Taking Action

The UK's strategy for tackling HIV and AIDS in the developing world

Cover photo: A community health volunteer demonstrates condom use in Tamil Nadu, the state where HIV first appeared in India (© Gideon Mendel for International HIV/AIDS Alliance)

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Published July 2004

Foreword

by the Prime Minister, Rt Hon Tony Blair MP

HIV and AIDS is having a devastating impact on our world. Millions of lives are at risk as are our hopes of tackling poverty and instability across the globe. There is no time to lose, no room for complacency. The world – developing and developed countries alike – face a colossal challenge.

It was a challenge set out in stark terms last year in the Government's *Call for Action*. This underlined the massive scale of the problems we faced and the need for stronger political direction, increased funding, better international coordination and programmes to tackle them. It also spelt out not just our strong moral duty to help but how it was in our national interest. Only coordinated and decisive action can prevent the effects of worsening poverty and instability spilling across our borders. You can't pull up the drawbridge in the modern world.

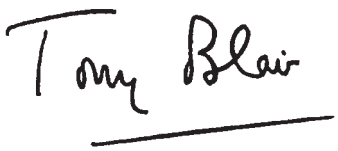
Britain, I am proud to say, has already taken a lead in the global effort to turn the tide against AIDS. Funding has been increased seven-fold since 1997 and we have used every opportunity to push the issue up the international agenda. But the *Call for Action* spelt out how we, too, must raise our game.

This strategy is our response. It represents another step change in our financial commitment to tackling HIV and AIDS, including an increase in spending to at least £1.5 billion over the next three years. It offers additional financial and practical support to governments in improving treatment, care and prevention, and reducing the impact of the epidemic on their societies.

The strategy is important, too, because it puts the most vulnerable groups – women, young people, children and orphans – who bear the brunt of this global disaster right at its heart. AIDS is creating a new generation of orphans. By the end of this decade, it is estimated that 25 million children will have lost at least one parent to AIDS. So the strategy calls for national plans to be in place by the end of 2005 to meet the needs of children and orphans made vulnerable by HIV and AIDS.

In sub-Saharan Africa, teenage girls are five times more likely than boys to contract HIV. Yet it is women who do most of the caring while, at the same time, being less likely to receive care themselves and more likely to face discrimination. The strategy calls for a rapid increase in access to sexual and reproductive health services for women and girls.

It also underlines our long-term commitment to helping tackle the challenge of AIDS. Given the sheer devastation caused by this epidemic, there can be no instant fixes or solutions. But the experiences of countries as far apart as Uganda, Brazil and Thailand in cutting HIV rates dramatically show there is no reason for despair or defeatism. Together, the world can make a huge difference – and I am determined that Britain will take the lead.



Tony Blair
July 2004

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Executive summary

HIV and AIDS is one of the greatest threats to eradicating poverty and to achieving the Millennium Development Goals (MDGs). Around 58 million people have been infected with HIV. Twenty million have died. In sub-Saharan Africa, it is the leading cause of death. In Asia and Eastern Europe, there is a risk of a generalised epidemic unless action is taken now. Women and young people – including the rising numbers of children orphaned by AIDS in Africa – are particularly vulnerable. They will be at the centre of the UK's response.

On World AIDS Day, December 1st 2003, the Prime Minister called for stronger action on HIV and AIDS. The UK's *Call for Action* set out what was needed: stronger political direction, better funding, better donor coordination and better HIV and AIDS programmes. This strategy sets out what the UK will do to achieve this.

Targets

The UK Government will continue to work towards all internationally agreed HIV and AIDS targets, in particular:

- **Twenty-five per cent fewer young people in Africa infected with HIV by 2005 and globally by 2010.**
- **Increased access to sexual and reproductive health services for women and girls by 2005.**
- **Three million people, including two million in Africa, receiving treatment by the end of 2005, at least half of whom should be women and children.**
- **National plans in place to meet the needs of orphans and children made vulnerable by HIV and AIDS by 2005.**
- **Rapid implementation of the Three Ones, linking donor help to national priorities.**
- **Increased global investment in HIV and AIDS research, addressing the needs of the poor, women and children.**
- **On track to slow the progress of HIV and AIDS by 2015.**

We will ensure that the needs and rights of women, young people – including orphans – and marginalised groups are adequately addressed in the action we take.

Taking Action to close the funding gap

UNAIDS estimates that in 2005 approximately £6.6 billion (US$12 billion) will be needed to tackle HIV and AIDS in poor countries and the total amount spent in 2003 was £2.6 billion (US$4.7 billion). By 2007, the need will be £11 billion (US$20 billion). The UK Government will play its part in closing the funding gap by spending at least £1.5 billion between 2005-06 and 2007-08. Of this, at least £150 million will be spent over the next three years on responding to the needs of orphans and other children made vulnerable by HIV and AIDS, and to meet the target that 'National plans should be in place to meet the needs of orphans and children made vulnerable by HIV and AIDS by 2005'. The detailed steps we will take to achieve this will be announced in December 2004.

The majority of our spending will go directly to the countries most in need. We will also increase our support to help multilateral organisations. In particular, over the next three years we will double our funding for the Global Fund to Fight AIDS, TB and Malaria (the Global Fund). We will push for the successful implementation of the International Finance Facility (IFF), which could meet in full the funding gap for HIV and AIDS.

The UK Government will:

- **Increase our funding for AIDS-related work and spend at least £1.5 billion over the next three years (from 2005-06 to 2007-08), with which we will:**
  - **Fund action that prioritises women, young people and vulnerable groups, and focuses on human rights.**
  - **Ensure that we spend at least £150 million on programmes to meet the needs of orphans and other children, particularly those in Africa, made vulnerable by HIV and AIDS.**
  - **Double our funding for the Global Fund over the next three years, representing an increase of £77 million (US$140 million).**
  - **Provide £36 million to UNAIDS over the next four years to support its global leadership.**
  - **Provide £80 million to the United Nations Population Fund (UNFPA) over the next four years to support its HIV prevention, sexual and reproductive health work with women.**
- **Push for agreement to a new International Finance Facility (IFF) to secure long-term, predictable financing.**

Taking Action to strengthen political leadership

In 2005 the UK will hold the Presidencies of the G8 and EU. In June, the UN General Assembly will review progress towards the targets set in the UNGASS Declaration of Commitment on HIV/AIDS and, in the autumn, progress towards the MDGs. The UK will use these opportunities to build greater political commitment to tackle HIV and AIDS and secure agreement about what needs to be done.

The UK will encourage and support leaders around the world to play their part in tackling AIDS. We will champion the needs of orphans and other young people infected with and affected by HIV and AIDS. The UK will support people and groups who can provide leadership in their own communities to tackle AIDS. We will strengthen the leadership roles of the Global Coalition on Women and AIDS, the UN Economic Commission for Africa, the Asia Pacific Leadership Forum on HIV and AIDS (APLF) and the New Partnership for Africa's Development (NEPAD). We will strengthen support to networks of people with HIV and AIDS, faith-based organisations and community leaders.

The UK Government will:

- **Make AIDS a centrepiece of our Presidencies of the G8 and EU in 2005, and focus on AIDS at high-level UN General Assembly events, in the context of our strong commitment to Africa.**
- **Seek clear commitments to action from the G8 and EU.**
- **Put developing countries in the lead and encourage regional cooperation, through the Africa Union, NEPAD, the UN Economic Commission for Africa, the APLF and the Commission for Africa.**
- **Improve coherence across UK policy-making on AIDS by establishing an informal cross-Whitehall working group on AIDS.**
- **Promote the Global Coalition on Women and AIDS, the International Conference on Population and Development (ICPD) agenda on sexual and reproductive health, and human rights (including the rights of children) in order to reduce vulnerability to HIV and decrease the burden of stigma and discrimination against people with HIV and AIDS.**

Taking Action to improve the international response

Hard-pressed governments are struggling to deal with the large numbers of donors and the money they bring. In 2003, Uganda had to manage 25 separate AIDS donor-planning missions. To help solve these problems we called, in the *Call for Action*, for agreement on the Three Ones: one agreed HIV and AIDS Action Framework, one national AIDS Coordinating Authority, and one agreed country-level monitoring and evaluation system in each country.

Since the *Call for Action*, we have made substantial progress. In April 2004 major donors agreed to these principles. We must now turn this agreement into action. We will support countries that want to reduce the number of donors they have, for example by setting a minimum donor contribution to AIDS programmes. If countries want donor funds to be provided through a pooled funding mechanism we will lead the way and we will ensure, by replacing any lost funding, that these measures do not reduce the amount of resources available.

We will work with the Global Fund, the European Commission (EC) and the UNAIDS family – including the World Bank, UNFPA, the United Nations Children's Fund (UNICEF) and the World Health Organisation (WHO) – to ensure that all affected countries are able to tackle HIV and AIDS effectively, not just those where the UK has a country programme. The UK Government is working with multilaterals to develop innovative solutions in such countries, for example in Burma.

The UK Government will:

- **Work with a range of multilateral organisations, in particular the Global Fund, the EC and UNAIDS and its co-sponsors, the World Bank, UNFPA, UNICEF and WHO.**
- **Strengthen the ability of a range of multilateral organisations to support effective national action by:**
  - **Increasing harmonisation and donor co-ordination.**
  - **Providing high-level technical assistance.**
  - **Funding countries where we do not have a bilateral presence.**
- **Channel more support through multilateral partners in line with our commitment to harmonisation of donor efforts.**
- **Build on the Three Ones commitments and translate them into action.**
- **Take steps at an international level to increase access to medicines.**

Taking Action to support better national programmes

The time for pilot programmes is over. When we know what works, then we must take the appropriate steps in every country. We will need to move fast, but also make sure that what we put in place can be sustained. Prevention must remain the mainstay of action. We will support comprehensive responses that go beyond health. AIDS impacts on education, social structures, cultures and economies. Girls who spend longer in school are less likely to get HIV. Where parents die before they can teach their children how to farm, we will support agricultural extension services and schools to teach these basic skills. Almost all African governments say that lack of staff is limiting their response. This is why we are supporting governments to re-staff their depleted health services. This is vital for countries to deliver the care and treatment programmes that poor people need.

We will support countries to reduce, and tackle, the causes of vulnerability. We will tackle violence against women, which intensifies vulnerability to HIV. We will help countries, particularly those in Africa, support the rising numbers of children orphaned by AIDS, and other young people made vulnerable by the impacts of HIV and AIDS. We will seek to ensure that their needs are central to government programmes, including education and health services. We will encourage care and treatment programmes to reach parents to reduce and delay orphaning. We will encourage countries to broaden social protection safety nets to reach children and those who care for them.

The UK Government will:

- **Provide money and advice to support developing country governments and other partners to develop and deliver national AIDS strategies that:**
  - **Are comprehensive, integrating programmes that prevent, treat, care and mitigate the impact of AIDS.**
  - **Prioritise the needs and rights of women, young people, including orphans, marginalised and vulnerable groups.**
  - **Address the broader causes and effects of HIV and AIDS.**
  - **Can be taken to scale, and make a real difference in a stable and predictable way, taking account of macroeconomic and human resource implications.**

Taking Action in the long term

The impact of AIDS will be with us for generations to come. The social fabric of countries has already been weakened but we still do not know what the full demographic impacts will be. We need to develop long-term solutions. AIDS requires long-term predictable funding, which is why the UK is proposing to increase aid through the IFF. Starting people on treatment in developing countries and then withdrawing support is not an option. We will provide stable and long-term funding.

While we know much about what works, there are still gaps in our knowledge. We will invest in social, cultural and economic research to understand how best to tackle the epidemic. We will support research on new technologies focused on the poor, women and children. In 2004 we joined other G8 members in establishing the Global HIV Vaccine Enterprise. We will provide more money for research and development of new HIV prevention technologies, especially microbicides – gels and creams which women can use to protect themselves from HIV.

The UK Government will:

- **Ensure that responses to AIDS are sustainable in the long term as well as responding to the immediate and exceptional needs.**
- **Work with others to make funding for AIDS longer-term and more predictable, including through the IFF.**
- **Increase our support for research into: microbicides; treatments and new technologies for the poor, women and young people; and the social, economic and cultural impact of AIDS.**

Translating strategy into action

This strategy sets out the UK Government's priorities for working towards the internationally agreed targets for HIV and AIDS in the developing world. It is imperative that the policy commitments contained within this document are translated into action. We will both monitor the impact of our action and support global efforts to measure progress towards the international targets.

Within the UK Government, the Department for International Development (DFID) is the lead department for tackling HIV and AIDS in the developing world. DFID will ensure that this strategy is implemented through its internal business plans, working with our developing country and multilateral partners. This strategy will also help determine our allocation of resources to country programmes, multilateral institutions, research bodies and civil society.

The UK Government will:

- **Ensure that all relevant government departments implement this strategy.**
- **Ensure DFID – as the lead department – monitors progress towards the targets set out in this HIV and AIDS strategy.**
- **Ensure that during DFID's annual financial allocation round, decisions are made in accordance with this strategy.**
- **Monitor the implementation of this strategy throughout DFID's organisational structure – through internal business plans and strategies for working with our developing country and multilateral partners.**
- **Undertake an evaluation of this strategy in 2006.**
- **Play an active role in the monitoring and evaluation activities of the international community to measure the impact of our combined response to AIDS.**

1 Chapter 1 Introduction

The UK Government will:

- **Continue to work towards all internationally agreed HIV and AIDS targets, in particular:**
  - **Twenty-five per cent fewer young people in Africa infected with HIV by 2005 and globally by 2010.[1]**
  - **Increased access to sexual and reproductive health services for women and girls by 2005.[2]**
  - **Three million people, including two million in Africa, receiving treatment by the end of 2005, at least half of whom should be women and children.[3]**
  - **National plans in place to meet the needs of orphans and children made vulnerable by HIV and AIDS by 2005.[4]**
  - **Rapid implementation of the Three Ones,[5] linking donor help to national priorities.**
  - **Increased global investment in HIV and AIDS research, addressing the needs of the poor, women and children.[6]**
  - **On track to slow the progress of HIV and AIDS by 2015.[7]**
- **Ensure that the needs and rights of women, young people – including orphans – and marginalised groups are adequately addressed in the action we take.**

Funeral of people who have died of AIDS in Zambia (© Jeremy Horner/Panos)

1 UNGASS Declaration of Commitment on HIV/AIDS, June 2001. Article 47.
2 UNGASS, Article 60.
3 WHO/UNAIDS.
4 UNGASS, Article 65.
5 One agreed HIV and AIDS action framework, one national AIDS coordinating authority, one agreed country-level monitoring and evaluation system.
6 UNGASS, Article 70.
7 MDG 6.

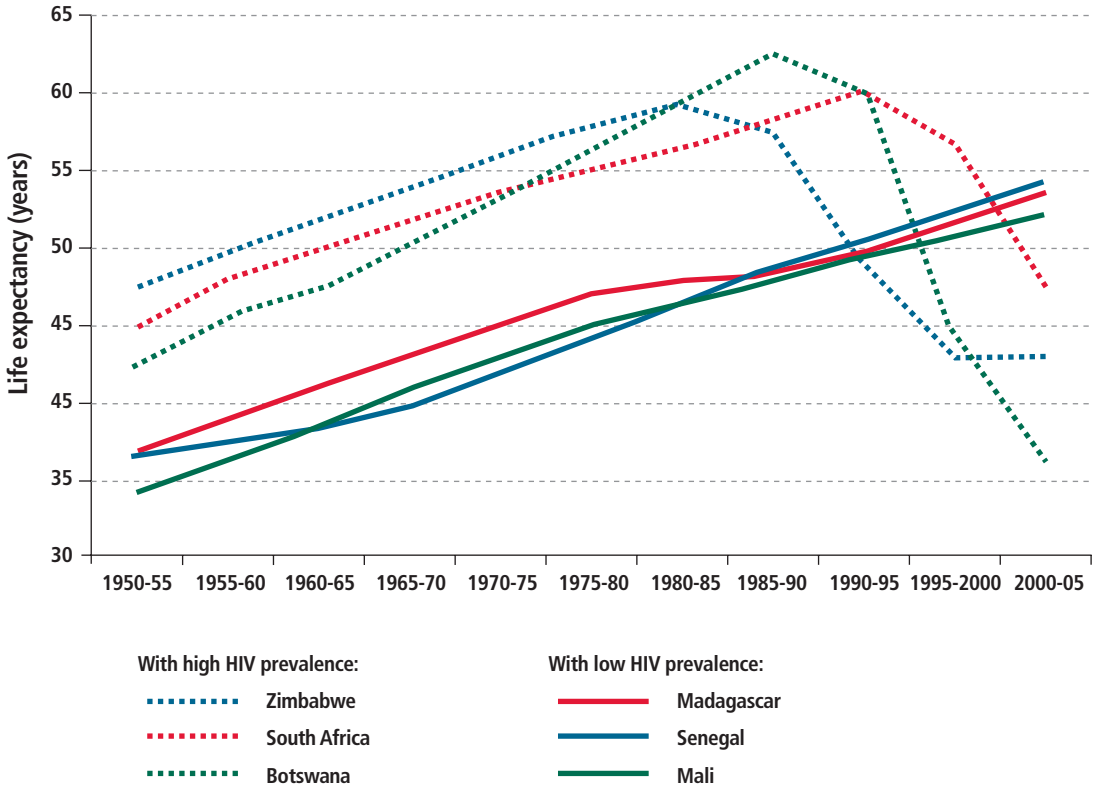
The challenge to development

AIDS is one of the greatest threats to eradicating poverty and to achieving the Millennium Development Goals.

