Summary

1. STOPAIDS is a network of 80 UK agencies working since 1986 to secure an effective global response to HIV and AIDS.\(^1\)

2. STOPAIDS endorses the submission from Action for Global Health which highlights some of the wider issues of policy incoherence that impact on poverty and health, and therefore on the global response to HIV and AIDS.

3. We welcome the Secretary of State’s emphasis on looking beyond aid. Aid – whilst it has been and will long continue to be essential in achieving impact in global health – is only one of several, vital elements of what is making the global response to HIV and AIDS effective\(^2\).

4. We believe that many critical development interventions will rely on aid for years to come. A move to more coherent non-aid development, trade and foreign policy should not be confused with an opportunity for the UK to step back from its responsibility to invest aid to secure improved global public health.

5. This submission focuses on areas which have proven to be fundamental to an effective response to HIV and AIDS. Only when the following issues are embraced across Whitehall as part of a ‘beyond aid’ agenda will we achieve the goal of ending AIDS and the broader development priorities the UK has set:
   a. coherence in DFID development policy across multilateral and bilateral aid is essential;
   b. human rights must be prioritised in policies and strategies across Whitehall;
   c. DFID understanding of the impact of punitive laws and the compelling case for decriminalisation of sex work and drug use should determine cross-Whitehall policies;
   d. trade and business policies must promote access to medicines in developing countries.

6. Finally, STOPAIDS cautions that UK development assistance and a standalone Department for International Development continue to have a vital role in supporting people to overcome poverty and realise their human rights.

1. **The coherence of policies which affect development (including aid, security, prosperity, and climate)**

7. STOPAIDS endorses the submission from Action for Global Health which highlights some of the wider issues of policy incoherence that impact on poverty and health, and therefore on the global response to HIV and AIDS. These include the billions taken from the Global South in illicit

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\(^1\) Particular thanks go to the following organisations for their help in shaping this submission: International HIV/AIDS Alliance, Harm Reduction International, Health Poverty Action, IDPC, INPUD, NSWP, and Salamander Trust.

financial flows (Global Financial Integrity state that these losses amounted to US$5.9 trillion between 2002-20113), much of this facilitated through tax havens under UK jurisdiction4; the practise of giving UK aid as loans, which threatens to contribute to a looming debt crisis; and the UK’s contributions to climate change5, an issue which costs Sub-Saharan Africa alone $36.6 billion each year and was referred to by the 2009 UCL-Lancet Commission on Climate Change as the “biggest global health threat of the 21st century.”

8. We welcome the Secretary of State’s emphasis on looking beyond aid. Aid has only ever been one vital element of a broader explanation of how the global community has responded to HIV and AIDS7:

9. For example, the connection between investing in HIV services and promoting economic growth has been well made8 but it is perhaps worth remembering that the majority of the 1.7 million annual AIDS-related deaths are concentrated among women and men in their most reproductive and productive working ages and therefore sustained commitment to ending the epidemic will deliver improved outcomes across a wide range of development issues. For individuals, HIV-related illness and death directly impact productivity and their ability to work, reducing their ability to meet basic needs at an individual, family and household level. For societies as a whole, it has been estimated that the rapid expansion of access to HIV treatment would avert 3.3 million new HIV infections in South Africa through 2050 and save US$30 billion.9

10. Similarly, STOPAIDS has emphasised the disproportionate impact HIV has on women and girls, the linkages between HIV and violence against women and girls, and the need to place gender equality at the centre of government’s priorities10. DFID’s focus on women and girls is important and valued but there is scope for improvement, to better understand the disproportionate impact of HIV on women and girls in many contexts and better recognise the rights and needs of women in all their diversity, including transgender women, and women from key affected populations such as women who use drugs and those who engage in sex work.

6 The Lancet and UCL Global Health Commission, 2009, Managing the health effects of climate change
8 See, for example, our December 2013 Fact Sheet HIV and Livelihoods http://stopaids.org.uk/wp-content/uploads/2013/08/AW_STOPAIDS-factsheet-04.pdf
11. Many critical development interventions will rely on aid for years to come. A move to more intelligently shaped non-aid development, trade and foreign policy to improve outcomes in the developing world should not be confused with an opportunity for the UK to step back from its responsibility to continue to invest aid to secure improved global public health. For example, we are concerned a shift away from aid in middle income countries is driving some poor decision-making particularly in relation to the balance of bilateral and multilateral aid – see below:

12. There is a pressing need to reassess DFID’s internal policy coherence on middle income countries. DFID has been scaling back bilateral investment in middle income countries (MICs). These withdrawals of aid particularly impact on key population groups and have taken place without transition plans in place, leaving key populations in the HIV response such as sex workers, men who have sex with men and people who use drugs vulnerable to reduced availability, accessibility and appropriateness of quality HIV and related health services. A DFID/World Bank review of the ending of HIV programmes in Vietnam raised serious concerns about likely deaths resulting from manner of the withdrawal.

