AIDS Accountability International

SWEDEN

COUNTRY PROFILES

AIDS Accountability Country Profiles are initially provided for a selection of 17 countries in order to give further commentary on their performance according to the AIDS Accountability Country Scorecard and the context in which the response takes place. For further details about the data or the methodology, please see our website www.aidsaccountability.org

AIDS Accountability International (AAI) was established to increase accountability and inspire bolder leadership in the response to the AIDS epidemic. We do this by rating and comparing the degree to which public, private and civil society actors are fulfilling the formal agreements they have made to respond to the epidemic.

Facts Sweden

Region: North America and Western/Central Europe
Population: 9 million
HIV prevalence: 0.1% 15-49 years (UNAIDS)
Gross National Income: US$ 43,530 per capita (2006)

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Country Profile: Sweden

Introduction

Sweden has a population of 9 million with low rates of HIV infection. The adult HIV prevalence is around 0.1%. By the end of 2006, there had been less than 7500 reported cases in total of HIV infection. Almost half of these occurred through heterosexual contact, particularly among non-Swedish migrants from countries with generalized epidemics. Remaining infections particularly occurred among men who have sex with men and injecting drug users. Sweden has been a strong advocate of effective HIV prevention from the start of the epidemic. This has included a domestic focus on achieving high rates of HIV testing and a commitment to providing funding to the international response to HIV/AIDS. For example, Sweden is one of the five largest funders of UNAIDS. However, there has been controversy over Sweden's legal approach to HIV which criminalizes deliberate HIV transmission and requires people with HIV to have regular medical checks, to inform health care providers and sexual partners of their status and to provide information to allow tracing of sexual contacts.

What the scorecard reveals

Sweden scores a moderate C on element 1, partly due to data missing on several of the indicators related to biological and behavioural surveillance used for this element. However incomplete the reporting was on this element, it was still an improvement in the reporting of surveillance data compared to previous UNGASS reports.

For element 2, none of the three indicators for funding spent on prevention programme for most-at-risk populations were submitted.

Mortality from HIV in Sweden is reported to have declined sharply through the introduction of anti-retroviral therapy (ART). By the end of 2006, 2800 people were receiving this treatment. However, the 2008 UNGASS report documented a decline in coverage from 95% in 2004 (A) to 74% in 2006 (B). Although this decline is problematic, Sweden has reached the UNGASS target of 50% coverage by 2005. If the decline continues, however, the goal of universal access by 2010 will not be reached.

In 2008, Sweden reported that coverage of prevention programs among most-at-risk populations (D) was 50% for sex workers and 27% for IDUs. No figures were presented for MSM. This represented an improvement in data availability from 2006 when no figures for coverage of prevention programs among most-at-risk populations were reported.

In common with many high income countries, Sweden's coordination environment does not closely follow the Three Ones model so only scores modestly (C) when assessed against that framework. Scores are similar (C) for each element of the Three Ones. Sweden's score for the operating environment for civil society is also only modest (C) with similar scores from both government (C) and civil society (C). This relatively low score reflects the reported absence of a body to promote interaction between government, civil society and people living with HIV (PLHIV), and the limited inclusion of civil society in national plans and budgets. However, civil society reported that efforts to increase civil society participation had improved considerably from 2005 (2/10) to 2007 (6/10).

In its report to UNGASS, Sweden did not provide data on its spending on its response to HIV and AIDS, including the proportion of prevention spending focused on most-at-risk populations, hence no score for element 7.

Sweden scores poorly on the human rights mainstreaming element of the scorecard (D), which captures the degree to which human rights have been mainstreamed into the AIDS response. This is in line with the comment made in the introduction, that Sweden, along with some other European countries, has a legal framework for its response to AIDS that is based more in a public health approach than one protecting individual human rights.

Sweden's Score

Elements	2006	2008
1: Data Collection	No data	C
2: Focus on most-at-risk populations		No data
3: Treatment	A	B
4: Prevention	No data	D
5: Coordination		C
6: Civil Society		C
7: Financing		No data
8: Human Rights Mainstreaming		D

Explanation of scores: A= 81-100%, B= 61-80%, C=41-60%, D=21-40%, E=0-20%

Reporting –How can Sweden improve?

Sweden scores a C on the **AIDS Reporting Index**, which reflects a moderate level of reporting on the elements in the scorecard. As previously mentioned, if data on financing is provided, both elements 2 and 7 would improve significantly.

To improve the score on element 4 data on coverage of prevention programmes focused on MSM must be submitted.

To improve reporting on element 5, Sweden needs to supply the missing indicators mainly from the Monitoring &Evaluation part of the three ones.

Element	Reported indicators	Total indicators	% reporting
1	13	15	87%
2	0	3	0%
3	1	1	100%
4	2	3	67%
5	45	64	70%
6	24	32	75%
7	0	3	0%
8	36	40	90%

Visit our website to make your own scorecard, read more information about the scorecard, check on the indicators on country level and to give your feedback to us. Make your voice heard at www.aidsaccountability.org

Source: Sweden Country Progress Report 2008