Dear Priti,

Thank you for your letter of 1 December 2016 recognising the importance of the Government’s leadership within the global HIV and TB response. Since receiving your letter we have held an evidence session on DFID’s work on HIV and AIDS, from which some further questions have arisen. We have decided that, rather than calling a DFID Minister or official to appear before the Committee, it would be more expedient to write to you directly.

At the meeting we heard about the new USA administration reinstating the ‘Global Gag Rule’ and the consequential effects that the withdrawal of USAID funding will have on HIV/AIDS prevention work. Is DFID, along with other aid organisations, making any plans on how these gaps in funding could be filled so that the battle against the epidemic does not take a step backward?

The NGOs we heard from were very clear on the need for DFID to have an HIV/AIDS strategy, either as a standalone document or as part of a global health strategy. They argued that without one it is hard to:

- know the guiding principles for DFID’s investments towards the target of ending AIDS by 2030;
- ensure successful integration of HIV into other areas; and
- monitor and demonstrate impact.

Is DFID considering such a strategy, for example publishing more information or a ‘roadmap’ on its work towards SDG 3.3?

The NGOs expressed disappointment that, considering the disproportionate effect of HIV/AIDS on adolescents and women and girls, DFID did not mention it in either the Youth Strategy or the Strategic Vision on Women and Girls. Why was this decision taken, and what is being done to include HIV/AIDS now in DFID’s youth and women and girls strategies? Will HIV/AIDS be included in DFID’s LGBT strategy?
The NGOs also recommended that DFID should do a stocktake of all of its current HIV/AIDS work. Is this something that DFID already does or could do and would DFID share its findings? In addition, concerns were raised about the use of the HIV marker to track DFID’s work on HIV/AIDS. From what we heard this does not seem to be a particularly accurate way to track spending or outcomes. Is DFID considering any other options to more accurately track its spending on HIV/AIDS?

While we welcome DFID’s multilateral HIV/AIDS funding through the Global Fund, UNAIDS, UNITAID and the Robert Carr Civil Society Networks Fund, the witnesses highlighted that bilateral programme spending had declined from £48m in 2013/2014 to £18m in 2016/2017. Please could you explain to us the reasoning behind this? Have bilateral programmes been found to be less effective than funding multilaterals?

One of the issues raised by the NGOs with regards to DFID’s HIV/AIDS response was also raised in ICAI’s recent report on ‘DFID’s approach to managing exit and transition in its development partnerships’. The closure of all of DFID’s harm reduction programmes stood out particularly as something we would like more information on – we hear that no evaluations have been published on these programmes and it is unclear whether the countries have kept the programmes running in the absence of DFID. Please could you make public these evaluations and let us know what has happened to the programmes following DFID’s country withdrawal. It would be a great shame if – as we were told – DFID has lost its global leadership on harm reduction, and the lessons learned from the programmes have not been widely shared. It would be even more disappointing if the progress that DFID achieved in reducing HIV/AIDS transmission in the countries where it had harm reduction programmes had not been sustained.

Having stated in your letter that the HIV and TB response is a high personal priority, then you must be as concerned as us by Results UK’s evaluation that DFID ranked last in its assessment of WHO’s recommended HIV/TB collaborated activities. What is your department doing to reverse this?

I look forward to receiving your response.

Yours sincerely,

Stephen Twigg MP
Chair of the Committee