13. The DFID HIV position paper *Towards Zero Infections* specifies that DFID will now work with key populations in Asia through the Global Fund to Fight Aids, Tuberculosis and Malaria. However due to the implementation of the New Funding Model (NFM) within the Global Fund, support to Vietnam has been reduced from $30 million a year to $19 million a year at a time when the national HIV budget has reduced by 65%. Furthermore, the UK is pressing for the Global Fund to go further in restricting aid flows to MICs. **This policy incoherence needs to be corrected. DFID should use its position on the board of the Global Fund to fight AIDS, Tuberculosis and Malaria to ensure that the Fund’s new funding model supports the continuation of strong HIV responses in middle income countries.**

14. The next part of our submission is focused on areas which have proven, alongside aid, to be fundamental to an effective response to HIV and AIDS and which we believe will be fundamental to future health and broader development goals:

- Upholding human rights and challenging the impact of punitive laws;
- Recognising the vital importance of policy coherence in trade to promote access to medicines.

Only when these issues are embraced across Whitehall as part of a ‘beyond aid’ agenda will we achieve the goal of ending AIDS and the broader development priorities the UK has set.

**The impact of the UK’s non-aid policies on developing countries**

**Upholding human rights globally**

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15. STOPAIDS is concerned that the UK Government’s ability to engage in human rights discussions at global and national levels is diminishing. The shift away from funding bilateral programmes in middle-income countries has resulted in the loss of DFID’s significant support for key population groups. This gap has not been offset by an increase in Foreign & Commonwealth Office (FCO) work in relation to, for example, tackling persecution of LGBT people or people who use drugs. The UK government response to the introduction of anti-gay laws in Uganda and Nigeria was muted. These concerns were detailed in full in our recent paper entitled Increasing DFID’s Contribution to Addressing HIV Among Key Populations.\(^{12}\) Whilst the UK may claim to want to operate quietly to affect change in policy in these countries, recognising the dangers of western governments lecturing southern leaders, more can be done to coordinate such actions with civil society.

16. Confidence in the UK’s commitment to prioritise human rights is often undermined when they do publicly engage with the leadership of such countries. It was particularly disappointing that just weeks after President Museveni’s high profile signing into law of the Anti-Homosexuality Bill, the UK saw fit to allow government buildings to be used for a trade and investment conference focused on Uganda where UK ministers shared the stage with the Ugandan president. Were DFID consulted on such a decision?

17. Finally, STOPAIDS is concerned that people from these populations are not centrally placed in the development of government policy and decision-making. Gay and transgender people, sex workers and people who use drugs must be meaningfully involved in the development and implementation of a cross-Whitehall strategy for dealing with threats to human rights, including criminalisation of HIV transmission as has just occurred in Uganda.

**Challenging the criminalisation of sex workers**

18. Widespread criminalisation of sex work, including the criminalization of third parties, at the expense of affording labour rights to sex workers, create working conditions in which labour exploitation can take place with state impunity. The high cost of this labour exploitation in relation to HIV is evidenced in the recent Lancet Series on HIV and Sex Work that clearly states that the promotion of safe work places within a context of decriminalisation of sex work could avert HIV infections by 43%.\(^{13}\)

19. There is a strong need for UK policy on sex work to reflect evidence and understanding from the international AIDS response by asserting that the full decriminalisation of sex work is necessary in order to promote and safeguard the human rights of sex workers. In the context of

\(^{12}\) [http://stopaids.org.uk/dfid-stocktake-key-populations/](http://stopaids.org.uk/dfid-stocktake-key-populations/)

\(^{13}\) [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2805%2967732-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2805%2967732-X/fulltext)
HIV, the decriminalisation of sex work will improve sex workers’ access to health care as stigma and discrimination combined with the fear of criminalisation compound to create very poor health outcomes for sex workers and in particular for sex workers living with HIV.

Drug policy incoherence within Whitehall

20. STOPAIDS and our partners are concerned about the lack of coherence on drug policy and harm reduction across key Whitehall departments – including the Home Office, FCO, DFID and Public Health England. Criminalising the drug using community is recognised as a driving factor in the HIV and hepatitis C epidemics and the associated and systemic stigma and discrimination – including within healthcare settings – impedes access to treatment for people living with HIV who inject drugs, only four percent of whom globally are in receipt of antiretroviral therapy.

