

JEOPARDISING PROGRESS: IMPACT OF UK GOVERNMENT AID CUTS ON HIV & AIDS WORLDWIDE



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Definitions

HIV - HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). There is currently no effective cure. Once people get HIV, they have it for life. But with proper medical care, HIV can be controlled.

AIDS - AIDS (acquired immune deficiency syndrome) is the name used to describe a number of potentially life-threatening infections and illnesses that happen when your immune system has been severely damaged by the HIV virus. While AIDS cannot be transmitted from one person to another, the HIV virus can.

BAME - Black, Asian and Minority Ethnic (BAME) communities

HIV-1 & HIV-2 - HIV-1 and HIV-2 are two distinct viruses. Worldwide, the predominant virus is HIV-1. HIV-1 accounts for around 95% of all infections worldwide. HIV-2 is estimated to be more than 55% genetically distinct from HIV-1

U=U - Undetectable = Untransmittable' (U=U) is a campaign explaining how the sexual transmission of HIV can be stopped. When a person is living with HIV and is on effective treatment, it lowers the level of HIV (the viral load) in the blood. When the levels are extremely low (below 200 copies/ml of blood measured), it is referred to as an undetectable viral load. This is also medically known as virally suppressed. At this stage, HIV cannot be passed on sexually.

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 / FCDO 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. The term "transition" refers to when a country enters into a new development partnership with FCDO (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]

Community-led responses – Actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organisations, groups and networks that represent them.[4]

Community systems strengthening – refers to interventions that support the development and reinforcement of informed, capable, coordinated and sustainable structures, mechanisms, processes and actors through which community members, organisations and groups interact, coordinate and deliver their responses to the challenges and needs affecting their communities. Community systems strengthening is essential for safe, relevant, accessible and high-quality services and structures needed to end the HIV, TB and malaria epidemics and to develop resilient and sustainable systems for health.[5]

Baroness Barker

As Vice Chair of the All-Party Parliamentary Group for HIV & AIDS over the past six years, I have been struck by the personal experiences people living with HIV have shared with me and the APPG; as well as the significant impact the UK's global health and HIV & AIDS aid has made over the past years.

Earlier this year, the APPG heard from incredibly brave activists and service providers from Kenya and Indonesia whose projects are at risk from the aid cuts. Some 11.5 million people have now had inconsistent access to crucial antiretroviral treatments and therapies. That means more people at risk of contracting HIV or going without treatment.

These cuts are damaging our soft power reputation while others are on the rise. It is reversing at a critical time for the world.

The Prime Minister has repeatedly stated his aim to make the UK a "global science superpower", while the UK is now seeing cuts when other countries are investing more. The loss of ODA grants, driven by deep cuts to foreign aid, threaten international collaborations that have built and deepened ties with countries around the world.

UNAIDS estimates that US\$ 29 billion will be required in 2025 for the AIDS response in low and middle income countries, including countries formerly considered to be upper income countries, to get on track to end AIDS as a global public health threat by 2030.

We have learnt from HIV & AIDS and COVID-19 responses, working together as global, national and local communities is the only approach that works. Pandemics can only be beaten via global and national solidarity – countries in the global North and South making bold decisions and working together; health and community-led services working together in countries to address needs of the populations at the greatest risks of the pandemics. Despite significant progress that leadership from the UK government has been instrumental in creating, AIDS remains the leading cause of death for women of a reproductive age. Four decades on from the start of the AIDS crisis, the global HIV response is teetering, caught in a perfect storm of waning political and public engagement, diminishing funds and the global shock of COVID-19. In many countries, the AIDS crisis never ended. And although preventable, 1.5 million people acquired HIV last year, triple where the target was supposed to be.

Covid-19 is now threatening to reverse years of progress. For example, across facilities surveyed by the Global Fund around the world, HIV testing fell by over 40% in 2020. The world is sleepwalking towards a new AIDS emergency, and we need urgent action to get the response back on track.

We've seen huge progress in the UK in reaching the 2030 target of no new HIV transmissions, and this important target is now within reach. But as more than 150 cross-party parliamentarians and development experts warned the Government months ago, cutting the UK's aid budget will risk setting the stage for a resurgence of the HIV & AIDS pandemic.



