



ANNEX 4: ANALYSIS OF PROGRESS AGAINST SELECTED COMMITMENTS IN *TAKING ACTION*²⁷²

Table A1: Taking Action to Close the Funding Gap				
	Commitment	Progress	Comments	Documents/sources
A1	1. Take action to close the funding gap			
	The UK government will:			
	A1a Increase funding for AIDS-related work and spend at least £1.5 billion over the next three years (from 2005-06 to 2007-08) with which we will:	See sections 3.4 and 3.5 of main report (p9). The UK was the second largest bilateral donor to HIV and AIDS in 2004. Figures published in January 2007 show that the UK spent £298 million on HIV and AIDS in 2004/5 and that this increased by 30% to £385 million in 2005/6. This rate of increase would need to be sustained in 2006/7 and 2007/8 if the spending target is to be met (see Figure 2, p11).	The changes in method of tracking HIV and AIDS spending are described in Table 2, p10.	Social & Scientific Systems, Inc., (2006) <i>An Analysis of Trends in UK Government Funding and Activities</i> . DFID Evaluation Working Paper 18 Kates, J., (2005) <i>Financing the Response to HIV and AIDS in Low and Middle Income Countries: Funding for HIV/AIDS from the G7 and the European Commission</i> . Kaiser Family Foundation, July 2005
	A1b Fund action that prioritises women, young people, and vulnerable groups, and focuses on human rights	Target appears on course to be met although difficult to determine (see comment and section 3.7, p11). 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 Executive Summary, S27, pxxvii).	Difficult to determine the extent to which UK-supported activities reflect this focus, as this information is not routinely collected by DFID management systems.	Social & Scientific Systems, Inc., (2006) <i>An Analysis of Trends in UK Government Funding and Activities</i> . DFID Evaluation Working Paper 18
A1c	Ensure we spend at least £150 million on programmes to meet the needs of orphans and other children, particularly those in Africa, made vulnerable by	Target probably on course to be met. DFID is proposing to track progress towards the OVC spending target by using a system of sector codes to identify a sub-set of AIDS spending of relevance to OVC. However, this system is not	DFID's current system for tracking OVC spend is not yet operational. This uses a combination of PIMS markers and sector codes. To date, very few programmes/projects have fulfilled the criteria to be counted towards spending	Social & Scientific Systems, Inc., (2006) <i>An Analysis of Trends in UK Government Funding and Activities</i> . DFID Evaluation Working Paper 18 Hunter, S. and Albone, R., (2006)

²⁷² This table gives more detail to the narrative contained in section 3 of this report (p7)

Annex 4: Analysis of Progress Against Selected Commitments in Taking Action



Table A1: Taking Action to Close the Funding Gap				
	Commitment	Progress	Comments	Documents/sources
	HIV and AIDS.	<p>yet fully operational. Work carried out for this evaluation indicated that the UK was making good progress towards the OVC spending target. DFID reports that over £44 million has been committed to UNICEF's programmes for children affected by AIDS in response to <i>Taking Action</i> (see section 3.8, p12).</p> <p>DFID adopts a range of approaches to address the needs of OVC. Although this includes some stand alone programmes, most of DFID support is integrated into wider approaches including general HIV/AIDS programmes, social protection and broader poverty reduction budget support.</p>	<p>on this OVC target. Problems identified include:</p> <ul style="list-style-type: none"> • Lack of understanding of how to apply PIMS markers and sector codes • Lack of buy in to the importance of the system/philosophy of PIMS/sector markers/agreements of the methodologies which led to a reluctance to add appropriate markers <p>There are particular problems because the OVC target in <i>Taking Action</i> is defined as a sub-set of HIV/AIDS spending. This is particularly problematic in settings with lower rates of HIV infection but high rates of child vulnerability</p>	<p><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>
A1d 	Double our funding for the Global Fund over the next three years, representing an increase of £77m (US\$140million)	<p>Target exceeded (see section 3.9, p12).</p> <p>The UK provided £55m in 2005 and has pledged £100m for 2006 and £100m for 2007. These additional pledges, if honoured, will exceed the <i>Taking Action</i> target threefold.</p>	<p>2007 commitment dependent on performance review.</p> <p>A recent report (Kates, 2005) which analyses the split between bilateral funds and Global Fund contribution shows that, while the UK provided 16.6% of the Global Fund's budget in 2004, financing for the Fund constituted only 6% of the UK's total HIV and AIDS funding. France, in comparison provided more than 80% of its total HIV and AIDS financing through the Global Fund.</p>	<p>Social & Scientific Systems, Inc., (2006) <i>An Analysis of Trends in UK Government Funding and Activities</i>. DFID Evaluation Working Paper 18</p> <p>Thomas, G., (2006) Global Fund Response to Parliamentary Question http://publications.parliament.uk/pa/cm200506/cmhansrd/cm060307/text/60307w41.htm</p> <p>Kates, J., (2005) <i>Financing the Response to HIV and AIDS in Low and Middle Income Countries: Funding for HIV/AIDS from the G7 and the European Commission</i>. Kaiser Family Foundation, July 2005</p>
A1e	Provide £36m to UNAIDS	Target on track (see section 3.11, p13).	Support to UNAIDS has dramatically	Social & Scientific Systems, Inc.,



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	Commitment	Progress	Comments	Documents/sources
	over the next four years to support its global leadership	The UK provided £16m to UNAIDS in 2005.	increased from less than £4m in FY2003/4. These figures only relate to core unearmarked funding. Much more is provided through bilateral programmes. Also see A3f1, p A58.	(2006) <i>An Analysis of Trends in UK Government Funding and Activities</i> . DFID Evaluation Working Paper 18
A1f 	Provide £80m to the United Nations Population Fund (UNFPA) over the next four years to support its HIV prevention, sexual and reproductive health for women	Target on track (see section 3.11, p13). Support to UNFPA was £20m in both 2004/05 and 2005/06.	Important to note that this core unearmarked funding; much more is provided through bilateral programmes. The UK provided additional funding of £25m in 2003/4 and £10m in 2004/5 to UNFPA to support reproductive health supply security.	Social & Scientific Systems, Inc., (2006) <i>An Analysis of Trends in UK Government Funding and Activities</i> . DFID Evaluation Working Paper 18


Table A2: Taking Action to Strengthen Political Leadership				
	Commitment	Progress	Comments	Documents/sources
A2	2. Take action to strengthen political leadership			
	The UK government will:			
A2a	 <p>Make AIDS a centrepiece of our Presidencies of the G8 and EU in 2005, and focus on AIDS at high-level UN General Assembly events in the context of our strong commitment to Africa</p>	<p>Target met.</p> <p>UK demonstrated strong leadership on HIV and AIDS, and commitment to Africa, during its G8 and EU Presidencies (see also A2, pA41).</p> <p>In the first three years of implementing <i>Taking Action</i>, DFID enjoyed considerable success in mobilising world leaders, culminating in the commitments made by the EU, in the ‘universal access’ process and in a number of meetings, including the G8 Gleneagles meeting, the September 2005 World Summit, the December 2005 UN General Assembly meeting and at the June 2006 UNGASS meeting.</p> <p>UK leadership is credited as critical to these successes by many, including EU President Jose Manuel Barroso, NGOs, including the Stop AIDS Campaign, and Kofi Annan, who called the G8 meeting the greatest summit for Africa ever.</p> <p>The UK’s influence on HIV and AIDS while president of the EU and G8 built on previous DFID work, based on a long term vision, consistency, and coherence of development policy. In particular, DFID has spearheaded innovative thinking on the need for policy coherence between the social sector, including HIV/AIDS and macroeconomics. This has covered a wide range of areas including debt relief, country-driven processes, untying aid from conditionalities, donor harmonisation and trade</p>	<p>The UK prepared a special report on its contribution to the G8 Africa Action Plan to show how the continent was falling behind.</p>	<p>G8 commitments:</p> <p>G8 Gleneagles, (2005) <i>G8 Gleneagles Summit, Africa</i>.</p> <p>Benn, H., (2005) <i>Speech by Hillary Benn, Secretary of State for International Development to the All Party Parliamentary Group on AIDS, House of Commons, 19 July 2005</i>. dfid.gov.uk/news/files/speeches/appg-aids.asp</p> <p>G8 Gleneagles, (2005) <i>UK Presidency G8 Press Factsheet – G8 Africa Relationship</i>.</p> <p>G8 Gleneagles, (2005) <i>UK Presidency G8 Press Factsheet – Aid Works</i>.</p> <p>G8 Gleneagles, (2005) <i>UK Presidency G8 Press Factsheet – Monitoring Mechanisms</i>.</p> <p>G8 Gleneagles, (2005) <i>UK Presidency G8 Press Factsheet – Investing in Africa’s People</i>.</p> <p>G8 Gleneagles, (2005) <i>Africa: Why is the G8 focusing on Africa in 2005?</i>. Webpage: http://www.g8.gov.uk/servlet/Front?pagename=OpenMarket/Xcelerate/</p>

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	Commitment	Progress	Comments	Documents/sources
		<p>liberalisation. The UK's approach has been praised as a powerful model for development cooperation.</p> <p>The UK's leadership on HIV and AIDS has particularly been enhanced by its innovations in finance and development tools which, while seeking to revise the architecture of aid delivery, have placed the epidemic in a development context and sought to integrate responses to HIV and AIDS with solutions to other development issues.</p>		<p>ShowPage&c=Page&cid=1122476917035. Accessed in June 2006</p> <p>EU commitments:</p> <p>Commission of the European Communities (2005), <i>Communication from the Commission to the Council, The European Parliament and the Economic and Social Committee: Speeding up Progress towards the Millennium Development Goals: The European Union's Contribution</i>. Brussels, 12 April 2005</p> <p>European Union, (2005) <i>Joint Statement by the Council and the Representatives of the Governments of the Member States Meeting within the Council, The European Parliament and the Commissions, The European Consensus on Development</i>.</p> <p>European Union, (2005) <i>Joint Statement by the Council and the Representatives of the Governments of the Member States Meeting within the Council, The European Parliament and the Commissions, The European Consensus on Development: Summary</i>.</p> <p>Commission of the European Communities, (2005) <i>Communication from the Commission to the Council, The</i></p>

