DFID Department for International Development

UKaid from the Department for International Development

Towards zero infections

The UK's position paper on HIV in the developing world

May 2011

Contents

Executive Summary

We remain committed to the goals of universal access by 2015. To reach these we must address the challenges in varying HIV and TB epidemics:

- a step-change in prevention, and a reduction in costs of treatment,
- political action on stigma and discrimination and work to reach key populations[i],
- a rights-based approach, based on 'know your epidemic and response'.

The UK contribution builds on our track record in:

- global promotion of evidence and policies for prevention,
- supporting integrated country-owned approaches,
- being a multilateral stakeholder and voice for key populations.

Our Strategic Priorities are:

- to significantly reduce infections,
- to scale up access to diagnosis, treatment, care and support,
- to significantly reduce stigma and discrimination.

DFID will work in fewer countries, **focusing HIV-specific support where it is most needed - working through partners elsewhere.** Bilateral support will focus on prevention, key populations and integrated services. We will use our multilateral engagement to drive results for HIV and TB. We will be a voice for key populations internationally. The UK sees civil society as a crucial partner in achieving policy change, especially in concentrated epidemics, and will increasingly work with partners in the private sector to deliver results. DFID is a major supporter of research into HIV and TB, providing long-term predictable financing for technologies.

We will work for the following results: In Africa, we will help reduce new HIV infections by at least 500,000 among women - and among key populations in at least 6 countries. Support to the Global Fund will put 37,000 HIV-positive women with treatment to prevent transmission to their babies and 268,000 people with treatment. Work with the Clinton foundation will generate cost-savings to buy medicines for 500,000 more people by 2015. Our focus on care and support will include cash transfers in at least 5 high-prevalence countries reaching at least 120,000 people affected by HIV.

Part 1

HIV 2010 to 2031

The way forward

In Zimbabwe, through the work of the Elizabeth Glaser Foundation, over 620,000 pregnant women were attended to, out of which 72% were tested for HIV. Through the dedication of staff at clinics, over 78,000 pregnant women living with HIV have been cared for and at least 75% of these women have received some form of antiretrovirals to prevent their babies from being infected.

Photo © Zimbabwe Elizabeth Glaser Pediatric AIDS Foundation, which is partly funded by the UK Government.

HIV 2010 to 2031

The first 30 years of HIV – successes, but unfinished business

1. **The world has made huge progress against the HIV epidemic in the thirty years since AIDS was first identified.** The epidemic has stabilised in most regions. Globally, new infections have fallen by 19% since 1999 and the price of first-line AIDS drugs by 99% in 10 years[ii]. Over 5 million people are on anti-retroviral (ARV) treatment – a more than 10-fold increase over five years[iii]. For many, HIV is now a manageable chronic condition.
2. **But significant challenges remain.** There are over 33 million people living with HIV with no cure or effective vaccine in sight. Under 2009 WHO treatment guidelines, around 10 million in need of treatment are not receiving it; there are over 7,400 new HIV infections everyday – 2 for every person newly put on treatment, and HIV funding is flat-lining[iv].
3. **Globally, AIDS and TB are amongst the leading causes of death among women of reproductive age – and a major cause of maternal and childhood mortality and illness in high prevalence settings.** 40% of new infections are among people aged 15-25, and in some areas, young women are over twice as likely to be infected as young men. More than 2.1 million children are HIV positive. More than 67% of all people living with HIV live in Sub-Saharan Africa. Here the epidemic is responsible for an estimated 9% of maternal mortality[v] and has orphaned almost 15 million children. Stigma and discrimination remain huge barriers to public action.
4. **Tuberculosis (TB) is the leading cause of death for people living with HIV**, **and approximately 1 in 4 deaths are TB-related**. Every year there are over 9.1 million new cases of TB, including over 1 million cases amongst people living with HIV[vi]. TB activities are absent from many National Strategic Plans for HIV and grant applications to the Global Fund to Fight AIDS, TB and Malaria.

The next 20 years of HIV – risks & challenges

5. **The UK remains committed to the goals of universal access (UA), recently rearticulated by UNAIDS as "zero infections, zero AIDS deaths and zero stigma and discrimination".** But we accept that – for all the progress made – we have not achieved the 2010 target we set, and need renewed commitment if we are to do so by 2015.
6. **The report of the AIDS 2031[vii] Consortium sets out various scenarios for the next 20 years.** Under them all, HIV remains a major cause of death globally and, in parts of Africa, an "existential threat" to economies and

communities. The report shows that choices today will affect the epidemic's severity in 2031, with the potential to save millions of lives.

