

Updating Taking Action  
– the UK’s strategy for  
tackling AIDS in the  
developing world  
a consultation document

# Consultation Document: Updating Taking Action: the UK's strategy for tackling AIDS in the developing world

Taking Action (TA) was published in July 2004. It set out, for the first time, a UK strategy for tackling AIDS in the developing world – including an ambitious spending target (£1.5 billion on AIDS from 2005 to 2008, of which 10% was targeted on children affected by AIDS). In implementing Taking Action, the UK has shown leadership in championing the rights of women, young people and vulnerable groups (including males who have sex with males, injecting drug users and sex workers). During 2005 and 2006, the UK worked with the G8 and the UN to secure international commitment to the ambitious goal of achieving universal access to comprehensive HIV prevention programmes, treatment, care and support by 2010.

The global response to AIDS has improved since Taking Action was published. In addition to the international commitment to achieve universal access, we have seen a marked increase in funding for AIDS (\$8.297 billion in 2005), significant increases in the number of people on treatment – more than 2 million by December 2006, including more than 1.3 million in sub-Saharan Africa – and progress on national and international coordination through the implementation of the Three Ones.

And yet, much more needs to be done. AIDS continues to spread, most rapidly in Eastern Europe and parts of Asia, and it remains a major threat to development, especially in sub-Saharan Africa. Millions of people vulnerable to HIV infection, in particular women, girls, males who have sex with males, injecting drug users, sex workers and prisoners do not have access to information or services to protect themselves. And only 28% of HIV-positive people in need of treatment in low and middle-income countries receive Anti-Retrovirals. Achieving sexual and reproductive health and rights is also vital to overcoming AIDS. Many governments continue to deny the epidemic or its true nature in their country.

Taking Action ends in March 2008, but tackling AIDS will continue to be a fundamental part of our work. The UK needs to update its position and approach to AIDS, to reflect the progress made since July 2004. On the following pages are a series of questions on the main issues which the updated strategy will address. We would like to hear your views on these and other issues. We have recently commissioned a thorough and independent evaluation of Taking Action, which is a good source of information about our performance in implementing Taking Action. I hope you will find this a useful resource when responding to the following questions.



**Hilary Benn**  
May 2007

Please send your comments by 8 August 2007 to [AIDSstrategy@dfid.gov.uk](mailto:AIDSstrategy@dfid.gov.uk) Alternatively post comments to:  
DFID AIDS Consultation, c/o UK Consortium on AIDS and International Development, The Grayston Centre,  
28 Charles Square, London, N1 6HT, UK.

# Policy issues

Drawing on the interim evaluation and in discussion with partners across DFID, the UK Government and civil society, the following questions have been identified as important for the UK to answer in developing an update to Taking Action. We are keen to hear the views of our domestic and international partners in response to these questions, to inform how the UK should position itself to achieve universal access. The bullet points are issues of particular interest under each question.

# UK's Role

The interim evaluation of Taking Action says that a particular UK strength is our willingness to promote and take action on sensitive issues. Upholding and promoting sexual reproductive health and rights (SRHR), and meeting the needs of vulnerable groups (males who have sex with males, sex workers, injecting drug users and prisoners) are seen as important areas for strong UK engagement. DFID has an increasing budget, and will have fewer staff resources to manage that budget. Other actors are strongly focused on specific aspects of the AIDS response.

## 1. What is the UK's comparative advantage in changing the course of the AIDS epidemics?

- What is the UK's comparative advantage in relation to the other big donors in AIDS: the US, UN, WB, GFATM and the EC?
- How can the major donors work together better to improve the response to AIDS and effort behind country plans?
- How can the UK work most effectively to ensure the involvement of major Foundations (e.g. the Bill and Melinda Gates Foundation, the Clinton Foundation HIV/AIDS initiative)?
- How can the UK best influence global and country progress to integrate SRHR within the AIDS response?

### What is the UK doing?

- Taking Action puts women, young people and vulnerable groups at its heart.
- DFID's approach to HIV prevention for injecting drug users includes piloting, and assisting in the implementation of harm reduction interventions such as needle and syringe programmes, safe injecting, substitution therapy and social marketing.
- DFID Ukraine is implementing projects that target males who have sex with males. Working with a local Ukrainian Charity, "Health of Nation", DFID Ukraine is supporting a network of community centres for men and providing HIV & STI prevention through outreach work.
- In Bangladesh DFID supports an outreach programme that helps sex workers and their children to demand their rights for basic services and raise awareness of the discrimination and abuse they face.

# Universal Access

The UK is committed to achieving universal access to comprehensive HIV prevention programmes, treatment, care and support, and to sexual and reproductive health and rights (SRHR) information, services and supplies. In spite of recent progress on access to treatment (more than 2 million people were on treatment at the end of 2006), only 28% of those who need treatment have access. Only 9% of HIV-positive pregnant women are receiving antiretroviral prophylaxis. Over the last 2 years the number of people living with HIV has increased in every region of the world, but only 33% of males and 20% of females aged 15-24 can correctly identify ways of preventing HIV transmission.

