operation's impact (ANNEX II 2000). The final project report is an important tool for action improvement. The report is an objective assessment of the successes but also of the things that could have been done better (Ruuska 1999).

2.4. Project evaluation and impact

Lewin (1994) defines evaluations as systematic assessments of projects and programmes, strategies and methods and their results and effects. Patton (1997) widens the definition by saying that the systematic collection of information is done in order to make judgements about the project, improve project effectiveness, and inform decisions about future programming.

Rossi and Freeman (1993) define evaluation as the systematic application of social research procedures for assessing the conceptualization, design, implementation and utility of intervention projects. It draws upon the techniques and concepts of several disciplines and is useful at every stage in the conceptualization, design, planning and

implementation of programs. At various times funding organizations, policymakers and program managers need to distinguish useful projects from ineffective and inefficient ones and to plan, design and implement new policies or projects. (Rossi & Freeman 1993, Øvretveit 1998, Laitinen 2000.)

Evaluation involves making a judgement about value (Lewin 1994, Martin 2002). Evaluations are carried out in all sorts of activities where it is vital to ascertain if objectives have been achieved, where you want to know which results and effects the activities have had, whether problems occurred and if the efforts made have been worth the funds invested. So the target of the evaluation can vary from objectives, activities, costs, effectiveness or effects and a lot more. Evaluation can be a steering instrument and function as an alarm bell if projects are not leading to the desired results (see e.g. Lewin 1994, Patton 1997, Øvretveit 1998, Laitinen 2000, UNAIDS 2004).

In health care we tend to apply a medical research approach in evaluation and think that valid evidence can only come from carefully controlled experimental trials. Sometimes this approach is appropriate, but often it does not give the answers needed within the reasonable time when evaluating health projects and change (Øvretveit 2002). Secondly the term evaluation does not imply a particular type of study design. An evaluation could be a randomised controlled trial, an interrupted time series design or a care study. The best method is, according to Øvretveit (2002), the one which answers the evaluation user's questions using their values when given the time and money available. It can simply be a description of something such as a policy or a project and how it is implemented. (Øvretveit 1998, Rychetnik et al 2004).

There are estimated to be over 100 types of evaluation. Outcome evaluation is made to discover a programme's effects. Outcome evaluation has also been called summative evaluation. Action evaluations are performed to give decision makers fast feedback about a project or a reform (Chen 1990, Øvretveit 2002). Impact evaluation discovers the wider impact of a service or a project. This follows that an evaluation usually takes place at the end of the project. Sometimes evaluations are held quite a long time after the completion of the activities to see whether the long-term aims were achieved. Outcome and impact evaluations have been criticized for a narrow view of value and success. Pluralistic evaluation investigates the views of different interest groups regarding their views about an intervention (Øvretveit 1998, Martin 2002).

Impact evaluation should only be done when the intervention has been in place long enough. Impact assessments are expensive and time-consuming. Therefore approaches that do not involve collecting new data or analyzing masses of existing data are used. In these alternative approaches the judgments of experts, program administrators or participants play the major roles in estimates of impact. The limitations of these approaches need to be considered. Program administrators have obvious interest in making their efforts appear successful and, therefore, such judgments have varying degrees of partiality. Judgmental assessments are less preferable than more objective designs, but sometimes they are the only evaluation options available. (Rossi & Freeman 1993).

Development projects aim at improvements for a certain target group – effects which remain also in the long run. As we have seen previously, this is called project impact. Impact is distinct from achievement of project objectives primarily with regard to time perspective and the target groups. Health projects can have been successful in the improved delivery of service but failed in the expected impact (Lewin 1994, Bowling 2002). Diwan et al. (2000) define health impacts as the overall effects, direct or indirect, of a policy, programme or project on the health of a population. Impact assessment is fundamental for determining whether a project can be considered successful and worth the resources invested in it (Lewin 1994).

In the chapter 2.2 I discussed the fact that people often expect projects to result in a change. Thus the subject of an evaluation is sometimes called an intervention, meaning that the action has already made a change or had an effect. This is also precisely what is trying to be ascertained when the objective of an impact evaluation is to determine if the intervention applied at a specific location to a defined population produced change (Windsor et al. 1994, Øvretveit 1998). Windsor et al. (1994) points out a common problem that may contribute to a program failure, which is not looking at comparable, previously conducted projects in order to learn what level of (skill or behavioural) impact it is possible to achieve.

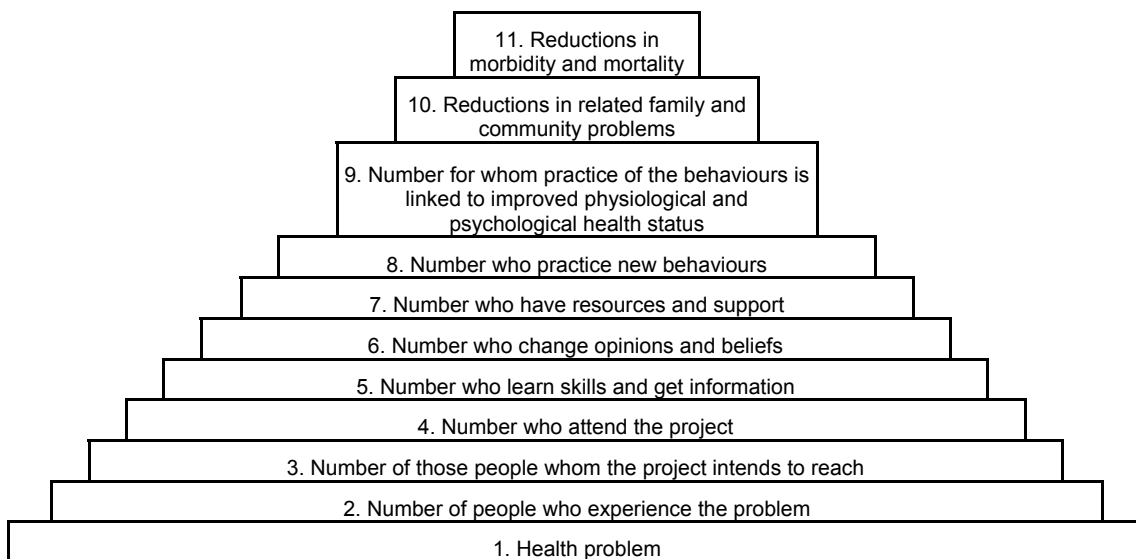


Figure 3. Logical Relationship of a health problem, a project, impact and anticipated outcomes, adapted from Windsor et al. 1994.

Figure 3. illustrates that the project and project evaluation must be planned in a logical sequence making links from the problem to learning activities, to new behaviour, to improved health status and related outcomes. The Logical Framework Approach offers a format for connecting levels of impact with evidence (Patton 1997).

Evaluation has become a part of everyday life in health care. As managers and policy makers we need to ensure that resources are used to the best effect (Øvretveit 2002). Evaluation is also linked to a large part of EU-supported activities. According to Eräsaari et al. (1999) the deconcentration of management of its development aid undertaken by the EC has even increased the number of evaluations carried out. The European Commission defines evaluation as an assessment of on-going and completed projects, programmes and policies, as regards their design, implementation and results. The assessment should be as systematic and objective as possible. The objectives of evaluation are to improve EC external policies and actions and to provide transparency and accountability in reporting results of activities and policies to European citizens. The key evaluation criteria are relevance, efficiency, effectiveness, impact and sustainability. These criteria are derived from the Logical Framework approach to project design and different weights are attributed to them according to the timing of an evaluation and its scope (European Commission 2001a).

2.5. European Commission's support for HIV/AIDS projects

As early as 1987, the European Union established a HIV/AIDS Programme in Developing Countries. The aim of this programme was, and still is, to reduce the spread and impact of this disease in developing countries. Its activities include prevention and treatment of sexually transmitted diseases, information campaigns, the supply of safe blood and condoms, and care for people living with HIV/AIDS. Since its inception, the programme has been implemented in over 90 developing countries and has benefited from a budget of more than 200 million Euros. (European Commission 2001b.)

In 1994, the EC approved specific policy guidelines for Health, AIDS and Population (HAP) in developing countries. Over the past decade, EC investment in HAP has increased significantly. In 1998, the EC allocated well over 700 million Euros to HAP. This represented 5,5 % of total EC development aid and made the EC the world's second largest donor after the World Bank. The EC and its Member States provide more than half of all development aid to health related projects around the world. In 2000 the EC provided 9.6 billion Euros in development assistance (accounting for 10% of ODA world-wide). (European Commission 2001b.)

The Special Session of the UN General Assembly of June 2001 recognised that HIV/AIDS had evolved to become a developmental emergency. The declaration of Commitment of the above-mentioned Special Session agreed, for HIV/AIDS alone, to reach by 2005 an overall target of annual expenditure on the epidemic of between USD 7 and 10 thousand million for prevention, care, treatment, support and mitigation of the impact of HIV/AIDS (Regulation EC No 1568/2003). Since 2002 the global funding available to respond to AIDS has almost tripled, but still remains inadequate and, due to various blockages, is not reaching those who need it most. Global spending on HIV prevention in 2003 was estimated to be only one-third of the amount needed by 2005 for a comprehensive response. (UNAIDS 2004.)

The EC health and development policy is based on principles that aim at more effective development assistance and better health outcomes for the poor. In response to the lack of progress in reducing the burden of HIV/AIDS the EC has adopted a strategy that identifies areas for targeted action i.e. reaching optimal impact of existing interventions. This requires increased support to strengthen health systems and a continuum of prevention, care and treatment. It also requires innovative multisectoral partnership that reaches beyond the traditional health sector and services. (European Commission 2003.)

