Executive Summary

Introduction

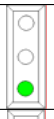
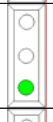
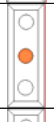
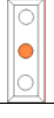
S1 This is the final report of an interim evaluation of *Taking Action*, the UK's strategy for tackling HIV and AIDS in the developing world, which was launched in July 2004. The objective of this interim evaluation is to make recommendations in four areas: (1) to improve implementation and monitoring of the current strategy; (2) on how best to measure the success of the strategy, looking forward to the final evaluation of *Taking Action* in 2008/9; (3) for the UK Government's next steps on AIDS from 2008; and (4) regarding future UK (especially DFID) strategies on development issues. More details of the evaluation design are contained in Annex 2 (pA7). Details of the questions to be addressed are presented in Box 1, p2.

S2 *Taking Action* and its spending targets galvanised the UK Government, in general, and DFID, in particular, to give a higher profile to HIV and AIDS. It is a broad and bold strategy which fits well into DFID's poverty focus and strong championing of the Millennium Development Goals. It sets out the UK's position on a wide range of issues relating to HIV and AIDS and is seen as an 'empowering' rather than a 'restrictive' framework, i.e. focused on what can be done, rather than on what can not. *Taking Action* also highlighted international targets. Progress towards these is discussed in sections 1.5-1.6 (p3) and sections 10.10-10.13 (p133).

What Progress has been Made on *Taking Action's* Six Priority Actions?

(Chapter 3, p 7)

S3 The evaluation team has used a 'traffic light' system to assess progress in each priority action (see below). Green reflects commitments achieved or on track. Amber reflects a mixed picture with concerns about achievement of some commitments based on progress to date. Colours assigned are based on a detailed assessment of progress made which is documented in Annex 4 (pA33). The most progress to date has been made in two priority actions: strengthening political leadership and improving the international response.

Closing the Funding Gap		Strengthening Political Leadership	
Improving the International Response		Better National Programmes	
Taking Action in the Long Term		Translating Strategy Into Action	

Closing the Funding Gap

S4 The UK is the second largest bilateral donor for HIV and AIDS after the US, has increased direct financial support to the international response to the epidemic, and remains committed to meeting *Taking Action*'s £1.5 billion spending target. Recently published figures show that the UK spent £298 million on HIV and AIDS in 2004/5 and £385 million in 2005/6, an increase of around 30%. Spending will need to increase at the same rate in 2006/7 and 2007/8 if the target is to be met (see section 3.5, p10).

S5 The UK is on track to meet or exceed financial commitments made to the Global Fund, UNFPA and UNAIDS. The UK will exceed its commitment to increase funding to the Global Fund to £77 million, if it provides the £100 million it has pledged for both 2006 and 2007. In 2005, the UK provided £51 million to the Global Fund. These commitments would also meet the UK's pledge to fund its 'fair share' of Global Fund financial requirements. The UK is on track to meet its commitment of providing £36 million as core, predictable support for UNAIDS by 2008/9. The UK is one of the five main donors to UNAIDS that, together, provided 69% of UNAIDS funds in 2006. However, in 2006, the UK provided the lowest proportion (65%) of these funds as part of the UNAIDS unified budget. In the same year, Sweden provided 75% of its funds to UNAIDS 'on budget', Norway 88%, the US 91% and the Netherlands 100%. UK support to UNFPA of £20 million in both 2004/5 and 2005/6 is in line with the commitment to provide £80 million over four years. Just over one third of the UK's funding to UNAIDS came as earmarked funds from country offices.

S6 The UK has also advocated for increased funding from other sources internationally, including support to new funding mechanisms, such as UNITAID (see S14, pxxiv). These efforts resulted in increased commitments from the G8 and EU in 2005. Nevertheless, while the international community is on track to meet existing commitments to the response to HIV and AIDS, best available evidence from UNAIDS shows that the global funding gap will grow from $8.1 billion in 2007 to $15.9 billion in 2008.

Strengthening Political Leadership

S7 The UK has played an active international leadership role, during its Presidencies of the G8 and EU in 2005, in important processes, such as UNGASS and the Global Task Team, and in the push for 'universal access'. More specifically, the UK has championed the needs of those most vulnerable to HIV infection, providing an essential counter-weight to the perspective of others who fail to recognise the importance of these groups.

