A Stocktake Review of DFID’s Work on HIV and AIDS
It ain't over.

YOUTH STOP AIDS.
Global HIV Response

Incredible progress has been made in the HIV response: paving the way for an ambitious target within the Sustainable Development Goals (SDGs) to end AIDS as a public health threat by 2030. But progress is beginning to slow. New infections remain stubbornly high and in 2016 1.8 million people became newly infected with HIV\(^1\). AIDS-related deaths have decreased as treatment has improved but amongst some age groups, notably adolescents, AIDS-related deaths are actually increasing\(^2\). Many countries continue to impose discriminatory legal frameworks on people living with HIV and people most affected by HIV. At this critical time support from donors for the HIV response is also diminishing, and in 2016 donor government funding declined for the second consecutive year, this time by $500 million\(^3\).

Department for International Development (DFID)’s Position and Calls for a Review

Despite a legacy of UK Government financial leadership within the HIV response, civil society and the UK Parliament have raised concerns that DFID’s commitment to HIV is fading. DFID has closed the majority of its bilateral programmes specifically focussed on HIV and no longer has a position or strategy on HIV. In September 2016, both Youth Stop AIDS campaigners and the International Development Committee (IDC) called on the UK government to conduct a stocktake review of its work on HIV and AIDS. A stocktake review would facilitate DFID to articulate its priorities within the global HIV response and ensure its spending and approaches are sufficient to deliver, and are coherent with, its priorities. However, DFID indicated it would not undertake a review of its work, perhaps in large part because of the deprioritisation of HIV that we have been seeing. So in the spirit of collaboration and support STOPAIDS have undertaken a civil society review of DFID’s work. We hope it will help DFID to effectively target its capacity and resources to have the most impact on the global HIV response and ensure the UK does its part to realise the end of AIDS as a public health threat by 2030.
Our Findings

Financial Prioritisation

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<td>DFID has not cumulatively assessed its impact within the HIV response since 2013. The HIV policy marker (which now accounts for 88% of DFID’s bilateral spend on HIV) is not a sufficient mechanism to monitor impact. DFID has no mechanism to assess integration of HIV into wider programmes.</td>
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<td>Inclusion of HIV and AIDS in DFID strategies and public communications</td>
<td>HIV and AIDS is absent from DFID’s current aid strategy, DFID’s Strategic Vision on Women and Girls, and DFID’s Youth Agenda. However, in its Bilateral Development Review (BDR) there is a clear statement that ‘the UK remains firmly committed to ending the AIDS epidemic as a public health threat by 2030’, suggesting the UK government may give new emphasis to the global HIV response.</td>
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<td>UK government attendance at international HIV conferences</td>
<td>No DFID minister or civil servant attended either the 2014 or 2016 International AIDS Conferences. At the 2016 UN High Level Meeting on HIV and AIDS, DFID made a strong statement that clearly articulated DFID’s priorities, but sent only one civil servant. Most recently, DFID sent a senior civil servant to the 2017 Scientific International AIDS Conference.</td>
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<td>Support from the UK parliament</td>
<td>Parliamentarians from across all parties have demonstrated strong support for UK leadership within the global HIV response. The International Development Committee (IDC) has recently undertaken an inquiry into DFID’s work on HIV and AIDS.</td>
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Recommendations

Financial

- Increase overall levels of UK funding for the global HIV response, in line with UNAIDS recommendations, by:
  - continuing to make ambitious funding contributions to multilateral institutions working on HIV and ensuring that the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), UNITAID and UNAIDS are fully funded and able to make the critical interventions needed to end AIDS by 2030,
  - increasing funding for civil society’s global response to HIV and AIDS, particularly for key populations, youth and women and girls, through the Robert Carr Network Fund (RCNF) and through new DFID funding mechanisms for civil society including UK Aid Connect.
- Ensure that country office programmes focussed on HIV, when closed, are shut down in a way that ensures investment is not wasted and development gains are sustained.

Programmatic

- Formalise and publish a position or strategy on HIV with clear priorities and targets.
- Introduce minimum requirements for using the HIV policy marker, for example requiring HIV is included in project documentation and that HIV relevant indicators are included and monitored.
- Allow for greater specificity in attributing spend to HIV with the HIV policy marker, beginning by removing the automatic 50% attribution.
- Publish structured guidance for DFID programme managers on how to integrate HIV into wider programmes and on how to use the HIV policy marker.

Political

- Use the upcoming meetings on tuberculosis (TB) and the International AIDS Society Conference in 2018 (AIDS 2018) to showcase DFID’s high level leadership and support for HIV and AIDS.
- Include HIV in further iterations of DFID’s Strategic Vision on Women and Girls and the operationalisation of DIFD’s Youth Agenda.
- Promote DFID’s work on HIV and AIDS in DFID’s public communications including social media, the DFID website and all relevant Ministerial speeches.
Introduction

Challenges remain within the global HIV response

Incredible progress has been achieved within the global HIV response. 19.5 million people living with HIV are now on antiretroviral therapy (ART) – compared to just 2 million in 2000. Since the peak of the epidemic in 2005, AIDS related deaths have declined by 48%4.

These achievements paved the way for an ambitious target within the SDGs to end the AIDS epidemic as a public health threat by 2030.

But progress within the HIV response is slowing and emerging data suggests we will not meet UNAIDS interim targets for 2020 unless all stakeholders increase financial, political and programmatic commitment to HIV.

### UNAIDS 2020 targets

- Less than 500 000 people acquiring HIV annually
- Less than 500 000 people dying from AIDS related causes annually
- Elimination of HIV related discrimination

Funding Gap: UNAIDS predicts an additional $7bn is needed annually for the global HIV response by 2020.


