

## 1. Introduction

### *Taking Action*

1.1 On World AIDS Day 2003, the UK's Prime Minister called for stronger action on HIV and AIDS (DFID, 2003a). This *Call for Action* set out what was needed in terms of stronger political direction, increased funding, improved donor coordination and better HIV and AIDS programmes. In July 2004, the Prime Minister launched a new UK Government strategy for tackling HIV and AIDS in the developing world entitled *Taking Action* (DFID, 2004a). This strategy explains what the UK Government would do to achieve the action that it had called for. It committed the UK to increase its spending on HIV and AIDS in the developing world from £270 million in 2002/3 to £1.5 billion during 2005/6 to 2007/8.

### Evaluating Progress

1.2 The Secretary of State and Permanent Under-Secretary of State for International Development are concerned to ensure that systems are in place to monitor, evaluate and challenge interventions, and to measure the effect of the additional resources allocated to tackling HIV and AIDS. Two evaluations of *Taking Action* were planned. The final evaluation is scheduled for 2008/9. This report documents the findings of an interim evaluation conducted in 2006/7.

1.3 The interim evaluation was designed in 2005 by DFID's Evaluation Department, with substantial dialogue with and input from DFID staff, other government departments and civil society<sup>1</sup> (DFID, 2005a)<sup>2</sup>. The objective of the evaluation is to make recommendations in four areas:

- To improve implementation and monitoring of the current strategy.
- On how best to measure the success of the strategy, looking forward to the final evaluation of *Taking Action* in 2008/9.
- For the UK Government's next steps on AIDS from 2008.
- Regarding future UK (especially DFID) strategies on development issues.

1.4 The evaluation was expected to answer 13 specific questions, grouped under three main questions (see Box 1, p2). These reflect the four areas of the evaluation's objective. More detail of the areas to be covered under questions 1.1 and 1.5 are contained in Tables A and B of the Table of Questions and Approaches (TQA) respectively.

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<sup>1</sup> For more detail on how the term civil society is used in this report, please see footnote 125, p70.

<sup>2</sup> Details of the design of the evaluation are included in Annex 2 (pA7).

**Box 1 Questions to be Answered by the Interim Evaluation of *Taking Action*: Table of Questions and Approaches (TQA)**

The questions to be addressed by the interim evaluation of *Taking Action* are:

**1. How is *Taking Action* being implemented to date? Can this be improved?**

- 1.1 What progress has been made on *Taking Action*'s six priority actions? What are the lessons from these? (For more details, see Table A in DFID, 2005a)
- 1.2 Overall, does the distribution of current UK-supported HIV and AIDS activities reflect the priorities laid out in *Taking Action*? If not, why not?
- 1.3 How is the UK Government making decisions in practice, e.g. how are choices being made about partner institutions for tackling HIV and AIDS in developing countries? How can decision making systems be improved?
- 1.4 What is the UK's experience with moving to 'country-led' aid instruments regarding commitment and resources allocated to HIV and AIDS and the prioritisation of the response? What are the lessons on managing these?
- 1.5 How is *Taking Action*'s specific focus on 'women, young people and vulnerable groups' being interpreted by UK Government decision-makers? Is a significant proportion of funding and activities reaching these priority groups? What are the initial lessons from this? (For more details, see Table B in DFID, 2005a)
- 1.6 Are appropriate UK Government systems and staff resources in place to implement *Taking Action*?

**2. How should the success of *Taking Action* be measured (in the final evaluation of the strategy, 2008/9)?**

- 2.1 *Taking Action* includes over 130 specific commitments for UK Government action. In the light of experience, are these still the most relevant targets against which to measure the success of UK strategy? If not, how should success be measured?

**3. What lessons does *Taking Action* hold for future UK strategy on AIDS – and other development issues?**

- 3.1 Is *Taking Action* (still, in 2006) the most relevant strategy for the UK to adopt to tackle HIV and AIDS in the developing world? Are there major outstanding issues that are not adequately addressed in *Taking Action* (bearing in mind that the UK is only one player among others)? What are the implications for future AIDS strategy?
- 3.2 How are the potential tensions between top-down AIDS targets and a flexible, country-led approach being managed? What are the lessons (a) for future UK AIDS strategy (b) for other UK development strategies?
- 3.3 *Taking Action* has several interesting features: it is a cross-Whitehall strategy, contains spending targets, and was developed through a consultative process. What lessons can be learned for developing future strategies (AIDS and other) from the process of developing *Taking Action*?

## Progress towards Global Targets

1.5 *Taking Action* (DFID, 2004a) committed the UK Government to work towards internationally agreed targets on HIV and AIDS, namely:

- Twenty five per cent fewer young people in Africa infected with HIV by 2005 and globally by 2010<sup>3</sup>.
- Increased access to sexual and reproductive health services for women and girls by 2005<sup>4</sup>.
- Three million people, including two million in Africa, receiving treatment by the end of 2005, at least half of whom should be women and children<sup>5</sup>.
- National plans in place to meet the needs of orphans and children made vulnerable by HIV and AIDS by 2005<sup>6</sup>.
- Rapid implementation of the Three Ones, linking donor help to national priorities.
- Increased global investment in HIV and AIDS research, addressing the needs of the poor, women and children<sup>7</sup>.
- On track to slow the progress of HIV and AIDS by 2015<sup>8</sup>.