7. **Our response to HIV is grounded in the principles of 'know your epidemic and know your response.'** As the HIV challenge varies around the world, so must our response, although in all places it should be based on public health evidence, human rights and the principles of greater involvement of people living with HIV[viii].

The challenge in high-prevalence African countries

8. **In the generalised and hyper-endemic countries of Africa, the challenge is a step-change in prevention, and a reduction in costs of treatment, as people need second or third line drugs.** Further, without dramatic change, an estimated 50 million people will develop TB during the period 2010-2015, with up to 2 million deaths among people living with HIV.

The challenge in concentrated epidemics

9. **Outside Africa, the epidemic is driven amongst key affected populations.** These include: sex workers, injecting drug users, men who have sex with men and prisoners. Here the principal challenge is to achieve social and political change to combat stigma and discrimination and to reach these groups with services.

The global evidence challenge

10. **At the same time the HIV epidemic is changing.** In some countries, early success in reducing infections has not been sustained. We see increased infections among vulnerable groups in Africa too; in Kenya, accounting for 30% of new infections[ix]. We risk complacency about our understanding of what works. In a resource constrained environment, we need to invest available resources where evidence shows most impact.

11. **A number of recent developments have raised hopes that, if taken to scale, they could achieve a step-change reduction in infections.** Of these, there is strong evidence that male circumcision reduces infection. Antiretroviral-based interventions are promising new technologies but need further research.

12. **DFID welcomes all these developments**. We need all the tools at our disposal, although which ones we use where will depend on local context, and the principles of 'know your epidemic'. We believe the response requires:

- **a focus on combination prevention and the underlying causes of the epidemic needs a comprehensive approach based on evidence and 'know your epidemic and know your response'**: there is a need to scale up established evidence-based prevention approaches, including PMTCT, TB prevention and diagnosis, family planning, harm reduction, and male

circumcision; and to improve our understanding of how we change behaviour, how this impacts on HIV and how we address underlying harmful gender norms, gender based violence and poverty.

- **a drive to reduce the costs of diagnosis and treatment**: this requires long-term, continued efforts to improve cost-effectiveness, both through sustainable reductions in the costs of high-quality medicines, diagnostics and more efficient supply chains and ways of providing treatment and care – as set out in the UNAIDS/WHO Treatment 2.0 initiative.
- **country leadership around integrated responses rooted in knowledge of the local epidemic**: with donor support harmonised and aligned with national plans to deliver quality integrated HIV, TB and reproductive health services. Strong leadership is needed at all levels of society – especially in communities which provide care and support and where, for example, traditional and religious leaders challenge harmful gender norms. This is not just a health issue; it is about stigma, social and structural barriers.

Part 2

The UK contribution

Ajita Madhu, a counsellor and the sole nurse at the Sharon Centre in India, has worked there for 8 years: “Even with the limited resources we have I think we’re doing a great job. We’ve saved many people who were at risk of contracting HIV.”

Photo © Abbie Trayler-Smith / Panos Pictures / Department for International

The UK contribution

Our comparative advantage

13. **At and beyond the June 2011 UN High Level Meeting on AIDS, DFID will press for continued international action on HIV that is rooted in evidence.** This builds on the UK's historic leadership on HIV: championing universal access in 2006, making the case for prevention and the needs of key populations and increasing access to medicines. We remain Europe's largest and the world's second biggest bilateral donor.

14. **The HIV response is a complex field with an increasing number of players.** Too often donor coordination has been poor, efforts have been duplicated, resources wasted. Now is the time to focus on our added value: where we, with partners, can have most impact, and achieve the best value for money for our beneficiaries and for UK taxpayers.

15. **Other significant HIV donors include: the US, the Netherlands, Germany, France, Sweden, Norway and the European Commission.** Support from large foundations includes the Bill and Melinda Gates Foundation, with a significant prevention portfolio, the Clinton Foundation, with a focus on treatment and the Elizabeth Glaser Paediatric AIDS Foundation, which focuses on prevention of mother to child transmission (PMTCT). Overall, there are insufficient resources to address factors driving vulnerability and risk.

