

12. Lessons Learned for Future Strategies

In Brief

Question: *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*.

A key feature of the introduction of *Taking Action* was extensive consultation with DFID's external stakeholders, including NGOs, other government departments and parliamentarians. Consultation within DFID, particularly around the imperatives behind the introduction of a spending target and the implications of managing this target, could have been stronger.

A Cross-Whitehall strategy has enabled DFID to engage with other government departments and the inter-departmental coherence group has been useful. However, lack of clearly specified roles and responsibilities for other government departments in delivering the strategy has made its implementation across UK Government harder to measure. This has meant that, according to the International Development Committee, although billed as the UK strategy on HIV/AIDS in the developing world *Taking Action* is in reality a DFID strategy. Focused inter-departmental working groups e.g. on the G8 meeting in 2005 and on access to medicines, have been the most effective examples of Cross-Whitehall action. It is unclear how *Taking Action* fits with other DFID strategies and with other UK strategies e.g. the Department of Health's National Strategy for Sexual Health and HIV in England, introduced in 2001, and equivalents for Scotland, Wales and Northern Ireland.

The Process of Developing *Taking Action*

Origins

- 12.1 The development of *Taking Action* was driven by high-level UK Government political commitment to HIV and AIDS as a critical global issue and followed the *Call to Action*, which was launched in December 2003 by the Prime Minister. Ministerial and senior management support within DFID for *Taking Action* has been much stronger than for any other DFID strategy.
- 12.2 The new strategy reflected the desire on the part of ministers for a Cross-Whitehall strategy that would support a more comprehensive response to the epidemic (see section 11.8, p144). Unlike previous strategy papers, *Taking Action* would have a spending target to highlight the importance the UK Government attached to HIV and AIDS and to give the strategy 'traction' within DFID.
- 12.3 The lead on developing *Taking Action* was taken by the newly created Global AIDS Policy team within DFID's Policy Division, established as part of a major reorganisation of the Department. The team leader was recruited externally with a view to bringing in an individual with an 'AIDS activist' background.

- 12.4 Issues regarding the inclusion of a spending target within the strategy are discussed elsewhere in this report (see section 11.1, p141).

Consultation with Stakeholders

- 12.5 The process of developing *Taking Action* involved extensive consultation with external stakeholders, including MPs, All-Party Parliamentary Groups, other government departments, academic institutions, the private sector, and NGOs through the UK NGO AIDS Consortium. External stakeholders interviewed for this evaluation have very positive views about the consultation process and welcomed the opportunity to be involved in developing the strategy.
- 12.6 Considerable efforts were also made by the GAP team to consult within DFID. Staff in country offices reviewed drafts and, in some cases, also sought inputs from national governments and other partners. This degree of country level consultation was also unusual at the time, although development of subsequent DFID strategies has involved a considerable degree of consultation with country offices. However, some staff said that it would have been helpful to have had more internal consultation about how the spending target would be managed and measured.
- 12.7 DFID staff responsible for developing *Taking Action* also said that the consultation process could have been better planned. This view is shared by those responsible for coordinating NGO inputs. In particular, it would help to be clear from the start about the inputs required and about the role of senior management at different stages in the process. Although the consultation timeframe was reasonable, inadequate time was allowed at the end of the process to prioritise the wide range of issues, described by one respondent as a 'wish list', identified by different stakeholders or to discuss how the strategy might be delivered. One NGO respondent pointed out that consultation on the treatment and care document (DFID, 2004b) was conducted in parallel with consultation on *Taking Action* but the two processes were not coordinated or linked.
- 12.8 DFID staff responsible for developing *Taking Action* said that the strategy might have benefited if more time had been allowed for systematic review of the evidence base and analysis of the comparative advantage of DFID and other government departments.

