U.K. Department for International Development Priorities on Women and Girls within the response to HIV/AIDS and reproductive health

Donor Brief: Dialogue with Development Partners
Introduction

This donor brief is part of a series of briefing papers published by the Global Coalition on Women and AIDS (GCWA), designed to provide up-to-date information around donor policies concerning HIV prevention, treatment, and care related to women and girls. This brief describes the vision of the Government of the United Kingdom on how to respond to HIV and improve reproductive, maternal and newborn health, for the health and well-being of women and girls in the South. This vision, as part of a broader effort to meeting the Millennium Development Goals (MDGs), is being operationalized by the Department of International Development (DFID), the UK government agency responsible for delivering overseas development aid.

The United Kingdom is the second largest government donor to HIV programmes after the United States. The United Kingdom has been seen as a leader on HIV within the European Union, the United Nations (UN) and G8 and a significant donor to prevention services and research for new prevention technologies1. DFID is recognised for promoting human rights and reducing stigma and discrimination within the response to HIV and having increased programming to tackle gender inequality and support women’s and girls’ rights2. The UK has previously demonstrated commitment to the Greater Involvement of People living with HIV/AIDS (GIPA) Principle which aims to realize the rights and responsibilities of people living with HIV, including their right to participation in decision-making processes that affect their lives.

Following the May 2010 general election in the United Kingdom, a coalition between the Conservative and Liberal Democrat parties was formed. The Coalition government commissioned a review of existing bilateral and multilateral development aid commitments, made during 13 years of Labour party leadership. The review resulted in the March 2011 publication of “UK Aid: Changing lives and delivering results”, detailing how the United Kingdom will help the world’s poorest populations. More specifically, the publication sets out how aid could be made to work better by focusing on priority issues such as: i) getting value for money on every pound of aid spent; ii) encouraging more private investment to generate growth; iii) concentrating on fewer countries; iv) work with fewer international organisations; v) considering innovative approaches and vi) investing in girls and women in every area of their work.

DFID also issued revised guidance in several areas reflecting their new commitments and new approaches to priority issues. The documents include:

1) “Choices for women: planned pregnancies, safe births and healthy newborns. The UK’s Framework for Results for improving reproductive, maternal and newborn health in the developing world”,
2) “Towards zero infections: The UK’s position paper on HIV in the developing world” and
3) “A new strategic vision for girls and women: stopping poverty before it starts”.

The Framework for Results on reproductive, maternal and newborn health specifically highlights the importance of improving the health of women and girls if development outcomes are to be achieved. Additionally the HIV Position Paper restates that the empowerment of women and girls “drives the Government’s development agenda.”

During its first year the Coalition Government introduced significant cuts to UK public services, but protected a robust budget for DFID, in line with the on-going commitment to reach 0.7% of Gross Domestic Product dedicated to ODA by 2013. An Independent Commission for Aid Impact has been established to monitor ODA, with a mandate to report to Parliament. While it scales up ODA, DFID is assessing its comparative advantage and is targeting interventions in sectors and among recipients where they believe they can best demonstrate value for money. Within this context it is encouraging that investments in the health of women and girls are being prioritised as a viable way to underpin other development aims.

---

4 Department for International Development, May 2011 Towards zero infections: The UK’s position paper on HIV in the developing world
6 http://icai.independent.gov.uk/about/
Commitments to Women and Girls

Towards zero infections: The UK’s position paper on HIV in the developing world.

As clarified in the Position Paper on HIV, the UK will focus its bilateral support for HIV-specific programmes in the following countries: Burma, Cambodia, Democratic Republic of Congo, India, Kenya, Malawi, Mozambique, Nepal, Nigeria, South Africa, Uganda, Vietnam, Zambia and Zimbabwe. Its regional support will be targeted towards Africa, Central Asia and the Caribbean. Together with its multilateral support, the UK aims for their funding to:

- Support national HIV strategies for prevention activities within vulnerable and key affected populations and promoting increased service integration to ensure that a basic package of health service is available free at the point of delivery to women and children.
  - The paper indicates that a number of recent developments in biomedical HIV prevention research have generated hope for a “step-change reduction in infections”.