The Millennium Development Goals, to which the European Community together with its member states has committed themselves, include clear targets to fight HIV/AIDS (Regulation EC No 1568/2003). These goals and targets are partly to be achieved through implementation of projects financed through Community grants.

The Council regulation (EC) No 550/97 of 24 March 1997 (see annex 1) gave the legal basis for HIV/AIDS related operations in developing countries during the period from 1997 to 1999. The amount allocated for the implementation of the programme during that period was ECU 45 million. For detailed priority objectives for the projects see Annex 1. The regulation also required the Commission to regularly assess operations financed by the Community with a view to establishing whether the objectives of such operations have been achieved and to provide guidelines for improving the effectiveness of future operations. (Council Regulation (EC) No 550/97.)

2.6. Previous studies

AIDS is a complex international public health challenge and therefore some researchers (Westphal 1991, Terry et al. 1993, Kylmä 2000) have been asking for a more comprehensive and complex model and vocabulary of HIV, rather than a strictly biomedical one, in order to effectively guide policy and practice development. Historical, psychological, social, spiritual, ethical, legal, cultural and political aspects of the phenomenon should be taken into account. This means that we need to expand and deepen our perspective beyond an individual behaviour harm reduction approach.

Questions dealing with evaluation of HIV/AIDS prevention projects have only recently been properly taken into consideration. In earlier years these questions were not asked or were considered less important in the fight to tackle the AIDS epidemic. Evaluation research became more significant during the 1990's. Today all experts or authorities use data from evaluation research and many also carry out evaluations as their primary tasks. At present, we understand better the need to include monitoring and evaluation as an integral part of any HIV/AIDS project. (Eräsaari et al. 1999, Schenker & Nyirenda 2002). Also in the past decade much has been learned about the efficacy of AIDS prevention projects. However, most studies have looked at and evaluated single projects. Few researchers have had the opportunity to assess multiple interventions targeting diverse populations and using differing strategies (Janz et al. 1996).

Janz et al. (1996) undertook an evaluation study of 37 AIDS prevention projects. They reported a mean of 19 different intervention activities. Small-group discussions, outreach to populations engaged in high-risk behaviours and training peers and volunteers were the intervention activities found to be most effective, according to the study. Several intervention activities proposed by at least 20 of the 37 prevention projects were never rated among the most effective, including referring participants for counselling, providing counselling for family members and educating policymakers. The lesson of this study is that AIDS prevention activities need to be flexible, tailored, repeated, credible and involve members of the target population in the project.

Learning theory suggests that people are more likely to learn when messages are presented in multiple formats using different communications strategies (Janz et al. 1996). According to Terry et al. (1993) policies and programs, which lack a sufficient research base or which overlook or ignore the results of research, have too often been developed. They stress the need for and value of theoretically based interventions.

AIDS has shown the need for both qualitative and quantitative research into social and cultural factors influencing human behaviour (Ramos 1992). Terry et al. (1993) investigated the application of the theory of reasoned action to AIDS-preventive behaviour. They saw AIDS as a behavioural battle since behaviour determines whether a person will be exposed to HIV. The more we understand the determinants of behaviour, the more likely we can design effective projects to influence them. The theory of reasoned action has sometimes been used as a framework to design theory-based interventions and Terry et al. provide evidence that, when properly applied, the theory of reasoned action does help to identify the factors underlying the decision to adopt at least one safer sex behaviour; condom use. They suggest, that in order to influence behaviour safer sex, programs and media campaigns need to target beliefs concerning attitudes towards condom use (e.g. introducing fun and variety into sex as well as reducing risk for STDs), instead of focussing on the seriousness of contracting HIV (Terry et al. 1993).

Dayton (1998) evaluated World Bank activities to prevent and mitigate the effects of AIDS in all regions of the developing world during years 1986 to 1996. During that period the World Bank committed over US \$ 550 million to HIV/AIDS prevention and mitigation efforts. The study found two primary challenges for the World Bank: (1) to focus its support for HIV prevention interventions that reach groups at highest risk to contract and spread HIV; and (2) to improve the economic analysis used in preparing projects and in evaluating their effectiveness. A weakness in the Bank's lending program was that many of the activities supported by the Bank had not been well focused on the groups in the population most at risk from HIV infection. Finally, only one project provided support for efforts to protect the poorest groups in society from contracting HIV or programs to mitigate the negative consequences of HIV/AIDS among these groups.

Through a framework contract, the COTA/AEDES/GRET/IIED consortium performed an evaluation of EC cooperation with ACP/ALA/MED countries in the health sector. The study found that the overall effectiveness of the programmes is very inconsistent.

The budget support generally achieves the aims of maintaining or boosting the resources available to health ministries. Yet even though these targets have been achieved, this has not always led to better access to health care. EC programmes are generally considered to be fairly inefficient, primarily as a result of cumbersome, very time-consuming procedures. (De Caluwé et al. 2002.)

The above-mentioned evaluation focused on the strategic and operational level of projects between 1995 and 2000. The study did not extend to assessing what impact the initiatives have had, as most of the projects were at the time of the study still ongoing. The present study will focus on closed projects and assessing final project reports. At the same time it is possible to assess the projects/reports' contribution to common goals and the validity of the results.

Suhonen (2002) performed a case study research on project management at the different stages of a project's life span. According to that study the project manager describes and evaluates the activities and results of the project in the final project report. The evaluation in the final project report focused mainly on the possible achievements of the project objectives.

Sycamore (2004) analyzed monitoring reports of EC-funded HIV/AIDS projects. She performed a horizontal analysis of 24 monitoring reports produced between January 2001 and October 2003. These reports represented all the monitoring done in the HIV/AIDS sector under the EC system up to that time. The purpose was to provide the EC with a concise overview of the strengths and weaknesses identified by external monitors in the area of HIV/AIDS. Out of the 22 projects analysed, 15 had both preventive and care components, 6 focused on preventive activities and one was exclusively focused on care of orphaned children. The analysis provided a positive assessment of the implementation of EC-funded HIV/AIDS projects. However none of the reports had mentioned the existence of any baseline studies or internal monitoring systems (Sycamore 2004).

3. PURPOSE OF THE STUDY

The main objective of this study is to contribute to improving the quality of project reporting. The purpose is to evaluate the reporting on projects financed through the European Commission AIDS budget line both in terms of structure and content through analyzing the final project reports. At the structure level, the objective is to create a framework that includes reporting guidelines for reporting on the health projects. With regard to content, the interest is not in the exact results of each individual project as much as the reported impact, experience gained and lessons learnt which might be applied in a wider context.

The study will attempt to determine whether projects are reporting a difference made to the lives of the target populations. What are the short term and long term benefits? Other criteria for judgement are the project activities and methods. Was the project carried out as planned? To what extent did it meet its objectives? Are there any lessons to be learned from the project and can it be replicated in another context?

4. MATERIALS AND METHODS

For the purpose of this study information was gathered in two ways. Firstly, a literary review and an analysis of available project documents and previous studies in the field was undertaken. Secondly a detailed documentary study of the final project reports was conducted. The data was analysed using qualitative content analysis methods. Content analysis is originally a quantitative method, which aims to describe a distribution of data into categories or clusters but it can also be used as a qualitative analysis method (see e.g. Krippendorff 1980, Hirsjärvi et al. 1997, Anttila 1999). A project can be seen as a process and as with a qualitative study the progressive character of a phenomenon can be observed. In qualitative research interpretation takes place throughout the research process and the different stages of the research process are not clearly separated (Eskola & Suoranta 1999). In qualitative research, such as the current study, content analysis can be used as a tool when creating new information and new concepts or when finding hidden facts (Anttila 1999).

Taylor & Bogdan (1998) think that qualitative studies of official documents can give new sources of understanding. These kinds of materials, that those looking for objective facts find useless, are valuable to the qualitative researcher precisely due to their subjective nature.

The subject of this study is all the final reports of projects financed through the budget line B7-6211, written in English and submitted to EC before August 2004. Projects starting between 1997 and 1999 were selected for the study; period during which the previous Regulation (EC No 550/97) on HIV/AIDS related diseases was in force. Only projects that had finalised their activities and submitted the final project reports were included in the study. For linguistic reasons only English reports were studied. Reports in French constitute approximately 20% of the reports for the study period. Four projects were, after extensions of the implementation time, still ongoing at the time of the study and were not included. One of the selected projects had shown signs of some irregularities and was put on hold. Later it was closed with no real final report having been produced. There were therefore a total of 14 final reports, which fulfilled the selection criteria and which had also submitted a final report at the time of the study.

Neuendorf (2002) defines content analysis briefly as the systematic, objective, quantitative analysis of message characteristics. Content analysis has also been defined as a research technique for making replicable and valid inferences from data to their context (Krippendorff 1980). Content analysis is applicable to many areas of inquiry and it has been seen as a quantitative method. Quantification is often part of the content segmentation or the content analysis. The concept of content analysis has expanded and evolved over time. Eskola & Suoranta (1999) state that content analysis is no longer one single method but rather a group of different ways of classifying and organizing qualitative data.

Patton (2002) points out that “more generally, however, content analysis is used to refer to any qualitative data reduction and sense-making effort that takes volume of qualitative material and attempts to identify core consistencies and meanings.” As seen

also above, differing opinions exist as is the meaning and use of concepts, procedures and interpretation in qualitative content analysis. The differences may, according to Graneheim & Lundman (2004), originate from historical reasons and from various paradigms among researchers.