In 2016 there were **1.8 million new HIV infections worldwide**. Although overall new HIV infections amongst adults have declined by 11% since 2010 progress has varied by region. New infections in Eastern and Central Europe, for example, have increased by 60% since 20105.

The rapid scale-up of ART in recent years has contributed to a global decline in AIDS related deaths from an estimated 1.5 million deaths in 2010 to **1 million deaths in 2016**6. However amongst some age groups, notably adolescents, AIDS related deaths are increasing7.
Efforts to eliminate HIV-related discrimination have also fallen short. UNAIDS acknowledges that “ignorance and misunderstanding continue to undermine efforts to end AIDS”. In 2016, for example, HIV criminalisation laws existed in 72 countries. The 2016 HIV Stigma Index found that 10% of people living with HIV have been denied health care and more than 10% of people living with HIV had been refused employment or a work opportunity because of their HIV status in the 12 months prior to the survey.

UNAIDS predicts that to meet the 2030 targets a funding gap of $7 billion annually must be filled by 2020. However, at a time when an increase in funding is needed, many donors are regrettably pulling back. Between 2014 and 2015, donor government spending on HIV declined by more than $1 billion (from $8.62 billion in 2014 to $7.53 billion in 2015). This was the first time donor funding had declined in 5 years. In 2016 donor funding decreased for the second consecutive year, this time by a further $500 million. Trump’s Global Gag rule will likely lead to a further decline in HIV funding as HIV organisations providing comprehensive sexual and reproductive health and rights (SRHR) services lose USAID grants.

Signs of UK Deprioritisation

The UK has been a global leader within the HIV response from the start and continues to be the second largest government donor. The UK was one of the founding countries of the Global Fund and in 2016 increased its commitment to £1.1 billion to further support the fund’s life-saving work. Despite the UK’s continued financial leadership within the Global Fund, civil society and parliament are concerned that the UK’s broader financial, programmatic and political commitment to the HIV response is fading.

DFID has closed the majority of its bilateral programmes specifically focussed on HIV, preferring to address HIV within its wider health and development programmes and to work increasingly through multilateral organisations like the Global Fund, UNITAID and UNAIDS. DFID’s last published document on HIV was its HIV position paper, *Towards Zero Infections*, which was published in 2011 and expired in 2015. DFID has indicated that it will not publish a new HIV strategy or position. The UK’s presence at high-level international forums where HIV is discussed has also declined in recent years.

Calls for a Review of DFID’s Work on HIV and AIDS

In September 2016, in collaboration with STOPAIDS and Restless Development, Youth Stop AIDS launched the It Ain’t Over Campaign; calling for the UK government to renew its financial, political and programmatic commitment to the global HIV response.
As a critical stepping stone towards these three objectives campaigners called on the UK government to carry out a stocktake review of its work on HIV and AIDS. The call was quickly supported by the IDC who launched an inquiry into DFID’s work on HIV and AIDS in December 2016. Parliamentarians and civil society are jointly concerned that without an HIV strategy or position DFID have no mechanism through which to set priorities and assess impact. A stocktake review would facilitate DFID to articulate its priorities within the global HIV response and ensure its spending and approaches are sufficient to deliver and are coherent with its priorities. In its last HIV position paper DFID identified integrating HIV into wider health and development programmes as a priority and a stocktake review would also create an opportunity to assess the success and challenges of that integration.

However DFID indicated it would not undertake a review of its work, likely due, at least in part, to the deprioritisation of HIV that we have been seeing. So in the spirit of collaboration and support STOPAIDS have undertaken a civil society review of DFID’s work. We hope it will help DFID to effectively target their capacity and resources to have the most impact on the global HIV response and ensure the UK does its part to realise the end of AIDS as a public health threat by 2030. Using Statistics for International Development, The Development Tracker, and DFID’s public communications (including strategies, parliamentary statements, letters and speeches), STOPAIDS has assessed DFID’s financial, programmatic and political commitment to the global HIV and AIDS response.
## Stocktake Review

### Findings

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### DFID Funding for HIV is Declining

The UK is among a group of five donor countries (France, Germany, the Netherlands, the UK and the USA) who have historically provided the majority of international assistance for HIV. The UK is currently the second largest provider of donor government funding to address the HIV epidemic in low and middle-income countries with the UK's contributions accounting for approximately 9.3% of total donor disbursements for HIV and AIDS.17

Our analysis looked at DFID's HIV and AIDS spend through four channels:

- DFID country office programmes focussed specifically on HIV and AIDS,
- DFID country office programmes which address HIV within a wider context (e.g. SRHR, health systems strengthening),
- DFID contributions to multilateral institutions working on HIV and AIDS,
- DFID support to civil society working on HIV and AIDS.

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1 Source and Quality of Data: In terms of availability of data DFID consistently ranks as one of the most transparent donors. However, the quality of data publicly available is still variable. Exact calculations of spend on HIV differ dependent on the data source. This report primarily used the Statistics on International Development – which differed slightly from The Development Tracker, The Kaiser Foundation Report and DFID's own answers to Parliamentary Questions (PQs). Across the various sources of data we were able to triangulate trends, but not exact levels of spend.
Overall Funding

The level of DFID’s funding across these four channels is changing. While there has been an increase in funding for multilateral organisations, DFID’s funding through country office programmes and through civil society has been cut dramatically and therefore DFID’s overall spend on HIV and AIDS is declining. Between 2012 and 2015 overall DFID funding for HIV decreased from £416 million to £324 million – representing a total decrease of 22%. This is particularly alarming at a time when UNAIDS have estimated that all stakeholders need to increase funding by one third.