- Support hyper-endemic countries in sub-Saharan Africa to contribute to reducing new infections, especially among women.
  - A specific target to reduce 500,000 new HIV infections among women through enhanced prevention support in at least eight sub-Saharan African countries.

- Strengthen comprehensive programmes to prevent vertical transmission, in particular to prevent new HIV infections and unintended pregnancies in women of reproductive age, including through a women and girls-centred focus and through investments in family planning.
  - Through UK support to the Global Fund it is estimated 37,000 HIV-positive women will receive treatment to prevent vertical transmission of HIV.

- Tackle gender-based violence and harmful gender norms and promote women’s and girls’ ability to protect themselves from both violence and HIV transmission.

- Improve access to education, particularly of girls, including comprehensive sexuality education. All DFID’s education programmes will focus on girls and young women, including enabling girls to progress to secondary school.

- Ensure economic empowerment of women, including providing cash transfers to promote women’s greater control over assets to strengthen their position in the household. Address property rights and other institutional constraints and underlying laws related to women’s lower status in society and resulting vulnerability to HIV infection.
  - In five high-prevalence countries provide cash transfers to poor and vulnerable households reaching an estimated 1.7 million people including 120,000 affected by HIV.

---

7 Department for International Development, May 2011 Towards zero infections: The UK’s position paper on HIV in the developing world

8 These eight countries have not yet been determined, it will likely be a decision made within country programmes.

9 These five countries have not yet been determined, again decisions will take place at country level.
These investments are underpinned by recognition that women and girls provide most of the epidemic’s care and support.

While all relevant commitments will track impact among girls aged 15 to 19, the United Kingdom is also looking at the broader issues for the age group 10 to 19 years, so as to capture younger girls facing challenges to sexual and reproductive health through early marriage and other sexual experiences.

The UK notes that some populations are neglected by national responses and will work with multilateral institutions to improve the response to people who use injecting drugs, men who have sex with men, sex workers and prisoners as well as the partners of these groups and, more broadly, women and adolescents. Additionally DFID will support reduction of HIV infections among most-at-risk populations in at least six countries\(^\text{10}\), by improving access to needle exchange and opioid substitution therapy as well as provide assistance to networks seeking policy changes and reducing stigma and discrimination among vulnerable groups.

The UK has promised to continue to be a voice for these groups on the international stage. As the Parliamentary Under-Secretary of State said clearly at the United Nations, “to make progress against this epidemic we must take a pragmatic, public-health orientated approach – based on what we know works in the world as it is – not as some think it ought to be or even, would like it to be. And we know that what works is to respect human rights and the human rights of these groups and enable them to access services. That is why the UK has pressed for the needs of these groups to be recognised and will continue to do so. We have also put women and girls, particularly vulnerable in this epidemic, at the front of everything we do.\(^\text{11}\)”

DFID has been a major donor in HIV prevention technologies research including; provision of antiretroviral therapy (ART) to children, the development of vaginal microbicides and research towards an effective AIDS vaccine. Given concern regarding the lack of progress of prevention programmes to achieve sustainable behaviour change by vulnerable groups, DFID will support rigorous research to increase knowledge of structural drivers of HIV.

Choices for women: planned pregnancies, safe births and healthy newborns. The UK’s Framework for Results for improving reproductive, maternal and newborn health in the developing world.

The **Framework for Results for improving reproductive, maternal and newborn health in the developing world** outlines two strategic priorities:

1. Prevent unintended pregnancies by enabling women and adolescent girls to choose whether, when and how many children to have.
2. Ensure pregnancy and childbirth is safe for mothers and babies.

\(^{10}\) DFID has indicated these six countries are likely to be mainly in Asia but have not yet determined.

In line with the above, the United Kingdom has doubled its investment in women’s and children’s health from 2008 through 2012, to reach the following targets by 2015:

- Save the lives of 50,000 women in pregnancy and childbirth.
- Help 10 million more women access family planning.
- Prevent 5 million unintended pregnancies.
- Ensure 2 million safe deliveries.