I am concerned that it also risks jeopardising the UK's own domestic HIV prevention efforts. As we've clearly learnt from COVID-19, pandemics don't respect borders. If we can't control HIV globally, it will jeopardise our domestic efforts.

Britain is and can be so much better than this. This is one issue that could unite us as a country at a time when critical threats and challenges the world is facing. I urge the Government to think again on these cuts.

Baroness Barker -Vice Chair

Mike Podmore - Director, STOPAIDS



It is clear that the UK Government has made an incredible contribution to the HIV response. For example, the UK was one of the founding countries of the Global Fund to Fight AIDS, TB and malaria and in 2019 increased its commitment to £1.4 billion to further support the Fund's life-saving work. The global HIV response cannot afford for the UK to step back from its critical leadership role.

Whilst other donors are stepping up their commitments to the HIV response and responding to the catastrophic impact caused by COVID-19; I fear the UK is stepping away. This year the UK has cut funding to UNAIDS, Unitaid and UNFPA by over 80% respectively; and cut global health R&D spending in half. And following significant cuts to bilateral HIV funding over the past decade, recent cuts have effectively finished this off. The evidence submitted by STOPAIDS members and partners to this inquiry is truly alarming. Vital programmes are being forced to close and we risk leaving behind some of the most marginalised communities.

I am concerned that the UK Government is seemingly prepared to jeopardise decades of hard-won progress in the HIV response that UK Aid has been instrumental in delivering. Cutting aid will do little to reduce the UK's deficit and yet will have a devastating impact on the world's poor and marginalised. Cuts to HIV funding risks setting the stage for a resurgence of the pandemic which will carry a heavy human and financial toll. Reduced funding means more HIV transmissions, AIDS-related deaths and a reduced ability to end the inequalities that drive the AIDS epidemic.

I was encouraged by the leadership shown by the UK Government at this year's UN High Level Meeting on HIV & AIDS. The UK pushed for a strong Political Declaration and Minister Morton advocated for the rights of key population groups. But words now must be matched by action.

It's not too late to mitigate against the considerable impact that cuts to HIV funding will cause. To get the HIV response back on track and advance UK Government development priorities (including the Ending Preventable Deaths Action Plan), I urge the Government to use the upcoming Spending Review to save lives. It can do this by announcing supplementary allocations to key organisations that had their funding decimated; and putting plans in place to continue as a leading donor for the response.

At this time of global health crisis, the only moral and rational step is for the UK Government to lead by example. This means maintaining UK leadership in the global HIV response politically and financially and returning to the global commitment to spend 0.7% of GNI on overseas development assistance as quickly as possible. We've seen what UK Government leadership for the HIV response and UK Aid has been able to achieve in the past. Renewed leadership from the UK Government will help us regain lost ground caused by COVID-19 and get efforts to end AIDS back on track.

Mike Podmore - Director, STOPAIDS

Christine Stegling - Executive Director, Frontline AIDS



For decades, the UK has been a driving force in efforts to tackle HIV and AIDS worldwide, but recent cuts to the international development budget now leave this vital work with nowhere to go but down.

For the most marginalised communities, vulnerable both to AIDS and the impact of COVID-19, these cuts could not have come at a worse time. The World Health Organization has confirmed that people living with HIV who contract COVID-19 are at significantly increased risk of developing severe or fatal disease. A funding cut at this scale would have always been disruptive; today, with many communities doubly hit by two pandemics, such cuts will be catastrophic.

Frontline AIDS partners have spoken first-hand about how COVID-19 is crippling the HIV response in their countries, limiting access to life-saving antiretroviral (ARV) and TB medications; blocking access to HIV prevention services and commodities; increasing rates of gender-based and intimate partner violence and sending other human rights abuses soaring. A shadow pandemic of violence against women and girls has grown and intensified, and unpaid care work and job losses have fallen predominantly on women.