16. **We consider our comparative advantage is to build on the UK's historic track record:**
    - **in promotion of global policy – particularly for an increased focus on prevention,** the factors that increase the risk of HIV and TB and an improved evidence base for what works as prevention.
    - **as a funder and supporter of coordinated, country owned approaches** that deliver integrated services – particularly with sexual reproductive health and rights for women and girls and with TB – and sustainable and innovative solutions to deliver value for money and access to medicines.
    - **as a stakeholder in key multilateral institutions**, including as a voice for a public health approach to key populations that respects human rights and addresses concentrated epidemics.

17. **Finally, the empowerment of women and girls, who provide most of the epidemic's care and support, drives the Government's development agenda**. We will work for our broader investment in women and girls, including for reproductive, maternal and newborn health, education and social protection, to help the HIV response where this is a factor in the health of women and their children.

Our Strategic Priorities

18. **In the light of this comparative advantage, we set ourselves the following Strategic Priorities.**

- To significantly reduce HIV new infections, particularly for women, girls, children and key populations, through the scale up of evidence-based approaches, filling gaps in the evidence base for prevention and paying attention to underlying risk factors.
- To scale up access to HIV and TB diagnosis, treatment care and support, including early infant diagnosis, within integrated services, focusing on sustainability so that treatment for all is achievable.
- To significantly reduce stigma and discrimination by working for policy change for most at risk populations and to empower women and girls, including with sexual and reproductive health and rights.

19. **Two strands underpin these priorities: firstly, a focus on evidence.** We will work with others to plug gaps in the evidence base, increasing our investment in rigorous evaluations to really understand what works for prevention and promulgating it. DFID is working with the UK AIDS Consortium and with the World Bank, UNAIDS, PEPFAR and others to ensure a co-ordinated approach to this, which also considers the structural drivers of the epidemic beyond biomedical and behavioural factors. We will evaluate the success of cash transfers for households made vulnerable by HIV and use findings to enhance our impact

20. **Secondly, we must ensure value for money in everything we do: for example by working with partners – such as the Global Fund and UNITAID – to ensure improved value for money for treatment and prevention commodities.** This means a reliable supply of sustainably priced, quality assured medicines and continued innovation to adapt health technologies to better meet the needs of countries.

21. **We will also work through our bilateral programme to improve the value for money of the response.** This includes the development and use of better metrics to assess our programmes. We will develop the value for money case for investment in HIV prevention, to enable our offices and partners to increase their impact. Particular focus will be given to the delivery of quality integrated HIV, TB and reproductive health services based on national and local epidemic.

Part 3

The results the UK will deliver

Charles Machiridza, 52, a nurse at the Chiparawe Clinic, Marondera, administers a HIV test.

Rapid HIV tests can yield results in less than ten minutes. If a woman tests positive for HIV, she will be offered support from on-site counsellors to help her come to terms with her diagnosis and begin her enrolment on the PMTCT program. Understanding one's HIV status is the critical first step in preventing mother-to-child transmission.

The results the UK will deliver

22. **On taking office, the Coalition Government commissioned root and branch reviews of our bilateral and multilateral programmes.** The headline results that the UK will deliver, in the light of these reviews, are set out in *UK aid: changing lives, delivering results*[x].

23. **DFID's bilateral HIV footprint will change as a result of these reviews; it will become more focused on where we add value.** We will work in fewer countries, focusing our HIV specific support where it is most needed – particularly in Africa where the epidemic remains an overriding public health emergency compounded by the TB epidemic. In other countries, we will deliver HIV results through broader integrated programming, particularly through our increased investments to improve women and children's health.

24. **At the same we will use our multilateral engagement, as country partners, board members and funders, to drive results for HIV and TB.** We will increase support to the Global Fund, which will impact on both HIV and TB, and continue our support to civil society.

Bilateral programme

25. **Exactly where we work on HIV depends on a range of factors that change: the donor context and country plans.** Over the next four years however, DFID currently plans to take forward HIV-specific programmes at country level in: Burma, Cambodia, Democratic Republic of Congo, India, Kenya, Malawi, Mozambique, Nepal, Nigeria, South Africa, Uganda, Vietnam, Zambia, Zimbabwe and regionally in Africa, Central Asia and the Caribbean. Some programmes will graduate in this time.

