

ANNEX 7: ANALYSIS OF PROGRESS AGAINST SELECTED COMMITMENTS IN *TAKING ACTION* RELEVANT TO WOMEN, YOUNG PEOPLE AND VULNERABLE GROUPS²⁷⁸

Table B1 Women, Young People and Vulnerable Groups: Taking Action to Close the Funding Gap				
	Commitment	Progress	Comments	Documents/sources
B1	1. Take action to close the funding gap			
	The UK government will:			
B1a	Fund a broad range of action to meet their needs in country programmes, including strengthening sexual and reproductive health, increasing girls' access to education, supporting harm reduction programmes and developing plans to meet the needs of orphans and other children made vulnerable by HIV and AIDS	<p>Difficult to judge progress overall, as range of issues covered under this commitment goes beyond the capacity of current DFID information systems.</p> <p>There is evidence of increasing levels of expenditure on activities focused on young people, OVC, and other vulnerable groups. There is an apparent decline in funding for activities focused on women. However, projects with a principal or significant gender marker have increased. (See Chapter 7 and Executive Summary, S27, pxxvii).</p> <p>UNFPA will receive £80 million over 4 years in core funding, with £100,000 additional funds for a 10-year review of ICPD; also support through DFID country programmes. Core funding is provided to IPPF, which focuses on ensuring that women and girls have access to comprehensive SRH and HIV information, services and supplies.</p> <p>The UK has committed to increase education</p>	<p>DFID update from Africa PSA countries in November 2006 reports that while some stand alone programmes are being supported, the majority of work to meet the needs of OVCs is integrated into broader programmes and approaches, including social protection, and PRBS.</p> <p>UNICEF reports that only 35% of budgets for NPAs have been pledged in 14 countries.</p>	<p>Social & Scientific Systems, Inc., (2006a) <i>An Analysis of Trends in UK Government Funding and Activities</i>. DFID Evaluation Working Paper 18</p> <p>DFID, (2006ab) Response to CEDAW</p> <p>UNFPA and DFID, (2005) Working in Partnership with the UN Population Fund (UNFPA): Institutional Strategy</p> <p>DFID, (2005m) Girls' Education: Towards a Better Future for All</p> <p>DFID, (2006ad) HIV & AIDS Core Briefing Pack for the IDC</p> <p>DFID, New Partnership and Funding Boost for UNICEF, 5 September 2006, Press Release</p>

²⁷⁸ This table gives more detail to the narrative contained in section 7 of this report (p73)

Annex 7: Analysis of Progress Against Selected Commitments in Taking Action Relevant to Women, Young People and Vulnerable Groups

Table B1 Women, Young People and Vulnerable Groups: Taking Action to Close the Funding Gap				
	Commitment	Progress	Comments	Documents/sources
		<p>funding to £8.5 billion during 2006/7-2015/16, including £100 million for the Education Fast Track Initiative (FTI) in 2006/8. The Girls' Education Strategy (2005) commits the UK to a number of specific actions on girls' education, including:</p> <ul style="list-style-type: none"> • DFID will work narrow the financing gap • Set a spending target of £1.4 billion on education • Working with UNICEF to strengthen its capacity to coordinate action on girls' education • Use of the UK presidencies of G8 and EU and as co-chair of the FTI to push gender equality in education up the political agenda • Provide support for governments' efforts in developing countries to produce plans that prioritise girls' education • Work with development partners, especially civil society to increase educational opportunities for girls • Increase efforts promote awareness within the UK of girls' education in poor countries. <p>Commitment to UNICEF of £44 million, including £5 million for global policy leadership.</p> <p>On OVC National Plans of Action DFID supported the Rapid Assessment, Analysis, and Action Planning (RAAAP) process that has been undertaken in sub-Saharan Africa through its funding commitments to UNICEF. DFID is working or planning to work with or through</p>		<p>DFID, (2006z) Orphans and children made vulnerable by AIDS in Africa</p> <p>DFID, Update on implementation of the HIV and AIDS strategy in Asia, September 2005. (Internal DFID Meeting Notes)</p> <p>Lenton, C. and Ran, W. (2006) <i>Country Case Study: China</i>, October 2006</p> <p>Hunter, S. and Albone, R., (2006) <i>Country Case Study: Ethiopia</i>, October 2006</p> <p>UNICEF, UNAIDS and DFID, (2006) Supporting and Sustaining National Responses: Experiences from the RAAAP Exercise in Sub-Saharan Africa. Background Paper for 3rd Global Partners Forum</p>

Table B1 Women, Young People and Vulnerable Groups: Taking Action to Close the Funding Gap				
	Commitment	Progress	Comments	Documents/sources
		<p>UNICEF in support of national OVC plans in Kenya, Ghana, Ethiopia, Malawi, Nigeria, Lesotho, South Africa, Botswana, Namibia, Tanzania, Mozambique, Zambia and Zimbabwe. All but Lesotho have a broader development programme that focuses on links into e.g. social protection, vulnerability, health, education. In DRC, DFID is supporting UNAIDS in its revision of the national HIV/AIDS Plan, as a precursor to the development of an OVC national plan. In Asia, China is the only country with a clear policy for children affected by HIV, with free schooling, free drugs to prevent mother to child transmission, free testing of newborn babies, and care and economic assistance provided to households of PLWHA. DFID country offices are seeking to ensure that the appropriate priority is given to children in national HIV and AIDS programmes. For example, specific task forces for this have been convened in India and Cambodia, with which DFID is involved. Impact mitigation for families affected by AIDS and targeted interventions for vulnerable children including street children are in progress in Cambodia.</p> <p>Examples from country case studies include: China: £4.2m 2005 catalytic funding in Sichuan & Yunnan focusing on marginal groups & PLWHA; 2000-2005 £20 m HAPAC enabled GOC 'policy space' to promote wider recognition of the needs of vulnerable groups such as IDU and sex workers. Ethiopia: DFID approximately £4m funding for DKT intervention promoting BCC among young people in and out of school.</p>		

Table B1 Women, Young People and Vulnerable Groups: Taking Action to Close the Funding Gap				
	Commitment	Progress	Comments	Documents/sources
B1c	Fund further research into microbicides and scale up investments in treatments for children	<p>Commitment on track to be met for microbicides research funding but difficult to determine extent of DFID support for scaled up investment in treatments for children.</p> <p>In April 2005 DFID agreed further funding of £23.8 million over the next 3 years for the Microbicide Development Programme (MDP). An additional £1 million is for advocacy and preparedness and the Global Campaign for Microbicides (GCM). In November 2005 DFID announced funding of £7.5 million over the next 3 years to 2008 for IPM (International Partnership for Microbicides).</p> <p>DFID is also funding (£2.6 million 2006-10) the ARROW clinical trial, which is investigating antiretroviral treatments for children.</p>		<p>Social & Scientific Systems, Inc., (2006a) <i>An Analysis of Trends in UK Government Funding and Activities</i>. DFID Evaluation Working Paper 18</p> <p>DFID, (2006ad) HIV & AIDS Core Briefing Pack for the IDC</p> <p>CRD (2006) <i>Summary of HIV/AIDS spend and target</i></p>