Content analysis is connected to the communication theory (Krippendorff 1980, Kyngäs & Vanhanen 1999). It is a very old method of analyzing almost anything communicated between people (Leininger 1985). Content analysis has its roots in the analysis of religious texts and songs in the 19th-century. As a scientific method it was introduced into social sciences in the 1950s. Historically, content analysis began with examinations of written text and text analysis has remained an important part of content analysis research. It is well suited to analysing diaries, documents, reports, articles and other written material. Content analysis is a method that allows systematic analysis of documents and observations derived from them. Either an inductive or a deductive approach can be used (Kyngäs & Vanhanen 1999, Neuendorf 2002). In inductive analysis patterns, themes and categories are identified. However, in deductive analysis data is analyzed according to a pre-defined framework (Patton 2002).

Lindkvist (1981) identifies four types of content analysis: general content analysis, analytical semantics, structuralism and hermeneutics. These four types of analysis have in common that similarities and differences are identified from the data. Krippendorff (1980) distinguishes several steps in the data analysis process; data reduction, revision of categories, inference, analysis and interpretation of the results. Rather than reporting all details concerning a message set, content analysis summarizes i.e. seeking to generate generalizable conclusions. In content analysis a model, concept framework or the categories are reported as the result of the research (see e.g. Kyngäs & Vanhanen 1999, Latvala & Vanhanen-Nuutinen 2001, Neuendorf 2002).

When using content analysis, the purpose is often to build a model to describe the phenomenon in a conceptual form. Also in this study the objective is to create a model for reporting. The validity of content analysis can be assessed as face validity. This means that the results are shown to people who are familiar with the phenomenon or the validity of the results can also be assessed by an expert panel. It is important that the researcher is able to show the connection between the results and the data. The purpose of the quotations is to increase the reliability of the study and to show the reader from what kind of material the categories are derived (see e.g. Andren 1981, Kyngäs & Vanhanen 1999, Patton 2002).

As we have seen earlier, in content analysis, there is a choice between starting from the data itself or starting from categories extracted from previous literature, i.e. between an inductive and a deductive approach. The purpose of the research and the subject of the research determine the choice of analyzing process. In deductive content analysis, a theory or a theoretical or conceptual framework guides the analysis. The researcher may also base the analysis on his/her preconception of the investigated phenomenon. The analysis framework can be structured or loose. The theoretically based definition of the aspects of analysis and the creation of main categories are the first steps of deductive content analysis. In both types of content analysis the analysis unit is also defined at the

beginning of the process. The generalization and categorization of data is achieved by systematically searching in the data for those expressions, which match the categories. (Krippendorff 1980, Patton 1990, Latvala & Vanhanen-Nuutinen 2001)

There are only a few published articles on the method of content analysis and in qualitative method books content analysis is described only briefly. Even though the text analysis process constitutes several steps, it is dealt within a few sentences (Kyngäs & Vanhanen 1999, Mayring 2000). Therefore, a model is presented in Figure 4, to illustrate how the analysis process was undertaken in this study. Even if this model and the following descriptions point to a linear process, it is important to bear in mind that the analysis process involves some back and forth movement between the whole and parts of the text (Graneheim & Lundman 2004).

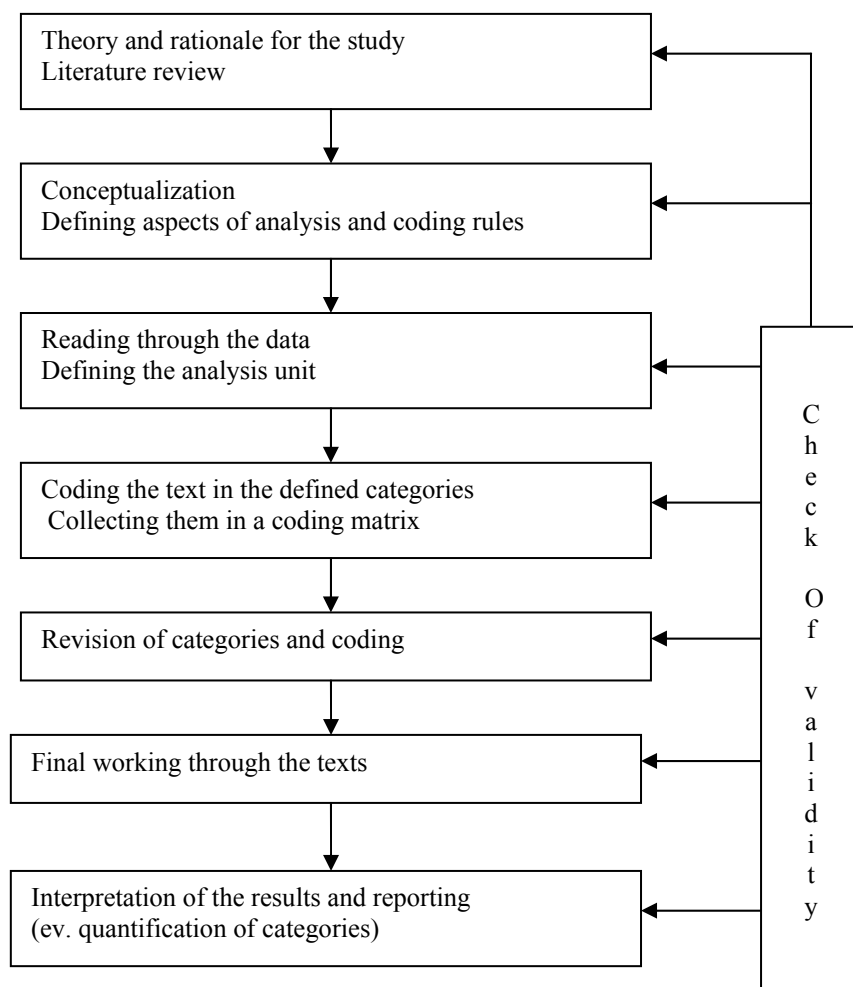


Figure 4. Model of deductive content analysis process developed from Mayring (2000) and Neuendorf (2002).

In the present study a chapter was selected as an analysis unit. Sometimes only one paragraph constituted a whole chapter. Only the manifest content was analysed and the latent content was not considered. Firstly the entire material was read thoroughly and notes were made about impressions and perceptions the reports gave regarding the projects. During the literature review several models for reports could be found. They varied somewhat in their focus and theoretical base. Ruuska (1999) stresses the learning process of a project and sees a final report as a testament – a conclusion on what was learned during the project. In the report the project activities should be discussed from the process perspective. The Practical Management Guide (2000) indicates that a report should provide a critical analysis of the progress made towards achieving the project’s objectives, and of the likelihood that it will provide lasting benefits to the target group. According to Martin (2002) there is no one correct style for reporting, but reports should be as brief as possible while focusing on the issues and presenting what the reader wants to know. However she lists detailed advice on the structure of a report which normally should have 13 different sections. Lööw (2002) presents an even more detailed reporting model with 18 sections and her projects are often implemented in organisations with line management. Lööw defines a final report as a management tool and guide for evaluating future projects. All the above-mentioned models (Ruuska 1999, Lööw 2002, Martin 2002, the Practical Management Guide 2000) were used and 14 categories were identified in the beginning of the analysis process. The reports were then systematically searched for expressions matching the categories.

The data were classified into the deducted categories and collected into a matrix. A large number of categories are necessary when starting the analysis. However the researcher soon learned that some of the categories contain only one or two pieces of data and that eventually categories will have to be combined. In the merging of categories the researcher interprets which categories can be combined (Kyngäs & Vanhanen 1999, Morse & Field 2002). Here the categories could be merged from the original 14 categories into nine. Table 1 shows an example on how the categories Methods/Activities and Results were defined empirically i.e. the coding rules for these categories. The analysis framework for other categories was loose. There was no need for a theoretically based definition of the aspects of analysis. That would have unnecessarily restricted coding and analysis.

Table 1. Analysis frame: Methods/Activities and Results

Category	Empirical definition
Methods/Activities	Description of the contents and different components of the project. List/tables of the activities undertaken. Methods of investigation and implementation. Includes details, statistics and materials produced.
Results	Description of results and achievement of objectives. Indication of the degree to which the indicators were met. What has been the impact on target group etc.

Furthermore, in order to assess the reported impact and the quality of the project, a revised version of Crombie's (1996) guide to critical appraisal and Øvretveit's (2002) set of criteria to judge the value of a project was applied. Reports were read by asking questions that would elicit the important information that each chapter contained, and to assess the value and impact of the project. The questions/criteria were:

- Why was it done and are the aims clearly stated? This would provide the background to the project, indicating why it was carried out.
- How was it done? This gives the details of the project activities and methods. Also how relevant and appropriate they were to people's needs.
- What were the lessons learnt and to what extent did the project meet its objectives?
- Was it sustainable and what are the implications? Can the project be replicated in another context?
- What else is of interest? The reports may also discuss important or novel ideas.

5. RESULTS

5.1. Project reporting

Between 1997 and 1999 the EC awarded grants totalling almost 16,5 million Euros to 14 AIDS projects through the AIDS budget line. Of the 14 projects evaluated, five were in Africa, seven in Asia and two in Latin America. Ten projects targeted one country and four projects were implemented in two or more countries. The size of the grant given by the EC varied from 227.000 € to 2.863.642 € with a mean value of 1.241.562 €. The implementation period varied from 24 months to 60 months. The data consisted of 14 final project reports, totalling 327 written pages excluding the annexes, which often needed to be studied as well in order to understand the report better. The length of the narrative part of the reports varied from five pages to 61 pages with an average of 23 pages.