Country Office Programmes Specifically Focused on HIV and AIDS

Since the 2011 Bilateral Development Review (BDR), DFID’s country office programmes focused on HIV and AIDS have largely closed and spend has fallen sharply. In 2009, 24 DFID country offices had funding for programmes focused on HIV and AIDS but by 2015 this number had fallen to just 18. As a result DFID’s bilateral support for HIV-specific programmes declined dramatically from a high point of £221 million in 2009 to just £23 million in 2015.
The primary reason given in the country operational plans for reductions in HIV specific programmes was the perceived limited value that DFID’s HIV funding could add to funding provided by other development partners. In Kenya, for example, DFID felt there was limited value it could add to the significant US government and World Bank investments. Yet UNAIDS estimates that the cost of Kenya’s HIV response will increase between 114% between 2010 and 2020 and predicted a funding gap of $1.75 billion. In Mozambique, while DFID considered HIV to be a major challenge, it envisioned that DFID’s holistic support to the health system would constitute its contribution to the HIV response.

DFID previously funded the Treatment Action Campaign HIV literacy programme in Cape Town, which educated men about HIV © DFID
The approach taken in Mozambique represents a broader intention set out in DFID’s 2013 review of its 2011 position paper which identified integrating HIV and AIDS into wider health and development programmes as a priority. DFID planned to shift funding for HIV and AIDS away from targeted, disease-specific programmes to wider SRHR, health and development programmes which addressed HIV holistically. Effective integrated services provided through strong health systems can improve efficiency, reach more people and build the capacity and resilience of services to meet the changing needs of a community. However, done badly, or unmonitored, it is quite possible for integration to damage an effective HIV response rather than enhance it.

**Country Office Programmes which Address HIV within a Wider Context**

DFID identifies programmes that have integrated HIV and ‘significantly affect HIV outcomes’ with an HIV policy marker. When a programme is tagged with the HIV policy marker 50% of the programme’s budget is automatically counted as HIV spend. This arbitrary accounting of spend from a programme as HIV spend may overestimate or underestimate DFID’s actual HIV spend, but there is no way to tell.

**DFID’s HIV Policy Marker**

DFID’s HIV Policy Marker has been used since at least 2000. Policy markers more generally are used across development sectors and originated from the Development Assistance Committee (DAC). However, the original purpose of a policy marker was to monitor to what extent donors were working in line with DAC policy objectives not to monitor spend. In 2004, the DAC found that five donors (including the UK) were using an HIV policy marker. The DAC discussed with statisticians and HIV experts and concluded that the policy marker could not be used to estimate spend on HIV because this risked overestimating spend. Only one donor, the UK, used the marker to estimate spend.


Despite DFID’s decision to shift towards an integrated approach, spend on programmes which address HIV within a wider context has been inconsistent: initially falling from £195 million in 2012/2013 to £99 million in 2014/2015 before rebounding slightly to £116 million in 2015/2016.
Contributions to Multilateral Institutions Working on HIV

DFID’s commitment to multilateral institutions working on HIV & AIDS increased significantly from 2013 onwards. Between 2012 and 2015 DFID disbursed £706 million to the three multilaterals that play the strongest role in the global HIV response: The Global Fund to Fight AIDS, TB and Malaria, UNAIDS and UNITAID. The following graph shows the UK’s contribution of £800 million to the Global Fund from 2013-2015 as an average across the three years. In reality, the UK chose to frontload its disbursements in 2013 and 2014, however this approach wasn’t assessed to have any negative impact on the Global Fund’s ability to programme. The slight decreases between 2013, 2014 and 2015 are due to currency fluctuations and the way in which the UK’s contribution to UNITAID is disbursed through promissory notes, which can only be cashed when the organisation’s cash balance falls below a certain level. Multilateral funding is making up an increasing share of DFID’s overall funding for the global HIV response. In 2012 multilateral spend accounted for 25% of total funding but by 2015 the proportion of multilateral spending had increased to 57%.

All three multilaterals performed well in the UK’s Multilateral Development Review (MDR). The UK recognised the Global Fund as achieving ‘exceptional’ results and UNITAID was found to be a ‘very good’ match with UK development objectives. Secretary of State for International Development, Priti Patel, re-affirmed the UK’s commitment to the Global Fund at the 5th Replenishment Conference in September 2016 pledging £1.1 billion, an increase of 37% from previous funding, and recognising the Global Fund as ‘one of the world’s most effective aid institutions’. The UK also recently re-committed to maintain funding for UNAIDS at £15 million per year in a challenging context when many other donors are pulling back, and they have also stepped forward as the new chair of the UNAIDS board. The UK has a long-term funding agreement with UNITAID which maintains spend at 60 million Euros per year until 2026 and DFID is currently the vice chair of the UNITAID Board. As a result of the increased contribution to the Global Fund and the maintained contributions to UNITAID and UNAIDS, multilateral spend on HIV is expected to increase again from 2016-2019.
DFID Support to Civil Society Working on HIV

DFID’s direct support to civil society working on HIV has declined from a peak of £30 million in 2011 to just £8 million in 2015. In December 2016, DFID ended Programme Partnership Arrangements (PPAs), which provided civil society with long term core strategic funding. Of the 41 PPAs, one (The International HIV/AIDS Alliance) was focused on HIV and five (Catholic Agency For Overseas Development (CAFOD), Christian Aid, Progressio, Restless Development and HelpAge) had impact on HIV outcomes through wider programmes. This may mean an additional decline in funding for civil society working on HIV from 2016.

DFID has recently launched new mechanisms for funding civil society, UK Aid Connect, UK Aid Direct and the Small Charities Fund. The first thematic focus of UK Aid Connect has been Sexual and Reproductive Health and Rights, with £38 million available. Secretary of State, Priti Patel has made clear that she views HIV as included within the scope of this theme so it is possible that DFID support for civil society working on HIV might rebound from 2017 onwards, but is unclear how levels of support will compare with what was provided through the PPAs.