Table B2 Women, Young People and Vulnerable Groups: Taking Action to Strengthen Political Leadership				
	Commitment	Progress	Comments	Documents/sources
B2	2. Take action to strengthen political leadership			
	The UK government will:			
B2a	Promote political leadership, and leadership at all levels of society, to advocate for the rights of women, young people and vulnerable groups	<p>Commitment on track. The UK has made an important contribution to strengthening political leadership on issues affecting women, young people and vulnerable groups, although could be more active on rights specifically.</p> <p>Internationally the UK has taken a strong lead on</p>	<p>Country case studies, in particular India and China, demonstrate considerable success in efforts to strengthen government leadership. Action by DFID and the FCO often takes the form of 'quiet diplomacy' and is not well-documented, but there are many</p>	<p>G8 Gleneagles, (2005) <i>G8 Gleneagles Summit, Africa</i>.</p> <p>EU, (2005) EU Statement on HIV Prevention for an AIDS-Free generation, November 24, 2005</p>

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Table B2 Women, Young People and Vulnerable Groups: Taking Action to Strengthen Political Leadership				
	Commitment	Progress	Comments	Documents/sources
		<p>women's sexual and reproductive health and rights, including providing an additional £100,000 to UNFPA to review progress after 10 years on the ICPD agenda and helping to ensure that the Cairo goal of universal access to reproductive health by 2015 was reflected in the Declaration resulting from the UNGASS High Level Meeting in June 2006.</p> <p>The UK played an important leadership role in the development of and agreement to the EU Statement on HIV Prevention for an AIDS-Free Generation, during its Presidency of the EU in 2005. This sets out a comprehensive approach to HIV prevention in young people – including access to SRH services, condoms and harm reduction programmes – and was subsequently endorsed by the UNGASS High Level Meeting.</p> <p>The UK has championed the rights of sex workers, MSM and IDU, advocating for their prevention, care and treatment needs to be included in the 'universal access' process and in the UNGASS 2006 Declaration.</p> <p>The UK co-chaired with UNAIDS the Global Steering Committee on scaling up towards 'universal access'. This process resulted in more than 100 national consultations and seven regional consultations to identify priorities for action. The Global Steering Committee held three meetings with over 40 national governments and multilateral agencies, and its recommendations formed the basis of the UNAIDS report discussed at the UN</p>	<p>examples of UK efforts at international and national levels, through lobbying, policy dialogue and funding organisations that advocate for these priority groups and support leadership by these groups.</p> <p>Other policy papers that focus on sexual and reproductive rights, and harm reduction have been produced to complement <i>Taking Action</i>.</p> <p>Multilateral and NGO representatives interviewed for this evaluation stated that the UK is as outspoken as politically possible on behalf of the most vulnerable groups, citing as an example the Secretary of State's speech at the UNGASS 2006 meeting, and provides an essential balance to other stakeholders.</p>	<p>DFID, (2005k) <i>Harm Reduction: Tackling Drug Use and HIV in the Developed World</i>, December 2005</p> <p>DFID, (2004f) <i>Sexual and Reproductive Health and Rights: A Position Paper</i>, July 2004</p> <p>UNAIDS, <i>Uniting the World Against AIDS: 2006 High Level Meeting on AIDS</i>. Webpage accessed in June 2006 www.unaids.org/en/AIDSreview2006</p> <p>UNAIDS, (2006a) <i>UNAIDS Statement: 2006 High Level Meeting on AIDS</i>.</p> <p>UN General Assembly (2006) <i>Declaration of the Commitment on HIV/AIDS: Five Years Later, Report of the Secretary General</i>. 24 March 2006</p> <p>UN General Assembly, (2006) <i>Resolution adopted by the General Assembly, 60/262. Political Declaration on HIV/AIDS</i>. 2 June 2006</p> <p>Stop AIDS Campaign (2006) <i>Universal Access by 2010 – the UK Government's role in making it</i></p>

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Table B2 Women, Young People and Vulnerable Groups: Taking Action to Strengthen Political Leadership				
	Commitment	Progress	Comments	Documents/sources
		<p>General Assembly High Level Meeting in June 2006. The UK has consistently advocated for the needs of vulnerable groups to be address in the ‘universal access’ process.</p> <p>The UK has in particular taken a strong international leadership position on harm reduction, in its 2005 Harm Reduction Policy Paper and in subsequent development, led by the Home Office and FCO, of a strategy to better influence developments in the UN drugs bodies. This includes encouraging UNODC to fulfil its obligation to ensure delivery of HIV prevention services to IDU and prisoners. The strategy recognises that it will be critical to influence the EU, the largest UNODC donor, but also highlights the challenges, given the different positions of member states on harm reduction. The UK provided funding for UNODC to hold a meeting in March 2007 on promoting prevention among IDU and prisoners, ensuring that the 2007 Commission on Narcotic Drugs covered these issues.</p>		<p><i>happen</i>. May 2006</p> <p>Home Office and FCO, (2006) Developing a UK Strategy Towards the UN Drugs Bodies: A Discussion Paper, Draft</p> <p>Sen David, P. and Kapoor, I., (2006) <i>Country Case Study: India</i>, December 2006</p> <p>Lenton, C. and Ran, W. (2006) <i>Country Case Study: China</i>, October 2006</p>
B2b	Promote leadership by and among women, young people and vulnerable groups, and support the work of the Global Coalition on Women and AIDS	<p>Commitment on track to be met.</p> <p>The UK has delivered on its commitment to support the work of the Global Coalition on Women and AIDS. The commitment to core funding support for the GCWA is part of partnership objective 1 (UNAIDS providing effective global leadership on HIV and AIDS) in the DFID IS with UNAIDS. GCWA’s 2005 Progress Report to DFID documents progress in</p>	<p>An evaluation of Citizens’ Voice and Accountability, scheduled for completion in 2007, aims to: document different approaches by development partners to enhancing voice and accountability in a variety of developing country contexts; and to learn lessons on which approaches work best, where and why; and; assess effects of enhanced voice and accountability on governance and on aid</p>	<p>UNAIDS and DFID, (2004) Working in Partnership with the United Nations’ Programme on HIV/AIDS (UNAIDS)</p> <p>The Global Coalition on Women and AIDS, (2005) The Global Coalition on Women and AIDS 2005 Progress Report</p>

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Table B2 Women, Young People and Vulnerable Groups: Taking Action to Strengthen Political Leadership				
	Commitment	Progress	Comments	Documents/sources
		<p>all three of its overlapping domains: evidence and policy development, high level advocacy, and country level action. Identified priorities for 2006 included continued work in the domains of evidence and policy development and high level advocacy, with primary attention to catalysing action at the country level.</p> <p>In 2006, DFID made a commitment to give £1 million to the International Treatment Preparedness Coalition, £375,000 to the International Community of Women Living with HIV/AIDS, to build national networks and influence policy, and £375,000 to the Global Network of People Living with HIV and AIDS for its work in increasing PLWHA involvement in advocacy and policy development (DFID, 2006ag). DFID, together with like-minded donors, has advocated successfully for the representation of women and PLWHA in global bodies, for example on the Global Fund management board.</p> <p>DFID is funding the International Harm Reduction Association, providing £1.4 million over 3 years from 2006, as well as international NGOs such as the International HIV/AIDS Alliance, which advocate for the rights of IDU. DFID also provides support for NGOs advocating for the rights of MSM, such as Naz Foundation International.</p> <p>In Zambia, the FCO has been working closely with UNAIDS to advocate for improved prison conditions including provision of HIV services,</p>	<p>effectiveness, specifically on empowerment of citizens, budget allocations, public expenditure, service delivery and poverty reduction, and whether these effects are sustainable.</p>	<p>Sen David, P. and Kapoor, I., (2006) <i>Country Case Study: India</i>, December 2006</p> <p>Drew, R. and O'Connell, A., (2006) <i>Country Case Study: Zambia</i>, August 2006</p> <p>Drew, R. and Sherman, J. (2006) <i>Country Case Study: Zimbabwe</i>, October 2006</p> <p>DFID (n/d) Proposal for Collaborative Work on an Evaluation of Citizens' Voice and Accountability</p> <p>Pilsbury, B. and Mwadi Kady, A., (2006) <i>Country Case Study: DRC</i>, September 2006</p>