All over the Frontline AIDS partnership, our partners are rising to meet these challenges and have introduced many game-changing innovations: finding new ways to get ARV drugs through to hard to reach populations during lockdowns, using new technologies to ensure uninterrupted access to HIV & AIDS and tuberculosis services, and expanding social protection schemes to key populations.

From India to South Africa, community-led HIV & AIDS organisations have used their decades of experience to make invaluable contributions to their national COVID-19 responses, including COVID-19 prevention, awareness-raising and immunisation. Yet so much of this vital work is dependent on sustainable funding for HIV & AIDS and community-led responses. These responses must be sufficiently funded to maintain resilience and continue providing lifesaving services during the many waves of COVID-19 to come.

As is often the case, it is the most vulnerable who will feel the impact of these cuts the hardest, particularly women and girls living in volatile and humanitarian settings. The closure of the ACCESS (Approaches in Complex and Challenging Environments for Sustainable SRHR) programme after two years of preparation and just six months into its implementation will leave many marginalised and under-served women and girls without access to HIV & AIDS and SRHR services, such as those affected by the deepening fragility in Lebanon, the dire situation in Afghanistan and the related refugee crisis.

The UK has long been seen not just as a source of funding but as a global broker for solutions to complex challenges, both in terms of protecting the most vulnerable people and in transforming the response to global health threats, with HIV & AIDS being one of the most successful examples. I urge the UK government to safeguard its unique legacy in this new era of increasing health threats and other challenges by returning aid levels to 0.7% of GDP and reinvesting in the bilateral and multilateral HIV programmes which have been cut, alongside safeguarding future UK investments in the Global Fund to Fight AIDS, TB and Malaria.

Finally, as the UK increases its investment in preparing for and tackling future pandemics, I ask the FCDO to recognise the unique role that community-led responses to HIV can play. For more than 40 years, communities have been on the frontline of the fight against HIV, TB and more recently COVID-19, and can bring unique expertise and leadership to the challenges ahead. I urge the UK to recognise and fund its vital contribution in the new International Development Strategy, in its inputs into the new international treaty for pandemic preparedness and response and in its contributions to the Global Fund and ACT-A, alongside other global health initiatives.

Christine Stegling - Executive Director, Frontline AIDS

Acknowledgements

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Methodology

The APPG put out a call for written evidence on 2nd July 2021 and we received eight submissions. This inquiry examines the impact of the recent international aid cuts by the UK Government on the global HIV & AIDS response.



Stats^[6]

- 37.7 million people globally were living with HIV in 2020
 - 36.0 million adults
 - 1.7 million children (0–14 years)
 - 53% of all people living with HIV were women and girls
 - 84% of all people living with HIV knew their HIV status in 2020
 - About 6.1 million people did not know that they were living with HIV in 2020
- 1.5 million people became newly infected with HIV in 2020
- 680 000 people died from AIDS-related illnesses in 2020
- 27.5 million people were accessing antiretroviral therapy in 2020
- 79.3 million people have become infected with HIV since the start of the epidemic
- 36.3 million people have died from AIDS-related illnesses since the start of the epidemic

COVID-19 and HIV

- People living with HIV experience more severe health outcomes and have higher comorbidities from COVID-19 than people not living with HIV. In mid-2021, most people living with HIV did not have access to COVID-19 vaccines.
 - Studies from England and South Africa have found that the risk of dying from COVID-19 among people with HIV was double that of the general population.
 - Sub-Saharan Africa is home to two-thirds (67%) of people living with HIV. But the COVID-19 vaccines that can protect them are not arriving fast enough. In July 2021, less than 3% of people in Africa had received at least one dose of a COVID-19 vaccine.
- COVID-19 lockdowns and other restrictions disrupted HIV testing and in many countries led to steep drops in diagnoses and referrals for HIV treatment.
 - The Global Fund to Fight AIDS, Tuberculosis and Malaria reported that, according to data collected at 502 health facilities in 32 African and Asian countries, HIV testing declined by 41% and referrals for diagnosis and treatment declined by 37% during the first COVID-19 lockdowns in 2020, compared with the same period in 2019.