S8 DFID and the FCO have played an important role in influencing national responses to HIV and AIDS and advocating for stronger leadership, although the degree of joint working between FCO and DFID varies from country to country. Critical support has been provided to national governments to tackle politically sensitive subjects, e.g. harm reduction among injecting drug users in China. However, in some countries, the UK needs to find more effective ways to challenge political leadership that is not based on evidence, e.g. the focus on abstinence-only in HIV prevention programmes for young people in Zambia

and Zimbabwe, and the Russian government's lack of commitment to effective HIV prevention programmes among the most vulnerable, particularly injecting drug users.

Improving the International Response

S9 The UK has played a central role in seeking to implement the Paris Declaration on Aid Effectiveness, including advocating for greater harmonisation and improved coordination of multilateral and bilateral efforts. This has been demonstrated through expanded support for UNAIDS and the Three Ones, and in the UK's role in the Global Task Team and the evaluation of implementation of its recommendations. However, at the same time as the UK is supporting UN reform at the global level, DFID country offices have increased project funding to individual UN agencies.

S10 Institutional Strategies that govern relationships between DFID and multilateral agencies now have a greater focus on HIV and AIDS than previously. DFID has also taken steps to critically evaluate the performance of multilaterals through organisational effectiveness summaries. While there has been some progress, there are ongoing concerns that the European Commission is not sufficiently active in the international response to HIV and AIDS.

Better National Programmes

S11 The UK has been a strong supporter of comprehensive national responses to HIV and AIDS and is viewed in country as a flexible and responsive donor. Taking Action has increased DFID country office focus on treatment issues. The UK has also given high priority to strengthening national planning and resource allocation processes, health systems and human resources for health. However, the way in which DFID provides funding and manages information makes it difficult to assess progress towards many of the specific commitments under this priority action. Balancing the use of aid instruments such as budget support and the need for an immediate response to HIV and AIDS, including for interventions that address the specific needs of vulnerable groups is a challenge (see Chapters 6, 7 and 11).

S12 The UK plans to support the response to HIV and AIDS through multilateral agencies in middle income countries where DFID will no longer have a presence. The effectiveness of this approach is not yet known and should be monitored carefully. Consideration needs to be given to the role that other partners, e.g. the FCO and civil society, can play in such settings.

Taking Action in the Long Term

S13 The UK's support for long-term action has focused on two main areas, research and provision of long-term predictable financing. DFID is supporting essential HIV and AIDS research, particularly on microbicides and vaccines, which has also catalysed support from others. DFID also supports other forms of research, although it is difficult to identify research gaps in these areas because data on international funding for AIDS research, collected by UNAIDS, is limited to microbicides and vaccines. The UK funds other AIDS research, through the Department of Health, but this spending is not included in DFID's figures for

UK spend on HIV and AIDS. These figures are also not disaggregated for spending on HIV and AIDS research. However, in 2005/6 DFID's Central Research Department reported spending just over £20 million on AIDS research, of which £8 million was for HIV vaccine research and £7.1 million for microbicides research. In 2006, DFID commissioned two HIV/AIDS Research Programme Consortia to conduct research on treatment and care services, and the social context of HIV and AIDS. Total funding for these is £7.5 million over 5 years.

S14 The UK has advocated for long-term, predictable financing for developing countries by supporting the establishment of an International Finance Facility (IFF); by making a 20-year commitment to UNITAID, an international drug purchasing facility; and by making ten-year partnership commitments to a number of countries. Progress with the IFF has been slower than expected. DFID's Country Assistance Plans, which generally have a three-year timeframe, do not as yet all fully reflect this longer-term focus.

Translating Strategy into Action

S15 Working across Whitehall has enabled DFID to engage more effectively with other government departments and contributed to a strong UK position in international arenas. The cross-Whitehall coherence group is a useful forum for sharing information and promoting joint action. 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. However, *Taking Action* does not define clearly the roles and responsibilities of other government departments and, in February 2007, the International Development Committee published a report expressing concern that *Taking Action* is 'in reality only a DFID strategy'. DFID provides regular updates on implementing *Taking Action* but there is no systematic approach to tracking implementation of the strategy overall within DFID or across the UK Government.