Fit with Other Strategies and Systems

- 12.9 The need to ensure *Taking Action* fitted with other corporate strategies and systems was highlighted in a paper submitted to the DFID Development Committee on 18th May 2004 (Schultz, 2004). However, there are a very large number of these. *Taking Action* makes few references to other strategies. This reflects limited coherence between strategies in general in DFID²⁷⁰.

²⁷⁰ Analysis of other policies and strategies (see Annex 8, pA121) indicates that HIV and AIDS are addressed in some of these.

- 12.10 The issue of policy coherence within DFID was the subject of a review in early 2005 (Ladbury, 2005). The review found that at the level of joining up and sharing information on policy work DFID is reasonably coherent but that there was scope for improvement in coherence in terms of ‘how activities fit together and logically support DFID’s corporate principles and higher level goals’. The review findings were considered by the 9 March 2005 Development Committee which agreed actions to ensure greater clarity and discipline on the development of policy work and better joining up between policy development and its implementation. These include: distinguishing more clearly between different sorts of policy products, their audience and status; seeking approval for a Policy Concept Note before commencing significant policy development work; setting priorities for policy work; making it mandatory for all new policy papers to include an internally discussed and agreed implementation strategy; and providing support from Policy Division for policy implementation.
- 12.11 Less attention has been paid to how *Taking Action* relates to other UK Government strategies on AIDS, for example, the Department of Health’s National Strategy on HIV and Sexual Health in England, introduced in 2001, or to the potential for a Cross-Whitehall approach to HIV and AIDS in the UK. It appears that the UK regards HIV and AIDS in the developing world as separate from the epidemic in the UK, rather than as interlinked. In a recent hearing, the House of Commons International Development Committee (IDC) raised concerns over poor coordination between the Home Office, FCO and DFID over access to ART in the UK of failed asylum seekers (IDC, 2006b).

Working across Whitehall

- 12.12 This section explores ways of working across more than one UK Government department, i.e. Cross-Whitehall. First, this explores strengths and weaknesses of Cross-Whitehall strategies. Second it examines other mechanisms for Cross-Whitehall working which can either be used alone or in combination with a strategy.

Strengths and Weaknesses of *Taking Action* as a Cross-Whitehall Strategy

- 12.13 Officials interviewed for this evaluation view HIV and AIDS as a global issue that merits a UK Government rather than a departmental approach. The fact that *Taking Action* is a Cross-Whitehall strategy has played an important role in raising the profile of HIV and AIDS in the developing world across the UK Government. In the international arena, a strong UK Government position is far more effective than a departmental position, as demonstrated by the tangible achievements of the UK’s G8 and EU Presidencies.
- 12.14 At country level the FCO has made an important contribution to taking forward *Taking Action*. The strategy was launched through the FCO network. HIV and AIDS are included in the objectives of FCO staff, e.g. in Zambia. DFID country evaluations, case studies conducted for this evaluation and examples of Post activities (see Box 35, p156) highlight the role of the FCO and the high levels of awareness and commitment of FCO staff to HIV and AIDS.

- 12.15 However, with its emphasis on HIV and AIDS in the developing world, *Taking Action* is largely a DFID agenda and DFID leads on implementing the strategy. In its recent enquiry, the House of Commons International Development Committee concluded that ‘*Taking Action*, although billed as the UK strategy on HIV/AIDS in the developing world, is in reality only the strategy of DFID’ (IDC, 2006a).
- 12.16 *Taking Action* does not explicitly set out shared objectives and, without higher level departmental commitment and additional resources, there is limited incentive for other government departments to do much beyond their existing work.
- 12.17 It is important to acknowledge and address different interests and approaches, rather than assuming that government departments share common interests. For example, there are differences in approaches to issues such as migration and asylum, criminalisation of HIV transmission, and recruitment of overseas doctors through the Highly Skilled Migrant Programme. Lessons could be learned from DFID experience of working with the FCO in the Overseas Territories, which have highlighted differences in understanding of and approaches to development.
- 12.18 The impact of *Taking Action* as a Cross-Whitehall strategy is difficult to measure as the roles and responsibilities of other government departments in delivering commitments are unspecified. Efforts to track implementation of *Taking Action* across the UK Government have been limited, there are practical problems in doing this, and the evaluation found no evidence that the coherence group is monitoring progress against the overall commitments in *Taking Action* (see section 9.3, p120).
- 12.19 Views differ about whether or not a future HIV and AIDS strategy should cross Whitehall. Some would welcome a more explicit joint agenda (IDC, 2006b) with the roles and responsibilities of different departments clearly stated, while others recognise that this may not be feasible.