There is extensive evidence that civil society plays a critical role within the HIV and AIDS response. Indeed, one of the most extensive studies confirming civil society’s significance in the HIV response was authored by the World Bank in partnership with DFID and STOPAIDS: ‘Investing in Communities Achieves Results: Findings from an evaluation of community responses to HIV and AIDS’. Civil society has played a critically important role in ensuring access to HIV services for key affected populations and in holding national governments to account.
From 2012 onward DFID’s contributions to the RCNF have made up a significant proportion of DFID’s support for global civil society working on HIV.

RCNF is a pooled funding mechanism, which supports civil society networks working with key populations. The RCNF aims to reach the people most left behind by the HIV response by building strong civil society networks that amplify people’s voices; helping them to address harmful policies, challenge human rights abuses and shape the services they need.

DFID was a founding supporter of the RCNF and has pledged £9 million between 2013 and 2018. In letters responding to the IDC, DFID has highlighted RCNF as a key partner in DFID’s work with key populations. The RCNF has consistently scored an ‘A’ rating in DFID’s annual reports of the programme, indicating that it is meeting objectives and expected outcomes. Overall RCNF remains severely under-funded and is only able to finance 50% of the eligible proposals that it receives. DFID’s current contribution to RCNF runs out in March 2018 and it is vital this contribution is renewed and strengthened.
Programmatic

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Expired HIV Position Paper

DFID's most recent HIV position ran from 2011-2015 and identified three strategic priorities:

- reduce new HIV infections: particularly for women, girls, children and key populations,
- scale up access to HIV and TB diagnosis, treatment care and support,
- reduce stigma and discrimination by working for policy change for most at risk populations and to empower women and girls.

The 2013 review of DFID's position paper on HIV and AIDS, Towards Zero Infections, highlighted that DFID was making substantial progress against its expected results including:

- HIV infection reduction programmes in at least 10 African countries,
- prevention work among key affected populations supported in 9 countries in Asia,
- providing 67,200 HIV + mothers and 508,800 people living with HIV, with prevention of mother-to-child transmission and ART (respectively), through the Global Fund,
- contributing to a 37% reduction in TB mortality among people living with HIV in 41 World Health Organisation (WHO) priority countries.
The 2013 review also set a new programmatic priority for DFID: the integration of the HIV-response within sexual reproductive health and rights (SRHR), TB, health systems and wider development. DFID's Position on HIV and AIDS then expired in 2015. Civil society and parliamentarians repeatedly asked DFID if it would renew it or given that the review of the last position identified integration of HIV as a priority, if DFID would consider a global health strategy that included HIV and TB as central components. DFID produced neither preferring to focus on developing frameworks for individual population groups such as women and girls, and youth. However, neither of these frameworks addressed HIV, despite AIDS being the number one killer of both groups in Africa.

In December 2016, the IDC raised further concerns about the lack of a declared UK approach to the global HIV response. DFID's response made it clear that it has no current plans to undertake a stocktake review, develop a new strategy on HIV and AIDS, or global health and explained that, ‘the UK does not, as a matter of course, produce roadmaps on individual SDG targets'.

In September 2016 DFID published a Performance Agreement with the Global Fund. The Performance Agreement does confirm the UK’s ongoing commitment to focusing on women and girls as well as building strong health systems within the HIV response. It also offers indications of DFID's ways of working...
including a commitment to value for money, payment by results and working with the private sector. However, it cannot be seen as a substitute HIV strategy as it only focuses on the Global Fund, applies to HIV, TB and Malaria and is heavily focused on the terms and conditions of DFID’s funding.

Identifying DFID’s Strategic Priorities within the HIV and AIDS response

STOPAIDS has been working in close partnership with the All Party Parliamentary Group (APPG) on HIV and AIDS to engage parliamentarians, ministers and civil servants to gain greater clarity on DFID’s global strategic priorities for HIV and AIDS. This work was bolstered significantly through the public campaign entitled It Ain’t Over run by hundreds of Youth Stop AIDS campaigners since September 2016.

Through DFID ministerial speeches and DFID responses to parliamentary questions and letters it is now possible for us to piece together a set of strategic priorities that DFID has for HIV. The summary below approximates what we believe DFID’s strategic priorities would be if they developed a new HIV position or strategy, using direct quotes from DFID official communications.

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<td>The governments of the countries in which [DFID] work are essential partners. Most UK bilateral programming supports national plans40.</td>
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<td>Where countries can afford to finance interventions themselves, we must work with partners and national governments to encourage them to develop their own programmes and financing, while ensuring key populations are properly supported. We have to support responsible transitions, and we can and should do better on this41.</td>
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<td>Our most significant contribution is our support to country-led responses and is delivered primarily through multilateral organisations such as the Global Fund and UNAIDS42.</td>
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<td>The 2013 review of the 2011 UK HIV Position Paper Towards Zero Infections identified the integration of HIV with wider development needs as a priority43.</td>
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<td>The UK’s considerable spend on HIV should not be seen as the sum of our work to end AIDS. Our broader investment in women and girls’ economic empowerment, including sexual and reproductive health and rights, education, and social protection, contribute to a truly comprehensive HIV response44.</td>
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<td>[DFID] programmes pursue this approach through strengthening health systems, supporting sexual reproductive health and rights and tackling the broader drivers of the HIV epidemic such as stigma, discrimination and gender inequality45.</td>
</tr>
<tr>
<td>The UK is committed to integrate the HIV response across all sectors for a truly comprehensive approach to end AIDS by 203046.</td>
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<td>Stocktake Review Findings</td>
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| Global progress in reducing new HIV infections in women and girls remains a priority for the UK. A world without AIDS depends on a world where a girl’s rights and opportunities are protected.