Specifically targeting women and girls at greatest risk, including the poorest and those affected by conflict and natural disaster, the framework focuses on four pillars of interventions:

- Empower women and girls to make healthy reproductive choices and act on them.
- Remove barriers that prevent access to services, particularly for the poorest and most at risk.
- Expand the supply of quality services, delivering cost-effective interventions for family planning, safe abortion, antenatal care, safe delivery and emergency obstetric care, postnatal and newborn care. To be delivered through stronger health systems with public and private providers.
- Enhance accountability for results at all levels with increased transparency.

A new strategic vision for girls and women: stopping poverty before it starts.

A new strategic vision for girls and women: stopping poverty before it starts is the guiding document for DFID’s commitments to put actions on girls and women at the centre of development policy. It includes four strategic areas:

- delaying first pregnancy and support safe childbirth;
- get economic assets directly to women;
- get girls through secondary school;
- prevent violence against girls and women.

Within the focus areas work is also being done to address issues like early marriage and support work to end female genital mutilation. All of these have obvious links to HIV interventions and the commitments made in the HIV position paper demonstrate ambitions on these broader themes.

Geographic Focus

As indicated in the publication “UK aid: Changing lives, delivering results”, the Coalition Government will concentrate its efforts on where the need is greatest and thus target a total of 27 countries\(^\text{13}\), which account for three quarters of global maternal mortality and nearly three quarters of global malaria deaths. The Rt Hon David Cameron MP, Prime Minister and the Rt Hon Nick Clegg MP, Deputy Prime Minister jointly clarify that, “First, aid will be more focused. By pulling out of countries such as Russia and China which no longer require our help, we can invest more where the need is greatest”.

In addition, ODA will prioritize three regional programmes in Africa, Asia and the Caribbean wherein interventions which can have a positive impact in issues underlying cross-country vulnerabilities to HIV/AIDS. For example, in Africa DFID negotiates regional price reductions and enhanced procurement for access to essential medicines. In the Caribbean efforts focus on reducing stigma and discrimination and in Central Asia the focus is on scaling up harm reduction services and broader health sector reforms.

\(^{13}\) Afghanistan, Bangladesh, Burma, Democratic Republic of Congo, Ethiopia, Ghana, India, Kenya, Kyrgyzstan, Liberia, Malawi, Mozambique, Nepal, Nigeria, Occupied Palestinian Territories, Pakistan, Rwanda, Sierra Leone, Somalia, South Africa, Sudan, Tajikistan, Tanzania, Uganda, Yemen, Zambia and Zimbabwe.
Support for Civil Society

Both the HIV position paper and the Framework for Results acknowledge that civil society is seen as a critical partner in policy change, implementation and mutual accountability. Civil society organisations engaged in the response to HIV in developing countries have traditionally been supported by DFID, through mechanisms such as the Civil Society Challenge Fund and the Programme Partnership Arrangements.

Alongside the review of bilateral and multilateral aid there have been some changes in forms of assistance for civil society initiatives in developing countries. A ten-year evaluation of the Civil Society Challenge Fund was completed recently resulting in a Ministerial decision not to renew this funding commitment. With the last round of 34 projects being selected in 2011\(^{14}\), the fund is no longer open for applications and will close in 2015 after completion of current projects.

The Programme Partnership Arrangements will remain the most substantial DFID grant available to civil society organisations. The last call for concept notes from not-for-profit organisations from around the world for Programme Partnership Arrangements was launched in August 2010 and resulted in 39 organisations being funded for a three-year period 2011-2014. While further information can be found on the DFID website, it is important to note that organisations applying for such a grant do not have to be UK-based\(^ {15}\).

DFID has described the value of Programme Partnership Arrangements (PPA) as follows: “to achieve its objectives, DFID has a broad and flexible range of funding mechanisms for CSOs; both centrally and through country programmes. In contrast to other donors, it does not exclusively favour UK-based CSOs. These mechanisms enable DFID to balance a longer-term commitment to civil society with instruments which allow more opportunistic, flexible and creative approaches\(^ {16}\).” PPA recipients have expressed the importance of demonstrating results as key to civil society organizations being able to continue to receive DFID funding.

In its HIV position paper, DFID indicated that many of the organisations accessing the Programme Partnership Arrangements grant work on HIV and TB. For example, it noted that its funding to the International HIV/AIDS Alliance would provisionally enable their programmes to: support 1,800 community-based organisations\(^ {17}\) to provide HIV prevention, treatment, care and support to 3.7 million people and reduce HIV related maternal deaths in 36 countries.