26. **At country level, DFID's support to development partners' national HIV strategies will continue to be largely focused on prevention, and the need to provide services for vulnerable and key affected populations.** DFID will work with partners to increase service integration, improve the availability and distribution of health workers and ensure that a basic package of health services is available free at the point of delivery to women and children.

27. **Where DFID provides support through health sector and general budget support we will work with partners to strengthen the underlying health system.** This will improve the way health services prevent, diagnose and treat HIV, AIDS and TB; it includes linking community-led services within the health care setting.

28. **Our support to HIV programmes in the hyper-endemic countries of Sub Saharan Africa will, in particular, contribute to:**

    a) reducing new infections, especially among women,

b) ending paediatric AIDS through scaling-up comprehensive PMTCT services in support of the Global Plan[xi] towards the elimination of new infections among children,

c) and intensifying case detection of TB in HIV populations and successful completion of TB treatment.

29. **Based on WHO guidelines, comprehensive PMTCT includes:**

a) preventing HIV infections among women of reproductive age;

b) preventing unintended pregnancies;

c) provision of ARVs for HIV infected pregnant women;

d) provision of treatment, care and support for mothers, their babies and their families.

Our focus on women and girls and our investments in family planning will help strengthen the first two components, where more progress is needed to end paediatric AIDS. We will support countries to meet and sustain WHO targets for TB case detection and successful treatment.

30. **Outside this region, we will increasingly work through partners like the Global Fund on our specific support to the HIV response**. We will ensure that our wider health, empowerment and poverty reduction work benefits people living with HIV – especially those most at risk.

31. **DFID programmes in Asia will contribute to:** reducing new HIV infections by increasing access to harm reduction services (e.g. needle exchange and opioid substitution therapy) and condom use, and so reduce transmission and contain the epidemic among vulnerable groups.

32. **We will do this in the context of an overall focus on women and girls, disproportionately affected by HIV. HIV prevention is part of the *"Choices for Women"* Framework for Results, which pledges we will**: save the lives of at least 50,000 women in pregnancy and childbirth and 250,000 newborn babies by 2015; enable at least 10 million more women to use modern methods of family planning; and support at least 2 million new deliveries with skilled midwives and doctors. Our work with women and girls will also engage men and boys.

33. **We will also scale up our work in sectors that contribute indirectly to HIV and AIDS outcomes:**

- **tackle gender based violence and harmful gender norms**. Our work in many countries promotes women and girls' ability to protect themselves from both violence and from HIV transmission. Several countries are also doing work to alter norms and attitudes towards violence, with implications for HIV transmission and stigma.
- **improve access to education, particularly of girls, including comprehensive sexuality education.** Educating girls has enormous transformational potential: women with over five years education have a

range of better outcomes for themselves and their children– including being better able to protect themselves from HIV. Yet 39 million girls remain out of school. All DFID's education programmes will focus on girls and young women – including enabling girls to progress to secondary school.

- **ensure economic empowerment of women, including using innovative mechanisms like cash transfers to reach the poorest**. We plan innovative work promoting women's control over assets to strengthen their position in the household, give them a greater say in decisions, and make them able to protect themselves from HIV. 11 DFID country offices plan work on property rights to address the institutional constraints and underlying laws that weaken women's status in society, making them vulnerable to HIV.

Our engagement with multilateral organisations

34. **The HIV response needs a strong multilateral system**. The Multilateral Aid Review (MAR) assessed the performance of 43 international organisations and funds in terms of their relevance to UK development objectives and their organisational effectiveness.

35. **The Global Fund to fight AIDS, TB and Malaria is critical to the delivery of health related MDGs, and has been the vehicle for rapid expansion in financing available for HIV, TB and Malaria.** It is the principal mechanism the UK uses to finance our contribution to HIV and TB treatment, although we also want it to do more prevention work – including for key populations.

36. **The Global Fund was assessed as providing very good value for money, although the MAR also highlighted areas for improvement.** Any increase in our funding to the Global Fund will depend on progress against reforms to improve the way the Global Fund does business and maximise its impact. Our reform priorities for the Global Fund are: reduced costs levied on recipients and partners; even better value for the money spent, by securing lower prices, more effective use of cash balances, and operational efficiencies; continued focus on the poorest and the most vulnerable; policies for longer-term sustainability.

