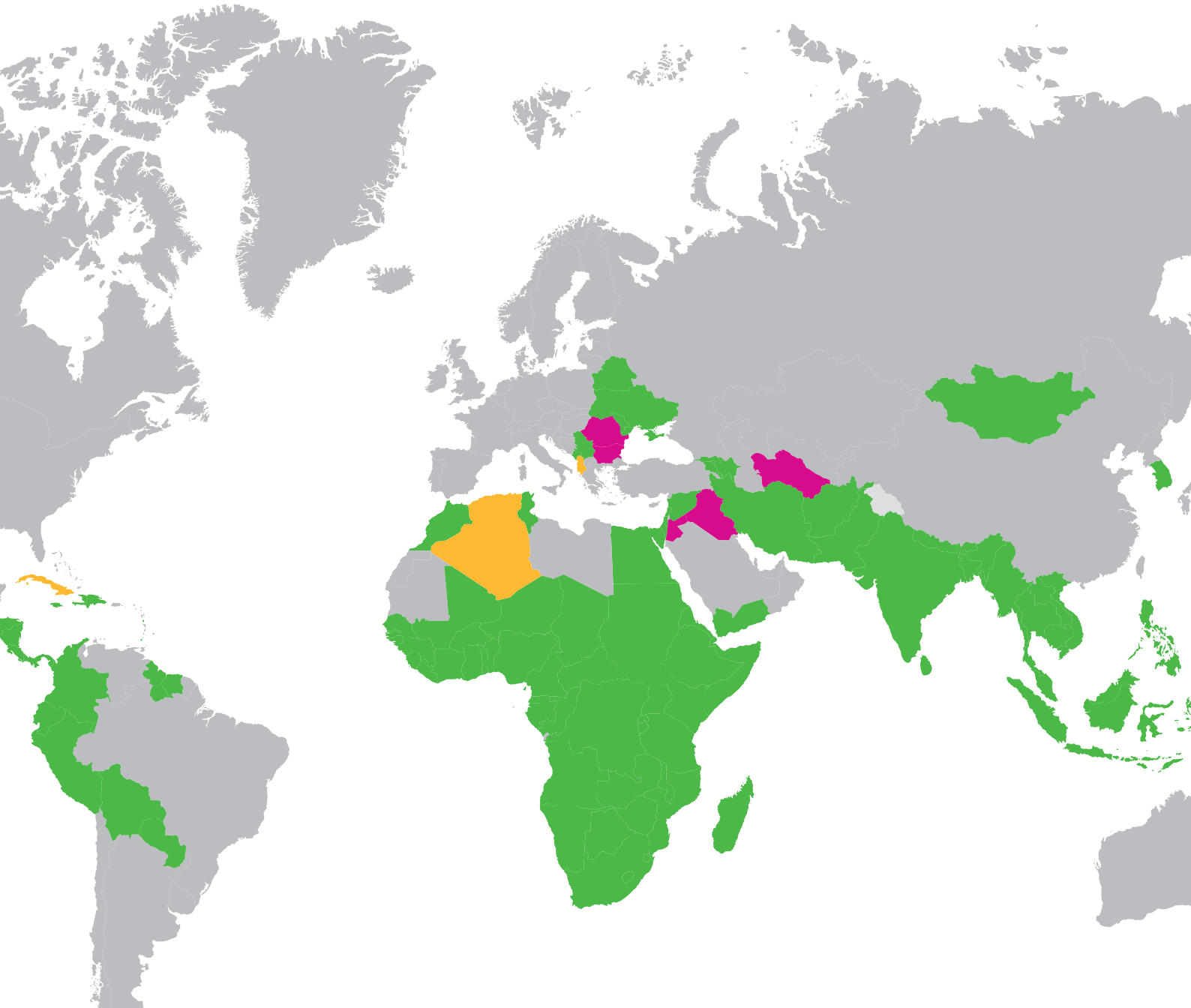
appg THE ALL-PARTY PARLIAMENTARY GROUP on HIV & AIDS

No One Left Behind

Towards a sustainable HIV response for key populations and women and girls



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Definitions

Middle income countries – As defined by the World Bank, middle income countries are defined as those with a GNI per capita of between $1,026 and $12,476. Within this category, there are two subsets; lower-middle income economies are those with a GNI per capita between $1,026 and $4,035; upper-middle income economies are those with a GNI per capita between $4,036 and $12,475. For the purposes of the APPG's report, the terms middle income countries will refer to both subsets unless otherwise stated[1].

'Exit and transitioning' – Terminology to describe changing aid relationships is not used in the same way across the board. DFID has also changed its terminology over time. This inquiry uses the ICAI definition for the term "exit" to mean the process of phasing out DFID bilateral assistance.

When using the term "transition" it is used to mean the establishment of a new development partnership when referring to DFID (e.g. in India DFID transitioned from a focus on service delivery to economic development). In the Global Fund's Sustainability, Transition and Co-Financing Policy, the word "transition" is defined as "the mechanism by which a country, or a country-component, moves towards fully funding and implementing its health programmes independent of Global Fund support while continuing to sustain the gains and scaling up as appropriate."[2]

Key populations – Key populations are groups that are disproportionately affected by HIV and have a higher prevalence of HIV incidence compared to the general population. UNAIDS defines men who have sex with men (MSM); sex workers; transgender people; people who use drugs (PWUDs) and prisoners as the main key population groups[3].

1 The World Bank website, https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups
2 Global Fund website 'Global Fund Sustainability, Transition and Co-Financing Policy', April 2016, https://www.theglobalfund.org/media/4221/bm35_04-sustainabilitytransitionandcofinancing_policy_en.pdf
3 UNAIDS Terminology Guidelines, 2015, http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

List of abbreviations

APPG	All Party Parliamentary Group
ART	Antiretroviral therapy
AGYW	Adolescent Girls and Young Women
BAR	Bilateral Aid Review
BDR	Bilateral Development Review
DFID	Department for International Development
FCO	Foreign and Commonwealth Office
GNI	Gross National Income
ICAI	Independent Commission on Aid Impact
IPPF	International Planned Parenthood Federation
HRI	Harm Reduction International
IMF	International Monetary Fund
LIC	Low Income Country
LMIC	Lower-Middle Income Country
Mas	Member Associations
MIC	Middle Income Country
MSM	Men who have sex with men
NACC	National AIDS Control Council
NGO	Non-Governmental Organisation
ODA	Official Development Assistance
OSF	Open Society Foundations
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV/AIDS
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infection
SRHR	Sexual and reproductive health rights
RCNF	Robert Carr Civil Society Networks Fund
UMIC	Upper-Middle Income Country

Foreword

Since becoming the Chair of the All Party Parliamentary Group for HIV/AIDS I have been struck by the personal experiences people living with HIV have shared with me. Last World AIDS Day I had the opportunity to meet a young HIV activist called Davi, from Indonesia. Davi had been sexually abused by a teacher who threatened to expose him as gay if he told anyone about the abuse. Davi opted to leave school, and his village, and move to Jakarta where he supported himself through sex work. Davi then acquired HIV. For Davi this was a turning point. He was reached by peer educators and joined a support group for people living with HIV. Today he is a peer educator, and the national coordinator of a network for young key populations in Indonesia, funded by the Robert Carr Civil Society Networks Fund.

Many, like Davi, have encountered unimaginable challenges and barriers but have found support through internationally funded HIV programmes. In many cases, including Davi's, the Department for International Development's work to tackle HIV globally has contributed to making this possible. But this support is now under threat as donors pull out of middle income countries.

This inquiry has shown me that the HIV response needs to adapt to the changing distribution of poverty, wealth and disease. 70% of people living with HIV are projected to be living in middle income countries by 2020. DFID needs to lead the way in reaching countries with nuanced development interventions that take account of where they are along the development continuum whilst tackling the complexities of transition from international to domestic financing – where political barriers are often even greater than financial barriers to progress.

The 2017 General Election reaffirmed the value of the 0.7% commitment to international development[4]. This commitment is not just a moral obligation but has serious political and economic consequences for Britain's relationship with the rest of the world in the coming years. If we are going to achieve the Sustainable Development Goals and deliver its underlying principle of leaving no one behind we must focus our efforts on the hardest to reach populations. We must also remember that investing in an AIDS vaccine is one of the most effective ways we can ultimately end the epidemic once and for all. The International AIDS Vaccine Initiative (IAVI) is a crucial part of the response that should not be neglected.

It is our hope that this report illustrates not only the disproportionate burden that HIV and AIDS have on people from key populations and women and girls, but that the recommendations will be heard and implemented by donors as a matter of urgency. This will ensure that when donors make the decision to transition out of a country, it is done in an equitable and non-discriminatory manner and that no one is left behind.

Stephen Doughty MP
Chair of the All Party
Parliamentary Group on HIV/AIDS

4 Conservative Manifesto, 2017, https://s3-eu-west-1.amazonaws.com/2017-manifestos/Conservative+Manifesto+2017.pdf

Acknowledgements

Thank you to all of the stakeholders who have worked with us throughout the course of the inquiry. Particular thanks go to STOPAIDS and the International HIV/AIDS Alliance for their support in organising a delegation to Kenya to interview NGOs on behalf of the APPG. Thank you also to STOPAIDS for convening the sector response and their additional financial support in the report launch. Particular thanks also go to our witnesses, including the Global Fund Executive Director, Peter Sands, who travelled from Geneva to participate and to those who joined us by video conference call from Kenya. This report was compiled by Susie Pelly, Policy Advisor to the APPG on HIV/AIDS with support from Tom Addison. If you would like further copies please contact pellys@parliament.uk.

Executive summary

The future of the HIV response rests heavily on whether the international community can tackle the epidemic within key populations and women and girls who are disproportionately affected. UNAIDS data suggests that more than 90% of new HIV infections in central Asia, Europe, North America, the Middle East and North Africa in 2014 were among people from key populations and their sexual partners, who accounted for 45% of new HIV infections worldwide in 2015. It shows that in lower prevalence settings in middle income countries, the majority of HIV infections occur among key populations.

For women of reproductive age (15-49 years), there are huge challenges to overcome, largely in low income and middle income country settings. AIDS-related illnesses remain the leading cause of death globally, and are the second leading cause of death for young women aged 15–24 years in Africa.[5]

The aid landscape is changing with 70% of people living with HIV expected to live in middle income countries by 2020. As globally, donors are pulling out of middle income countries, the HIV epidemic is becoming more concentrated in those countries. Both multilateral and bilateral aid is being phased out of countries as they hit a gross national income (GNI) per capita threshold. While the evidence is clear that this method of resource allocation is seriously outdated and detrimental to health and development outcomes, it continues to be the main criteria for assessing funding needs.[6]

GNI is a measure of the average level of wealth within a country. While it is a useful indicator of economic growth it is not an accurate reflection of a country's level of development. When GNI is used as one of them main criteria for assessing development needs, it can be particularly harmful to marginalised populations who are already on the periphery of their societies. The international HIV donor community has made huge strides in targeting key populations, women and girls with more nuanced approaches to the HIV response, however in many countries, it is international aid which is propping up this service. In an ideal world, as governments increase their GNI, they would start to provide HIV treatment and care to their most vulnerable populations, but it is not as simple as that.