Every country is affected, but developing countries are hardest hit. AIDS is the world's fourth-biggest killer. Some 58 million people have been infected and 20 million have died.[8] In sub-Saharan Africa, it is the leading cause of death. In Asia and Eastern Europe, infection rates are growing rapidly and the epidemic will become serious and generalised unless rapid action is taken. In the worst-affected countries the working-age population is being devastated and life expectancy has plummeted. AIDS is reversing the gains made in reducing poverty in developing countries over the last 20 years. AIDS is breaking down families and communities. It is making the world a more dangerous place and threatening the global environment.

Figure 1: Declining life expectancy

Changes in the life expectancy in selected African countries with high and low HIV prevalence: 1950-2005



Source: UNAIDS 2002 Report on the global HIV/AIDS epidemic

8 UNAIDS, 'Report on the global AIDS epidemic: 4th global report', July 2004, p.10.

UK Government's *Call for Action on HIV/AIDS*

The global community can change the course of this devastating epidemic. The new millennium has already seen more money and more commitment dedicated to tackling AIDS than ever before. For example:

- The US President's Emergency Plan for AIDS Relief commits at least £8.2 billion (US$15 billion) over five years, from 2004 to 2008.
- The Global Fund was set up in 2002 and committed £1.2 billion (US$2.1 billion) to 124 countries in its first year of operation.[9]
- The cost of antiretroviral drugs has fallen significantly, in some cases by up to 95 per cent in the last three years,[10] thanks to initiatives by the UN, the pharmaceutical industry and others.
- A number of countries have shown that it is possible to successfully combat the epidemic. Uganda, Senegal, Thailand and Brazil have all successfully reduced or controlled HIV rates.

However, many challenges remain. In December 2003, the UK Government launched its *Call for Action* on *HIV/AIDS*, which called on the international community to intensify its efforts to tackle the epidemic and to achieve real progress towards meeting internationally agreed targets. The *Call for Action* highlighted four key areas where the international community needed to do better:

More funding: despite the welcome increases in financing, there remains a significant funding gap. UNAIDS[11] estimates that £6.6 billion (US$12 billion)[12] will be needed in 2005 to halt the spread of HIV and treat those with HIV and AIDS, rising to £11 billion (US$20 billion)[13] in 2007. Only £2.6 billion (US$4.7 billion)[14] was spent on AIDS in 2003. This funding should be committed on a predictable and long-term basis.

Stronger political direction: while international attention on AIDS has increased, many countries (in both the developed and developing world) are still not fully acknowledging the threat AIDS poses to development.

Donor coordination: the entry of so many new donors has created serious problems for developing countries. In 2003 Russia had to manage 30 separate donor planning missions,[15] which duplicated each other and took up too much of people's time.

9 The Global Fund, 'The Annual Report', 2003.
10 WHO, '25 Years of Essential Medicines: 1977-2002', 2002; MSF, 'Untangling the web of price reductions: a pricing guide for the purchase of ARVs for developing countries', 4th edition, 2003.
11 The Joint United Nations Programme on HIV/AIDS – a co-sponsored UN programme. Its 10 co-sponsors are: the World Bank, UNDP, WHO, WFP, UNICEF, UNFPA, ILO, UNODC, UNESCO and UNHCR. Coordination is through a secretariat based in Geneva.
12 UNAIDS, July 2004, p.132.
13 Ibid. 133.
14 Ibid. 131.
15 UNAIDS, 'Need for Concerted Action on AIDS Responses', April 2004, p.113.

Better national responses to HIV and AIDS: many countries still rely on the health sector to deal with AIDS – despite the fact that healthcare is often extremely weak and under-staffed and that AIDS is about more than health. Civil society groups and the private sector are too often overlooked in national strategies. Countries often pay inadequate attention to the causes of vulnerability, the broad impact of AIDS, and the human rights dimensions of the epidemic. Programmes also can just focus on the short term, losing sight of the need to respond to the long term.

Our consultations have identified the importance of increasing our focus on the long term. As a result, DFID is increasingly looking to invest in new approaches that might have a significant impact on controlling the spread of HIV, such as microbicides and vaccines. We are also exploring more ways of sustaining the response by providing predictable, long-term financing and sustainable systems that have enough capacity to cope over the long term.

The *Call for Action* has already committed the UK to a number of steps. These include:

Better funding

- Making HIV and AIDS a priority for the additional funding the UK will be devoting to Africa by 2006.
- Pushing for agreement to the IFF.
- Working with the Global Fund to disburse funds more quickly and effectively.

Stronger political direction

- Making HIV and AIDS – and Africa – a centrepiece of the UK Presidencies of the G8 and EU.
- Working with NEPAD and the Africa Partners' Forum.
- Supporting action on HIV and AIDS at the UN Security Council.

Better donor coordination

- Closer working with the US, through our joint taskforce on HIV and AIDS.
- Doubling our core funding to UNAIDS.
- Supporting UNAIDS, the EC and the UN to strengthen their donor coordination function.

Better HIV and AIDS programmes

- Working with developing countries and partners to strengthen health systems.
- Publishing a new UK strategy on HIV and AIDS.
- Drawing up new policy guidance on treatment and care.

Focus of the new UK strategy

This strategy reports progress against these commitments and the further steps we will take to meet these challenges. The strategy has benefited from extensive feedback from our partners around the world, including parliamentarians, civil society, people with HIV and AIDS, non-governmental organisations (NGOs), international, multilateral and donor bodies, the private sector and developing country governments. It sets out the UK's vision for our response to the global AIDS crisis and commits us to review the action points in the strategy within three years.

In taking forward the UK strategy, we will support the internationally agreed targets for HIV and AIDS, in particular the MDGs, the UNGASS[16] Declaration of Commitment on HIV/AIDS, and the action plan of the ICPD. While the UK will continue to work towards all internationally agreed targets, we will take particular note of those listed below:

16 The United Nations General Assembly Special Session on HIV/AIDS was held on June 25-27, 2001.

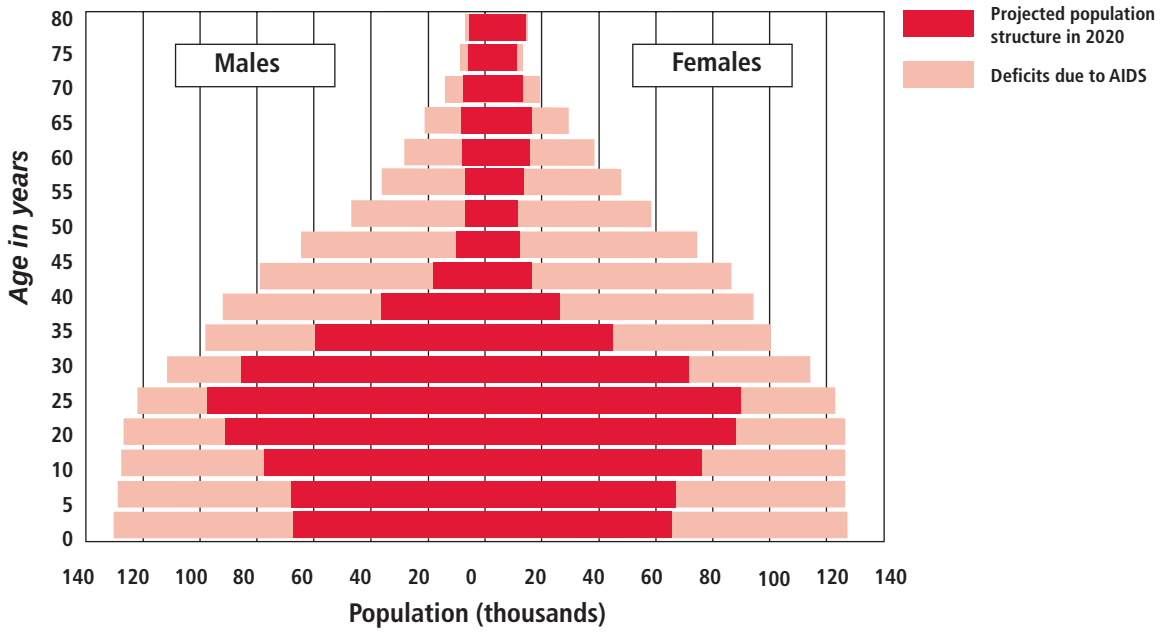
Key HIV and AIDS targets for the UK Government

- **Twenty-five per cent fewer young people in Africa infected with HIV by 2005 and globally by 2010.**
- **Increased access to sexual and reproductive health services for women and girls by 2005.**
- **Three million people, including two million in Africa, receiving treatment by the end of 2005, at least half of whom should be women and children.**
- **National plans in place to meet the needs of orphans and children made vulnerable by HIV and AIDS by 2005.**
- **Rapid implementation of the Three Ones, linking donor help to national priorities.**
- **Increased global investment in HIV and AIDS research, addressing the needs of the poor, women and children.**
- **On track to slow the progress of HIV and AIDS by 2015.**

Most internationally agreed targets are extremely ambitious, and many are not on track to be met. This is especially true of some of the 2005 targets for HIV and AIDS. While we recognise that it is likely that some of these will not be met, they express our ambition and our goals.

We will ensure that respect for human rights is at the centre of our strategy. Lack of respect for human rights intensifies vulnerability to HIV and hampers effective help for people with HIV and AIDS. We will take action to confront stigma and discrimination, and give particular attention to supporting women, young people, including orphans, and other vulnerable groups. These people are most affected by HIV and AIDS but they are often neglected by governments and donors alike. Figure 2 and the box overleaf describe the impact of HIV and AIDS on these groups.

Figure 2: Projected population structure with and without the AIDS epidemic, Botswana, 2020



Source: US Census Bureau, World Population Profile 2000

Women, young people and vulnerable groups: the impact of HIV and AIDS

- The structure of populations is changing both in terms of age cohorts and gender ratios. Life expectancy for women is worse affected than that for men.[17]
- In many African countries women aged 15-49 are 50% more likely to be infected with HIV than men of the same age.[18]
- In Uganda in 1999, approximately 30 per cent of widowed women lost their land or inheritance rights when their husbands died.[19]
- In many societies women have less power than men over their sexual relations. Between a third and a half of women who report physical assault by an intimate partner also report sexual coercion.[20]
- Women are often expected to care for relatives who are sick or dying from AIDS, and may have to look after as many as 40 grandchildren orphaned by AIDS[21] – yet they are less likely to receive care and more likely to face discrimination.

17 Alan Whiteside, in print.
18 Table 3, WHO, 'HIV/AIDS Epidemiological Surveillance Update for the WHO African Region', 2002.
19 Source 'Making a Difference for Children Affected by AIDS: Baseline Findings from Operations Research in Uganda (June 2001)' in UNICEF, 'Global Partners Forum for OVC', October 2003.
20 UNAIDS, 'Report on the global HIV/AIDS epidemic', 2002, pp.65-66.
21 Source UNAIDS/UNIFEM (2000) in UNIFEM, 'Women's Human Rights: Gender and HIV/AIDS', 2000.

- **In sub-Saharan Africa teenage girls are five times more likely than boys to contract HIV.[22]**
- **Globally, almost 10 million people aged 15-24 are living with HIV and AIDS – 60 per cent of these are women.[23] Among newly infected 15-24-year-olds in the developing world, young women outnumber young men by two to one.[24]**
- **AIDS is creating a new generation of orphans. Approximately one in 10 African orphans has no family to care for them.[25] By 2010 there will be an estimated 25 million children who have lost at least one parent to AIDS.[26]**
- **Young people, particularly orphans, are especially vulnerable. In Tanzania, the school attendance rate for children with at least one parent is 71 per cent but for double orphans it is 52 per cent.[27] Orphans are highly vulnerable and often become breadwinners – over half the children in full-time mining are orphans.[28]**
- **Groups at the margins of society – such as men who have sex with men, drug users, sex workers, ethnic minorities, migrants and people living in poverty – have little access to support and services, increasing their vulnerability to infection.**
- **In some countries health workers actively avoid treating drug users. For example in the Russian Federation over 90 per cent of people with AIDS were infected through injecting drug use, yet they make up only 13 per cent of people receiving antiretroviral therapy (ART).[29]**
- **In 2002, men who have sex with men in 13 Latin American countries received substantially less funds from national HIV prevention programmes than their representation among those infected would merit.[30]**

22 Source UNAIDS/UNIFEM (2000) in UNIFEM, ibid.
23 UNAIDS, July 2004, p.93; UNICEF/UNAIDS/WHO (Dec 2001) in UNFPA, 'State of the World Population 2003', 2003.
24 Source (2001) in Population Resource Center, 'Executive Summary: International Youth', summer 2002.
25 UNICEF, 'Africa's Orphaned Generations', November 2003.
26 UNAIDS/UNICEF/USAID, 'Children on the Brink: a Joint Report on Orphan Estimates and Program Strategies', 2002, p.3.
27 Source 'Demographic and Health Survey', Republic of Tanzania (1999) in UNICEF, 'A Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV/AIDS', February 2004.
28 Source Mwami JA, Sanga AJ & Nyoni J, 'Child Labour in Mining: A Rapid Assessment', International Labour Organization/International Programme on the Elimination of Child Labour (Tanzania), Geneva, January 2002, in ibid.
29 UNAIDS, July 2004, p.85.
30 Ibid. 79.

2 Chapter 2
Taking Action to close the funding gap

The UK Government will:

- Increase our funding for AIDS-related work and spend at least £1.5 billion over the next three years (from 2005-06 to 2007-08) with which we will:
  - Fund action that prioritises women, young people and vulnerable groups, and focuses on human rights.
  - Ensure that we spend at least £150 million on programmes to meet the needs of orphans and other children, particularly those in Africa, made vulnerable by HIV and AIDS.
  - Double our funding for the Global Fund over the next three years, representing an increase of £77 million (US$140 million).
  - Provide £36 million to UNAIDS over the next four years to support its global leadership.
  - Provide £80 million to UNFPA over the next four years to support its HIV and AIDS prevention, sexual and reproductive health work with women.
- Push for agreement to a new IFF to secure long-term, predictable financing.