This is why universal sexual and reproductive health and rights is a central pillar of DFID’s Strategic Vision. DFID takes the broadest possible definition [of SRHR], which supports the integration of HIV with family planning and other SRHR services.

With UK support, gender equality is now a major pillar of the Global Fund’s Strategic Framework. DFID is also supporting the generation of new evidence to improve outcomes for women and girls, including supporting the development of female initiated HIV prevention technologies.

DFID will continue to prioritise the empowerment of women and girls, including reproductive health and rights. [We will] make sure [we] consider the implications of HIV for women and girls, as a critical aspect of our overall strategy.

| **Young People**          |
| The UK is very concerned that adolescents are the only group, among HIV-affected populations, whose mortality figures are not decreasing.

DFID’s Youth Agenda puts young people at the centre of the fight against global poverty. In relation to HIV this means listening to and empowering young people with the information and services they need to prevent them from contracting HIV and AIDS and other life-threatening illnesses.

Our investments support young people to make safe, healthy and informed choices to protect themselves, and their peers, from HIV and other life-threatening illnesses.

| **Key Populations**       |
| We will continue to concentrate on areas that are most under-resourced.

Key affected populations remain a policy priority for DFID: including injecting drug users and prisoners, sex workers, and men who have sex with men, who consistently bear the brunt of the HIV epidemic and who often face extensive stigma and discrimination.

UK Government will not be silent when a loud voice is needed, particularly around addressing stigma and protecting the rights of HIV key populations.

The way DFID supports key populations has changed. DFID is now increasingly working through others, in particular civil society. We were proud to help establish the RCNF through which networks promoting harm reduction activities are funded.

The UK Government is firmly committed to supporting harm reduction efforts. We want to get the target to reduce transmission of HIV among people who inject drugs back on track.

To address HIV infections in people who inject drugs we will support the comprehensive package outlined in the World Health Organisation’s 2014 Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations.
Evidence Based Interventions

[We will focus on] Evidence and rights-based public health measures that combine prevention and access to treatment, while tackling the wider issues of stigma, discrimination and gender inequality that drive infection.

Tackling the drivers of the epidemic

Stigma, a lack of knowledge, shame, discrimination, inequality, poverty and conflict continue to fuel the epidemic.

We will advocate [for] a public health approach that respects human rights and addresses stigma and discrimination.

Although not in an official strategy, DFID has articulated an ambitious set of priorities, closely aligned with UNAIDS' Fast-Track strategy. But releasing a sentence at a time through parliamentary questions and letters is not a replacement for a formal strategy. To maintain effective leadership within the global HIV and AIDS response and to ensure maximum impact of the UK's substantial investment, DFID should formalise and make public its approach to HIV and AIDS. A published approach to HIV and AIDS will act as a clear message that DFID continues to prioritise HIV and AIDS and act as a guide for DFID staff, other donors and global stakeholders critical to ending AIDS by 2030.

Measuring DFID’s Impact

The 2013 review of DFID's position paper on HIV and AIDS, *Towards Zero Infections*, is the last time DFID cumulatively analysed its contribution to the HIV and AIDS response.

**Achieving and measuring the impact of DFID’s bilateral programmes in the context of integration is extremely difficult.** Approximately 88% of DFID's bilateral spend on HIV now comes from programmes tagged with the HIV policy marker, which are deemed to ‘significantly affect HIV outcomes’. But there is no minimum requirement for the marker’s use. A programme need not include reference to HIV in any of its programme documentation or activities. Its business case, theory of change, log frame, and annual reviews could all exclude mention of HIV and at the discretion of the programme manager could still be tagged with the HIV marker. The list of projects tagged with the HIV policy marker is not available publicly and STOPAIDS' requests to see the list were denied.

Without minimum criteria of use, the policy marker can be used whether HIV has been integrated successfully or not. For example, a girls’ education project could reasonably be seen to affect HIV outcomes. There is strong evidence that girls who go to school have better information about SRHR, are more likely to use contraception, marry later and have children later: all factors associated with a decline in HIV. A girl’s education project could integrate HIV by including a component on training teachers to deliver comprehensive sexuality education, including HIV awareness education. The project could track HIV prevalence amongst girls benefiting from the project. But whether the project included
an HIV specific component or not, and whether it tracked the HIV prevalence of its beneficiaries or not, it could still be tagged with the HIV policy marker by a DFID programme manager.

Many donors using policy markers have structured guidance on how to use the policy marker for programme managers that DFID should consider learning from. For example, the Development Assistance Committee (DAC) has a ‘gender policy marker’. The DAC have issued guidance which lists the minimum criteria for applying the gender policy marker including: inclusion of a gender equality objective within the project, undertaking a gender analysis of the project, monitoring of at least one gender specific indicator, and a commitment to report on gender equality results achieved in the evaluation of the project65.

The integration of HIV into wider programmes, without appropriate monitoring mechanisms, has meant that DFID has lost its ability to measure its impact within the HIV response. DFID’s policy marker cannot track whether HIV has been successfully integrated into wider SRHR, health and development programmes or if it has completely disappeared. DFID cannot track the results it is achieving within the majority of its bilateral spending on HIV.

When asked how DFID would measure the success of integration of HIV within broader development programmes, DFID said, ‘The UK supports the internationally agreed targets and measures of success set out in the UNAIDS 2016-2021 strategy, which support the Global Goal of ending the HIV and AIDS epidemic as a public health threat by 2030. The Strategy includes indicators measuring the integration of HIV services into health systems’.66 But later admitted, DFID ‘does not track UK specific progress [on integration of HIV into wider health programmes] using a unified central indicator’67.