37. **In a tighter economic environment, the Global Fund Board will need to make strategic decisions to spend limited resources where they have greatest impact and where need is greatest.** DFID will work with the Global Fund to improve delivery at country level, including working with partners for effective Country Coordinating Mechanisms. In particular, we will work in southern Africa to ensure that Global Fund resources reach countries with greatest need. However, we are keen that the Global Fund's remit remains global and will continue to support its window on vulnerable groups.

38. **The MAR assessed UNITAID as providing good value for money, though it also highlighted areas where improvements are needed.** We will maintain our funding to UNITAID and continue to press for improvements. In particular, we will focus on operational efficiency through improvements in UNITAID's Strategy and Business Model.

39. **UNITAID, with its tight focus on HIV, TB and Malaria, complements other organisations such as the Global Fund through its unique market focus.** Its added value is to improve prices and access to medicines, diagnostics and treatments, continuing its pioneering role on paediatric AIDS treatment, stimulating lower cost and appropriate production. We will actively support innovative initiatives to increase access to medicines. The Medicines Patent Pool has potential to support access to more appropriate and affordable ARVs in developing countries by setting incentives for product adaptation and generic production. We will encourage the pharmaceutical sector to engage actively with the Medicines Patent Pool to support the availability of more appropriate and affordable ARVs. And we will support initiatives to build the capacity of countries to regulate and approve effective new products.

40. **More broadly, we will continue to encourage the pharmaceutical industry to play its role in supporting access to affordable medicines**. We will continue to support the rights of developing countries to make use of trade agreement flexibilities[xii] to meet public health needs, and recognise the importance of the balanced use of intellectual property rights to incentivise the development of new generations of treatment; and we will seek to ensure that intellectual property provisions within trade agreements do not have negative impacts on the ability of the poorest to access low cost medicines.

41. **We will maintain our funding to UNAIDS and WHO, who were assessed 'adequate' in the MAR.** Our detailed reform priorities for these organisations, and other UNAIDS cosponsors, can be found in the Government plans for implementing the MAR, on the DFID website.

42. **UNAIDS and its cosponsors are key to a coherent, effective and evidence-based multi-sectoral response.** The UK supports UNAIDS leadership in shaping the direction of the response and endorses the UNAIDS Strategy 2011-15, as a sound evidence-based approach to the vision of zero new HIV infections, zero deaths from AIDS and zero stigma and discrimination. We expect all co-sponsors to implement this, according to agreed division of labour. Of these, WHO's mandate is to ensure the response is based on the latest health evidence. With our focus on prevention and value for money, we are also particularly interested in progress by UNFPA, the World Bank and UNODC.

43. **Multilateral institutions have the potential to improve the HIV response for populations neglected by national responses– notably injecting Drug Users, men who have sex with men, sex workers and prisoners – as well as the partners of these groups and, more broadly, women and adolescents**. This means ensuring access to comprehensive sexual and reproductive health and rights services, especially for women and young people. It means protecting the human rights of men who have sex with men and ensuring that they can access prevention services. It means ensuring access to comprehensive harm reduction services for injecting drug users, as we know that they work. It means addressing the stigma and discrimination

that prevent people from accessing services. It means addressing restrictive laws and policies that hamper the HIV response among key populations.

44. **The UK will continue to be a voice for these groups on the international stage.** We will work through the Boards of multilateral organisations and with our partners in support of the public health and human rights based approach that is proven to deliver the best health outcomes. We will measure the success of this agenda in terms of: whether policies agreed internationally reflect the evidence of what prevents infections in key populations; the countries that change practice in the light of this; and declines in new infections amongst these groups.

Our partnership with civil society and the private sector

45. **Civil society, with its links to communities and people living with HIV, has an important role in many areas.** These include: leading a social movement for prevention, championing rights, providing services to communities that others cannot and holding governments to account. Important contributions are in the area of care and support and championing the rights of key populations. For this reason, DFID sees civil society as a crucial partner in achieving policy change, especially in concentrated epidemics.

46. **DFID offers strategic support to civil society through Programme Partnership Agreements (PPAs).** In the latest round of PPAs, we agreed to fund 39 organisations, many of which include work on HIV and TB. Details of these are on the DFID website. Precise results that our support to civil society, through PPAs, will buy will be announced in due course.

