House of Commons

International Development Committee

HIV/AIDS: DFID's New Strategy: Government Response to the Committee's Twelfth Report of Session 2007–08

First Special Report of Session 2008–09

Ordered by The House of Commons to be printed 10 February 2009

HC 235
Published on 18 February 2009
by authority of the House of Commons
London: The Stationery Office Limited
£0.00

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First Special Report

On 30 November 2008 the International Development Committee published its Twelfth Report of Session 2007-08, *HIV/AIDS: DFID's New Strategy*, HC 1068-I. On 3 February 2009 we received the Government's Response to the Report. It is reproduced as an Appendix to this Special Report.

In the Government Response, the Committee's conclusions and recommendations are in bold text. The Government's response is in plain text.

Appendix: Government response

Funding for health system strengthening

[Paragraph 13] Should the new US Administration decide to review its approach to development funding, including the US President's Emergency Plan for AIDS Relief (PEPFAR), we would urge the UK Government to take an early opportunity to discuss with them potential areas for co-operation.

The Government agrees and will seek early opportunities for engagement with the new Administration. There is already regular bilateral engagement between the UK Government and all branches of the US government, both at headquarters and country level. DFID officials also have regular discussions with their counterparts at PEPFAR. This will be stepped up to take advantage of the possible opportunities that the new US administration presents us, potentially resulting in greater alignment between UK and US policy on AIDS prevention, treatment and care.

Closer collaboration with the US would build on existing joint work, such as on human resources for health. DFID has recently increased its staffing presence in Washington DC to support a stronger dialogue and partnership with the US. The UK Government, through the International Health Partnership (IHP) is working together with PEPFAR to support health workers in Ethiopia, Kenya, Mozambique and Zambia.

[Paragraph 19] Funding for health system strengthening is an essential part of development assistance and we welcome the substantial sums that DFID is allocating to it. Developing countries will never be capable of tackling HIV/AIDS effectively unless the overall capacity of their health systems is built up through adequate funding, including the capacity to pursue robust prevention strategies. Our concern, however, is that DFID has included this funding as part of its HIV/AIDS Strategy but the specific impact that it may have on HIV/AIDS will be difficult to measure. We recommend that, as part of its monitoring and evaluation of the Strategy, DFID put in place indicators to assess the impact that funding directed at health system strengthening is having on reducing the spread of HIV/AIDS and related diseases.

'Achieving Universal Access' is the UK's strategy for halting and reversing the spread of HIV in the developing world. The strategy is a UK Government strategy and is not solely DFID specific.

It is not always straightforward to disaggregate the impact of our UK investment in health systems to HIV outcomes and we recognise the Committee's concern. However, the Monitoring Performance and Evaluating Impact document, published on 1 December 2008, should go some way towards alleviating this concern. For example, our reporting template for country offices (Annex 2) includes questions on: efforts to strengthen health systems and services (human resources, drugs and supplies, and infrastructure); and support to the development, implementation, monitoring and review of a credible, comprehensive and costed national AIDS plan.

It is anticipated that the independent mid-term review after 3 years will provide a good mechanism for evaluating the impact of strengthening health systems and services on AIDS that the Committee refers to.

[Paragraph 20] The Minister was only able to give us a partial reassurance that the £6 billion DFID has allocated for strengthening national health services is genuinely new money, which is additional to any previous funding announcements, rather than simply being a redirection of existing commitments. Further clarification is required. We therefore request a full breakdown of how this £6 billion total has been calculated in response to this Report. Moreover, DFID has not yet spelled out in clear terms how this substantial sum will be spent. Until the precise allocations, and their timescales, are known, it will be impossible to assess how much impact this apparently bold allocation of funding is likely to have or whether it will be adequate to meet the ambitious target of universal access by 2010. We therefore invite DFID to provide the necessary detail in response to this Report.

The £6 billion the UK committed when it launched *Achieving Universal Access* in June 2008 to strengthen health systems and services over seven years, to 2015, represents the first time the UK Government has undertaken to provide this level of support to the development of health systems. In addition to guaranteeing substantial funding for health systems and services for this period, this unprecedented commitment also ensures continued substantial funding over the longer term.

The £6 billion commitment to strengthen health systems and services, which is in addition to the agreed £1 billion funding for the Global Fund to Fight AIDS, TB and Malaria, is not the sum of our actions on AIDS—it is just one of our many commitments which recognise the inter-linkages between AIDS and other illnesses. As the AIDS strategy emphasises, AIDS is influenced by, and itself affects, a range of sectors in addition to health, including education, justice and social welfare. Therefore, DFID's funding for education (£8.5 billion by 2015 to fund long term education plans) and its commitment to spend £200 million on social protection programmes over three years are also important.

The £6 billion health commitment will include our spending on health systems, communicable diseases, maternal and child health, and sexual health. All of these have strong and direct connections to AIDS. We are helping underline the importance of integrated services by making this commitment. Given that our Comprehensive Spending Review (CSR) settlement extends only to 2010/11, this 7-year spending commitment provides guaranteed funding beyond the normal 3-year planning horizon.

The £6 billion includes an imputed share of core contributions to multilateral organisations (using agencies' estimates of health expenditure to arrive at DFID funded proportions), civil society organisations and DFID's provision of debt relief, as well as bilateral expenditure targeting the health sector, including Poverty Reduction Budget Support (PRBS), a proportion of which is used by governments of recipient and highly affected countries to tackle HIV and AIDS. Some of the projects which make up the £6 billion will be highly specific in their focus on HIV and AIDS (for example, supporting condom distribution or the provision of anti-retroviral drugs). Others will be broader, addressing the factors that lead to vulnerability and building a more supportive society, for example by strengthening health systems, health education projects and legal frameworks.

Specific decisions about spending and allocations to programmes, including on AIDS, are taken at the country level. These programming choices are made according to the specific national and regional profiles that the epidemics countries face, including: the stage and nature of the HIV epidemic; identified needs and priorities, and; the work of the national government, other donors and multilaterals. It is not feasible, practical or desirable to set out detailed multi-country plans in a 7-year Strategy.