S16 DFID has pioneered the introduction of a progressive workplace policy on HIV and AIDS. Country case studies conducted for this evaluation suggest that there may be differences in the way in which the policy is interpreted and implemented. Other government departments are currently reviewing coherence between departmental workplace policies, international best practice, in the form of the ILO Code of Practice, and recent changes in the UK Disability Discrimination Act.

Overall, Does the Distribution of Current UK-Supported HIV and AIDS Activities Reflect the Priorities in *Taking Action?* (Chapter 4, p22)

S17 The absence of a monitoring framework with clear indicators in *Taking Action* makes it difficult to assess rigorously the extent to which the distribution of current UK-supported HIV and AIDS activities reflect priorities in the strategy. Obtaining disaggregated information on how DFID funds are spent on HIV and AIDS is difficult, because of the instruments used for funding, e.g. sectoral and budget support, and because current systems do not track this information.

There is relatively little information available about what other government departments have done to implement *Taking Action*.

S18 Analysis for this evaluation shows that the UK is supporting an increasing number of HIV and AIDS-related projects and programmes. More of these are of large size, i.e. over £10 million. In the last two years, just over four fifths of the UK's support for HIV and AIDS was provided through bilateral channels and just under one fifth through multilateral channels. Since 1987, 44-63% of annual UK support for HIV and AIDS was provided as technical cooperation. Although much support for political leadership is not projectised, just under one tenth (9%) of all projects/programmes on HIV and AIDS show demonstrable evidence of policy dialogue.

S19 Almost half (48%) of all HIV and AIDS projects/programmes supported by DFID since 1987 have been in Africa. There is evidence that the UK's financial support to countries is largely appropriate for their burden of disease. However, there are some countries that appear to receive less AIDS funding from the UK than their burden of disease warrants. The UK works through a variety of in-country partners, in particular Ministries of Health. There is evidence of increased expenditure through National AIDS Commissions and UN Agencies. In 2005/6, DFID provided more than £20 million to UN agencies in-country for HIV and AIDS projects/programmes. Less than half of this was in fragile states or middle-income countries. DFID is committed to funding integrated responses to HIV and AIDS. The way in which funding is provided and limitations of information systems make it difficult to analyse how much the UK is spending on specific elements of these responses, e.g. prevention, care, support and treatment. Questions on this, however, can be answered by providing figures about responses in Public Service Agreement (PSA) countries and what the UK is doing financially to support the national response. This will require improved national capacity for monitoring and evaluation. DFID has increasingly been supporting the building of this capacity. DFID has been increasing its support to specific AIDS projects, health programmes and broader enabling actions. There is evidence that support to specific reproductive health programmes has reduced

How is the UK Government Making Decisions in Practice? (Chapter 5, p40)

S20 DFID has a system of planning and programming structured around the Public Service Agreement (PSA), Directors' Delivery Plans (DDP), Country Assistance Plans (CAP), Regional Assistance Plans (RAP) and Institutional Strategies (IS). Until recently, planning processes did not systematically consider coherence of these plans with policies and strategies such as *Taking Action.* For example, only a few of *Taking Action*'s more than 130 commitments are reflected in DDPs. DFID reports that measures are being put in place to ensure that policies and strategies are reflected in these plans.

S21 Although strategic resource allocation decisions, e.g. to geographic regions and institutional partners, are made centrally, DFID is a highly decentralised organisation. Many funding decisions are made by country offices, and country

heads of office and health/HIV advisers have a great deal of autonomy. There is some evidence that financial decisions are not always made in a clear and systematic way, and that there could be a stronger focus on outcomes and cost-effectiveness. However, the UK has a strong reputation as a flexible and responsive funder. Factors influencing country office decision making include potential partners; actions of other actors; national needs assessments; barriers to progress; corporate priorities, norms and values; the imperative to 'do more with less'; evidence of what works; and recent technical developments.