21. Harm reduction responses improve access to health care, reduce unsafe injecting, reduce petty crime, and restore family and community relations. DFID has historically been a leading funder of harm reduction programmes internationally and a defender of harm reduction in international HIV policy processes. However the UK Government’s investment in harm reduction programmes is reducing, despite overwhelming evidence of their effectiveness and in recent years contradictory messages and policy positions from different Government departments have weakened the UK’s strong track record in championing the rights of people who use drugs.

22. The 2011 DFID position paper on HIV Towards Zero Infections prioritised “ensuring access to comprehensive harm reduction services for injecting drug users, as we know that they work”. Putting Full Recovery First a government roadmap on drug policy from March 2012, drafted by eight departments excluding DFID, fails to mention harm reduction once and focuses on “abstinence based treatment”, contradicting the evidence-led approach expounded by DFID. The UK statement at the 2014 Commission on Narcotic Drugs (CND) High Level Segment omitted explicit support for a harm reduction approach – putting the UK at odds with the broader EU position and the Scientific Consensus Statement from that same meeting, ‘Science addressing drugs and HIV: state of the art’.

23. Through the CND, the UK supports an international law enforcement-focussed drug control policy despite the evidence of its ineffectiveness and deeply negative impact on rates of HIV and hepatitis C and access to pain relief medicines, such as morphine, which are essential to palliative care.

15 http://www.ihracentre.org/files/2014/07/20/Funding_report_%C6%92_WEB_(2).pdf
17 http://www.cndblog.org/2014/03/norman-baker-uk-home-office.html
24. Cost effectiveness and value for money are not shaping the UK’s international policy and investment decisions. The UK’s investment in drug control is unknown, but estimates of total annual spend on international drug control suggest $100 billion is spent annually. Whatever the UKG’s proportion of this amount is, it is not working. **We therefore support calls for just ten percent of current drug law enforcement expenditure to be redirected towards harm reduction, a move which would fill the existing funding gaps for the latter approach.**

25. The primary responsibility for illicit drug policy should instead rest with the Department of Health, with DFID having the power to review and approve those illicit drugs policies with potential international implications. These would include all funding for counter-narcotics or harm reduction operations abroad, as well as the criminalisation or decriminalisation of substances within the UK. (The recent UK ban on khat, for example, has had a profound impact on khat-producing communities and markets in the horn of Africa.)

26. Explicit calls for decriminalisation have now come from numerous UN agencies, expert groups and international committees – including WHO, UNAIDS, the Global Commission on HIV and the Law, the Global Commission on Drug Policy, and the aforementioned Scientific Consensus Statement. **It is vital that this policy incoherence is addressed ahead of the UNGASS on Drugs and the High Level Meeting on HIV and AIDS, both of which are scheduled for 2016, so the UK can help to deliver strong outcomes which improve the health and human rights of people who use drugs in line with its international development policy priorities in this area.**

Access to medicines & medical innovation

27. Over the last decade we have seen dramatic drops in the price of ARVs, from over $10,000 per patient per year in the early 2000s, to less than $100 today. These price reductions were driven by competition between generic drug producers. Over 80% of people accessing ARVs in the developing world today are taking high-quality, Indian-produced generic copies of the original drugs. Without generics we would not have a global AIDS response.

28. But trade policies which the UK supports are putting this at risk. The World Trade Organisation’s TRIPs (Trade-Related aspects of Intellectual Property Rights) Agreement contains a number of flexibilities, designed to protect public health, which are clarified in the Doha Declaration. However, these TRIPs flexibilities are under threat from bi-lateral free trade agreements where the EU and other western states, under pressure from a strong pharmaceutical lobby that has outspent all other industries in efforts to influence negotiations, seek to force ‘TRIPs-plus’ conditions on developing countries. The on-going EU-India and EU-Thailand FTAs are two such

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29 [http://sunlightfoundation.com/blog/2014/03/13/tpp-lobby/](http://sunlightfoundation.com/blog/2014/03/13/tpp-lobby/)

threats, with the EU pushing for the inclusion of provisions which have damaged access to medicines when imposed on other developing countries.21

29. Furthermore, the ongoing Trans-Atlantic Trade and Investment Partnership (TTIP) is proposed to contain a much broader range of TRIPs plus terms - data exclusivity, patent term extension and others – that will affect our ability within the EU to access generic medicines, which save us around £19 billion annually. TTIP is intended to set the global standard for all future free trade agreements meaning countries in the global South will be pressurised into accepting these harmful terms as the basis of future agreements.