Disease-specific funding

[Paragraph 26] We welcome DFID's substantial funding for the Global Fund to Fight AIDS, TB and Malaria (Global Fund). Disease-specific funding continues to provide vital resources to tackle the HIV/AIDS epidemic and the Global Fund's work has been invaluable. However, it is important that vertical funding supports rather than conflicts with national government healthcare systems and that it adheres fully to the principles of the Paris Declaration on Aid Effectiveness, to which the Global Fund is a signatory. We recommend that DFID continues to use its position as a major donor to the Global Fund to ensure that its funding is fully accountable to national governments and civil society in the countries where the Fund operates.

We agree that disease specific funding should support, not conflict, with broader national priorities. The Global Fund has recognised this challenge, and the Executive Board (on which the UK sits) has taken several important steps to address it; including the recent decision that National Strategies can be presented as the basis for financial support. How this decision will be implemented in practice will be worked out in detail over the coming months.

The Global Fund does, as the Committee rightly suggests, adhere to the principles of the Paris Declaration. It has benchmarked its performance against each of the Paris Declaration targets and reports annually to the OECD's Development Assistance Committee (DAC). The UK asked the Global Fund Secretariat to incorporate the Paris declaration targets into its own Key Performance Indicators (KPIs), and it has now done so. The Secretariat's performance against these KPIs will be assessed annually by the Executive Board.

[Paragraph 29] We were concerned to learn that a substantial sum from the Global Fund has been misappropriated by the Zimbabwean government. Zimbabwe is arguably a unique case and it appears that the Global Fund has dealt appropriately with this example of misuse of its money. However, the case highlights the need for DFID to

continue to press for the highest standards of accountability and transparency in the use of funds which it channels through multilateral organisations, particularly in countries with weak or undemocratic governments.

We strongly agree and will continue to raise issues around accountability, transparency and improving audit processes at the Global Fund Executive Board. The financial irregularities in Zimbabwe were investigated by the Global Fund's Office of the Inspector General (OIG) at the end of October 2008. As a result, the Government of Zimbabwe released $7.3 million to the Global Fund's Principal Recipients in Zimbabwe who should have received the funds directly. At a meeting of the Global Fund's Executive Board in November 2008, Board members agreed a policy whereby no new grants will be signed for countries where there are ongoing investigations, and before the OIG certifies that the issues under investigation are resolved, and that risks to new grant awards are manageable.

An integrated approach to funding

[Paragraph 35] We believe that a more integrated approach to HIV/AIDS funding is required. The International Health Partnership and the Taskforce on Innovative Financing of Health Systems are UK initiatives which feed directly into a more integrated approach to HIV/AIDS funding. We would encourage DFID to use the full capacity of these initiatives to ensure that its funding streams for health systems strengthening and disease-specific programmes are mutually reinforcing and to press other donors to follow the UK lead towards such an integrated approach.

The aim of the Taskforce on Innovative Financing of Health Systems is to identify the constraints and costs to scaling up health systems, and to make recommendations on which innovative mechanisms are most suited to meet these challenges. In supporting the Taskforce in its work, DFID will be working to ensure that new recommendations improve the effectiveness and efficiency of new and existing funding, and to help ensure funding streams for health systems strengthening and disease-specific programmes are mutually reinforcing.

It is also crucial that the Taskforce recommendations fully support the efforts of the International Health Partnership (IHP). The members of the Taskforce include representatives from a range of countries that already support the International Health Partnership, and DFID will be working to broaden support for the Taskforce to other countries and organisations.

The IHP emphasises coordinated action in support of coherent national health plans. A coherent plan will integrate initiatives to tackle specific diseases with wider health systems concerns. When development partners sign an IHP country compact, they make a commitment that their support will be consistent with the country's comprehensive health plan. For example, the Ethiopia country compact states that "vertical funds will integrate their activities, [both] disease/ programme specific and relating to crosscutting issues... into the country system, in order to contribute to health systems strengthening and to avoid creating separate processes and parallel systems." The UK has taken an active lead in developing country compacts in Ethiopia and Mozambique—the first compacts to be

signed. There is also an IHP working group on national plans and strategies looking at the links between health and AIDS plans.

Tackling HIV/AIDS in middle-income countries

[Paragraph 38] Targets for tackling HIV/AIDS will not be achieved without substantial progress in prevention and treatment in middle-income countries. The Strategy envisages that the Foreign and Commonwealth Office will take on an enhanced role in tackling HIV/AIDS, particularly in middle-income countries where DFID has a minimal presence. It is vital to ensure that FCO officials are properly equipped to carry out these duties. We invite DFID to share with us its detailed planning for cross-departmental working on HIV/AIDS, particularly in middle-income countries with high prevalence levels.

The Cross-Whitehall Working Group on tackling AIDS in the developing world is the main mechanism for cross-departmental work on AIDS. The group met in November 2008 to discuss how to take forward the commitments set out in *Achieving Universal Access*. It was agreed to revise the Terms of Reference for the group, including making explicit its role in monitoring the commitments set out in *Achieving Universal Access* in line with the process described in the Monitoring and Evaluation document published on World AIDS Day 2008. The strategy contains specific commitments for the Department of Health, Home Office and FCO.

Given the number of areas where the FCO has committed to take action, DFID and the FCO have been in separate discussions about how we can work together to support a more effective response in middle-income countries (MICs), including those with high-prevalence levels. The FCO has taken steps to raise the awareness of its posts on the UK's commitments on AIDS, and is exploring ways in which the FCO's capacity can be strengthened—including looking at the approach used by the British Embassy in Ukraine. DFID and FCO are working on a set of criteria to select a number of MICs in which the FCO will focus its efforts on AIDS. DFID will work closely with FCO to support FCO capacity to respond in these countries. The Government also works very closely with multilateral partners, including the Global Fund, the UN agencies, the World Bank and the European Commission to deliver effective AIDS responses in middle income countries.

DFID, the FCO and the British Council are also currently reviewing our existing HIV workplace policy. In the first quarter of 2009, we will update the current literature for staff and produce practical guidance material for human resource managers and line managers on how to implement best practice in all our offices overseas.

Interaction with other diseases

[Paragraph 44] While the funding for health systems strengthening committed by DFID may well contribute to the treatment and diagnosis of patients with HIV and TB, we are not convinced that DFID is taking sufficient steps to ensure that the specific challenge of interaction between the two diseases is tackled. Nor has DFID set out how it will measure the effectiveness of its Strategy in addressing the interaction. We expect to see a clearer indication of how this work will be taken forward and measured in DFID's forthcoming Monitoring and Evaluation Framework.