Box 35 The FCO Contribution: Country Examples

In **China** there is regular liaison between the DFID office and the British Embassy in Beijing, particularly on individual human rights cases and public relations events. Links are good. There is scope for greater synergy and complementarity in support for HIV and AIDS, and small amounts of targeted Embassy support for civil society organisations could have more impact if they were linked to larger DFID initiatives.

With the Embassy taking the lead, the UK Government works in a joined up way to strengthen political leadership in **DRC**. The main challenge at the time the country case study was conducted was to see the country through the presidential election on 30th July. In the period leading up to the election, while the UK had not been pushing the transitional government on HIV and AIDS *per se*, the Embassy consistently drew attention to human rights abuses by the Congolese army, including the ‘raping with impunity’ that contributes to the spread of HIV. “We’ve done a lot on this. What we haven’t done is go to the ministers for an AIDS campaign. This we will do once there is a legitimate elected government”.

Within the FCO in **India**, HIV and AIDS are covered by both the political and economic desks. They often approach DFID for advice on HIV and AIDS issues on an *ad hoc* rather than a regular basis. For example, DFID was approached for advice on India’s representation on the Global Fund’s board. To date, the FCO has not played a major role in promotion of HIV/AIDS leadership in India, but acknowledged that, given the right brief from DFID, they could ensure high level visitors from the UK communicate appropriate HIV and AIDS messages to their Indian counterparts. In addition, FCO fellowships to the UK could be used strategically to build leadership on HIV and AIDS.

In **Zambia**, the FCO has been active in policy dialogue on HIV and AIDS. FCO activities have included: advocating for the private sector to increase efforts to provide antiretroviral drugs; providing political leadership in cooperation with DFID; managing a small grants scheme; and advocating for improved prison conditions in cooperation with UNAIDS.

The Ambassador and Deputy Ambassador in **Ethiopia** demonstrate high levels of knowledge and awareness of HIV and AIDS and a strong commitment. Ten per cent of HMA’s small project fund supports community HIV projects. However, responses do not appear to be informed by specific objectives.

In **Zimbabwe**, the Embassy has supported some HIV and AIDS activities as part of its diplomatic efforts. This includes spending 10% of the annual £200,000 small projects budget on HIV and AIDS activities. In 2006/7, this has been supplemented by an additional £100,000 from DFID to support HIV and AIDS interventions at community level. The small projects budget has funded HIV/AIDS NGOs, including to provide psychosocial support to children living with HIV and AIDS and to improve access to HIV/AIDS information for deaf people.

The FCO supports HIV and AIDS activities through Small Grants Schemes in a number of countries. For example, the FCO in **Cameroon** is supporting both VSO and Peace Corps volunteers to implement community HIV awareness and prevention activities. In **Mozambique**, grants are being provided to support HIV work by the Catholic and Methodist churches and Islamic leaders. FCO small projects in **Nepal** focus on children and youth, including HIV and drugs awareness training for young people, and support for efforts by the government, UNICEF and NGOs to tackle child trafficking and sexual exploitation of children.