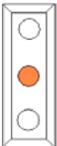
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Table B2 Women, Young People and Vulnerable Groups: Taking Action to Strengthen Political Leadership				
	Commitment	Progress	Comments	Documents/sources
		and in DRC, the British Embassy has led in drawing attention to human rights abuses by the Congolese army, including “raping with impunity” that contributes to the spread of HIV – and provided critical support to strengthen government and civil society leadership on behalf of vulnerable groups. Country case studies, in particular, India, Zambia, Zimbabwe, provide examples of effective DFID support to national organisations of vulnerable groups. In countries such as Malawi, Mali, Nigeria and Rwanda, DFID supports CSOs that engage in advocacy on behalf of PLWHA and excluded groups (DFID, 2006aa).		
B2d 	Promote human rights (including the rights of children) and their impact on tackling HIV and AIDS wherever appropriate, including through the UN Commission on Human Rights	<p>Progress mixed, with limited attention given to enforcement of human rights laws and policies.</p> <p>The UN Commission on Human Rights was replaced by the Human Rights Council on March 15, 2006. The UK was voted in as one of 47 members of this body in May, 2006. DFID’s IS with the UNHCHR, finalised in July 2005, provides £10.8m over a period of 4 years (2005–2008) and allocates an additional £180,000 for the first 3 years to “make progress on translating normative human rights standards relating to HIV and AIDS into concrete action at the country level.”</p> <p>DFID’s audit of HIV and AIDS related stigma and discrimination reports that “in a recent meeting, the UNHCHR stated that it will focus its HIV and AIDS work on the “illegals” (MSM, CSW, IDU), violence against women, training of UN</p>	<p>FCO’s 2006 Annual Human Rights Report acknowledges that discrimination against people living with HIV and vulnerable groups is pervasive, suggesting that the most effective way to combat stigma and discrimination is by empowering PLWHA. Women’s rights are reported as mainstreamed throughout UK government policy and the UK has been active in promoting women’s rights that may affect vulnerability to HIV/AIDS (e.g. enhanced participation of women in development, and the equal participation of women and men in decision-making at all levels were promoted by the UK at the 2006 Commission on the Status of Women. At UNGA 2005/6, during the UK’s presidency of the EU, the UK was responsible for drafting the customary</p>	<p>FCO, (2006) <i>Active Diplomacy for a Changing World: The UK’s International Priorities</i>, White Paper, March 2006 (pp 17 & 57) www.fco.gov.uk</p> <p>FCO, (2006) Annual Human Rights Report</p> <p>DFID and UNHCHR, (2005) DFID and the Office of the High Commissioner for Human Rights (UNHCHR) Institutional Strategy Paper</p> <p>DFID, (2006v) <i>Addressing HIV and AIDS Related Stigma and Discrimination: An Audit of DFID’s Current Work</i>, Global AIDS Policy Team, September 2006</p>

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Table B2 Women, Young People and Vulnerable Groups: Taking Action to Strengthen Political Leadership				
	Commitment	Progress	Comments	Documents/sources
		<p>staff on rights-based approaches, and on surveying national mechanisms.</p> <p>The same audit identified approximately 100 projects/programmes addressing HIV/AIDS-related human rights and stigma and discrimination. Most focus on preventing and reducing stigma; relatively few challenge discrimination in institutional settings, such as health facilities, or help to enforce laws that protect human rights. Most relevant projects/programmes in Africa are implementing interventions such as mass media campaigns to prevent or reduce stigma, while those in Asia, Latin America and the Caribbean have a stronger emphasis on empowering vulnerable groups. In Eastern Europe and Central Asia, 46% of projects/programmes marked HIV/AIDS and/or human rights address HIV/AIDS-related stigma and discrimination and these receive 30% of the budget for all relevant projects/programmes. The review states that, given the importance of tackling HIV/AIDS-related stigma and discrimination in slowing and reversing the epidemic, 'it is not receiving the level of attention required or that was committed in <i>Taking Action</i>', and notes that work has been constrained by limited human resources and evidence, the sensitive nature of the issues and use of aid instruments such as budget support.</p> <p>The audit also found that 12 PPAs with UK NGOs containing an HIV/AIDS stigma and discrimination component: Action Aid, CAFOD,</p>	<p>resolution on the rights of the child. This resolution was tabled by the EU and Latin American countries.</p>	<p>House of Commons, Select Committee on International Development, (2006a) Second Report, <i>December 2006</i></p>

Table B2 Women, Young People and Vulnerable Groups: Taking Action to Strengthen Political Leadership				
	Commitment	Progress	Comments	Documents/sources
		<p>Care International, Christian Aid, Help Age International, International HIV/AIDS Alliance, Oxfam, Panos Institute, Progressio, Save the Children, Skillshare International and VSO.</p> <p>DFID supports action on children's human rights through funding for UNICEF, which takes a strong rights-based approach in its advocacy and programming for children, and for NGOs, e.g. Save the Children and World Vision, which promote children's rights through initiatives including the establishment of children's parliaments.</p> <p>However, a study commissioned by DFID's Exclusion, Rights and Justice team (Mapping study: DFID activities relating to children, young people and older people, Social Development Direct, June 2005) identified few projects/programmes working with governments to tackle children's rights at national level.</p>		
B2e	 <p>Support work on legislative reform, including that spearheaded by UNAIDS, to combat discrimination against people living with or affected by HIV and AIDS</p>	<p>Progress mixed.</p> <p>Some examples of good country initiatives but only a few of the 100 or so DFID-supported projects with a focus on human rights and HIV/AIDS-related stigma and discrimination address discrimination in institutional settings or support for enforcement of laws and policies protecting the rights of PLWHA and vulnerable groups. See also B4k.</p>	<p>Of the 115 UNGASS country progress reports submitted in 2005, 61% of countries report the existence of laws and regulations to protect PLWHA from discrimination; 66% of countries have no laws or regulations that specifically protect the most at-risk groups from discrimination.</p> <p>Of 126 countries that reported to UNAIDS in 2006, over half acknowledged the existence of policies</p>	<p>DFID, (2006v) <i>Addressing HIV and AIDS Related Stigma and Discrimination: An Audit of DFID's Current Work</i>, Global AIDS Policy Team, September 2006</p> <p>UNAIDS, (2006) 2006 Report on the Global AIDS Epidemic</p>