While economic growth may have increased, there are many interrelated barriers which prevent key populations and women and girls from accessing vital HIV services. Criminalisation laws that affect homosexuality, sex workers, drug users and the transgender community in most middle income countries act as a deterrent for people accessing mainstream healthcare settings and it is vital that the country has the expertise to cater for the specific needs of these groups. Many governments are simply unwilling to invest because they do not view key populations as a priority, while others may have good intentions but lack the social contracting mechanisms and legal framework to provide services which have taken years to embed.

5 UNAIDS data, 2017, http://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf

6 The Global Fund eligibility policy allows for all low and lower-middle income countries to be eligible for financing regardless of disease burden. Upper-middle income countries may also be eligible but they must have a high disease burden.

Transitions from international aid to domestic financing are complex processes in all areas of development but particularly for key populations living with HIV. This report demonstrates that development gains have been lost due to a lack of careful planning in eastern Europe and central Asia, and that we risk seeing the same mistakes made in Africa as more countries move from low income to middle income status. The Global Fund is a crucial part of the equation as the second largest funder of the HIV response globally and DFID's main arm through which it finances the HIV response. DFID and the Global Fund need to work together more effectively to ensure their policies are complimentary. Where DFID pulls out, the Global Fund usually remains and becomes responsible for ensuring a successful transition that needs to effectively meet the needs of key populations and women and girls. As a Board member of the Global Fund and the second largest donor DFID must use its influence to ensure the Global Fund is able to operate as effectively as it needs to.

Methodology

In April 2017, the APPG HIV/AIDS put out a call for written evidence to assess the impact of withdrawing aid from middle income countries on People Living with HIV, particularly key populations, women and girls (see Terms of reference in the Annex).

The APPG received responses from eleven organisations working directly in middle income countries or carrying out advocacy within the global HIV response. We have also drawn on existing literature about transitions and aid for HIV/AIDS including (not exclusively): the Independent Commission for Aid Impact's (ICAI) performance review into the Department for International Development's (DFID) approach to managing exit and transition in its development partnerships'[7]; the oral evidence session carried out by the International Development Sub Committee on the work of ICAI; and the International Development Committee inquiry into DFID's work on HIV/AIDS in January 2017. We have used the submissions and oral evidence sessions from these inquiries to inform our final report.

Between January and June 2018, we held a number of oral evidence sessions and questioned all of the main stakeholders including DFID, the Open Society Foundations, Elton John AIDS Foundation, STOPAIDS, The International HIV/AIDS Alliance, Harm Reduction International, The Athena Network, The Global Fund and Results UK. As part of the inquiry the International HIV/AIDS Alliance and STOPAIDS conducted a field visit to Kenya where they met and interviewed civil society organisations working with key populations as well as the National AIDS Control Council (NACC). A special report on the trip was submitted as formal evidence to the inquiry. APPG members also held an oral evidence session for STOPAIDS and the International HIV/AIDS Alliance to feedback on their findings in Kenya and another session to talk directly with the key population organisations in Kenya through a video conference.

The inquiry does not look at the impact of aid withdrawal or transition from aid in all middle income countries but includes a broad range of case studies and examples which we have used to make qualitative assessments. The primary focus of the inquiry is the role of UK aid – bilateral and multilateral. While other donors are referenced they are not the subject of this report.

7 Independent Commission for AID Impact Review, 2016, 'When aid relationships change: DFID's approach to managing exit and transition in its development partnerships', https://icai.independent.gov.uk/wp-content/uploads/ICAI-Review-When-aid-relationships-change-DFIDs-approach-to-managing-exit-and-transition-in-its-development-partnerships-1.pdf

Recommendations

1. DFID should develop a transitions framework to guide their approach to closing programmes sustainably. This framework should set out how long in advance DFID should notify countries of their plans to leave (approximately 3- 6 years) and how DFID should work with country stakeholders, particularly key population civil society organisations and the Global Fund to develop a transition plan.
2. DFID should ensure that is has a joined-up approach to transitions and does not pursue a contradictory policy with its bilateral and multilateral aid. If DFID intends for the Global Fund to step in and fund HIV programmes in a specific country, they need to ensure that the Global Fund's eligibility, transitions and aid allocation policies allow for it to fund programmes in the country in question, and for adequate time, to prevent service interruption.
3. DFID should use their influential position on the Global Fund Board to ensure the Global Fund's eligibility, transitions and allocation policies better reflects health needs in middle income countries.
4. The UK can support key populations and women and girls in middle income and transitioning countries by using its influence to: i) ensure countries have adequate transition plans in place and ii) use its influence to delay or modify transitions where adequate transition plans are not in place, working with the FCO and other agencies.
5. The UK needs to assess the impact of the Global Gag Rule on HIV services and ensure people living with HIV/AIDs (PLHIV) particularly women, girls and key population services are not negatively impacted.
6. In countries where DFID has exited, the Foreign and Commonwealth Office (FCO) should continue to hold countries to account to deliver a comprehensive HIV response that includes key populations, women and girls.
7. DFID should work with the FCO to ensure there is an understanding of the detrimental effects of punitive legislation on public health outcomes and work with country partners to challenge these laws where they still exist.
8. DFID and other donors should consider expanding existing emergency funds such as 'bridge funding' to help countries transition away from Global Fund support.
9. When DFID exits a country, it should continue to provide technical assistance and ensure that civil society space does not close down. DFID also need to clarify how technical assistance is used and to involve civil society in the countries where it is being spent to ensure funds are being used most effectively.
10. The Global Fund Board should support the Global Fund Secretariat to develop a monitoring framework for transitions and to implement appropriate mechanisms to track success and/or flag emerging challenges to the Board. The UK government should support a second transition grant for countries where the Global Fund Board judges that the transition is failing.
11. To balance the impact of reduced bilateral funding DFID should increase funding to the Robert Carr Civil Society Networks Fund (RCNF) who support robust civil society networks led by and working with key populations - a critical component of a successful transition.
12. DFID and the Global Fund should develop a more nuanced set of criteria for making investment decisions – that goes beyond GNI per capita and looks at need and HIV burden within different sectors and communities as well as the cultural and legal context, and a national government's ability and willingness to pay.

Introduction

The global response to HIV/AIDS has undergone a dramatic change since the adoption of the United Nation's Millennium Development Goals in 2000. Headline statistics such as the twenty-fold increase in the number of people receiving antiretroviral therapy (ART) between 2000 and 2015[8], and the halving of AIDS-related deaths over the past ten years are clear signs that the international effort to tackle HIV/AIDS is working. A combination of political will, tireless activism and increased affordability of treatment have ensured that the 'end of AIDS' by 2030[9] is an ambitious, but feasible goal.

While those statistics paint a positive picture, there are still major challenges to overcome if we want to see the end of AIDS as an epidemic. 36.7 million people worldwide are living with HIV and 14.5 million of those people do not know their HIV status. One of the major concerns is the shifting landscape for HIV funding as countries graduate from lower income status to middle income status. The majority of people living with HIV are now in middle income countries and it is estimated that by 2020 that figure will increase to 70%.

The proportion of people living with HIV in low income countries has shifted quite dramatically from 70% in 2000 to a projected 13% in 2020, with the majority of people now living in lower middle and upper middle income countries. While women and girls living with HIV are predominantly in low income and middle income countries, the majority of key populations living with HIV are now in middle income countries. The increase in Gross National Income (GNI) per capita for many previously lower income countries means they will no longer be eligible for donor funding or their funding will be drastically reduced. This puts the HIV response at great risk.

The reasons for this are complex. GNI is a measure of the average level of wealth within a country. While it is a useful indicator of economic growth it is not an accurate reflection of a country's level of development. When GNI is used as one of the main criteria for assessing development needs, it does not take into consideration the multiple factors that influence development - such as inequality, institutional capacity, fiscal capacity and governance. If the increase in growth is not 'trickling down'[10] then it only exacerbates the disparity between the richest and poorest. The Institute for Development Studies identified that 80% of the world's poorest people are now living in MICs in contrast to the 1990s when 90% of the world's poorest people lived in lower income countries.[11]

While the shift in income classification affects all areas of development, it is particularly acute for the most marginalised populations living with HIV. Many governments in middle income countries where international aid has been withdrawn or is in the process of being withdrawn are either unable or unwilling to fund key populations living with HIV.

8 'Global Health Sector Response to HIV, 2000-2015', World Health Organisation http://apps.who.int/iris/bitstream/10665/198065/1/9789241509824_eng.pdf

9 Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030, http://www.unaids.org/en/resources/documents/2016/2016-political-declaration-HIV-AIDS

10 Wealth of Nations, Adam Smith, 1776

11 Institute for Development Studies, 'Where do the World's Poor Live: A New Update', 2012, http://www.ids.ac.uk/files/dmfile/Wp393.pdf

Similarly, there are concerns about the future sustainability of programmes for adolescent girls and young women (AGYW) when international donors retreat from middle income countries. Gender inequality and harmful gender norms continue to restrict women's access to information, services, care and support. Along with a lack of commitment and investment in domestic policy and finance to address this issue, this means much of the targeted work that has been done relies on global financing initiatives. This is particularly concerning when in most countries HIV disproportionately affects key populations and for women of reproductive age (15-49 years), AIDS-related illnesses remain the leading cause of death globally, and are the second leading cause of death for young women aged 15–24 years in Africa.[12]

The recently adopted Sustainable Development Goals (SDGs) represent the global community's commitment "to leave no-one behind" and recognise the importance of adopting a human rights approach towards development. In order to achieve the SDGs and particularly to reach the target of ending HIV by 2030, donors must focus their efforts on tackling the epidemic where is it most acute and address the human rights barriers which continue to hinder access to HIV treatment and care for the most marginalised populations.

While the evidence is clear that in order to end the HIV epidemic we need to target key populations and women and girls, and that the majority of people living with HIV are actually in middle income countries, the global funding picture is more complex. The Global Fund is the second largest global HIV funder. Most of DFID's funding for HIV goes through the Global Fund. It has taken on board some of the concerns raised about using GNI as the threshold for funding eligibility, but many middle income countries are still not receiving the financial support they need to ensure the HIV response does not go backwards.