The monitoring and evaluation document released on 1 December 2008, sets out how DFID will collect data from its country offices on a biennial basis. Annex 2 of the document provides the template that will be used to collect this information. It includes specific questions on how DFID is supporting the integration of HIV and AIDS with TB, malaria, and sexual and reproductive health and rights—including maternal, newborn and child health services.

The Committee calls for details on how the UK will take forward work on TB HIV co-infection. As with other areas where details of specific programmatic plans are requested, it is not possible to provide this level of detail in a global strategy document. The UK works in close consultation with host governments and other partners in a country led approach. Detailed information on implementation is therefore documented in country and regional assistance plans. However, both *Achieving Universal Access*, and DFID's *HIV and AIDS Treatment and Care Policy* specifically recognise the important linkages between TB and HIV.

DFID supports action on TB and TB-HIV through our support to international organisations and global partnerships as well as through our research and our support to country programmes. The UK has made a £1 billion commitment to the Global Fund to Fight AIDS, TB and malaria over 7 years to 2015. The Global Fund is now the largest donor for TB and malaria. The Global Fund is increasing its involvement in health systems strengthening, recognising that health system capacity constraints are major obstacles to TB and TB-HIV outcomes.

DFID also funds TB programmes in a number of countries, and funds sector programmes to build capacity in health systems to improve the way health services diagnose and treat all major causes of ill-health. This includes having the right people, drugs and diagnostics to detect and properly treat TB. The International Health Partnership launched in September 2007 emphasises the importance of robust health systems.

In a number of countries supported by DFID, including Zambia, Malawi and India, the coordination of TB and HIV programmes is well established. However, a major constraint to delivering TB services in all countries is weak health systems, including health workers, laboratory services, drugs and resources. TB treatment and care is a good barometer of the functioning of health services. That is why strengthening health systems is at the centre of our approach. In many countries, for example, Ethiopia, Mozambique, Uganda and Kenya, DFID's Country Assistance Plan (CAP) support is specifically designed to strengthen health systems.

Other examples of the work DFID is undertaking at country level to support efforts to tackle TB HIV co-infection include: in China, DFID works in partnership with the World Bank and WHO to provide a £28 million grant supporting China's National TB Control Programme in 16 provinces. This is complemented by a £30 million project in partnership with the Global Fund to support the implementation of the National AIDS programme in seven provinces and national strategic capacity building; in India a joint TB/HIV Action Plan (now expanded to the national level) has been in place since 2001. We provide support through a mix of channels—including sector budget support, as well as support for the national TB and HIV programmes and the Global TB Drug Facility. A recent review of DFID's sector budget support in West Bengal found an increase in the performance of the

TB programme, particularly in the annual case detection rate. DFID committed £41.7 million over five years (2005-2010) to support the Government's Revised National TB Control Programme; and in Zimbabwe, South Africa and Nigeria, we have contributed substantial funds for TB drugs and other commodities.

[Paragraph 48] The interaction between HIV/AIDS and malaria must be tackled as part of an effective AIDS Strategy. We welcome the commitments made by DFID in support of the Global Malaria Action Plan. It is not clear to us, however, how this important work on malaria will be integrated with the HIV/AIDS Strategy. We invite DFID to provide us with further information on this in its response to this Report.

The UK AIDS strategy emphasises the importance of improving the links between AIDS and other health services. It highlights increased awareness of the links between HIV and malaria. HIV increases the risk of complicated and severe malaria and death. The risks are greater with increasing HIV related immunosuppression. HIV infected people are particularly vulnerable to malaria. They need access to long lasting insecticidal nets (LLINs) and other malaria prevention and treatment strategies. Improving access to services across both diseases has the potential to reduce the burden of both. The interactions between the two diseases are most pronounced where HIV prevalence is highest and there is unstable malaria, where seasonal, climate or control variations affect transmission rates from one year to the next, affecting the immune status of the population and where malaria epidemics can occur.

The UK is fully committed to tackling malaria, which is why in April 2008 the Prime Minister catalysed international action when he announced that the UK will provide 20 million extra bed nets to help in the fight against malaria. At the Malaria Summit in New York in September 2008, the UK made a commitment of £40 million to the Affordable Medicines Facility for Malaria (AMFm), the first donor to do so.

In November 2008 the Board of the Global Fund approved funding for Phase 1 of the AMFm. When fully operational it is estimated that the AMFm will save 175,000-300,000 lives a year by increasing access to anti-malarial drugs in the public, private, mission and non-governmental sector.

Stronger health systems, with effective links between AIDS and malaria services are essential. Most deaths from malaria are in young children. Pregnant women and young children are among the most vulnerable and their protection is an urgent priority while progress is made towards achieving full coverage. Malaria kills quickly therefore it is essential for families to have access to effective malaria prevention measures and access to prompt care, and treatment with effective drugs; this requires competent and robust health systems and services. This is why the new UK AIDS strategy commits us to spending up to £6 billion on strengthening health systems and services up to 2015 and why the strategy emphasises the need to support the integration of AIDS services with other services; including for malaria.

The Global Malaria Action Plan (GMAP) emphasises the need to rapidly increase coverage with essential interventions; this will save lives and reduce sickness amongst all groups that are vulnerable to malaria. The Plan discusses the need to treat both malaria and HIV simultaneously.

DFID is contributing to the GMAP in many ways. We provide support to international organisations and partnerships such as the World Health Organisation, UNICEF, the World Bank, the Global Fund to Fight AIDS, TB and Malaria and UNITAID to improve malaria and HIV outcomes. We support research, for example for the development of new drugs against malaria as well as operational research to improve service delivery. In addition, several country programmes provide support to tackle malaria. For example in 2008, DFID started a £50 million programme of support for malaria control in Nigeria. This will strengthen the ability of Nigeria's national malaria control effort to improve access to prevention and treatment of malaria, as well as its ability to support the health system and integrate with other programmes such as HIV control. In addition, this support will benefit people living with HIV or AIDS who through this programme will have greater access to malaria prevention and treatment.