30. Damaging provisions included in EU demands include Intellectual Property (IP) enforcement measures which could allow seizures of generic medicines following a request by an originator pharmaceutical company before any infringement is proven; investment provisions such as Investor-State Dispute Settlement (ISDS) which could allow for companies to sue states for taking steps to prioritise public health which impact a company’s profits – taking decisions around patents out of constitutionally based court hearings and into private unaccountable arbitration hearings by corporate lawyers; patent term extensions; data exclusivity – a non-patent based means of extending monopolies; restrictions on the parallel importation of generic drugs; and restrictions on the use of compulsory licences.

31. There has been little evidence of the UK, through the Department for Business, Innovation and Skills (BIS), pressing for the EU to drop the conditions which contradict stated government policies on access to medicines in the developing world. Statements from the government have merely echoed assurances from the European Commission (EC) that nothing in these agreements will harm access to medicines. This position gives us little reassurance, considering it was being made before the EC were forced to drop data exclusivity from its demand for the EU-India FTA because of its harmful effect on access. It is still the stated line despite data exclusivity remaining in the demands of the EC for the EU-Thailand agreement.

32. It is essential that the UK is active in securing EU level commitments to withdraw such terms from their demands, clarify what they view as TRIPs-plus terms and ensure consistency in the EU’s negotiations. The UK should oppose TTIP and all other FTAs unless they are successful in securing EU level commitments to withdraw these and other harmful terms from the agreement.

The underlying government mechanisms needed to support any changes, including:

   The role of DFID in facilitating other UK Government departments and other UK organisations to assist developing countries;

33. **BIS could be playing a role in providing technical expertise on IP to Southern governments, but it must be clear that the purpose of such advice is to allow them to fully utilise TRIPs flexibilities which can benefit their people’s health and their country’s economy.** Too often western government intervention in this area has been designed to promote the interests of western pharmaceutical companies. As economic development progresses it is essential that the primary purpose of international policies related to IP and access to medicines should be to improve public health outcomes.

34. **South-south cooperation on IP law reform should be facilitated by DFID in collaboration with the Department of Health (DH) and BIS to ensure that all developing countries can benefit from this key TRIPs flexibility.**

**The role of DFID in influencing the policies of other Whitehall departments;**

35. **Access to medicines – BIS & DH**

Before the coalition government came to power DFID led on the drafting of policy regarding access to medicines and BIS inputted their comments, but the coalition government shifted the balance of power so that BIS lead on policy formation with DFID adding comment. **This shift should be reversed and access to medicines capacity within DFID should be increased.** It is right that the development interests of developing countries come before the commercial interests of UK businesses.

36. **Human Rights and Harm reduction – HO & FCO**

The UK Government has an incoherent international policy on drugs. This incoherence undermines progress on global AIDS, is poor value for money, and causes harm. Investments by the FCO towards ending the drug trade are widely described as ineffective and damaging (see references below). Separate to this, the UK Government endorse a harm reduction response to drug use to prevent HIV transmission amongst people who inject drugs. Unlike drug control measures, a harm reduction response to drug use is widely understood as cost effective and good value for money.

37. **We assert here that UK investment in international drug control programmes are wasteful and harmful, and that the UK should be expanding rather than reducing its investment in harm reduction programmes to prevent HIV amongst people who inject drugs. DFID should press for**

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the uptake of a coherent approach to drug use and HIV by the Home Office and FCO and should lead on these policy areas along with the Department of Health.

38. Human rights – FCO, BIS

DFID understanding of the impacts of governments’ disregard for human rights should shape FCO and BIS policy engagement with developing countries. A clear cross-Whitehall policy on responding effectively to criminalisation of key populations and other policies which undermine the AIDS response and other development agendas should be created which place progress on human rights ahead of other British interests. The development of the policy should engage representatives from these groups in its design and in its ongoing implementation.

**Whether a stand-alone Department for International Development has a long-term future.**

39. STOPAIDS endorses the submission from Bond in which strong support is expressed for a stand-alone department for international development and the IDC is urged to make a clear statement in support of the continuation of DFID in their forthcoming report.

40. DFID has played a vital role in ensuring the needs and interests of people in developing countries come before the interests of the UK when we engage in development programmes. This has led to better development outcomes and global respect for the UK’s international development work. **The need for a clear and unambiguous direction from a government department and cabinet minister focused on advancing the prospects of the world’s poorest and most vulnerable communities remains essential.**