Transitioning from low income to middle income status is leaving gaps in HIV service provision for key populations. This is not only happening in HIV as demonstrated by The Independent Commission for Aid Impact (ICAI) in their review on DFID's approach to managing exit and transition. The ICAI review rated DFID's performance as amber/red. This is particularly concerning given the important role DFID has played in middle income countries to date and the potentially harmful effects a poorly managed transition or exit from aid can have on past development gains.

12 UNAIDS Data, 2017. UNAIDS data suggests that more than 90% of new HIV infections in central Asia, Europe, North America, the Middle East and North Africa in 2014 were among people from key populations and their sexual partners, who accounted for 45% of new HIV infections worldwide in 2015. It shows that in lower prevalence settings, the majority of HIV infections occur among key populations. Outside of Sub-Saharan Africa, key populations and their sexual partners accounted for 80% of new HIV infections in 2015. Furthermore, data reported by countries across the world shows that HIV prevalence among key populations often is substantially higher than it is among than the general population.

Another concerning development in the international aid arena is the US Government's expansion of its Mexico City Policy, otherwise known as the Global Gag Rule. The policy which was expanded in January 2017 places restrictions on how organisations use their own non-US government funds, including through limiting conversations that health providers can have with their patients and preventing them from pressing for legal change in their own countries.[13] While the main purpose of the policy is around the provision of abortion services, the knock on effect is that sexual health service providers who do provide abortion services alongside other vital sexual health services, may no longer be able to receive funding from the US, even if the abortion aspects of the service are funded by a non-US donor. Equally concerning is that the rule applies not only to health providers, but to any organisation that receives US funding who must sign to say they accept the Gag Rule. There are serious concerns about the impact this will have on women's civil society.

While US funding is not the subject of this report, as the largest HIV donor globally any major change in US policy is likely to have a significant impact on HIV outcomes and emphasises the importance of DFID playing a leading role in standing up for the rights of key populations, women and girls living with HIV. While the UK has a proud record on delivering aid and tackling the HIV epidemic, the aid landscape is changing as countries move from lower income to middle income status. If we fail to adapt effectively to this change we risk going backwards in the HIV epidemic and leaving a crucial part of the HIV response behind. In this report, we assess the impact that the current approach to transitions is having on key populations, women and girls and what needs to improve. We make specific recommendations around designing programmes more sustainably, better transitions planning and supporting civil society.

13 On 23rd January 2017, United States President Donald Trump issued a Presidential Memorandum. The order reinstates and dramatically expands the "Mexico City Policy" adopted under previous Republican administrations since 1984. The US law has banned using US foreign aid for abortion-related activities since 1973. The Mexico City Policy is a separate rule that goes further, and requires foreign non-governmental organizations receiving US global health assistance to certify that they do not use their own non-US funds to:

- provide abortion services,
- counsel patients about the option of abortion or refer them for abortion, or
- advocate for the liberalization of abortion laws.

The consequences of the Global Gag Rule are still coming to light but we are already seeing that it is leading to major cuts to some of the main international providers of sexual health which include HIV services to women and girls and key populations. It also sets a dangerous precedent that in order to receive US funding, grantees will be bound by US conditions on their non-US funds. What this means in practice is that organisations who provide sexual health services will be forced to limit the scope of their service in accordance with the US donor's requirements or may be forced to turn down additional funding if the donor does not comply with US policy requirements.

This report will be divided into the following sections:

Section 1: UK support for key populations and women and girls in middle income countries

Section 2: Is the UK's approach to transitions working?

Section 3: What is the impact of the UK's approach to transition on key populations, women and girls?

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UK support for key populations and women and girls in middle income countries

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Is the UK's approach to transitions working?

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Finding a way forward

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Section 1
UK support for key populations and women and girls in middle income countries

''And when development does happen and countries do become better able to stand on their feet, we should celebrate that but also gradually transition our aid spend on to those countries who are yet to reach the same stage and still need our help to make a difference."[14]

JUSTINE GREENING MP, 2013

Overview of UK aid in middle income counties

In 2011, DFID published the Bilateral Aid Review (BAR), announcing the decision to consolidate DFID aid into 28 priority countries[15]. This decision was based on where DFID felt it had a comparative advantage compared to other donors and where it felt that countries had 'graduated' from needing aid. As a result, UK bilateral aid was partially or fully phased out in 18 countries, 15 of which are lower-middle income

Photograph 1: The civil society delegation meets with the African Sex Workers Alliance (ASWA) Executive Director, Dorothy Ogutu. ASWA is one of the civil society networks funded by the Robert Carr Civil Society Networks Fund.

14 Justine Greening Speech 2013

15 The 27 (then 28) priority countries identified in the 2011 Bilateral AID Review are: 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, South Sudan, Tajikistan, Tanzania, Uganda, Yemen, Zambia and Zimbabwe.

countries (LMICs) or upper-middle income countries (UMICs)[16]. In some cases, this has meant an end to the development partnership all together, and in others there has been a transition to a new partnership through other channels of official development assistance (ODA) managed by other government departments. ICAI has recently reviewed these transitions and their critical findings are discussed below.

The November 2015 UK Aid Strategy, and 2016 Bilateral Development Review (BDR), build on the 2011 Bilateral Aid Review (BAR) and reflect the government's ongoing intention to 'transition' aid in middle income countries towards a new kind of development partnership. The BDR states that DFID will focus aid on the poorest countries and as a country's capacity to self-finance increases, partnership will shift away from aid and towards trade and investment with the private sector playing an increasingly important role. The UK Aid Strategy highlights new funds that will replace traditional aid in middle income countries such as the National Security Council (NSC)-led Prosperity Fund 'to improve business climate, competitiveness and operation of markets, energy and financial sector reform, and increasing the ability of governments to tackle corruption.' In 2016, DFID also launched new mechanisms for funding civil society such as UK AID connect, UK AID Direct and the Small Charities Fund. It is not yet clear to what extent these funding mechanisms will support civil society in middle income countries.

The Leave No One Behind Strategy

The UK Aid Strategy also outlines the government's commitment to "Leave No One Behind" – as promised by the Prime Minister and other world leaders when they committed to the Sustainable Development Goals in September 2015. The strategy states that DFID 'will prioritise work that targets the most vulnerable and disadvantaged, the most excluded, those caught in crises, and those most at risk of violence and discrimination.'[17]

The UK later published a Leave No One Behind Promise, which pledges to 'ensure every person has a fair opportunity at life no matter where they are' and to '[challenge] the social barriers that deny people opportunity and limit their potential, including changing discrimination and exclusion based on gender, age, location, caste, religion, disability or sexual identity[18]'.

While the Leave No One Behind promise firmly commits DFID to supporting marginalised groups, like the key populations most affected by HIV and AIDS, wherever they are, the approach to investing in middle income countries is a significant contradiction. These two conflicting objectives are now playing out in DFID's response to HIV and AIDS.

16 2011 Bilateral Review identified: Angola, Bosnia and Herzegovina, Burundi, Cameroon, Cambodia, China, the Gambia, Indonesia, Iraq, Kosovo, Lesotho, Moldova, Niger, Russia, Serbia and Vietnam. Withdrawal of aid from South Africa and India were later decisions.

17 'UK AID: Tackling Global Challenges in the National Interest' 2015, https://www.gov.uk/government/publications/uk-aid-tackling-global-challenges-in-the-national-interest

18 Leaving No One Behind: Our Promise', DFID Policy Paper, 2017, https://www.gov.uk/government/publications/leaving-no-one-behind-our-promise/leaving-no-one-behind-our-promise

DFID support for key populations and women and girls within the HIV response

BILATERAL SUPPORT

DFID's 2011 HIV Position Paper identified support for key populations and women and girls as a priority. Following the 2011 BAR, however, DFID's funding for HIV through bilateral programmes substantially reduced. Funding fell from £185 million in 2011 to just £16 million in 2016. Bilateral support for key populations was particularly affected.

In the 2013 review of DFID's 2011 Position Paper on HIV, DFID lists seven countries in Asia where it was supporting key populations (Cambodia, Nepal, India, Vietnam, Burma, Kyrgyzstan and Uzbekistan). Today - all but one of the programmes highlighted above has closed because DFID has ended or reduced support to the wider country programme. DFID continues to fund HIV through bilateral aid in its broader programming on sexual and reproductive health rights (SRHR).

SHIFT TOWARDS MULTILATERAL FUNDING

Since 2011, DFID has shifted towards supporting the global HIV response through multilateral funding and now provides direct HIV bilateral funding in only eight countries[19]. In 2015, approximately 57% of DFID's funding for HIV was channelled through three multilateral organisations – the Global Fund, UNITAID and UNAIDS. DFID continue to identify key populations and women and girls as priorities within its HIV response but the majority of UK investment in these groups is now channelled through multilateral organisations.[20]

DFID has identified the Robert Carr Civil Society Networks Fund (RCNF) as a significant mechanism for supporting key populations. RCNF supports international and regional civil society networks that address the needs and human rights of inadequately served populations. DFID's investment in the RCNF is £5 million over three years but funding is due to be renewed in July 2018.

The Global Fund

The majority of DFID's multilateral funding for HIV is channelled through the Global Fund. The Global Fund partnership mobilises and invests nearly US$4 billion a year in tuberculosis (TB), malaria and HIV/AIDS to support programmes run by local experts in countries and communities most in need. The Fund was founded in 2002 and brings together governments, civil society and the private sector to work together in partnership to end the three big diseases. In the last replenishment, the UK pledged £1.1 billion to the Global Fund and was the second largest donor. The Global Fund strategy in 2017-2022 further recognises the importance of having a specific focus on key populations in middle income countries as well as women and girls in Sub-Saharan Africa.

19 Parliamentary Question answered by James Wharton, 12th October 2016, https://www.parliament.uk/business/publications/written-questions-answers-statements/writeen-question/Commons/2016-10-31/51141/

20 Letter from Priti Patel to Stephen Twigg MP, February 2017, https://www.parliament.uk/documents/commons-committees/international-development/Letter-from-the-SOS-regarding-DFID-work-on-HIVAIDS.pdf

Other UK funding for HIV

The UK also provides funding for HIV to two other multilateral institutions, UNITAID and UNAIDS. UNAIDS provides the strategic direction, advocacy, coordination and technical support needed to catalyse and connect leadership from governments, the private sector and communities to deliver life-saving HIV services.[21] UNITAID invest in innovations to prevent, diagnose and treat HIV/AIDS, tuberculosis and malaria more quickly, affordably and effectively.[22] While the UK provides significant funding through these mechanisms the main focus of this report will be on DFID's bilateral programmes and its multilateral support to Global Fund and RCNF, as they are the funding streams most relevant to key populations, women and girls.