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	Commitment	Progress	Comments	Documents/sources
			<p>that interfere with the accessibility and effectiveness of HIV prevention and care measures, such as laws that criminalise consensual sex between men, drive the sex industry underground, or prohibit condom and needle access in prisons.</p> <p>An FCO-funded study by Naz Foundation International, submitted as evidence to the IDC (IDC, 2006a), found that while health ministries in South Asia advocate working with MSM to reduce HIV spread, home ministries often persist with laws that criminalise homosexual behaviour.</p>	
<p>B2f</p> 	<p>Work closely with countries to ensure that equity and rights are prioritised, including in Poverty Reduction Strategy processes and in the decision-making process around scaling up treatment</p>	<p>Difficult to make a judgment on progress.</p> <p>To ensure equity and rights are prioritised in treatment scale up, DFID has advocated for inclusion of women, children and vulnerable groups in the ‘universal access’ process – DFID co-chaired the Global Steering Committee on scaling up towards ‘universal access’ with UNAIDS – and in the development of national plans. Evidence from country case studies suggests that DFID’s engagement at country level to ensure equity and rights in the decision-making processes around scaling-up treatment is less visible; actions in e.g. policy dialogue may be undocumented. Assessing success in ensuring that equity and rights are prioritised in PRS processes is more difficult.</p>	<p>Many country plans are weak. A 2004 NAO review noted that PRSPs varied in their consideration of HIV/AIDS. Only one-third identified measures or targets to assess HIV/AIDS progress. Country case studies e.g. Russia, Zambia, Ethiopia highlight the challenges of national leadership that fails to prioritise on the basis of epidemiological need.</p> <p>The UNICEF 2006 report notes that PRSPs have not included effective responses for vulnerable children and families, including those affected by HIV/AIDS. Priority actions to integrate action for CABA into development instruments recommend that UNICEF work with UNDP and World Bank to</p>	<p>Semkow, K., Duberstein, S. and Roshchupkin, G. (2006) <i>Country Case Study: Russia</i>, September 2006</p> <p>Hunter, S. and Albone, R., (2006) <i>Country Case Study: Ethiopia</i>, October 2006</p> <p>Drew, R. and O’Connell, A., (2006) <i>Country Case Study: Zambia</i>, August 2006</p> <p>Green, M. (2006) Improving Outcomes for Children Affected by HIV and AIDS: Recapacitating Social Policy and the State in Africa, Background Paper for 3rd Global Partners Forum, UNICEF, UNAIDS</p>

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Table B2 Women, Young People and Vulnerable Groups: Taking Action to Strengthen Political Leadership				
	Commitment	Progress	Comments	Documents/sources
			integrate HIV and AIDS strategies into PRSPs and oth ensuring that these include action for CABA	and DFID

Table B3 Women, Young People and Vulnerable Groups: Taking Action to Improve the International Response				
	Commitment	Progress	Comments	Documents/sources
B3	3. Take action to improve the international response			
	The UK government will:			
B3d	Endorse UNICEF's Strategic Framework for the Protection, Care and Support of Orphans and Children made Vulnerable by HIV and AIDS, and support its implementation with additional funding and advice to our country teams	<p>Commitment largely on track to be met.</p> <p>The UK endorsed the Strategic Framework, which was developed as a joint effort between UN agencies and other development partners, in 2003. In formal guidance for work with OVC, DFID uses the Framework and the outcomes of the Global Partners' Forum (GPF) on Children Affected by AIDS to determine where consensus lies to date on how to move forward. However, there is scope to strengthen support at country level for implementation of NPAs, and tracking resources reaching OVC and the impact of NPAs on OVC using internationally agreed indicators. In addition, the OVC spending target being a sub-set of AIDS goes against the principles of the Strategic Framework.</p> <p>DFID co-hosted the February 2006 Global Partners' Forum. The two day technical consultation preceding the 3rd Global Partners Forum in February 2006 provided evidenced based recommendations in 6 areas of strategic importance for building a comprehensive response to HIV and</p>	<p>The IS with UNICEF was revised in mid-2006 and the new ISP represents a collaborative approach involving the UK, Sweden and Canada. The Joint Institutional Approach focuses on supporting UNICEF to deliver its strategic priorities in areas including: protecting and promoting the rights of the child; improving the quality of results reporting systems; and fulfilling commitments to aid effectiveness.</p> <p>DFID together with UNAIDS and UNICEF prepared a review of policy related to children affected by HIV and AIDS as a background paper for the Global Partners' Forum. It states that the Strategic Framework, also endorsed by many other donors and NGOs, has facilitated a harmonised approach to programming and national strategies, but "the principles advocated in the document are not sufficiently empirically based and detailed modalities for</p>	<p>DFID, CIDA and SIDA (2006) <i>Canada, Sweden and the UK: A Joint Institutional Approach. Working Together with UNICEF for the World's Children</i></p> <p>UNICEF, UNAIDS and DFID, (2006) Report of the 3rd Global Partners' Forum on Children Affected by HIV and AIDS: Universal Access to Prevention, Treatment and Care, February 9-10, 2006</p> <p>Green, M. (2006) Improving Outcomes for Children Affected by HIV and AIDS: Recapacitating Social Policy and the State in Africa, Background Paper for 3rd Global Partners Forum, UNICEF, UNAIDS and DFID</p>

Table B3 Women, Young People and Vulnerable Groups: Taking Action to Improve the International Response				
	Commitment	Progress	Comments	Documents/sources
		<p>AIDS: national planning; legal protection including birth registration; communities' role in the response; education access; health services prevention and treatment,; and social welfare. 7 recommendations were identified as priorities for global action on addressing blockages to universal access to prevention, treatment, care and support for children affected by AIDS: 1. Strengthen civil registration to promote child protection and services, 2. develop social welfare systems with budgetary allocations, 3. accelerate the existing momentum towards education for all children through the FTI and other financial mechanisms, 4. Integrate and provide routine HIV and AIDS prevention and treatment services for children, 5. integrate a multisectoral response for children affected by HIV and AIDS into development instruments, including PRSPs, 6. strengthen capacity, effectiveness and participation of civil society, and 7. strengthen monitoring and evaluation to improve the accountability and performance of national plans through improving data collection for children.</p> <p>The 2006 Forum set out priorities for action to ensure needs of affected children are reflected in social protection frameworks and national responses including scale up towards 'universal access', and established the Inter-Agency Task Team Working Group on Social Protection and Children, of which DFID is a member, to take this forward. DFID helped to ensure that the Forum findings fed into the Global Steering Committee on Universal Access and into the Declaration of</p>	<p>operationalisation need further specification". Some of this evidence will be provided by various IATT working groups following up on the Global Partners' Forum recommendations, as well as the Joint Learning Initiative.</p> <p>At least 20 countries in sub-Saharan Africa have completed NPAs. However, on average only 35% of total budgets had been pledged by May 2006 in 14 countries where NPA funding data was available. A background paper prepared for the February 2006 Global Partners' Forum on Children Affected by HIV and AIDS raised concerns about the limitations of existing policy frameworks, lack of commitment to strengthening national institutions that could deliver social welfare outcomes for children, and over-reliance of donors and governments on CSOs to deliver responses for children.</p> <p>NGOs consulted for this evaluation stated that the global momentum on children affected by AIDS has resulted in improvements in high-level policy and benefits for all vulnerable children. They also welcomed DFID's increased emphasis on children, in particular, social protection measures for vulnerable children.</p>	<p>UNICEF, UNAIDS and WHO, (2007) Children and AIDS: A stocktaking report. Actions and progress during the first year of Unite for Children, Unite against AIDS</p>