As summarized above, the projects had different characteristics. Also the reports differed in many ways. Nine reports included a table of contents. Out of the 14 reports six could be appraised as being good reports on all points. These reports were well structured. It was simple to find the different parts of the report and they were easy to read. There were also both qualitative illustrations and quantitative data about the results of the projects. Two of the reports contained small stories where the beneficiaries told how they benefited from the project. However, three of the reports were very weak – two reports of five pages and one of eight pages. It was impossible to draw any conclusions regarding the project success from these three reports. The chapters in one of them had no headings, so it was not possible to know what it was about without reading the whole text. None of these three reports contained conclusions or recommendations and were clearly insufficient regarding quality of reporting. As mentioned earlier the narrative reports contained varying numbers of pages.

One report mentioned the question of reporting format and stated that producing a report was not always an easy task. *“Reports took a long time to produce, were often not in a format to be easily used by target audiences (some were simply too long), and the analysis contained in the reports was generally rudimentary. This suggests that not enough time or funds were devoted to this stage of the project. In response, the project has financed the publication of a document called Guidelines for...”*

Many of the projects had research components and their results have been reported in several other documents than the reports to the EC: *“Articles have been published in every issue of the AIDS Bulletin. Research community have been given feedback via articles in other journals...”* Different manuals, pamphlets and books have been produced and innovative studies were published in different international medical or other scientific journals. *“The outcomes of these studies and their implications for STD/HIV control in developing countries are documented in a number of scientific papers...”*

In ten out of the 14 reports assessed there were no abstract or executive summary. However, one report had both a structured summary (project number, title, period, objectives etc.) and an executive summary including the purpose of the project and a short description of the results. Another report had a 3-page summary and one executive summary was four pages long. In these two latter cases the meaning of a summary can be questioned. In the “Introduction” sometimes the content and the format of the report was presented or the HIV situation in the country was introduced. Often also the scope of the report was mentioned. After an introduction several reports presented a historical background. This was a history of the project’s duration and current status or evolution of the AIDS epidemic in the country and a general context of the project.

All reports described how the project was implemented i.e. project activities. They also contained many tables and lists with these methods and activities. Table 2 identifies the methods and activities reported. Preventive activities are most important when trying to stop the spread of HIV/AIDS. Different training and education programs were reported most often as methods in order to equip people with the knowledge they need to prevent HIV/AIDS. Comprehensive strategies were used to promote preventive behaviour and for example the use of drama, media – both electronic and print, public dialogue, film shows and use of Stepping stones and Reflect methodologies were mentioned. Other activities were awareness creation about voluntary counselling and testing and the prevention of mother-to-child transmission.

Home visiting was mentioned as a critical component of care related project activities. Another important area is increasing access to treatment and health care and, as an example, the availability of general practitioners in drop-in centres could be mentioned. This particular project also reported that the centres put in place were not accessible for women and that they needed different services. *“Different models or separate services need to be developed for female drug users, who appear to be more sexually active than male drug users.”* Projects reported success in promoting the development of HIV/AIDS policies in different sectors.

Even though it is clear that this kind of projects faces difficulties and problems in the implementation, constraints were less frequently reported than successes. One project was disappointed in that the intervention had not resulted in large-scale public debate on HIV. Another project reported that constraining factors in the implementation were the shortage or turnover of personnel. *“Authority changes on both at local and central level often involved replacement of technical and political personnel directly related to the execution of the Project’s activities. This led to significant delays.”* The EC has been criticized for time-consuming procedures and the reports also referred to the need to have prompt feedback between the donors and implementing agency. Delay in feedback, often makes it impossible to make timely key strategic decisions, which could then affect the work on the ground. Many of the projects reported delays and that the planned time frames did not hold.

Table 2. Example of content collected from the data fitting into the methods/activities category

Category	Subcategory	Content
Methods/Activities	preventive	awareness and sensitisation programs training condom distribution stepping stones reflect methodology needle and syringe exchange peer educator activities drama massmedia events networking and influencing counselling and testing
	care	drop-in centres treatment home-based care harm reduction
	support	mitigation and long-term support capacity building grants to NGOs technical support
	other	mobilisation of local expertise dissemination of information local networking workshops exposure/study visits developing policy pamphlets and other publications educational book, teaching clinical manuals

Some projects reported evidence on the results and outcome of the project. *“Overall the project has been very successful with implementation of all outputs set out in the project proposal.”* This could be measurable gains in research knowledge, public awareness, clinical capacity or improvement in HIV control. In six reports the project impact described was based on external evaluation, monitoring or surveys. Overall, a huge number of quantitative data were reported on the final beneficiaries reached, through charts, tables and figures. As shown in Table 3 the results reported were related either to outcome or impact results. Impact was reported through survey-results or ability to implement the project as scheduled and against its goal and objectives. Outcomes that the projects had realised, like implementation of practical and innovative approaches to control the spread of HIV/AIDS to mention one, were listed in all reports.

Table 3. Example of content collected from the data fitting into the results category

Category	Subcategory	Content
Results	Outcome	<ul style="list-style-type: none"> - summary outcomes of the project - the indicators of success for result 3 are presented below - the following have so far been realised - main findings and comparisons - a narrative summary of the results achieved is as follows
	Impact	<ul style="list-style-type: none"> - assessment of project progress against purpose and goal - beneficiaries have made the following comments as the impact of peer education - results of the post-KAP survey also confirmed such impact - the project also exceeded its targets

Challenges that projects face often stem from infrastructure or other structural issues and one project indicated that this also explained the delays in the outcomes. Today, national authorities are beginning to recognize the importance of focusing efforts on vulnerable populations. However, knowledge of the project implementation process is relatively limited and there are not enough well functioning NGOs in the beneficiary countries, which could contribute to achieving timely results. The projects also stressed the importance of governmental support.

Many important lessons learnt were widely reported. Only four reports had no “lessons learnt” chapter. Based on the lessons learnt, conclusions were drawn from the projects and recommendations made. Conclusions could also indicate directions for the future. *“This section looks at those areas that we have not adequately addressed during the... but that are critical in curtailing the HIV/AIDS epidemic.”*

All 14 reports show the importance of documentation and the significant effort needed when reporting appropriately. Reporting needs to be multidimensional, comprehensive and in a meaningful format. Based on the analysis of the final project reports and in order to get all needed information, which would allow comparison of projects’ results, a model for reporting format as presented in Table 4 (below) is proposed.

Table 4. Model of reporting format for EC funded health projects.

Reporting Format for EC Funded Health Projects	
Front page	Title and project number Type of report Time period covered by the report Author and date
Contents page	List of headings, subheadings and page numbers for each
Table of abbreviations	List of abbreviations used with explanation
Executive summary	A one-page summary of the purpose, background and main issues addressed in the report Brief description of main achievements and recommendations
Introduction	Introduction to the content of the report Describes the purpose, objectives and context of the report
Background	Covers additional information that is important to understanding why the project was undertaken. The health situation in the country and among target population.
Methods/Activities	Describes all the activities carried out during the project. How have the activities been evaluated?
Results	Reports the results against the logical framework. List of effects and outputs with regard to different groups and stakeholders in relation to each objective. Contains details and quantitative information on the degree to which the indicators were met.
Successes	If the project has been especially successful in some areas, those are listed here.
Challenges	States what difficulties and problems have arisen and how they have been dealt with. What holds back the project from achieving more?
Lessons learnt	Presents some of the experience that has been gained during the project
Conclusions and Recommendations	Is about what can be concluded from the results. Contains a conclusion about the extent to which the objectives have been achieved. Recommendations that arise from the conclusions Might also propose steps to increase the gains made by the project.
Possible references	
Annexes	Anything essential to understanding of the report

5.2. Project impact

As explained in the Methods chapter, the five questions and criteria derived from Crombie's (1996) guide to critical appraisal and Øvretveit's (2002) set of criteria to judge the value of a project was applied in order to assess the reported project impact. The following paragraphs provide a more detailed understanding and description drawn from these data.

The rationale and why the project was implemented were clearly stated in all reports. Also the aim, purpose, goal and objectives were well formulated. However, they could be just words on paper but not known by all actors. One report mentioned this lack of common goals, clear targets and indicators.

As already mentioned all projects used several different methods. Some details of the many project activities and methods reported were already shown in table 2 in the previous chapter. Some projects were piloting and introducing totally new concepts and ways of thinking to the people targeted by the intervention and it was not always easy: *"Many were not aware of HIV or how it could be spread. For this reason, they were not aware of the purpose of a needle and syringe exchange programme"*. There is previous evidence on the impact of certain preventive activities like outreach to persons at risk for HIV infection: *"The project has at least doubled the number of injecting drug users who have access to services which will reduce the risk of HIV transmission in each city."* The intervention was often especially planned for drug users, children or truck drivers. Therefore the methods used were very relevant and appropriate to the needs of the target group. Demand driven interventions are far more likely to succeed than supply driven approaches as one report indicated.

Important lessons learnt could prove the project's assumptions to be false: *"...is not true and that training alone is unlikely to realise fully the purpose of the programme."* Often lessons learnt were concrete and practical and relate to issues such as condom use, which is a key strategy in the fight against HIV/AIDS. Therefore, the project showed that there has to be a constant supply of condoms at all levels and a sustained delivery system. Several projects contributed towards developing coherent HIV/AIDS policies within the region and provided best practices for the field. *"...has had a significant impact on the development and strengthening of local AIDS councils."* Two reports stressed the importance of the full continuum of care, including home based care and palliative care, treatment of infections and antiretroviral therapy.