To maintain support in line with the aspirations of the Civil Society Challenge Fund, giving poor people a voice in decisions that will affect their lives, DFID has expanded the

---


\(^{15}\) http://www.dfid.gov.uk/Working-with-DFID/Funding-opportunities/Not-for-profit-organisations/PPAs/

\(^{16}\) Review Of DFID Support For Civil Society: Paper to DFID Development Committee, London (March 2010), Andrea Ledward, Roy Trivedy

\(^{17}\) The structure and reach of partnerships with community based organisations was one of the criteria upon which the Alliance was selected for a PPA and will allow for funding to sub-grantees. Alliance linking organisations can be located searching http://www.aidsalliance.org/LinkingOrganisationDirectory.aspx?id=4
programme objectives of the Global Poverty Action Fund\textsuperscript{18} to include some initiatives previously covered by the Civil Society Challenge Fund. The Global Poverty Action Fund was launched in October 2010 to support projects focused on poverty reduction and pursuit of the MDGs through tangible changes to poor people’s lives including through: service delivery, empowerment and accountability and work on conflict, security and justice.

In addition, there is a Common Ground initiative co-funded by DFID and managed by Comic Relief\textsuperscript{19}. This is a £20 million fund supporting African development through provision of grants to small UK-based and Diaspora charities that work to create real and sustainable changes to some of the poorest and most disadvantaged communities in Africa. Organisations can apply to one of Comic Relief’s six existing grants programmes, or to the health, education or enterprise and employment programmes that have been developed specifically for this initiative.

It is estimated that £160 million of DFID’s support to multilaterals including the World Bank, is directed to civil society partnerships. DFID’s funding to the Disability Rights Fund allows for disabled persons’ organisations working in developing countries to access funding\textsuperscript{20}. Civil society actors are also supported in partnerships within humanitarian responses to natural disasters and conflict.\textsuperscript{21}

DFID cannot respond to small individual proposals. At the country level civil society organisations can form links with DFID Country Offices who have oversight for the selection of development partners, some of which can support small proposals\textsuperscript{22}. Up to 53% of DFID’s total funding to CSOs has been provided through country offices and while historically the majority of these funds (in-country funds) have been channelled through ‘budget support’ other ‘pooled funding’ mechanisms are increasing used in fragile states.

Under the RMNH Framework for Results an invitation to tender was released by DFID earlier this year\textsuperscript{23} to provide innovative funding for non-state (private and non-profit) actors to provide “selected clinical services and commodities for reproductive health within DFID bilateral programmes.”

\textsuperscript{18} Management of the Fund has been contracted out to Triple Line Consulting Ltd all enquiries to GPAFenquiries@tripleline.com. http://www.dfid.gov.uk/Working-with-DFID/Funding-opportunities/Not-for-profit-organisations/Global-Poverty-Action-Fund/Applications to the GPAF are eligible from UK-based, non-governmental, not-for-profit groups with an average annual income of less than £500,000 for the past three years. Organisations based outside of the UK are not eligible to apply but are able to partner with UK based organisations for delivery of interventions. There are 2 funding windows, the Innovation Window (the second funding round closed on 23 June 2011) and the Impact Window (the next call for Concept Notes for the Impact Window opens on 31 July 2011.)

\textsuperscript{19} All enquiries through Comic Relief http://www.comicrelief.com/issue/international/common-ground-initiatives. The initiative also aims to strengthen the capacity of organisations including small UK registered charities with an annual turnover of less than £1m for the previous two financial years and to Diaspora organisations of any size (defined as organisations where the majority of the trustees define themselves as being of African heritage living in the UK but retain financial and cultural links with an African country and/or the African continent).

\textsuperscript{20} http://www.disabilityrightsfund.org/faq#2n34

\textsuperscript{21} http://www.dfid.gov.uk/Documents/funding/humanitarian_funding_guidelines_ngo.pdf

\textsuperscript{22} For contacts in DFID Country Offices use the interactive map at http://www.dfid.gov.uk/Where-we-work/ click on a country and the Contact Us tab.