Table A2: Taking Action to Strengthen Political Leadership				
	Commitment	Progress	Comments	Documents/sources
				<p><i>European Parliament and the European Economic and Social Committee, EU Strategy for Africa: Towards a Euro-African Pact to Accelerate Africa's Development.</i> Brussels, 12 October 2005</p> <p>Commission of the European Communities, (2005) <i>Communication from the Commission to the Council and the European Parliament, A European Programme for Action to Confront HIV/AIDS, Malaria, Tuberculosis through External Action (2007 - 2011).</i> Brussels, 27 April 2005</p> <p>DFID, (2005) <i>Reducing Poverty by Tackling Social Exclusion: A DFID Policy Paper.</i> September 2005</p> <p>DFID, (2005) <i>G8 Deliverables: Outcomes on AIDS, Flag B.</i> 6 March 2005</p> <p>Press Conference, (2005) <i>Prime Minister Tony Blair Aims to 'Keep the Pressure Up' on Gleneagles Goals.</i> Press conference given by Tony Blair on 16 September 2005) http://www.britainusa.com/sections/articles_show_nt1.asp?d=0&i=10048&L1=0&L2=0&a=39833. Accessed in June 2006</p> <p>HMG, (2006) <i>G8 Africa Action Plan: UK Progress Report 2005.</i></p>


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	Commitment	Progress	Comments	Documents/sources
				<p>G8 Gleneagles, (2005) <i>Progress Report by the G8 Africa Personal Representatives on Implementation of the Africa Action Plan.</i></p> <p>DFID, (undated) <i>UK Priorities on AIDS for 2005, Flag E.</i></p> <p>Oxfam, (2005) <i>Oxfam Press Release: G8 Finance Ministers Deliver Deal to Cancel Debt.</i> 13 June 2005 http://www.oxfam.org/en/news/pressreleases2005/pr050613_g8.htm</p> <p>Various speeches by Tony Blair, Gordon Brown (see speeches listed in “The UK’s G8 Presidency and Africa”) http://www.britainusa.com/sections/articles_nt1.asp?d=0&i=10048&L1=10048&L2=10048&L3=0&Y=2005. Accessed June 2006.</p> <p>Triesman, D., (2005) <i>Speech by FCO Minister Lord Triesman on the Development Agenda at the UN Millennium Review Summit.</i> 8 September 2005</p>
A2a2 	Table AIDS work as a case study at the discussion on harmonisation (also see A3g, pA58)	<p>Target on course to be met.</p> <p>The UK has been a strong advocate of harmonisation, supporting the:</p> <ul style="list-style-type: none"> • Monterrey Consensus of the International Conference on Financing for Development 2002 • Rome High Level Forum 2003 Rome Declaration on Harmonisation • Paris High Level Forum 2005: Paris 	<p>DFID’s early advocacy for donor reforms through OECD and other groups culminated in the Paris Declaration on Aid Effectiveness. The accompanying report is organised around five key principles: ownership, alignment of donors with country plans and systems, harmonisation by donors, management for results, and mutual accountability.</p>	<p>DFID, (2002) <i>Action Plan to Promote Harmonisation</i></p> <p>OECD/DAC, (2003) <i>Harmonising Donor Practices for Effective Aid Delivery</i></p> <p>OECD/DAC, (2005) <i>Paris Declaration on Aid Effectiveness and Harmonisation, Alignment, Results:</i></p>

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	Commitment	Progress	Comments	Documents/sources
		<p>Declaration and Report on Aid Effectiveness</p> <ul style="list-style-type: none"> • Three Ones launch in 2004 • Making the Money Work High Level Meeting 2005 • Global Task Team and its report 2005 • 2006–2007 Consolidated UN Technical Support Plan with unified budget <p>Joint arrangements, with consolidated UN work plans and budgets for all sectors, including HIV and AIDS, are being piloted and, depending on progress, will be scaled up to 20 countries.</p> <p>At country level examples of harmonised approaches include: financing the UN Country Team in Zambia; funding UNAIDS posts in DRC and Ethiopia; supporting the UN in leading the international response in Zimbabwe.</p>	<p>On HIV/AIDS, the <i>Call for Action</i> and <i>Taking Action</i> both give high priority to harmonisation, and the UK worked with others to develop the Three Ones, which was formally endorsed by UNAIDS, the UK and US in 2004 at the Washington Consultation and affirmed by the AU early in 2005.</p> <p>In March 2005, Making the Money Work, a joint UK, France, US and UNAIDS conference, created a Global Task Team to strengthen coordination, alignment, and harmonisation in the context of the Three Ones, UN reform, MDGs, and the OECD/DAC Paris Declaration.</p>	<p><i>Progress Report on Aid Effectiveness</i> www.oecd.org/document</p> <p>UNAIDS, (2005) <i>The “Three Ones” in action: Where we are and where we go from here</i>, May 2005</p> <p>Global Fund, (2005) <i>Four case studies: Harmonisation of Global Fund and donor coordination</i></p> <p>UNAIDS, (2005) <i>UNAIDS, UK, France and the US Call for Coordinated Global Action to Reverse AIDS</i>. UNAIDS Press Release, 9 March 2005</p> <p>UNAIDS, (2005) <i>Making the Money Work: The Three Ones in Action, meeting discussion document</i></p> <p>UNAIDS, (2005) <i>Making the Money Work through greater UN support for AIDS responses: The 2006–2007 Consolidated Technical Support Plan Summary Paper and Complete Report</i></p> <p>GTT, (2005) <i>Final Report of Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors</i>, June 2005</p> <p>Hunter, S. and Albone, R., (2006) <i>Country Case Study: Ethiopia</i>, October 2006</p>


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				<p>Drew, R. and O'Connell, A., (2006) <i>Country Case Study: Zambia</i>, August 2006</p> <p>Pilsbury, B. and Mwadi Kady, A., (2006) <i>Country Case Study: DRC</i>, September 2006</p> <p>Drew, R. and Sherman, J. (2006) <i>Country Case Study: Zimbabwe</i>, October 2006</p>
<p>A2b</p> 	<p>Seek clear commitments to action from the G8 and EU</p>	<p>Target met.</p> <p>G8 in 2005 made commitments to double aid, increase debt relief, and to reach 'universal access' by 2010. EU also made clear commitment to substantially increase aid and to develop a common vision for development policy. UK and other EU members set out schedule to double aid and reach the DAC ODA target by 2010.</p> <p>These commitments culminated in the September 2005 World Summit, December 2005 UN General Assembly meeting, the 'universal access' process and the June 2006 UNGASS meeting.</p> <p>The UK has set out deliverables and follow-up actions for the World Summit and continues to monitor them. The UK advocated for the G8 to honour commitments at the September 2005 World Summit and helped establish the Africa Progress Panel, headed by Kofi Annan and funded by the Gates Foundation. The Panel will monitor G8 and EU commitments and submit an annual report to the G8, UN, and the African Partnership Forum.</p>	<p>UK leadership is credited as critical to these successes by many, including Kofi Annan, who called the G-8 meeting "the greatest summit for Africa ever", by EU President Jose Manuel Barroso, and by NGOs, including the Stop AIDS Campaign.</p> <p>The call for countries to come as close to universal access to HIV/AIDS prevention, care, and treatment by 2010 as possible was reinforced by the December 2005 General Assembly. DFID funded and cosponsored with UNAIDS the country review and planning process, which culminated in the May-June 2006 High Level Meeting on AIDS, to review country planning progress and targets, and renew political commitment. UNAIDS and DFID, in line with GTT and Three Ones, supported country-led target determination by December 2006, despite calls from some to maintain global targets. It will be essential to ensure that countries do produce quantitative target statements</p>	<p>Blair, A., (2006) <i>A year after Gleneagles</i>. Speech delivered by Tony Blair on 26 June 2006 http://www.pm.gov.uk/output/Page9746.asp. Accessed June 2006</p> <p>Press Conference, (2005) <i>Prime Minister Tony Blair Aims to 'Keep the Pressure Up' on Gleneagles Goals</i>. Press conference led by Tony Blair on 16 September 2005) http://www.britainusa.com/sections/articles_show_nt1.asp?d=0&i=10048&L1=0&L2=0&a=39833 Accessed June 2006</p> <p>Stop AIDS Campaign (2006) <i>Universal Access by 2010 – the UK Government's role in making it happen</i>. May 2006</p> <p>OECD/DAC, (2006) <i>United Kingdom DAC Peer Review: Main Findings and Recommendations</i> (pp 1 & 4-5) www.oecd.org</p> <p>HMGovernment, (2006) G8</p>

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	Commitment	Progress	Comments	Documents/sources
			<p>and that these are aggregated by UNAIDS by December 2006 as promised.</p> <p>The 2006 OECD/DAC peer review calls the UK a powerful model for development cooperation, and says that long-term consistency has been key to success.</p>	<p>Gleneagles: <i>Turning Talk into Action, One Year On</i>.</p> <p>DFID, (2006) <i>Gleneagles Implementation Plan for Africa, June 2006 Update</i>. http://www.dfid.gov.uk/g8/milestones.asp#June_2006. Accessed June 2006</p> <p>Blair, A., (2006) <i>A Year After Gleneagles</i>. Question and Answer session following a speech delivered by Tony Blair 26 June 2006. http://www.pm.gov.uk/output/Page9746.asp Accessed June 2006</p> <p>BBC News, (2006) <i>Geldof pushes G8 on aid to Africa</i>. 29 June 2006 http://news.bbc.co.uk/2/hi/business/5127686.stm Accessed June 2006</p> <p>BBC News, (2006) <i>Has the G8 met its promises to Africa?</i>. 26 June 2006. http://news.bbc.co.uk/2/hi/business/5086526.stm Accessed June 2006</p> <p>UNAIDS, (2006) <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, (2006) <i>UNAIDS Statement: 2006 High Level Meeting on AIDS</i>.</p>

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	Commitment	Progress	Comments	Documents/sources
				<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>UNAIDS, (2006) <i>18th Meeting of the UNAIDS Programme Coordination Board (PCB): Decisions, Recommendations and Conclusions</i>. 27 – 28 June 2006</p> <p>House of Commons, Select Committee on International Development, (2006) <i>First Special Report, 2 February 2006, Appendix: Government Response</i></p> <p>World AIDS Campaign, (2006) <i>Promises, promises ... Statements, commitments and declarations on HIV/AIDS since 2001</i>. November 2005</p> <p>Christian Aid, (2006) <i>UNGASS+5, Empty promises: Funding HIV prevention, treatment and care</i></p>