Key populations

In 2020, key populations (sex workers and their clients, gay men and other men who have sex with men, people who inject drugs, transgender people) and their sexual partners accounted for 65% of HIV infections globally:

- 93% of new HIV infections are outside of sub-Saharan Africa.
- 39% of new HIV infections are in sub-Saharan Africa.

The risk of acquiring HIV is:

- 35 times higher among people who inject drugs
- 34 times higher for transgender women
- 26 times higher for sex workers
- 25 times higher among gay men and other men who have sex with men

Women

- Every week, around 5000 young women aged 15–24 years become infected with HIV.
 - In sub-Saharan Africa, six in seven new HIV infections among adolescents aged 15–19 years are among girls. Young women aged 15–24 years are twice as likely to be living with HIV than men. Around 4200 adolescent girls and young women aged 15–24 years became infected with HIV every week in 2020.
- More than one-third (35%) of women around the world have experienced physical and/or sexual violence by an intimate partner or sexual violence by a non-partner at some time in their lives.
 - In some regions, women who have experienced physical or sexual intimate partner violence are 1.5 times more likely to acquire HIV than women who have not experienced such violence.
- In sub-Saharan Africa, women and girls accounted for 63% of all new HIV infections in 2020.

90–90–90

- In 2020, 84% of people living with HIV knew their HIV status
- Among people who knew their status, 87% were accessing treatment
- And among people accessing treatment, 90% were virally suppressed
- Of all people living with HIV, 84% knew their status, 73% were accessing treatment and 66% were virally suppressed in 2020.

Executive Summary

The cuts in ODA spending from 0.7% to 0.5% come at a critical time for the HIV response. Even before COVID-19, the HIV response was already in a precarious position. COVID-19 is threatening to reverse a decade of progress in the HIV response. The global HIV response is now teetering - caught in a perfect storm of waning political and public engagement, diminishing funds, and the global shock of COVID-19. Last year, every single global target on HIV was missed by a considerable margin[7].

AIDS remains the number one killer of women of reproductive age and 1.5 million people acquired HIV in 2020, triple where the target was supposed to be. There are also reports that HIV testing fell by more than 40% in clinics across Africa and Asia last year[8].

The UK Government has been a historic leader in the HIV response, demonstrating the impact of what UK Aid can achieve. For example, the Government's contributions to the Global Fund To Fight AIDS, TB and Malaria saved more than 2.3 million lives. The UK Government has worked to advance the rights of 'key population groups' most impacted by HIV and in 2005 the UK led the G8 countries in committing to HIV treatment for all. In 2020, the UK Government remained the second largest country donor for the HIV response, both in real terms and when standardised by the size of its economy[9]. At this year's UN High-Level Meeting on HIV & AIDS, the UK Government endorsed the 'Political Declaration on HIV & AIDS' which proposes ambitious actions to end inequalities and get the HIV response back on track.

To deliver on the Political Declaration and make the end of AIDS a reality, renewed leadership from the UK Government for the HIV response is desperately needed. Indeed the UN Political Declaration called on governments to support the 0.7% aid spending target and work to increase annual HIV investments in low and middle income countries to 29 billion dollars by 2025[10]. However, evidence about national and global responses gathered in the APPG's inquiry raises the alarm for what the recently announced UK Government aid cuts will mean for the HIV response.



As we are seeing across other disease areas, cuts in funding threaten to reverse decades of hard-won progress in the HIV response that UK Aid has been instrumental in delivering. It risks setting the stage for a resurgence of the pandemic which will carry a heavy human and financial toll, affecting the most marginalised in societies. Moreover, these drastic cuts also risk jeopardising the UK's diplomacy and hard-won reputation as a leader for the HIV response. Reinvesting in the HIV response is also critical to support the delivery of key UK Government stated development priorities including global health, pandemic preparedness, girls' education, science and technology, and open societies.

Whereas previous UK Government cuts to bilateral HIV funding were partly mitigated against by their increase in multilateral investments, we're now seeing significant cuts across all of the UK's multilateral, bilateral, and research & development (R&D) funding.