An Indian health worker explains the benefits of a condom to sex workers in Calcutta (© Reuters/Corbis)

Funding gap

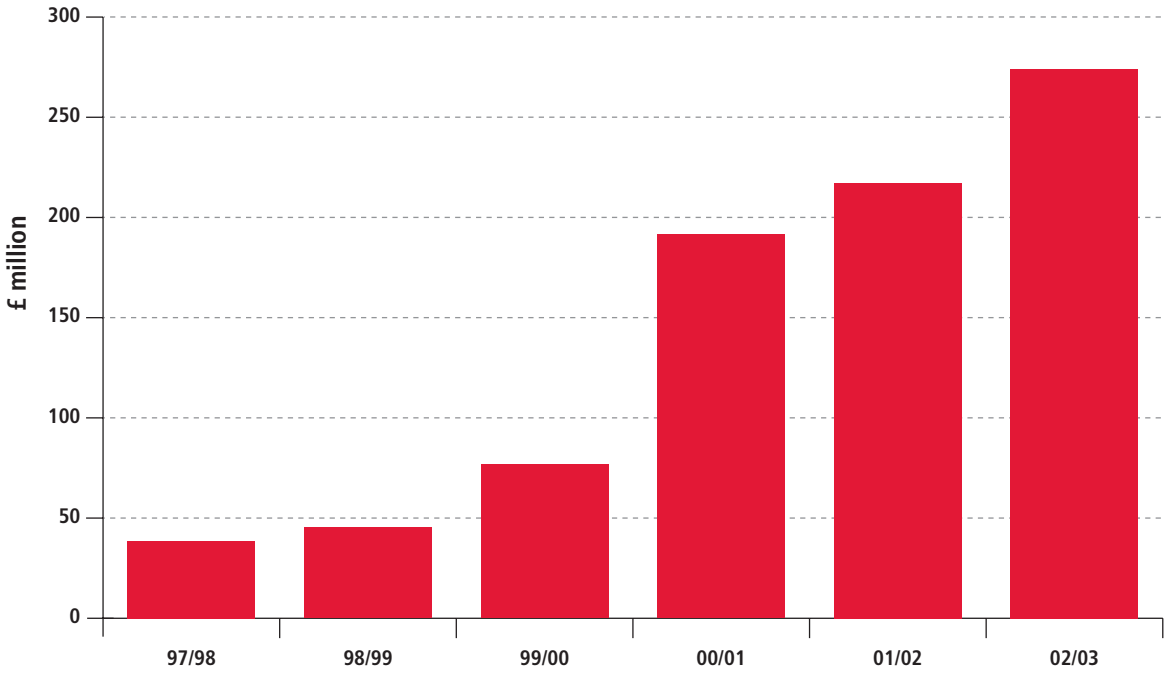
Despite new commitments on funding, notably from the US, there remains a global shortfall in funding for AIDS. UNAIDS estimates that the current funding gap stands at about £4 billion (US$7.3 billion) or 60 per cent[31] of the total funds needed to phase in good prevention, treatment and orphan care as quickly as possible.

UK current spending

The UK Government has been actively engaged in tackling AIDS since 1987, supporting over 500 AIDS-related programmes.

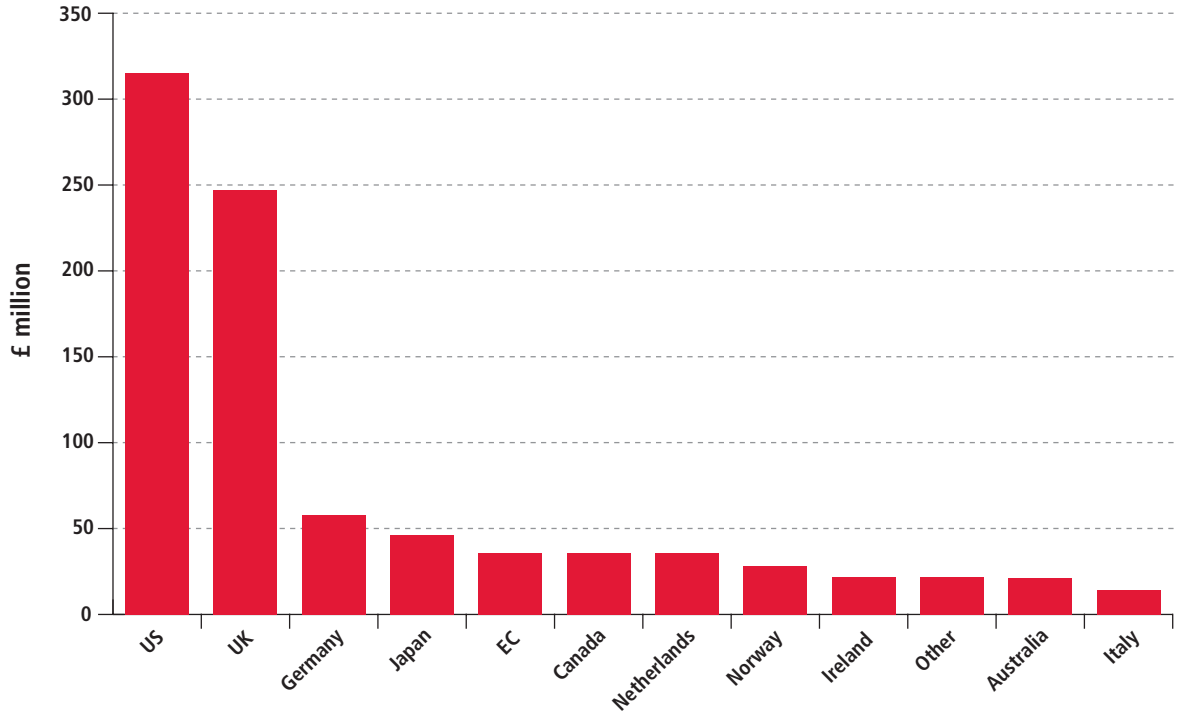
Since 1997, we have increased our bilateral spending on AIDS and sexual and reproductive health from £38 million to more than £270 million in 2002-03, an increase of 48 per cent per annum on average (see Figure 3 below). According to UNAIDS, the UK ranks second amongst government donors in terms of the volume of our bilateral aid that is spent on AIDS (see Figure 4 overleaf). The UK also ranks second in terms of the share of our Gross National Income that is spent on AIDS. (see Figure 5 overleaf).

Figure 3: AIDS-related bilateral expenditure (including sexual and reproductive health)



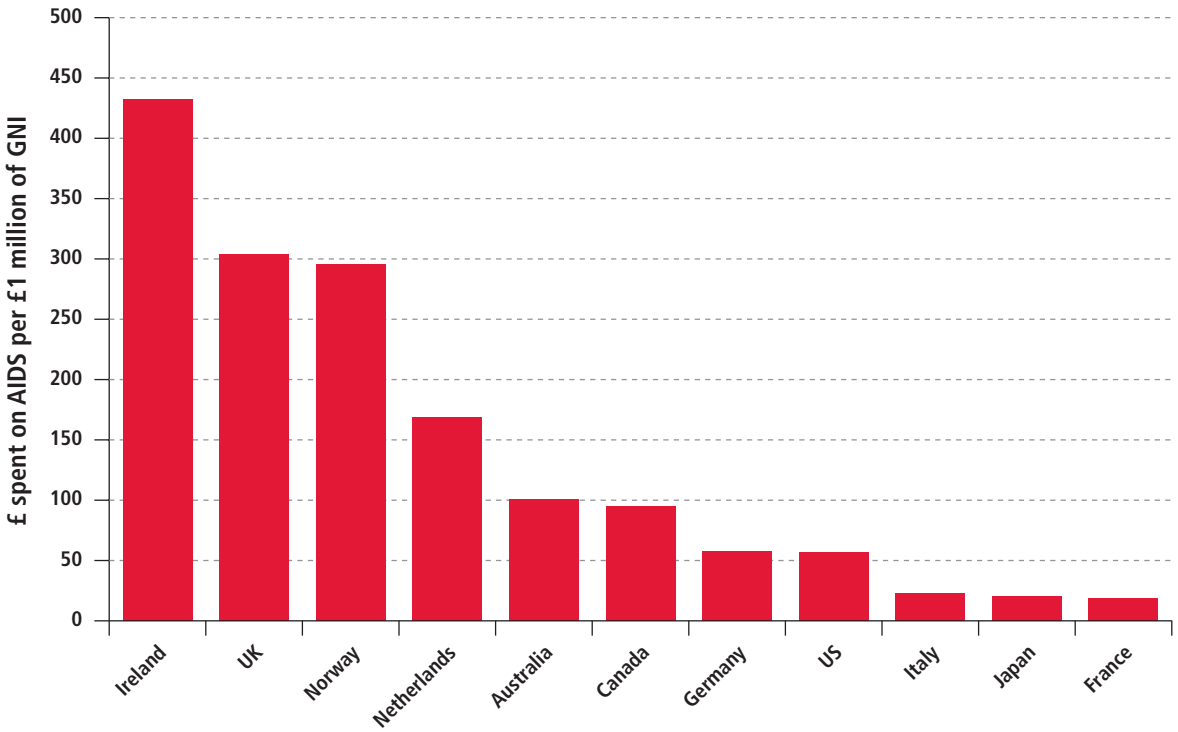
31 Based on UNAIDS (July 2004) projected spending needs for 2005, as compared to most recent data recorded on spending in 2003, pp.131-2.

Figure 4: Projected disbursements for AIDS by top donors (2003)



Source: UNAIDS 2004 Report on the global AIDS epidemic

Figure 5: AIDS spending by share of Gross National Income (2003)



Source: UNAIDS 2004 Report on the global AIDS epidemic

The UK's bilateral resources dedicated to AIDS have been channelled through our network of country offices around the world. Twenty-six per cent of the UK's overall bilateral assistance to Africa is spent on AIDS and sexual and reproductive health work, as is 10 per cent of our assistance to Asia. Our support funds a wide range of activities. Some are highly specific (for example, condom distribution to vulnerable groups). Others are broader, addressing the factors that lead to vulnerability and building a more supportive society (for example, strengthening health systems, the education sector and legal frameworks). This range of activity is essential for a comprehensive response to AIDS, which includes sexual and reproductive health as a cornerstone of AIDS programmes.[32] Examples of what DFID has committed to spend and do in a range of countries is summarised and detailed below.

UK action: examples of DFID country programmes in Africa

Ghana – Since 1995, more than £22m committed mostly in support of the government's AIDS response, but also funding NGOs projects targeting adolescents with innovative behaviour change communication programmes.	**Regional** – The main regional initiative in Africa is the £25m support to International Partnership against AIDS in Africa (SIPAA) over three years. The Essential Drugs in Africa programme (£6m) aims at improved access to drugs, engaging national governments, WHO, consumers and NGOs.	**Zimbabwe** – Over £30m channelled through NGOs as well as through the public health system. Since 2001, DFID support to social marketing has enabled the distribution of 60 million 'Protector Plus' condoms.
Ethiopia – More than £4m spent mostly through NGOs, including capacity building in government and civil society.	**Mozambique** – £24m support to increase access to HIV prevention, treatment and care, and sexual and reproductive health services delivered through government systems, NGO services and UN agencies.	**Nigeria** – £67m over six years to support the national and state-level response, including life skills planning in schools and youth-friendly health services.
Zambia – Long-term support of £20m for the national AIDS strategy. Other projects include workplace initiatives, research activities and support to civil society.	**Tanzania** – £2.5m over three years to build leadership, monitoring & evaluation and management capacity in the National AIDS Committee through high-quality technical assistance.	**Malawi** – Over £43m (2000-2006) for the national multi-sectoral AIDS response and sexual and reproductive health. Significant additional support is in the pipeline for health sector strengthening (£40m) and more still will be made available to tackle human capacity constraints.
Rwanda – Over £4.4m since 2002 in support of the government's AIDS response in the health and education sector.	**Kenya** – Since 1997, more than £44m committed, including £8.6m for social marketing of condoms.	**South Africa** – Since 1995, about £19m committed to prevention, for example using 'edutainment' to address a variety of health and social issues.
Uganda – £6.2m HIV Umbrella Programme to assist Uganda's AIDS response, including capacity building for government and civil society.	**Southern Africa** – £7.6m committed to a five-year regional AIDS programme in the Southern Africa Development Community (SADC) countries, focusing on sexually transmitted infection management and condom social marketing.	

32 DFID systems, and guidance to country programmes, have been updated to reflect this. In recent years the role of sexual and reproductive health in tackling HIV and AIDS has been better understood. Since 2004 DFID programmes addressing sexual and reproductive health have to clarify how they also address HIV and AIDS (and vice versa). This is reflected in how we monitor spending allocations.

UK action: examples of DFID country programmes in Asia

Bangladesh – £12.7m for work with high-risk groups and to develop multi-sectoral approaches through National AIDS/Sexually Transmitted Disease (STD) Programme and NGOs.	**Burma** – £10m over three years for a multi-donor fund to support joint AIDS programmes; £1.25m for radio soap opera through BBC World Service Trust.	**Cambodia** – £15m programme over five years to strengthen the national response to AIDS and to implement a mass-media programme. £5.7m programme of condom social marketing.
India – £123m to support the National AIDS Control Programme through funding targeted interventions with high-risk groups, technical assistance at national and state level, innovative media work through the BBC World Service Trust and support to UNAIDS.	**China** – £25m for integrated prevention and care for high-risk populations and strengthening the national response.	**Pakistan** – £17m on poverty reduction subsector budget support, technical assistance and support to NGO programmes including contraceptive social marketing.
Nepal – £1.7m for advocacy and services to vulnerable groups.	**Vietnam** – £16.4m committed to a five-year programme of services and commodities (condom social marketing) for high-risk groups and prevention of a generalised epidemic.	**Regional** – £9m including cross-border initiatives to reduce spread of infection and provide services for vulnerable groups; strengthening regional leadership on AIDS and lesson-learning across Asia.

UK action: examples of DFID country programmes in Eastern Europe and Central Asia

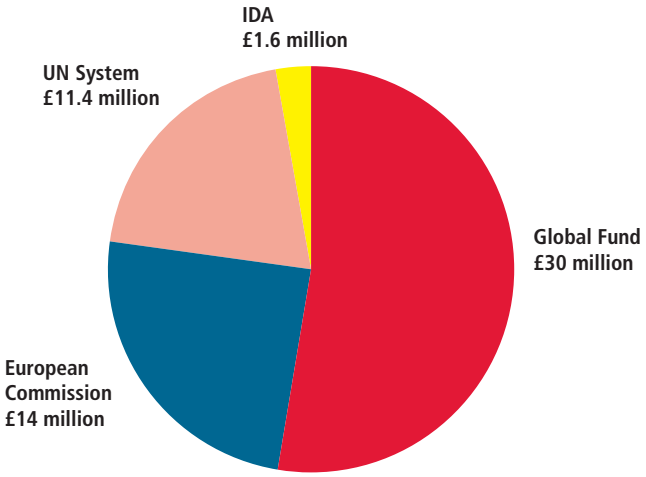
Russian Federation – Approximately £1.4m over four years to develop STD services, harm reduction and support an enabling legal framework.	**Ukraine** – £56,000 over two years to support the government in developing a strategy for HIV prevention in the education sector, building on the National HIV Prevention Plan.	**Regional – Serbia and Montenegro** – £1.5m over four years to support the national programmes of Serbia and Montenegro, focusing on harmonised, nationally led approaches and small grants to assist civil society responses.

UK action: examples of DFID country programmes in Latin America and the Caribbean

Regional: Central America – £1.9m over six years to strengthen responses to AIDS in Nicaragua and Honduras, and reduce the social, economic and health impact of the epidemic.	**Regional: Latin America** – £1m since 2002, over five years to strengthen technical co-operation on HIV prevention and control between Brazil, Bolivia, Peru and Central America.	**Regional: Caribbean (UK Overseas Territories)** – £1.7m over four years from 2002, to support implementation of the Caribbean Epidemiology Centre's Strategic Plan for the Prevention and Control of the HIV/AIDS Epidemic.

The UK also provides significant support to multilateral agencies and partnerships, which pay for AIDS activities, principally to the EC, World Bank, the UN and Global Fund. The funding we provide to these institutions, and which they use for AIDS, has increased to £57 million in 2002-03. The World Bank and Global Fund both have substantial commitments related to AIDS and will be spending more in future years. Figure 6 overleaf shows the UK's support for these organisations in 2002-03.

Figure 6: UK's AIDS spending through multilaterals in 2002-03



This investment has already achieved significant results. For example, UNFPA estimates that around one billion condoms supplied by donors were used in developing countries in 2000.[33] Of these, 491 million were donated by the UK. DFID supports sexual and reproductive health services (including condom provision and social marketing of condoms) in Bolivia, Cambodia, Ethiopia, Kenya, South Africa, Zimbabwe and Pakistan.

The UK Government also supports the Global Fund to Fight AIDS, TB and Malaria. Through its first three rounds of funding, the Global Fund hopes to achieve within five years:

- Tripling ART coverage so that more than 700,000 people in developing countries receive treatment.
- Reaching 35 million people with HIV prevention (including voluntary HIV counselling and testing).
- Supporting over one million orphans through medical services, education and community care.