Table A2: Taking Action to Strengthen Political Leadership				
	Commitment	Progress	Comments	Documents/sources
A2c	 <p>Put developing countries in the lead and encourage regional cooperation through the African Union, NEPAD, UN Economic Commission for Africa, APF and the Commission for Africa. The UK will work with NEPAD, SADC and other regional organisations and help elevate the priority given to AIDS</p>	<p>Target on track to be met.</p> <p>The UK has been a strong supporter of the Africa Partnership Forum, which involves African and donor governments and evaluates actions against NEPAD commitments, and helped to set up the Commission for Africa. The Commission's March 2005 report played an important role in increasing African inputs to G8 discussions and influencing G8 commitments. Within its G8 background presentation, the UK called for the G8 to strengthen African governance and regional institutions and engage with governments in developing policies and programmes to meet their MDG commitments.</p> <p>As noted above, follow up to the G8, EU and other commitments will be monitored by the Africa Progress Panel, which the UK helped to establish.</p> <p>DFID is focusing on provision of technical and capacity building support to strengthen African regional institutions, in particular the political accountability core function of the African Union, and to clarify the comparative advantage and functions of African regional organisations including the AU and NEPAD for example. Specific support related to HIV and AIDS has included dialogue with the AU in developing its AIDS Strategy, funding for the May 2006 Abuja Conference on HIV, TB and malaria, and support for the APF secretariat. SADC is being provided with support to develop its HIV/AIDS strategy and plan, and DFID is also funding regional OVC programmes in Southern Africa through UNICEF and design of a regional communicable diseases programme in collaboration with WHO AFRO. Achievements</p>	<p>As noted above, DFID supported the General Assembly's instructions to UNAIDS that the Universal Access process be country-driven, contributing funding for regional and national consultation and planning processes. DFID also supported country target setting despite pressure for new global targets.</p> <p>Tony Blair stated that the Commission for Africa's radical and costly measures were now British policy. HIV/AIDS is identified as a cross-cutting issue by the Commission, and has high visibility in the final report and the budget.</p> <p>African regional institutions are viewed by the UK as essential for strengthening governance, which will contribute to effective management and implementation of national HIV/AIDS strategic plans.</p>	<p>Gleneagles discussion paper: Africa section</p> <p>Commission for Africa (2006), <i>Select Webpages on The Commission for Africa</i>, including "Story of the Commission for Africa" (http://www.commissionforafrica.org/english/about/story.html), "Objectives" (http://www.commissionforafrica.org/english/about/objectives.html), "Themes" (http://www.commissionforafrica.org/english/about/themes-summary.html), and "Cross-Cutting Issues" (http://www.commissionforafrica.org/english/about/themes-crosscutting.html). Accessed June 2006</p> <p>Commission for Africa, (2005) <i>Our Common Interest: Report of the Commission for Africa, March 2005</i>.</p> <p>African Union, (2006). <i>Brazzaville Commitment on Scaling up Towards Universal Access to HIV and AIDS prevention treatment, care and support in Africa by 2010, Brazzaville, Republic of Congo, 8 March 2006</i>.</p> <p>HMG, (2006) <i>G8 Africa Action Plan: UK Progress Report 2005</i>.</p> <p>NEPAD, (2001) <i>The New</i></p>


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	Commitment	Progress	Comments	Documents/sources
		and lessons learned from regional support to SADC will be reviewed in 2007. DFID has also worked closely with other bilaterals and UNAIDS to develop a more coherent approach to regional HIV programming and to provision of regional technical support. These efforts have resulted in a higher profile for HIV and AIDS in the statements and plans of organisations such as the AU and NEPAD. Careful monitoring will be required to ensure that these are translated into action.		Partnership for Africa's Development (NEPAD)
A2f 	In countries where leadership is weak we will encourage stronger leadership. AIDS will remain high on the diplomatic agenda. The FCO has identified clear objectives for Ambassadors and High Commissioners	<p>Target on course to be met.</p> <p>The UK has emphasised the importance of strong national leadership, through DFID support for the Three Ones, country-led plans and use of aid instruments such as budget support.</p> <p>The FCO recognised HIV/AIDS as a strategic foreign policy issue in December 2003. FCO has worked with DFID to identify foreign policy levels "to feed into a wider HMG international strategy." The importance of controlling disease to reduce poverty, especially AIDS, is mentioned as a priority in the FCO's 2006 White Paper.</p> <p>The evaluation team was unable to obtain examples of objectives for Ambassadors and High Commissioners.</p> <p>However, many country plans are weak. A 2004 NAO review of DFID noted that PR.SP's varied in their consideration of HIV/AIDS and only one-third identified measures or targets to assess HIV/AIDS progress. GTT recommendations are intended to help address weaknesses in country plans.</p>	FCO Sustainable Development Strategic Priority mentions strengthening international action against AIDS, malaria and other epidemic diseases. HIV is classified as a 'soft' security issue and potential threat to international peace and security and is linked to the FCO Strategic Priority on strengthening the ability of the international community to agree on timely action.	<p>NAO, (2004) <i>DFID: Responding to HIV/AIDS</i></p> <p>DFID, (2006) <i>DFID Webpage titled Millennium Development Goals: Aid, Trade, Growth & Global Partnerships</i>. Accessed in June 2006. www.dfid.gov.uk/mdg/aid-effectiveness/prbs.asp</p> <p>HLSP, (2005) <i>Review of country returns on implementation of DFID UK HIV/AIDS Strategy: Synthesis Report</i>, January 2005</p> <p>FCO, (undated) <i>FCO Involvement in UK's HIV/AIDS Strategy Launch</i>. Draft</p> <p>FCO, (2003) <i>FCO Involvement in UK's HIV/AIDS Strategy Launch</i>. Internal telegram to host countries without a DFID office. Sent 15 December 2003.</p> <p>FCO, (undated) <i>FCO Involvement in UK's HIV/AIDS Strategy Launch</i>.</p>


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	Commitment	Progress	Comments	Documents/sources
		Country case studies highlight the challenges of national leadership that fails to prioritise on the basis of epidemiological need.		Internal telegram to host countries with a DFID office 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 Hunter, S. and Albone, R., (2006) <i>Country Case Study: Ethiopia</i> , October 2006 Semkow, K., Duberstein, S. and Roshchupkin, G., (2006) <i>Country Case Study: Russia</i> , September 2006
A2g 	We will support civil society to raise awareness, disseminate information and stimulate debate, creating a demand for better leadership and holding governments accountable	Target on course to be met. DFID has a strong commitment to support for civil society to raise awareness, disseminate information and stimulate debate, and views civil society organisations as playing a critical role in demanding better leadership and holding governments to account. Tony Blair credits civil society action with the success of G8 negotiations, stating that continued public pressure will be essential to ensure commitments are met. DFID provides support to international, UK and national advocacy and development NGOs, which maintain a critical overview of donor and developing country government HIV/AIDS and development policy and programming. DFID also ensured that civil society organisations were represented at the UN High Level Meeting and General Assembly in June 2006 as part of the UK delegation.	OECD notes DFID's focus on policy dialogue. It recommends a more systematic and strategic approach, noting that high level dialogue could be "nourished by a substantive dialogue with the lower level development spectrum." Extensive public consultation is an accepted part of development of DFID policy documents, and is a declared goal of the FCO.	ActionAid, the Global AIDS Alliance, the Student Global AIDS Campaign, and RESULTS Educational Fund, (2004) <i>Blocking Progress: How the Fight against HIV/AIDS is Being Undermined by the World Bank and the International Monetary Fund</i> ActionAid, (2005) <i>Square Pegs, Round Holes: Why You Can't Fight HIV/AIDS with Monetarism</i> Christian Aid, (2004) <i>The quality of aid: Towards an agenda for more effective international development cooperation</i> www.christianaid.org.uk/indepth/0004qual/quality1.htm OECD/DAC (2006) <i>United Kingdom DAC Peer Review: Main</i>

Table A2: Taking Action to Strengthen Political Leadership				
	Commitment	Progress	Comments	Documents/sources
		<p>DFID has a number of mechanisms and channels for funding CSOs (see Chapter 7 and section 6.40 to 6.43, p70). Considerable funding for CSOs is provided through DFID country offices. Although, DFID's does not systematically track this funding, NAO estimated that it accounted for approximately two thirds of all DFID funding to civil society.</p> <p>PPAs are the most significant central mechanism in terms of funding. DFID and partners reviewed PPAs following the launch of <i>Taking Action</i> to ensure that, where appropriate, PPAs included HIV and AIDS strategic objectives. While DFID highlights priorities in PPA negotiations, including the importance of creating demand for better leadership and holding governments to account, individual partner agencies have a great deal of autonomy in determining their own priorities. The extent to which these issues are reflected in PPAs therefore varies from one organisation to another.</p> <p>The Civil Society Challenge Fund (CSCF), which has a smaller budget, funds projects on a competitive basis that emphasis rights, accountability, innovation and sustainability among other criteria. Although all applicants are expected to show that they have considered the impact of HIV/AIDS on the communities targeted and on the proposed project activities, approximately 11 of 150 CSCF projects have a specific focus on HIV and AIDS.</p> <p>DFID has recently established the Governance and Transparency Fund, which has a budget of £100 million and will provide one-off funding of between £750,000 and £5 million. This</p>		<p><i>Findings and Recommendations</i> www.oecd.org/document/43/0,2340,en-2649-34603</p> <p>Bosworth, J. (2005) <i>Citizens, Accountability and Public Expenditure: A Rapid Review of DFID Support</i>. DFID: Glasgow. Evaluation Working Paper 17.</p> <p>Blair, A. (2006) <i>A year after Gleneagles</i>. Speech delivered by Tony Blair on 26 June 2006 http://www.pm.gov.uk/output/Page9746.asp</p>