DFID funding supports mothers to access HIV testing, counselling and family planning services. When HIV services are integrated into a wider programme HIV outcomes must be tracked and monitored. © ALAFA/Franco Esposito
Political

<table>
<thead>
<tr>
<th>Rating</th>
<th>Summary</th>
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<tbody>
<tr>
<td>HIV and AIDS is absent from DFID’s current aid strategy, DFID’s Strategic Vision on Women and Girls, and DFID’s Youth Agenda. However, in its Bilateral Development Review (BDR) there is a clear statement that ‘the UK remains firmly committed to ending the AIDS epidemic as a public health threat by 2030’, suggesting the UK government may give new emphasis to the global HIV response.</td>
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<td>No DFID minister or civil servant attended either the 2014 or 2016 International AIDS Conferences. At the 2016 UN High Level Meeting on HIV and AIDS, DFID made a strong statement that clearly articulated DFID’s priorities, but sent only one civil servant. Most recently, DFID sent a senior civil servant to the 2017 Scientific International AIDS Conference.</td>
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<td>Parliamentarians from across all parties have demonstrated strong support for UK leadership within the global HIV response. The International Development Committee (IDC) has recently undertaken an inquiry into DFID’s work on HIV and AIDS.</td>
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The Value of Political Commitment

The UK is the second largest provider of international development assistance for HIV and AIDS, accounting for 9.3% of total donor government disbursements for HIV in 2016. The UK’s financial contribution will be most effective and secure best value for money if it is backed up with political leadership. UK parliamentarians have recognised that DFID is still looked to, beyond its financial commitments, as a global leader. In April 2016 MPs noted in a debate that, ‘DFID has been a leader in the global response to HIV and AIDS and was viewed as one of the most forward thinking and effective agencies’. MPs have also expressed significant concern however that the UK government is now rarely using its strong political voice for HIV in global fora.

Political leadership can have several critical results. Firstly, the UK government can be used to leverage funds from other donors. Strong messages from the UK government recognising that HIV remains a priority global health challenge and requires increased investment from all stakeholders could influence other donors to also increase investment. For example, the UK has effectively used its political leadership, through summits and conferences, to mobilise financing from other donors for issues such as nutrition, family planning and ending female genital mutilation (FGM) and child marriage. As global donor funding for HIV decreases UK political leadership is critical to ensure ongoing donor commitment.
Secondly, political leadership from the UK government can also be used to influence the direction and priorities of the global response, ensuring the greatest possible progress towards the 2020 and 2030 targets. Influencing the strategic direction of the global response will be particularly important to DFID as more and more funding is channelled through multilateral institutions. A more evidence-based effective global HIV response ensures that UK taxpayer money achieves the best value for money.

DFID have a strong track record in ensuring the global response is driven by evidence based interventions that protect and promote the rights of key populations, including sex workers, men who have sex with men, people who use drugs and transgender people. For example, during the 2011 HLM on ending AIDS some states opposed including reference to key populations within the political declaration. Key populations are the groups most affected by HIV and must be at the heart of the response. The UK government was able to successfully argue for their inclusion both as a member state and as a member of the EU. It is essential the UK continue in this role as a champion for key populations’ rights.

The UK's role in leveraging resources and in shaping the global HIV response have become increasingly important in the context of the new US administration. The US is currently the largest government donor within the HIV response. Under Trump's Gag Rule, funding for HIV is likely to suffer as HIV organisations providing comprehensive SRHR care lose out on USAID grants. The Trump administration has also signalled its intention to cut its wider contributions to global health, including through multilateral institutions. The UK could play an important role in ensuring this does not happen, and in encouraging other donors to fill any gap. The Trump administration has also demonstrated a disregard for evidence based interventions and marginalised groups – making the UK's role in defending and promoting the rights of key populations even more important.

**Current Political Commitment**

To determine DFID’s current political commitment, we assessed:

- the inclusion of HIV and AIDS in all relevant DFID strategies, on the DFID website and in all relevant Ministerial or civil servant speeches,
- high level DFID attendance at international forums to ensure the HIV response is led by evidence and protects and promotes the rights of key populations.
Inclusion of HIV in DFID Strategies

HIV is noticeably absent from the most recent UK strategy: *UK Aid: Tackling Global Challenges in the National Interest*. The four strategic objectives of this strategy focus on strengthening global peace, security and governance, strengthening resilience and response to crises, promoting global prosperity, and tackling extreme poverty and helping the world’s most vulnerable. Working towards ending the AIDS epidemic by 2030 could contribute to achieving any of these objectives, particularly helping the world’s most vulnerable. Despite this HIV is not mentioned once in DFID’s aid strategy.

HIV is also absent in DFID’s current *Strategic Vision on Women and Girls*. This is a missed opportunity given that HIV is the number one killer of women of a reproductive age globally. Gender inequality fuels the HIV epidemic, affecting women’s right to make choices about their own health and resulting in restrictive laws and social norms which restrict access to comprehensive sexuality education and to sexual and reproductive health services. DFID’s current *Strategic Vision on Women and Girls* focuses on enabling girls and women to have voice, choice and control. Access to sexual and reproductive health and rights is identified as a core pillar of the strategy – yet there is no mention of HIV. Priti Patel stated in a recent letter to an MP, ‘Our comprehensive approach to SRHR includes HIV... I have asked officials to make sure we consider the implications of HIV for women and girls, as a critical aspect of our overall strategy.’ STOPAIDS welcomes this strong statement from the Secretary of State on the future inclusion of HIV within DFID’s revised strategy on women and girls, which is expected to be published in Autumn 2018.