Summary

In 2011 DFID made the decision to close 18 bilateral programmes, largely based on the assessment that these countries had graduated from aid. This had knock on effects for DFID's HIV response and for DFID's support for key populations and women and girls. UK aid for HIV has shifted away from bilateral programmes and towards multilateral investments including through the Global Fund, RCNF, UNITAID and UNAIDS, meaning their role in these organisations is all the more critical.

Photograph 2: Second Oral Evidence Session with Elton John AIDS Foundation, Results UK and the Open Society Foundations

21 UNAIDS Website, http://www.unaids.org/en/whoweare/about
22 UNITAID Website, https://unitaid.eu/about-us/#en

Section 2
Is the UK's approach to transition working?

"There is also a renewed commitment to 'shared responsibility' in investing toward a more equitable and egalitarian world, and achieving these goals through a human-rights based approach that is rooted in giving all people the opportunity to achieve their right to life and dignity. For external health financing this could mean a greater focus on the social determinants of health, reducing health disparities and the rights of vulnerable groups and key populations."

EQUITABLE ACCESS INITIATIVE REPORT [23]

DFID's bilateral approach

Since the 2011 BAR, DFID has transitioned out of or exited 18 countries. DFID have carried out this process without any guiding framework or strategy on how to transition sustainably – in a way that protects and builds on the gains achieved through development. ICAI recently reviewed DFID's overall approach to transitions focusing in on seven case study countries: China, India, Indonesia, Burundi, Cambodia, South Africa and Vietnam. While ICAI's review was not focused on HIV, some of ICAI's case study countries overlapped with evidence the APPG received during this inquiry. ICAI awarded DFID an amber/red in this review – indicating that DFID's approach to transitions requires significant improvement.

ICAI raised several concerns regarding DFID's approach to transitions which were echoed by stakeholders during this inquiry. The ICAI review highlighted that in many cases DFID's timeline for exit or transition was too quick; that there was insufficient attention to ensure that country teams had the necessary skills and capacity to support the exit or transition process; that DFID's approach to assessing value for money was not consistent across the cases; that DFID did not always articulate clearly its objectives for transition or what a new partnership would consist of and how they might be developed; and that there was a lack of structured learning processes in place.[24]

The issues with the closure of DFID's HIV programmes have been similar. DFID's withdrawal has not inevitably been followed by the national government or another donor stepping in to take over funding. As a result, gaps in HIV services have emerged.

23 Equitable Access Initiative Report, source the Global Fund https://www.theglobalfund.org/media/1322/eai_equitableaccessinitiative_report_en.pdf

24 Independent Commission for Aid Independence, 'When aid relationships change: DFID's approach to managing exit and transition in its development partnerships'

CASE STUDY – VIETNAM

DFID provided funding for HIV/AIDS Prevention in Vietnam from 2003-2011, to reduce HIV transmission amongst key populations. In March 2011, the UK made a decision to end aid in Vietnam by 2016. DFID's project post completion report states that DFID made communications with the government in 2011 about their planned exit in 2012, giving the country just one year to prepare. In the end, the project was extended until 2013, because of the project manager's own concerns about sustainability.

DFID acknowledged in its final project report that there was general consensus among service providers that the breadth of activities funded by the project would be impossible to sustain without ongoing donor funding. DFID also acknowledged that a transition plan was not in place. It was unclear from public documentation if DFID had any formal discussions with the Global Fund about taking over funding for the services. DFID has done the exact opposite and has been one of the loudest voices at the table supporting the shift towards low income high burden countries.

The final DFID business case for the project extension acknowledges the possibility that Global Fund money would not necessarily increase and suggests that the mitigating action would be for the UK and other key Global Fund donors to advocate at the Global Fund Board and senior management level to ensure that the Global Fund provides adequate resources for middle income countries (especially LMICS like Vietnam) which are struggling to mobilise adequate domestic resources while simultaneously losing bilateral donor funding.

STOPAIDS Submission

In oral evidence to the inquiry the Global Fund admitted that the withdrawal of DFID did leave significant gaps in HIV service provision in Vietnam but that they have since heavily invested in harm reduction and it is now one of their largest programmes.

> "It is an example of where there was a gap and things went backwards for a while but we have invested and it is getting better. Now it is one of the largest harm reduction programmes for us."
>
> PETER SANDS, EXECUTIVE DIRECTOR OF THE GLOBAL FUND

One of the key concerns raised by civil society however, is that DFID's approach to transitions at a bilateral level shapes their approach to transitions at the multilateral level and hence, they are frequently one of the loudest voices calling for the Global Fund to withdraw support from middle income countries. DFID are represented on the Global Fund Board by Senior Civil Servants from the DFID Global Funds team. As Board Members, DFID have considerable influence over the Global Fund's approach to transition.

DFID's multilateral approach

The majority of DFID's HIV aid is channelled through the Global Fund. The Global Fund has taken on board many of the concerns raised about using GNI as the main indicator for aid eligibility. The Equitable Access Initiative was convened by all of the major global health players in order to address these concerns. Their 2016 report reinforced the fact that GNI per capita is a poor indicator of health need and that more nuanced indicators were needed to assess funding eligibility. It clearly outlines how looking at national income alone gives a distorted view of a country's development and that this is an outdated practice, which needs to be addressed by global health funders and international development donors as a whole.[25]

It also highlighted that within a country's resource allocation, donors would need to include 'context specific analyses' which would take into consideration 'within country inequity'[26]. This is particularly relevant for key populations living with HIV as national level data often masks a concentrated epidemic within these specific groups who are disproportionately affected by HIV.

New transitions framework at the Global Fund

By 2015 the Global Fund's eligibility criteria had led to it withdrawing from a number of countries. The failure of many of these initial transitions prompted DFID and others on the Global Fund Board to recognise that the Global Fund needed to develop a policy on sustainability and transitions. This was critical according to STOPAIDS as 'the Global Fund is often the last external donor providing funds for the domestic HIV response in upper-middle income countries (UMICs).'[27]

The new 'Global Fund Sustainability, Transition and Co-Financing Policy' is the Global Fund's answer to many of the concerns around key populations being left behind during a transition and ensures that the Global Fund's investments are increasingly sustainable. It provides a framework for ensuring long term sustainability of HIV programmes and successful transitions. The Global Fund works with national governments to ensure they can start to pay for and provide their own HIV services. As detailed in the policy:

> "This approach includes investing in the development of robust National Health Strategies, Disease Specific Strategic Plans, and Health Financing plans that consider sustainability or programmes; aligning requirements to ensure that Global Fund financed programmes can be implemented through country systems; and supporting countries to do transition readiness assessments and elaborate transition work plans, when needed, to facilitate well-planned and successful transitions. In addition, the revised application focus and co-financing requirements align domestic financing incentives to ensure that as countries move closer to transition they take up key programmes such as interventions for key and vulnerable populations."[28]

25 Equitable Access Initiative Report, source the Global Fund, https://www.theglobalfund.org/media/1322/eai_equitableaccessinitiative_report_en.pdf
26 Equitable Access Initiative Report (p. 5), source the Global Fund https://www.theglobalfund.org/media/1322/eai_equitableaccessinitiative_report_en.pdf
27 STOPAIDS submission
28 Global Fund to Fight TB, Malaria and HIV/AIDS, 2016, 'Sustainability, Transition and Co-financing Policy', https://www.theglobalfund.org/media/4221/bm35_04sustainabilitytransitionandcofinancing_policy_en.pdf?u=636627706560000000

The Global Fund's allocation methodology

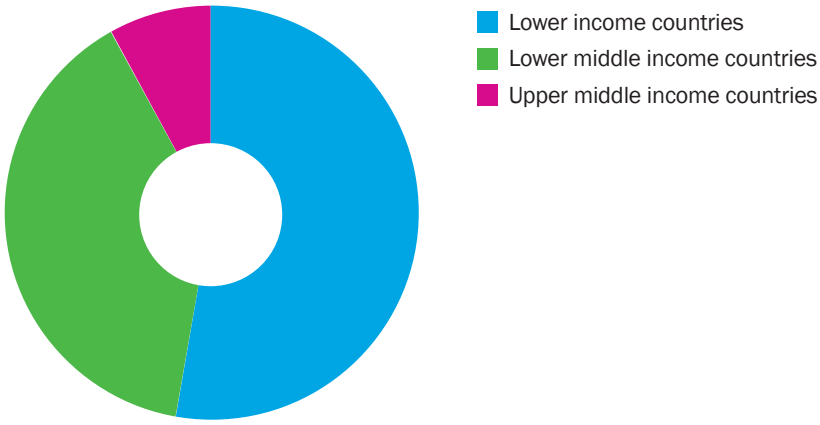
In April 2016, the Global Fund approved a new allocation methodology for 2017 to 2019. The new method gives greater priority to low-income/high (disease) burden countries. Unfortunately, this methodology was agreed upon prior to the publication of the Equitable Access Initiative report, however the Global Fund has stated that the initial findings were considered as part of the overall discussion on the allocation methodology for 2017-19.

The Global Fund's policy from 2016 states that a country's eligibility is based on a) income classification (GNI) and b) disease burden for HIV, TB and malaria. Then there is a list of 5 criteria which mean that a country becomes ineligible (see footnote)[29]. At first glance, limiting eligibility criteria to only two indicators does not appear to reflect the more nuanced approach which is recommended by the Equitable Access Initiative. However, the Global Fund argue that their allocation model has taken into consideration the findings of the Equitable Access Initiative. They point out for example that the GNI indicator is based on the latest three-year average of GNI per capita (World Bank Atlas Method) which has the effect of smoothing transitions both in and out of Global Fund financing.

Eligibility for funding under the new policy

In practice what has resulted from the Global Fund's allocation methodology is a shift in funding away from middle income countries. As figure 1 demonstrates, the Global Fund reported spending 53% in LICs, 39% in LMICs and 8% in UMICs. While nearly 50% of funding is allocated to middle income countries it does not reflect the fact that there are many more middle income (LMIC and UMICs) than there are lower income countries.[30]

FIGURE 1: GLOBAL FUND RESOURCE ALLOCATION 2014-2016



29 1. A country moves to high income status
2. A country moves to upper-middle income (UMI) status and disease burden for a component is low or moderate
3. Disease burden for a component decreases to low or moderate in a country classifies as UMI
4. A country is a member of the Group of 20 (G20) countries and moves to UMI status, and the disease burden for a component is less than extreme
5. A country becomes a member of the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC)

30 Data from STOPAIDS submission

While the Global Fund's eligibility policy uses only two criteria, they have implemented a number of policies to mitigate the consequences of transitioning out of middle income countries where there are concentrated epidemics amongst key populations. The Sustainability, Transition and Co-Financing policy addresses many of these concerns. At the time of writing, the Global Fund has just approved a new policy which allows for a little more flexibility on transition. The new policy codifies what was agreed in principle in the 2016 Eligibility Policy that the Global Fund Secretariat can request a second allocation of funding on a case-by-case basis, based on a variety of factors (including whether there is an increase in HIV incidence) which demonstrates that the country needs more time to transition.[31]

The Global Fund Executive Director explained during an oral evidence session with the APPG that there is a trade-off that needs to be made when it comes to funding for HIV.