The Government has made cuts of over 80% to key multilateral organisations for the HIV response including UNAIDS, UNFPA, and Unitaid. These cuts will undoubtedly affect the international community's ability to get the HIV response back on track and advance stated FCDO development priorities; including pandemic preparedness, health system strengthening, and ending preventable deaths. From reduced access to contraceptives to driving more people into poverty, the report highlights how cutting this funding will both disproportionately affect already marginalised communities and risk reversing the impact of UK Aid investments.

Whilst it's welcome that the Government has protected its funding given to the Global Fund and the Robert Carr Fund, in isolation these mechanisms will not mitigate against the harm caused by the UK's wider funding cuts. The Global Fund is also at its most effective when working in partnership with the very organisations who've seen their funding from the UK Government decimated.

Even before the cuts in 2021 were announced, after a decade of cuts and closure of DFID country programmes, the UK Government's bilateral funding for HIV was already minimal. For example, in 2020 dedicated sexually transmitted diseases control and HIV and AIDS – a category housing much of the UK's bilateral aid for the global HIV response – had already dwindled to less than 1% of all the UK's bilateral health ODA (just £11 million). Compare this to 2010 when it accounted for a quarter. The recent aid cuts effectively wipe out the little that remained of the UK's bilateral HIV funding. Analysis from the UK SRHR network indicates bilateral HIV & AIDS and SRHR programmes are being disproportionately impacted by the cuts compared to other development sectors[11].

The UK aid cuts to the bilateral programmes have already resulted in several adverse effects. Firstly, opportunities are lost to develop much-needed innovative solutions to complex challenges, such as improving access to HIV services in crisis situations. Projects that have been forced to close would have provided innovative HIV & AIDS and SRHR programming solutions to many marginalised and under-served women and girls, including those affected by the deepening fragility in Lebanon, the dire situation in Afghanistan and the related refugee crisis.

Secondly, there is a dangerous scale down of HIV services in the COVID-19 context which could lead to increased HIV transmissions, particularly among most marginalised communities. Thirdly, abrupt and poorly coordinated cuts have led to the weakening of the programmatic impact, operations and sustainability of many national organisations on the ground as well as UK-based organisations. Last but not least, lack of communication and coordination around the cuts with the UK's international partners and country partners have damaged the UK's diplomacy and position as a leader in the HIV response and on the world stage more broadly.

The report highlights that funding for global health R&D has been significantly affected. We have heard that the funding provided by the UK Government for HIV-related R&D has fallen by nearly two-thirds in the last decade, and funding for HIV vaccine R&D has been cut from around £5 million per year to zero. The inquiry was told that these funding shifts have been exacerbated by the COVID-19 pandemic and recent cuts to the development aid budget, but are primarily the result of policy decisions taken over the long term; prioritising short-term product delivery over longer-term product development.

In addition, this year the UK Government's funding for global health product development partnerships (PDPs) has been cut by 87%. Through investment in PDPs, UK Aid has helped develop and deploy more than 65 products to combat many of the world's deadliest diseases that people living with HIV are often disproportionately affected by. Without increased and long-term funding, we risk jeopardizing innovation and pushing patients to access the treatment they need at a much later stage which could impact the lives of millions.

With more than four thousand people still becoming infected with HIV every day, and nearly two thousand dying every day from AIDS-related illnesses, HIV & AIDS R&D is clearly an area where more rapid progress is desperately needed. By reversing recent funding cuts, restoring dedicated R&D funding lines, and providing more clarity about its global health strategy, the UK Government can help achieve it.



The cuts to HIV funding are reflective of how wider global health has been affected. Analysis from Action For Global Health indicates that the reduction in global health spending represents an overall cut of up to 40% (compared against 2019)[12]. Action For Global Health has highlighted that the wider impact of the cuts will undoubtedly be seen in the preventable deaths of mothers, newborns and children; increased transmission of communicable diseases; removal of support for mental health services; reduced access for vulnerable and marginalised people to essential, quality health services; increased risk of ill health and healthcare associated infections due to lack of investment in water, sanitation and hygiene; weakened health systems globally; and severely reduced research on global health threats.