33 UNFPA, 'HIV Prevention Now: Programme Briefs No.6 – Condom Programming for HIV Prevention', June 2002, p.2.

Like other donors, the UK's support for the Global Fund will continue to be based on its performance. Finance to the Global Fund will be based on the fund achieving its objective of mitigating the impact caused by AIDS, TB and malaria in countries in need, and its contribution to poverty reduction. In judging the success of the fund we will be guided by the following principles, upon which the fund was founded. It should:

- Disburse funds quickly.
- Operate in a transparent manner.
- Make available additional resources.
- Support national programmes.
- Support a wide range of countries and programmes which integrate prevention and treatment.
- Be subject to independent evaluation.

New commitments

The UK is committed to doing even more. Over the next three years the UK will increase funding and spend at least £1.5 billion to tackle HIV and AIDS and sexual and reproductive health. Of this, at least £150 million will be spent on responding to the needs of orphans and other children, particularly those in Africa, made vulnerable by HIV and AIDS. We will double our support for the Global Fund. Over the next four years we will invest £36 million in UNAIDS. We want it to step up its role leading and coordinating the global effort. We will also invest £80 million in UNFPA to take forward its HIV prevention, sexual and reproductive health work with women.

As is the case now, we will channel our funding through bilateral country programmes, multilateral bodies, research organisations and civil society. We will increase support to multilateral bodies in line with the importance of more harmonised approaches (see Chapter 4).

The precise breakdown of our funding will be decided through our annual resource allocation round, and funding levels for country programmes will be decided in those countries.[34] However, as we said in the *Call for Action*, of the £1 billion we will spend per year in Africa by 2006, HIV and AIDS will be a priority. All DFID offices and departments have been asked how they could do more to tackle HIV and AIDS. In all our funding, we will look to ensure that the needs and rights of women, young people, including orphans, and vulnerable groups are adequately addressed.

International Finance Facility

Additional funding by the UK will help to close the global funding gap for AIDS, but it will not eliminate it. That is why the UK is committed to the successful implementation of the IFF, which has been proposed by the Chancellor of the Exchequer. The IFF would increase aid volumes by up to £27 billion (US$50 billion) a year between now and 2015 (a doubling on present levels). This could meet the funding gap on AIDS in full.

The IFF has received broad support from many developing countries, international institutions, faith communities, NGOs and business. Since the *Call for Action*, the UK has been working hard to broaden international support for the IFF. We co-hosted a successful international conference with the French government in April 2004 at which emerging markets and developing countries strongly endorsed the IFF and urged donors to implement the proposal. Next steps on the IFF will be agreed at the annual meetings of the World Bank and International Monetary Fund (IMF) in October 2004.

Women, young people and vulnerable groups: taking action to close the funding gap

The UK Government will:

- **Fund a broad range of action to meet their needs in country programmes, including strengthening sexual and reproductive health services, increasing girls' access to education, supporting harm reduction programmes and developing plans to meet the needs of orphans and other children made vulnerable by HIV and AIDS.**
- **Fund multilateral bodies working with these priority communities, such as UNFPA's work with women and UNICEF's work to support orphans.**
- **Fund further research into microbicides and scale up investment in treatments for children.**
- **Support research to better understand the socioeconomic and cultural aspects of AIDS.**

34 DFID works in many different ways with partner countries and through different funding instruments, including poverty reduction direct budget support (PRDBS) when appropriate. Spending is not centrally determined, but rather is agreed at country level to reflect local circumstances. We then have central systems to track and monitor aggregate allocations. It is through this process that DFID programmes are challenged with spending at least £1.5 billion over the next three years.

3 Chapter 3
Taking Action to strengthen political leadership

The UK Government will:

- Make AIDS a centrepiece of our Presidencies of the G8 and EU in 2005, and focus on AIDS at high-level UN General Assembly events, in the context of our strong commitment to Africa.
- Seek clear commitments to action from the G8 and EU.
- Put developing countries in the lead and encourage regional cooperation through the Africa Union, NEPAD, the UN Economic Commission for Africa, the APLF and the Commission for Africa.
- Improve coherence across UK policy-making on AIDS by establishing an informal cross-Whitehall working group on AIDS.
- Promote the Global Coalition on Women and AIDS, the ICPD agenda on sexual and reproductive health, and human rights (including the rights of children) in order to reduce vulnerability to HIV and decrease the burden of stigma and discrimination against people with HIV and AIDS.

A billboard featuring President Mwai Kibaki of Kenya calling for a joint effort in the fight against AIDS
(© Sven Torfinn/Panos)

Importance of leadership

Effective political leadership within developing and developed countries is absolutely critical to tackling HIV and AIDS. When US President Bush visited the UK in 2003, the President and Prime Minister invited AIDS experts and people with HIV and AIDS to 10 Downing Street to discuss what more needed to be done. The countries showing the greatest success in controlling AIDS, such as Uganda and Thailand, are renowned for the strength of their political leadership and sustained government commitment. Leadership is essential to an effective, adequately resourced response. Leadership is also fundamental to reducing the stigma and discrimination that impede effective action.

Success of politically supported AIDS strategy in Thailand

Public policy has had a considerable effect in controlling the AIDS epidemic in Thailand. In 1991, the then-new Prime Minister of Thailand made AIDS a national priority. He moved the responsibility for AIDS from the Ministry of Public Health to the Office of the Prime Minister. Since the early 1990s the issue of AIDS has had a high political profile. This has enabled Thailand to adopt an approach to the epidemic that includes coordinated action by different government departments and sectors of society. The Prime Minister chairs Thailand's National AIDS Committee.

International leadership

The UK Prime Minister, Tony Blair, is taking a strong personal lead. With former Presidents Bill Clinton and Nelson Mandela, he co-chairs the International AIDS Trust, which promotes leadership at all levels of society. The Prime Minister is a strong advocate of greater political commitment and leadership, and greater awareness so as to change the course of the epidemic.

2005 will give the UK Government a major opportunity to encourage greater political leadership on AIDS. The Prime Minister is committed to making AIDS a centrepiece of the UK Presidencies of the G8 in 2005 and of the EU in the second half of 2005, alongside the priority being given to Africa. In 2005 and beyond the UK Government will:

- Use our Presidency of the EU to report to the General Assembly on EU action towards meeting the MDGs. We will ensure that making progress on AIDS against the UNGASS targets plays a central role.

- Table AIDS work as a case study at the discussion on harmonisation.

- Monitor progress at the UNGASS review, ensuring that clear steps are put in place to move forward, especially if targets have not been met.

- Follow up our call for the United Nations Security Council to develop a clear evidence base on the links between peace and security and AIDS.

- Continue to work across the UN system: in the Security Council, the General Assembly, the UN Funds, Programmes and Specialised Agencies, and through the World Health Assembly in Geneva.

- Ensure that, through UK Permanent Representatives and their staff in UK Missions, diplomatic activity on AIDS continues.

At the same time as the UK holds the G8 and EU Presidencies:

- The UN General Assembly will review progress towards the MDGs, the first stocktake since the targets were set in 2000.

- There will be a review of countries' achievements against the UNGASS Declaration of Commitment on HIV/AIDS 2005 targets.

- France will be hosting a review of progress by donors in harmonising their working practices and aid assistance.

- Live Aid and Comic Relief will both celebrate their 20th anniversaries.

Political commitment across the whole UK Government

Since the publication of the *Call for Action* in December 2003, cross-Whitehall work on AIDS has been strengthened. We will build on this by establishing a new informal working group to take forward this strategy. The purpose of this group will be to ensure that policy across Government is more joined up. The key departments involved include:

DFID leads the UK's efforts to tackle the epidemic in the developing world. DFID will build on its strong network of country offices, the technical skill of its staff and leadership role within the international community. DFID supports responses which are targeted at the poorest and most vulnerable, including women and children, evidence based and which help strengthen national plans and systems.

The **Department of Health** (DH) leads on tackling HIV and AIDS and sexual health in England. The devolved administrations have this role in Scotland, Wales and Northern Ireland. DH also oversees access to treatment and care by the National Health Service. The UK and global epidemics are not entirely separate, both in terms of the impact on communities and responses. DH leads the UK's relationship with the WHO and is a major funder of research.

In the **Foreign and Commonwealth Office**'s (FCO) strategy, strengthening international action against AIDS is one of the aims under the strategic priority on sustainable development. The FCO is active in political lobbying, especially in countries with emerging epidemics. It has a leading role in the UN, including the review of MDGs.

HM Treasury is responsible for promoting UK economic prospects by pursuing international financial stability and increased global prosperity, including protecting the most vulnerable. It leads on the development of the IFF and the UK's engagement with the IMF.

The **Department for Education and Skills** published a sex and relationship guidance document, sent to all schools in England in July 2000, which covers strategies for teaching about HIV and AIDS and sexually transmitted infections. This guidance will be made available to DFID country offices and developing country governments.

The **Ministry of Defence** provides some short-term medical assistance in humanitarian situations.

The **Department of Trade and Industry** leads on trade rules affecting access to essential medicines in poor countries, including – with the Patent Office – intellectual property and Trade-Related Aspects of Intellectual Property Rights (TRIPS).

The **Home Office** manages migration policy.

In addition, we need to ensure that our own staff in the UK and overseas are fully aware of HIV and AIDS and receive due care and treatment. A progressive workplace policy on AIDS has been adopted by a number of departments and we are examining its extension across Whitehall.

Political leadership in developing countries

The UK is committed to supporting developing countries as they take responsibility for tackling HIV and AIDS.

The Commission for Africa, launched by the Prime Minister in February 2004, represents a new approach to the particular problems facing Africa. It provides an opportunity to take a fresh look at Africa's past and present, and the international community's role, from which to agree clear recommendations for its future. The expertise and influence of the individual commissioners – such as K.Y. Amoako, head of the UN Economic Commission for Africa, Prime Minister Meles of Ethiopia, and President Mkapa of Tanzania – offers an opportunity for the Commission for Africa to greatly strengthen African domestic political leadership. The Commission for Africa will report in spring 2005.

NEPAD and its peer review mechanism offer an opportunity for Africa to review progress against the agreed health and AIDS targets. The UK will work with NEPAD on its regional strategy and approach to AIDS, and help to elevate the priority given to AIDS within the African Union.

A number of the regional economic groups in Africa, notably the Southern Africa Development Community (SADC), have developed comprehensive regional strategies. These are imperative in an increasingly global world: to manage migration, monitor drug resistance and develop common systems of regulation, procurement and production capacity, as well as ensuring the dissemination of best practice. The UK will work with these organisations.

The UK will continue to support advocacy work by the APLF, with the aim of intensifying its work with politicians, civil society, the private sector, the media and others. The key to the APLF's work is creating partnerships to build upon the existing strategies of countries in the region – through advancing strong leadership to boost national responses and improve communications.

The FCO has identified clear objectives for Ambassadors and High Commissioners in countries where we think the UK can encourage stronger political leadership. The UK will continue, through the FCO, to engage with developing countries and other governments on the issues of AIDS. The Global Opportunities Fund will continue to be available for discrete AIDS projects in emerging markets.

Challenging weak leadership

In countries where high-level leadership on AIDS is weak we will use our influence to encourage stronger leadership from political leaders and institutions. Even in countries where progress appears slow, AIDS will remain high on the diplomatic agenda.

Civil society, groups of people with HIV and AIDS, other community groups, NGOs, the medical and scientific community, faith-based organisations, businesses and the media all have important roles to play in creating a demand for better leadership and holding governments accountable. We will support them to raise awareness, disseminate information and stimulate debate.

Women, young people and vulnerable groups: taking action to strengthen political leadership

The UK Government will:

- **Promote political leadership, and leadership at all levels of society.**
- **Promote leadership by and among women, young people and vulnerable groups, and support the work of the Global Coalition on Women and AIDS.**
- **Pursue the ICPD agenda on sexual and reproductive health and rights.**
- **Promote human rights (including the rights of children) and their impact on tackling HIV and AIDS wherever appropriate, including through the UN Commission on Human Rights.**
- **Support work on legislative reform, including that spearheaded by UNAIDS, to combat discrimination against people living with or affected by HIV and AIDS.**
- **Work closely with countries to ensure that equity and rights are prioritised, including in poverty reduction strategy processes and in the decision-making process around scaling up treatment.**

Chapter 4

4 Taking Action to improve the international response

The UK Government will:

- Work with a range of multilateral institutions, in particular the Global Fund, the EC and UNAIDS and its co-sponsors the World Bank, UNFPA, UNICEF and WHO.
- Strengthen the ability of a range of multilateral organisations to support effective national action by:
  - Increasing harmonisation and donor co-ordination.
  - Providing high-level technical assistance.
  - Funding countries where we do not have a bilateral presence.
- Channel more support through multilateral partners in line with our commitment to harmonisation of donor efforts.
- Build on the Three Ones commitments and translate them into action.
- Take steps at an international level to increase access to medicines.

A Ugandan boy with AIDS being visited by a nurse at home (© Sean Sprague/Panos)

More efficient international responses

Tackling HIV and AIDS requires the concerted effort of the whole international community. The current response is highly fragmented. The involvement of new bodies such as the US President's Emergency Plan for AIDS Relief, the Global Fund and the Gates Foundation has brought much-needed funding. However, donors as a whole have often failed to work in a coordinated way. Instead many are still demanding separate plans and processes from partner governments.

This has placed an enormous burden on governments. Last year donors held 25 AIDS planning missions in Uganda,[35] 30 in Russia and 20 in the Dominican Republic.[36] Some countries are spending a year simply completing the necessary forms to apply for funding while funds already allocated sit unspent.

Greater multilateral focus

The UK is committed to more joined-up ways of working. For our part, we will continue to channel significant levels of support through multilateral partners. They offer the specialist skills and a global reach that we do not have.

We will work especially closely with multilaterals that demonstrate effectiveness and are significant funders or have a coordination or technical role to play in tackling AIDS. These include the Global Fund, the EC and UNAIDS including the Secretariat and its co-sponsors, in particular the World Bank, UNFPA, UNICEF and WHO. The Department of Health, as the lead Whitehall department for WHO relations, will work closely with DFID to strengthen WHO's support for country programmes, as well as its role setting norms and standards.

Multilateral partnerships will provide an important means to help scale up the response in countries affected by AIDS where the UK does not have a significant presence. Although our bilateral support will be concentrated on the poorest countries, we are aware that all countries in the world, including large parts of Asia and Eastern Europe, could face an epidemic unless swift action is taken. By 2010 there could be more HIV infections in Asia than in Africa.[37] In some middle-income countries, such as South Africa, AIDS has already reached epidemic proportions. This has significant consequences for the wider region. We are equally concerned about prevalence in countries where the state is weak or has failed, in many of which DFID does not have a bilateral programme.

35 UNAIDS, April 2004, p.53.
36 Ibid. 67.
37 Source UNAIDS in National Intelligence Council (US), 'Intelligence Community Assessment', September 2002.

Taking Action to support national responses in countries emerging from conflict

Angola, the Democratic Republic of Congo, Somalia and Sudan, as countries emerging from conflict, all face particular challenges in responding to AIDS. Formal and informal armies demobilise and migration patterns change and these factors may increase the rate of HIV transmission. Donors begin to provide support and funding and this requires a response and coordination effort on the part of the national government that it may not, in the initial stages, be capable of providing. In terms of the increased risk of HIV, and the changing nature of the response required, it is a critical time for country governments.

UNAIDS has identified three strategic objectives in these countries. These are: strengthening the institutional capacity of national coordinating bodies and other key national organisations; building monitoring and evaluation capacity; and engaging and supporting civil society and private sector involvement in tackling AIDS. The UK will provide $6.5 million to support these objectives. This will help enable UNAIDS to recruit additional staff for its offices and increase efforts in the key areas that are essential to the development of an effective and sustained national response to AIDS.

Their global reach means that multilaterals can help. Assistance, whether bilateral or multilateral, should be concentrated on the poorest countries. But where multilaterals such as the EC and the multilateral development banks are providing financial support to middle-income countries, we will encourage them to prioritise AIDS where necessary. The UN agencies should support governments through the provision of technical assistance and through their coordination role (see below).