Table A2: Taking Action to Strengthen Political Leadership				
	Commitment	Progress	Comments	Documents/sources
		<p>fund, which has similar criteria to the CSCF, aims specifically to build the capacity of southern NGOs to hold governments to account, and will consider HIV and AIDS-related projects.</p> <p>A 2005 review found that DFID support for building transparency in public programming is a key component of country programmes, and support for citizen accountability programs was a feature of PBS countries. Most of this work is through funding for NGOs, CBOs and civil society coalitions.</p>		
A2h	 <p>In addition, we need to ensure that our own staff in the UK and overseas are fully aware of HIV and AIDS and receive due care and treatment. A progressive workplace policy on AIDS has been adopted by a number of departments and we are examining its extension across Whitehall</p>	<p>Target on course to be met (see section 3.18, p15).</p> <p>The 2002 workplace policy, developed by DFID has been adopted by FCO and the British Council, and was revised in 2004 to include provision of treatment for dependant children up to the age of 21 in addition to the employee and his or her long-term partner. The Cross-Whitehall coherence group has agreed that all government departments will review their workplace policies for consistency with international best practice as set out in ILO guidelines, and will consider the implications of amendments to the Disability Discrimination Act, which classify HIV as a disability.</p> <p>DFID Learning and Development Services are updating the HIV education and awareness programme for staff. The Cross-Whitehall coherence group is due to review approaches taken by other government departments.</p>	<p>There appear to be some differences in interpretation and implementation of the policy between different countries.</p>	<p>DFID, (2004) <i>HIV and AIDS Employment Policy</i></p> <p>ILO, (2001) <i>The Code of Practice in the World of Work</i></p> <p>Butcher, K., (2006) <i>Review of HIV workplace policy for DCI</i>, March 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>Pilsbury, B. and Mwadi Kady, A., (2006) <i>Country Case Study: DRC</i>, September 2006</p> <p>Drew, R. and Sherman, J. (2006) <i>Country Case Study: Zimbabwe</i>, October 2006</p>


Table A3: Taking Action to Improve the International Response				
	Commitment	Progress	Comments	Documents/sources
A3	3. Take action to improve the international response			
	The UK government will:			
A3a	 Work with a range of multilateral organisations, in particular the Global Fund, the EC and UNAIDS and its co-sponsors, the World Bank, UNFPA, UNICEF and WHO. We will work especially closely with multilaterals that demonstrate effectiveness and are significant funders or have a coordination or technical role to play	<p>Target on course to be met.</p> <p>DFID has increased funding for and partnerships with multilaterals. In 2004/5 and 2005/6, approximately one fifth of the UK's funding on HIV and AIDS went through multilaterals.</p> <p>DFID has taken steps to strengthen review of multilateral performance through participation in MOPAN reviews, its own multilateral effectiveness framework (MEFF) and, in particular, a series of multilateral organisational effectiveness summaries.</p> <p>In addition, DFID uses Institutional Strategy Papers (ISPs) – now called Institutional Strategies – with multilaterals as well as its position on governing bodies, to encourage organisations to improve effectiveness. More recent ISPs have a stronger focus on performance benchmarks and monitoring and evaluation. The recent report <i>A DFID-Wide Approach to Getting the Best Out of Multilateral Partners</i> notes that “There is good recent progress to build on. The International Divisions have started to use Institutional Strategies to build corporate-wide commitment and responsibility for delivering multilateral reform agendas”.</p>	<p>MOPAN, MEFF and other approaches to measuring effectiveness do not assess multilateral sector performance. Technical and sector performance is monitored through the Executive Board process. DFID has recently commenced a series of multilateral thematic case studies covering e.g. health, water and sanitation, although HIV and AIDS has yet to be covered by these case studies.</p>	<p>DFID, (2004) <i>Multilateral Effectiveness Framework</i></p> <p><i>MOPAN 2005 reviews: Bangladesh, Tanzania, Vietnam; Synthesis Report; UNAIDS Questionnaires; UNFPA Questionnaires</i></p> <p>DFID, Europe Trade and International Division (ETID), (2005) <i>A DFID-Wide Approach to Getting the Best Out of Multilateral Partners</i></p> <p>DFID, (2006) <i>Quarterly Management Board Report: Quarter 1 2006-2007</i></p>




Table A3: Taking Action to Improve the International Response				
	Commitment	Progress	Comments	Documents/sources
A3a1 	We will ensure that by mid-2005 all our ISPs for these multilateral institutions support our strategic priorities for AIDS	Target met. Good progress overall, although some questions with regard to UNICEF and EC ISPs. Analysis of Institutional Strategy Papers (ISPs) indicates that there has been a far stronger focus on HIV and AIDS since <i>Taking Action</i> and that DFID has responded well to concerns raised by the NAO about the adequacy of ISPs in respect of HIV and AIDS. Prior to <i>Taking Action</i> , 10 of 13 ISPs did not mention HIV and AIDS (NAO record this as 8 out of 14). Since <i>Taking Action</i> , all ISPs reviewed refer to HIV and AIDS.		NAO, (2004) <i>DFID: Responding to HIV/AIDS</i>
A3a2 	Our first ISP with UNAIDS will be published in 2004, describing how we will support its global leadership and coordination role	Target met. ISP published in September 2004. This has four objectives: strengthening global advocacy, leadership and strategic focus; enhancing country-level effectiveness and harmonisation including implementation of the Three Ones; focusing on results and global progress including monitoring and evaluation and strategic information for policy making; and supporting better management and corporate governance.	The UNAIDS ISP includes a detailed box outlining how improved coordination and effective partnerships across UK government in engagement with UNAIDS will be achieved and identifies how progress will be monitored using a number of objectives and indicators.	DFID, (2004) <i>UNAIDS: Institutional Strategy Paper</i>
A3a3 	The ISP with the World Bank is being revised and will be published in mid-2004. It will identify how we will strengthen our strategic engagement on AIDS	Target met. ISP, published September 2004, includes a box which describes Bank HIV/AIDS priorities. This notes that HIV/AIDS is one of seven corporate priorities for the Bank, that the Bank is a major financier for national AIDS programmes including targeted support through the Multi-Country HIV/AIDS Programmes, and that Bank action on strengthening country-owned strategies and joining up is of particular importance.	The ISP highlights several roles of the World Bank. These include making sure that governments manage large-scale inflows of HIV/AIDS financial assistance to maintain macroeconomic stability; ensuring that HIV/AIDS resources are integrated into public expenditure management and resource allocation processes; and that national HIV/AIDS strategies are reflected in PRSs. It also highlights the importance of Bank involvement in donor coordination mechanisms, harmonising donor support for PRSs and HIV/AIDS strategies and Bank support for the Three Ones agenda	DFID, (2004) <i>World Bank: Institutional Strategy Paper</i>

Table A3: Taking Action to Improve the International Response

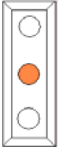
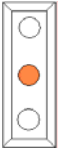
	Commitment	Progress	Comments	Documents/sources
A3a6 	UNICEF's ISP also reflects its work on AIDS. When this is next updated in 2006 we expect that it will reflect its leadership role with orphans and vulnerable children	<p>Target not yet met. There is no specific mention of orphans and vulnerable children in the new JIA.</p> <p>The ISP with UNICEF was revised in mid-2006 and the new JIA represents a collaborative approach involving the UK, Sweden and Canada. The JIA 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>The JIA focuses on key institutional issues rather than sector-specific issues. HIV/AIDS and children is mentioned as one of five focus areas in UNICEF's Medium Term Strategic Plan for 2006-2009. There is one indicator related to HIV and AIDS, MDG indicator 19b (percentage of males and females aged 15-24 with comprehensive correct knowledge of HIV/AIDS).</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>
A3a7 	A new ISP with the EC will be developed over the next year and issued in mid-2005. It will cover our strategic engagement on AIDS	<p>Target met but there are concerns about omissions from the ISP and how this is being implemented by the EC (see sections 3.20 and 3.21, from p15).</p> <p>New ISP published May 2005. The framework of the 2001-2006 Programme for Action (Pfa) delivered new funding for research and more affordable medicines within developing countries. The Pfa focuses on low and middle-income countries. It proposes collective action and better coordination among donors and multilateral agencies to support country-led programmes with particular attention to women, orphans and vulnerable children. It also addresses Trade and Regulatory issues and will support research and development of new tools to confront the three diseases.</p>	<p>The EC ISP states that DFID will support the EC in revising its Development Policy Statement in 2005 including "focusing the EC on what it is good at or makes sense as a collective effort (such as infrastructure, regional projects, HIV/AIDS and fragile states)". The ISP contains a box describing the EC's Programme for Action on HIV/AIDS, TB and malaria and a commitment by DFID to ensure this programme is effectively resourced, monitored and evaluated, key commitments are delivered and assistance is harmonised with that of other donors, in particular UN agencies.</p>	<p>DFID (2005) <i>Working in Partnership with the European Union: Strategy on Eradicating Poverty and Achieving the MDGs</i></p>




Table A3: Taking Action to Improve the International Response				
	Commitment	Progress	Comments	Documents/sources
A3a8 	Our relationship with the Global Fund is not covered by an ISP. We will continue to play an active role on the Fund board, monitoring its work through the performance indicators agreed by the Global Fund's monitoring and evaluation committee	Target met. DFID has an Interim ISP with the Global Fund which runs to April 2007. A draft Institutional Strategy Note to cover a one-year period from July 2007 is under development. DFID has played an active role through its seat on the Global Fund Board since 2005. Engagement on improving effectiveness apparent in the Shakow report and through work with the Fund secretariat to develop performance indicators.		Shakow, A. (2006) Global Fund World Bank HIV Programmes: Comparative Advantage Study, January 2006 DFID, (2006) <i>Assessing the Performance of the Global Fund to Fight AIDS, TB and Malaria, A synthesis of DFID advisers' views of the Global Fund's performance in 27 countries, August 2006</i>
A3e 	Funding countries where we do not have a bilateral presence, to help scale up the response in countries affected by AIDS	Target on course to be met. However, there are concerns about the appropriateness of this approach in middle-income countries (see section 13.8, p165). In low-income countries where the UK does not have a bilateral presence, DFID has provided funding to scale up the response, for example, in Sudan through a joint donor development office and in Indonesia through the UN to support development of a GTT implementation plan.	FCO involvement in these countries outlined as: ensuring that HIV/AIDS remains on the agenda in meetings with Ministers; and encouraging posts to make use of the AIDS Portal to promote knowledge sharing between HMG, other governments and civil society	UNAIDS, (2005) <i>Making recommendations a reality in Indonesia</i> , December 2005
A3e1 	Supporting the UN through UNAIDS to take a specific role in post-conflict countries (Angola, DRC, Somalia, Sudan are specifically mentioned in <i>Taking Action</i>)	Target on course to be met. Clear statement in ISP on UNAIDS' role in addressing HIV and AIDS in post-conflict countries. DFID central funding to UNAIDS for two-year programme (2004-6) to enable UNAIDS to coordinate a strengthened national response, build capacity in key national agencies, and monitor the response in Angola, DRC, Ethiopia, Sudan and Somalia. DFID has also funded other UN agencies to tackle HIV and AIDS in post-conflict settings, for example, providing support to UNIFEM for a new post and for gender and HIV training for	DFID also provides support through other mechanisms for post-conflict countries. For example, the Rwanda CAP highlights work on HIV education for armed forces; DFID is supporting joint donor development office in Sudan.	UNAIDS, (2006) <i>Intensifying country support to bring national responses to scale in Angola, DRC, Ethiopia, Somalia and Sudan: DFID-supported five country project</i> UNAIDS, (2004) <i>Intensifying Country Support to Bring National Responses to scale in Angola, the DRC, Ethiopia, Somalia, and Sudan: DFID-supported five country project</i> UNAIDS, (2005) <i>DFID Supported Five Country Project Status Report</i> ,