Finally, HIV has not been included in DFID’s *Youth Agenda*. Again this represents a missed opportunity: HIV is the second biggest killer of adolescents and adolescents are the only age group amongst which AIDS related deaths are increasing. DFID’s *Youth Agenda* particularly focuses on positive transitions from childhood to early adolescence and from adolescence to early adulthood. These transitions are a key moment for addressing vulnerability to HIV acquisition as well as for supporting young people living with HIV. DFID Minister Lord Bates acknowledged on World AIDS Day 2016, ‘Tackling youth HIV, including among key populations, is critical to ending AIDS as a public health threat. Our investments support young people to make safe, healthy and informed choices to protect themselves, and their peers, from HIV and other life-threatening illnesses’. Given the clear connection DFID itself has drawn between young people and HIV, HIV should be included formally within DFID’s *Youth Agenda*.

Just 4 months after the *It Ain’t Over* campaign began we’ve already seen DFID moving in the right direction with many references to HIV in its Bilateral Development Review (BDR). In this review, DFID has recognised the continued need to invest in HIV stating, ‘much progress has been made on reducing the threat of HIV and AIDS, but we cannot afford to be complacent.’ The review also emphasises that ‘the UK remains firmly committed to ending the AIDS epidemic as a public health threat by 2030’ and will play its part to champion the rights and needs of the most vulnerable, including adolescents, girls.
and young women, and key populations\textsuperscript{75}. While this is an encouraging sign, country operational plans published alongside the BDR have in the past described the implementation of the BDR and made clear the priorities and funding for each DFID country office. The most recent country operational plans are much shorter and give just a high level overview of programmes planned. HIV is mentioned in just one country operational plan\textsuperscript{76}.

There were also positive signs in Secretary of State Priti Patel’s speech at the London Family Planning Summit in July 2017. In her speech Priti Patel acknowledged that HIV is amongst the leading killers of women of a reproductive age and recognised the need to take a holistic approach to women’s health and link family planning interventions with HIV interventions.

The UK Government recently published a cross departmental strategy on drugs that included HIV. The strategy as a whole was overly focused on drug prevention and control through the criminal system and was criticised heavily by civil society. It did however contain a short section, which set out DFID’s commitment to tackling HIV infections amongst people who inject drugs globally. DFID committed to ‘advocate [for] a public health approach... and support... needle and syringe programmes, opioid substitution therapy and access to anti-retro viral treatment for people who inject drugs’. The strategy also contained a broader statement of UK commitment to the global HIV response stating, ‘We are proud to be the second largest international funder of HIV prevention, care and treatment. We will
continue to be a voice for this as the international community moves toward the implementation of the Global Goals.

Attendance at International Conferences

The UK's attendance at international forums where HIV is discussed has declined. Most notably there was no ministerial or civil servant presence at either the 2014 or 2016 International AIDS Conferences. In contrast, at the 2016 conference there was high level representation from other key donor countries and UK civil society, private foundations and even the Royal Family, with Prince Harry attending.

At the 2016 HLM on Ending AIDS, DFID's representation also fell below the standard set by other countries. Ten Heads of States and 60 ministers attended the HLM, however, the UK sent a Director General from the Department of Health, for whom this was their last official overseas engagement before retiring, and just one civil servant from DFID. The UK did make a strong statement at the meeting, which focused on their commitment to key populations, leaving no one behind and supporting women and girls. DFID also included two civil society representatives within the UK delegation. This was a particularly significant move because less progressive states had pushed for NGOs representing men who have sex with men, people who inject drugs, sex workers and transgender people to be denied accreditation to the summit. More recently, DFID's Chief Scientific Adviser attended the Scientific International AIDS Conference in Paris in July 2017.

Support from the UK Parliament

In contrast to the inconsistent political engagement with HIV from DFID ministers, parliamentarians from across the house have demonstrated their support for DFID to prioritise HIV and AIDS.

Since September 2017, 43 MPs have participated in the It Ain't Over Campaign demonstrating support for HIV and AIDS in parliament by tabling parliamentary questions, writing to the Secretary of State for International Development and making statements in debates. The IDC and the All Parliamentary Party Group on HIV And AIDS have taken leadership over the issue, launching two separate inquiries into DFID's work on HIV and AIDS.

The IDC Inquiry recognised that around 65% of people living with HIV live in DFID priority countries, and was particularly concerned that DFID had no strategy on HIV and AIDS. The inquiry looked specifically at:

- coherence and effectiveness of DFID's strategy or framework to work towards the SDG HIV and AIDS target,
• how DFID monitors and tracks the extent of its HIV and AIDS work,
• the extent to which combating HIV and AIDS is or should be part of DFID’s strategic vision on women and girls and the DFID Youth strategy,
• the level of UK publicly stated political commitment and the role of the UK Government’s presence at HIV and AIDS conferences.

In a letter containing recommendations for DFID, the IDC urged DFID to use political leadership within the response:

‘It will come as no surprise to you that money alone is insufficient to overcome the many political and structural barriers to an effective HIV and TB response. There is an urgent need for progressive states like the UK to use all political, diplomatic and bilateral programming channels to support a human-rights focused and evidence-based response to the HIV and TB epidemics and ensure that all of our financial investments can achieve their full impact.’
Conclusion and Recommendations

Conclusion

Our review of DFID’s work on HIV and AIDS has revealed that DFID still remains a global leader within the HIV response.

The UK remains the second largest government donor in the global HIV response. But despite strong contributions to multilateral institutions, overall funding for HIV is declining. After the 2013 review of DFID’s HIV position paper, integrating HIV into wider health and development programmes was identified as a priority. As expected this has led to a decline in funding for HIV focused programmes, but this decline has not been matched by an increase in funding for HIV addressed within wider programmes. UK government funding for civil society working on global HIV has also declined dramatically.