Weaknesses and challenges that need to be addressed to further reinforce the project impact were also reported. One project reported this in the form of a SWOT-analysis and they indicated as most important threats the time-bound funding and difficulty in project impact assessment. Though a large proportion of the projects surpassed the planned number of clients reached, a few did not reach the target precisely due to the limited implementation time, to which the above time-bound funding was referring. *"From an overall perspective, the project achieved the intended results...However, due to delays in rehabilitating facilities, the projected number of clients was not achieved within the project implementation period."*

Results and information must be shared with people and other organisations for different purposes, as in order to spread best practices, when trying to halt the HIV/AIDS. One project indicated that often resources are not devoted to this stage of the project. Dissemination of results was problematic in several countries. As one project reported, *“The behavioral and operational research available from the 6 years of EU-supported work provides a strong foundation of baseline studies. Much greater efforts should be made to publish and disseminate these studies, to ensure that these data are accessed and exploited for subsequent monitoring of behavior change. It is a weakness of the project that such a trove of behavioral studies have not been published and are not more widely known.”*

Out of the 14 evaluated reports six reported external evaluation, monitoring and surveys. One system used to measure impact was a stakeholders meeting on global impact monitoring. Another report mentioned also that Partner appraisal, if well documented, could serve as institutional memory and be used to measure progress. Significant impact on individual beneficiaries were often reported: *“...project impact monitoring show that the project has made a lot of positive impacts or contributed to positive changes in the lives of the children in the project area”*. Projects also reported achieving a much higher degree of commitment towards HIV/AIDS prevention and care activities on different levels. Local leaders had changed their attitudes and started to increase budget allocated to these kinds of activities. Some wider impact was reported as well: *“The project is well integrated in the national and regional transport structures, the interventions are accepted throughout these structures and the advice offered to the private sector, Ministries and other sector partners is also well accepted. A great merit of this project is that the actors in this field have been connected in a network.”*

Many of the implementing organisations are constantly seeking funds from different donors and had raised funds for continuation of the activities either in the same place or in another country. This could be an opportunity to replicate the experience in other places. A few had further grants from the EC: *“We have learned tremendously from the implementation of this project and based on this experience as well as the continued community preparedness activities via the second EU-funded project, the following recommendations can be made...”* Replicating the project was seen to be important in several reports *“With respect to the future implications of this project, UNAIDS Resource tracking unit, has taken into account the major findings in...as to try to replicate this efforts in Asian and African countries.*

One interesting and often neglected area was mentioned in a report, namely that caregivers also need support to avoid burnout and keep themselves free of infection. Further, it had been recognized that the focus must be moved from individuals to a wider context in order to bring the epidemic under control. *“As we design behaviour change interventions, we will need to change not only individual behaviour, but also societal, infrastructure and structural factors that enhance the spread of HIV/AIDS. Currently most of our partners’ prevention interventions have focused on the individual. With the current trend of advocating for comprehensive care and support including ARVs, the infrastructure issues cannot be ignored; and at the structural level for*

example laws and policies that would enhance human rights of the affected and infected are just as important.” Among other novel ideas two reports from different areas took up the need for a written referral system to present to the service providers. Another report discussed the need to undertake research to identify the critical issues around gender and HIV/AIDS. One issue could be the factors that impede men from opening up and accessing services like VCT.

The focus of this part of the study was on the project impact and also to identify reported lessons learnt and assess if the projects had made a difference. As seen above the way different projects reported impact or effectiveness varied greatly. Differences were also noted between projects that focused on research and those that had mainly care and prevention activities. In research projects, the impact seemed to be sometimes more difficult to report and could be delayed. As indicated in one final report: *“Technical assistance for participating countries was provided to translate the project findings into actual policy; however, this process is still at early stages.”* In the latter cases impact analysis of effective prevention strategies was seen as important in order to design new projects and interventions.

6. DISCUSSION

6.1. Discussion on results

This study is not an exhaustive review of the total number of final reports of projects funded through the EC AIDS budget line but, through a qualitative approach, it is an appraisal of the possible impact as assessed in the technical reports. Furthermore, it also suggests a model for reporting and contributes to improving the quality of reporting. This study does not attempt to measure outcomes but to describe what was done and the strengths and weaknesses of the project activities.

AIDS being a complex problem, with its social, cultural, physical etc. dimensions, it follows that the interventions to combat the spread of the disease need to be multidimensional in nature, in order to have significant effect. Often the most effective responses to HIV/AIDS are those which emerge from within societies and which tend to be long-term, complex and often difficult to evaluate. It is also this type of interventions which donors find most difficult to support (Panos 2003). AIDS prevention through education has widely been acknowledged as holding the greatest promise for halting the spread of the epidemic (Janz et al. 1996). Apart from the historical and cultural factors that have provided a framework for sexual relationships, direct experience with AIDS appears to have the greatest impact on behaviour (Klepp et al. 1995). Evaluation is difficult in any project aimed at behavioural changes. It takes many years to determine the success of health education projects. Furthermore it is almost impossible to control the variables in the situation that may make it difficult to evaluate the level of success (Schenker & Nyirenda 2002).

A multitude of projects have been implemented in developing countries during the 20-years of the history of the AIDS epidemic. The effectiveness, in terms of changing attitudes and behavioural change, of these projects has been criticized. Many of the projects were too vertical, culture-insensitive and stereotypical. Also the heavy administration and the lack of bottom-up approaches are mentioned. A more truly horizontal perspective and integration of activities into primary health care is needed. (see e.g. Ramos 1992, Cabrera et al. 1996.)

A good report does not necessarily have to be extremely long. Patton (2002) pointed out that qualitative reports tend to be relatively lengthy, which he saw as a problem when decision makers do not have the time to read long reports. The meaning of a good summary in lengthy reports could be seen also in this study. The summary discussed the most important issues. The reports assessed in this study varied so greatly in style, content and format that it was not possible to compare the results and effectiveness of the different projects based on the reports. According to the present findings, the model for a good final report is presented in Table 4, in the results chapter.

The AIDS epidemic receives extensive international attention in the form of both political and financial support. Funding sources are available from different donors such

as UN agencies, The World Bank and the Global Fund (see also Sycamore 2004). This is one reason why many projects reported positive expectations regarding sustainability.

According to this study, changes can be identified at several levels – the individual, the community and the international. It was shown in some case studies in the assessed reports that the projects could have significant impact on the individuals. The changes at individual level can develop into wider changes felt at community level. However these changes are more difficult to attribute to the project. Further, changes at international level are very slow. Also, the nature of the pandemic is such that any response may be seen as a drop in the ocean.

For the development and evaluation of interventions it would be more important to investigate results and impact rather than the success of individual projects. It is a question of generalisation of experiences and replication of best practices (Rostila 2000). This study shows that the strength of these projects lies in their diversity and their new, innovative approaches. They targeted different vulnerable populations like children, IDUs, truckers etc. Moreover they used varied strategies for addressing areas related to AIDS such as human rights, capacity building, advocacy, clinical practice etc. The study found that the experience gained is significant but often the question of disseminating the knowledge remains.

The results of this study are necessarily limited due to the weaknesses of the judgmental approach to evaluation used in this study. Despite the design problems referred to, the present study indicates that important achievements were made at least in short term. The evaluations included in the final reports can only refer to short-term impact/outcome since they have been written immediately after the finalization of the interventions.

This issue needs to be further examined through a well-designed evaluation study and there is a need for triangulation in order to specify and complement the results of this study e.g. in the form of qualitative interviews of the final beneficiaries of the projects. After all the local people or the receivers of aid are the best evaluators in all cases irrespective of all objectives were met or not or whether benefit were gained (Laitinen 2000).

6.2. Discussion on validity

In content analysis the data is separated from its context. There is no possibility for verification and qualitative research is always interpretive. Studies like this must therefore investigate and clearly state the limitations of the data sources (Øvretveit 2002). Here the reliance on secondary data was necessary for reasons of resources (time and money) available.

It is claimed that the major misunderstandings in qualitative findings are due to the over-generalization of results (Patton 1999). Patton (2002) sees the human factor as the

greatest strength but also as the fundamental weakness of qualitative research. He calls this a scientific two-edged sword. Content analysis has been criticized regarding its reliability. It is seen as problematic that the researcher cannot be objective in the analysis process but the result is based on his subjective view about the issue. However, this issue can be considered less serious when only the manifest content is being analyzed (Kyngäs & Vanhanen 1999). Reliability can often get in the way of validity: counting words increases the reliability but reduces the validity. Therefore you need to balance i.e. the results must describe the investigated phenomenon (validity) in as reliable way as possible (Krippendorff 1980). Krippendorff (1980) distinguishes three types of reliability: stability, reproductivity and accuracy.

Kvale (1996) argues that validation should be moved from inspection at the end of the study to quality-control throughout the different stages of the research process. This approach involves specific issues of validity in all stages from study design to reporting. Kvale calls this approach “Validation at seven stages” (Kvale 1996).

There is always some degree of interpretation when approaching a text. This is an essential issue when discussing trustworthiness of results in qualitative content analysis (Graneheim & Lundman 2004). Quotations increase the reliability of the study. The purpose is to show the reader what kind of material the categories represent and to demonstrate the connection between the results and the data (Andren 1981, Patton 2002). Rossi and Freeman (1993) mean that impact assessment can never be made with certainty but only with varying degrees of plausibility. Here the analysis process has been described in detail in order to allow the reader to make an own assessment of the quality of the study. Also a comparison of the results of this study with previous similar studies was done in order to increase the reliability of the study.

