

## ANNEX 8: ANALYSIS OF POLICY COHERENCE

Policy coherence between HIV and AIDS and other DFID policies is reviewed briefly in the following table.

<b>Policy or Target Strategy Paper</b>	<b>Reference to HIV and AIDS and related issues</b>
Halving World Poverty by 2015: Economic Growth, Equity and Security (2000)	HIV and AIDS described as a major threat to poverty reduction; orphans as an extremely vulnerable group. Priority 8: Reduce the impact of shocks, including conflict, on the poorest countries states that DFID will work to deliver a more effective global response to HIV/AIDS.
The Challenge of Universal Primary Education (2001)	HIV and AIDS highlighted as a critical cross-cutting issue and one of the barriers to achieving education for all “that will reduce demand for, and supply of, education. Governments must anticipate the social and economic impact of AIDS. Education is key in prevention, behaviour change and coping with its effects including dealing with grief and loss”.
Better Health for Poor People (2000)	HIV and AIDS highlighted as a new and overarching challenge to development, which threatens past successes in reducing mortality rates.
Poverty Elimination and the Empowerment of Women (2000)	DFID’s targets and priorities include those for HIV and AIDS within sexual and reproductive health. Discusses young girls in terms of sexual exploitation, includes statistics showing how HIV and AIDS affects women and girls, and states that to curb the epidemic “Changes in sexual behaviour, improvements in sexual and reproductive health services, and more power for women to control their sex lives, are all required”.
Disability, Poverty and Development (2000)	HIV and AIDS mentioned as a source and consequence of disability and women, children and the poor are mentioned specifically as vulnerable to disability and HIV infection.
Achieving Sustainability: Poverty Elimination and the Environment (2001)	No specific mention of HIV and AIDS.
Making Government Work for Poor People – Building State Capability (2001)	No specific mention of HIV and AIDS.
Realising Human Rights for Poor People (2000)	No specific mention of HIV and AIDS.
Meeting the Challenge of Poverty in Urban Areas (2001)	Highlights the risk and impact of HIV and AIDS in poor urban communities, rapid rise of infection in women in urban market areas along transport routes, and failure of health services to recognise the need to treat sexually transmitted diseases, which make women highly vulnerable to HIV/AIDS.
HIV and AIDS Treatment and Care Policy (2004)	The UK’s work will be guided by principles including: treatment and care programmes should be pro-poor, gender, child and equity focused, and should prioritise the access of the poorest and most vulnerable; involve individuals and communities affected by HIV/AIDS in decision making; help to strengthen health service delivery systems and provide longer-term support to prevention and impact mitigation; promote greater coherence among international initiatives and links to country-led programmes; link care with social and economic impact

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	mitigation.
Increasing Access to Essential Medicines in the Developing World (2004) (DFID and other government departments)	Focuses on HIV/AIDS, TB and malaria. States specifically that should be read in conjunction with <i>Taking Action</i> and the HIV and AIDS Treatment and Care Policy. Outlines how the UK will work to address barriers to access to medicines, and highlights the impact of the high cost of drugs on the poor, women, children and PLWHA.
Increasing People's Access to Essential Medicines in Developing Countries: A Framework for Good Practice in the Pharmaceutical Industry (2005) (DFID and other government departments)	Provides guidance for pharmaceutical companies to increase affordability and research and development, citing antiretrovirals as an example of how medicines can be developed, priced and distributed for other diseases.
Sexual and Reproductive Health and Rights: A Position Paper (2004)	Explicitly complements <i>Taking Action</i> , DFID's maternal health strategy and Target Strategy Papers on Better Health for Poor People and Realising Human Rights for Poor People. Desired outcomes include reduced incidence of HIV and STI and greater awareness of sexual health and reduced risky behaviour. States that initiatives to reduce stigma and discrimination and targeted HIV and AIDS interventions for vulnerable groups can also improve marginalised people's access to sexual and reproductive health services.
Harm Reduction: Tackling Drug Use and HIV in the Developed World (2005) (DFID and other government departments)	States UK commitment to evidence-based harm reduction approaches for reducing HIV infection risk among drug users. Is in line with the 2005 UNAIDS policy position paper Intensifying HIV Prevention.

## ANNEX 9: MILESTONES RECOMMENDED BY THE APPG IN AVERTING CATASTROPHE

The following table summarises targets for other government departments recommended by the All-Party Parliamentary Group report *Averting Catastrophe* (APPG, 2004). These targets were never officially adopted. With the exception of milestones 23 and 33, where there has been progress, evidence of action to address the other milestones is limited.

Possible milestone	Responsible	Comments
22 DFES should work with DFID to also fund distance learning courses for key professionals such as teachers and nurses	DFES	No evidence that that this has been followed up.
23 Reduce UK use of health professionals trained in AIDS-affected countries by reducing incentives to come, time allowed to remain and by compensating ministries of health who paid for these professionals' training	DH	This milestone less relevant currently due to surplus of UK medical and nursing staff. Steps have been taken to reduce incentives to come and time allowed to remain through recent Home Office directives. DH does not consider compensating MOH who paid for training would be workable, e.g. a nurse from South Africa may have been trained originally in Kenya or Zimbabwe. Important to note recent inter-departmental initiative to strengthen health capacity in developing countries.
24 Establish a unit within the DTI in partnership with experienced companies (and coalitions of companies) to advise other companies in Africa on developing fully comprehensive HIV/AIDS programmes for their workers, their families and communities in which they work and where migrant labour is used also in the communities from which their workers come and return to	DTI	DTI respondents not aware of this indicator or of any steps to establish such a unit. Access to Medicines and TRIPS-related issues higher priority and therefore would be more relevant indicator.
33 Support programme to address HIV/AIDS in multilateral and British forces operating in AIDS affected countries	MOD	Not possible to comment as unable to get response from MOD. There is cross-Whitehall (FCO, DFID, MOD) work on this through security group and conflict pools.





## DEPARTMENT FOR INTERNATIONAL DEVELOPMENT

DFID, the Department for International Development: leading the British government's fight against world poverty.

One in five people in the world today, over 1 billion people, live in poverty on less than one dollar a day. In an increasingly interdependent world, many problems – like conflict, crime, pollution and diseases such as HIV and AIDS – are caused or made worse by poverty.

DFID supports long-term programmes to help tackle the underlying causes of poverty. DFID also responds to emergencies, both natural and man-made.

DFID's work forms part of a global promise to

- halve the number of people living in extreme poverty and hunger
- ensure that all children receive primary education
- promote sexual equality and give women a stronger voice
- reduce child death rates
- improve the health of mothers
- combat HIV and AIDS, malaria and other diseases
- make sure the environment is protected
- build a global partnership for those working in development.

Together, these form the United Nations' eight 'Millennium Development Goals', with a 2015 deadline. Each of these Goals has its own, measurable, targets.

DFID works in partnership with governments, civil society, the private sector and others. It also works with multilateral institutions, including the World Bank, United Nations agencies and the European Commission.

DFID works directly in over 150 countries worldwide, with a budget of some £4.6 billion in 2005. Its headquarters are in London and East Kilbride, near Glasgow.

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