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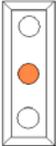
Table B3 Women, Young People and Vulnerable Groups: Taking Action to Improve the International Response				
	Commitment	Progress	Comments	Documents/sources
		<p>Commitment of the High Level Meeting in June 2006.</p> <p>DFID is also a donor to the Joint Learning Initiative on Children and HIV/AIDS (JLICA), which aims to strengthen the evidence base and improve policy and practice concerning affected children. The JLICA will conduct research on prevention, care and other services for children, as well as rights and governance issues (JLICA, 2007). DFID is playing an active role in ensuring that learning generated by the JLICA feeds into the IATT and its working groups.</p>		
<p>B3e</p> 	<p>Take steps to increase access to medicines for women and children</p>	<p>Difficult to judge progress. Data on treatment coverage disaggregated by gender is weak. Greater efforts to increase access to paediatric treatment are still required.</p> <p>DFID co-chaired the Global Steering Committee on scaling up towards 'universal access'.</p> <p>The UK has made a 20 year commitment to UNITAID, a new international drug purchasing facility, starting with £15m in 2007 and rising to £40m in 2010, subject to performance. UNITAID will focus on reducing prices for HIV, TB and malaria medicines and diagnostics, improving predictability of supply, and ensuring that poor countries obtain maximum benefits from TRIPS agreements and exemptions. Initially, UNITAID will fund ARVs for paediatric</p>	<p>Global progress on paediatric treatment has been slow. In 2005, 10% of the 780,000 children estimated need ART had access to treatment and 4% had access to cotrimoxazole prophylaxis. Only 7 countries for which information is available provide ART to at least 20% of children in need of treatment. (UNAIDS, UNICEF, WHO, 2007). All PSA countries with figures available²⁷⁹ have fewer children on ART than might be expected (UNAIDS, 2006). As of the end of 2006, around 15% of children in need of treatment were receiving ART, but access to treatment among children in sub-Saharan Africa remains low compared with adult access (WHO,</p>	<p>DFID and UNAIDS, (2006) Report of Global Steering Committee on Scaling up Towards Universal Access.</p> <p>DFID, New International Partnership to Sink Prices on Life-saving Medicines for Poor Countries. Press Release. 19 September 2006.</p> <p>WHO, (2006) <i>Progress on Global Access to HIV Antiretroviral Therapy: A Report on "3x5" and Beyond</i></p> <p>UNICEF, UNAIDS and WHO, (2007) Children and AIDS: A stocktaking report. Actions and</p>

²⁷⁹ Ghana, Kenya, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia, Zimbabwe, Cambodia, China, India and Vietnam

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Table B3 Women, Young People and Vulnerable Groups: Taking Action to Improve the International Response				
	Commitment	Progress	Comments	Documents/sources
		<p>treatment in 30 countries, reaching up to 100,000 children in 2007 and 200,000 in 2008 (and second-line ARVs for 100,000 people in 16 of the 21 countries with the highest consumption of first-line treatments).</p> <p>DFID is a member of the Public-Private Partnership for Paediatric HIV/AIDS medicines, established by PEPFAR in 2006. The Partnership brings together originator and generic pharmaceutical companies, the US government, UN agencies including WHO and UNICEF, and DFID, in order to develop, license and register paediatric antiretroviral products suitable for use in resource-limited settings.</p> <p>DFID is also funding (£2.6 million 2006-10) the ARROW clinical trial, which is investigating antiretroviral treatments for children.</p>	<p>UNAIDS, UNICEF, 2007). Challenges remaining include availability of low-cost diagnostics and lack of information on paediatric doses for children at different ages.</p> <p>In 2005, UNAIDS and WHO reported that data on the use of ARVs did not detect any notable gender inequities. Information from some countries, e.g. Ghana and Ethiopia shows the percentage of women on ART is less than would be expected, while in other countries, e.g. Burundi, Cambodia, China and South Africa the reverse is true (UNAIDS, 2006). However, the reliability of this data has been questioned, including by ICW's national networks. There are concerns about access for women who are not pregnant who are not in contact with PMTCT services and the potential adverse impact of opt out approaches to counselling and testing (CT) on women's access to treatment (UNAIDS, 2006).</p>	<p>progress during the first year of Unite for Children, Unite against AIDS</p> <p>WHO, UNAIDS, UNICEF (2007) Towards Universal Access: Progress Report, April 2007</p> <p>UNAIDS, (2006) 2006 Report on the Global AIDS Epidemic</p>

Table B4 Women, Young People and Vulnerable Groups: Taking Action to Support Better National Programmes				
	Commitment	Progress	Comments	Documents/sources
B4	4. Taking Action to support better national programmes			
	The UK government will:			
B4a	Support comprehensive	Progress made in some areas, less in others. An independent		DFID, (2005n) <i>Reducing</i>

Table B4 Women, Young People and Vulnerable Groups: Taking Action to Support Better National Programmes				
	Commitment	Progress	Comments	Documents/sources
	programmes for women that address not only their access to sexual and reproductive health and rights but also access to education, employment and social protection	<p>evaluation of DFID's work on gender (DFID, 2006) concluded that, while progress overall has been uneven, DFID has had success in promoting gender equality and access in the health and education sectors and expanding social protection measures.</p> <p>Efforts have been made at country level to promote women's participation in PRS processes and to incorporate gender equality in national plans and policies, e.g. in Uganda, DFID worked with Government and CSOs to ensure gender equality issues were included in the 2003/4 revision of the Poverty Eradication Action Plan.</p> <p>One example is the Population Council's <i>Transition to Adulthood</i> 9-country programme 2001-2007 is funded through a challenge grant. DFID's £5m has enabled the Council to leverage significant funds to expand attention to adolescent girls' SRH. A particular focus is on 'the girls left behind', the most vulnerable and excluded. A multisectoral approach is taken to address structural factors, e.g. gender inequity and poverty, which limit adolescent girls' life chances and rights, including SRH rights. Focus areas include health, education, livelihoods and public participation. Outcomes include: inputs to national policy agendas on adolescent SRH, e.g. in Ethiopia and India; support to expand UNFPA's focus on adolescent SRH and HIV, beyond prevention; initial work towards development of an evidence base on a little researched group in a wide range of environments.</p>		<p><i>Poverty by Tackling Social Exclusion: A DFID Policy Paper</i>. September 2005</p> <p>Chapman, K. et al, (2007) DFID/Population Council Partnership in support of adolescent girls' transition to a safe, self-determined and productive adulthood. OPR. London: Options' Consultancy Services</p>
B4b	Support efforts to promote girls' education and work to support programmes	<p>Commitment on track to be met.</p> <p>DFID published its strategy <i>Girls' Education: Towards a</i></p>		<p>DFID, (2006e) <i>Eliminating World Poverty: Making</i></p>

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Table B4 Women, Young People and Vulnerable Groups: Taking Action to Support Better National Programmes				
	Commitment	Progress	Comments	Documents/sources
	<p>tackling gender violence and stigma and discrimination</p>	<p>Better Future for All in 2005. Support for efforts to get more girls into school is a key commitment in the 2006 DFID White Paper. DFID has advocated for mainstreaming HIV and AIDS and gender equality into the FTI, including in its role as co-chair of the UN Girls Education Initiative from 2002/6. Countries applying for FTI funds must now include gender and HIV education in education sector plans.</p> <p>The recent Girls' Education strategy progress report acknowledges a number of achievements and challenges in meeting the commitment of the Girls' Education Strategy and one of the seven future actions plans to support girls' education acknowledges the need to 'support gender-aware HIV and AIDS programmes in schools'.</p> <p>Examples of initiatives supported include: DFID's £26 million support for the UNICEF Girls' Education project in Nigeria, which has helped increase girls' enrolments in six northern states by 10-15% in just one year. DFID Zambia support for the Campaign for Female Education International to improve girls' education in rural schools, reinforcing DFID action at national policy level A regional workshop in July 2006 in Nairobi, which explored challenges and opportunities to develop legal frameworks and child protection measures to protect girls from FGM. DFID is also a member of the FGM Donor Working Group, coordinated by the World Bank and UNICEF, and is providing £700,000 to NGOs working on obstetric fistula (which is often linked to FGM) in Africa.</p> <p>DFID is a major contributor to UNIFEM, which collaborates through the Global Coalition on Women and</p>		<p><i>Governance Work for the Poor</i>, White Paper, July 2006</p> <p>DFID, Girl's' Education: Towards a Better Future for All. First Progress Report, November 2006 (Draft)</p>