A woman who runs a home for destitute women and 19 HIV-positive babies (© Dayanita Singh/nb pictures)

UNAIDS (the programme with its 10 co-sponsors) is key to ensuring a coherent and coordinated response to AIDS by the UN. The UK doubled its core funding to UNAIDS in 2003 and we are increasing it to £36 million over the next four years. We are establishing a new strategic partnership.[38] We provide a substantial share of total donor funding to the four priority co-sponsors:

- **The World Bank** is one of the main sources of finance for AIDS. The World Bank's Multi-Country HIV and AIDS Programme (MAP) has already committed £550 million (US$1 billion) for Africa.[39] With the IMF, the World Bank can assist governments to integrate AIDS into their national development strategies and macroeconomic frameworks.
- **UNFPA** is the lead agency on sexual and reproductive health and rights, and provides an essential part of HIV prevention efforts. We will provide £80 million to support its work over the next four years.
- **UNICEF** addresses the needs of children. It is developing a major new strategy for the prevention, care and support of orphans and vulnerable children, which the UK supports.
- **WHO** leads efforts to scale up access to treatment for HIV and AIDS through the '3 by 5' target and plays a vital role in strengthening health systems.

The European Commission (EC) is the world's third-largest development aid donor, has a critical role to play. The UK Government provides around 19 per cent of the total EC budget. For 2003-2006 the EC has committed £730 million (¤ 1.1 billion) to fight HIV/AIDS, TB and malaria. The EC's work on AIDS is governed by the 2001-2006 Programme for Action on HIV/AIDS, TB and Malaria. This programme involves combining development, trade and research activities to address AIDS. A key focus of the UK strategy will be to work with the EC to ensure that its work on AIDS until and beyond 2006 is focused in the best way possible.

38 An Institutional Strategy to define the UK/UNAIDS partnership will be published in mid-2004.
39 World Bank, 'Multi-Country HIV/AIDS Programme', 2000.

The Global Fund to Fight AIDS, TB and Malaria (Global Fund) is a unique global public/private partnership designed to attract and increase additional resources to fight these three devastating diseases and contribute to poverty reduction. The UK has been a consistent supporter of the Global Fund since it was set up in 2002 following the G8 meeting in Okinawa. In 2003 it committed £1.2 billion (US$2.1 billion) to 124 countries. The UK pledged around £154 million (US$280 million) for the first seven years of its operation. We are doubling our funding for the next three years, which will mean an increase of £77 million (US$140 million).

The Global Fund is governed by an international board of representatives from donor and recipient governments, NGOs, the private sector and affected communities. The Global Fund complements existing initiatives by financing grant proposals based on priority needs developed at national level. These proposals are normally submitted through a country-level partnership known as a country coordinating mechanism (CCM) that ensures inclusive representation.

As it is still in its infancy, it is not yet possible to measure the impact of the Global Fund. The UK and other partners are working through the committees of the Global Fund to ensure a sound framework of commonly agreed measures of Global Fund performance. These will centre on the Global Fund's core principles – particularly to support balanced programmes that reflect national ownership through a simplified, rapid and transparent process. The measures will enable the Global Fund to demonstrate its success and show that it is achieving its goals, so encouraging increased support for its work.

The UK Government will:

- Support UNAIDS to take forward its leadership role and coordinate the global effort.
- Use our influence, and membership of institutions' governing bodies, to improve the effectiveness, equity and efficiency of international support for national responses to AIDS.
- Seek to ensure better division of labour between the World Bank, EC and Global Fund. Funds from different sources should respond to different needs.
- Encourage multilaterals to address the HIV and AIDS epidemics in middle-income countries more effectively.
- Work closely with the EC to encourage increased attention to AIDS.
- Explore opportunities for innovative joint working in some difficult environments, building on the successful Burma model.

What the UK Government has learnt

Innovative working with UNAIDS in Burma

The political context in Burma is difficult but it is also one of the poorest countries in Asia, and HIV is spreading rapidly. UNAIDS identifies the epidemic in Burma as one of the highest priorities in Asia.

The joint programme for HIV and AIDS in Burma provides the overall framework for UK support. The programme was developed through a process of consultation and thus has broad ownership. Although not officially a national programme, it has all the features of one, involving the UN, representatives of the Burmese authorities (and of the opposition), donor countries and international and local NGOs in delivery and implementation. In order to strengthen leadership for AIDS, it is essential that any dialogue on AIDS includes the Burmese authorities. Such an approach has the full support of the opposition.

The UK directs un-earmarked resources to the fund for HIV and AIDS in Burma, which channels external resources. DFID's initial commitment was £10 million over three years. Support has followed from the governments of the Netherlands, Sweden and Norway. We expect others to follow suit.

This new approach, rather than the piecemeal ways of working in the past, builds incentives for a more coordinated response, where all those active in tackling HIV and AIDS work together to expand coverage of effective services. The model also facilitates better integration and effective use of increasingly significant global funding for AIDS.

Coordination framework – the Three Ones

UNAIDS plays a vital global leadership role. We will support it in securing a strong, well coordinated global effort. The UK is a strong supporter of a new international approach to closer coordination in AIDS, known as the Three Ones:

- One agreed HIV and AIDS action framework that provides the basis for coordinating the work of all partners.
- One national AIDS coordinating authority, with a broad-based multi-sector mandate.
- One agreed country-level monitoring and evaluation system.

In April 2004 the UK, US and UNAIDS secured a landmark agreement among all major donors, including the World Bank and Global Fund, to support the Three Ones. While these agreements were made at international level, they only matter because they improve the quality of action at national level. The UK will support their implementation in countries in a number of ways.

The UK Government will:

- **Urge all governments to turn the principles of the Three Ones into action.**
- **Work with national governments and other partners including UNAIDS to strengthen their domestic planning, coordination and monitoring.**
- **Support UNAIDS to monitor the roll-out of the Three Ones by developing indicators and a system of reporting linked to the UNGASS targets.**
- **Encourage the nomination of a lead donor to support coordination efforts.**
- **Lead efforts to establish what has been tagged a 'Fourth One' – the proposal that at country level there is a harmonisation of donor efforts to provide a single pooled funding mechanism, to channel all bilateral and multilateral support, and reduce the burden on recipient governments. The UK will work with Norway to establish the Fourth One in Tanzania.**
- **Support countries that want to reduce the number of donors, for example by setting a minimum entry level of funding. The UK will help to ensure that this does not result in a reduction in available resources by replacing any lost funding.**

Taking Action to improve donor harmonisation in Uganda

In Uganda, DFID will take harmonisation forward through innovative ways of working, for example by representing the Dutch on HIV, seconding staff to multilateral organisations and through recently agreed collaboration with the US mission in Kampala. Such cooperation with other donors is expected to enhance the support to the national AIDS response by reducing costs for all those involved.

We have also established closer working with the US in a number of African countries: Ethiopia, Kenya, Nigeria, Uganda and Zambia. The Prime Minister and President Bush established a UK/US taskforce on HIV and AIDS in November 2003. The first high-level taskforce meeting took place in Africa in June 2004. Country-level taskforces will meet regularly and report centrally on progress on coordination twice a year.

Taking Action to address AIDS through budget support in Tanzania

DFID's strategy in Tanzania seeks to generate an increased allocation within the government's central budget for AIDS-related activities and thus scale up the government's national multi-sectoral strategic framework. DFID will explore with the government of Tanzania and other donors the possibility of establishing an HIV fund. We will contribute to such a fund through the budget support mechanism, offering sector ministries resources for AIDS that are additional to their normal budget bid. If the government of Tanzania establishes the fund we will contribute an additional £15 million in 2005-06 rising to £25 million in 2006-07. This fund will be complemented with high-quality technical assistance, as well as funds from several donors and ourselves to support innovative, large-scale NGO initiatives.

Increasing access to medicines

The UK is committed to increasing access to essential medicines in developing countries, including for the treatment of HIV and AIDS and opportunistic infections. As detailed in the recent UK Government Policy on Access to Medicines,[40] we will work internationally with our G8 partners, developing country governments, multilateral agencies, the pharmaceutical industry and other stakeholders to make medicines more accessible and affordable, including by promoting differential pricing, and working to increase access to health services. The UK is committed to the implementation of the TRIPS decision allowing poor countries with no, or insufficient, manufacturing capacity in their pharmaceutical sector to import copies of patented medicines in line with the provisions of the decision.

Stronger commitment to women, young people and vulnerable groups

The international community needs a stronger focus on groups that have been overlooked in the past. UNAIDS has established the Global Coalition on Women and AIDS. We support the coalition, but there is scope to do more. Now that treatment has become a practical possibility in many countries, a key issue is to ensure that women, children and other marginalised groups, such as drug users and sex workers, have equal access. We will encourage governments to set appropriate targets within their national plans. Multilateral institutions, in particular, may have greater legitimacy to raise human rights issues with developing country governments because they represent a broad international consensus, rather than an individual government. The UK will advocate a rights-based approach internationally.

40 Increasing Access to Essential Medicines in the Developing World: UK Government Policy and Plans, June 2004.

Women, young people and vulnerable groups: taking action to improve the international response

The UK Government will:

- Promote the UNAIDS Global Coalition on Women and AIDS.
- Advocate with WHO and UNAIDS that, within the goal of getting three million people on treatment by 2005, appropriate targets should be set to ensure treatment and care reaches women, young people and vulnerable groups.
- Support UNFPA's activities on sexual and reproductive health, including its work to make contraception more freely available by improving access and reducing prices.
- Endorse UNICEF's Strategic Framework for the Protection, Care and Support of Orphans and Children made vulnerable by HIV and AIDS, and support its implementation with additional funding and advice to our country teams.
- Take steps to increase access to medicines for women and children.

Chapter 5

Taking Action to support better national programmes

5

The UK Government will:

- **Provide money and advice to support developing country governments and other partners to develop and deliver national AIDS strategies that:**
  - **Are comprehensive, integrating programmes that prevent, treat, care and mitigate the impact of AIDS.**
  - **Prioritise the needs and rights of women, young people, including orphans, marginalised and vulnerable groups.**
  - **Address the broader causes and effects of HIV and AIDS.**
  - **Can be taken to scale, and make a real difference in a stable and predictable way, taking account of macroeconomic and human resource implications.**

An outreach worker who runs a clean-needle exchange programme visits a drug user in Kiev (© Gideon Mendel for International HIV/AIDS Alliance)

Strong national programmes

Tackling HIV and AIDS will ultimately depend on action at the country, district and local level. Successes in Brazil, Senegal, Thailand, Uganda and elsewhere all demonstrate that it is critical that countries develop and commit to strong nationally developed and led plans. This is what the principles of the Three Ones promotes.

Taking Action to pool funding in Malawi

Malawi is at the forefront of the Three Ones approach. DFID has taken forward pooled funding (advancing the Fourth One) to include the World Bank MAP. DFID will be helping to encourage other funders (including the Global Fund) to sign the Memorandum of Understanding with the National AIDS Commission that is the basis of the Three Ones in Malawi. DFID Malawi will also be harmonising our health and AIDS work with the Norwegian government.

We know a lot about what works. Programmes to tackle HIV and AIDS need to:

- Be comprehensive, integrating prevention, treatment and care and action to address the impact of AIDS.
- Meet the needs of marginalised and vulnerable groups, ensuring that their human rights are respected.
- Reach all who need them – moving from pilots to a 'scaled-up' response.
- Ensure that short-term efforts fit within a long-term response and the broader political, cultural, legal and social environment.

Taking Action to support the roll-out of treatment in Zimbabwe

As Zimbabwe begins rolling out ART, the UK will develop a new programme to strengthen coordination of the response to AIDS between all sectors of government and society. This will strengthen health services by integrating ART roll-out with prevention, care and better delivery of essential health services. All major international partners are supporting this approach, which seeks to tackle the severe epidemic (HIV prevalence is estimated to be 25 per cent)[41] without channelling funding through the government of Zimbabwe. Zimbabwe's target is to get 170,000 people on treatment by 2005.

41 UNAIDS, July 2004, p.191.

Comprehensive and integrated approach

AIDS strategies need to take a comprehensive approach that includes prevention, care and treatment, as well as recognising the impact AIDS has on society (including orphans), hunger, the environment and economic decline. AIDS is not just about health.

Prevention

Prevention is key to any effective response to HIV and AIDS. Urgent action is needed to avert the devastating consequences of widespread HIV infection in countries with emerging epidemics and to limit transmission in countries with established epidemics. The UK has a strong track record and extensive experience in this area, which we will build on.

All countries need to ensure that prevention efforts are central to what they do. These need to be informed by the monitoring and evaluation of the dynamics of national HIV epidemics and the risk behaviours involved. In sub-Saharan Africa, the main mode of HIV transmission is heterosexual sex. In Asia, HIV epidemics are largely being driven through high-risk groups. The UK will continue to support programmes with high-risk groups, including men who have sex with men, refugees, sex workers, migrants and drug users.

National AIDS plans need to be comprehensive in nature, based on the evidence of successful prevention and incorporating the elements endorsed in the UNGASS Declaration of Commitment.

Taking Action to work in China to prevent HIV in marginalised groups

DFID is the largest bilateral funder of AIDS work in China. DFID supports an innovative, integrated prevention and care programme for high-risk populations in Yunnan and Sichuan provinces, where infection rates are high. This has built capacity to manage and deliver new approaches to working with high-risk groups, and significantly increased the capacity of the provincial governments to coordinate effective responses that involve all sectors of government and society.

Education plays a central role in HIV prevention. Attendance at school reduces young people's vulnerability and develops skills that enable them to safeguard their health. For this reason, working towards the achievement of universal primary education will contribute substantially to tackling HIV and AIDS. Girls, in particular, benefit. Girls who complete school, especially secondary school, are at reduced risk of HIV.[42]

42 UNAIDS IATT on Education and HIV/AIDS 2003. HIV/AIDS and Education. A Strategic Approach. UNESCO IIEP. Paris; Damien de Walque. 2004. How does the Impact of an HIV/AIDS Information Campaign vary with Educational Attainment? Evidence from Rural Uganda, The World Bank.

Taking Action to promote school-based HIV education in Kenya

DFID will increase support in Kenya to expand HIV prevention work in primary schools. Life skills education in 2000 schools has already shown significant changes in pupil behaviour and attitudes over the first 18 months. The programme has led to delayed sexual onset and reduction in sexual activity, and there were increased reports of condom use among girls. Moreover, there was an increase in the number of girls who felt they could avoid or refuse sex. DFID will work with the Kenyan government to consolidate the model and will assist in scaling up the approach to 5,000 primary schools.

Teachers are also being lost in increasing numbers through sickness and death. In Tanzania more than 1,000 teachers died in 2001-02 and the teaching force is disappearing at nearly one per cent a year.[43] South Africa is projected to lose some 88,000 to 133,000 teachers by 2010.[44]

A great-aunt takes care of an eight-year-old South African boy who is ill with AIDS-related infections.
(© Gideon Mendel/Corbis)

43 Galabawa and Mbelle, Education Sector Public Expenditure Review, Dar Es Salaam, 2002.
44 Kelly M, UNESCO, IIEP, 'Planning for Education in the context of HIV/AIDS', 2000.

The broader context within which people are able to make choices is vital. Effective HIV prevention therefore requires strong community engagement, social change and good communication to support individual choices. Women are especially vulnerable to infection and this is one reason why sexual and reproductive health and rights are a cornerstone of tackling HIV and AIDS. We will work harder to make the links stronger. DFID has recently published a new position paper on sexual and reproductive health and rights.[45]

DFID policy on sexual and reproductive health and rights

Those working on sexual and reproductive health and AIDS need to cooperate on policy-making and service delivery. The UK is firmly committed to the ICPD Programme of Action. There are four main ways in which DFID will work with country governments and partners to achieve these international goals for reproductive health for all by 2015:

- **Advocate internationally and nationally for policies, plans and resources that address people's rights to sexual and reproductive health, and continue to address controversial issues such as safe abortion and harmful and coercive practices.**
- **Improve access to comprehensive services that are responsive to the rights and needs of poor people and other vulnerable groups.**
- **Address social, cultural and economic barriers, using a rights-based approach, and tackle factors outside the health sector.**
- **Support research, monitoring and evaluation and apply knowledge and lessons learnt in policy and planning.**

Sexual and reproductive health services are integral to HIV prevention, building on family-planning promotion and behavioural change. Similarly AIDS services offer an important opportunity to increase access to sexual and reproductive health services, including for women and men affected by HIV.

Treatment and care

The last few years have seen growing evidence of the effectiveness of treatment programmes in poor communities and countries, significant reductions in the costs of treatment, and a greater understanding of the fundamental importance of treatment and care in tackling HIV and AIDS. This largely has been a result of falling drug prices. A greater understanding of the effectiveness of treatment in poor countries has also made it a practical option. The UK has been active in the G8 to improve access to essential medicines in the developing world.