\textsuperscript{23} The results of this tender are still pending.
Civil society organisations can engage in DFID policy consultation and reviews, made public on its website. One important mechanism for engagement is through the UK Consortium on AIDS and International Development\(^\text{24}\). For example, in 2010-2011 the Consortium responded to DFID consultations concerning the Multilateral Aid Review; the Reproductive, Maternal and Newborn Health Framework; and the HIV and AIDS Position Paper.

Consortium members also worked to engage the UK delegation to the 2011 UN High Level Meeting on HIV/AIDS, including the appointment of a civil society delegate and the co-hosting of an event with the British Mission to the UN during the HLM. The Consortium alerts members to these opportunities through its email bulletins and Working Groups, which includes a Gender Working Group. In addition, the AIDSPortal\(^\text{25}\), a web-based source of information on activities of the Consortium which attracts about 20,000 hits a month, conducts web-based consultations which provide additional opportunities for inputs.

Overseas organisation’s perspectives have traditionally been channelled through UK-based members, also engaged in various international networks. The Consortium is keen to broaden its links, particularly to ensure consistency in messaging delivered to DFID in the UK and DFID country offices\(^\text{26}\). While it is not expected that DFID will revise an HIV/AIDS position paper for another four years there are other horizons the Consortium is working on and it will particularly be involved in annual tracking DFID’s delivery on the commitments made in the new HIV position paper.

---

\(^{24}\) http://www.aidsconsortium.org.uk/
\(^{25}\) Main website: http://www.aidsportal.org/web/guest/home
\(^{26}\) Organisations located outside the UK can email the Consortium Administrator for further information about getting involved: sam@aidsconsortium.org.uk
Discussion

The ambitious targets on HIV and reproductive health including maternal and newborn health confirm that DFID is serious about delivering for women and girls at the centre of its development aims. From 2011 forward DFID will endeavour to report on the headline results of the targets set out in the new frameworks and position papers. In principle, DFID country offices will be responsible for determining how they are going to measure achievement toward targets and they will identify the appropriate national partners with which they can work to meet these ends including Ministries of Health, UN agencies and non-governmental organisations. It is important to clarify in more detail how attribution will be measured and what will be expected from implementing partners in this regard. For instance, how will the aversion of 500,000 new HIV infections among women in sub-Saharan Africa be measured in relation to DFID’s contribution, while respecting country ownership and leadership?

DFID has assumed that evidence on return on investment for the different interventions for women and girls is available. While true for the more bio-medical interventions, the evidence-base of most of the gender-transformative interventions still needs to be established. DFID is currently working to determine future research needs in the health sector to improve HIV outcomes. DFID is thus well-positioned to support countries to gather strategic information on the medium- and long-term outcomes of the different interventions, in the process developing an evidence-based essential package of interventions that respond to the sexual and reproductive health needs of women and girls in the context of HIV. In terms of research for new women-controlled HIV prevention technologies, DFID is encouraged to indicate its positioning in relation to recent results and provide support for operationalization accordingly. This is particularly important for women’s groups and other civil society organizations to prepare for the introduction of and access to new prevention methods at community level.

While DFID has set ambitious targets for women and girls within the global HIV response, it has not yet released any figures on how much it will invest in the response to HIV. Setting a financial target would be especially important, considering that DFID annual expenditure reporting has traditionally focused on the amount of aid delivered by sector. DFID is therefore encouraged to make a financial commitment, as is the case of malaria, where the government committed to spend up to £500 million each year until 2015 to combat malaria within the DFID Framework for Results on Malaria in the developing world.

DFID has announced that its programmes in several countries will come to an end during the next five years, some being graduated starting this year. In addition, the Coalition Government has decided to concentrate ODA in countries with high maternal mortality and malaria deaths. This may have implications for national responses to HIV and for the women and girls who are receiving services which are supported by DFID, especially in countries where there is limited overlap between the HIV prevalence, and maternal mortality and malaria.