Children

[Paragraph 55] DFID already funds social protection programmes in a number of countries. It is therefore unclear to us whether the pledge in the AIDS Strategy to spend £200 million on such programmes over a three-year period is a new commitment or a continuation of DFID's existing work in this area. We expect clarification on this. Nor is it clear to us how DFID will ensure that children affected by HIV/AIDS, specifically, are assisted through social protection programmes and cash transfers. Indicators to measure impact in this area are needed and we would expect these to be included in the Monitoring and Evaluation Framework which DFID is developing.

For the period 2008/09–2010/11 around £120 million has already been committed for social protection programmes globally and the remaining £80 million should therefore be considered "new money" for new programmes.

We are convinced that our current approach is consistent with current evidence and best practice. Existing evidence from the Joint Learning Initiative shows that cash transfers in hyper-endemic countries do have significant impacts on a number of outcomes for orphans and vulnerable children (OVCs) including nutrition, education and health. Research has shown that in high HIV prevalence countries such as in eastern and southern Africa, most children are directly or indirectly affected by AIDS. In these situations, it makes more sense to programme more broadly for all vulnerable children not just those affected by AIDS. Pilot cash transfer schemes from Zambia and Malawi have demonstrated that approximately 70% of households reached with such social assistance were households directly affected by HIV and AIDS, including OVCs. This approach was strongly endorsed at the XVII International AIDS conference in Mexico in August 2008 and at the recent Global Partners Forum on Children Affected by AIDS held in Dublin in October 2008.

We will continue to measure the impact of our OVCs programmes and policies on the lives of the most vulnerable children. We will ensure that global policies for children affected by AIDS continue to be informed by lessons and best practice from DFID-funded programmes at a country level. All our OVC programmes have in-depth annual reviews where we assess progress against core indicators. If a programme does not perform well we place the programme on a performance improvement plan to ensure that it does have the desired impact. Annual reviews also enable partners to review the relevance of activities and to add or remove activities if they do not have the desired impact. In many of our

country programmes, we are exploring ways to involve children more in the review process.

As set out in the Monitoring and Evaluation document published on World AIDS Day 2008, we will publish a report following each biennial meeting of the Global Partners Forum on Children Affected by HIV and AIDS. This will help us to ensure that the approach outlined in our strategy continues to support the most effective ways of meeting the needs and rights of orphans and vulnerable children. The first report was published for World AIDS Day 2008, following the Global Partners Forum held in October. DFID country offices will also report against the commitments made on social protection programmes that benefit OVCs under Priority Area 3 of the strategy, once every two years.

The multi-country and multi-year study of the impact of social protection on vulnerable children, which DFID is developing with Save the Children and UNICEF, will be another means to gauge the impact of social protection programmes on OVCs. This proposed longitudinal study of up to 5 African countries will help demonstrate what types of social transfers have greatest impacts and on which vulnerability indicators.

[Paragraph 58] Children living with HIV should not be dying needlessly when a cheap and effective antibiotic is available to mitigate their vulnerability to opportunistic infections. We would encourage DFID to continue to press partner governments to ensure that co-trimoxazole is prescribed for children likely to be infected with HIV and to train their health staff to administer the drug safely.

The Government agrees. *Achieving Universal Access* recognises the importance of sustaining momentum on treatment and that paediatric treatment is still inadequate. It identifies areas that require attention, and makes commitments that will help increase access to treatment. A UK supported trial in Zambia has shown that providing a cheap antibiotic (Cotrimoxazole) to children with HIV reduced mortality by as much as 43%. We will continue our support for scaling-up the use of this antibiotic in children (and adults) living with HIV and we are also working with national governments to strengthen their systems for essential drugs, including Cotrimoxazole, within the context of functioning health systems.

We look to WHO to provide countries with expert advice on treatment guidelines. We support a number of countries to strengthen their pharmaceuticals systems by updating essential medicines lists and standard treatment guidelines as well as strengthening procurement and supply chains. For example we have provided £4.5 million to WHO to increase capacity on pharmaceutical systems in 14 African countries. In three of these countries, Ghana, Kenya and Uganda, this support specifically aimed to increase the capacity of civil society to work with government and WHO to advocate for improved access to medicines. In Nigeria the £148 million PATHS 2 Programme works to strengthen health systems in 6 states and includes specific activities to strengthen drug purchasing and distribution systems.

We are also working with others to reduce drug prices and increase access to affordable and sustainable treatment. The UK Government launched the Medicines Transparency Alliance (MeTA) in May 2008. By disclosing information on the price, quality and availability of medicines, MeTA will help to increase public accountability and improve

access to medicines, including HIV treatment. MeTA also strengthens pharmaceutical health systems and is piloting new work in 7 countries (Ghana, Jordan, Kyrgyzstan, Peru, Philippines, Uganda and Zambia).

The UK has made a 20-year commitment to UNITAID, the international drugs purchase facility, including £90 million from 2008-11, to reduce the cost of HIV treatment which will help speed up the availability and delivery of paediatric diagnostics and treatment in the field.

The 'feminisation' of HIV/AIDS

[Paragraph 62] Addressing gender inequalities should be at the heart of effective prevention and treatment of HIV/AIDS. Specially tailored policies that focus on education and socio-economic empowerment of women and girls are needed to help reverse the current trend of high levels of infection amongst women. We believe that efforts should be made to target these strategies beyond traditional high risk groups such as sex workers to include young people and married couples.

The Government agrees that a focus on education and socio-economic empowerment of women and girls is central to effective prevention and treatment of HIV/AIDS and that this should be a broad strategy aimed at young people and married couples, in addition to high risk groups. This is the approach taken in *Achieving Universal Access*.

Education for girls has been described as a 'social vaccine' against HIV. Educated girls not only have better opportunities to earn higher wages, they can participate in community life and decision-making and are better informed about health risks relevant for both themselves and their families including HIV and AIDS. DFID strongly supports girls' education and has committed to spend £8.5 billion on education from 2006/7 to 2015/16; a focus on gender parity in education is a key objective of our work. In India DFID supports *Sarva Shisha Ahbiyan (SSA),* the Indian government's Universal Elementary Education programme which is successfully reducing the gender gap in school enrolment including through promoting safe learning environments for girls in schools. And in Nigeria, DFID support (£26m) to a girls' education project in six states helped increase girls' enrolment by 10-15% in 1 year.

Ensuring young people have education on sexuality and HIV is also important and DFID is supporting work to foster a new approach to sexuality and HIV education through the Rethinking Sexuality Education Project, a collaboration between the Population Council and six other NGOs. The project is conducting policy research and developing practical tools to place gender and rights at the heart of sexuality and HIV education. The toolkit will be used by those responsible for curriculum development and delivery—in schools, clinics, and community settings.