S22 The evaluation found that decisions taken have been consistent with *Taking Action*. The spending target and requirement to report on activities to Ministers have encouraged DFID staff to keep HIV and AIDS high on the agenda. There is limited evidence of incentives for other government departments to do this.

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? (Chapter 6, p55)

S23 The UK has been a strong advocate for country-led approaches to development as part of its support for the Paris Declaration on Aid Effectiveness. The UK has spearheaded the introduction of new aid instruments, such as general and sectoral budget support, although experience is at an early stage in most countries. Budget support relies on national poverty reduction strategies (PRSs) or their equivalent, but evidence shows that HIV and AIDS are not always well addressed in these. This is one of a number of challenges to supporting the national response to HIV and AIDS through general or sectoral budget support. Some relate more generally to the introduction and use of these aid instruments while others are more specific to HIV and AIDS. Consequently, in almost all countries where the UK has been providing budget support, other aid instruments have been used for additional AIDS financing.

S24 Countries usually prioritise diseases that are a significant cause of illness and death. This is problematic with HIV because of the long time lag between infection and illness. Accurate surveillance data on HIV infection rates, in vulnerable populations such as injecting drug users, sex workers, men who have sex with men and prisoners as well as in the general population is therefore of critical importance, to ensure that epidemics occurring in these vulnerable groups are identified.

S25 A recent World Bank evaluation concluded that most national AIDS strategies do not prioritise or cost activities adequately. The UK has used a number of approaches to influence decision making and priority setting. These include providing evidence, e.g. from epidemiological and behavioural data; pilot projects to demonstrate the technical and political feasibility of controversial interventions, e.g. harm reduction; policy dialogue with government officials; suporting civil society to advocate and hold governments to account; and using aid instruments with some degree of specificity, e.g. projects or earmarked funds(see section 6.31, p66).

How is *Taking Action*'s Specific Focus on 'Women, Young People and Vulnerable Groups' Being Interpreted by UK Government Decision-Makers? (Chapter 7, p73)

S26 Analysis of the extent to which UK funding and support for activities related to HIV and AIDS are benefiting women, young people and other vulnerable groups is challenging. This is partly because of the aid instruments used by the UK to provide funding and partly because DFID's information systems do not track this information.

S27 However, there are many examples of UK funding and activities benefiting women, young people and other vulnerable groups. This evaluation found evidence that expenditure on projects/programmes with a discernible focus on young people, orphans and vulnerable children and other vulnerable groups increased between 2003/4 and 2005/6. While expenditure on projects/programmes with a discernible focus on women showed an apparent decrease, there was an increase in expenditure on projects/programmes with a gender focus in the same period. The apparent decrease seems to be related to a reduction in expenditure on specific reproductive health projects/programmes as activities within these were either captured within AIDS-marked programmes/projects or absorbed into health sectoral funding.

S28 UNAIDS recently highlighted four sub-populations as particularly at risk of HIV infection yet neglected by the international response - injecting drug users, sex workers, men who have sex with men and prisoners. With the exception of prisoners, not mentioned in *Taking Action*, DFID and the FCO have strongly championed the need for programming to focus on these vulnerable groups, both internationally and in countries, especially in Asia, where DFID has provided critical support for the introduction of effective prevention programmes, including harm reduction and drug substitution therapy. However, coverage of these programmes remains low in most countries (see section 10.11, p133). The FCO has, in some countries, addressed the issue of prisoners and prison conditions through policy dialogue and support for small projects. Concentrated epidemics are spreading rapidly in some middle-income countries. Planned closure of DFID offices, e.g. in Russia and Ukraine, has resulted in reduced UK support in these areas. This is likely to decline further unless an effective way is found to provide support in the absence of a bilateral presence.

S29 *Taking Action* committed the UK to provide £150 million over three years for programmes to meet the needs of orphans and other children made vulnerable by HIV and AIDS. This target is problematic as it is framed as a subset of HIV and AIDS spending. This contradicts the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, endorsed by DFID, which exhorts programmes to 'focus on the most vulnerable children… not only children orphaned by AIDS'. Although DFID has established a system for tracking progress towards this target, it is not yet fully operational.