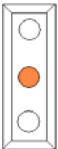
Table A3: Taking Action to Improve the International Response				
	Commitment	Progress	Comments	Documents/sources
		peacekeepers in Sierra Leone		October 2005 Hunter, S. and Albone, R., (2006) <i>Country Case Study: Ethiopia</i> , October 2006 Pilsbury, B. and Mwadi Kady, A., (2006) <i>Country Case Study: DRC</i> , September 2006
A3f 	Channel more support through multilateral partners in line with our commitment to harmonisation of donor efforts	Target on course to be met overall although less progress made in clarifying EC comparative advantage and encouraging greater EC attention to AIDS.		
	The UK government will:			
A3f1 	Support UNAIDS to take forward its leadership role and coordinate the global effort	Target on course to be met. See A1e (pA34). DFID co-chaired with UNAIDS the Global Steering Committee on Universal Access.	DFID is lead bilateral supporter for the UNCT approach (see section 3.24, p16).	UNDP, (2005) <i>UN Country Coordination: Putting National Priorities First. Synthesis of Resident Coordinator Annual Reports 2005</i>
A3f2 	Use our influence, and membership of institutions' governing bodies, to improve the effectiveness, equity and efficiency of international support for national responses to AIDS	Target appears on course to be met (see A3a1-8, from pA50). However, it is difficult to find concrete/documentated evidence of this. As there are ongoing concerns about 'aid orphans' and 'donor darlings' it is difficult to judge the extent to which UK influence has contributed to improved effectiveness, equity and efficiency of international support for national responses to AIDS. UK exerts considerable influence on high level governing bodies. Global Fund website recognised as model for transparency and		UNAIDS, (2006) <i>18th Meeting of the UNAIDS Programme Coordinating Board</i> , Geneva, Switzerland, 27-28 June 2006



Table A3: Taking Action to Improve the International Response				
	Commitment	Progress	Comments	Documents/sources
		information sharing, including all grants and disbursement requests as well as Grant Report Cards. World Bank considering approach to improve availability of similar information. AIDS Joint Partner data sharing meetings convened in June and December 2006 including UNAIDS, PEPFAR, World Bank, DFID, WHO		
A3f3	 Seek to ensure better division of labour between the World Bank, EC and Global fund. Funds from different sources should respond to different needs	<p>Progress in some areas.</p> <p>DFID has supported efforts to ensure a better division of labour with regard to HIV and AIDS between the World Bank and the Global Fund, including endorsing and supporting the recommendations of a recent study of their respective comparative advantages. In addition, DFID assisted the World Bank to develop its Global HIV and AIDS Plan of Action in 2005.</p> <p>The EC's comparative advantage is less easy to identify. However, in April this year the EC agreed to promote joint actions at field level including a common format for EC country programming. They also committed to agree principles on complementarity by the end of 2006.</p>	<p>The World Bank GHAPA 2005 focuses on:</p> <ul style="list-style-type: none"> • sustained funding for AIDS programmes and for strengthening health systems; • better national AIDS planning, • accelerating implementation of national plans; • building country monitoring and evaluation systems and capacity to collect, analyse and use data <p>How the EC will work to address HIV and AIDS in middle-income countries is not specified. The ISP is not explicit about the respective comparative advantages of the EC and UN agencies, such as UNICEF, UNFPA and UNIFEM, which have a mandate to work with women, orphans and vulnerable children.</p>	<p>Shakow, A. (2006) Global Fund World Bank HIV Programmes: Comparative Advantage Study, January 2006</p> <p>World Bank (2005) <i>Global HIV and AIDS Plan of Action</i></p>
A3f4	 Encourage multilaterals to address the HIV and AIDS epidemics in middle-income countries more effectively	<p>Progress in some areas. There are concerns about the appropriateness of this approach (see section 13.8, p165).</p> <p>DFID's middle-income country (MIC) strategy 2005-8 acknowledges that HIV can be addressed through improved international and multilateral systems. DFID has increased support for multilaterals, in particular for UNAIDS, to strengthen leadership and coordination of the</p>	<p>Country case studies suggest that the extent to which UN agencies can influence the response in MICs may be limited.</p> <p>A more explicit set of expectations of multilaterals in middle-income countries is required and consideration of a greater role for other actors, such as civil society and other government</p>	<p>DFID, (2006) <i>Guidance on aid instruments</i>, June 2006</p> <p>Lenton, C. and Wei Ran, (2006) <i>Country Case Study: China</i>, October 2006</p> <p>Semkow, K., Duberstein, S. and Roshchupkin, G., (2006) <i>Country Case Study: Russia</i>, September 2006</p>

Table A3: Taking Action to Improve the International Response				
	Commitment	Progress	Comments	Documents/sources
		response in MICs, e.g. Russia and China, and funded HIV/AIDS knowledge exchange, e.g. between Russia and Brazil. The EC ISP makes specific mention of addressing HIV and AIDS in MICs. The World Bank ISP clearly articulates the role of the Bank in MICs, although not specifically for HIV and AIDS.	departments.	DFID (2005) <i>Working in Partnership with the European Union: Strategy on Eradicating Poverty and Achieving the MDGs</i> DFID (2004) <i>World Bank: Institutional Strategy Paper</i>

Table A3: Taking Action to Improve the International Response



	Commitment	Progress	Comments	Documents/sources
<p>A3f5</p> 	<p>Work closely with the EC to encourage increased attention to AIDS</p>	<p>Limited progress.</p> <p>DFID has done further work to try to establish more clearly what the UK is spending on HIV and AIDS through its funding to the EC. This results in figures of £10 million for spending on HIV and AIDS in 2004/5 and £15 million in 2005/6. These figures draw on unpublished and published information from the EC on the amount of money spent on HIV and AIDS in four areas – HIV and AIDS projects; reproductive health; Global Fund contribution and research. The figure contributed by the UK is then derived by applying a percentage figure for the proportion of EC funding provided by the UK – 17.8% in 2004/5 and 17.1% in 2005/6.</p>	<p>The EC’s development programme received the largest amount of DFID multilateral assistance in 2005–2006. It is difficult to assess the extent to which DFID has succeeded in encouraging the EC at central level to increase attention to HIV and AIDS, since the new Programme for Action on AIDS, TB and Malaria only started relatively recently and central funding is not tracked by sector. Their new EC Programme for Action on AIDS, TB and Malaria covers 2007–2011. It is difficult to judge the extent to which the UK has succeeded in encouraging the EC to address under-funding of HIV and AIDS as central funding is not tracked by sector. It is reported that the EC reports that the proportion of EDF funds allocated to HIV and AIDS has increased. However, it has not been possible to verify these figures. Information about the proportion of other EC funding modalities spent on HIV and AIDS is not readily available.</p> <p>Joint efforts with other EU member states could increase pressure on the EC to focus attention on AIDS and to clarify its approach in European ‘neighbourhood’ states such as Russia and Ukraine.</p>	
<p>A3g</p> 	<p>Build on the Three Ones commitments and translate them into action</p>	<p>Target on course to be met. See A2a2 (pA39).</p>		



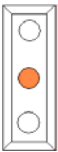
Table A3: Taking Action to Improve the International Response				
	Commitment	Progress	Comments	Documents/sources
	The UK government will:			
A3g2 	Work with national governments and other partners including UNAIDS to strengthen their domestic planning, coordination and monitoring	Target on course to be met. See A4 (pA59). DFID has provided considerable support for National AIDS Councils (NACs) to strengthen their capacity in PSA countries. Analysis of programmes and projects in PRISM conducted for this evaluation showed that support for NACs had increased significantly from £20 million in 2003/4 to £60 million in 2005/6 (see Figure 13, p30).	UNAIDS, in its 2006 report on the global epidemic, states that “90% of reporting countries now have a national AIDS strategy, 85% have a single national body to coordinate AIDS efforts, and 50% have a national monitoring and evaluation framework and plan”.	Social & Scientific Systems, Inc., (2006) <i>An Analysis of Trends in UK Government Funding and Activities</i> . DFID Evaluation Working Paper 18 UNAIDS (2006) <i>2006 Report on the Global AIDS Epidemic</i> Reported to UN High Level Meeting held in June 2006
A3g3 	Support UNAIDS to monitor the roll out of the Three Ones by developing indicators and a system of reporting linked to the UNGASS targets	Target on course to be met. DFID has provided specific support to enable UNAIDS to monitor roll out of the Three Ones in seven countries and to develop indicators and systems of reporting linked to UNGASS targets	Indicators developed but extent to which applied depends on strength of country systems. There are also concerns about the extent to which this is harmonised with other initiatives, such as indicators for the ‘universal access’ process and the ‘Global Fund’ M&E toolkit.	Social and Scientific Systems (2006b) <i>Interim Evaluation of ‘Taking Action: The UK Government’s Strategy for Tackling HIV and AIDS in the Developing World’: Measuring Success: Indicators and Approaches for the Final Evaluation</i> DFID, Glasgow, Evaluation Working Paper (draft)
A3g5 	Lead efforts to establish what has been tagged a ‘Fourth One’ – a single pooled funding mechanism at country level	Target on course to be met but concerns over what this means in practice (see section 3.26, p17). Country case study examples include pooled funding under NACP 3 in India, joint funding for social marketing with the Irish and Dutch in Ethiopia. DFID participate in pooled funds for civil society in Uganda, together with the Irish, and through the Rapid Funding Envelope in Tanzania, together with a number of bilaterals including the US, Irish, Swiss and Norwegians. In Myanmar, DFID supports the joint programme for HIV/AIDS, which has a multi-donor pooled fund, managed by the UN, to finance projects identified by the programme.		Hunter, S. and Albone, R., (2006) <i>Country Case Study: Ethiopia</i> , October 2006 Sen David, P. and Kapoor, I., (2006) <i>Country Case Study: India</i> , November 2006