47. **For example, our PPA support to the International HIV/AIDS Alliance would provisionally enable them, by 2014, to**: reduce HIV related maternal deaths in 36 countries; reach 3.7 million people through HIV prevention, AIDS care, support and treatment services; and support 1,800 community based organisations to work at community level with those affected by the epidemic.

48. **In addition, DFID provides support to networks working on HIV prevention for most at risk populations**: notably the Global Forum of Men who have Sex with Men and Harm Reduction International. Networks have potential to deliver transformational change for people living with HIV, by changing policy and reducing stigma and discrimination. DFID will work with other donors to develop sustainable funding mechanisms for such groups.

49. **DFID will increasingly work with new partners in the private sector to deliver results in tackling HIV.** For example the Nike Foundation has entered an innovative partnership with DFID, called the Girl Hub, to help adolescent girls communicate what matters to them and to support decision makers and donors to do more for girls.

Our research agenda

50. **DFID is a major supporter of research into HIV and AIDS, providing long-term predictable financing for HIV prevention technologies.** We provide funding for the ARROW Trial, which is looking at ART provision for children and a follow-up to the ground-breaking DART trial, which showed that we can provide ART in resource-poor settings without costly laboratory testing. Yet gaps remain: we are concerned by the lack of progress in developing effective prevention programmes, particularly in achieving and sustaining behaviour change by vulnerable groups.

51. **DFID is finalising the award of a new Research Programme Consortium to generate high quality evidence to better understand the structural drivers of HIV.** This will conduct rigorous research to increase our knowledge of how these structural drivers influence risk and how to effectively influence policy. DFID also supports TB research programmes, for example, with £20.5m to the Global Alliance for TB Drug Development and £14m to the Tropical Disease Research Programme to improve evidence on treating TB HIV co-infection.

52. **DFID is working more closely with other UK Government Departments than ever before.** The Department of Health coordinates *Health is Global: An outcomes framework for global health 2011-2015* which sets out cross-Government efforts to drive forward the global health agenda by 2015. This includes HIV outcomes. The Foreign and Commonwealth Office leads the Government's work ensuring individuals are free to enjoy their human rights without discrimination on any grounds.

Results

53. **We will seek to deliver the following results by 2015:**

- **Prevention:** We will contribute to reducing new HIV infections in at least 8 Sub-Saharan African countries through scaling up prevention services, including TB prevention, strengthening reproductive health services, empowering women and encouraging better resource allocation. This will reduce infections among women by at least an estimated 500,000. We will also focus on reducing HIV infections among most-at-risk populations in at least 6 countries by improving access to prevention services such as needle exchange and condoms and help maintain HIV prevalence below 1% in the general population. We will contribute to the UNAIDS and Stop TB Partnership's goal of reducing TB deaths among people living with HIV by half by 2015.
- **Treatment:** Through our support to the Global Fund we will give 37,000 HIV-positive women treatment preventing HIV transmission to their babies and 268,000 people with treatment for HIV. Our work with the Clinton foundation to drive down treatment costs will generate enough cost-savings to purchase medicines for an additional 500,000 people by 2015.
- **Care & Support:** We will provide cash transfers to poor and vulnerable households in at least 5 high-prevalence countries benefiting over 1.7 m

people, including orphans and vulnerable children. Based on prevalence rates, this will reach at least an estimated 120,000 people affected by HIV.

54. **We will also deliver results on HIV in countries without a specific HIV programme, through our broader investments in basic services, empowerment of women and poverty reduction.** For example, in addition to the results set out in Choices for Women by 2014 we will support 11 million children in school, help ten million women to access justice through the courts, police and legal assistance, provide more than 50 million people with the means to work their way out of poverty.

Monitoring and Evaluation

55. **We will review our progress against these results in 2013 and reassess the Strategic priorities at that time.** Information will be collected through DFID's corporate performance monitoring systems. As part of efforts to improve transparency, details of all new projects will be on the DFID website.

Annex

Overview of HIV programmes in country

Members of the Gay & Lesbian Coalition of Kenya

Being gay in Kenya is criminalised and drives people underground making it harder to get HIV prevention, treatment and care services.

Overview of HIV programmes in country

These are planned programmes whose details are subject to change based on detailed business-case development over the next 6 months, what other partners are doing in country as well as government partners' priorities.