S30 The UK has provided financial support to international networks of PLWHA, including ICW and GNP+, and funding to national PLWHA organisations

both directly, e.g. in India, and indirectly, e.g. through a Programme Partnership Agreement with the International HIV/AIDS Alliance.

Are Appropriate UK Government Systems and Staff Resources in Place to Implement *Taking Action?* (Chapter 8, p104)

S31 There has been a marked increase in the percentage of DFID staff with AIDS-related objectives and success criteria in their Personal Development Plans/Performance Management Frameworks since the launch of *Taking Action*. The proportion of senior staff with at least one HIV/AIDS objective increased from less than 1% to 5-10%. The proportion with at least one HIV/AIDS success criterion increased from 1-2% to 15-25%. Job descriptions refer to HIV where appropriate and this is taken into account in recruitment. There is no standard briefing on HIV during staff induction nor any shared understanding of what levels of AIDS competence are required by staff. However, there are professional development opportunities in relation to HIV and AIDS and evidence from country case studies shows that DFID advisers have high levels of AIDS-related skills and knowledge.

S32 DFID is committed to reducing its staffing levels as part of the UK Government's 'doing more with less' agenda. Strategies adopted to manage 'doing more with less' include the use of hybrid advisers, e.g. joint health and education advisers, and 'silent partnerships' with other donors. The effectiveness of these strategies has not yet been reviewed. A recent study showed a 14.5% decline in the number of health advisers in post (see section 8.16, p110). This has implications for the increased use of policy dialogue as an aid instrument. The process for determining which country offices should have a health adviser is unclear. Most PSA countries have a health adviser although Indonesia, Lesotho, South Africa, Sudan, Tanzania and Vietnam are exceptions to this. There is a perception that DFID's response to HIV and AIDS is health-led. The extent to which other advisory cadres are addressing HIV and AIDS varies.

S33 DFID's system for knowledge management has a number of electronic resources which contain information relating to HIV and AIDS. There is some duplication between these resources, some are out of date and linkages between them are limited.

How Should the Success of *Taking Action* Be Measured? (Chapter 9, p119)

S34 *Taking Action* contains a number of explicit and implicit indicators in the form of global targets on HIV and AIDS and specific UK Government commitments under each of the six priority actions. However, the absence of an overall monitoring and evaluation framework in *Taking Action* has made it difficult to track progress systematically. Tracking is also challenging because of the significant number of commitments and the UK's commitment to harmonisation with other donors and increasing use of country-led approaches.

S35 Many indicators to measure the response to HIV and AIDS both internationally and in countries are in place and are being tracked. The availability of data on these is better than it ever has been, e.g. through processes such as follow up on the UNGASS declaration. However, capacity needs to be strengthened in order to improve data quality and availability. There are also a number of initiatives to harmonise indicators internationally, e.g. UNGASS, Global Fund toolkit and 'universal access' but these do not always correspond with each other.

S36 This report proposes a monitoring framework based on wide consultation. The framework would track international and national contexts through existing mechanisms. DFID would be responsible for tracking the UK contribution through four 'new' indicators, namely organisational effectiveness summaries for multilaterals; UK AIDS funding (disaggregated in various ways); qualitative review of UK support to national AIDS responses; and qualitative review of UK support to AIDS research.

Is *Taking Action* Still the Most Relevant Strategy for the UK to Adopt to Tackle HIV and AIDS in the Developing World? (Chapter 10, p127)

S37 *Taking Action* is a broad HIV and AIDS strategy that includes statements which reflect the UK's position on various issues and some strategic choices, e.g. the establishment of a spending target. However, it is less useful in prioritising or guiding action. As a strategy with a focus on HIV and AIDS in the developing world, *Taking Action* is less relevant to middle-income countries, e.g. China and Russia.

S38 Overall, *Taking Action* remains a relevant strategy for the developing world, although there have been a number of developments since it was conceived in 2004. These include the push for universal access to HIV prevention, care and treatment; the emergence of new global partners and initiatives; changes in the aid environment, e.g. Paris Declaration and UN reform agenda; development of new policy frameworks, e.g. the 2006 White Paper; and emergence of new technical evidence, e.g. on male circumcision.