Achieving Universal Access also recognises the need to actively engage young men and boys to bring about changes in deep rooted attitudes and practices related to gender inequality, and the need to work with young adolescent girls, especially those who are married. The strategy recognises that young people represent a significant resource that can make a vital contribution to halting the spread of AIDS and in support of this, DFID is funding the Youth Guidance Project, managed by Student Partnership Worldwide, to develop best

practice guidance on the engagement of young people in policy and programme development. This is being developed in partnership with a number of other donors including World Bank, UNFPA, UNICEF and NZ Aid (New Zealand).

The monitoring and evaluation document for *Achieving Universal Access* sets out how the UK Government will report on DFID country and regional activities that: ensure gender analysis is integrated in national AIDS plans; reduce women's susceptibility to HIV infection, e.g. gender-based violence; promote and take action on neglected and sensitive issues including adolescents' sexual and reproductive health and rights; and promote the implementation of education programmes related to HIV and sexual and reproductive health and rights. DFID's corporate performance indicators (set out in Annex 3 of the monitoring and evaluation document) include an indicator on the Global Fund to ensure it has gender sensitive policies and practices to promote equity in operations and practice.

DFID's Strategy and women

[Paragraph 63] We support the holistic approach towards women and HIV that DFID advocates in its new Strategy. Addressing embedded gender inequalities will rely on wide-ranging strategies that bring together health, education, justice and social protection agendas.

The Government welcomes the Committee's endorsement.

[Paragraph 66] We commend the emphasis in the new DFID Strategy on the disproportionate impact of HIV/AIDS on women and girls. However, we are concerned by the lack of concrete and country-specific policies within the document. The Strategy does more to describe the impact of HIV/AIDS on women and girls rather than to indicate how DFID will tackle it. Beyond an important but limited set of commitments on HIV prevention and social protection, gender-specific policies and funding pledges are lacking. We recommend the development of a global action plan, linked to the AIDS Strategy, which sets out the actions DFID will take to support women-specific approaches to the epidemic over a specified timescale.

The Committee calls for more detail on how DFID will tackle the disproportionate impact of HIV and AIDS on women and girls. As with other areas where details of specific programming plans are requested, it is not possible to provide this level of detail in a global strategy. DFID is committed to Paris Declaration principles, working closely with partners in country in a country-led approach. Detailed information on specific programmes is contained in country and regional plans. However, in every country that we work in, we seek to ensure strategies reflect the needs and rights of women and girls.

The AIDS strategy recognises the 'feminisation' of the epidemic, particularly in Sub-Saharan Africa, and identifies the need to tackle the social drivers of this. It identifies key actions to tackle these, including: working with men and boys and the justice sector to challenge gender-based violence, promoting girls' access to education, reducing the burden on female carers through social protection programmes, and female controlled barrier methods such as female condoms and eventually microbicides. In Kenya DFID supports community organisations to provide home based care for HIV-positive people helping reduce the burden of care for women and girls looking after them.

DFID is supporting capacity building of NGO and government partners in Malawi, Ghana, Uganda, and Liberia to develop innovative approaches to working with vulnerable adolescent girls to protect their sexual and reproductive health, including prevention of HIV. This forms part of a new £1.5 million programme on adolescent health with the Population Council (2008-2011). The programme builds on evidence from a previous DFID-funded Population Council programme in 9 countries that demonstrated the importance of multi-sectoral approaches to reduce girls' vulnerability through, for example, building livelihood skills, financial literacy, awareness of human rights, sports and civic engagement.

More broadly, DFID's Gender Equality Action Plan (GEAP) sets out our commitments to strengthen action to address the underlying barriers to women's ability to live free from HIV and AIDS including their low status in society and lack of rights. Greater progress towards gender equality and women's empowerment is critical to reducing the impact of HIV on women and to achievement of other development goals (as well as being an objective in its own right) and through implementation of the GEAP, we aim to increase the impact that our work has on these issues. Examples of our wider work to promote women's empowerment include support (£10 million) to the Rural Support Programme Network in Pakistan which has, amongst other things, led to the formation of all-women Local Support Organisations that influence pro-poor government policies. And we are also providing support to women's political participation, for example our funding to the Gender Equality Support Programme in Malawi will contribute towards work to encourage women's greater participation in 2009 electoral processes.

DFID is also working to ensure that the global action plans of agencies working to address HIV and AIDS are gender sensitive and focussed on women's empowerment. Our continued funding to GAVI Alliance and the Global Fund will continue to push for this. We have also committed to raise the importance of women's empowerment in the fight against AIDS in discussions during the annual review of UN agency performance and will ask searching questions about gender outputs and outcomes at the Boards we attend.

Gender-based violence

[Paragraph 69] We are concerned about DFID's lack of dedicated strategies and funding to address gender-based violence (GBV), which is closely linked to the spread of HIV. We highlighted successful DFID-funded approaches to addressing GBV in Nepal, Bangladesh and South Africa in our Maternal Health Report earlier this year and were disappointed not to see information on scaling up or replicating these initiatives included in the new Strategy. We recommend that, in its Response, DFID provides us with a policy update which sets out details of the specific approaches it will take to address GBV, including the necessary funding commitments.

The Government recognises that gender based violence is closely linked to HIV and both a serious abuse of human rights and a constraint to the achievement of the Millennium Development Goals (MDGs)affecting women and girls in conflict and non-conflict situations. Our approach is to address this issue in a number of ways.

Through implementation of the Gender Equality Action Plan (launched in March 2007), we aim to address the issue of women's poor status and lack of rights which lies at the heart of the problem of violence against women.

We support a range of work related to violence against women through our country programmes. Given the breadth of DFID's partnerships in developing countries, and to respond to local priorities, this work can vary from self-standing projects implemented through civil society partners (as in the case of the projects cited by the Committee) to components within major programmes of bilateral assistance in areas such as justice sector reform. For example, our Justice Sector development programme in Sierra Leone has included work to help the police better respond to incidents of abuse of women and children. The IMAGE study in South Africa, partly funded by DFID, has shown that increasing women's economic empowerment through micro credit schemes can help reduce intimate partner violence by up to 55%.