1.6 Progress towards these global targets is considered in detail in section 10.11, p133<sup>9</sup>. This information comes largely from UNAIDS' 2006 report on the global AIDS epidemic (UNAIDS, 2006). In brief, progress in PSA countries on key indicators has been as follows:

- HIV prevalence rates among 15-24 year olds have declined in four African PSA countries<sup>10</sup>, remained static in eight<sup>11</sup> and increased in three<sup>12,13</sup>.
- Unmet contraceptive need declined in all ten<sup>14</sup> PSA countries with comparative figures from 1990.
- The number of people in low and middle-income countries receiving antiretroviral treatment increased from 240,000 in 2001 to 1.3 million in 2005<sup>15</sup>. All PSA countries apart from Sudan have data on this indicator. Of

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<sup>3</sup> Based on Millennium Development Goal 6, target 7, indicator 18

<sup>4</sup> Based on Millennium Development Goal 6, target 7, indicator 19

<sup>5</sup> This target became known as 'Three by Five' initiative

<sup>6</sup> Implied in Framework for the protection, care and support of orphans and vulnerable children living in a world of HIV and AIDS and specifically mentioned in UNGASS declaration of commitment

<sup>7</sup> Implied in UNGASS declaration of commitment

<sup>8</sup> Target 7 for Millennium Development Goal 6

<sup>9</sup> Also see SSS, 2006b

<sup>10</sup> Ethiopia, Kenya, Rwanda and Zimbabwe

<sup>11</sup> Ghana, Lesotho, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda and Zambia

<sup>12</sup> Mozambique, South Africa and Sudan

<sup>13</sup> Insufficient data in DRC

<sup>14</sup> Ghana, Kenya, Malawi, Nigeria, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe and Indonesia

<sup>15</sup> Now an estimated 1.6 million

those, all but Nepal have comparative data for 2003 and 2005. In all of them, except Pakistan, provision of ART has increased. In some cases, Kenya, Lesotho, Malawi, Rwanda, South Africa, Uganda, Zambia, Cambodia, China, Indonesia and Vietnam, this increase is considerable. Nine PSA countries have more women on ART than might be expected<sup>16</sup>, while six have less<sup>17</sup>. All PSA countries have fewer children on ART than might be expected. There are particular concerns over the lack of data on ART access for the most vulnerable populations.

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<sup>16</sup> Malawi, Nigeria, Rwanda, South Africa, Tanzania, Zambia, Zimbabwe, Cambodia, China

<sup>17</sup> Ethiopia, Ghana, Kenya, Uganda, India, Vietnam

## 2. Methods

### **Important Note**

All analysis and information collection referred to in this report took place before December 2006

### The Team

- 2.1 The evaluation was conducted by a team from Social & Scientific Systems, Inc. Team members are listed in the Acknowledgements (see piii). The evaluation was managed by DFID's Evaluation Department.

### Process and Principles

- 2.2 A number of key issues and principles were highlighted in the evaluation design document (Annex 2, pA7). Because of the learning nature of this interim evaluation, great emphasis was placed on process, which was considered as important as this final report.
- 2.3 The evaluation methods were influenced by three factors:
- Getting information needed to improve UK policy and practice.
  - Adhering to UK commitments to harmonise with other donors and minimise burden on national governments and other partners.
  - Covering a large and complex area with a limited budget and without prior groundwork on indicators and baselines.
- 2.4 The team was expected to highlight issues and lessons learned rather than to make a systematic and detailed assessment of outputs and outcomes of UK-supported activities or to attribute outputs or outcomes to UK support. The focus was on UK Government policy, systems and choices of partners.
- 2.5 Most of the information was gathered from analysis of existing reviews and reports. Details of all documents reviewed are given at the end of this report (see p183). This was supplemented by interviews and group discussions. A list of people interviewed is included as Annex 1 (pA1).
- 2.6 Seven country case studies were conducted to answer evaluation questions which could not be answered in any other way, to allow the evaluators to verify and better understand data, and to enable the voices of local partners to be heard. The seven countries, selected according to criteria specified in the evaluation design document (see Annex 2), were China, DRC, Ethiopia, India, Russia, Zambia and Zimbabwe. DFID country offices that participated in the evaluation were able to add two additional questions and, in some cases, a DFID staff member from the country visited joined the team for one of the other country case studies.

## Products

- 2.7 Work on this evaluation started in February 2006. Following the production of an inception report in May, the team produced three working papers on topics of central importance to the evaluation:
- Working paper 1 analyses trends in UK Government funding and activities to tackle HIV and AIDS in the developing world (SSS, 2006a).
  - Working paper 2 assesses actions taken to reach women, young people and other vulnerable groups (under development).
  - Working paper 3 explores ways of measuring success of the strategy with a particular focus on indicators and approaches for the final evaluation (SSS, 2006b).
- 2.8 'Working' reports were produced following each country case study and were used to inform the development of this final report. Short summary reports of each of the country case studies are included in Annex 3 (pA19).