Evidence submitted to this inquiry highlights that it is not too late to mitigate against the impact caused by the UK's aid cuts and get the HIV response back on track. The upcoming Spending Review provides a critical opportunity to do this. The UK Government should use the Spending Review to make supplementary allocations to the critical organisations that faced substantial cuts and put in place plans for sustainable, long-term funding – including for the Global Fund's seventh replenishment. But to address significant funding gaps and drive forward efforts to realise the Sustainable Development Goals, it's essential that the UK Government urgently returns to meeting the 0.7% spending commitment.



Recommendations

Reversing the negative impact of cuts to ODA and making supplementary allocations

To respond to the considerable funding gap in the HIV response and help ensure necessary resourcing to deliver the Sustainable Development Goals, the UK Government should urgently return to the 0.7% commitment and should support additional financing mechanisms, including Financial Transaction Taxes to resource international development needs.

To mitigate against the impact that the UK's ODA cuts are causing and that the COVID-19 pandemic is having on the HIV response, the upcoming Spending Review should allocate supplementary allocations to both bilateral and multilateral organisations working on the HIV response that have had their funding cut.

The UK Government should allocate long-term funding and continue as a leading donor to UNAIDS, UNFPA, Global Fund, UNDP, Unitaid, and the Robert Carr Fund.

The Government should commission an impact assessment on how the cuts in funding to the HIV response will affect the progress towards reaching the SDG target of Ending AIDS and realise Government development priorities, including the Ending Preventable Deaths Action Plan.

Future FCDO decisions on ODA allocations should be informed by robust impact assessments and wide consultations, including with recipient organisations and affected communities. There must be transparent, consultative, and timely processes for communicating and implementing decisions on ODA funding.

The Government should strengthen its central overview of HIV & AIDS bilateral programmes in order to identify the UK's value add and to ensure that bilateral aid continues to be prioritised as a key way to effectively target ODA in order to fill strategic gaps in HIV & AIDS programming.

Community-led responses

The International Development Strategy should prioritise HIV & AIDS investments and community-led responses as an essential component of health systems strengthening, COVID-19 responses, and pandemic preparedness, including as part of the new International Development Strategy and in the UK's inputs into the new international treaty for pandemic preparedness and response.

Recommendations

Research and development

The Government should commit to increasing funding for global health R&D. An end-to-end approach to R&D for global health must be prioritised in any future investments by the FCDO, through the upcoming Spending Review.

The UK Government should ensure that resources to support Product Development Partnerships are included in the 2022/2023 budget at a level similar to previous years.

The Government should commit to increasing funding for HIV vaccine R&D.

The Government should commit to restoring dedicated multi-year funding lines to support product development, set a clear global health strategy under the oversight of a single minister, and ensure the impact of Brexit on R&D funding is minimised.

UK Government's international development strategy and alignment with the international commitments

The FCDO's International Development Strategy should ensure its objectives are aligned with the Sustainable Development Goals and the principle of leaving no one behind.

Continued support for HIV multilateral funding mechanisms, including the Global Fund to Fight AIDS, TB and Malaria, should remain a central pillar of achieving the objectives of the UK's International Development Strategy.

Introduction

Overview of current UK funding for the HIV response. Status of the HIV response prior to the announcement about the cuts - perfect storm of resurgence of the pandemic. Global targets missed and disruption caused by COVID-19.



In 2015, Parliament passed a Bill that placed a duty on Governments to devote 0.7% of gross national income (GNI) to overseas aid. It was approved overwhelmingly in both Houses.

No one pretends that the battle is remotely over in the global fight against HIV and AIDS. We have edged forward but there is still a mountain to climb. The latest figures show that almost 700,000 people around the world died from AIDS-related illnesses last year[13]. There are still 38 million people around the world living with HIV. In sub-Saharan Africa, women and girls account for 60% of all new infections and we know that if girls leave school early before the secondary stage, their chances of acquiring HIV are doubled[14].