You can never prove for certain that an outcome was caused by the project and not by something else, even if you use an evaluation designed to control all the factors that could have had an influence. This problem of attribution is one of the main challenges of project evaluation (see e.g. Øvretveit 2002). Other constraints to the current study were the availability and reliability of information and data. According to Crombie (1996) people tend to report positive results. Also here successes were more often reported than constraints. Sometimes information on some key details about the project was not contained in the report. This could make it difficult to interpret the results. However lack of evidence data does not necessarily mean a failure of the AIDS project. Moreover there was no requirement in the statement of objectives for the projects to collect data about HIV prevalence etc. The study has been drawing inferences and interpreting trends from the information available.

7. CONCLUSION

There is limited evidence data from which to draw conclusions about intervention effectiveness. The results rely on the reported information. It has not been possible to make a firm conclusion on the impact. However the EC funded projects have clearly made a contribution in many areas regarding HIV/AIDS through multiple interventions targeting diverse populations and using differing strategies. Also the recent EuroBarometer (2005) report indicates that EU Development aid can be most effective in the fight against HIV/AIDS and other diseases. Moreover the study confirmed the results from previous studies (e.g. Janz et al. 1996) regarding the fact that there is no single approach that works best but effective projects need to be multidimensional in nature.

This study suggests that more systematic evaluations of the EC funded AIDS prevention projects should be conducted. Furthermore evaluations are useful to program planners only if they contribute to evidence on why some projects work. By comparing many interventions in different settings and targeting different populations and using a mix of methods, it is possible to derive principles of effective practice that can guide future policy and interventions (see also Janz et al. 1996).

A change in the requirements and content of reports is needed. The emphasis in these reports was mainly on activities and outputs and not on the consequences of the project or the longer-term impact. This study supports the application of a unified format for reporting in order to be able to compare results and effectiveness of interventions. See the model for reports proposed by this study in Table 4.

These results can be utilized to guide decisions regarding future funding and when identifying effective projects i.e. projects with clear objectives and indicators of change. In addition outcome and impact evaluations should be planned from the outset. Furthermore, there must be a reporting system in place.

8. ACKNOWLEDGEMENTS

Performing an MPH study is a challenge and above all a learning experience, both at the professional and personal level. Therefore I am thankful for having had the possibility to write this essay.

I would like to give my sincere acknowledgements to all those who have supported me in this study, and particularly to my colleagues in the European Commission for inspiration. Especially I want to thank Jane Robinson El-Moutaouakil for proofreading and revising my text.

I am grateful to my family for their support, patience and assistance in obtaining references, which was not always an easy task.

Finally I want to thank NHV teachers and library personnel for their help and time. Last but not least I owe many thanks to my supervisors Bengt Lindström and Bo Eriksson.

REFERENCES

- Andren G. (1981) Reliability and content analysis. In: Rosengren K. E. (1981) *Advances in content analysis*. Sage Publications. Beverly Hills.
- Anttila P. (1999) *Sisällönanalyysi* (Content analysis). Available on <http://www.metodix.com/metodi/pirkko/sisallonanalyysi.htm>
- Bowling A. (2002) *Research methods in health. Investigating health and health services*. Second edition. Open University Press. Biddles Limited, Guildford and King's Lynn. Great Britain.
- Cabrera C., Pitt D. & Staugård F. (Eds.) (1996) AIDS and the Grassroots. Problems, challenges and opportunities. NHV Report 1996:3. Ipelegeng Publishers Gaborone. Göteborg and Nairobi.
- Chen H. T. (1990) *Theory-driven evaluations*. Sage Publications Inc. California.
- Council Regulation (EC) No 550/97 of 24 March 1997 on *HIV/AIDS-related operations in developing countries*, Official Journal L 085 , 27/03/1997 P. 0001 - 0005
- Crombie I. K. (1996) *The pocket guide to critical appraisal: A handbook for health care professionals*. BMJ Publishing Group. London.
- Dayton J. (1998) *World Bank HIV/AIDS Interventions: Ex-ante and Ex-post evaluation*. World Bank Discussion Paper No. 389. Available on <http://www.worldbank.org/aids-econ/interven.pdf>.
- De Caluwé P. et al. (2002) *Evaluation of EC cooperation with ACP/ALA/MED countries in the health sector*. Available on http://europa.eu.int/comm/europeaid/evaluation/reports/sector/951589_en.pdf.
- Diwan V., Douglas M., Karlberg I., Lehto J., Magnusson G. & Ritsatakis A. (Eds.) (2000) *Health Impact Assessment: from theory to practice*. Report on the Leo Kaprio Workshop, Gothenburg, 28-30 October 1999. NHV-report 2000:9. The Nordic School of Public Health. Gothenburg.
- Drummond M. F., O'Brien B. J., Stoddart G. L. & Torrance G. W. (1997) *Methods for the economic evaluation of health care programmes*. Second edition. Oxford University Press. Biddles Ltd, Guildford and King's Lynn. Great Britain.
- Eskola J. & Suoranta J. (1999) *Johdatus laadulliseen tutkimukseen*. (Introduction to qualitative research) Gummerus Kirjapaino. Jyväskylä.
- Eurobarometer (2005) *Attitudes towards Development Aid*. Special Eurobarometer 222/Wave 62.2. Available on http://europa.eu.int/comm/public-opinion/archives/ebs/ebs_222_en.pdf.

European Commission (2001a) *Manual Project Cycle Management*. European Commission – Evaluation Unit of the EuropeAid Co-operation Office.

European Commission (2001b) *Development co-operation with the least developed countries. Fighting poverty*. Office for Official Publications of the European Communities. Luxembourg.

European Commission (2003) *The European Union confronts HIV/AIDS, malaria and tuberculosis. A comprehensive strategy for the new millennium*. Office of Official Publications of the European Communities. Luxembourg.

Eräsaari R., Lindqvist T., Mäntysaari M. & Rajavaara M. (1999) *Arviointi ja asiantuntijuus* (Evaluation and expertise). Gaudeamus. Tammer-Paino Oy. Tampere.

Graneheim U. H. & Lundman B. (2004) *Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness*. Nurse Education Today. Vol. 24, Issue 2: 105-112.

Hirsjärvi S, Remes P. & Sajavaara P. (1997) *Tutki ja kirjoita*. (Do research and write) Tammer-Paino Oy. Tampere.

Holmström P. (2002) The HIV/AIDS epidemic – A global overview. In Aaltonen U., Arsalo A. & Sinkkonen M. (Eds.) *Being Positive. Perspectives on HIV/AIDS in the EU's Northern Dimension and Finland's Neighbouring Areas*. Gummerus Printing. Saarijärvi.

Janz N., Zimmerman M., Wren P., Israel B., Freudenberg N. & Carter R. (1996) *Evaluation of 37 AIDS prevention projects: Successful approaches and barriers to program effectiveness*. Health education quarterly. Thousand Oaks CA. vol. 23, (1): 80-97.

Klepp K-I., Biswalo P. M. & Talle A. (Eds.) (1995) *Young people at risk. Fighting AIDS in Northern Tanzania*. Scandinavian University Press. Gjøvik Trykkeri A.s. Norway.

Krippendorff K. (1980) *Content analysis. An introduction to its methodology*. Sage Publications Inc. Beverly Hills.

Kvale S. (1996) *Interviews. An Introduction to Qualitative Research Interviewing*. Thousand Oaks CA: Sage Publications.

Kylmä J. (2000) *Dynamics of hope in adult persons living with HIV/AIDS and their significant others – a substantive theory*. (Doctoral dissertation) Kuopio University publications E. Social Sciences 85. Kuopio.

Kyngäs H. & Vanhanen L. (1999) *Sisällön analyysi* (Content analysis as a research method). Hoitotiede. Journal of Nursing Science Vol. 11, no 1/-99, 3-12.

Laitinen R. (2000) (Ed.) *Arvioinnin arkea ja peruskysymyksiä* (Everyday evaluation and basic questions). Sosiaali- ja Terveysturvan keskusliitto. Kirjapaino Hakapaino Oy. Helsinki.

Latvala E. & Vanhanen-Nuutinen L. (2001) Laadullisen hoitotieteellisen tutkimuksen perusprosessi: Sisällönanalyysi (The process of qualitative nursing research: Content analysis). In Janhonen S. & Nikkonen M. (Eds.) *Laadulliset tutkimusmenetelmät hoitotieteessä* (Qualitative methods in nursing research). WSOY. Juva.

Lewin E. (1994) *Evaluation manual for SIDA*. Published by the evaluation unit, Planning secretariat. Stockholm.

Lindkvist K. (1981) Approaches to textual analysis. In Rosengren K. E. (ed.) *Advances in content analysis*. Sage Publications. Beverly Hills.

Lööw M. (2002) *Onnistunut projekti. Projektijohtamisen ja –suunnittelun käsikirja (A successful project. A practical handbook in project planning and management)* Tietosanoma Oy. Helsinki.

Martin V. (2002) *Managing projects in health and social care*. Routledge. London and New York.

Mayring P. (2000) *Qualitative Content Analysis*. Forum: Qualitative Social Research. Available at: <http://qualitative-research.net/fqs-e/2-00inhalt-e.htm>.

Morse J. M. & Field P. A. (2002) *Nursing research. The application of qualitative approaches*. Second edition. Nelson Thornes Ltd. Cheltenham.

Neuendorf K. A. (2002) *The content analysis guidebook*. Sage Publications Inc. California.