## **2. How can the UK best support the scale up to universal access to comprehensive HIV prevention programmes, treatment, care and support by 2010?**

- Different regions and countries are experiencing different epidemics. How can the UK ensure that appropriate and comprehensive AIDS responses are defined for different epidemics?
- What can the UK do to improve access to medicines and SRHR supplies that prevent and treat HIV and AIDS, through better pricing, availability and delivery mechanisms?
- How can the UK contribute to ensuring long-term, sustainable funding is available to cover the costs of universal access, and strong mechanisms for spending it?
- How can the UK take action to ensure that developing countries themselves lead national AIDS responses, and that developing countries are adequately supported to improve their universal access plans?

### **What is the UK doing?**

- The UK fully supports developing countries' rights to make use of the flexibilities allowed under Trade Related Intellectual Property Rights (TRIPs) to enable access to affordable medicines. DFID is providing support, through United Nations Conference on Trade and Development (UNCTAD), to assist Botswana and Kenya to implement an appropriate regulatory framework for the promotion of access to medicines.
- DFID is tackling stigma and discrimination that prevents women accessing prevention of mother to child transmission services by funding education and mass-media campaigns in Angola, Ethiopia, Malawi, and Nigeria.

# Working with the international system

In recent years the international response to AIDS has seen new mechanisms and agencies devoting resources to tackling the epidemic: the Global Fund to fight AIDS, TB and Malaria; the GAVI Alliance, the Bill and Melinda Gates Foundation and the Clinton Foundation HIV/AIDS Initiative; the International Finance Facility (IFFIm); the US President's Emergency Plan for AIDS Relief (PEPFAR); and UNITAID. This has brought benefits, but some disadvantages too, such as more complexity, increased possibility of duplication, and the risk of more demands on national governments trying to tackle AIDS epidemics.

### **3. How can the UK work within the international system to improve the overall response to AIDS?**

- How can the UK support UN reform and Global Task Team processes both internationally and in country to ensure closer, more effective working between agencies in support of national AIDS plans?
- What role on AIDS, including integration of sexual and reproductive health and rights (SRHR), should the UK seek for the Global Fund, World Bank, UN, EC and Foundations working on AIDS in different epidemics and fragile states?

#### **What is the UK doing?**

- The UK played an active role in securing international agreement for the “Three Ones”: one agreed HIV/AIDS action framework, one national AIDS coordinating authority, one agreed country-level evaluation system. The “Three Ones” help donors, multilaterals, the private sector and civil society work together with the national government in a more effective and harmonised way. We are working with partners in country to implement the Three Ones.
- The UK hosted a conference on “Making the Money Work” in 2005, which led to a series of recommendations by the Global Task Team on how to improve coordination amongst UN agencies in the response to AIDS. The UN has subsequently established joint UN teams on AIDS in a number of countries.
- The UK is working actively with UNAIDS and its co-sponsors, including the Global Fund for AIDS, TB and Malaria, to help accelerate progress towards fully costed and funded country plans for universal access.

# UK Government Department Roles

DFID is not able to support all developing and middle-income countries in responding to AIDS. DFID has a clear commitment to focus 90% of its resources in Low Income Countries, and 10% in Middle Income Countries. The Foreign and Commonwealth Office (FCO) has a wider reach, and a clear mandate to work on Human Rights. The UK's armed forces are working in countries with different challenges in responding to AIDS. And domestically, the Home Office and Department of Health are concerned with treatment policy for asylum seekers.

## **4. What should be the respective roles of DFID, the Foreign and Commonwealth Office (FCO) and other government departments in supporting national AIDS responses for different epidemics?**

### **What is the UK doing?**

- Taking Action is a UK government strategy, which includes actions for DFID as well as for other government departments. An informal cross-Whitehall working group on tackling AIDS in developing countries meets three times each year to ensure a coherent UK response to AIDS in the developing world.
- The UK published a policy position paper on “Harm Reduction: – tackling drug use and HIV in the developing world”. The Home Office, FCO and DFID are increasingly working closely on issues relating to international drug policy, including HIV prevention amongst injecting drug users.
- DFID, the FCO and the British Council agreed and put in place in 2002 a progressive workplace policy on HIV and AIDS.

# Working with Civil Society and People Living with AIDS

Civil Society Organisations (CSOs) at international, national and community levels have an important contribution to make in the response to AIDS. Organisations of people living with HIV and AIDS can represent the interests of HIV positive people and give them a voice in decisions that affect their lives. People living with HIV and AIDS have shown they can bring about change, such as innovations in AIDS prevention, treatment and care – treatment literacy and home-based care being just two examples. However, these organisations suffer from insecure and insufficient funding, limiting their engagement. The practices of donors and governments need to support the effective engagement of CSOs.