How are Potential Tensions Between Top-Down AIDS Targets and a Flexible, Country-Led Approach Being Managed? (Chapter 11, p141)

S39 Although the main rationale for a spending target is to make sure enough money is going to a priority issue, it is also an effective way of raising the political and public profile of an issue and of giving 'traction' to a strategy within a government bureaucracy. Arguments against spending targets are both conceptual and practical. The main conceptual arguments against are that central targets create statistical anomalies and perverse incentives, contradict the UK's commitment to country-led approaches and see the UK's contribution in isolation from other donors. Practical problems with a spending target relate to the processes involved in agreeing the target, setting the target at an appropriate level, establishing an appropriate method for tracking spend, and ensuring that adequate information systems are in place.

S40 Lessons learned from having an AIDS spending target are presented in detail in section 11.23 (p150). While spending targets may be helpful in raising the profile of an issue, their number should be very limited and they should be fully embedded in management systems, particularly planning processes. Where spending targets are set, the method for monitoring needs to be agreed in advance and information systems need to be adequate for collecting the data required.

Taking Action is a Cross-Whitehall Strategy, Contains Spending Targets, and was Developed Through a Consultative Process. What Lessons Can Be Learned for Developing Future AIDS and Other Strategies? (Chapter 12, p152)

S41 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.

S42 Issues relating to *Taking Action* as a Cross-Whitehall strategy are discussed in S15 (pxxiv). It is unclear how *Taking Action* fits with other DFID strategies and with other UK strategies on HIV and AIDS, e.g. the Department of Health's National Strategy for Sexual Health and HIV in England, which was introduced in 2001, and equivalent plans in Scotland, Wales and Northern Ireland.

S43 With respect to a strategy on AIDS after *Taking Action*, this needs to have an action plan to provide a framework for monitoring and evaluation. Progress towards clearly defined outcome targets could raise the profile of UK support to HIV and AIDS internationally more effectively and provide better results incentives than a second spending target.

Recommendations

S44 The following are the main recommendations from the interim evaluation:

Implementation of *Taking Action*

1. *Take urgent steps to ensure the AIDS spending target is met.* This should include publicising details of the method for attributing spend and the figures produced. DFID should also participate more vigorously in external dialogue on methods, e.g. with OECD DAC, UNAIDS, NAO and UK NGOs.

2. *Intensify advocacy for predictable long-term financing for responses to HIV and AIDS.* This should include better analysis of and advocacy for the need for predictable long-term financing for HIV and AIDS responses, and should cover both developing country governments and civil society. Long-term, predictable financing is particularly important given international

commitments to 'universal access' to HIV/AIDS services including antiretroviral therapy.

3. *Establish an effective approach to addressing rapidly spreading epidemics among the most vulnerable populations in middle-income countries.* This should include choice of partners and aid instruments, and ways of monitoring and evaluating the effectiveness of this approach. It should also include re-examining whether this can be done most effectively through multilateral agencies.

4. *Sustain UK leadership on contentious issues such as harm reduction.* This should include sustaining support for the rights of and services for injecting drug users, men who have sex with men and sex workers, taking a stronger lead on advocacy for services for prisoners, and increasing support for national actions to promote and protect human rights and to tackle stigma and discrimination, including enforcement of laws and policies. This should be reflected in both in-country policy dialogue and programming.

5. *In fragile states, support national responses to HIV and AIDS which encapsulate the OECD principle of having state building at their core.* This should include improving the long-term capability, responsiveness and accountability of public institutions.

6. *Strengthen CAP focus on sustaining responses beyond CAP timeframes.* This might be done by including sustainability as a risk in the risk matrix.

7. *Develop guidance on appropriate aid instruments for funding effective responses to HIV and AIDS.* This should include guidance on appropriate choice and sequencing of aid instruments, and flexibility in use of aid instruments in different settings to meet the needs of vulnerable groups, since government channels are not always the most appropriate for supporting sensitive or contentious interventions. There is also a need to evaluate the effectiveness of different instruments.