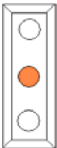
Table A3: Taking Action to Improve the International Response				
	Commitment	Progress	Comments	Documents/sources
A3h 	<p>Take steps at international level to increase access to medicines. As detailed in the recent UK Government Policy on Access to Medicines, we will work internationally to make medicines more accessible and affordable, including by promoting differential pricing, and working to increase access to health services. The UK is committed to the implementation of the TRIPS decision allowing poor countries to import copies of patented medicines in line with the provisions of the decision</p>	<p>Target on course to be met. Good progress, especially in 2004 and 2005 and since autumn 2006.</p> <p>Support for increased access to ART through funding for Global Fund and WHO. UK Government co-chaired Global Steering Committee on scaling up towards 'universal access'.</p> <p>Joint departmental policy papers on Access to Medicines and a Framework for Good Practice in the Pharmaceutical Industry. The latter sets out the UK position in support of differential pricing, and makes a commitment to innovative incentives in the form of research tax credits and to working with the EU and WHO to develop new research incentives. DFID and other government departments have worked with the EU and WTO member states to ensure that developing countries were given the necessary flexibilities in the TRIPS agreement.</p> <p>UK is also providing funding for UNITAID (see A5b, pA68).</p>	<p>Responsibility for access to medicines within DFID Policy Division has shifted from a dedicated Access to Medicines team to the Global and Country Partnerships team. Other government departments noted that the cross-Whitehall access to medicines group, which involves DFID, FCO, DTI and HMT and which had been a useful forum, had been less active in the first half of 2006. DFID has taken steps to increase focus on the issue including establishing and Access to Medicines hub in mid-2006 and reconvening the cross-Whitehall group.</p>	<p>DFID and UNAIDS, (2006) <i>Report of Global Steering Committee on scaling up towards universal access</i>, June 2006</p> <p>DFID, (2003) <i>Increasing access to medicines</i></p> <p>HMG, (2004) <i>Increasing access to essential medicines in the developing world: UK government policy and plans</i>, June 2004</p> <p>DFID, (2004) <i>HIV and AIDS Treatment and Care Policy</i>, July 2004</p> <p>DFID, DH and DTI, (2005) <i>Increasing People's Access to Essential Medicines in Developing Countries: A Framework for Good Practice in the Pharmaceutical Industry</i>, March 2005</p>

Table A4: Taking Action to Support Better National Programmes

	Commitment	Progress	Comments	Documents/sources
A4	4. Taking Action to support better national programmes			
	The UK government will:			
A4a	Provide money and advice to support developing country governments and other partners to develop and deliver national AIDS strategies that:			
A4b	 <p>– Are comprehensive, integrating programmes that prevent, treat, care and mitigate the impact of AIDS. In deciding where to invest our resources, we will prioritise activity which:</p> <ul style="list-style-type: none"> • Integrates prevention, care and impact mitigation within national strategies • Focuses on the needs of orphans and vulnerable children • Strengthens health systems in the face of ‘vertical’ treatment programmes • Focuses on women and young people, in particular orphans and vulnerable children • Helps marginalised communities • Addresses human rights • Combats stigma and discrimination 	<p>Difficult to make a judgment on progress because of the way that DFID funds activities and the way in which information is gathered. Analysis of programme/projects using two different approaches found that:</p> <ul style="list-style-type: none"> - The first approach concludes that 41% of projects contained some elements of care and support, 38% impact mitigation, 27% prevention, 8% research and 3% treatment. - The second approach determined that from a subset of 376 HIV and AIDS specific projects from the entire data set of 1424 projects that 27% were focused largely on prevention, 6.1% on care and support. 5.3% were judged to have a treatment element. <p>Other policy papers that focus on treatment and care, sexual and reproductive rights, and harm reduction have been produced to complement <i>Taking Action</i>.</p> <p>DFID GAP team recently conducted an audit of DFID support for efforts to tackle stigma and discrimination.</p>		<p>Social & Scientific Systems, Inc., (2006) <i>An Analysis of Trends in UK Government Funding and Activities</i>. DFID Evaluation Working Paper 18</p> <p>DFID, (2004) <i>HIV and AIDS Treatment and Care Policy</i>, July 2004</p> <p>HMG, (2005) <i>Harm Reduction: Tackling Drug Use and HIV in the Developed World</i>, December 2005</p> <p>DFID, (2004) <i>Sexual and Reproductive Health and Rights: A Position Paper</i>, July 2004</p> <p>DFID, (2006) <i>Addressing HIV and AIDS Related Stigma and Discrimination: An Audit of DFID’s Current Work</i>, Global AIDS Policy Team, September 2006</p>

Annex 4: Analysis of Progress Against Selected Commitments in Taking Action



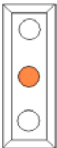
Table A4: Taking Action to Support Better National Programmes				
	Commitment	Progress	Comments	Documents/sources
	<ul style="list-style-type: none"> • Fills funding gaps • Strengthens national planning (see A3g2, pA57) 			Social & Scientific Systems, Inc., (2006) <i>An Analysis of Trends in UK Government Funding and Activities</i> . DFID Evaluation Working Paper 18
	All countries in Africa and Asia will look to address AIDS in their CAPs	<p>Target on course to be met.</p> <p><i>Africa:</i> All Africa CAPs analysed for Working Paper 18 address AIDS although only Kenya and Nigeria post date <i>Taking Action</i>.</p> <p><i>Asia:</i> <i>Taking Action</i> noted that Asia CAPS already addressing HIV and AIDS included Bangladesh, Nepal, Pakistan, Vietnam, India and Burma. Five CAPs in development where AIDS was to be addressed included Afghanistan, Cambodia, Indonesia, Sri Lanka and China. China's current CAP identifies MDG 6 (TB and HIV and AIDS) as one of three MDGs that DFID is best placed to support in China. Cambodia's CAP identifies HIV and AIDS as one of four main objectives. The Pakistan CAP addresses HIV and AIDS as part of strategic outcome 2 to improve delivery of health and education to poor people within a "devolved government structure and recognising the important role of the private sector".</p>	<p>See sections 5.11 to 5.16, from p44.</p> <p>As of November 2006, no CAPS available online for Afghanistan, Indonesia and Sri Lanka.</p>	<p>DRC CEP 2003, DRC CEP 2005, DRC Draft DAP 2006 – 11, Ethiopia CAP 2003, Zambia CAP 2004-7, Kenya CAP 2004-7, Malawi CAP 2003/4-2005/6, Rwanda CAP 2003-6, Nigeria CAP 2004-8, Ghana 2003-6</p> <p>Cambodia CAP 2005, India CAP 2004-8, India CAP Review 2003-4, India CAP Review 2004-5, China CSP 2002-5, China CAP 2006-11, China Annual Review 2004-5, Pakistan CAP 2005-7</p>
	Regional assistance plans for other areas include AIDS as a high priority (Some countries in EMAD have country plans – these are also considered here)	<p>Target on course to be met.</p> <p><i>EMAD Eastern Europe and Central Asia.</i> Russia's CSP 2001-5 prioritises HIV and AIDS as a major challenge. Ukraine's 2001-5 CSP recognises HIV and AIDS as a risk area that needs to be monitored with the potential to require support of multilateral resources in the future.</p> <p>The RAP for Central Asia, South Caucasus, and Moldova as well as the RAP for the Western Balkans both address HIV and AIDS.</p> <p><i>Latin America and Caribbean</i> The Latin American RAP</p>		<p>Russia CAP 2001-5, Russia CSP Review 2004, Ukraine CSP 2001-5</p> <p>RAP for the Western Balkans 2004/5-2008/9, RAP for Central Asia, South Caucasus, and Moldova 2004-7</p> <p>RAP for Latin America, 2004-7, RAP for the Caribbean Region, June 2004</p>

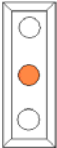
Table A4: Taking Action to Support Better National Programmes

	Commitment	Progress	Comments	Documents/sources
		and the Caribbean RAP both address HIV and AIDS. These were developed prior to <i>Taking Action</i> .		
A4b1	 <p>The UK Government will work at the country and regional level to support effective, nationally led treatment and care responses that follow the DFID policy on treatment and care, including promoting alignment with national systems and involving individuals and communities affected by HIV in decision making.</p>	<p>Progress made in some areas.</p> <p>The UK supported the WHO 3 by 5 Initiative since it was endorsed by all WHO member states in May 2004, and the more recent ‘universal access’ agenda.</p> <p><i>Taking Action</i> states that, in accordance with the DFID policy on treatment and care “the UK government will work at country and regional level to support effective, nationally led treatment and care responses that:</p> <ul style="list-style-type: none"> • Involve all sectors of government and society • Are pro-poor, equitable and gender and child focused • Involve individuals and communities affected by HIV in decision making • Help to strengthen the systems that deliver health services, and support prevention and impact-mitigation efforts • Promote alignment at the country level, and harmonisation at the international level (the Three Ones) • Are informed by evidence, and consistent with broader developmental objectives” <p>Examples of evidence from country case studies on DFID progress in supporting national programmes to provide effective treatment and care include:</p> <p><i>Increasing Access</i>. DFID China and Russia funding initiatives that have encouraged access to hard-to-reach populations and advocating at policy level for access for hard-to-reach populations.</p> <p><i>‘Universal Access’</i>: ‘Universal access’ was identified by the DRC DFID office as a particular challenge in a post-conflict situation, given the lack of health infrastructure, and emphasis is being given to approaches that strengthen</p>	<p>According to WHO, the number of people on treatment tripled to reach 1.3 million in 2005 but only 18 countries met the 3x5 target of providing treatment to at least half of those who need it. 13 of these countries are in the EMAD region (Argentina, Brazil, Costa Rica, Cuba, El Salvador, Guyana, Jamaica, Mexico, Panama, Peru, Uruguay and Venezuela), 3 in Africa (Botswana, Namibia and Uganda), 1 in Asia (Thailand). Country level challenges include: poorly harmonised partnerships, constraints in procurement and supply of drugs, diagnostics and other commodities; stripped human resource capacity and other critical weaknesses in the health system; difficulty in ensuring equitable access; and lack of standardised systems for management of programmes and monitoring progress.</p> <p>DFID HIV/AIDS treatment and care policy has been widely disseminated. Several country office respondents to this evaluation reported that <i>Taking Action</i> and the treatment and care policy increased DFID focus on treatment at national level. However, a recent ActionAid</p>	<p>WHO, (2006) <i>Progress on Global Access to HIV Antiretroviral Therapy: A Report on “3x5” and Beyond</i></p> <p>DFID, (2004) <i>HIV and AIDS Treatment and Care Policy</i>, July 2004</p> <p>Hunter, S. and Albone, R., (2006) <i>Country Case Study: Ethiopia</i>, October 2006</p> <p>Lenton, C. and Wei Ran, (2006) <i>Country Case Study: China</i>, October 2006</p> <p>Semkow, K., Duberstein, S. and Roshchupkin, G., (2006) <i>Country Case Study: Russia</i>, September 2006</p> <p>Pilsbury, B. and Mwadi Kady, A., (2006) <i>Country Case Study: DRC</i>, September 2006</p> <p>Drew, R. and O’Connell, A., (2006) <i>Country Case Study: Zambia</i>, August 2006</p> <p>Corby, N. (2006) <i>Delivering the 2010 Target: Financing Universal Access to HIV and AIDS Treatment</i> ActionAid report produced October 2006</p>