> "There is no shortage of countries where key populations face stigma, criminalisation and all sorts of disadvantage. We have certainly stepped up the degree to which we tackle human rights abuses. Issues around human rights abuses aren't just in transition countries. Our biggest issue at the minute is women and girls and that's in the high burden, low income countries and underlying that is a nasty combination of stigma, discrimination and gender based violence."
>
> PETER SANDS, EXECUTIVE DIRECTOR GLOBAL FUND

DFID reiterated this point. Essentially, both Global Fund and DFID acknowledge the difficulties during a transition. On the one hand there is political will and on the other there is a capacity issue. The capacity issues need to be addressed well in advance of transition. Political will is a more complex process which requires a bottom up and top down approach. While the Global Fund has implemented a number of policies to improve transitions, they are ultimately constrained by the level of resources available which leads to an inevitable trade off between tackling HIV in low income, high burden countries where women and girls are disproportionately affected, and key populations in middle income countries.

31 Global Fund Board paper: https://www.theglobalfund.org/media/7409/bm39_02-eligibility_policy_en.pdf?u=636637834650000000, page 11, paragraph 52

Summary

As DFID exits or transitions away from middle income countries and increases its aid through multilateral agencies such as the Global Fund, the UK's role in shaping multilateral policy is therefore increasingly important. Given that the majority of the UK's HIV aid is now going through the Global Fund where, according to civil society, there is pressure to 'transition' out of middle income countries, the UK's role on the Global Fund Board is especially important.

The Global Fund's use of only two eligibility criteria is not sufficient to accurately assess a country's health need as outlined in the Equitable Access Initiative report, however the Global Fund have introduced a number of policies to smooth transitions and to mitigate the impact of these 'cliff edges' in funding. Ultimately however, they are constrained by the level of funding available to tackle the HIV response.

The Vietnamese example clearly demonstrates where there is a disconnect between what DFID is saying about its bilateral transition of aid on the one hand and what it is doing with its multilateral funding on the other. If the mitigating strategy is to ensure the Global Fund fills the gaps in middle income countries, then as a Board member and the second largest donor, DFID needs to actively work towards influencing the Global Fund's eligibility policy or to encourage investing additional resources where they are needed.

Recommendations

- DFID should develop a transitions framework to guide their approach to closing programmes sustainably. This framework should set out how long in advance DFID should notify countries of their plans to leave (approximately 3- 6 years) and how DFID should work with country stakeholders, particularly key population civil society organizations and the Global Fund to develop a transition plan.
- DFID should ensure that is has a joined up approach to transitions and does not pursue a contradictory policy with its bilateral and multilateral aid. If DFID intends for the Global Fund to step in and fund HIV programmes in a specific country, they need to ensure that the Global Fund's eligibility, transitions and aid allocation policies allow for it to fund programmes in the country in question, and for adequate time, to prevent service interruption.
- DFID should use their influential position on the Global Fund Board to ensure the Global Fund's eligibility, transitions and aid allocation policies better reflects health needs in middle income countries.

Section 3
Why are key populations, women and girls being left behind?

"Multiple factors determine a country's ability to mobilise resources for HIV, including economic disparities within borders, natural disasters or other emergencies, strength of health systems (including community systems), political conflict, and currency devaluation. In addition, increased GNI often leads to increased health care costs, due to less preferential trade policies that increase the cost of medicines."

OPEN SOCIETY FOUNDATIONS

Key populations

Poorly planned and executed transitions disproportionately affect key populations. Funding for key population services largely comes from donors. Even where a national government is funding a large proportion of their national HIV response they often don't fund the key population programmes. When the donor leaves a number of different interconnected issues mean that the national government often does not take over services for key populations.

Common issues include lack of political will – countries that are unwilling to fund key populations; lack of technical capacity within governments such as legal mechanisms for contracting HIV services through civil society and community groups; and unforeseen external events which place countries under too much financial pressure to fulfil prior commitments. Case studies from countries that have already transitioned demonstrate how these factors result in a gap in HIV services for key populations.

"For health services for key populations we need to think beyond health issues and [consider issues like] legal redress, [and] gender based violence. But the government don't want to know about other issues [facing] key populations. You'll get [a sex worker] who will tell you they have been given condoms, but tomorrow the same government will go and arrest them with those condoms".

KENYA KEY POPULATIONS CONSORTIUM

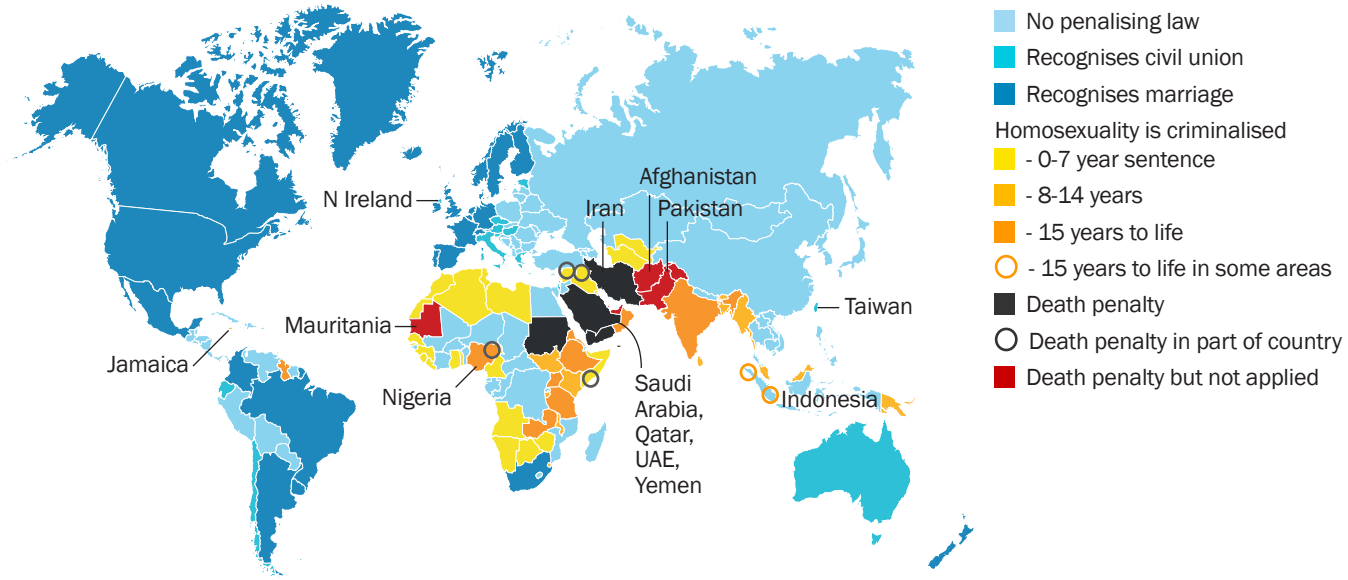
CRIMINALISATION AND STIGMA

In many middle-income countries, key populations are criminalised by the national government. For example, there are still 72 countries where homosexuality is illegal.[32] The legal threat and atmosphere of fear and intimidation created by criminalisation laws alongside wider stigma, discrimination and violence experienced by key populations act as a barrier to accessing HIV prevention and treatment services. Criminalisation laws which affect homosexuality, sex workers, drug users and the transgender community, significantly reduce the likelihood of national government taking over services for key populations.

CASE STUDY – GEORGIA (NSWP evidence)

"Physical and sexual abuse by the Police, blackmail and the targeting of sex workers for arrest is a constant issue. The Police target sex workers for their drug use or for possession of narcotics (both real and contrived) as an excuse to arrest them and get them off the streets...HIV testing in Georgia requires full disclosure of address, passport or ID card and often leads to further targeting by Police because of lack of confidentiality."

FIGURE 2: HOMOSEXUALITY: LEGAL STATUS AROUND THE WORLD



Source: ILGA

32 The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA), 2017, 'State-Sponsored Homophobia A World Survey of Sexual Orientation Laws: Criminalisation, Protection and Recognition' https://ilga.org/downloads/2017/ILGA_State_Sponsored_Homophobia_2017_WEB.pdf

POLITICAL WILL

Lack of political will is a particular problem in Romania. Global Fund support for HIV ended in 2010, which was promptly followed by a spike in HIV transmissions. As Harm Reduction International (HRI) highlighted in oral evidence to the APPG, temporary funding was then provided by the EU structural adjustment fund and then Norway – but each time these funding streams ended Romania was back in the same position, failing to fund needle and syringe programmes (NSP) and opioid substitution therapy (OST).

According to HRI, transmission numbers in Romania are higher than the figures available and in most cases you need health insurance to get an HIV test. Four-fifths of people who use drugs do not have access to health insurance and are therefore unable to use this service. Overall Romania allocates less than 1% of HIV funding to prevention and there are just two needle and syringe programmes in the whole country.

Civil society in both Romania and Bulgaria tried to access funding through the Global Fund NGO rule[33] but according to HRI, the Global Fund's assessment was that there was no evidence that there were political barriers to providing harm reduction.[34] [35] HRI however believe that the problem in these cases is largely political and what is needed is internal and external pressure.

33 Global Fund to Fight Malaria, TB and HIV/AIDS 'The Eligibility Policy':

'NGO Rule for HIV/AIDS: UMICs not listed on the OECD's DAC list of ODA recipients 23 are eligible to receive an allocation for HIV and AIDS funding only if they have a reported disease burden of 'High', 'Severe' or 'Extreme' and are eligible to apply for such funds only if the following conditions are met:

1. Confirmation that the allocation will be used to fund interventions that are not being provided due to political barriers and are supported by the country's epidemiology;
2. Confirmation that: (i) the application will be submitted by a non-CCM or other multi-stakeholder coordinating body; and (ii) the programme will be managed by a non-governmental organisation (NGO) within the country in which activities would be implemented;
3. The government of such country shall not directly receive any funding; and
4. Applicants meet all other applicable requirements as set forth in the Sustainability, Transition and Co-financing Policy, as amended from time to time.'