Our work in conflict situations and our humanitarian response will continue to support tackling gender-based violence, for example, our contribution (£3.4 million) to a UNIFEM programme to support women' engagement in peace-building and reduction of gender violence in conflict and post-conflict situations (working in Afghanistan, Haiti, Liberia, Rwanda, Timor Leste, and Uganda).

We are also supporting research programmes on sexual and reproductive health and rights that include a focus on violence, such as research by the African Population and Health and Research Centre in Kenya on intimate partner violence, and the Population Council's research on violence experienced by adolescent girls.

To strengthen our work, and as part of the Gender Equality Action Plan, we are currently reviewing the level of our work on violence against women, to evaluate where, and how, we can do more on this important issue.

Prevention of mother-to-child transmission of HIV/AIDS

[Paragraph 74] We welcome DFID's pledge to support an increase in the percentage of HIV-infected pregnant women who receive anti-retroviral treatments to 80% by 2010, and thereby reduce mother-to-child transmission of HIV. However, ARV provision is only one of a number of interventions to prevent transmission recommended by the WHO. We recommend that DFID works to ensure ARV provision forms one, critical, part of a care package for HIV positive mothers that also includes the full range of required interventions.

The Government agrees. The AIDS strategy emphasises that the UK supports the WHO definition of Prevention of Mother to Child Transmission (PMTCT) which includes primary prevention of HIV infection; prevention of unintended pregnancies among women with HIV; prevention of HIV transmission from mothers living with HIV to their infants; and, care, treatment and support for mothers living with HIV, their children and their families.

PMTCT of HIV is important and there is strong evidence for the effectiveness of PMTCT interventions, both to prevent HIV transmission to the child, and to prevent maternal death, which further protects children. DFID has taken a strong position on the

importance of integrated services, as reflected in the updated AIDS Strategy which promotes stronger links between services which should help improve coverage of comprehensive PMTCT services, including care and treatment for mothers.

Maternal, Newborn and Child Health (MNCH) services that include PMTCT are important entry points for women, their children and families to access broader health and AIDS services such as family planning, safe delivery and nutrition. If PMTCT targets are to be achieved, more women need to access antenatal and postnatal services and have facility-based deliveries. The challenge is weak health systems that fail to deliver adequate services and therefore do not meet expectations.

DFID's maternal health strategy, currently being updated, will give increased emphasis on the integration of services and strengthening of delivery systems.

[Paragraph 75] We note the ambitious level of percentage increase needed to meet DFID's commitment to increasing ARV coverage for HIV-infected pregnant women: from the current rate of 34% to 80% in just two years' time. We expect to see a clear commitment on how progress towards this ambitious and short-term target will be measured in DFID's Monitoring and Evaluation Framework which is due to be published on 1 December 2008. We recommend that the Framework includes an indication of the level of DFID's specific projected contribution to the international efforts to reach this target.

The Committee calls for specific information on how DFID will scale up action on preventing mother to child transmission of HIV. As with other areas where details of specific programmatic plans are requested, it is not possible to provide this level of detail in a global strategy. Specific decisions about programmes of support are taken at country level in close collaboration with national governments and other partners. Detailed information is published in country and regional assistance plans which DFID negotiates with governments and bilateral, multilateral and civil society partners.

The UK strategy makes a commitment to work with others to intensify efforts towards achieving the internationally agreed goal (as agreed at the United Nations General Assembly Special Session on HIV/AIDS) of 80% of HIV positive pregnant women receiving anti-retrovirals to reduce risk of mother to child transmission by 2010.

As the monitoring and evaluation document launched on 1 December 2008 sets out, DFID will report on its action and progress in supporting prevention of mother to child transmission efforts in the progress reports it will produce every two years. DFID country programmes will also use information gathered in-country from national programmes to assess progress.

While we agree with the Committee that 80% coverage is an ambitious target, there has been significant progress, as evidenced for example by the promising results reported by UNAIDS from Cote D'Ivoire and Botswana, which have contributed to the global increase in anti-retroviral coverage for HIV-infected pregnant women from only 9% in 2004 to 33% by 2007. The UK remains committed to work with others to sustain and accelerate this progress towards this global target (which derives from the Universal Access Commitment).

Examples of DFID's work in this area include Zimbabwe where only 6% of women who might benefit from PMTCT are currently being covered by the PMTCT services. To address this challenge, DFID is working with others to implement a £25 million programme that aims to protect the lives of mothers and newborns, especially those affected by HIV and AIDS and to maintain access to family planning services, including contraceptives and to lifesaving obstetric services and newborn care.

Integration with sexual and reproductive health

[Paragraph 82] We welcome the focus in the Strategy on closer integration of HIV/AIDS and sexual and reproductive health services (SRH), together with maternal and child health, TB and malaria. SRH and HIV/AIDS cannot be separated as health issues and accordingly DFID is right to include better integrated responses as a priority action. We believe that integration will be more effective where it is prioritised by health systems that are ready and willing to implement it. Accordingly, we recommend that DFID presses both national governments and multilateral donors—particularly the Global Fund, the World Bank and the relevant UN agencies—to do more to support the integration of services.

The Government strongly agrees with this Recommendation and is already working to support the integration of health services, in particular through the International Health Partnership, which is helping countries produce holistic national health plans, demonstrating the importance of integrated services, and which can then be supported by agencies such as the Global Fund. The World Bank supports country-led health strategies and responses. The Bank's 2007 Health, Nutrition and Population Strategy underlines the importance of ensuring synergies and integration between different services.

DFID is redefining its relationship with the multilateral agencies, including taking a more rigorous approach to assessing agency performance and rewarding performance which improves the effectiveness and efficiency of the UN to deliver the Millennium Development Goals. To achieve this we have developed new Institutional Strategies, the main component of these is the Performance Framework, which will be used to assess performance. Good performance will trigger the release of core funds and a variable bonus. The Performance Frameworks for WHO, UNICEF and UNFPA focus on how the Agencies are "Delivering as One", including participation in the IHP, which will help ensure greater coherence in the health sector. The UNFPA and UNICEF Performance Frameworks have specific outcomes and targets related to delivering integrated health services for women and children.