Mechanisms for Inter-Departmental Working

- 12.20 HIV and AIDS has an inter-departmental coherence group, chaired by DFID, which meets twice a year and is attended by representatives from other departments including the Foreign and Commonwealth Office (FCO), Department of Health (DH), Home Office (HO), Department of Trade and Industry (DTI) and the Treasury (HMT). The group is considered to be a useful forum, which has helped to improve communication and collaboration. Officials in other departments believe that UK Government action on HIV and AIDS in the developing world is more 'joined up' as a result.
- 12.21 While coherence group meetings are valuable in terms of exchanging information and identifying opportunities to link actions, the impact of the group, including the extent to which it has influenced departmental decisions, is less obvious. The group does not have an explicit process for joint priority setting, has no clearly-assigned roles and responsibilities, is not currently able to fulfill a monitoring role and lacks funds to provide an incentive for joint working. Also questioned was the contribution that departments can make to the wide-ranging agenda covered by meetings. For example, the key shared objective for the DTI is access to medicines, TRIPS and related issues, and the department has less interest in other issues.
- 12.22 Staff in DFID and other departments consider that focused Cross-Whitehall groups, such as the '2005 units' established to plan and prepare for the UK's G8 and EU Presidencies and the access to medicines group, are most effective. *Taking Action* has provided the opportunity to use such groups to promote coherence across government and wider engagement on issues which are of concern to more than one department such as TRIPS, human resources for health and harm reduction.
- 12.23 DFID has worked closely with other government departments on harm reduction issues through the coherence group, to identify how to advance the harm reduction agenda and, specifically, how to take forward the UK's Harm Reduction Policy Paper published on World AIDS Day in 2005. In addition, the Home Office and FCO have prepared a draft paper designed to initiate wider discussion of the UK approach to UN drugs bodies, reflecting concerns that the UN lacks clear commitment to the harm reduction agenda (Cross-Whitehall Coherence Group, 2006).
- 12.24 One example of effective joint work across departments was planning for the high level UNGASS meeting in June 2006. A virtual team was established involving the DFID GAP team, FCO, UK Missions to the UN in New York and Geneva, and the DH. This enabled the UK to develop and promote a strong common position and these combined efforts helped to ensure key issues and commitments were included in the UNGASS Declaration.
- 12.25 In some cases, joint UK Government policy papers may be more appropriate than joint strategies, e.g. on conditionalities in poverty reduction (DFID et al., 2005a), which involved collaboration between DFID, FCO and HMT, and on access to essential medicines (DFID et al., 2005b) which involved DFID, DH

and DTI. Again, however, while a shared position is useful, it is also important to identify measurable outcomes and departmental roles in delivering these.

Lessons Learned from Other Experience

12.26 The experience of implementing and monitoring a Cross-Whitehall strategy to tackle HIV and AIDS is not dissimilar to that highlighted in a NAO review (NAO, 2005b) of joint targets in conflict prevention and management (DFID, FCO and MOD), debt relief (DFID and HMT), MDGs (DFID and HMT), and trade barriers (DTI, DFID and FCO). The review concludes that joint targets are important in the international arena to signal UK intent and commitment to external stakeholders and that the importance of joint working is reflected in the increasing number of joint PSA targets. However, achieving these is not easy. Challenges relate to setting objectives and priorities, developing common understanding of how to achieve joint targets, determining roles and responsibilities, implementing appropriate working arrangements, and monitoring and reporting performance. More specifically, the review concludes that:

- Targets need to be better defined i.e. so that they are not too broad or too narrow.
- Joint targets can stimulate joint working, but have limited value in influencing how departments organise themselves or on their activities.
- Departments were often already working together prior to the introduction of joint targets. This was not the case regarding conflict, where changes in arrangements were driven by the need to manage pooled budgets as much as by having a joint target.
- Plans tend to have a single department focus rather than being the result of joint planning, although joint targets help to ensure plans are coherent.
- With the exception of conflict, resources used were those already committed.
- There is a lack of joint delivery plans, shared milestones and performance indicators, creating challenges in accountability for delivery.
- Reporting of progress varies and is assessed in a different sense.