34 The Global Fund state this decision was because: i) HIV treatment is available to all patients in Bulgaria and Romania, (ii) there are non-discrimination laws in place with respect to sexual orientation, (iii) there are supportive references to harm reduction in national policy documents; (iv) while Bulgaria is fully funding the provision of OST, there is limited funding in Romania for OST and NSP programmes. In both cases there were no explicit policies in place that would prohibit the provision of such key services.

35 HRI oral evidence

As Fionnuala Murphy head of advocacy at HRI states:

> "In many countries, governments spend vast sums of money on drug law enforcement and other forms of criminalisation, but argue they do not have funds for HIV prevention."

HRI highlighted that more long-term funding for advocacy is needed to encourage political change. There is a Global Fund grant called Harm Reduction Advocacy in Asia which covers seven countries aimed at increasing domestic political and financial support for harm reduction. While this is the kind of funding needed on an ongoing basis, NGOs highlight that the grant is currently only for three years, which doesn't reflect how long it will take to overcome either punitive drug laws in the region, or the potential ripple effect of Duterte's vicious war on drugs in the Philippines.[36] This kind of funding should also be complimented by external pressure from the Foreign Office on governments to encourage less punitive laws targeting key populations.

TECHNICAL CAPACITY

Government technical capacity can be a major barrier to continuing HIV services for key populations. Even where countries are willing to invest in their key populations they are often not able to do so effectively if they lack experience of working with key populations and have no social contracting mechanisms in place. As OSF highlights, "promises to support HIV programming are not sufficient if the country lacks legal frameworks to allow for work with most vulnerable groups, mechanisms for planning and implementation of that work or a timeframe that is too short to realise those plans."

In many cases funding of key populations has been outsourced to international donors and national governments have no experience of providing these kinds of services to key populations. While they may be used to providing HIV treatment services to the general population, they are often ill equipped to address the specific needs of marginalised groups.

FINANCIAL CAPACITY

Another major factor during a transition is whether there are any unanticipated financial challenges, "such as austerity measures, outbreaks of other infectious disease epidemics, currency devaluation, or larger political factors that make previous HIV commitments significantly less achievable."[37] The Global Fund does have a funding stream which can respond to these unanticipated events called catalytic funding. This goes some way to addressing the problem. Countries can also become re-eligible for Global Fund Support.

36 'President Rodrigo Duterte has plunged the Philippines into its worst human rights crisis since the dictatorship of Ferdinand Marcos in the 1970s and 1980s. His "war on drugs," launched after he took office in June 2016, has claimed an estimated 12,000 lives of primarily poor urban dwellers, including children.' Human Rights Watch website accessed in May 2018 https://www.hrw.org/world-report/2018/country-chapters/philippines

37 Open Society Foundations, 'Ready, Willing and Able'

CASE STUDY – SERBIA

The Open Society Foundations outline three case studies in 'Lost in Transition' where Global Fund withdrawal has taken place in Macedonia, Montenegro and Serbia. One of the key problems highlighted by this report is that the Global Fund's Sustainability, Transition and Co-financing Policy only came into effect in 2016. As highlighted by OSF "the policy allows for extra time for governments and civil society to plan for Global Fund exit, and provides guidance (and in some cases extended financing) for countries to plan well in advance how their programmes will be funded and implemented once the Global Fund resources are no longer available." The problem for many countries has been that they have missed out on the benefits of this policy as they were in their final funding cycle when it came into effect or had already lost Global Fund support.

Serbia is an upper-middle income country. Global Fund support played a key role in reversing the epidemic among young people who inject drugs: the prevalence rate dropped from 70% in 1991 to 5% in 2008, and then to 3% in 2013.

Serbia became ineligible for Global Fund support in 2014. The cessation of Global Fund investment came at the worst possible time for Serbia: in the spring of 2014, the country had been devastated by major flooding that shook its economy. Disaster response and relief efforts required Serbia to re-direct major national resources to the task, as well as EU support that was previously allocated to reforms to help Serbia meet EU standards in governance, the rule of law, and similar areas. As a result the NGO services among key populations collapsed during the two-year break in international support that followed Global Fund withdrawal from Serbia. HIV rates increased from 2014 to 2015 with men who have sex with men (MSM) accounting for 73% of new infections.

Services for key populations, including people who inject drugs, sex workers and MSM/LGBT communities were particularly hard hit, for example, no key population services now operate in Belgrade, the country's capital and largest city. As a result of these setbacks Serbia is now again eligible for Global Fund support in the allocation period 2017-2019 due to the rise in disease burden among MSM.

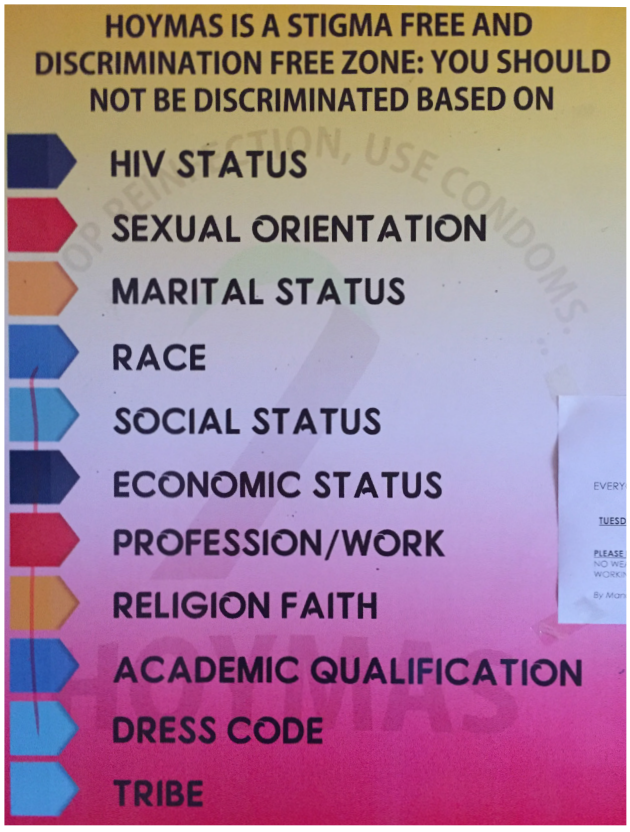
Open Society Foundations

CASE STUDY – RUSSIA

In November 2017 it was reported in the Financial Times that Russia's HIV epidemic "had spread from intravenous drug users to the general population which is an extremely concerning development." (Financial Times, 2017) New infection rates have soared in Russia compared with the rest of eastern Europe. Out of the 160,453 people newly diagnosed with HIV in 51 European and Central Asian countries in 2016, 103,438 were reported by Russia, according to a joint report by the European Centre for Disease Prevention and Control and the World Health Organization.

As Elton John AIDS Foundation highlights, "despite Russia being an upper-middle income country with significant health expenditure per head, the HIV prevalence in this population exceeds 25%, a higher rate than in the general populations in any country outside Southern Africa. The reason for the high prevalence of HIV among people who inject drugs are punitive laws on drug use. These laws mean that people who inject drugs are afraid to access mainstream state-run health services and rely on a small number of (underfunded) civil society-run outfits."

Elton John AIDS Foundation written submission



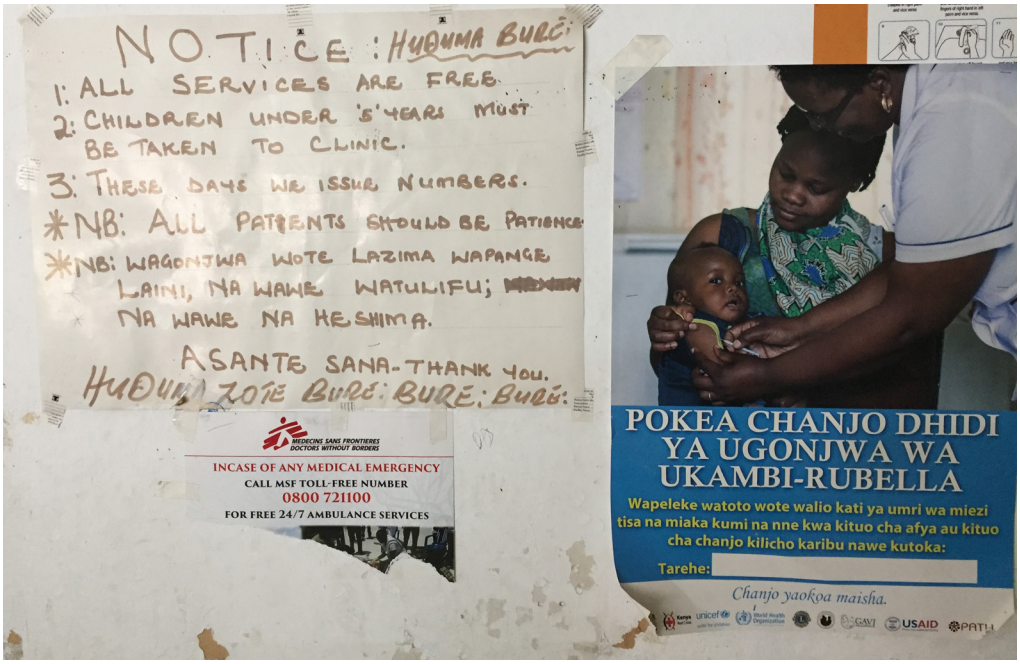
Photograph 3: A poster setting out HOYMAS's approach to creating a stigma and discrimination free environment. HOYMAS is a community organisation providing HIV services to male sex workers.

Barriers to accessing mainstream HIV care for women and girls

Gender discrimination is a global problem but it is particularly acute for women living with HIV in developing country settings. Women are often not free to make decisions about their sexual health and restrictive laws (such as age of consent) and norms affect their access to comprehensive sexuality education and to sexual and reproductive health and rights. Gender based violence further exacerbates the problem, making many women afraid to access treatment or to receive an HIV diagnosis, as it makes them more vulnerable to attack. The Athena Network Report states that 89% of women living with HIV experience gender based violence.[38]

CASE STUDY – KENYA

As part of the APPG inquiry STOPAIDS and the International AIDS Alliance interviewed some mothers living with HIV in Kenya. One mother had started a relationship with a much older man while still in secondary school. This man had taken her to Kenya from her home in Uganda, under the pretence of a holiday. Once in Kenya he had raped her and kept her locked in a house. They had both gradually become sick and when they were very ill they had gone to the local health clinic and been diagnosed with HIV. The woman stayed with the man who had raped her.



Photograph 4: A poster setting out commitment to providing free services for mothers and children at the Mathare North Health Centre, where mothers2mothers provide peer support to women living with HIV.