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Table A4: Taking Action to Support Better National Programmes				
	Commitment	Progress	Comments	Documents/sources
		<p>the overall health system and do not impose 'vertical' HIV and AIDS treatment and care programmes.</p> <p><i>Human Resources:</i> Zambia's response to the human recourse crisis is guided by a strategy produced by the Ministry of Health. The UK has contributed to this response by supporting training of doctors and nurses and through joint work with the UK Department of Health.</p>	<p>report expressed the desire for DFID to have a stronger focus on treatment to ensure that 'the immediate treatment needs of people living with AIDS today are not forgotten'.</p>	

Table A4: Taking Action to Support Better National Programmes


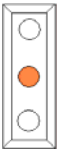

	Commitment	Progress	Comments	Documents/sources
<p>A4b2</p> 	<p>The UK Government will work to address the significant impact of AIDS on food security by working with international organisations, including the World Food Programme (WFP) and UNICEF to improve planning systems. We will also work with others to improve data collection and analysis and to understand better the interaction between HIV, nutrition and treatments. We will provide guidance to support our staff addressing these issues.</p>	<p>Difficult to make a judgment on progress.</p> <p>In practice, and for valid reasons, DFID has focused efforts to address food security and HIV through funding for social protection approaches.</p> <p>Through its partnership with WFP (2005–8), DFID contributes a total of £5 million over four years. WFP was established to provide food aid in emergency settings. DFID’s WFP ISP commits DFID to a partnership that will enhance WFP’s organisational learning and knowledge management, and enhance effectiveness in humanitarian preparedness and response. Since WFP is a UNAIDS co-sponsor, work toward achieving these two objectives may strengthen some of WFP’s internal guidance and monitoring of work on HIV and AIDS. However, there is no evidence of success of direct efforts to improve WFP planning systems.</p> <p>DFID endorsed the Strategic Framework for the Protection, Care and Support of Orphans and Children made vulnerable by HIV and AIDS. However, no evidence was found of specific efforts to improve UNICEF planning systems related to the impact of AIDS on food security.</p> <p>No evidence found of action to improve data collection and analysis on the interaction between HIV, nutrition and treatments or to provide guidance for staff on these issues.</p> <p>The Ethiopia country case study identifies an opportunity for DFID to conduct research on links between food security, vulnerability and adherence to ART. DFID is the biggest donor for Ethiopia’s national Productive Safety</p>	<p>Working with WFP to improve planning systems regarding HIV and food security is challenging since DFID and WFP have quite different objectives and approaches to this issue. While DFID has shifted to a social protection model, WFP continues to argue for a continued role for distribution of imported food²⁷³.</p> <p>The Millennium Summit in 2000 set goals for halving hunger by 2105. Since 1990, only LAC has reduced hunger enough to reach the MDG target. In Near East and North Africa, hunger is low but increasing. Many SSA countries that have high levels of undernourishment also have high prevalence of HIV/AIDS.</p> <p>DFID’s policy on hunger identifies HIV/AIDS as one factor that perpetuates hunger and slows progress toward achievement of MDG1. The impact of HIV and AIDS on food security is clearly described. The policy recognises that “appropriate government policies in a range of sectors, allied with overall good governance, are critical for creating an</p>	<p>FAO, (2005) <i>The State of Food Insecurity in the World, 2005</i></p> <p>DFID, (2005) <i>WFP ISP 2005–8</i></p> <p>DFID, (2002) <i>Eliminating Hunger: Strategy for Achieving the Millennium Development Goal on Hunger</i>, May 2002</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>DFID, (2005) <i>Social Transfers and Chronic Poverty: Emerging Evidence and the Challenge 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</i></p>

²⁷³ Although this is increasingly being focused as an adjunct to other activities, e.g. home-based care, support to OVC and ART.

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	Commitment	Progress	Comments	Documents/sources
		<p>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.</p> <p>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.</p>	<p>environment in which people can obtain enough food” and that “poverty reduction frameworks are a way of linking food and poverty analysis with public policies and actions”.</p> <p>DFID experience in social transfers is relatively recent. A practice paper discusses growing evidence that social transfers distributed mostly in the form of cash (rather than in-kind, such as food handouts) are an effective tool for reducing poverty thereby reducing food insecurity. A background paper supports using social transfers to increase equity in accessing health and education services. These documents highlight the challenges of targeting those most in need, including OVC.</p> <p>UNICEF recently released the results of innovations in social protection to reduce impact of HIV/AIDS on children in 15 countries in Southern and East Africa.</p>	<p><i>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>
A4c	Prioritise the needs and rights of women, young people, including orphans, marginalised and vulnerable groups	See Chapter 7 (p73) and Annex 7 (pA92).		
A4d2	The media, in particular,	Target met. DFID’s Information and Communication for		DFID, (2005) <i>AIDS</i>

Table A4: Taking Action to Support Better National Programmes

	Commitment	Progress	Comments	Documents/sources
	is an important source of information and mechanism for stimulating debate. DFID will publish AIDS communication guidance for our country programmes in 2004	Development team published AIDS communication guidance in September, 2005.		<i>Communication</i> , September 2005
A4e1 	The UK will work with others to support governments to analyse what the blockages are to scaling up and move - by means of phased expansion - beyond geographically limited pilot projects	<p>Difficult to make a judgment about progress.</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 General Assembly High Level Meeting in June 2006.</p> <p>Examples from country case studies: Russia's experience with scaling-up treatment with funds from Global Fund may be difficult for a number of reasons, including lack of vendors to ensure competitive processes, corruption, and barriers to access such as stigma and discrimination. DFID China 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.</p>	US PEPFAR initiatives focus on scaling-up treatment and overcoming many of the logistical barriers to providing treatment through awards such as the supply chain management consortium, operating in 15 focus countries to strengthen existing supply chains or establish new ones.	<p>Semkow, K., Duberstein, S. and Roshchupkin, G., (2006) <i>Country Case Study: Russia</i>, September 2006</p> <p>Lenton, C. and Wei Ran, (2006) <i>Country Case Study: China</i>, October 2006</p>
A4e2 	A particular area of concern and one where the UK is taking a leading role is the issue of human resources for health. The UK will assist countries to develop both short-term 'emergency' solutions to address the current	<p>Target on course to be met (see section 10.7, p129). DFID has also taken steps to assist countries to develop short term emergency solutions to address the current shortage of health personnel and to strengthen long term human resource planning and management. The DFID Malawi CAP states that DFID will participate in a multi-donor effort to reform the public sector, address incentive issues and fill key gaps over the short to medium term. DFID has invested £100 million over 5 years to increase</p>	Shortages of healthcare professionals have been identified as a critical constraint to scaling up access to HIV prevention, treatment and care and achievement of 'universal access'. WHO's World Health Report 2006 notes that Africa suffers more than 24% of the	<p>WHO, (2006) <i>World Health Report 2006</i></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>

Annex 4: Analysis of Progress Against Selected Commitments in Taking Action


Table A4: Taking Action to Support Better National Programmes				
	Commitment	Progress	Comments	Documents/sources
	shortage of health and education personnel, and to take a longer-term view of human resource planning and management in the light of the impact of the AIDS epidemic. (Malawi, Ghana and Zimbabwe are examples)	<p>the salaries of nursing staff and the numbers of newly trained doctors and nurses.</p> <p>DFID Zambia and DFID Ethiopia are supporting national governments to implement human resource strategies. In Ethiopia, DFID supports GOE policies for HR capacity development, but HR constraints continue to impede efforts to scale up and donors have raised issues with the GOE, including salary differentials and wage rates. Innovative approaches to delivery, especially in the HIV and AIDS sub-sector, have the potential to provide a model for 'universal access' scale up. In Zambia, the HR crisis has multiple causes and undermines delivery of health services. Responses, including support for training of more doctors and nurses, are building on the Ministry of Health's costed strategy.</p>	global burden of disease but has only 3% of the global healthcare work force.	Zambia, August 2006
A4e3	 <p>We will take action to strengthen the impact of the Code of Practice on the recruitment of healthcare workers to the UK, to prevent the use by the NHS of agencies that recruit healthcare staff directly from developing countries unless a bilateral agreement has been negotiated with the country concerned. We are working with other donors to give the issue of recruitment of healthcare workers more prominence</p>	<p>Target on course to be met. The UK has addressed this through its Code of Practice on the international recruitment of healthcare workers and, more recently, through the establishment of the Inter Ministerial Group on Health Capacity in Developing Countries.</p> <p>The Code of Practice is voluntary but the DH recommends that the NHS and other healthcare employers only use recruitment agencies that comply with it. The DH revised the Code in December 2004, widening its remit to apply to recruitment through agencies of temporary and locum professionals. The DH and DFID have identified developing countries that should not be targeted for international recruitment under any circumstances and a list is available on the DH website. Active recruitment of healthcare professionals is also now precluded unless there is a government-to-government agreement.</p> <p>The UK cannot address this issue alone. While EU member states are considering adopting the UK Code as a model, countries such as Australia and the US continue to</p>	<p>The Department of Health reports that the UK context has changed considerably in recent years. Initiatives to train more doctors, nurses and midwives have resulted in an increase in newly qualified health professionals and the UK is now in a position where domestic supply meets demand.</p> <p>However, there is evidence that large numbers of health workers, trained overseas, are still coming to the UK. For example, although Nursing and Midwifery Council (NMC) figures for 2003/4 and 2004/5 show a 19% decline in the number of nurses and midwives admitted to the register, the number admitted in 2004/5 was still 11,477. India,</p>	