Programme	Focus of activities
Africa regional	Improve health and education services, particularly for women and girls through: improved access to affordable medicines through regionally negotiated price reductions, regional procurement and market development and regionally harmonised drug registration; scaling up provision of comprehensive services to prevent death and complications from unwanted pregnancies; improved effectiveness and efficiency of investments in HIV prevention.
Burma	Support for HIV through the successor to the Three Diseases Fund to areas or populations not readily supported by the Global Fund.
Cambodia	Support health and HIV programmes until 2013 for key populations and vulnerable groups, focusing on HIV prevention, improved access to maternal and child health and family planning services.
Caribbean region	Focus on reducing stigma and discrimination against people living with HIV, their families and other vulnerable groups in the Caribbean region. No additional funding planned beyond 2012.
Central Asia	Central Asia Regional HIV and AIDS Programme to reduce HIV prevalence amongst key populations and prevent a generalised epidemic. Focus on scaling up provision of harm reduction services, including clean needles and condoms. Also, providing support to broader health sector reforms.
DRC	Support to national AIDS programme for a strengthened and more coordinated response via UNAIDS. Improved reproductive, maternal and child health programmes, increasing access to ante-natal care, delivery and family planning services.

Ethiopia	Planned support for condom distribution targeted particularly to sex workers and support to the national TB control programme to improve TB diagnosis and treatment success. DFID Ethiopia's programme is putting women and girls at the heart of its efforts including exploring how adolescent reproductive health can be improved.
India	Complete sector-budget support by 2013 to National AIDS Control Programme, focused on scaling up services for most-at-risk populations. DFID India's new vision entails a significant shift away from large financial transfers to the federal Indian government, to a tighter focus on India's poorest states. Relevant priorities, e.g. HIV, TB and malaria, will be taken up in our state programmes.
Kenya	Most HIV support will be phased out in 2012, but will support social marketing of condoms. This reflects the limited value we add to significant US Government and WB investments. However, women and girls will be central to our programme. We will support action research on adolescent girls to look at what combination of health, education and asset building support will best lift girls out of poverty and scale up cash transfers for poor and vulnerable people.
Malawi	HIV programme to reduce HIV prevalence by increasing the coverage of antiretroviral therapy. In health, HIV and education we will use sector budget support to leverage higher investment, policy reform and results on a national scale, complemented by NGO/private sector partnerships (e.g. family planning, girls' scholarships, community water schemes, VSO health volunteers). We will support financial assets for girls and address gender-based violence.
Mozambique	DFID Mozambique will address HIV and TB through sector budget support, as part of a holistic approach to the health system. We will support a substantial programme of activities to improve the capacity of national health institutions to deliver key services. We will provide cash transfers to poor and elderly people.
Nepal	Many other donors are heavily involved in service delivery, so no significant comparative advantage for the UK. We will support HIV prevention services to key populations whilst preparing Government to fund these services through contracts with civil society. Phase out funds for service delivery but continue small projects with transformative impact – such as lobbying against HIV stigma. Address girls' empowerment through skills training, job creation and support that promotes women's participation and voice in politics and reduces gender-based violence.

Nigeria	We will support the national response, a nation-wide HIV prevention programme with social marketing of condoms, behaviour change communication, and support to coordination, policy, planning, monitoring and research. Given widespread women's systematic discrimination, exclusion and unmet needs, we will increase our efforts significantly to provide more opportunities for women and adolescent girls across all our projects, drawing on the resources of the DFID-Nike Girl Hub.
South Africa	We will support action for improved national public health services, including HIV and TB control; help to ensure all South Africans have access to essential drugs; helping save the lives of mothers and babies with better maternal and newborn health services. We will address gender-based violence, as part of wider attention to the status and welfare of women and girls.
Uganda	We will support HIV prevention, in the context of a resurgent epidemic. This includes support to neglected socio-cultural dimensions of the epidemic; support for impact evaluation and for the establishment of a knowledge management and communication centre to help translate research into practice. Scale up cash transfers for poor and vulnerable households.
Vietnam	We will keep the HIV prevalence rate below 1% by supporting provision of condoms, needles and methadone. Wider range of activities supported, including PMTCT, VCT, treatment and care.
Zambia	We will strengthen HIV prevention services including male circumcision and couple counselling and testing; improve maternal and child health services, including family planning in rural areas. Develop new programme for adolescent girls and scale up cash transfers for poor households.
Zimbabwe	We will develop new programmes to support HIV prevention, family planning, girls secondary and primary education; promote economic empowerment of women and girls through jobs and access to financial services; pilot new approaches to eliminating violence against women and girls and scale up cash transfers for poor and vulnerable people.