Table B4 Women, Young People and Vulnerable Groups: Taking Action to Support Better National Programmes				
	Commitment	Progress	Comments	Documents/sources
		<p>AIDS in a multi-stakeholder campaign to build knowledge of links between GBV and women and girls' vulnerability to HIV.</p> <p>DFID supported UNAIDS, UNFPA and the Global Coalition on Women and AIDS to conduct a situation analysis of GBV in Kenya in 2006 (UNAIDS, GCWA <i>et al</i> 2006), and research in Malawi and Ethiopia to collect evidence of the extent of GBV in schools. The findings of the Malawi study contributed to the development of national plans to respond to GBV in schools involving government ministries, UNICEF and NGOs. In Jordan, DFID funds the Family Protection Project to combat domestic violence, child abuse and sexual assault and, in Ghana, the Rights and Violence Initiative to conduct advocacy work on new legislation on domestic violence. A 3-year DFID-funded trial in South Africa, which combined microfinance for women with gender and HIV education, contributed to a 55% reduction in partner violence, a key factor in HIV transmission.</p>		
	<p>B4d</p>  <p>Make support for OVC a cornerstone of our response, by dedicating at least £150m over the next 3 years to address their needs including through</p>	<p>DFID appears to be on track to meet this commitment. However, no official figures are available on this, and the system for tracking is not yet fully operational.</p> <p>Support is provided through UNICEF, bilateral funding and funding for international and national NGOs. The £150m is 'allocated' as follows: UNICEF £44m; Africa country programmes (£85m); Asia country programmes (£4m); scientific research (£2m); and an additional £15m. UNICEF will receive £5m from DFID 2006–2008 earmarked to support work on children affected by HIV and AIDS.</p>	<p>To track spending on OVC/children affected by AIDS, DFID has introduced a new sector code for social protection for vulnerable children, which should be used in combination with an AIDS marker in order for the spending to be counted. There have been challenges in applying this system. A review of the method and use of the sector code is planned.</p>	<p>DFID, (2006ad) HIV & AIDS Core Briefing Pack for the IDC</p> <p>DFID, Director's Delivery Plan: Africa 2005–2008</p> <p>Hunter, S. and Albone, R., (2006) <i>Country Case Study: Ethiopia</i>, October 2006</p> <p>Drew, R. and O'Connell, A., (2006) <i>Country Case Study:</i></p>

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Table B4 Women, Young People and Vulnerable Groups: Taking Action to Support Better National Programmes				
	Commitment	Progress	Comments	Documents/sources
		<p>The Africa DDP 2005–2008 states that regional (i.e. in addition to individual countries’) allocations to ‘OVC UNICEF’ are £5 million for 2005/6 and 2006/7 and £8 million of 2007/8.</p> <p>Examples from country case studies include: DFID is the biggest donor for Ethiopia’s National Productive Safety Nets Programme. While the PSNP does not specifically address HIV and AIDS, or identify vulnerable recipients in term of HIV and AIDS, people are eligible if they are chronically ill and OVC are included as members of vulnerable families. In Zambia, DFID is planning further support to social protection approaches through the Ministry of Community Development and Social Services and has a concept note to provide the Ministry with £14 million over five years to expand implementation of a social protection policy. DFID funds social protection interventions in Ghana, Zambia, Kenya, Malawi, Tanzania, Rwanda and Ethiopia; beneficiaries include OVC.</p>		<i>Zambia</i> , August 2006
	<p>B4e</p>  <p>Securing international commitment to UNICEF’s Strategic Framework</p>	<p>Commitment met. See also B3d above.</p> <p>At the first meeting of the Global Partners’ Forum in 2003, nearly 30 organisations, including DFID, endorsed the Strategic Framework. The commitment to continue to obtain endorsement, adoption and implementation of the <i>Framework</i> was made at the second forum in 2004.</p>	<p>This was met before <i>Taking Action</i> was launched.</p>	
	<p>B4f</p> <p>Reflecting our commitment in DFID’s country assistance plans in all affected countries</p>	<p>Commitment on track to be met. Review of CAPs indicates greater focus on OVC than prior to <i>Taking Action</i>.</p> <p>Evidence from countries also indicates that DFID action is consistent with the Strategic Framework, e.g. the Zambia</p>		<p>Africa: DRC CEP 2003, DRC CEP 2005, DRC Draft DAP 2006 – 2011, Ethiopia CAP 2003, Zambia CAP 2004–07, Kenya CAP 2004–07, Malawi CAP 2003/04–05/06, Rwanda</p>

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Table B4 Women, Young People and Vulnerable Groups: Taking Action to Support Better National Programmes				
	Commitment	Progress	Comments	Documents/sources
		CAP for 2004/5-2006/7 features challenges facing OVC and DFID's response under plans to reverse the decline in social, health and education services and to develop more innovative social protection measures. The country case study notes that DFID Zambia support is consistent with the Framework, focusing in particular on the fourth strategy, ensuring that governments protect the most vulnerable children. However, important to note that defining OVC spending target as a sub-set of the AIDS spending target is inconsistent with the Strategic Framework.		CAP 2003-06, Nigeria CAP 2004-08, Ghana 2003-06. Asia: -India CAP 2004-08, India CAP Review 2003-04, India CAP Review 2004-05, China CSP 2002-05, China CAP 2006-11, China Annual Review 2004-05, and Pakistan CAP 2005-07. Indonesia update September 2004, India update July 2005, Cambodia update July 2005 EMAD: Russia CSP (2001-05), Russia CSP Review (2004), and Ukraine CSP (2001 – 2005). Peru (2003 – 2005), Iraq Interim Country Assistance Plan (2004), Palestine CAP (2004 – 06), Jamaica CSP (2005 – 2008) RAP for Central Asia, South Caucasus, and Moldova, 2004 – 07. RAP for the Western Balkans, 2004/05 – 08/09. RAP for Latin America, 2004-07 (August, 2004). RAP for the Caribbean Region (June 2004). Middle East and North Africa (2003/04 – 2005/06)
B4g	Working on a range of interventions to assist keeping children	Commitment on track to be met. DFID is championing and supporting social protection	UNICEF recently released the results of innovations in social protection to reduce impact of	DFID, <i>Social Transfers and Chronic Poverty: Emerging Evidence and the Challenge</i>

