Further written evidence submitted by the Department for International Development (Annex B)

Thank you for your letter of 26 January with further questions on the UK's approach to HIV policy and programmes arising from the International Development Committee (IDC) evidence session on 24 January.

My officials have followed the evidence sessions with interest. I was personally very pleased to hear that the witnesses applauded the UK's leadership on HIV over the years and recognised the significance of the UK's recent decision to pledge £1.1billion to the Global Fund between 2016-19. This was one of my first major decisions in office, and I believe it gives a clear indication of the importance that this Government attaches to the fight against HIV/AIDS.

The UK is, and will remain, a global leader on family planning, women's rights and sexual and reproductive health. Women should have the right to choose whether and when they have children, and how many. Voluntary family planning transforms individual lives, and has the power to change the trajectory of a whole country's development, helping to create stable, prosperous societies. It is one of the best investments in international development. This includes HIV prevention, treatment, care and support. We will continue to work with all our partners - including governments, the United Nations Population Fund (UNFPA) and civil society partners - to deliver this.

I am pleased to confirm that the UK Government will host a high level summit on family planning later this year in London. I have also decided to include sexual and reproductive health and rights (SRHR) as a major theme in the Department for International Development's (DFID's) forthcoming flagship "Connect" partnership with civil society. Again, our comprehensive approach to SRHR includes HIV.

All of DFID's work, including on global health and HIV, is guided by the four strategic objectives laid out in the UK aid strategy 2015; this ensures that we have a coordinated response to poverty reduction and promoting stability, regardless of where we work, depending on the needs of that population.

We are guided by our 2013 review of the 2011 HIV position paper to integrate HIV within broader development and health systems strengthening work. We also follow and support the clear guiding principles towards achieving the Sustainable Development Goal (SDG) targets set out in the United Nations Program on HIV/AIDS (UNAIDS).
strategy 2016-2021. I believe this provides a clear set of guiding principles for UK investments. The UK does not, as a matter of course, produce roadmaps on individual SDG targets. We therefore have no immediate plans to undertake a stock take review.

I am concerned about the disproportionate impact of HIV/AIDS on women and girls, adolescents and key populations. DFID will continue to prioritise the empowerment of women and girls, including reproductive health and rights. I have asked officials to make sure we consider the implications of HIV for women and girls, as a critical aspect of our overall strategy. We will continue to work with our internal and external partners to highlight the importance of HIV in women and girls, adolescents and key populations and support its inclusion where appropriate. For example, the UK influenced the Global Fund to incorporate gender equality in its strategic framework.

DFID decided against explicitly referencing HIV in our Lesbian, Gay, Bisexual and Transgender (LGBT) approach paper, based on the advice of LGBT organisations. They were keen to avoid a situation where LGBT rights were only viewed through the prism of HIV, and we already felt we had a strong position as an organisation on HIV key populations.

DFID uses 'policy objective markers' on HIV to track spending on HIV within broader programming. This is the same approach we follow on other cross-cutting issues such as gender equality and climate change. Although the markers have some limitations, they are a useful way of recognizing the impact of our broader development work on the HIV response. We plan to retain this common approach to spend tracking across our systems.

I am determined to continue to champion transparency and accountability in development work. This is reflected in the availability of documents on our website. All DFID programmes marked with the HIV sector codes recommended by the Organisation for Economic Co-operation (OECD) and Development Assistance Committee (DAC) reporting system are clearly indicated on our website.
The UK’s response to HIV and AIDS has evolved over time from a mainly bilateral to a multilateral approach. This has reflected our desire to spend UK aid through the most effective channels to get maximum impact for taxpayers and poor people. The world knows how to tackle HIV and what is most needed is large-scale, low-cost programmes that can operate in countries and regions with a high disease-burden. Successive reviews by DFID have highlighted for example that the Global Fund offers us excellent value for money.

We remain the second largest global funder of HIV. Our wider bilateral programmes continue to help tackle HIV by addressing the broader determinants driving infections. For example, by building stronger health systems we can help make sure that there are the facilities and staff to respond to the needs of the local population on HIV prevention, treatment, care and support.

The UK Government is firmly committed to supporting harm reduction efforts. We want to get the target to reduce transmission of HIV among people who inject drugs back on track. Key affected populations remain a policy priority for DFID - including injecting drug users and prisoners, sex workers and men who have sex with men, who consistently bear the brunt of the HIV epidemic and who often face extensive stigma and discrimination.

The way DFID supports key populations has changed. DFID is now increasingly working through others, in particular civil society. We were proud to help establish the Robert Carr Civil Society Networks Fund and through which networks promoting harm reduction activities are funded.

With the exception of the Three Diseases Fund in Burma, which is due to close at the end of this year, all the bilateral harm reduction programmes have now ended and were reviewed in "Towards Zero Infections-Two Years On" in November 2013. This showed that significant results at scale for injecting drug users had been achieved, particularly in the Asia region on our bilateral programmes. An external evaluation of the Burma Three Disease Fund can also be found in the DFID Annual Evaluation Report 2013.


All our bilateral programmes are reviewed annually and the reports are available on the DFID Development Tracker, along with the project completion reports at the end of programmes and all evaluation reports. The UK will use its influence on the boards of multilaterals, particularly Global Funds to Fight AIDS, Tuberculosis and Malaria (GFATM) and
UNAIDS, to push for continued monitoring, leadership and investment in key populations. For example we will push to ensure that the UN Office on Drugs and Crime (UNODC) and member states meet international development commitments around evidenced-based HIV prevention for drug users and prisoners, and the work of UN agencies properly engages civil society and respects human rights.

As an organisation, we take the issue of HIV/Tuberculosis (TB) co-infection very seriously. I was pleased to note in the report that you reference, that the number of TB-HIV collaborative activities in UK bilateral projects has increased by 73% since 2014. We are moving in the right direction, but not fast enough and we must do better. I was also pleased that the report confirms that the UK has the best publically available documentation amongst donors that enabled them to carry out this analysis.

DFID actively seeks to incorporate World Health Organisation (WHO) guidance into its programmes. Most UK bilateral programming supports national plans. We have ensured our health advisers in countries are aware of the WHO guidance so that they are able to discuss these with the TB and HIV control programmes officials in partner countries. That way we can ensure we are doing all that we can to ensure our investments contribute towards national actors successfully implementing the 12 point package of collaborative TB/HIV activities.

Likewise, DFID has been heavily involved in developing the recent Global Fund requirement for countries burdened by the two diseases to put forward a unified and integrated application for joint TB-HIV programmes. DFID also addresses TB-HIV co-infection through our UNITAID and UNAIDS investments, through our product development research and market shaping work for TB vaccines, TB and HIV drugs and diagnostic tools.

I hope this provides you with a fuller explanation on our approach to the issues that arose during the recent IDC evidence session and reassures you of our commitment to take forward the fight against these diseases.

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Rt Hon Priti Patel MP
Secretary of State