The UK Government has been a historic leader in the HIV response, demonstrating the impact of what UK Aid can achieve. For example, the Government's contributions to the Global Fund To Fight AIDS, TB and Malaria (Global Fund) has helped save more than 2.3 million lives. The UK Government has worked to advance the rights of 'key population groups' most impacted by HIV and in 2005 the UK led the G8 countries in committing to HIV treatment for all.

Action For Global Health analysis indicates that the reduction in global health spending from the UK Government represents an overall cut of up to 40% (compared against 2019) — a devastating blow to the delivery of essential health services globally[15]. These significant funding cuts have also been felt keenly by the HIV response. The UK SRHR network analysis indicates the disproportionate impact of the cuts on the bilateral HIV & AIDS and SRHR programmes[16] compared to other development sectors.

For example, the UK has provided £15 million a year for the past five years to UNAIDS, the joint United Nations programme on HIV & AIDS but now plans to cut this by more than 83%, to £2.5 million this year. The UN Population Fund has seen an 85% reduction in support from the UK, which has cut a flagship supplies programme from £154 million to £23 million and core funding from £20 million to £8 million. The Government has also decimated funding for HIV bilateral programmes.

These cuts will lead to a decades-long rollback in progress towards the Sustainable Development Goals (SDGs) on global health and poverty elimination; hinder the global recovery from COVID-19; and disrupt the UK Government's own G7 Presidency ambitions and the ability to deliver the FCDO's strategic goals (including ending preventable deaths and girls' education).

As global health inequality is a structural driver of a range of other development concerns – such as reducing access to education, diminishing gender equality and increasing poverty, these cuts are short-sighted and will undoubtedly increase people's vulnerability to a range of issues, including HIV & AIDS. These cuts couldn't have come at a worse time for the HIV pandemic. Despite significant progress that leadership from the UK Government has been instrumental in creating, AIDS remains the leading cause of death for women of a reproductive age[17]. And although preventable, 1.7 million people acquired HIV last year, triple where the target was supposed to be[18].

COVID-19 is now having a catastrophic impact on the HIV response and threatening to reverse years of progress. For example, across facilities surveyed by the Global Fund around the world, HIV testing fell by over 40% in 2020[19]. Compared with 2019, people reached by Global Fund HIV prevention programmes and services declined by 11% and HIV testing dropped by 22%. This situation will hold back HIV treatment initiation and make onward transmission more likely[20].

The cuts announced not only threaten to reverse decades of hard-won progress in the HIV response but also risk setting the stage for a resurgence of the pandemic which will carry a heavy human and financial toll. Moreover, these drastic cuts also risk jeopardising the UK's diplomacy and hard-won reputation as a leader for the HIV response.

The 2015 Act places the Foreign Secretary under a statutory duty to ensure that the United Kingdom hits the target of 0.7% of GNI for official development assistance every year. By law, the Government must make an annual statement to Parliament reporting on the previous year's performance. If the 0.7% target has been undershot, it must explain why. Until Parliament changes that law, the Government must aim to hit the target of 0.7% of GNI. It cannot deliberately aim off. The Government can say that it intends to amend the law or substitute another target but, until the statute is amended or repealed, Ministers are subject to that law.

This report explores the impact that the ODA cuts announced in 2021 will have on the HIV response in the short and long term. Through exploring case studies of UK Aid-funded multilateral, bilateral and research projects, it analyses how crucial organisations and people living with HIV are being affected by the cuts. The report outlines a set of recommendations to mitigate against the damage caused by the cuts and to get the HIV response back on track.

The APPG believes that we should keep to the course that the country set in 2015 and reinstate the 0.7% in overseas development spending to prevent further damage to the HIV response.

Report Format

Area 1 - Cuts to multilateral programming and impact on HIV response - UNAIDS, UNFPA, Unitaaid.

Area 2 - Cuts to bilateral programming and impact on HIV response - case studies.

Area 3 - Cuts to research funding and their impact on the HIV response.

Cuts to multilateral programming and impact on HIV response – UNAIDS, UNFPA, Unitaid.

Over the past decade, whilst DFID made significant cuts to its bilateral HIV funding, the UK Government's commitment to multilateral institutions working on HIV & AIDS increased. As a result of country office programmes focused on HIV & AIDS largely closing, DFID's bilateral support for HIV-specific programmes declined dramatically from a high point of £221 million in 2009 to just £23 million in 2015[21].