38 Athena Policy Report, 2015, 'Gender Rights and Diversity: Connecting the pieces' http://athenanetwork.org/assets/files/GIZ%20and%20Global%20Fund/web_Athena-connecting%20the%20pieces_GF.pdf

Unfortunately this is not a particularly uncommon story in many parts of the developing world. The young mother's power in that situation was extremely limited. She had not been able to make her own choices about sex up to that point, receiving an HIV diagnosis would only make this disempowering situation harder. Women and young girls need community outreach projects like Mothers2Mothers and sexual health clinics where they can receive treatment and prevention for HIV without fear and discrimination.

The Eurasian Harm Reduction Initiative have also highlighted the particular vulnerability of women within key population groups because of gender discrimination in their report 'Access of Women Who Use Drugs to Harm Reduction Services in eastern Europe.'[39] Data from the six countries included in this report suggests that rates of HIV in Eastern Europe and Central Asia are the highest among women who inject drugs. According to the report women are more vulnerable to HIV infection because of gendered discrimination and structural violence that push women into commercial sex work, leave them dependent on (and subordinate to) male counterparts for acquiring and injecting drugs, and subject them to disproportionate levels of stigma due to their drug use.

A key concern raised by women's civil society groups is that the push towards a key populations approach, where women and girls are not defined as a key population despite being disproportionately affected and facing similar barriers to accessing services, makes it harder for women's civil society organisations to access funding. Globally, women-led civil society is starved of funding, which limits capacity and a successful transition demands a well-resourced, diverse, and informed civil society including all relevant population groups. If there is no women-led civil society to hold government to account, then gains for women and girls will be lost. The Association for Women's Rights in Development report, 'Watering the Leaves, Starving the Roots', found that while 'women and girls' are increasingly cited as a priority in different funding sectors and approaches, women's rights organisations struggle to access funding – the median income of 740 women's organisations in their sample was just $20,000, in Sub-Saharan Africa, just $12,000.[40] As Jacqui Stevenson from the Athena Network stated:

> "Engaging and influencing governments, as well as actors like the Global Fund, is virtually impossible when you're scrambling to keep the lights on."

39 Eurasion Harm Reduction Network Policy Report, 2014, 'Access of women who use drugs to harm reduction services in eastern Europe', http://www.harm-reduction.org/sites/default/files/pdf/reports/access_of_women_who_use_drugs_to_harm_reduction_services_in_eastern_europe.pdf

40 The Association for Women's Rights in Development, Policy Report, 2013, 'Watering the Leaves, Starving the Roots', https://www.awid.org/sites/default/files/atoms/files/WTL_Starving_Roots.pdf

INTERNATIONAL AID IS BEING SQUEEZED IN ALL DIRECTIONS

The International Planned Parenthood Federation (IPPF) have highlighted the detrimental impact that the Global Gag Rule is having on their HIV services for women, girls and key populations. While DFID and the Global Fund are phasing out their funding to middle income countries, there is a simultaneous squeeze on US funding which is likely to considerably affect HIV outcomes in the next few years. As stated by IPPF in their policy briefing:

> "IPPF estimates that funding cuts to our organization from the Global Gag Rule could reach USD$100 million over the next 3 years...This will significantly affect services for hard to reach populations and vulnerable groups, including adolescents, young people, and key populations."[41]

CASE STUDY – IPPF MOZAMBIQUE

The IPPF Member Association in Mozambique, Associação Moçambicana para Desenvolvimento da Família (AMODEFA) has eight projects at risk of being cut under the expanded Global Gag Rule, all targeted at HIV prevention and treatment and young people. Mozambique has high rates of HIV prevalence and desperate need for sustained efforts to provide HIV prevention and treatment services. These cuts represent 60% of their funding. The most affected populations will be adolescents and youth, women and key populations (men who have sex with men, sex workers, people who use drugs). AMODEFA has a total of 22 Service Distribution Points (clinics), 18 of these are Youth Friendly Services (SAAJs) that operate with US funds. The remaining 4 will also be indirectly affected.

This is just one of many examples from a variety of countries where HIV services have been affected by the Global Gag Rule. One of the major concerns is that this change in policy direction for the US will not only have financial implications but also ramifications for the support of women's sexual and reproductive rights globally.

Summary

While it is recognised by the international development community that key populations and women and girls are disproportionately affected by HIV - DFID has identified these two groups as key priorities within its HIV response[42] - the withdrawal of aid from middle income countries is creating a vacuum that international aid previously filled. As both bilateral aid and multilateral aid is phased out, the expectation is that national governments will fill those gaps in service provision. The reality however is much more complicated.

41 IPPF Policy Briefing, 2017, 'The Global Gag Rule and its Impacts' 2017 https://www.ippf.org/sites/default/files/2017-09/IPPF%20GGR%20Policy%20Briefing%20No.1%20-%20August%202017.pdf

42 Letter from Priti Patel to Stephen Twigg MP, February 2017

National governments are not always able to fill the gaps in service provision for HIV services because of various interrelated factors: they are either politically unwilling to fund key populations, they lack the legal mechanisms to socially contract services through NGOs, who are best placed to reach marginalised groups and they lack the financial resources to fully fund their HIV response because they face unforeseen financial burdens. While a country may look on paper to have sufficient GNI to provide health services to their populations, it is a blunt tool that does not reflect the complexity of health need.

The change in policy direction of the US with the expansion of the Global Gag Rule also puts funding for sexual and reproductive health rights at considerable risk. Within key populations women are particularly vulnerable, however they are not currently considered a key population group which limits their ability to access funding, for example from the Global Fund. In the long term this could affect the sustainability of HIV programming for AGYW. The international donor community must address all of these risks when assessing when and how to transition out a country.

Recommendations

- The UK can support key populations and women and girls in middle income and transitioning countries by using its influence to: i) ensure countries have adequate transition plans in place and ii) delay or modify transitions where adequate transition plans are not in place, working with the FCO and other agencies.
- The UK needs to assess the impact of the Global Gag Rule on HIV services and ensure services for PLHIV - particularly women, girls and key population services - are not negatively impacted.
- In countries where DFID has exited, the Foreign and Commonwealth Office (FCO) should continue to hold countries to account to deliver a comprehensive HIV response that includes key populations, women and girls.
- DFID should work with the FCO and country partners to ensure there is an understanding of the detrimental effects of punitive legislation on public health outcomes and to challenge these laws where they still exist.

Section 4
Finding a way forward

"When we have an enabling legal environment we'll be able to access services, we'll be able to access our rights... For now if we transition at this point we'll still be criminalised and there will be no services the government will be able to provide to us'.

KENYA KEY POPULATIONS CONSORTIUM

Designing programmes sustainably

For transitions to be effective, sustainability needs to be at the foundation of every programme funded by international aid. Aid is not intended to last forever, it should help countries develop their own capacity so that they can provide those services to their own populations. That means when DFID or the Global Fund does decide to transition out of a country, vulnerable groups will not be left without access to vital services. However, as we have seen, this is currently not the case. International donors need to do more to prevent services for key populations and women and girls from going into decline when they withdraw from a country.

Photograph 5: The civil society delegation meets with Mothers2Mothers Kenya and hears directly from mentor mothers who have supported women living with HIV through their pregnancies.

This can be achieved by doing the following:

- making sure programmes allign with and strengthen national health systems and community systems. One of the key ways of achieving this is through technical capacity funding.[43]

> **"Technical assistance/cooperation:** The provision of advice and/or skills, in the form of specialist personnel, training and scholarship, grants for research and associated costs"
> (DFID, 2013).

Technical assistance is essentially another way DFID can plug the gap in aid when it exits or transitions out of a country. It provides governments and civil society organisations extra capacity so that they can access funding (for example from the Global Fund) and ensure the sustainability of development gains. In oral evidence to the APPG, NGOs emphasised that technical assistance from DFID requires greater clarity and transparency. Both Kenyan organisations and UK based NGOs would like DFID to be more explicit about how technical assistance funding is used.

- supporting national policy development
- funding programmes that are aimed at changing the enabling environment (such as removing discriminatory laws, policies and regulations).

Emergency funding

SUSTAINABLE BRIDGE FUNDING

Bridge funding is something that the Open Society Foundations provide to help countries transition from international to domestic aid and are calling on more donors, such as DFID and the Global Fund, to do the same. The funding is aimed at developing the mechanisms that need to be in place for a transition to be sustainable – such as the necessary legal framework, social contracting mechanisms so that the government can actually contract services through NGOs, re-establish services that relapse when a donor pulls out, assist NGOs to advocate for price reductions through pooled procurement and use of TRIPS flexibilities[44], promote continued inclusive planning, governance and accountability models and support civil society-led efforts to monitor government expenditure.

In Macedonia, bridge funding provided by OSF ensured that the HIV response was sustainable when the Global Fund withdrew in December 2017. The Global Fund also extended their grant for one year to support the transition process. The funding gave civil society the necessary funds to engage in the transition planning process and to advocate for the development of social contracting and a budget for key populations in the 2015 annual programme on HIV. As a result of this advocacy the 2016 and 2017 programme on HIV includes a budget for services for key populations, and the government is in the process of planning social contracting.

43 ICAI define technical assistance as Oversees Development Assistance (ODA) for the provision of skills in the form of personnel, training, research and associated costs to improve the technical capacity of government and other actors in their work domestically, for instance on improving healthcare or education services.

44 When the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) was annexed to the Agreement Establishing the World Trade Organisation (WTO) in 1994, it set minimum standards for intellectual property (IP) protection that must be observed and enforced by all WTO Member States. The Doha Declaration on the TRIPS Agreement and Public Health was adopted by the WTO Ministerial Conference of 2001 in Doha on November 14, 2001. It reaffirmed flexibility of TRIPS member states in circumventing patent rights for better access to essential medicines. These have become known as TRIPs flexibilities.

GLOBAL FUND CATALYTIC FUNDING

Catalytic investments are a portion of funding for Global Fund-supported programmes, activities and strategic investments that are not adequately accommodated through country allocations but that are essential to achieve the aims of the Global Fund Strategy 2017-2022 and global partner plans. US$800 million in catalytic investments are available for the 2017-2019 funding cycle.[45] While this is a significant pot of money, there will be many different groups/organisations that will want to draw on it. It is important that DFID and the Global Fund prioritise the most vulnerable groups when assessing who this funding should go to.

Better transition planning

Given the complexity of transitions, countries require as much notice as possible before a donor intends to pull out. STOPAIDS recommends that a minimum of 3-6 years notice is given.

One of the key elements of a successful transition is that multiple stakeholders are involved in a transition plan right from the start of the process. Multiple stakeholders would include the donor, national government (including all departments that will be affected by the change), civil society and any other actors involved in the process.