Marginalised Groups

[Paragraph 87] If the global effort on HIV/AIDS is to achieve the goal of halting and reversing the spread of the disease, it must be effective in reaching marginalised people, including sex workers, intravenous drug users, men who have sex with men and transgender individuals. If the epidemic is not tackled in these groups it will continue to spread to the general population and the number of people affected will continue to increase. DFID's Strategy acknowledges this reality but does not adequately explain how DFID will ensure that these marginalised people are provided with the prevention,

treatment and support services they require. We would welcome further information on DFID's plans in this area in response to this Report.

The Committee calls for detail on how DFID will ensure that marginalised people are provided with the prevention, treatment, care and support services they require. As with other areas where details of specific programmatic plans are requested, it is not possible to provide this level of detail in a global strategy. The strategy includes a specific commitment to "*intensify efforts to increase the coverage of HIV and AIDS services for Injecting Drug Users (IDUs) in countries where they are most affected*". The Government's efforts to ensure progress towards this commitment will include support to strengthen the capacity of vulnerable groups, such as through the International Harm Reduction Association; and funding for a post located in the British Embassy in Vienna, to support improved UN coherence on harm reduction policies. We will work in partnership with governments, multilateral agencies, civil society and through nine bilateral country and regional programmes to improve the international environment to tackle injecting drug use and HIV in the developing world.

Other examples of the work we will undertake at country level to support greater access to services for vulnerable groups include: in India, DFID has committed £102 million from 2007 to 2011 to support the National AIDS Control Programme, which will help to scale up HIV prevention programmes to cover 80% of high risk groups; DFID Kenya is working with the UN Office on Drugs and Crime to support the Kenyan Prison Service strengthen service provision for those with HIV and TB; and support to the Global Forum on Men Who Have Sex with Men & HIV.

In Vietnam, DFID is planning to provide £18 million to support the scale up of the HIV prevention programme for 2009-2012. The targeted beneficiaries of this programme are marginalized and high risk populations, including IDUs, sex workers and people living with HIV/AIDS. The programme will provide a package of support to these groups, ranging from prevention to care and treatment. This programme is the second phase of DFID's support to HIV in Vietnam, built on the success of a £15 million project that DFID funded during the 2004-2008 period. The Foreign and Commonwealth Office will also play a role in specific countries where DFID does not have a presence, to promote increased access to services for vulnerable groups.

Engagement with Civil Society

[Paragraph 97] We welcome the Minister's assurance that civil society will be fully engaged in the implementation of the Strategy. However, further details are needed on how DFID will pursue this engagement, including how much funding will be allocated to support the work of civil society on the ground in countries with a high prevalence of HIV/AIDS and related diseases. We request that DFID provides this detailed information in its response to this Report.

The important role that civil society has within an effective AIDS response is clear, and *Achieving Universal Access* explicitly sets out how civil society complements governments and the private sector in providing services, creating demand for services, and promoting rights. The strategy also recognises that communities have a critical role to play in

supporting AIDS responses, and the importance that resources reach community based organisations (CBOs) to enable them to play this role effectively.

DFID provides funding to civil society organisations through a range of mechanisms including the Civil Society Challenge Fund (CSCF), the Governance and Transparency Fund, through Partnership Programme Agreements (PPAs), and directly in response to proposals for specific programme interventions, including in Mozambique, South Africa and Zimbabwe. We have 26 Partnership Programme Arrangements (PPAs) with key UK and international civil society organisations. DFID is committed to provide a total of £367 million over the next 3 years in support of these PPAs—11 of which have strategic objectives specifically focussing on addressing HIV and AIDS. Recognising the role that civil society must play, all submissions to the CSCF are required to make explicit the impact they will have on tackling AIDS. In addition, there is scope for the UK's £6 billion commitment to strengthen health systems and services to be used to fund civil society organisations. There is no specific earmarking of funding from within these funding mechanisms, and so it is neither possible nor desirable to identify a target for the level of spending through civil society in responding to AIDS.

Examples of our support to civil society include: in Nepal UNDP, with DFID funding, has developed an innovative Challenge Fund managed by the National Association of People living with HIV/AIDS (NAPAN). NAPAN sub contract to 70 community based organisations who have provided nutrition support, treatment support, care homes and referrals to 5,000 PLHAs over the last 2 years. In South Africa, we are supporting UNICEF to develop the capacity of civil society partners to scale up their responses and to hold government to account for their programming for children affected by AIDS. In Pakistan funds provided by DFID are being used by Provincial Governments to contract local civil society organisations as service providers. This includes Nai Zindagi, the largest Harm Reduction NGO in the country. In Mozambique, the UK is the largest donor of the Common Fund of the National AIDS Council (NAC). The NAC is currently developing a programme to fund and develop capacity for small NGOs. We also fund a network of international and national civil society organisations working in the area of health. In Zimbabwe, our support through NGOs to the most vulnerable households reaches many children affected by AIDS. In addition, we are funding UNICEF to manage the scaling up of NGOs services for children affected by AIDS. In 2005, we funded over 20 community-based organisations across Zimbabwe. DFID will continue to provide funding through these mechanisms, based on identified needs, to ensure that civil society is able to play a strong and effective role in tackling AIDS in developing countries.

Implementing the Strategy

[Paragraph 103] There are many excellent examples in the Strategy of HIV/AIDS work which DFID is undertaking with specific countries and specific groups. What is not clear to us, however, is the extent to which DFID intends to scale up or replicate these projects elsewhere.

We work with governments and multilateral agencies at country level to encourage the uptake of best practice and proven approaches. For example, in India the DFID-funded Sonagachi model of community implemented targeted interventions has been expanded to the entire country, and oral substitution therapy for injecting drug users, also funded by

DFID, has been adopted by the Government of India for expansion. We also work through the Country Coordination Mechanisms of the Global Fund to encourage dissemination of good practice and scale up of these approaches. However, it is also important to recognise that, while we encourage the spread of good practice, replication in different contexts, even within the same country, is not a straightforward thing; "knowing your epidemic'"is a key principle.

Achieving Universal Access is informed by the most up-to-date evidence available (set out in the companion document *Achieving Universal Access—evidence for action*). Our commitment to build on what we know works is further demonstrated by the close links evident between the Research Strategy (published in May 2008) and *Achieving Universal Access*, and by the recent merger of our Central Research Department with our Policy Division, which will enhance our ability to link research, policy and implementation.