Nikkarinen T., Huvinen S. & Brommels M. (2002) *Kansallinen konsensus ja paikallinen pohdinta. Lääkkeenmääräkäytäntöjen muuttaminen koulutuksellisin keinoin* (National consensus and local consideration. Changing the prescription practices by means of training. Evaluation report of the ROHTO project). Sosiaali- ja terveystieteiden ministeriön raportteja. Edita Prima Oy. Helsinki.

Øvretveit J. (1998) *Evaluating health interventions: an introduction to evaluation of health treatments, services, policies, and organizational interventions*. Open University Press. Redwood Books Ltd. Trowbridge.

Øvretveit J. (2002) *Action evaluation of health programmes and change. A handbook for a user focused approach*. Radcliffe Medical Press. Oxford.

Panos (2003) *Missing the Message? 20 years of learning from HIV/AIDS*. The Panos Institute. Digital-Brookdale. Available on <http://www.panos.org.uk/PDF/reports/MissingTheMessage.pdf>

Patton M. Q. (1997) *Utilization-focused evaluation: the new century text*. Third edition. Sage Publications Inc. California.

Patton M. Q. (2002) *Qualitative research and evaluation methods*. Sage Publications Inc. California.

Practical Management Guide for HIV/AIDS and Population Projects in Developing Countries. (2000) European Commission.

Ramos L. (1992) Rapid Assessment Procedures and the Latinas and AIDS Research Project. In Scrimshaw N. S. & Gleason G. R. (Eds.) *RAP. Rapid assessment procedures. Qualitative methodologies for planning and evaluation of health related programmes*. International Nutrition Foundation for Developing Countries. Boston.

Regulation (EC) No 1568/2003 of the European Parliament and of the Council of 15 July 2003 on aid to fight poverty diseases (HIV/AIDS, tuberculosis and malaria) in developing countries, *Official Journal L 224* , 06/09/2003 P. 0007 - 0012

Rosengren K. E. (ed.) (1981) *Advances in content analysis*. Sage Publications. Beverly Hills.

Rossi P. H. & Freeman H. E. (1993) *Evaluation. A systematic approach*. 5th edition. Sage publications Inc. Newbury Park.

Rostila I. (2000) Realistinen arviointitutkimus ja onnistumisen pakot (Realistic evaluation research and the necessity of success) in Laitinen R. (Ed.) *Arvioinnin arkea ja peruskysymyksiä* (Everyday evaluation and basic questions). Sosiaali- ja Terveysturvan keskusliitto. Kirjapaino Hakapaino Oy. Helsinki.

Ruuska K. (1999) *Projekti hallintaan* (project discipline). Suomen ATK-kustannus Oy. Gummerus Kirjapaino Oy. Jyväskylä.

Rychetnick L., Hawe P., Waters E., Barratt A. & Frommer M. (2004) *A glossary for evidence based public health*. *J Epidemiol Community Health* 2004; 58:538-545.

Schenker I. & Nyirenda J. (2002) *Preventing HIV/AIDS in schools*. International Academy of Education. SADAG. Bellegarde.

Suhonen M. (2002) *Projektin toiminnan ohjaaminen projektin elinkaaren eri vaiheissa. Tapaustutkimus Euroopan sosiaalirahaston rahoittamasta projektista* (Project management at the different stages of a project's life span. Case study of a project funded by the European Social Fund). (Pro gradu thesis) University of Oulu. Faculty of Medicine, Department of Nursing and Health Administration. Oulu.

Taylor S. J. & Bogdan R. (1998) *Introduction to qualitative research methods. A guidebook and resource*. Third Edition. John Wiley & Sons Inc. New York.

Terry D. J., Gallois C. & McCamish M. (Eds.) (1993) *The theory of reasoned action: its application to AIDS-preventive behaviour*. Pergamon Press Ltd. BPC Wheatons Ltd. Exeter.

UNAIDS (2004) *2004 Report on the global AIDS epidemic*. 4th global report. Joint United Nations Programme on HIV/AIDS (UNAIDS). Geneva.

Webb A. (1994) *Managing innovative projects*. Chapman & Hall. London.

Westphal Victor B. (1991) *AIDS in A Caring Society. Practice and Policy*. (Doctoral dissertation) Nordic School of Public Health. Gotab. Stockholm.

WHO (2004) *The World Health Report 2004. Changing history*. World Health Organization. Sadag. France.

Windsor R. A., Baranowski T., Clark N. & Cutter G. (1994) *Evaluation of health promotion, health education, and disease prevention programs*. Mayfield Publishing Company. California.

Unpublished:

Sycamore C. (2004) *EC-funded HIV/AIDS projects and programmes – a synthesis and analysis of recent monitoring results*. Danish Management. ROM Working Paper No. 6.

EC (2003) EC action against HIV/AIDS. Memo 28.11.2003.

31997R0550

Council Regulation (EC) No 550/97 of 24 March 1997 on HIV/AIDS-related operations in developing countries
Official Journal L 085 , 27/03/1997 P. 0001 - 0005

No longer in force

COUNCIL REGULATION (EC) No 550/97 of 24 March 1997 on HIV/AIDS-related operations in developing countries

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Community, and in particular Article 130w thereof,

Having regard to the proposal from the Commission (1),

Acting in accordance with the procedure referred to in Article 189c of the Treaty (2),

Whereas the budgetary authority decided, in the framework of the 1988 budget, to create a budget heading designed to support the fight against the HIV/AIDS epidemic whereby it would seek to develop innovative measures complementing those already implemented at other levels;

Whereas the Commission, in its communication of 7 January 1994 to the Council and the European Parliament on HIV/AIDS in the developing countries, outlined the policy principles and strategic priorities needed to enhance the effectiveness of action by the Community and the Member States in that field;

Whereas HIV/AIDS is no longer an emerging epidemic, but has become a pandemic spread throughout the whole world, and is evolving with different social and political implications, depending on the regions and/or countries in question, and thus requires an appropriate structural and multisectoral response which is beyond the financial and human resources of most developing countries;

Whereas the Council, in its Resolution of 6 May 1994, emphasized the gravity of the HIV/AIDS epidemic and the need to step up efforts to give more support to the developing countries' national strategies; whereas it identified, as priorities for such support, strategies aimed at more effective prevention of transmission based on education, the promotion of sexual and reproductive health and transfusion safety, along with strategies to help the HIV-positive and the sick, in particular by strengthening health systems and combating discrimination and social exclusion;

Whereas the European Parliament and the EC-ACP Joint Assembly, in their respective Resolutions adopted on 14 April 1986 and 15 February 1993, also underlined the need to take greater account of causes and factors such as poverty in the spread of the epidemic, and of the economic and social consequences of HIV/AIDS, notably through measures designed to enhance the status of women and help local communities care for families and individuals affected by the pandemic;

Whereas both the European Parliament and the Council have called for increased Community involvement in this field;

Whereas the effectiveness of programmes to support national strategies to combat HIV/AIDS depends on improved coordination of aid both at European level and with other donors and UN agencies, in particular Unaid, and on the use of flexible procedures tailored to the specific nature of the activities and the partners concerned; whereas the European Parliament and Council Resolutions call for efforts in that

direction;

Whereas administrative rules and procedures should be established for cooperation in the field of HIV/AIDS;

Whereas a financial reference amount within the meaning of point 2 of the Declaration by the European Parliament, the Council and the Commission of 6 March 1995 (3) is included in this Regulation for the period 1997 to 1999 without thereby affecting the powers of the budgetary authority as they are defined by the Treaty,

HAS ADOPTED THIS REGULATION:

Article 1

1. The Community shall implement a programme to assist the developing countries (hereinafter 'the programme') in their efforts to minimize the spread of the HIV/AIDS epidemic and help them cope with its impact on health and social and economic development.

The programme shall be directed primarily at the poorest and least developed countries and the most disadvantaged sections of the population of developing countries.

The Community shall give priority to pursuing the following aims:

- (a) reducing the transmission of HIV/AIDS and the spread of other diseases capable of being transmitted sexually or perinatally;
- (b) reinforcing health and social services so that they can cope with the growing demands of the spreading epidemic;
- (c) helping governments and communities to assess the epidemic's impact on different economic sectors and social groups, and to define and implement strategies to cope with it;
- (d) developing scientific understanding of the epidemic and of the impact of measures, with a view to improving their quality, while excluding basic research;
- (e) combating discrimination against, and the social and economic exclusion of, persons infected with HIV/AIDS.

2. To attain the objectives referred to in paragraph 1, the Community shall support a series of measures which shall take into account the following fundamental policy principles, namely, they shall:

- (a) be adapted to the risk arising from the socio-economic environment and to the requirements of vulnerable groups as determined by individual behaviour and socio-economic and demographic factors;
- (b) be gender-specific;
- (c) be based on respect for the rights of the individual and provide social training for the persons concerned;
- (d) increase the motivation of individuals and communities and enable them to assume their responsibilities and become more self-reliant;
- (e) be integrated into health, education and other policies;
- (f) be adapted to the various stages of development of the epidemic;
- (g) encourage both political and financial commitment by governments to respond to HIV/AIDS.