Donors also need to be able to learn from past experiences and move towards a systematic approach to transitions. Global Fund transitions in eastern Europe have seen serious declines in HIV services for key populations and DFID's exit from Vietnam saw equally concerning trends in HIV service provision. It is crucial that these processes are assessed by international donors in a coordinated manner. The Global Fund and DFID need to work closely together to ensure those mistakes are not repeated as they withdraw from middle income countries in Africa. To do this donors need a strategic plan or framework on transitions that sets out how decisions to transition will be made, how the transition will be carried out and how it will be monitored.

Flexibility is also key. Currently the Global Fund eligibility criteria does not take into account a country's ability to pay for HIV services if there are unanticipated financial challenges "such as austerity measures, outbreaks of other infectious disease epidemics, currency devaluation, or larger political factors that make previous HIV commitments significantly less achievable."[46] There are a number of examples where unforeseen financial challenges have been a major problem during a transition where an emergency funding mechanism would be extremely valuable.

At the time of writing the Global Fund has just approved a new policy which allows for a little more flexibility on transition funding for countries that are 'transitioning' out of eligibility (see previous section). We welcome this shift in policy for the Global Fund and hope to see more changes like these in the near future.

Funding civil society

It is crucial that civil society has the space and funding to continue to push for long term sustainable change. As the ICAI review found, as DFID has exited and transitioned out of middle income countries, there has often been a closing down of civil society space. DFID can mitigate the effects of this by providing technical assistance and increasing its contributions to funds such as RCNF.

45 Global Fund website, https://www.theglobalfund.org/en/funding-model/funding-process-steps/catalytic-investments/

46 Open Society Foundations, 'Ready, Willing and Able'

Key reasons to fund civil society in a transition are:

- Civil society can carry out advocacy targeting the national government. This helps to push the government to allocate funding to the HIV response, including for key populations and women and girls or to stick to previous commitments it has already made.
- Civil society are the organisations currently reaching key populations with services. They have the experience and the trust of the key populations' communities and are best placed to reach out to these groups, deliver services and monitor results.
- DFID's investment in RCNF is one key way to do this but this could be expanded to include women's civil society groups.

Summary

The key to a successful transition is that programmes are designed with continuity in mind from the outset. When donors decide they want to pull out of a country they need to give plenty of forward notice (at least 3-6 years), they must ensure they have a multi-stakeholder plan and they should learn from past experiences. Past experience shows that key populations are being left behind during transitions and that there is a closing down of civil society space. Donors can mitigate the effects of this by continuing to provide technical assistance and funding to civil society organisations through RCNF for example. Finally, donors need to be flexible and to take into consideration the multiple factors which determine a country's ability to fund its HIV services and where necessary provide extra financial support.

Recommendations

- DFID and other donors should consider expanding existing emergency funds such as bridge funding to help countries transition away from Global Fund support.
- When DFID exits a country, it should continue to provide technical assistance and ensure that civil society space does not close down. DFID also need to clarify how technical assistance is used and to involve civil society in the countries where it is being spent to ensure funds are being used most effectively.
- The Global Fund Board should support the Global Fund Secretariat to develop a monitoring framework for transitions and to implement appropriate mechanisms to track success and/ or flag emerging challenges to the Board. The UK government should support a second transition grant for countries where the Global Fund Board judges that the transition is failing.
- To balance the impact of reduced bilateral funding DFID should increase funding to the RCNF who support robust civil society networks led by, and working with key populations, a critical component of a successful transition.
- DFID and the Global Fund should develop a more nuanced set of criteria for making investment decisions – that goes beyond GNI per capita and looks at need and HIV burden within different sectors and communities as well as the cultural and legal context, and a national government's ability and willingness to pay.

Conclusion

"I still remember visiting AIDS orphans in South Africa with my daughter at a time when it was clear that the babies could not be kept at home because of the shame and stigma attached to the disease, so they were just dispatched. I remember thinking that the nurses looking after them were making an extraordinary contribution. The afternoon that we saw them, my daughter and I said we did not know what we could do in life that would possibly be as valuable as the love that those people demonstrated towards those children. That was 20-odd years ago. Time has moved on and we are doing so much more."

MINISTER ALISTAIR BURT MP, WORLD AIDS DAY DEBATE 2017, WESTMINSTER HALL

The aid landscape has changed considerably in the past decade with the majority of the world's poor now living in middle income countries. While this increase in growth should be seen as a positive development it cannot be used as an excuse to ignore the needs of the world's most marginalised and neglected. We still have a responsibility to ensure our development aid is targeted at those who need it most regardless of a country's income classification. Indeed, the UK's adoption of the Sustainable Development Goals means that we are committed to 'leaving no one behind'.

The HIV response has also changed dramatically over the past decade with millions of people now able to access life-saving treatment. However, the evidence is clear that not everyone is benefitting from the improvements in the HIV response. Key populations and women and girls are consistently lagging behind and the problem is particularly acute in middle income countries where international donors are pulling out.

The HIV donor community recognises this problem but withdrawing funding where it is most needed puts these groups at particular risk. DFID and the Global Fund have a key role to play in ensuring targeted interventions reach the most marginalised groups but the outdated policy of using GNI to calculate health need is seriously holding the HIV response back. The Equitable Access Initiative was endorsed by all of the main global health actors, the Global Fund has incorporated a number of the recommendations into their eligibility policy, however there is always more that could be done.

We have seen transitions from international aid fail in a number of eastern European and central Asian countries where the HIV response has rapidly declined and countries have become re-eligible for Global Fund support. We know that key populations are particularly hard to reach in places where there is limited political support for harm reduction approaches to public health and punitive legislation targeting key populations still exists. However, donors continue to make these decisions with a 'one size fits all' approach.

The Global Fund has developed a Sustainability, Transition, and Co-Financing Policy which includes a focus on transition but it is limited by the level of support it can get from donors like the UK to continue funding key populations in middle income countries. If we are serious about ending the HIV epidemic the international donor community needs to start working together, taking into consideration the evidence which already exists, to ensure that key populations and women and girls living with HIV in middle income countries are not left behind.

Annex 1

Organisations who gave written evidence

STOPAIDS
ViiV Healthcare
International HIV/AIDS Alliance
Hands At Work in Africa
INPUD
Medicins Sans Frontieres
ATHENA Network
Association de Protection Contre le SIDA (APCS)
Network of Sex Worker Projects (NSWP)
Elton John AIDS Foundation

Oral evidence witnesses

Mike Podmore – Executive Director, STOPAIDS
Casper Erichsen – Director of Influence, International HIV/AIDS Alliance
Dr Alison Evans – Chief Commissioner, Independent Commission for Aid Impact
Fionnuala Murphy – Head of Advocacy, Harm Reduction International
Jacqui Stevenson – Lead: Research and Analysis for the ATHENA Initiative
Daniel Wolfe – Director, International Harm Reduction Development, Open Society Foundations
Anne Aslett – Executive Director, Elton John AIDS Foundation
Jennifer Williams – Head of Policy, Results UK
Peter Sands – Executive Director, Global Fund to Fight HIV/AIDS, TB, Malaria
Will Niblett – Team Leader, Sexual Reproductive Health and Rights Team, Department for International Development
Sarah Boulton – Team Leader, Global Health Funds, Department for International Development
Maureen Milanga - Associate Director of International Policy and Advocacy, Health Gap
Grace Kamau – Chair, Kenyan Key Populations Consortium
Alysa Remtulla – Advocacy Manager, STOPAIDS

Organisations interviewed in Kenya

ASWA	African Sex Worker Association
BHESP	Bar Hostesses Empowerment and Support Program
HGAP	Health Global Access Project (Health GAP)
HOYMAS	Health Options for Young Men on HIV/AIDS/STI
IHAA	The International HIV/AIDS Alliance
ISHTAR	ISHTAR MSM
LVCT	Liverpool Voluntary Counseling and Testing
KANCO	Kenya AIDS NGO Consortium
KPC	Kenya Key Population Consortium
m2m	Mothers2Mothers
PITCH	Partnership to Inspire, Transform and Connect the HIV Response

Members of the APPG inquiry committee

Stephen Doughty MP
Lord Black of Brentwood
Paul Williams MP
Baroness Barker
Baroness Masham

Annex 2

Terms of reference for the inquiry

In April 2017, the APPG HIV/AIDS put out a call for written evidence on the impact of withdrawing aid from middle income countries on People Living with HIV, particularly key populations, women and girls. Research for this inquiry began in January 2017, in response to calls from civil society, who were concerned at the combined effect of the withdrawal of bilateral aid from middle income countries by major donors such as DFID and PEPFAR (the 2 largest global HIV donors), while other multilateral funds, such as the Global Fund are simultaneously limiting the amount of funding available to middle income countries, due in part to pressure from board members such as the UK government.

The major issue raised by civil society is that this combined withdrawal of aid (either through exit or transition) in middle income countries from bilateral donors and multilateral donors will directly impact on HIV programmes, particularly those aimed at the most marginalised groups, key populations and women and girls. The rationale behind this concern is that (according to UNAIDS) by 2020 the majority of people living with HIV will actually live in middle income countries (70%) and given that HIV disproportionately affects key populations and women and girls in these countries, they are the groups most likely to be affected by the closure of aid programmes.

With this in mind - that HIV disproportionately affects key populations - another key concern raised by civil society is the unwillingness/inability of many national governments in middle income countries where donors have either exited or are transitioning out of aid, to take responsibility for these marginalised groups. The concerns raised by civil society were also echoed by ICAI in their review on DFID's approach to managing exit and transition: 'When aid relationships change: DFID's approach to managing exit and transition in its development partnerships', published in November 2016. The ICAI review rated DFID's performance as amber/red. This is particularly concerning given the important role DFID has played in middle income countries to date and the potentially harmful effects a poorly managed transition or exit from aid can have on past development gains.

Some of the key questions this inquiry seeks to address are:

- To what extent are multiple donors exiting/transitioning from aid simultaneously and is this having a direct impact on HIV programmes for key populations, women and girls?
- Are donors exiting/transitioning responsibly and ensuring plans are in place to maintain continuity for HIV/AIDS programmes?
- Is DFID, as the second largest HIV donor setting a good example of how best to exit/transition from middle income countries and protect development gains?
- If DFID is not acting responsibly what are the potential short and long term consequences for the HIV response?
- How is DFID mitigating the impact of the global gag rule on HIV programmes and to what extent has this change in US policy affected HIV programmes on the ground?
- To what extent are national governments failing to take on responsibility for HIV amongst marginalised populations, women and girls once aid is transitioned/exited?

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Notes

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