## **5. How can the UK support stronger and more effective engagement by civil society, particularly networks of People Living with HIV and AIDS, and vulnerable groups (women, adolescents, males who have sex with males, sex workers, injecting drug users, and prisoners) in the global response to AIDS?**

### **What is the UK doing?**

- DFID supports global and national networks of people living with HIV and AIDS (including ITPC, GNP+ and ICW) to contribute to the development and implementation of effective AIDS policies and programmes.
- DFID support to major NGO activities in the area of AIDS is through strategic Partnership Programme Agreements (PPAs). Under these agreements partners like Christian Aid and Oxfam work through local organisations at country level. DFID has 26 PPA agreements (attracting DFID funding of £85m a year in total), 18 of which identify AIDS-related activities as part of the outcomes or success criteria.
- In Mozambique, the UK is the largest donor to 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 health. This network has played a vital role in getting the Ministry of Health to contract NGOs to deliver services, and enabling NGOs to access funds for children affected by AIDS.

# Children Affected by AIDS

Children are among those most affected by the epidemic. In Africa, 15 million children have lost at least one parent to AIDS. 380,000 children under 15 died of AIDS related illness in 2006. Without the guidance and protection of their primary care givers, these children are particularly at risk of abuse, exploitation, trafficking, discrimination or other abuses. Globally, access to AIDS treatment for children is low. In Mozambique and Malawi, 5% and 7% respectively of those on treatment are children, whereas equitable access would require coverage of approximately 13%.

## 6. What should the UK do to ensure the needs of Children Affected by AIDS are met?

- What should the UK do to ensure the scale up of prevention of mother to children transmission services?
- How should the UK support countries to develop and implement national plans of action for the care and protection of children affected by AIDS?
- How can the UK effectively support efforts to increase access to paediatric treatment?
- What are the best approaches to providing comprehensive sexual and reproductive health and rights (SRHR) and AIDS education to children and young people?

### What is the UK doing?

- DFID is funding national plans of action for children affected by AIDS through UNICEF in Lesotho, South Africa, Botswana, Namibia, Swaziland, Zimbabwe.
- UK is a founder member of UNITAID, the new drugs purchase facility established in 2006. UNITAID has already approved US\$61 million to fund anti-retroviral treatment for up to 100,000 children in 2007 and US\$70 million for second line ARTs.
- The UK is working with civil society, governments and the private sector to launch an international Medicines Transparency Alliance (MeTA) to help cut corruption, improve efficiency and increase value-for-money.
- In addition to core funding to UNICEF, DFID has provided over \$1.5 million to an 'Accelerating Action for Children Affected by HIV and AIDS' programme. This gives focus to the "4 P's – Protection, Prevention, Prevention of Mother to Child Transmission (PMTCT) and Paediatric AIDS".

# Tackling Stigma and Discrimination

AIDS related stigma remains widespread across the world, in particular against women and vulnerable groups. According to one study, 63% of women and 50% of men living with HIV or AIDS experienced stigma last year. This stigma makes people fearful of seeking information on AIDS, using prevention services, going for voluntary counselling and testing, disclosing their status and seeking treatment, care and support. Yet, actions to address stigma remain neglected in responses to AIDS.

## 7. How can the UK best contribute to addressing AIDS related stigma and discrimination?

- What can the UK do to ensure increased action on AIDS related stigma and discrimination?
- How can the UK support action to promote social and cultural change, address institutionalised discrimination, and promote reform of legislation?
- What can the UK do to increase leadership on AIDS, including on the needs and rights of people most vulnerable to HIV?

### What is the UK doing?

- DFID supports around 100 programmes that tackle AIDS-related stigma. In Zimbabwe, DFID supported anti-stigma campaigns help to reduce stigma and increase uptake of testing.
- In Namibia, DFID supports the project 'Reducing stigma related to HIV and AIDS'. The project helps people living with HIV and AIDS to demand their rights and receive adequate support services – involving them in the development of media messages on the issues that affect them, and building the capacity of the main PLWHA support group to engage in the national response to the epidemic.
- The project 'Promoting the Rights of people living with HIV and AIDS' in Tanzania provides community training to raise awareness of the rights of people living with HIV and AIDS – in particular inheritance rights – and ensure that people living with HIV and AIDS can get redress when their rights are violated.

# Prevention

4.3 million people were newly infected with HIV in 2006. Fewer than one in five people at high risk of HIV have access to prevention services, or to information, condoms or harm reduction interventions. Current prevention approaches are not practical for everyone, especially women. New approaches to HIV prevention are urgently needed. Prevention programmes have started to focus on challenging the social and cultural factors that make people vulnerable to HIV, such as gender roles and social, cultural, economic and political rights.