45 Published July 2004.

It is now clear that linking care to prevention and dealing with the impact of AIDS can increase effectiveness. Availability of treatment and care can provide a strong incentive for people to seek HIV testing, and to access behavioural counselling and advice. (In Haiti and South Africa, where there were pilot treatment programmes, the numbers seeking voluntary counselling and testing increased by three and 12 fold respectively.)[46] Treatment and care, including ART, can help keep people working, and keep parents alive longer, helping to shore up the economy and reduce or delay the number of orphans. By maintaining livelihoods and economic productivity, care and treatment can reduce 'short-termism' and asset stripping and, by preventing or delaying widowhood and orphanhood, mitigate the factors that cause further vulnerability to infection.

For these reasons, the UK supports efforts to provide increased, and eventually universal, access to treatment and care for people with HIV and AIDS. We support – and will work within – the WHO's and UNAIDS' '3 by 5' framework and its goal to provide ART to three million people in the developing world by the end of 2005, of which two million will be in Africa. While encouraging governments to set their own national plans, we will advocate for equitable provision to women and children and, if appropriate, encourage a target of 50 per cent of treatments being directed to women and children.

Taking Action to re-design programmes in India

DFID has provided £123 million to support India's National AIDS Control Programme. This funds targeted interventions with high-risk groups, technical assistance at national and state level, innovative media work through the BBC World Service Trust and support to UNAIDS. Since the original DFID support was designed, the epidemic in India has moved on and treatment has been introduced. We have agreed with the government of India to review support for the remaining three years of the programme. Issues under active consideration include treatment and care and advocacy.

46 [1] Mukherjee et al., 'Access to Antiretroviral Treatment and Care: The Experience of the HIV Equity Initiative', Haiti, 2003.
[2] MSF South Africa et al, 'Antiretroviral Therapy in Primary Health Care: Experience of the Khayelitsha Programme in South Africa', 2003.

DFID policy on HIV treatment and care[47]

The UK Government will work at the country and regional level to support effective, nationally led treatment and care responses that:

- **Involve all sectors of government and society.**
- **Are pro-poor, equitable and gender- and child-focused.**
- **Involve individuals and communities affected by HIV in decision making.**
- **Help to strengthen the systems that deliver health services, and support prevention and impact-mitigation efforts.**
- **Promote alignment at the country level, and harmonisation at the international level (the Three Ones).**
- **Are informed by evidence, and consistent with broader developmental objectives.**

The UK Government does not support vertical, stand-alone interventions that weaken national systems and responses. If the UK is operating in a country within which there is a vertical response, UK efforts will focus on strengthening the health systems and building a strong supportive environment, in line with these principles.

The UK Government will also support research to build the evidence base and contribute to effective AIDS programmes worldwide. We will work to help coordination and information sharing between the various research initiatives concerned with the delivery and the impacts of HIV and AIDS treatment. In particular we will support research efforts that support access to treatment for the poorest and most vulnerable, including women and children.

Strengthening health systems is fundamental to treatment and care. Private sector providers such as pharmacies, local doctors and less-than-fully-qualified providers are often the main source of advice, care and treatment for people affected by HIV and AIDS. In addition NGOs have played a significant role in delivering pilot treatment programmes. This may create coordination difficulties (for example, if someone is started on one treatment combination by a private sector provider and then receives different medicines from the public sector). We will support efforts to improve the regulatory environment affecting private sector providers of health care.

In some countries several new donors are supporting efforts to scale up treatment and care, often through vertical programmes which stand outside government health systems. In these countries, the UK will take active steps to intensify our focus on strengthening the capacity of the health system – in particular to ensure that there are enough people, including health workers – to deliver treatment and care.

47 Published July 2004.

Taking Action to tackle staff shortages in Malawi

In Malawi, DFID will continue to lead the group of international development agencies in supporting the government to develop and implement an action plan on staff shortages in the health sector. The government has identified eight areas for donor support, emphasising recruitment and re-engagement of Malawian staff and long-term training and development, not just gap-filling. Targets have been established for increasing the numbers of doctors and other health workers, particularly in rural areas. These will be achieved using short-term support from overseas doctors, as well as addressing training, pay and conditions to strengthen the Malawian workforce.

Taking Action to strengthen health systems in Ghana

DFID will contribute to strengthening the health sector in Ghana through a sector-wide approach with the Ministry of Health. DFID funds are also being used to provide quality comprehensive treatment services in 15 district and five regional hospitals, which have been selected to ensure equity in the provision of care and treatment services within the country. DFID is working with the Ministry of Health and other donors to achieve the '3 by 5' target of providing 29,000 people with comprehensive care and treatment services by the end of 2005. In this regard, DFID is encouraging discussions within the health sector on aligning all the support coming into Ghana for antiretroviral provision (from the Global Fund, World Bank Treatment Acceleration Programme etc) behind this common objective. DFID also provides funds to the Ghana Health Service through WHO to strengthen the HIV sentinel surveillance system and laboratory services in Ghana. Moreover, DFID will work with the Ministry of Health to put measures in place within the Ghana Health Service to retain health staff within the country, for example through the introduction of incentive schemes.

Impacts of AIDS

Illness and mortality caused by AIDS have an impact on household poverty and food security as well as the capacity of public services. Food insecurity has many causes; the key to addressing it is understanding the interaction of AIDS with other factors, particularly poverty, governance and conflict.

The UK Government will work to address the significant impact of AIDS on food security by working with international organisations, including the World Food Programme (WFP) and UNICEF to improve planning systems. We will also work with others to improve data collection and analysis and to understand better the interaction between HIV, nutrition and treatments. We will provide guidance to support our staff addressing these issues.

Taking Action to tackle food security and AIDS in Ethiopia

In Ethiopia, food insecurity and vulnerability increase the impact of AIDS at household level. Vulnerable people are also at most risk of HIV infection. DFID Ethiopia will therefore work with the Ethiopian government and key donors to look at ways in which social protection could be used to reduce the impact of AIDS. An important part of this will be to explore ways of targeting social protection (through cash transfers) to the estimated one million orphans and vulnerable children in Ethiopia.[48] The increasing numbers of elderly people caring for orphans will also need support.

Priority groups

Support to vulnerable groups – women, young people and excluded groups – needs to be central to any national AIDS plan, starting with an analysis of their particular needs. Stigma and discrimination remain principal barriers to effective action. The media can play an important role in raising awareness and tackling stigma and discrimination.

Taking Action to address stigma and discrimination in Nigeria

DFID support for social marketing of condoms, voluntary testing and counselling and behavioural change communication will help to raise awareness of AIDS and reduce the social stigma associated with HIV and AIDS, especially among young people. Nigeria is planning high-profile media events in which figures publicly agree to be counselled and tested for HIV. This should lead to a noticeable increase in high-level public discussion of AIDS.

48 UNAIDS/UNICEF/USAID, 'Children on the Brink', 2002, p.22.

In the UK, early intervention that specifically focused on the needs of marginalised groups prevented the higher rates of HIV infection experienced by many other countries. Programmes such as needle exchanges and specifically targeted education awareness campaigns have all contributed to low HIV infection levels. The UK Government will support HIV prevention and treatment programmes in developing countries that focus on the needs of specific marginalised groups as well as the general population.

Many vulnerable people cannot access the services they need because of cost. This is why the UK Government is committed to ensuring that affordability is never a barrier to accessing health and education, or to services such as HIV testing and contraception.

Taking Action to reach vulnerable people in Pakistan

DFID is contributing to tackling AIDS in Pakistan by providing £17 million in poverty-reduction sub-sector budget support, technical assistance and support to NGO programmes, including contraceptive social marketing. DFID is assisting the government of Pakistan to rapidly expand service delivery, in partnership with other donors. Specifically, DFID is supporting the National AIDS Control Programme, and encouraging stronger political commitment to AIDS, by:

- **Providing countrywide technical assistance, with the US.**
- **Working with the World Bank to expand harm reduction programmes.**
- **Funding a survey of HIV in commercial sex workers and other vulnerable populations to improve country planning and programming.**
- **Funding a nationwide programme (with the US and UNFPA) to increase the use of barrier contraceptives.**
- **Working with development partners to identify gaps in donor support.**

Women

Increasing rates of HIV among women of all ages highlight the importance of addressing the needs and rights of women and young people, particularly girls. Women's vulnerability to HIV is made worse by unequal gender power relations and disrespect for women's human rights. These gender inequalities are unlikely to be redressed through piecemeal action. Consequently programmes need to be wide ranging. For women they should cover sexual and reproductive health services and reducing violence; and improving education, employment, care, treatment and social protection. We will tackle the causes of women's vulnerabilities to HIV, for example by promoting legislative reform and access to justice programmes that protect women and girls' rights to freedom from sexual violence and abuse, and promote land and property inheritance.

Young people

Young people are massively affected – 15-24-year-olds account for half of all new HIV infections worldwide.[49] Education for children, especially girls, has a major impact on reducing vulnerability. This is additionally important for orphans and other children made vulnerable by HIV and AIDS who have less access to education because of the demands placed on their families and carers. Help for orphans and other vulnerable children is currently inadequate. Few national governments have analysed the situation adequately or have coordinated policies and protective legislation to meet their needs. Most households caring for orphans and vulnerable children, including child-headed households, do not get any support. Community- and faith-based organisations are in the frontline of caring for these vulnerable households.

We will spend at least £150 million over the next three years on work to respond to the needs of orphans and other children made vulnerable by HIV and AIDS, and to meet the target that 'National plans should be in place to meet the needs of orphans and children made vulnerable by HIV and AIDS by 2005'. The detailed steps we will take to achieve this will be announced in December 2004.

We will work in cooperation with UNICEF, whose Strategic Framework on Orphans and Vulnerable Children we have endorsed. We will support UNICEF's advocacy and leadership. Our support will also help governments (principally in Africa) to develop and deliver their own national plans to ensure that orphans and vulnerable children can overcome adversity and grow up healthy, resilient and equipped to live a productive life. At present only six countries in Africa have plans in place. The plans, which we will help countries to prepare, will include ensuring that all children are able to enrol in school, attend regularly and complete their education. We will provide financial support to countries to help them implement the new strategies.

In addition, orphans and other vulnerable children need health care and enough food to eat. We will work with governments and faith-based organisations, in particular, to strengthen the ability of communities to respond to and support families affected by AIDS to protect and care for their children. It is important not to single out 'AIDS orphans' as stigma and discrimination can intensify the difficulties they face. Many of the strategies to help children orphaned by AIDS will meet the needs of other orphans, although orphans with HIV and AIDS will, of course, have exceptional needs.

49 UNAIDS, July 2004, p.14.

What the UK Government has learnt

Helping orphans and children made vulnerable by HIV and AIDS in South Africa

In South Africa, we will continue to support civil society and faith-based organisations such as the Nelson Mandela Foundation and the Anglican church. These organisations carry significant leadership and influence. They have an important role to play in advocating for greater attention to be paid to AIDS. They are also important voices in social change processes and in reducing stigma and discrimination. They lead on such processes through political advocacy as well as providing services. In Southern Africa, churches and other faith-based organisations are also in the forefront of efforts to provide home-based care to people with AIDS, and care for orphans. DFID has given a grant of £3.4 million to Christian Aid to support the AIDS work of the Anglican church in Southern Africa.

Supportive environment

Dealing with AIDS will be ineffectual unless the underlying causes and impacts are tackled. Politics, the law, culture and social attitudes can all increase vulnerability.

We have already seen the importance of political leadership (Chapter 3). Leadership outside government – from faith-based organisations, people with HIV and AIDS, civil society, women and the private sector – is also key. Leadership is vital to raise awareness about the importance of responding to AIDS, and to combat the stigma and discrimination which fuel the epidemic.

A wide range of people need to work with government to develop and deliver AIDS plans. Strategies must reflect the complementary roles of different people and engage all parts of government, the private sector and civil society, and, in particular, people with HIV and AIDS.

Civil society

Civil society, in particular people with HIV and AIDS, and advocacy campaigns have raised awareness of the disease, increased coverage of prevention, care and treatment efforts, and put pressure on public authorities in developing and developed countries to tackle AIDS effectively. Countries with strong civil society organisations and active groups of people with HIV and AIDS have shown great success in responding to AIDS. The media, in particular, is an important source of information about HIV and AIDS and an effective mechanism for stimulating debate. DFID will publish AIDS communication guidance for our country programmes in 2004.

What the UK Government has learnt

Using the media in South Africa to raise awareness of AIDS

DFID Southern Africa has committed £13 million to the South Africa-based Soul City programme. Soul City uses multimedia to address a variety of health and social issues. It employs a respected methodology based on a mixture of education and entertainment. It is accessible, popular, and still serious enough to carry persuasive, sophisticated social messages. DFID supports efforts that seek to contribute towards a reduction in HIV risk behaviour among young people and in the stigma associated with AIDS, and an increase in condom use and community mobilisation to support people with HIV and AIDS.

We will promote the greater involvement of people with HIV and AIDS in planning and delivering programmes. We will contribute to the scaling up and greater coordination of civil society initiatives to address HIV prevention, treatment, care and impact mitigation. We will support the engagement of faith-based organisations that are addressing stigma and discrimination. Civil society also has an important role in promoting political participation. We will support the involvement of organisations representing people with HIV and AIDS, marginalised populations and women's groups in policy, planning and implementation.

Private sector

The private sector has a vital role to play in tackling HIV and AIDS. Employers, especially large multinational corporations (such as Diageo, Anglo American and Heineken), have raised awareness of the disease and promoted HIV prevention, as well as trying to minimise its impact on their companies and therefore the wider community and economy. Some programmes go beyond employees to cover partners, dependents and local communities. In addition, workplace policies have widened in scope to offer care and treatment, including increasingly the provision of ART.

We will support lesson learning between large companies and their suppliers, as well as efforts to strengthen the capacity of the informal sector – in which many of the poor are employed – to respond to the epidemic. We will further encourage employers in countries affected by AIDS to provide treatment and care. The UK will work to share best practice and strengthen links between international, regional and national organisations of businesses and other employers.

Human rights

Most countries have at least a nominal human rights framework and, in theory at least, adhere to international human rights conventions. However, without the means to enforce and realise rights, they are, for many vulnerable people, a distant and abstract notion.

The UK Government will concentrate on programmes that enable people, and especially poor people, to realise their human rights. This will involve working with national governments to improve formal justice and access to it. However, in reality poor people are more likely to turn to, or be bound by, the decisions of traditional or customary systems. We will work to improve these systems, particularly in areas relating to stigma and discrimination and in dealing with issues and disputes that may arise from AIDS (for example inheritance rights on death).

Women (particularly young illiterate women), refugees, sex workers, men who have sex with men and drug users all face social, cultural and economic barriers as well as stigma and discrimination which prevent them from accessing health and other services. People in these groups are also less likely to be able to express their particular needs to the institutions that provide services. Where, for example, sex work is driven underground women who earn a living through prostitution are unlikely to be able to access the specific services that would enable them to protect themselves from HIV. Likewise, where homosexual activity is illegal, it is virtually impossible for programmes to specifically focus on the needs of men who have sex with men.

We support an approach where people (and particularly vulnerable people) are able to express themselves, articulate their particular needs, participate freely in decision making and organise themselves into groups. This will contribute significantly to arresting and reversing the AIDS epidemic. Some action may not at first sight appear to be related to AIDS, but may in fact contribute significantly to creating an environment where people are able to protect themselves from HIV and prevent its further transmission. For example, a programme that makes a police force more accountable may lead to more women reporting incidents of violence and more effective police action. Where this leads to a decrease in incidence of violence against women it will also help reduce HIV, given that violence against women is strongly associated with the transmission of HIV.

‘Scaling up’

The authors of national AIDS strategies need to do more to link their plans to future effects on illness, death, the epidemic and its impact. The global funding gap shows that, in most cases, scaling up will require more resources and more capacity.

In low-income countries, the costs of scaled-up AIDS programmes would amount to a significant share of spending on health, and public spending in general. For this reason, it is vital that the sustainable level of funding for AIDS programmes is discussed beside the other big programmes in the budget process or Poverty Reduction Strategy Papers (PRSPs). Often, AIDS should be a higher priority than certain other programmes and should be financed in preference to them – but this won't happen unless AIDS is discussed in the main resource-allocation process. There has to be a limit to the scale of AIDS programmes too. This is true even if programmes involve significant non-governmental or aid-funded delivery. The need to include AIDS financing in budget discussions increases the importance of harmonisation around the Three Ones, to make aid for AIDS transparent, manageable and 'owned' by government.