The processes outlined in the Monitoring and Evaluation document that we published on World AIDS Day (1 December 2008) will provide us with important information about good practice from work supported by the UK in tackling AIDS. The challenge is then to ensure that our staff, and our partners in the international community, have access to the right information, tools and guidance to enable them to apply similar approaches in responding to AIDS in their countries. As an example of how we support this process, DFID published *Taking Action against Stigma and Discrimination—Guidance and Supporting Resources* in November 2007. We are also working with the NAM AIDSmap, the Global HIV/AIDS Initiatives Network, and AIDS Portal to support the effective dissemination of material on best practice.

[Paragraph 105] We agree with our witnesses that the significant funding commitments which DFID has made in the Strategy are impressive and that its analysis of the current situation is excellent. However, the challenge remains for DFID to turn the rhetoric into practical implementation and to demonstrate much more clearly how it will achieve the targets it has set and the commitments it has made.

The Government welcomes the IDC's interest in the detail of our plans to implement the strategy. 'Achieving Universal Access' is a global strategy document which sets out UK priorities for tackling AIDS in the developing world over seven years to 2015. The Strategy sets out the overall strategic frameworks and commitments within which DFID country programmes will make specific programming choices according to the specific national and regional profiles of the epidemics they face. This will include consideration of: the stage and nature of the HIV epidemic; identified needs and priorities; and the work of the national government, other donors and multilaterals. DFID works in 150 countries worldwide, which makes it neither feasible nor practical to set out detailed multi-country plans in a 7-year global Strategy. Details on implementation will continue to be developed throughout the lifetime of the strategy.

The Government published its unprecedented and detailed plans to monitor and evaluate the AIDS Strategy on 1 December 2008. We will publish biennial progress reports for World AIDS Day (1 December) in 2010, 2012 and 2014. A baseline report will be published in the first half of 2009. The reports will primarily focus on our efforts at country level, but will also report on our wider efforts and will set the UK's contribution in the context of global progress. We will also publish an independent mid-term review of the

implementation of *Achieving Universal Access* in 2011. Together these reports will ensure transparency and accountability for the implementation of the strategy.

[Paragraph 109] We will return to this subject in our forthcoming Report on the DFID Annual Report 2008 but we are keen to reiterate our concerns, in the specific context of the new HIV/AIDS Strategy, that staff reductions at DFID may have reached the point where they risk adversely affecting the Department's ability to deliver its objectives in vital fields such as health and social care.

Senior Management in DFID recognises that staff are working very hard across DFID. DFID began a process of workforce planning in 2007/08, to help identify critical workforce issues for the kind of organisation we need to be over the next few years. Each area of the organisation has recently looked at their workforce projections and the numbers and types of posts they need to deliver their objectives.

DFID recognises that it needs a workforce fit to deliver its growing agenda. This includes strengthening the skills base in the organisation. Our current plans show us that the balance of posts in the organisation will move away from general administrative roles to a greater concentration of professional skills. We expect to employ more staff with political and institutional knowledge about our stakeholders; and with skills enabling them to build relationships and communicate effectively. All of this is in line with ministerial priorities and wider Civil Service reform.

Monitoring and Evaluation

[Paragraph 115] There are obvious similarities in the global challenges of tackling HIV/AIDS and tackling malaria. We are impressed by the process which DFID followed in developing the Global Malaria Action Plan which focused on desired outcomes and used that information to determine decisions about inputs and mechanisms. However, it is not evident to us that DFID adopted a similarly rigorous procedure for developing its new AIDS Strategy. We believe this was a missed opportunity and we regard the lack of specific budget allocations, targets and outcome indicators as a significant deficiency in the new HIV/AIDS Strategy, which we hope will be addressed in the next stage of the process.

The rigorous approach the UK Government took in developing the updated AIDS strategy is unprecedented. The strategy development included a 12-week public consultation held between May and August 2007, which was managed by the UK Consortium for AIDS and International Development. The public consultation received over 90 electronic submissions from a wide range of civil society, private sector, multilateral and academic institution partners. Consultation meetings with a range of stakeholders were held in Rwanda, Kenya and the UK. During the consultation, officials held an informal meeting with MPs, which formed the basis of the APPG on AIDS submission to the public consultation. Strong efforts were made to ensure that southern voices were heard in the consultation, and to ensure that people living with HIV were centrally involved. After the public consultation closed, officials met with civil society representatives and discussed issues relating to the strategy on at least 6 occasions, before the strategy was launched.

Furthermore, *Achieving Universal Access* is informed by the most up-to-date evidence available (set out in the companion document *Achieving Universal Access - evidence for action*). DFID's approach to the process of developing this Strategy has been widely praised by civil society and international agencies.

Comparing a blueprint for action to control malaria with a strategy to tackle the AIDS epidemic is not straightforward. AIDS is more complex with vast differences in epidemics within and between countries. This complexity is further complicated by stigma and discrimination. The UK's AIDS strategy is a global strategy covering a seven-year timeframe up to 2015. It is not feasible, practical or desirable for the strategy to set out specific budget allocations, targets and outcome indicators. DFID works in 150 countries worldwide and decisions about programmes and support, including on AIDS, are taken at the country level. The Strategy sets out the broad priority areas UK departments need to take into account when planning programmes of support to tackle AIDS with national country governments and partners. This is informed by the socio-cultural norms at play in each country, the status of the various epidemics and the gaps in the current response. This very much depends on countries knowing their own epidemics and their response; a key principle endorsed by the Strategy.

[Paragraph 117] We regret that DFID was not able to publish the Monitoring and Evaluation Framework at the same time as the Strategy was launched in June. All stakeholders, including ourselves, need to understand the specific outcomes that DFID is seeking to achieve through the funding commitments it has announced and how it intends to measure progress towards them. We hope that, when it is published, the Framework will provide the answers to the important questions about implementation and monitoring and evaluation which the Strategy itself has left open.

On 1 December 2008, the Government released a document on monitoring performance and evaluating impact which sets out a clear process for how progress against the priorities and commitments in Achieving Universal Access will be assessed and reported. We hope that this has addressed the Committee's concerns.

It commits to the publication of numerous reports over the seven-year lifetime of the strategy which will ensure transparency and accountability for its implementation. The reports will primarily focus on our efforts at country level, but will also report on our wider efforts and will set the UK's contribution in the context of global progress. The document was developed in consultation with UK Government Departments and civil society.