DFID’s strategic vision for girls and women, including its four strategic areas, have obvious links to HIV interventions and the commitments made in the HIV position paper. However, while the plans for promoting women’s and girls’ wellbeing and

27 Interview with Social Development Advisor, AIDS and Reproductive Health team, DFID Policy Division 27 July 2011.  
29 Angola, Bosnia and Herzegovina, Burundi, Cameroon, Cambodia, China, Gambia, Indonesia, Iraq, Kosovo, Lesotho, Moldova, Niger, Russia, Serbia and Vietnam: http://www.dfid.gov.uk/Media-Room/News-Stories/2011/The-future-of-UK-aid
for enhancing reproductive and maternal health include promoting access to safe abortion care, this is not mentioned in the HIV position paper implying that further integration of these two broad areas of work is necessary. Utilization of synergies among the reproductive health and HIV programme streams is important, for example, support to family planning services could serve as an entry-point for HIV testing and counselling.

The framework for results on reproductive health details several methods, besides cash transfers cited in the HIV position paper, which DFID will utilise to remove financial barriers to access to services and products. These approaches include: making services free at point of delivery; cash incentives; subsidized family planning products; and vouchers for family planning, safe delivery, safe abortion and services for marginalised groups. Incorporation of these approaches into national HIV responses would also be beneficial for prevention, treatment and care of women and girls.

Some civil society organisations have questioned DFID’s gender vision, which appears to be limited in its notions of women’s experiences. It is important to ensure that women and girls are not addressed as a homogeneous group but are rather situated in a development vision that considers the needs of a broad spectrum of women including: those affected by and living with HIV; lesbian, bisexual and transgendered women; adolescents and young women; female child-headed households; women living with disabilities; women who engage in sex work; women living in areas of conflict or refugee camps; and women who use drugs. Further clarity would also be welcome regarding where women and girls feature in programming in concentrated epidemics among key affected populations and whether a full spectrum of vulnerability has been taken into account beyond gender, age and reproductive capacity.

The International Community of Women Living with HIV (ICW) raised a specific concern about how DFID will continue to support positive women’s networks. Though the HIV position paper mentions that DFID will work with networks, such as the Global Forum on MSM and HIV, in efforts to target HIV prevention for most at risk populations, there is no specific reference to women’s networks. There also is a concern that women are not classified as part of the most at-risk populations when in sub-Saharan Africa, the region of highest HIV prevalence, women, particularly young women, have the highest prevalence rates. Furthermore, civil society, in particular networks of women and girls living with HIV, have highlighted the need for enhanced DFID engagement with civil society, particularly women affected by and living with HIV in programme planning and implementation and policy processes, including within UN reviews.

Given the UK’s previous commitment to the GIPA principle31, civil society counts on DFID to include people living with HIV in global, regional and national policy debates, as well as planning and management of comprehensive HIV responses. DFID’s support for civil society, including networks of women and girls living with HIV, can be strengthened by ensuring that funding allows for capacity building and new generation leadership to enable meaningful participation. In this way, women and girls will be able to highlight their needs in terms of HIV and sexual and reproductive health and rights and advocate for addressing these.

The Independent Commission for Aid Impact is encouraged to work closely with civil society. This would allow for women’s groups to be engaged in analysis of DFID’s commitments on women and girls within their reproductive health and HIV programming.

31 The UK was one of the 42 Governments assembled in Paris on 1 December 1994 that endorsed the Paris Declaration which outlined the GIPA principle: http://data.unaids.org/pub/externaldocument/2007/theparisdeclaration_en.pdf
The commitments of the UK government, outlined in the above-mentioned position papers and framework, clearly communicate the importance of a women- and girls-tailored HIV response. The multi-tiered approach to address the HIV and reproductive health needs of women and girls provides a strong basis for increased impact. Moreover, while there are still some issues to be resolved, the setting of ambitious targets enables a momentum at the country level for tangible results for women and girls, including those living with HIV.

In order to fully benefit from the commitments made, country-based partners, including women’s groups, are encouraged to work with DFID to enhance context-specific approaches to the programme priorities, in particular for women and girls. Continued funding support to networks of women living with HIV and other women’s groups is essential to assist DFID to achieve its targets for the health and well-being of women and girls. Monitoring of the progress against the targets, particularly by organisations working on gender, women and HIV, will be an important way to assess whether DFID funded programmes do meet the needs of women and girls, including those living with HIV.