Without a UK HIV strategy or position we have had to rely on piecemeal evidence of DFID’s strategic priorities with the global HIV response and most stakeholders will not be so attentive. The strategic priorities we have uncovered are ambitious and align well with the UNAIDS Fast Track strategy and could be formalised as a public strategy. In the absence of a strategy DFID have also struggled to articulate its impact within the HIV response. This has been made even more difficult by the use of the HIV policy marker, which does not require programmes to track HIV outcomes. As a result, it is difficult to assess whether integration of HIV into wider programmes has happened successfully or whether HIV has been lost in the shuffle. At the same time DFID has increased focus on the terms and conditions attached to its multilateral funding. Though it is important to ensure UK tax payers get maximum value for money, this focus on terms and conditions cannot be treated as a replacement strategy.

DFID’s financial contributions to HIV will be most effective and achieve maximum value for money when backed up by political leadership. UK political leadership can leverage funding from other donors and ensure the HIV response is based on evidence and protects and promotes the rights of key populations. This role will be increasingly important in the current political context. The UK parliament has demonstrated strong support for the UK continuing to act as a global leader within the HIV response and has in particular recognised the value of UK political leadership.

It is clear that DFID has made an incredible contribution to the HIV and AIDS response to date. However, to achieve the 2030 targets all stakeholders, including DFID, will have to increase their financial, programmatic and political commitment. Ending the AIDS epidemic as a public health threat by 2030 requires all stakeholders to recognise that It Ain't Over and reprioritise HIV.
Recommendations:

Financial

• Increase overall levels of UK funding for the global HIV response, in line with UNAIDS recommendations, by:
  » continuing to make ambitious funding contributions to multilateral institutions working on HIV and ensuring that the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), UNITAID and UNAIDS are fully funded and able to make the critical interventions needed to end AIDS by 2030,
  » increasing funding for civil society’s global response to HIV and AIDS, particularly for key populations, youth and women and girls, through the Robert Carr Network Fund (RCNF) and through new DFID funding mechanisms for civil society including UK Aid Connect.
• Ensure that country office programmes focussed on HIV, when closed, are shut down in a way that ensures investment is not wasted and development gains are sustained.

Programmatic

• Formalise and publish a position or strategy on HIV with clear priorities and targets.
• Introduce minimum requirements for using the HIV policy marker, for example requiring HIV is included in project documentation and that HIV relevant indicators are monitored.
• Allow for greater specificity in attributing spend to HIV with the HIV policy marker, beginning by removing the automatic 50% attribution.
• Publish structured guidance for DFID programme managers on how to integrate HIV into wider programmes and on how to use the HIV policy marker.

Political

• Use the upcoming meetings on tuberculosis (TB) and the International AIDS Society Conference in 2018 (AIDS 2018) to showcase DFID’s high level leadership and support for HIV and AIDS.
• Include HIV in further iterations of DFID’s Strategic Vision on Women and Girls and the operationalisation of DIFD’s Youth Agenda.
• Promote DFID’s work on HIV and AIDS in DFID’s public communications including social media, the DFID website and all relevant Ministerial speeches.
Bibliography

   https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/young-people#footnote3_xyljyce
3. Ibid (1).
4. Ibid (1).
5. Ibid (1).
6. Ibid (1).
8. Ibid (7).
9. Ibid (7).
10. Ibid (7).
16. Letter from Priti Patel to Stephen Twigg (February 2017) 
17. Ibid (12).
18. DFID (2016) Data Underlying Statistics for International Development 
19. Ibid (18).
    https://www.gov.uk/government/publications/towards-zero-infections-two-years-on
24. Ibid (18).
Bibliography

26  Ibid (13).
27  Ibid (18).
28  Ibid (14).
30  Ibid (16).
33  Ibid (16).
36  Ibid (23).
39  Ibid (16).
40  Ibid (16).
41  Statement from Dr Felicity Harvey, former Director General for Public and International Health at the Department for Health at the UNAIDS HLM on Ending AIDS (June 2016)
42  DFID Submission to the International Development Committee's Inquiry into DFID's work on HIV/AIDS (January 2017) [http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/international-development-committee/dfids-work-on-hiv/aids/written/45051.html]
43  Response from James Wharton to HIV Infection: Written question – 66029 (March 2016) [http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2017-02-28/66029/]
44  Ibid (42).
50  Ibid (42).
51  Ibid (16).
52  Ibid (45).
53  Ibid (42).
54  HIV Global Epidemic: Young People Lords Debate Transcript (December 2016) [https://hansard.parliament.uk/Lords/2016-12-01/debates/21B547F8-970F-4935-91D8-E40C3A009A18/HIVGlobalEpidemicYoungPeople]
55  Letter from Priti Patel to Stephen Twigg (December 2016) [http://www.parliament.uk/documents/commons-committees/international-development/Letter-from-SoS-to-Chair-HIV.pdf]
56  Ibid (16).
57  Ibid (55).
58  Ibid (16).
59  Ibid (16).

Response from James Wharton to Developing Countries: HIV Infection: Written question – 51412 (November 2016)

Ibid (41).
Ibid (16).
Ibid (18).


Response from James Wharton to Developing Countries: HIV Infection: Written question – 54484 (November 2016).

Response from James Wharton to Developing Countries: HIV Infection: Written question – 59770 (January 2017).
http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Com-mons/2017-01-12/59770/

Ibid (11).

Mike Freer in Westminster Hall Debate on ‘HIV: Women and Girls’ (April 2016)
https://www.theyworkforyou.com/whall/?id=2016-04-12a.36.1


DFID (2016) DFID’s Youth Agenda: putting young people at the heart of development.

Response from Lord Bates to oral PQ ‘HIV Global Epidemic: Young People’ (December 2016).
https://www.theyworkforyou.com/lords/?id=2016-12-01a.311.6


Ibid (60).


Letter from Stephen Twigg to Priti Patel (November 2016).