Article 2

The measures to be taken to achieve the priority objectives mentioned in Article 1 shall

support strategies developed at international, regional and national level with the beneficiary countries and shall include, as regards each objective:

1. reducing the transmission of HIV/AIDS and the spread of other diseases capable of being transmitted sexually or perinatally through:

(a) information and education on sexual and reproductive health and rights as regards reproduction; special attention shall be given to making the measures specially adapted and accessible to the target groups, notably people in high-risk environments and the most socially and economically vulnerable individuals and communities, in particular women and young people. Such measures shall also include dialogue with religious communities;

(b) greater efficiency in reducing the transmission of HIV and sexually transmitted diseases (STD), inter alia through the promotion of better screening and treatment methods for such diseases;

(c) improved availability and use of different means and methods of protection, including the safety of blood transfusions and other forms of injection;

(d) support for the HIV/AIDS problem to be taken into account in development policies and strategies;

(e) support for measures that aim to increase women's power of decision in all areas of sexuality and reproductive health, to enable them to encourage the widespread use of different means and methods of protection against HIV/STD infection and transmission, act accordingly and protect the health of unborn children and to increase awareness of, and responsibility for, these issues in the population, especially the male population;

2. reinforcing health and social services so that they can cope with the growing demands of the spreading epidemic through:

(a) strengthening health services, particularly primary health services, by taking steps to increase national, regional and local capacities to develop preventive activities and care and to improve access for the most vulnerable;

(b) studying ways and means of improving access to treatment for people infected with HIV in the poorest countries. This study should be conducted in close collaboration with the United Nations agencies, concerned NGOs, pharmaceutical laboratories and the Member States of the European Union;

(c) strengthening capacities with regard to blood transfusion and nosocomial safety;

(d) improved training for medical and paramedical personnel;

(e) improved notification and statistical systems for epidemiological monitoring;

3. helping governments and communities to assess the epidemic's impact on different economic sectors and social groups and to define and implement strategies to cope with it through:

(a) technical back-up to help governments analyse the social and economic impact of the epidemic and develop and implement suitable strategies in the sectors concerned;

(b) technical and financial support to enable non-governmental organizations (NGOs) and local communities to optimize their contribution to prevention and care, notably through help with the formation of networks intended to improve the effectiveness of efforts and to reinforce the information, coordination and collaboration of all protagonists;

(c) encouragement of participation by local communities in developing local strategies for information, sex education programmes and funding;

4. developing scientific understanding of the epidemic and of the impact of measures, with a view to improving their quality, while excluding basic research, through:
 - (a) the development of scientific training through better monitoring of programmes based on relevant indicators, and the strengthening of applied medical, sociological, and anthropological research;
 - (b) support for the exchange of information on experience gained;
5. combating discrimination against, and the social and economic exclusion of, persons infected with HIV/AIDS by:
 - (a) promoting respect for the rights of the individual, and in particular rights as regards reproduction;
 - (b) encouraging non-discrimination and combating the stigma attaching to those living with the virus, in particular by public information campaigns and the setting-up of an appropriate legislative framework.

Article 3

The agents of cooperation eligible for financial support under this Regulation include:

- national, regional and local government departments and agencies,
- local authorities and other decentralized bodies, including traditional social structures,
- regional organizations and international organizations,
- research institutes and universities,
- local communities and the private sector, including NGOs, women's organizations and groups and grassroots associations able to contribute whatever expertise they have to the design, implementation and monitoring of the priority strategies in the HIV/AIDS field described in Article 2.

Article 4

1. The instruments to be employed in the course of the activities referred to in Article 2 shall include studies, technical assistance, training or other services, supplies and works, as well as audits and evaluation and monitoring missions. Priority shall be given to enhancing national capacity, particularly through training with a view to long-term viability.
2. Community financing may cover both investment expenditure, with the exception of the purchase of buildings and, since the project must, as far as possible, aim at medium-term viability, recurrent expenditure (which includes administrative expenditure, maintenance and running costs).
3. A contribution from the partners defined in Article 3 shall be sought for each cooperation operation. Their contribution shall be requested according to their means and the nature of the operation concerned.
4. Opportunities may be sought for cofinancing with other fund providers, and especially with Member States.
5. The necessary measures shall be taken to emphasize the Community character of the aid provided under this Regulation.
6. In order to achieve the objectives of consistency and complementarity referred to in the Treaty and with the aim of guaranteeing optimum effectiveness of all these operations, the Commission may take all necessary coordination measures, including in particular:
 - (a) the establishment of a system for the systematic exchange and analysis of

information on operations financed and those which the Community and the Member States propose to finance;

(b) on-the-spot coordination of the implementation of operations through regular meetings and exchange of information between representatives of the Commission and of the Member States in the beneficiary country.

7. In order to obtain the greatest possible impact globally and nationally, the Commission, in liaison with the Member States, shall take any initiative necessary for ensuring proper coordination and close collaboration with the beneficiary countries and the providers of funds and other international agencies involved, in particular those forming part of the United Nations system, and more specifically Unaids.

Article 5

Financial support under this Regulation shall take the form of grants.

Article 6

The financial reference amount for the implementation of this programme during the period from 1997 to 1999 shall be ECU 45 million.

Annual appropriations shall be authorized by the budgetary authority within the limits of the financial perspective.

Article 7

1. The Commission shall be responsible for appraising, deciding and administering the operations covered by this Regulation in accordance with the budgetary and other procedures in force, in particular those laid down in the Financial Regulation applicable to the general budget of the European Communities.

2. Decisions relating to grants of more than ECU 2 million for individual operations financed under this Regulation shall be adopted in accordance with the procedure laid down in Article 8.

The Commission shall inform the Committee referred to in Article 8 succinctly of the financing decisions which it intends to take with regard to projects and programmes of less than ECU 2 million in value. The information shall be made available not later than one week before the decision is taken.

3. The Commission shall be authorized to approve, without recourse to the opinion of the Committee provided for in Article 8, any supplementary commitments needed for covering expected or real cost overruns in connection with the operations, where the overrun or additional requirement is less than or equal to 20 % of the initial commitment fixed by the financing decision.

4. All financing agreements or contracts concluded under this Regulation shall provide for the Commission and the Court of Auditors to conduct on-the-spot checks according to the usual procedures laid down by the Commission under the rules in force, in particular those in the Financial Regulation applicable to the general budget of the European Communities.

5. Where operations are the subject of financing agreements between the Community and the recipient countries, such agreements shall stipulate that the payment of taxes, duties or any other charges is not to be covered by the Community.

6. Participation in invitations to tender and the award of contracts shall be open on equal terms to all natural and legal persons of the Member States and of the recipient

country. It may be extended to other developing countries and, in duly justified exceptional cases, to other third countries.

7. Supplies shall originate in the Member States, the recipient country or other developing countries. In duly justified exceptional cases supplies may originate elsewhere.

8. Particular attention will be given to:

- the pursuit of cost-effectiveness and sustainable impact in project design,
- the clear definition and monitoring of objectives and indicators of achievement for all projects.

9. The assistance provided under this Regulation shall complement and reinforce assistance provided under other instruments of development cooperation.

Article 8

1. The Commission shall be assisted by the geographically-determined committee competent for development.

2. The representative of the Commission shall submit to the committee a draft of the measures to be taken. The committee shall deliver its opinion on the draft, within a time limit which the chairman may lay down according to the urgency of the matter. The opinion shall be delivered by the majority laid down in Article 148 (2) of the Treaty in the case of decisions which the Council is required to adopt on a proposal from the Commission. The votes of the representatives of the Member States within the committee shall be weighted in the manner set out in that Article. The chairman shall not vote.

The Commission shall adopt the measures envisaged if they are in accordance with the opinion of the committee.

If the measures envisaged are not in accordance with the opinion of the committee, or if no opinion is delivered, the Commission shall without delay submit to the Council a proposal relating to the measures to be taken. The Council shall act by a qualified majority.

If, on the expiry of a period of three months from the date of referral to the Council, the Council has not acted, the proposed measures shall be adopted by the Commission.

Article 9

An exchange of views shall take place once a year on the basis of a presentation by the representative of the Commission of the general guidelines for the operations to be carried out in the year ahead, in the framework of a joint meeting of the committees referred to in Article 8 (1).

Article 10

1. After each budget year, the Commission shall submit an annual report to the European Parliament and the Council, summarizing the operations financed in the course of that year and evaluating the implementation of this Regulation over that period.

The summary shall in particular provide information about those with whom contracts have been concluded.

2. The Commission shall regularly assess operations financed by the Community with a view to establishing whether the objectives aimed at by such operations have been

achieved and to provide guidelines for improving the effectiveness of future operations. The Commission shall submit to the Committee referred to in Article 8 a summary of the assessments made which, if appropriate, may be examined by the Committee. The assessment reports shall be made available to any Member States requesting them.

3. The Commission shall inform the Member States, at the latest one month after its decision, of the operations and projects approved, stating their cost and nature, the recipient country and partners.

Article 11

Three years after this Regulation enters into force, the Commission shall submit to the European Parliament and the Council an overall assessment of operations financed by the Community under this Regulation, together with suggestions regarding the future of this Regulation and, where necessary, proposals for amending it.

Article 12

This Regulation shall enter into force on the third day following that of its publication in the Official Journal of the European Communities.

This Regulation shall be binding in its entirety and directly applicable in all Member States.

Done at Brussels, 24 March 1997.

For the Council

The President

H. VAN MIERLO

(1) OJ No C 252, 28. 9. 1995, p. 4.

(2) Opinion of the European Parliament of 9 May 1996 (OJ No C 152, 27. 5. 1996, p. 44), Council Common Position of 27 June 1996 (OJ No C 264, 11. 9. 1996, p. 21) and Decision of the European Parliament of 12 November 1996 (OJ No C 362, 2. 12. 1996, p. 43).

(3) OJ No C 102, 4. 4. 1996, p. 4.