8. *Strengthen support for countries to address shortages of human resources for health in severely affected countries.* Suitable approaches in each country need to be designed considering what other agencies are doing. The UK could contribute by: assisting countries to develop overall strategies to address human resource crises and funding these; documenting and sharing effective approaches to addressing crises in human resources for health; and continuing to monitor the employment of health workers from developing countries in the UK.

9. *Increase support to efforts to build HIV/AIDS M&E capacity in country.* This should incorporate an internationally-harmonised set of core indicators, developed by UNAIDS, be within the context of building overall capacity to monitor and evaluate progress on health and development and take into account contributions being made by other agencies in country. It should also ensure that national surveillance and M&E systems collect adequate data on women, young people, OVC and vulnerable groups.

10. *Strengthen staff systems related to HIV and AIDS.* This should involve reviewing the effectiveness of new approaches, e.g. hybrid advisers and silent partnerships, taking a more systematic approach to integration of HIV and AIDS in staff orientation and non-health adviser job descriptions, and reviewing how the workplace policy on HIV and AIDS is being implemented in different countries.

11. *Maintain the cross-Whitehall coherence group.* Effectiveness could be increased through clearer terms of reference and strategic use of task groups to work on focused issues where different departments can make specific contributions.

12. *Review the role of civil society in responses to HIV and AIDS.* DFID should explicitly recognise that this goes beyond holding governments to account and providing services in fragile states. It should acknowledge the diversity of civil society and its role in providing services that are innovative, community-based or difficult for governments to provide directly. This review should also explore the most effective ways of financing and monitoring civil society organisations, including PLWHA groups, conducting these activities.

Measuring Success

13. *Adopt and implement the proposed monitoring and evaluation framework for Taking Action.*

14. *Put in place systems to allow M&E data to be collected and used, ensuring responsibilities for doing this are clearly identified and assigned.* This should also involve taking urgent steps to collect baseline data for indicators where it is absent or lacking. Adequate baseline information is currently available for just over one third of the proposed indicators.

15. *Develop plans for the final evaluation of Taking Action.* These should include:

    - A working paper on the role of UK support to multilaterals in the global response to HIV and AIDS. A number of issues to be covered in this paper are presented in section 14.2 (p179).

    - Further consideration of the experience of using PRBS to fund responses to HIV and AIDS. This should involve review of experience in countries which are pioneering the use of this aid instrument with support from DFID and other donors.

Future AIDS Strategy

16. *Decide whether the successor to Taking Action should be a strategy on HIV and AIDS overall or a strategy on HIV and AIDS in the developing world.* This decision would influence whether this is a UK or DFID strategy, or perhaps a joint initiative of more than one department, e.g. DFID and FCO. Which ever approach is followed, there needs to be closer links between this

and domestic HIV and sexual health strategies and issues of relevance to other government departments, such as TRIPS, access to medicines and asylum seekers.

17. *Develop a 'we believe' policy paper on HIV and AIDS and an action plan.* The former is primarily for an external audience and should set out the UK vision and position on HIV and AIDS. The action plan would be primarily to guide implementation and monitoring by relevant departments. This should include clear priorities, actions and measurable objectives. For more details of the proposed content of these respective papers, see Box 37 (p161).

Future Strategies in General

18. *Develop fewer central strategies and focus on implementing and monitoring these.* It is important to ensure that strategies are more strongly linked to each other, in line with DFID Development Committee recommendations on policy coherence.

19. *Ensure that strategies are embedded within DFID's overall business model.* Decision-making and review processes for DDPs and CAPs should routinely assess the coherence of plans with priorities set out in strategies such as *Taking Action*.

20. *Ensure that development of future strategies involves sufficient external and internal consultation.* Internal consultation is particularly important in relation to any spending targets and the practical implications of managing these.

21. *Limit the number of spending targets.* Where there are to be targets these should be embedded within DFID's business model, have a method for calculation established in advance and be trackable with existing information systems. Progress towards clearly defined objectives and indicators in any future strategy could raise the profile of UK support to issues, including HIV and AIDS, internationally more effectively than a second spending target.

22. *Ensure that joint UK Government strategies clarify departmental roles and responsibilities*. They should also include a clear set of indicators.

S45 Additional issues that the evaluation team recommends be given further consideration by the UK Government are included in Chapter 14 (p179).