PRSPs need to incorporate a discussion of AIDS programmes, and other parts of the PRSP also need to be assessed for their impact on AIDS as well as poverty, social and environmental aspects. For example, if a government decides to privatise a previously state-owned asset, there may be implications for employment in nearby communities, leading to poverty and vulnerability to HIV. When a major highway is built it may increase the access of poor people to markets and services, but may also make them more vulnerable to HIV. The impact on AIDS of each proposed reform must form a part of analysing the poverty, social and environmental aspects of programmes.

If AIDS programmes attract major new aid flows, the same rules apply as to major new aid flows for anything. The aid needs to be predictable and transparent. Finance ministers need to be told about new funds so they can manage the macroeconomic impact in the short-to-medium term. The UK is working with the IMF, World Bank and others on how to ensure that potentially large increases in the flow of aid to developing countries can be effectively managed.

Yet, scaling up responses is not just a question of resources, but also means making sure that the necessary planning, management and technical capacity and services are in place, as well as services such as health and education. It involves ensuring sufficient and stable supplies of commodities such as condoms, needles and syringes, lubricant, medicines and HIV testing kits. And it involves understanding the stage of the epidemic and where the greatest needs exist.

The UK will work with others to support governments to analyse what the blockages are to scaling up. We will help to fill the gaps. We will support phased expansion – for example of treatment and care – where capacity constraints exist. We will support countries to move beyond geographically limited pilot projects.

A key constraint to scaling up responses to AIDS is the sheer lack of people.[50] The very people we need to respond to AIDS are themselves dying from AIDS, or caring for sick relatives.

50 'In Africa inadequate health human resources were reported as a major issue in 95% of countries' in UNAIDS, April 2004, p.6.

A particular area of concern and one where the UK is taking a leading role is the issue of human resources for health. Health workers are faced with a triple burden: dealing with HIV and AIDS in their working lives, perhaps living with HIV themselves, and caring for those around them outside work. The UK will assist countries to develop both short-term 'emergency' solutions to address the current shortage of health and education personnel, and to take a longer-term view of human resource planning and management in the light of the impact of the AIDS epidemic.

We will also make sure that the UK's own practices for recruiting to the National Health Service (NHS) do not further exacerbate countries' human resource constraints. We will take action to strengthen the impact of the Code of Practice on the recruitment of healthcare workers, to prevent the use by the NHS of agencies that recruit healthcare staff directly from developing countries unless a bilateral agreement has been negotiated with the country concerned. We will encourage independent-sector agencies and employers to adopt consistent principles.

We are working with other donors to give the issue of recruitment of healthcare workers more prominence, including through the high-level forum on health, and work led by UNAIDS, the World Bank, WHO and the United Nations Development Programme (UNDP). At country level, we are also working on emergency action to meet the short-term staffing gaps in places that are most affected.

Developing and delivering strong national strategies

The UK will support governments, wherever possible, to develop and deliver the strategy that is right for their country. In each country where we work we will assess how best for the UK to engage, including levels of advice and financial support.

The UK will work with partner governments, other donors and stakeholders to develop national plans that contain the four building blocks of an effective response described in the previous sections. We will support countries to implement national AIDS strategies according to the priorities they define and work to influence other donors to support the principles of national AIDS strategies.

This will require sharing knowledge and experience between all those involved. We will ensure that our own staff, especially those working in countries, are given up-to-date guidance and information on how best to tackle HIV and AIDS. We will ensure that the DFID offices, located in 27 countries around the world, support governments, civil society groups and others to access the most up-to-date knowledge of what works.

New policy papers are being published alongside this strategy on treatment and care, sexual and reproductive health, and access to medicines. Furthermore, in July 2004 DFID will also be launching a new AIDS web portal, developed through close collaboration with researchers and NGOs, that will provide UK staff and our partners with access to up-to-date material on AIDS.

The portal will also promote improved knowledge sharing between the UK Government, other governments and civil society organisations. It will be accessible through the DFID website (www.dfid.gov.uk).

We will look to multilateral agencies – such as UNAIDS and WHO – to provide technical support to enable countries to develop strong national strategies wherever needed. We will also look to the research community (see Chapter 6) and will encourage use of international forums for developing countries to share experience with one another. We will also hold regular regional events for UK staff to enable them to share lessons from different parts of the world.

Encouraging regional learning between Russia and Brazil

DFID is actively supporting the Russian federal government to develop and implement its national AIDS strategy. We are working closely with other agencies, in particular UNAIDS co-sponsors, to emphasise the need for urgent action in response to the growing epidemic.

DFID has facilitated an innovative technical exchange between Russia and Brazil, focused on best practice in treatment accessibility, monitoring and work with civil society and vulnerable groups.

In the future we will look to facilitate similar exchanges for effective learning between countries with significant epidemics, including around treatments.

In deciding where to invest our resources, we will prioritise activity which:

- Integrates prevention, care and impact mitigation within national strategies.
- Focuses on the needs of orphans and vulnerable children.
- Strengthens health systems in the face of 'vertical' treatment programmes.
- Focuses on women and young people, in particular orphans and vulnerable children.
- Helps marginalised communities.
- Addresses human rights.
- Combats stigma and discrimination.
- Fills funding gaps.
- Strengthens national planning.

Women, young people and vulnerable groups: taking action to support better national programmes

The UK Government will:

- **Support comprehensive programmes for women that address not only their access to sexual and reproductive health and rights but also access to education, employment and social protection.**
- **Support efforts to promote girls' education and work to support programmes tackling gender violence and stigma and discrimination.**
- **Strengthen the links between AIDS and sexual and reproductive health programmes.**
- **Make support for orphans and vulnerable children a cornerstone of our response, by dedicating at least £150 million over the next three years to address their needs, including through:**
  - **Securing international commitment to UNICEF's Strategic Framework.**
  - **Reflecting our commitment in DFID's country assistance plans in all affected countries.**
  - **Working on a range of interventions to assist keeping children productively in school, with secure access to healthcare and social protection.**
- **Support prevention and treatment programmes that meet the needs of marginalised groups.**
- **Promote the greater involvement of people with HIV and AIDS – including women, young people and marginalised groups – in planning and delivering programmes.**
- **Ensure that the human rights of marginalised and vulnerable groups, including women and children, are given proper attention, including:**
  - **Supporting legislative reform to improve the human rights environment – including anti-discrimination legislation, legislation to regulate the conduct of public institutions like the police, and to guarantee individuals access to services.**
  - **Working with the formal justice sector to make justice systems more responsive to human rights concerns and more accessible to vulnerable groups.**

Chapter 6

Taking Action in the long term

6

The UK Government will:

- **Ensure that responses to AIDS are sustainable in the long term as well as responding to the immediate and exceptional needs.**
- **Work with others to make funding for AIDS longer term and more predictable, including through the IFF.**
- **Increase our support for research into: microbicides; treatments and new technologies for the poor, women and young people; and the social, economic and cultural impact of AIDS.**

Long-term perspective

This strategy does not represent the limit of the UK Government's ambition for tackling HIV and AIDS. AIDS will have far-reaching consequences for years to come, even with effective action now. The support of the international community needs to reflect this fact. Comments on the *Call for Action* argued for the need for a longer-term perspective.

Two young Bangladeshis look forward to an AIDS-free future (© T. Morley/Exile Images)

Exceptional action now and long-term, sustainable plans

AIDS is an exceptional challenge demanding an exceptional, but sustainable, long-term plan. Whether addressing emerging or advanced epidemics, there is an urgent need to raise AIDS up the political agenda and ensure programmes reach all those who need them whilst at the same time focusing on broader development priorities. Even before AIDS came along, planning, management and service structures within many countries were not ready for this challenge and therefore needed help. This will require strengthening health services but also addressing broader service and human resource constraints. We will support activities that mainstream AIDS programmes beyond health into all sectors, such that each sector responds based on its comparative advantage. We will support efforts that adopt a twin-track approach responding to immediate needs and building capacity for a long-term response.

Predictable, long-term financing

The scale of investment required to mitigate the impact of the epidemic will need to be sustained over a long period of time. Prevention is most effective when it is maintained and can be adapted to changing behaviour, for instance in response to treatment. Antiretroviral treatment, once started, needs to be given for life. For developing country governments to commit to such long-term investment in AIDS they need the certainty of long-term, predictable financing from donors. We cannot, therefore, turn the tap of support on and off.

To increase the predictability of funding the UK will:

- Increase the share of its bilateral resources dedicated to poverty reduction budget support where conditions are appropriate. This will enable governments to take long-term responsibility for their AIDS responses.

- Increase the transparency of conditionality, including 'political' conditionality, on which poverty reduction budget support is based.

- Encourage multilaterals and other funding partners to be open with their funding and integrate it into country budgets if possible.

- Continue to support the principles of the Three Ones that will help to improve both predictability of funding and the coordination of planning.

Equally fundamental reforms are required to increase the length of term of commitments. Generally, the UK and other funding partners do not commit funds for longer than three to five years in advance. However, the UK will continue to provide countries with assurances of sustainable aid, either informally or through more formal memoranda of understanding. Countries with a stable policy environment can feel relatively safe in assuming that their level of aid is constant. Assuming aid will rapidly expand is much more risky for a recipient country without formal commitments.

Investing in research

While much is known about effective strategies for tackling HIV and AIDS, there are still important gaps in our understanding. We need to know more about:

- The best ways of delivering effective services, and the best mix of programmes.
- How precisely prevention, treatment and care interrelate – in particular how far expanding treatment impacts on prevention, on other health issues and on the livelihoods of affected communities.
- What makes some groups more vulnerable to HIV, how social roles assigned to men and women increase vulnerability and how to reduce the stigma and discrimination which affects access to services.
- How to influence and alter the impact AIDS is having on societies and economies and to meet the challenge of rapidly rising numbers of orphans.
- How treatment can be provided in a way that can be more easily accessed by marginalised groups and how to reduce risks such as development of drug resistance.
- What therapies are most suitable for children and how and when to give them.

To help fill these gaps in our knowledge we will be significantly increasing our commitment to HIV and AIDS research. We will focus on research benefiting women and young people, including orphans and vulnerable groups and poor people. We will focus on social, cultural and economic research, understanding what action works best and developing treatments for children and new HIV prevention technologies. The UK will particularly support research into vulnerability and into the delivery of treatment for poor and vulnerable groups, especially children. We will support efforts to coordinate international research.

A mother who is HIV-positive kisses her daughter after hearing her HIV-negative diagnosis (© Annie Bungeroth/Panos)

What the UK Government has done

Developing antiretroviral therapy (DART) in Africa

DFID is funding research being undertaken by Imperial College and the Medical Research Council (MRC)'s Clinical Trials Unit to accelerate the development and evaluation of antiretrovial treatment protocols that are simple to use, but remain safe, effective and more relevant to the needs of people with HIV and AIDS in resource-poor countries.

In addition to these knowledge gaps, we have yet to make the breakthrough on new technologies, which in the long term could dramatically reduce HIV. As outlined in the UK's Access to Medicines Policy Paper,[51] we will be strengthening Government coordination on policy and priorities for research. We are convening a funders' forum, which will include the Wellcome Trust, MRC and other Government departments. We are also working on finding the best ways to fund and support research and development.

Significant investments are being made to develop microbicides (a cream or gel women can use), vaccines, new contraceptives and simple diagnostics for other sexually transmitted infections (STIs). Affordable treatment of STIs has been shown in some cases to reduce HIV transmission substantially.[52]

51 Increasing Access To Essential Medicines In The Developing World: UK Government Policy And Plans, June 2004.
52 Grosskurtu H, Moshal F & Todd J et al, 'The Lancet (346)', 1995, pp.530-6.

What the UK Government has done

Support for microbicides

Trials into microbicides are under way in a number of sites. We have provided £18 million for research and development since 1999, including for large clinical trials in Southern African countries. In particular the UK has provided a:

- **Five-year grant of £16 million to the Microbicide Development Programme, involving centres in five African countries, and coordinated by the Clinical Trials Unit of the MRC, and Imperial College London.**
- **Four-year grant of £1.2 million (2002-06) to the International Partnership for Microbicides (IPM) to accelerate the discovery, development and accessibility of microbicides.**
- **Three-year grant of £100,000 (2002-05) to International Family Health (IFH) for microbicides advocacy and networking.**
- **Two-year grant of £137,000 to the Population Council to enable policy dialogue and action for microbicides development and access.**

Over the next three years we will strengthen our support for a range of activities to research and develop microbicides as well as to secure greater knowledge and readiness for this product.

We have been contributing significantly to the international vaccine effort. The UK is part of the new G8 Global HIV Vaccine Enterprise, agreed at the Sea Island summit in June 2004. This will accelerate research and development of an effective vaccine by setting clearer priorities among the various research centres that are active in this field. We will continue to support the work of the International AIDS Vaccine Initiative (IAVI), which is a key partner in the Vaccine Enterprise and is leading on the development of clinical testing of vaccine candidates in a number of countries.

What the UK Government has done

International AIDS Vaccine Initiative

The UK government was the first to support IAVI's work. Our £14 million programme of support began in January 2000 to speed the development and distribution of preventive AIDS vaccines through: mobilising support through advocacy and education; accelerating scientific progress; encouraging industrial participation in AIDS vaccine development and assuring global access. IAVI has eight vaccines under development for use in the developing world. The candidate vaccines currently being developed by the MRC and Oxford and Nairobi Universities are aimed at combating the strain of HIV most common in East Africa. In addition, a number of other candidate vaccines to be trialled in developing countries (including India, China, Uganda and South Africa) are currently under development.

DFID will work with the Department of Health to develop a robust research evidence base and disseminate findings from research funded by the UK Health Departments through the MRC. In addition, the creation of the Health Protection Agency (HPA) has provided an opportunity for increased international involvement in clinical and laboratory research, and HIV prevention activities. The HPA is now working in partnership with key stakeholders (including DFID) to prioritise activities in this field.

We have already looked into the future impact of AIDS on Africa, to consider the effect on societies. The social, economic and demographic impacts of AIDS are only just beginning to be felt. The ramifications of this epidemic will be with us for generations. The UK will take steps to understand the impacts on the future and adapt our responses accordingly.

What the UK Government has done

Knowledge programmes at the London School of Hygiene and Tropical Medicine

DFID has been supporting knowledge programmes at the London School of Hygiene and Tropical Medicine and The Liverpool School of Tropical Medicine. These programmes have been generating and sharing knowledge with policy makers, practitioners and other donors which has promoted evidence-based decision making which in turn has had a major influence on policy at DFID, the WHO and internationally. For example, work in Tanzania showed that by increasing the treatment of other sexually transmitted infections, levels of HIV transmission were reduced substantially.[53]

Women, young people and vulnerable groups: taking action in the long term

The UK Government will:

- **Scale up our commitment for research which benefits women, young people, including orphans, other vulnerable groups and poor people, with special emphasis on:**
  - **Building knowledge on how to influence and change the societal and economic impacts of AIDS, including the challenge of growing numbers of orphans.**
  - **Developing global understanding of how the social roles of men and women, boys and girls, increase vulnerability to HIV.**
  - **Innovative treatment regimes that can be safely accessed by marginalised groups.**
  - **Developing better and more effective therapies for children.**
  - **Intensifying the microbicides effort and closing the funding gap for microbicide trials.**
  - **Continued support for AIDS vaccine development.**

53 Ibid.

Chapter 7

Translating strategy into action

7

The UK Government will:

- **Ensure that all relevant government departments implement this strategy.**
- **Ensure that DFID – as the lead department – monitors progress towards the targets set out in this HIV and AIDS strategy.**
- **Ensure that during DFID's annual financial allocation round, decisions are made in accordance with this strategy.**
- **Monitor the implementation of this strategy throughout DFID's organisational structure – through internal business plans and strategies for working with our developing country and multilateral partners.**
- **Undertake an evaluation of this strategy in 2006.**
- **Play an active role in the monitoring and evaluation activities of the international community to measure the impact of our combined response to AIDS.**

This strategy sets out the UK Government's priorities for working towards the internationally agreed targets for HIV and AIDS in the developing world. We will both monitor the impact of our action and support global efforts to measure progress towards the international targets.

