From Stephen Twigg MP, Chair

Rt Hon Priti Patel MP
Secretary of State
Department for International Development

10 November 2016

UK response to HIV/AIDS and TB

Dear Priti,

I am writing on behalf of the Committee regarding the Government’s role in the global HIV and TB response and its contribution to achieving the SDG target of ending AIDS and TB as public health threats by 2030.

We warmly welcome your bold commitment of £1.1 billion for the fifth replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The UK’s record as the second biggest donor to the Fund and the financial commitments that have been made to fighting killer diseases are both points of pride. There is no doubt that this financial commitment was critical for making a successful replenishment and keeping alive the possibility of staying on track to reach the SDG targets for the three diseases. UK financial contributions to other key multilaterals in the response—including UNAIDS, UNITAID, Robert Carr Network Fund and the Stop TB Partnership—are also critical.

However these important financial contributions sit in contrast to the Government’s reduced political and programmatic focus on HIV and TB over the last few years. Since the last HIV position was reviewed in 2013, no DFID strategy, plan or framework document has referenced HIV or TB. Despite the fact that AIDS is the number one killer of women of reproductive age and the number two killer of adolescents globally, we note that neither the DFID strategic vision on women and girls nor the DFID Youth strategy have referenced HIV.

We are also concerned that the Government has not prioritised ministerial or, in some cases, even civil servant presence at key international forums focussed on HIV or TB. At the October Union World Conference on Lung Health in Liverpool there was no UK Government representation. There was no ministerial or civil servant participation in either of the International AIDS Conferences in July 2016 and July 2014, apart from a one-day visit by the respective high commissioners in each country. At the recent UN High Level Meeting for Ending AIDS in June 2016 there were strong statements from the UK but again no ministerial presence. As the second largest donor to the global HIV response, other donors are noting the UK Government’s absence at these important events.

In parallel to the low political focus on HIV and TB, DFID invests nothing bilaterally in TB services and has reduced its bilateral footprint on HIV significantly. It is widely accepted that integrating HIV where possible into broader work on sexual and reproductive health and rights (SRHR) and health is beneficial. However, as DFID has done this, two problems have emerged. The first is that, as the number of HIV-specific bilateral programmes has been reducing to almost zero, DFID has all but stopped HIV interventions, such as harm reduction, that don’t integrate well into SRHR. The second is that, for HIV interventions that are integrated, there is
currently no effective way for DFID to monitor and track the extent of its HIV bilateral work unless HIV is a main focus of a programme. Until a meaningful way can be found to track HIV within integrated programmes we recommend a one-off review of DFID’s HIV work in 2017/18 to assess whether it is using all the political, financial and programmatic resources at its disposal as effectively as possible towards achieving the SDG AIDS target.

When asked about this minimal political and programmatic focus on HIV and TB at the Westminster Hall Debate on Women and Girls and HIV in March this year, the Minister said that the UK’s Global Fund commitment speaks volumes about UK commitment. However, colleagues from across the House replied that the UK’s significant financial contribution could have a much larger impact if it was strengthened by publically stated political commitment and the tracking of programmatic investment. Strong references to the UK’s on-going commitment to ending AIDS and TB as public health threats by 2030 will send a signal to the international development community and will influence other donors and domestic governments to contribute their fair share to the response.

Some of the greatest drivers of the HIV epidemic are stigma, discrimination, criminalisation and crackdowns by governments on civil society space. At the global level, certain countries are blocking progress in these areas and instead pushing a regressive agenda that could further allow the epidemics to get out of control. Some domestic governments refuse to fund or allow services for criminalised populations affected by HIV and TB and many also actively block their inclusion in international processes and declarations. A recent example is the blocking of meaningful mention of key populations, human rights and harm reduction in the recent Political Declaration of the UN High Level Meeting on Ending AIDS in Jun 2016. The need for high level representation and the voice of progressive states such as the UK has never been more important.

This September the TB community, led by South African Minister of Health Aaron Motsoaledi, called for the first ever High Level Meeting on TB. The High Level Meeting would bring together Heads of States, political leaders, UN agencies, and people affected by TB to push for a renewed and well-funded global response at the highest political levels in order to end TB. This is a key opportunity for the UK to show political leadership on ending TB and HIV and we urge the UK to support this call.

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

Yours sincerely,

Stephen Twigg MP
Chair of the Committee