Table A4: Taking Action to Support Better National Programmes

	Commitment	Progress	Comments	Documents/sources
		actively recruit healthcare workers from developing countries.	<p>the Philippines, Australia and South Africa accounted for around three quarters of overseas admissions. There was a 28% fall in numbers coming onto the register from Africa, but an increase of 22% in nurses coming from the Indian sub-continent.</p> <p>Changes announced by the Home Office have also limited opportunities for overseas healthcare personnel to come to work in the UK, in response to labour market research conducted by the NHS Workforce Review Team and announced by the DH in July 2006.</p>	

Annex 4: Analysis of Progress Against Selected Commitments in Taking Action



Table A5: Taking Action in the Long Term				
	Commitment	Progress	Comments	Documents/sources
A5	5. Taking action in the long term			
	The UK government will:			
A5a	 Ensure that responses to AIDS are sustainable in the long term as well as responding to the immediate and exceptional needs	<p>Progress is difficult to assess, based on analysis of available information in PRISM. Review of available CAPS only identified one that discussed the issue of sustainability of HIV/AIDS services. However, in practice, DFID country offices are taking steps to support longer-term, sustainable responses.</p>	<p>Given that CAPs are intended to guide DFID activities in a particular country, it might be expected that they would place strong emphasis on long-term action, given its prominence in <i>Taking Action</i>.</p>	<p>Social & Scientific Systems, Inc., (2006) <i>An Analysis of Trends in UK Government Funding and Activities</i>, DFID Evaluation Working Paper 18</p>
A5b	 Work with others to make funding for AIDS longer-term and more predictable, including through the IFF	<p>Progress in some areas. Progress with the IFF has been slower than anticipated and a launch by March 2008 is now seen as unlikely by HMT. A pilot IFF for childhood immunisation (IFFm) was launched in September 2005. The UK has made a commitment to contribute \$1.4 billion to the IFFm over the next 20 years.</p> <p>The UK has stated its commitment in the 2006 White Paper to provide long-term predictable funding to additional developing countries through 10-year Development Partnership Agreements. However, there does not currently appear to be a mechanism to commit funds to these for such a long period.</p> <p>The UK has made a 20 year commitment to UNITAID (see A3h, pA58), a new international drug purchasing facility, starting with £15 million in 2007 and rising to £40 million 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 treatment in 30 countries, reaching up to 100,000 children in</p>	<p>There is a perception that the IFF has been superseded by the increase in G8 aid commitments and the long-term commitments set out in the White Paper. Increased aid commitments may provide extra resources but not necessarily improve long-term, predictable financing and the commitments in the White Paper will only apply to selected developing countries.</p> <p>Ensuring effective coordination between existing financing mechanisms and UNITAID and other long-term financing mechanisms will be critical.</p>	<p>DFID, (2006) New International Partnership to Sink Prices on Life-saving Medicines for Poor Countries. Press Release. 19 September.</p> <p>DFID, (2006) <i>Eliminating World Poverty: Making Governance Work for the Poor</i>, White Paper, July 2006</p>

Table A5: Taking Action in the Long Term


	Commitment	Progress	Comments	Documents/sources
		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.		
A5c	 <p>Increase our support for research into microbicides; treatments and new technologies for the poor, women and young people; and the social, economic and cultural impact of AIDS</p>	<p>Target on course to be met.</p> <p>HIV and AIDS research funding is reported to have increased. 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>In 2006, CRD commissioned two HIV/AIDS Research Programme Consortia to conduct research in the areas of HIV and AIDS treatment and care services and social contexts of HIV and AIDS. Total funding for these two RPCs is £7.5 million over 5 years.</p>	<p>Central Research Department (CRD) does not have a system to monitor HIV and AIDS research funded through DFID country offices.</p> <p>The DH reports that it allocates £1 million a year to the MRC for a joint research programme on sexual health and HIV; health departments in Wales and Scotland make an additional contribution. The MRC's total expenditure on HIV/AIDS research amounts to £12 million a year. The MRC is not asked to report to DFID on the proportion of its (in 2005/6 £3m) contribution that is spent on HIV and AIDS research relevant to developing countries.</p>	<p>Social & Scientific Systems, Inc., (2006) <i>An Analysis of Trends in UK Government Funding and Activities</i>. DFID Evaluation Working Paper 18</p> <p>Surr, M. (2002) <i>Research for Poverty Reduction: DFID Research Policy Paper</i></p> <p>CRD (2006) <i>Summary of HIV/AIDS spend and target</i></p> <p>CRD (2006) <i>RPC Concept Note</i></p>




Table A6: Translating Strategy into Action				
	Commitment	Progress	Comments	Documents
A6	6. Translating strategy into action			
	The UK government will:			
 A6a	Ensure that all relevant government departments implement this strategy	<p>Difficult to make a judgment on progress due to lack of evidence.</p> <p><i>Taking Action</i> has resulted in a higher profile for HIV and AIDS within the UK Government in general and within DFID in particular.</p>	Collecting evidence of implementation of <i>Taking Action</i> by other government departments is challenging, either because HIV and AIDS specific activities are not tracked or because activities, e.g. political leadership, are difficult to measure.	Social & Scientific Systems, Inc., (2006) <i>An Analysis of Trends in UK Government Funding and Activities</i> . DFID Evaluation Working Paper 18
 A6b	Ensure DFID as the lead department monitors progress towards the targets set out in the HIV and AIDS strategy	<p>Some progress made.</p> <p>DFID has been reporting on progress made in implementing <i>Taking Action</i>. However, in the absence of a clear monitoring and evaluation framework, it has been difficult to do this systematically.</p>		
 A6b1	The department already has a public service agreement (PSA) with the Treasury for which DFID's management board is accountable. This includes a target on tackling HIV and AIDS. The management board will also take responsibility for monitoring progress towards the targets set out in this HIV and AIDS strategy. AIDS will be reflected in the delivery plans of regional and international directors. These will be monitored throughout the year and reviewed annually by the management board to	<p>Difficult to make a judgment on progress.</p> <p>There is evidence that HIV and AIDS are more strongly reflected in DDPs, CAPs and ISPs since the launch of <i>Taking Action</i>. The Management Board reviews Quarterly Management Reports, which do not assess progress on specific strategies. The Management Board does not review or receive reports on monitoring of DDPs, CAPs or ISPs to ensure that HIV and AIDS is reflected in these plans and in individual staff plans and that targets are on track. However, reports to Ministers, e.g. regional reports that synthesise country progress on <i>Taking Action</i>, are usually seen by the Management Board.</p>	Measures have recently been put in place to strengthen coherence between policies and strategies and plans (e.g. through annual planning and review processes for DDPs and CAPs)	


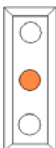
Table A6: Translating Strategy into Action				
	Commitment	Progress	Comments	Documents
	ensure that targets are on track.			
A6b2 	Most of the UK's activities resulting from this strategy will take place at the country level, and with our partner institutions. DFID's engagement in countries and with institutions is guided respectively by Country Assistance Plans (CAPs) and Institutional Strategy Plans (ISPs), which are updated every three to five years. All CAPs and ISPs will be monitored on a continuing basis with reports going to the management board. These plans will in turn influence individual staff work plans, which will need to reflect AIDS objectives. These will be monitored through DFID management systems.			
A6b3 	We are establishing a new cross-Whitehall working group on AIDS which will monitor the implementation of the strategy across all departments	Target not met. An informal cross-Whitehall coherence group meets twice a year. There is no evidence to indicate that this group has taken steps to monitor implementation of <i>Taking Action</i> across all departments.		
A6c	Ensure that during DFID's annual financial allocation round decisions are made in accordance with this strategy	Some progress on this target (see sections 5.4 to 5.6, p43). Resource allocation decisions about bilateral funding consider the financial needs to support development in particular countries taking		

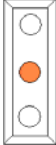


Table A6: Translating Strategy into Action				
	Commitment	Progress	Comments	Documents
		account of the priorities of that country's government, rather than how much should be provided for specific sectors across a range of countries. Divisional Directors submit three-year bids (these are based on DDPs, so the extent to which resource allocation reflects strategies such as <i>Taking Action</i> therefore depends on the extent to which strategies are reflected in the priorities of DDPs (and CAPs)). Overall decisions about the division of funds between regions and countries depends on a range of criteria including population, need, performance, indicators of governance, other donor funds available etc. Allocations within country programmes take account of countries PRSPs' priorities and also of DFID's sector targets. Bids are submitted to the Management Board and to the Secretary of State.		
	A6d Monitor the implementation of this strategy throughout DFID's organisational structure through internal business plans and strategies for working with our developing country and multilateral partners	Some progress on tracking spending target. Limited progress in other areas. DFID corporate performance monitoring, e.g. through the Corporate Strategy Group and Quarterly Management Board Reports is strongly focused on measuring progress towards the spending target.		
	A6f Play an active role in the M&E activities of the international community to measure the impact of our combined response to AIDS: - Take an active role within the UNAIDS MERG and other international activities to strengthen M&E - Support countries to	Progress in some areas. DFID has supported international efforts, under the leadership of UNAIDS, to harmonise and strengthen monitoring and evaluation activities. However, efforts have been limited to participation in meetings of the UNAIDS MERG. It is not clear where responsibility for this resides within DFID. Currently the GAP team is taking the lead, although whether this will continue to be the case is uncertain. Staff		Social & Scientific Systems, Inc., (2006) <i>An Analysis of Trends in UK Government Funding and Activities</i> . DFID Evaluation Working Paper 18

Table A6: Translating Strategy into Action				
	Commitment	Progress	Comments	Documents
	develop such capacity through training, technical assistance etc	<p>from International Division and Evaluation Department have been involved at various times in the past.</p> <p>Analysis of programmes and projects identified a number that include a focus on building monitoring and evaluation capacity internationally and in particular countries. In country these are in areas including poverty monitoring, health monitoring and HIV and AIDS monitoring, and there is evidence that their number is increasing.</p>		