Note

In most countries where we do not have specific HIV programmes, such as Tanzania, Ghana and Pakistan, we are supporting reproductive, maternal and child health services, as well as focusing on empowering women and girls.

End Notes

[i] DFID follows the definition of key populations in the UNAIDS Outcome Framework 2009 - 2011. It includes: youth, women and girls, sex workers and their clients, injecting drug users, men who have sex with men, prisoners, refugees and migrants.
[ii] Waning, B et al. 'Global Strategies to reduce the price of antiretroviral medicines: evidence from transactional databases'.' Bulletin of the WHO, July 2009.
[iii] UNAIDS Global AIDS Epidemic Report, 2010.
[iv] http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2010/november/20101116prphilanthropicfunding/
[v] WHO Global Health Sector Strategy on HIV/AIDS, 2011 to 2015, printed 2011.
[vi] WHO HIV/TB facts 2011.
[vii] AIDS: taking a long term view. The Aids2031 Consortium. FT press, 2011.
[viii] The Global Plan to stop TB 2011-2015: Fast Facts by WHO and Stop TB Partnership 2010.
[ix] Less than 5% of countries report data on access to services by most-at-risk populations. Towards Universal Access Progress Report, WHO, 2010.
[x] Available at http://www.dfid.gov.uk/Documents/publications1/mar/BAR-MAR-summary-document-web.pdf
[xi] The Global Plan towards the elimination of new infections among children by 2015 and keeping their mothers alive, will be launched at the UNGASS June meeting.
[xii] The TRIPS flexibilities.

Glossary

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
ARVs	Antiretroviral treatment
CSO	Civil society organisation
FCO	Foreign and Commonwealth Office
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IDUs	Injecting Drug Users
MDG	Millennium Development Goal
MSM	Men who have Sex with Men
NGO	Non–governmental organisation
PEPFAR	US Government President's Emergency Plan for AIDS Relief
PLWH	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
SRHR	Sexual & Reproductive Health and Rights
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations programme on HIV and AIDS
UNFPA	United Nations Population Fund
WHO	World Health Organisation

Front cover photo © Zimbabwe Elizabeth Glaser Pediatric AIDS Foundation, which is partly funded by the UK Government.

DFID Department for International Development

www.dfid.gov.uk

What is international development?
International development is about helping people fight poverty. Thanks to the efforts of governments and people around the world, there are 500 million fewer people living in poverty today than there were 25 years ago. But there is still much more to do.

1.4 billion people still live on less than $1.25 a day. More needs to happen to increase incomes, settle conflicts, increase opportunities for trade, tackle climate change, improve people's health and their chances to get an education.

Why is the UK government involved?
Each year the UK government helps three million people to lift themselves out of poverty. Ridding the world of poverty is not just morally right, it will make the world a better place for everyone. Problems faced by poor countries affect all of us, including the UK. Britain's fastest growing export markets are in poor countries. Weak government and social exclusion can cause conflict, threatening peace and security around the world. All countries of the world face dangerous climate change together.

What is the Department for International Development?
The Department for International Development (DFID) leads the UK government's fight against world poverty. DFID has helped more than 250 million people lift themselves from poverty and helped 40 million more children to go to primary school. But there is still much to do to help make a fair, safe and sustainable world for all. Through its network of offices throughout the world, DFID works with governments of developing countries, charities, nongovernment organisations, businesses and international organisations, like the United Nations, European Commission and the World Bank, to eliminate global poverty and its causes. DFID also responds to overseas emergencies. DFID's work forms part of a global promise, the eight UN Millennium Development Goals, for tackling elements of global poverty by 2015.

What is UKaid?

UKaid is the logo DFID uses to demonstrate how the UK government's development work is improving the lives of the world's poorest people.

Department for International Development
1 Palace Street
London SW1E 5HE
UK

and at:

Abercrombie House
Eaglesham Road
East Kilbride
Glasgow G75 8EA
UK

Tel: +44 (0)20 7023 0000
Fax: +44 (0)20 7023 0016
Website: www.dfid.gov.uk
Email: enquiry@dfid.gov.uk
Public enquiry point: 0845 3004100
or +44 1355 84 3132 (if you are calling from abroad)