## 8. What approaches should the UK promote for HIV prevention?

- How can the UK contribute to addressing the social factors that drive the epidemic, particularly amongst women and girls?
- What prevention approaches work best?
- What should be the UK's role in ensuring new technology (e.g. microbicides, male circumcision) is introduced as part of a comprehensive HIV prevention package?

### What is the UK doing?

- In 2005, the UK as EU President, led negotiations to achieve an EU wide agreed statement on HIV Prevention. The statement (EU Statement on HIV Prevention for an AIDS Free Generation) recognises that, in order to achieve results, HIV prevention information and services must be comprehensive and evidence-based.
- DFID supports comprehensive approaches to HIV prevention that respond to the realities of people's lives and provide people with the information, services, skills and supplies necessary to protect their health.
- The UK has supported the development of microbicides since 1999; with funding totalling £50 million, including support to the largest microbicide clinical trial.
- For 10 years, DFID has been the fourth largest condom provider. Since 2001, the UK has paid for over a billion condoms.

# Strengthening Health Systems

There are not enough skilled health workers to deliver basic health services. Sickness, including from AIDS, and poor motivation result in low productivity of health workers. Migration of health workers to other sectors and overseas further reduces national health workforce capacity. National plans for strengthening health services cannot be fully implemented without predictable longer-term funding commitments to the health sector.

## **9. How can the UK support efforts to ensure that the response to AIDS strengthens national health services and the delivery of basic services?**

- How can the UK promote national AIDS responses that strengthen the public sector – including, but not limited to, education; health; access to justice; legal reform, social protection and welfare; water, sanitation and infrastructure?
- How should the UK take action – at national and international level – to ensure AIDS and SRHR services are integrated into the delivery of basic services?

### **What is the UK doing?**

- Education is a major factor in preventing the spread of HIV. In Swaziland, two out of three teenage girls in school are free from HIV, while two out of three girls out of school have HIV. The UK Education Initiative for developing countries offers an increase in its support for education to at least £8.5 billion over the next ten years. Most of the money will be used in the poorest countries in Africa and Asia where most of these children live.
- Supporting the Global Health Workforce Alliance.
- Supporting the Emergency Human Resource Plan in Malawi and scaling up assistance for human resources in other countries.
- Supporting longer-term financing commitments for national health plans through different aid instruments.

# Evidence

There is good evidence on the effectiveness of HIV treatments. But it is not yet clear how effective these interventions are on a large scale and their long-term impact on health and AIDS epidemiology. More work is needed to gather evidence on the best approaches to HIV and testing. Research must also continue on an AIDS vaccine, prevention technologies and drugs that work against resistant HIV and TB.

## 10. What is the UK's role in gathering evidence and fostering innovation?

- What should the UK's research and development priorities on AIDS be?

### What is the UK doing?

- The UK has been active in developing innovative financing to encourage additional Research and Development (R&D) investment into treatments and vaccines for diseases disproportionately affecting developing countries, including for HIV and AIDS.
- R&D tax credits were introduced from 2000 and the 'Vaccine Research Relief' was introduced in 2003 for R&D investment on HIV, TB or malaria treatments or vaccines.
- The UK is helping to develop 'Advance Market Commitments' to create better incentives for priority vaccines, such as for HIV.
- In 2005, DFID provided £20 million over 3 years for the International AIDS Vaccine Initiative. This will help ensure that progress towards developing an AIDS vaccine continues and brings our total support for AIDS vaccine research to £38 million since December 1999.
- DFID funded clinical trials demonstrating the efficacy of co-trimoxazole prophylaxis in reducing mortality among children living with HIV.

## Department for International Development

DFID, the Department for International Development: leading the British government's fight against world poverty.

One in five people in the world today, over 1 billion people, live in poverty on less than one dollar a day. In an increasingly interdependent world, many problems – like conflict, crime, pollution, and diseases such as HIV and AIDS – are caused or made worse by poverty.

DFID supports long-term programmes to help tackle the underlying causes of poverty. DFID also responds to emergencies, both natural and man-made.

DFID's work forms part of a global promise to:

- halve the number of people living in extreme poverty and hunger
- ensure that all children receive primary education
- promote sexual equality and give women a stronger voice
- reduce child death rates
- improve the health of mothers
- combat HIV and AIDS, malaria and other diseases
- make sure the environment is protected
- build a global partnership for those working in development.

Together, these form the United Nations' eight 'Millennium Development Goals', with a 2015 deadline. Each of these Goals has its own, measurable, targets.

DFID works in partnership with governments, civil society, the private sector and others. It also works with multilateral institutions, including the World Bank, United Nations agencies, and the European Commission.

DFID works directly in over 150 countries worldwide, with a budget of nearly £4 billion in 2004. Its headquarters are in London and East Kilbride, near Glasgow.

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