12.27 Unlike *Taking Action*, the Conflict Prevention Pools²⁷¹ established in 2001 and involving FCO, MOD, HMT, DFID and the Cabinet Office, are not a strategy but have a specific remit to promote joint analysis and priority setting. There is also a joint budget. Evaluation of the Conflict Prevention Pools concluded that inter-departmental work on this issue was effective and should continue (Austin et al., 2004). It found that a Cross-Whitehall approach had a positive effect on mobilising international partners and promoted better interaction and cooperation between departments especially in London, but that additional resources had enhanced existing departmental programmes rather than enhancing overall UK efforts in conflict prevention. It also found that the different agendas and working cultures of different departments and relationships between individuals are key factors in the success of any Cross-Whitehall initiative.

²⁷¹ Global Conflict Prevention Pool and Africa Conflict Prevention Pool

Evaluation recommendations included analysis of the differences in understanding and ways of working of different departments, allocation of dedicated staff resources and adoption of an agreed set of performance indicators.

12.28 The International Development Committee (IDC, 2006b) report on conflict and development also concludes that ‘because the Pools fund relatively small departmental projects they do not by themselves demonstrate a joined up approach. Policy coherence is desirable but it is important to be clear about the policy around which coherence is sought’.

12.29 Lessons learned from other donors, specifically a SIDA review of its HIV and AIDS strategy, also reinforce many of the issues identified by this interim evaluation of *Taking Action*, such as the need for staff to have particular competencies in relation to HIV and AIDS, and for there to be a stronger focus on implementing strategies and tracking their implementation (see Box 36 – Vogel et al., 2005).

Box 36 Key points from evaluation of SIDA HIV and AIDS strategy

HIV and AIDS were identified as a strategic priority for SIDA in 2004. The SIDA strategy took a multisectoral approach to HIV and AIDS, with mainstreaming as the principal method. The evaluation found that the strategy had resulted in: establishment of staffing and structures to address HIV and AIDS, and increased competence and awareness; and a higher profile of HIV and AIDS in Swedish development cooperation, in terms of funding and country programmes. However, the evaluation also found that: staff were unclear about how to implement the strategy and which aid instruments to use; staff were overwhelmed by the demand to do more with less; and the strategy lacked benchmarks. The evaluation recommended that SIDA:

- Situate HIV and AIDS so that it plays a more central role in poverty reduction and is more clearly related to key policy orientations
- Produce a short, concise up to date policy that spells out concrete goals for scaling up HIV/AIDS work and sets specific targets
- Ensure that monitoring systems provide clear information to measure progress
- Provide staff with clearer orientation on priorities and match staffing with priorities
- Develop better training to build AIDS competence

Lessons Learned from the Process of Developing and Implementing *Taking Action*

12.30 The following specific lessons for future HIV and AIDS strategy and other development strategies can be drawn from the process of developing *Taking Action*:

- There should be clear agreement about the purpose of and audience for strategy documents, e.g. whether it is intended primarily to communicate the UK Government or DFID position on an issue to external stakeholders or to guide organisational priorities and action. Suggestions for how this might be addressed in a future strategy on HIV and AIDS are contained in Box 37 (p161).

- Consultation on future strategies needs to be well planned and managed, in particular in setting out the purpose of consultation, the inputs required and how these will be used, and the involvement of senior management.
- Internal consultation during the process of setting spending targets and to determine how these targets will be managed and measured is critical.
- Adequate time should be allowed for external and internal consultation including country level involvement of DFID and FCO, national governments, CSOs and other partners, and for prioritisation.
- Adequate time is also required for systematic review of the evidence base and analysis of the comparative advantages of DFID and other government departments.
- Cross-Whitehall strategies are of benefit when the issue is of cross-cutting interest, for example, trade, security, conflict. The advantages are less obvious when a strategy reflects the agenda of one department.