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Table B4 Women, Young People and Vulnerable Groups: Taking Action to Support Better National Programmes				
	Commitment	Progress	Comments	Documents/sources
	productively in school, with secure access to health care and social protection	measures in a number of countries, in particular in Africa.	HIV/AIDS on children in 15 countries in Southern and East Africa.	<p><i>Ahead: A DFID Practice Paper</i>, October 2005</p> <p>Chapman, K., (2006) <i>Using Social Transfers to Scale up Equitable Access to Education and Health Services: Background Paper</i>, DFID, January 2006</p> <p>UNICEF, (2005) <i>Innovations in Social Protection in Eastern and Southern Africa: Reaching the Most Vulnerable Children in the Context of HIV and AIDS – An Integrated Summary Report on Education, Public Works and Cash Transfer Programmes</i></p>
	B4h Support prevention and treatment programmes that meet the needs of marginalised groups	<p>DFID has provided support, but globally, coverage of prevention and treatment programmes for these groups remains low.</p> <p>Many examples, from country case studies of DFID support for programmes for these groups. DFID China and Russia have funded initiatives that have provided services for marginalised groups. DFID China, for example, has provided evidence from pilot projects to influence public policy and scale up. Experience is now being replicated by other local authorities with the support of the government or other projects. Other examples include DFID Kenya funding for the NAC and CBOs, through the HAPAC Project, to work with IDU and for UNODC to assist the</p>		<p>Semkow, K., Duberstein, S. and Roshchupkin, G., (2006) <i>Country Case Study: Russia</i>, September 2006</p> <p>Lenton, C. and Ran, W. (2006) <i>Country Case Study: China</i>, October 2006</p>

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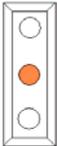
Table B4 Women, Young People and Vulnerable Groups: Taking Action to Support Better National Programmes				
	Commitment	Progress	Comments	Documents/sources
		Kenyan prison service to strengthen services for prisoners with HIV and TB; DFID support for Naz Foundation projects with MSM in India, Pakistan, Bangladesh and Nepal.		
B4i	Promote the greater involvement of people with HIV and AIDS – including women, young people and marginalized groups – in planning and delivering programmes	<p>Progress mixed.</p> <p>Funding for three international PLWHA organizations and networks (£1 million to the International Treatment Preparedness Coalition, a global network of PLWHA and their advocates that promotes treatment literacy and advocates for universal and free access to treatment for AIDS for all positive people and greater input from HIV positive people in decisions that affect their lives; £375,000 to the Global Network of People Living with HIV and AIDS, a global network for and of PLWHA that also advocates for GIPA; £375,000 to the UK-based International Community of Women Living with HIV/AIDS, the only international network run by and for HIV positive women. In addition, DFID supports international NGOs such as the International HIV & AIDS Alliance, which strengthen national and sub-national PLWHA organisations. At country level, DFID has funded PLWHA organisations: 10 of 14 country offices stated, in response to the stigma and discrimination audit, that they support PLWHA organisations directly or indirectly. However, there is scope to improve the involvement of PLWHA including in DFID's own programme planning and delivery.</p>		

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Table B4 Women, Young People and Vulnerable Groups: Taking Action to Support Better National Programmes				
	Commitment	Progress	Comments	Documents/sources
	<p>B4k</p> <p>Supporting legislative reform to improve the human rights environment, including anti-discrimination legislation, legislation to regulate the conduct of public institutions like the police, and to guarantee individuals access to services</p>	<p>Progress mixed. Promoting legislative reform on contentious and politically sensitive issues is challenging.</p> <p>DFID is supporting a range of actions including:</p> <p>Programmes in Ethiopia, Ghana, Kenya, Malawi, Mozambique and SADC that work towards legal and policy frameworks protective of human rights of PLWHA and vulnerable groups.</p> <p>Funding enabled the national PLWHA network and the National AIDS Commission in Kenya to challenge the 3rd draft of a Bill criminalising HIV transmission.</p> <p>Funding programmes to raise awareness of legal rights of PLWHA in Malawi, sex workers in Togo, and young people in Rwanda.</p> <p>Several programmes in Asia on legal reform and the inclusion of the rights of vulnerable groups and women in policies and laws, e.g. women's rights (Bangladesh, China, Pakistan), rights of IDU and sex workers (China, Vietnam), trafficking of children and women into prostitution (China, Nepal), and empowerment of migrants (Asia regional). The £25 million 5-year programme (2004–2008) <i>Strengthening the National Response</i> in Nigeria which includes a focus on strengthening voice and accountability, and advocating for rights, through State Action Committees on AIDS, State Strategic Plans and CSOs.</p> <p>Country-specific examples from Country Progress Reports include: in Zambia, CARE advocacy for the rights of women, girls and PLWHA, and a specific focus on anti-stigma and discrimination work; in Tanzania, DFID support of approximately £7 million to the Civil Society and Poverty Programme, which aims to increase government accountability to its citizens and enhance 'poor people's' participation in development.</p>		<p>Wheeler, M. et al, (2006) Scoping Mission Report for DFID Kenya HIV/AIDS Programme</p> <p>DFID, (2006aa) HIV and AIDS: Marginalised groups and emerging epidemics. Memorandum for the IDC</p> <p>Crisp, N. et al (2006) SNR Annual Review 2005/2006</p> <p>Zambia Country Progress Report (2006)</p> <p>Tanzania Country Progress Report (2005)</p>

Table B5 Women, Young People and Vulnerable Groups: Taking Action in the Long Term				
	Commitment	Progress	Comments	Documents/sources
B5	5. Taking action in the long term			
	The UK government will:			
B5a	Scale up our commitment for research which benefits women, young people, including orphans, other vulnerable groups and poor people, with special emphasis on:	<p>Commitment on track to be met.</p> <p>CRD reports 26 health and education research programmes or projects with expenditure related to HIV and AIDS in 2005/6, with expenditure totalling just over £25 million. In addition to funding for microbicides and AIDS vaccines, and the two RPCs described below (B5b), DFID supports HD3: 'Research and Capacity building in reproductive and sexual health and HIV/AIDS in developing countries' (LSHTM & partners) - £2.5 million 2005-2010; HD4 Sexual and reproductive health and rights (IDS and partners) - £2.5 million 2005-10; AG3074 'Knowledge for action on HIV/AIDS in the Russian Federation' (Imperial College, London & partners) - £1.5 million 2003-2007 (with a focus on IDU, vulnerability and epidemiology).</p> <p>Examples from country case studies and Country Progress Reports 2005 and 2006:</p> <ul style="list-style-type: none"> • DFID co-funding current DRC DHS (£600,000) • DFID co-funded analysis of 2005 Zimbabwe DHS; issues of contraceptive prevalence and PMTCT+ will be further considered in the maternal & newborn programme to be funded by DFID (£25 million over 5 years). This programme 	<p>An overview of DFID country office funding for HIV and AIDS research is problematic as this is not systematically tracked centrally.</p> <p>DFID support for other research, e.g. on health systems, education and maternal health, is significant but it is difficult to track how much is HIV/AIDS-related. The same applies to livelihoods and social research portfolios; the latter includes e.g. an RPC on women's empowerment.</p>	<p>Social & Scientific Systems, Inc., (2006a) <i>An Analysis of Trends in UK Government Funding and Activities</i>. DFID Evaluation Working Paper 18</p> <p>Pilsbury, B. and Mwadi Kady, A., (2006) <i>Country Case Study: DRC</i>, September 2006</p> <p>DFID Zimbabwe Country Progress Report (2005)</p> <p>DFID Tanzania Country Progress Report (2006)</p> <p>DFID Nigeria Country Progress Report (2005)</p>