School for underprivileged children, many of whom have been orphaned by AIDS (© Jeremy Horner/Panos)

We will ensure that the UK responds to the priorities set out in this strategy. To this end we are establishing a new cross-Whitehall working group on AIDS which will monitor the implementation of the strategy across all departments. For example, the FCO has already committed to strengthen international action against AIDS and has identified clear objectives for all British Ambassadors and High Commissioners in countries where we think the UK can encourage stronger political leadership.

Taking this strategy forward

As the department with lead responsibility for implementing this strategy, DFID's business planning will give greater attention to AIDS.

The department already has a public service agreement (PSA) with the Treasury for which DFID's management board is accountable. This includes a target on tackling HIV and AIDS. The management board will also take responsibility for monitoring progress towards the targets set out in this HIV and AIDS strategy.

AIDS will be reflected in the delivery plans of regional and international directors. These will be monitored throughout the year and reviewed annually by the management board to ensure that targets are on track.

Most of the UK's activities resulting from this strategy will take place at the country level, and with our partner institutions. DFID's engagement in countries and with institutions is guided respectively by Country Assistance Plans (CAPs) and Institutional Strategy Plans (ISPs), which are updated every three to five years.

Country Assistance Plans

Africa: All the PSA countries in Africa that have CAPs currently address AIDS.[54] All African heads of office have been charged with reviewing their commitment to AIDS and explicitly addressing the issues in future CAPs and country agreements. Countries with newer CAPs, and countries badly affected by AIDS, have a stronger focus on AIDS than other country plans. CAPs for Kenya, Zambia and Mozambique have recently been developed and address AIDS more comprehensively. Nigeria and Lesotho have CAPs which are currently under development.

54 The UK Government has 16 PSA countries in Africa, which in 2000-02 received 91 per cent of total DFID spend in Africa. The 12 that have CAPs are Ethiopia, Ghana, Kenya, Malawi, Mozambique, Nigeria, Rwanda, South Africa, Lesotho, Tanzania, Uganda and Zambia. Sierra Leone, Democratic Republic of Congo, Zimbabwe and Sudan do not currently have CAPs.

Asia: All countries in Asia will look to address AIDS in their CAPs. Of the 11 countries in which we work, six have finalised CAPs that address AIDS. These are: Bangladesh, Nepal, Pakistan, Vietnam, India and Burma. There are also five countries where CAPs are under development and where AIDS will be addressed: Afghanistan, Cambodia, Indonesia, Sri Lanka and China.

Eastern Europe and Central Asia: The regional assistance plan for Central Asia, the South Caucasus and Moldova will be launched in July 2004 and includes AIDS as a high priority. The regional assistance plan for the Western Balkans covers AIDS and the CAPs for Russia and Ukraine both recognise AIDS as a priority.

Latin America and the Caribbean: The regional assistance plan for Latin America has recently been revised to incorporate objectives on AIDS. Support for AIDS is one of the main components of the Overseas Territories Department's regional programme. HIV and AIDS is one of three major components of DFID's regional assistance programme for the Caribbean region.

Institutional strategies

We have identified seven multilateral institutions where we will focus particular attention on AIDS (see Chapter 4). We already have strong relationships with most of these bodies and we will ensure that by mid-2005 all our ISPs for these multilateral institutions support our strategic priorities for AIDS:

- Our first ISP with UNAIDS will be published in 2004, describing how we will support its global leadership and coordination role.
- The ISP with the World Bank is being revised and will be published in mid-2004. It will identify how we will strengthen our strategic engagement on AIDS.
- UNFPA's ISP has always reflected the priority afforded to AIDS. The revised ISP will be published in mid-2004 and will continue to identify the leading role UNFPA plays in integrating sexual and reproductive health with AIDS.
- The WHO ISP reflects a leading role for AIDS. As the lead technical agency on treatment and care – driving forward the '3 by 5' target – we will continue to identify clear AIDS objectives when the ISP is updated in 2006.
- UNICEF's ISP also reflects its work on AIDS. When this is next updated in 2006 we expect that it will reflect its leadership role with orphans and vulnerable children.

- A new ISP with the EC will be developed over the next year and issued in mid-2005. It will cover our strategic engagement on AIDS.

- Our relationship with the Global Fund is not covered by an ISP. We have a significant influencing role as one of the partners on the governing board of the fund. In addition we sit on key committees as well as working within a constituency (Canada, Germany and Switzerland) on the board. We will continue to play an active role on the fund board, monitoring its work through the performance indicators agreed by the Global Fund's monitoring and evaluation committee.

All CAPs and ISPs will be monitored on a continuing basis with reports going to the management board. These plans will in turn influence individual staff work plans, which will need to reflect AIDS objectives. These will be monitored through DFID management systems.

Measuring the impact of the UK's action

We have a long-standing commitment to thorough evaluation. The DFID project planning cycle stresses the importance of good monitoring, which influences implementation and future planning. For example, in Malawi a new monitoring and evaluation framework is being piloted throughout the DFID country office, in cooperation with other donors.

The creation of a new HIV and AIDS policy team and the National Audit Office (NAO) review of DFID's response to HIV and AIDS led DFID to defer its first comprehensive evaluation of its response to HIV and AIDS. The NAO report has now been published[55] and its findings have been incorporated into future strategic planning. DFID will undertake another evaluation of the implementation of this HIV and AIDS strategy in 2006.

We are also committed to building the skills and knowledge of our staff. DFID is issuing a range of new guidance papers to staff, and launching a new 'web portal' to provide UK staff, and our partners, with expert guidance on a broad range of topics related to AIDS.

The UK has made substantial investments in AIDS-related research, and will step up this work. All DFID-funded research will engage the users of research – including poor people themselves and DFID staff based overseas – from the outset. There is strong evidence that this is the best way of ensuring that the outcomes of research can be used well. DFID is enhancing the technical capacity of its research team to ensure a stronger dialogue with researchers. Dissemination methods will include a new 'knowledge portal' to make the research we fund readily available on the internet.

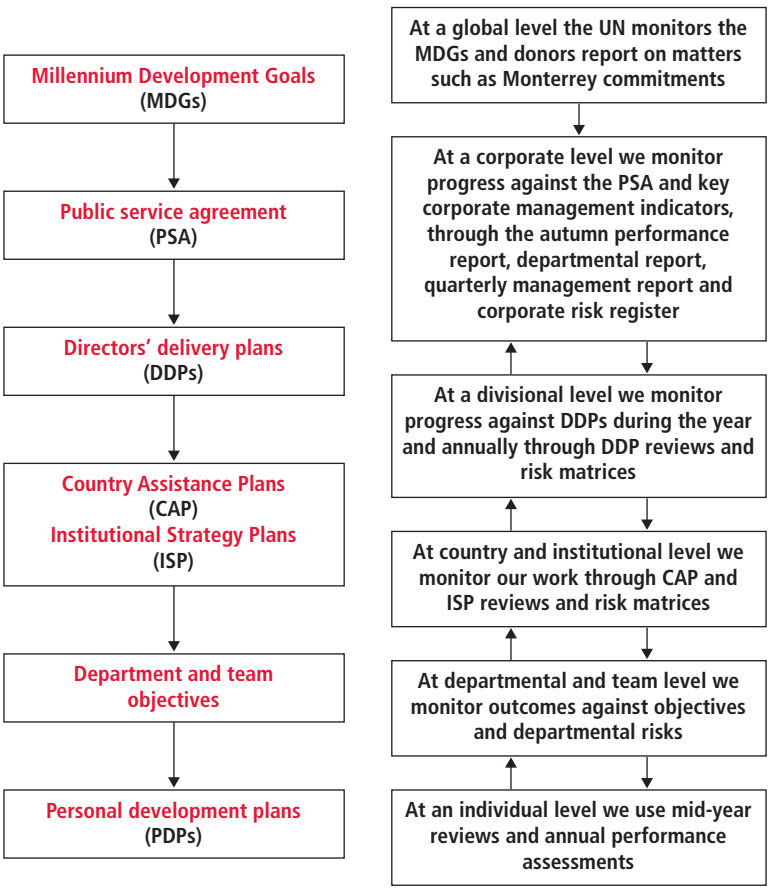
55 DFID: Responding to HIV/AIDS, Report by the Comptroller and Auditor General, NAO 18 June 2004.

DFID's ID21 programme (www.id21.org) disseminates findings from research programmes by identifying the results of research, summarising them in clear language and making them widely available through a web site, quarterly journals and e-mail alerts. This is supplemented by a range of face-to-face learning including workshops and seminars.

Measuring global progress

The UK strategy takes its key targets from international frameworks for measuring the response – those set by UNGASS, the WHO and UNAIDS' '3 by 5' target for treatment and care, the ICPD targets on sexual and reproductive health and the Three Ones framework on harmonisation. The linkages between our inputs – our spending and activities – and progress towards achieving these targets is difficult to quantify. The fact that the UK works to internationally agreed targets with our partners makes it difficult to attribute the specific UK contributions to particular outcomes. Therefore it is essential that, as well as monitoring the specific inputs the UK is making, we work with the international community to measure the impact of our combined response to AIDS. Figure 7 below describes how DFID strategy and performance management relates to the key international targets.

Figure 7: DFID strategy and performance management



Systems to report progress against these targets have been established by the international community, with multilateral agencies taking the lead in their implementation. In 2003, the first major review of country-level programmes against the UNGASS targets took place. This will become a regular exercise, with reviews in 2005 and 2010. The WHO and UNAIDS' '3 by 5' initiative will be reviewed at the end of 2005 and UNAIDS is currently developing systems for reporting against the Three Ones framework with support from the UK.

Harmonising monitoring and evaluation efforts

Uniting behind common targets is the best way to ensure that assessment is clear, that work is not duplicated, that the burden on countries is not onerous, and that capacity is developed in countries. It is also important that common indicators and systems for measurement are used by different partners. The Three Ones framework includes the commitment to support a single monitoring and evaluation framework at country level.

UN agencies including UNAIDS and WHO have worked to agree sets of core indicators for measuring the impact of AIDS programmes – including prevention, treatment and care and impact mitigation. UNAIDS has also worked with others to develop systems for monitoring and evaluating information at country level – the so-called country response information system (CRIS). The UK will support UN partners to continue to provide the tools needed by countries to monitor and evaluate national AIDS programmes.

Developing capacity in monitoring and evaluation

As well as having the tools, countries need to be supported to make use of them. A lack of technical capacity and resources is hindering action in this crucial area. In 2003, UNAIDS reported that 75 per cent of 103 reporting countries felt inadequate capacity was a serious obstacle to their ability to report reliably on national indicators. Only 43 per cent of reporting countries had a national monitoring and evaluation plan in place and only 24 per cent had a national budget dedicated to these activities.[56]

The UK looks to multilateral agencies to support countries to implement quality monitoring and evaluation – through training on CRIS and through initiatives such as the UNAIDS monitoring and evaluation reference group (MERG) which coordinates global activity on monitoring and evaluation. The UK will take an active role within MERG and other international activities to strengthen monitoring and evaluation. Where requested the UK will support countries to develop such capacity through training, technical assistance, access to guidelines and tools and helping countries to recruit national expert staff for monitoring and evaluation activities. Our bilateral programmes have a long history of investing in monitoring and evaluation and we will continue to prioritise the development of strong evaluation and surveillance systems (see box opposite).

56 UNAIDS, July 2004, p.172.

What the UK Government has done

Support to monitoring and evaluation in China

Development of reliable and responsive systems for monitoring and evaluating national and provincial AIDS programmes was central to DFID's support to AIDS work in China.

Programme activities were monitored through an information system that used standard indicators across the two project provinces, and allowed programme managers to access up-to-date information on key indicators including condoms and needles distributed, and contacts made by peer education and care programmes.

Second-generation surveillance systems were strengthened to provide data on programme outcomes and impacts. These systems combined sentinel surveillance of HIV among key population groups (including sex workers and their clients, drug users and men who have sex with men), surveys of other sexually transmitted infections, and behavioural surveillance surveys which assessed levels of risk behaviour. Surveillance systems were strengthened to gain an overall understanding of the provinces' needs, not just to evaluate the DFID-supported project.

The programme helped to develop capacity in ethical implementation of surveillance – ensuring informed consent. It also gave information on services for prevention and care which were being provided locally. Care was taken to pass the results of surveillance information back to policy makers and affected communities as well as programme staff.

Conclusion

This strategy sets out the action that the UK will take to overcome the terrible impact of AIDS in the developing world. There is no room for complacency and there is no time to lose. The lives of many millions of people are at stake.

We have learnt that decisive and coordinated action by governments and the international community can make a real difference – through funding, national work, the international system and investing in the long term. This country will play a major part in continuing to make this happen. Our strategy shows that the UK will not only step up its efforts to tackle HIV and AIDS on the ground but also offer the leadership and vision to get the world to focus on what we must all do together. It is action that counts and action that will save lives.

Glossary

Definition of HIV and AIDS

NGOs and people with HIV and AIDS consulted by the UK in the development of this strategy raised concerns about the terminology 'HIV/AIDS'. They say this implies HIV is the same as AIDS or that HIV is inevitably a 'death sentence'.

We have used the term HIV to refer to the virus which is transmitted, and AIDS to describe the condition where a person becomes ill because of underlying HIV infection.

Where we are describing the topic or subject, e.g. 'national AIDS strategy', we use the term 'AIDS' to be inclusive of the full social and political concept as well as the medical conditions.

HIV/AIDS is used where it is the title of an existing document or work programme.

3 by 5	WHO and UNAIDS' goal of three million people on treatment by 2005
AIDS	acquired immune deficiency syndrome
APLF	Asia Pacific Leadership Forum on HIV/AIDS and Development
ART	antiretroviral therapy
ARV	antiretroviral
CAP	Country Assistance Plans
CCM	country coordinating mechanism
CRIS	country response information system
DART	developing antiretroviral therapy (in Africa)
DFID	Department for International Development
DH	Department of Health
EC	European Commission
EU	European Union
FCO	Foreign and Commonwealth Office
G8	A group of eight countries representing the most powerful economies in the developed world. G8 members are USA, UK, Canada, France, Russia, Italy, Germany and Japan.
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	greater involvement of people living with or affected by HIV/AIDS
HM	Her Majesty's
HIV	human immunodeficiency virus

HPA	Health Protection Agency
IAVI	International AIDS Vaccine Initiative
ICPD	International Conference on Population and Development
IFF	International Finance Facility
IFH	International Family Health
ILO	International Labor Organisation
IMF	International Monetary Fund
IPM	International Partnership on Microbicides
ISP	Institutional Strategy Plans
MAP	Multi-Country HIV and AIDS Programme
MDG	Millennium Development Goal
MERG	UNAIDS monitoring and evaluation reference group
MRC	Medical Research Council
NAO	National Audit Office
NEPAD	New Partnership for Africa's Development
NGO	non-governmental organisation
NHS	National Health Service
OVC	orphans and vulnerable children
PRSP	poverty reduction strategy paper
PSA	public service agreement
SADC	Southern African Development Community
SIPAA	Support to International Partnership against AIDS in Africa
STD	sexually transmitted disease
STI	sexually transmitted infection
Three Ones	One agreed HIV and AIDS action framework, one national AIDS coordinating authority, one agreed country-level monitoring and evaluation system
TRIPS	Trade-related Aspects of Intellectual Property Rights
UN	United Nations
UNAIDS	joint United Nations programme on HIV/AIDS
UNDP	United Nations Development Programme

Glossary

UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS (June 25-27, 2001)
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
WFP	World Food Programme
WHO	World Health Organisation

DFID Department for International Development

Department for International Development

The Department for International Development (DFID) is the UK Government department responsible for promoting sustainable development and reducing poverty. The central focus of the Government's policy, based on the 1997 and 2000 White Papers on International Development, is a commitment to the internationally agreed Millennium Development Goals, to be achieved by 2015. These seek to:

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

DFID's assistance is concentrated in the poorest countries of sub-Saharan Africa and Asia, but also contributes to poverty reduction and sustainable development in middle-income countries, including those in Latin America and Eastern Europe.

DFID works in partnership with governments committed to the Millennium Development Goals, with civil society, the private sector and the research community. It also works with multilateral institutions, including the World Bank, United Nations agencies, and the European Commission.

DFID has headquarters in London and East Kilbride, offices in many developing countries, and staff based in British embassies and high commissions around the world.

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