12.31 In addition, as HIV and AIDS in the developing world are mainly of concern to DFID, and to a lesser extent the FCO, the bulk of the work in implementing and monitoring *Taking Action* has been done by DFID. In future a decision needs to be taken about whether the UK should:

- Develop a Cross-Whitehall strategy on HIV and AIDS which covers not only the response globally but also the UK's domestic response. Such a strategy might allow more meaningful participation of government departments other than DFID, could appear more relevant to middle-income countries and could enable more meaningful, effective and joined-up engagement on related issues, e.g. TRIPS, access to medicines and treatment for asylum seekers *or*
- Develop a DFID strategy on HIV and AIDS in the developing world – with coordination with other departments as appropriate, e.g. FCO.

Box 37 Policy Paper and Action Plan

The policy paper should

- Set out the UK's broad direction and frame HIV and AIDS in terms of the way the UK Government, in general, and DFID in particular works, i.e. its 'business model'
- Build on and update the existing strategy, based on analysis of what has changed in the external environment and likely emerging issues (see section 10.14, p136) and consolidating achievements to date
- Be more explicitly based on analysis of UK Government and DFID comparative advantage (see Box 32, p138).
- Set out a clear position e.g. on issues such as prevention and harm reduction
- Reflect commitments in the 2006 White Paper (DFID, 2006e – see Box 38, p162)
- Provide more explicit guidance on selection of partners, including how the UK Government will work with new players
- Reflect greater coherence across Whitehall and greater internal coherence within DFID, including stronger links to issues such as sexual and reproductive health, gender, human resources for health and to other sectors such as governance, education and livelihoods
- Distinguish between country-led and government-led approaches and national and government programmes
- Be more nuanced, particularly for regions outside Africa – e.g. linking HIV and sexual and reproductive health services is most appropriate in settings with generalised sexual epidemics and less appropriate where HIV is spread largely through injecting drug use
- Explain how the UK will work in countries with no DFID presence, including through the FCO and partners such as UN agencies, global funding mechanisms, regional programmes, civil society organisations and networks
- Take account of likely emerging issues e.g. rising costs of treatment as more people gain access and need for second-line therapy rises; implications of resistance to ART and anti-TB drugs; new development funders (e.g. China); increasing influence of conservative political agendas (US, accession states, Islamic world); risk of 'AIDS fatigue' as new issues, e.g. climate change, energy, move centre stage

The action plan should:

- Be clear on how the UK will support the drive for 'universal access' (including ensuring that the needs of marginalised groups are not neglected), sustainability of ART and addressing the growing global funding gap
- State the UK's commitment to supporting initiatives in countries with concentrated epidemics, including middle-income countries, which build capacity to deliver effective but contentious services to the most vulnerable, such as harm reduction programmes
- Inform and feed into DFID planning processes (see section 5, p40), in line with recent changes instigated by the Development Committee and the equivalent as appropriate for other government departments
- Highlight issues that the UK Government and specific departments will focus on and include a small number of measurable commitments
- Focus on implementation and delivery, with a stronger emphasis on outcomes and measuring results
- Have a monitoring and evaluation framework that is developed at the time of setting the strategy, with clear indicators including those that are relevant and can be measured at country level

Box 38 Reflecting Commitments in the White Paper

The White Paper makes specific commitments to:

- Delivering promises and commitments made in 2005, including increasing the development budget; pressing ahead with the IFF and other innovative financing mechanisms; concentrating efforts on the poorest countries and fragile states; doubling funding for science and technology research
- Putting support for good governance at the centre, including focusing on state capability, responsiveness and accountability
- Helping people to have public services, including committing at least half of all future direct UK support for developing countries to public services to strengthen, among areas, health care, social protection and efforts to tackle HIV and AIDS, and agreeing ten year partnership commitments with developing countries
- Reforming the international system, including the UN and international financial institutions, supporting regional organisations such as the ADB and AU, and working more closely with European partners