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Table B5 Women, Young People and Vulnerable Groups: Taking Action in the Long Term				
	Commitment	Progress	Comments	Documents/sources
		<p>will additionally cover cultural aspects, e.g. male sexual attitudes and behaviour</p> <ul style="list-style-type: none"> • DFID has funded research in Tanzania on the impacts of HIV/AIDS on older people, and CSO/CBO access to HIV/AIDS funds • DFID funded KIT research on HIV impacts on rural livelihoods in Benue State, Nigeria, the first research of its kind in West Africa 		
B5b	 <p>Building knowledge on how to influence and change societal and economic impacts of AIDS, including the challenge of growing numbers of orphans</p>	<p>Progress in some areas.</p> <p>In 2006, CRD commissioned two HIV/AIDS Research Programme Consortia (HD11 and HD12) to conduct research in the areas of HIV and AIDS treatment and care services and social contexts of HIV and AIDS, with a particular focus on states that do not work in the interests of the poor. Total funding for these two RPCs is £7.5 million over 5 years.</p> <p>Other research consortia are looking at sexual and reproductive health and rights, especially for socially excluded groups, and TB-related stigma and discrimination. Future RPC will explore the involvement of civil society (including PLWHA) in PRSP processes.</p> <p>The Joint Learning Initiative on Children and HIV/AIDS (JLICA) engages practitioners and policymakers in collaborative problem-solving, research and analysis to address the needs of children affected by HIV and AIDS. It aims to</p>		

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Table B5 Women, Young People and Vulnerable Groups: Taking Action in the Long Term				
	Commitment	Progress	Comments	Documents/sources
		<p>mobilise the scientific evidence base and produce actionable recommendations for policy and practice. Its research tasks cover child survival, the role of families and communities, care-giving and services for children affected by HIV and AIDS, prevention of infection, costing the response, and issues of rights and governance. The Inception Phase began in September 2005 and involved research on existing networks and initiatives. Funders include the Bernard van Leer Foundation, François Xavier Bagnoud International, UNICEF and DFID. The JLICA received £300,000 grant from DFID in December 2006.</p>		
B5c	 <p>Developing global understanding of how the social roles of men and women, boys and girls, increase vulnerability to HIV</p>	<p>Progress in some areas.</p> <p>In 2006, CRD commissioned two HIV/AIDS Research Programme Consortia to conduct research in the areas of HIV and AIDS treatment and care services (see below) and social contexts of HIV and AIDS. Total funding for these two RPCs is £7.5 million over 5 years. See also examples above of research related to GBV supported by DFID.</p> <p>The research budget is currently fully committed, but CRD and the GAP team are considering how research on social and behavioural aspects of HIV and AIDS, in particular gender and sexuality norms and factors influencing behaviour change, effectiveness of prevention and treatment adherence, can be addressed more fully.</p>		<p>CRD (2006) <i>Summary of HIV/AIDS spend and target</i></p> <p>CRD (2006) <i>RPC Concept Note</i></p>
B5d	Innovative treatment regimes that can be safely accessed by	Progress mixed.		CRD (2006) <i>Summary of HIV/AIDS spend and target</i>

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Table B5 Women, Young People and Vulnerable Groups: Taking Action in the Long Term				
	Commitment	Progress	Comments	Documents/sources
	marginalised groups	5-year funding for RPC (HD11) (£3.75 million 2006-11) to conduct research on HIV and AIDS treatment and care services; and 5-year funding (£2.5 million 2002-7) to the Developing Anti-Retroviral Treatment in Africa (DART) trial to look at monitoring practice in the management of ART in adults. No specific research funded on innovative regimens for marginalised groups, although examples e.g. in China of programmes supporting innovative approaches e.g. substitution therapy for IDU.		
B5e 	Developing better and more effective therapies for children	<p>Progress mixed.</p> <p>DFID provided financial support to the UK Medical Research Council's Children with HIV Antibiotic Prophylaxis (CHAP) study of cotrimoxazole prophylaxis for children with HIV and AIDS, conducted in Zambia and Malawi. The study, which pre-dated <i>Taking Action</i>, showed that cotrimoxazole prophylaxis halved the risk of death in HIV-positive children during approximately 18 months of follow-up, and the findings led to a WHO recommendation that all HIV-positive children should receive cotrimoxazole prophylaxis. However, limited progress has been made in applying these findings and ensuring that children who need it have access to cotrimoxazole prophylaxis.</p> <p>DFID has provided follow-up financial support to the Children with HIV in Africa: Pharmacokinetics and Adherence of Simple Antiretroviral Regimens' study, conducted in the</p>	Further efforts are required in paediatric treatment research, particularly in diagnostics and in developing paediatric drug formulations, especially fixed dose combinations and half-dose tablets.	<p>CRD (2006) <i>Summary of HIV/AIDS spend and target</i></p> <p>Chintu <i>et al</i> (2004) <i>The Lancet</i> (364) pp 1865-71</p> <p>NAM (2007)</p>

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Table B5 Women, Young People and Vulnerable Groups: Taking Action in the Long Term				
	Commitment	Progress	Comments	Documents/sources
		<p>same trial population as the CHAP study, in order to test simplified antiretroviral regimens for children. This study is ongoing.</p> <p>DFID support for the ARROW clinical trial (£2.6 million 2006-10) investigating antiretroviral therapy for children.</p>		
B5f	Intensifying the microbicides effort and closing the funding gap for microbicides	<p>On track to meet UK commitment. DFID Central Research Department (CRD) spend on research in 2005/6 was just over £20 million, two thirds of which was for vaccine and microbicide research (£8 million to IAVI for vaccine research and £7.1 million to IPM and MDP for microbicides research).</p> <p>There is still a funding gap. Total global investment in microbicides research was US\$168 million in 2005, a 15% increase over 2004, but the Alliance for Microbicide Development estimates that US \$280 million is required annually.</p>		<p>CRD (2006) <i>Summary of HIV/AIDS spend and target</i></p> <p>Social & Scientific Systems, Inc., (2006a) <i>An Analysis of Trends in UK Government Funding and Activities</i>. DFID Evaluation Working Paper 18</p>
B5g	Continued support for AIDS vaccine development	<p>On track to meet commitment.</p> <p>See above.</p> <p>However, as for microbicides, there is still a funding gap. The Global HIV Vaccine Enterprise estimates \$1.1 billion is required annually.</p>		<p>CRD (2006) <i>Summary of HIV/AIDS spend and target</i></p> <p>HIV Vaccines' Working Group, (2006) <i>Adding it all up: Funding for HIV vaccines and microbicide development, 2000-5</i>.</p> <p>CRD, Global HIV Vaccine Enterprise</p>

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Table B5 Women, Young People and Vulnerable Groups: Taking Action in the Long Term				
	Commitment	Progress	Comments	Documents/sources
B5h 	All DFID-funded research will engage the users of research – including poor people themselves and DFID staff based overseas – from the outset	<p>Limited evidence of efforts to engage users, in particular intended beneficiaries, in research, perhaps with the exception of microbicides research, although RPC bidders have to demonstrate how they will engage users in the research process.</p> <p>DFID staff were involved in development of TOR for, review of expressions of interest and bids, and final decisions on recent RPCs. DFID staff are involved in annual meetings of the RPCs and internal DFID monitoring of these research programmes.</p>	CRD is looking at ways to increase the involvement of research users and this is likely to be part of the consultation for the new research strategy in 2007.	Surr, M. (2002) <i>Research for Poverty Reduction: DFID Research Policy Paper</i>

Table B6 Women, Young People and Vulnerable Groups: Translating Strategy into Action				
	Commitment	Progress	Comments	Documents
B6	6. Translating strategy into action (DFID policy on sexual and reproductive health and rights)			
	The UK government will:			
B6c 	Improve access to comprehensive services that are responsive to the needs and rights of poor people and other vulnerable groups	Commitment on track to be met. See Chapters 7 and 10.		Social & Scientific Systems, Inc., (2006a) <i>An Analysis of Trends in UK Government Funding and Activities</i> . DFID Evaluation Working Paper 18