However, during this period the UK increased or maintained its support for multilateral funding. This included increasing its contributions at the 2016 and 2019 Global Fund replenishments, establishing a long-term funding agreement with Unitaid, and maintaining support for UNAIDS. It was these increases in multilateral spending that offset the considerable cuts to the UK's bilateral HIV funding; although DFID's total funding for HIV decreased by 22% between 2012 and 2015[22].

However, multilaterals advancing work in the global HIV response are now also facing considerable funding cuts in 2021. In its written evidence, VSO describes a 'double whammy' of reduced spending that impacts both multilateral agencies working on the global HIV response, and on the bilateral programmes.

The below case studies explore how some of the key multilateral agencies that work on the HIV response have been affected by the ODA cuts; the immediate and likely impact that reduced funding will have; and what the Government should do to mitigate against this.

To respond to the considerable funding gap in the HIV response and ensure sustainable financing for key multilateral organisations; the UK Government should urgently return to its 0.7% commitment and explore support for additional finance mechanisms including Financial Transaction Taxes. The UK should use the remainder of their G7 Presidency to drive forward the idea of taxing globalised activity to help meet global health needs, most particularly by harnessing the vast volumes that flow through financial markets each day. By introducing comprehensive financial transactions taxes on the trading of equities, bonds, derivatives and foreign exchange, the G7 alone could unlock \$50-100 billion of additional financing each year which could be spent on the HIV response and to strengthen health systems and global pandemic preparedness.

UNAIDS

The UK, which has provided £15 million a year for the past five years to the Joint United Nations Programme on HIV & AIDS (UNAIDS), plans to provide only £2.5 million this year – more than an 80% cut.

UNAIDS plays a critical function for the HIV response. It unites the efforts of 11 UN organisations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank. It works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the SDGs. In the 2016 DFID business case for UNAIDS funding, the Government describes UNAIDS as “playing an important leadership and standard-setting role for the international HIV response” and having the “mandate, legitimacy to advocate on sensitive issues, specialist technical skills, and ability to convene the global community around HIV allows it to effectively perform a global normative and standard-setting role in a way that would not be possible for DFID”[23].

These critical functions that the UK Government describes UNAIDS as playing are only heightened as UNAIDS works to implement the Global AIDS Strategy 2021-2026 and the 2021 Political Declaration on HIV & AIDS. Both the Global AIDS Strategy and the Political Declaration were strongly welcomed by the UK Government. The Global AIDS Strategy aims to reduce the inequalities that drive the AIDS epidemic and prioritise people who are not yet accessing life-saving HIV services. The Strategy sets out evidence-based priority actions and bold targets to get every country and every community on track to end AIDS as a public health threat by 2030.

UNAIDS is a very low cost but high impact programme that is key to driving progress on girls’ education, health security and tackling pandemics: both through working to end AIDS and through the support it gives countries to take the lessons learned from the HIV response and apply them to the COVID-19 response. This 80% cut undermines the UK’s own priorities and the minimal financial gains will have a limited impact on the UK’s economy. UNAIDS has stated that this significant cut will affect the provision of life-saving HIV prevention and treatment services around the world; affect the empowerment of young women and adolescent girls and their access to sexual and reproductive health and rights; have a negative impact on support to upholding the human rights of some of the most marginalised people; and reduce global health security[24].

The UK’s cuts are at odds with the UK’s strong support for the Global AIDS Strategy and will weaken its ability to advance the UK’s development priorities. The work of UNAIDS connects strongly with realising the UK’s Strategic Priorities for ODA including global health security; girls’ education; science, research, and technology; and open societies and human rights.

UNAIDS’ work and impact in these priority areas for the UK Government could be jeopardised by the funding cuts. For example, in terms of girls’ education, UNAIDS is leading a new joint initiative for girls’ education and empowerment across 16 countries in sub-Saharan Africa called “Education Plus”. It will help ensure that during this decade all girls finish secondary school (to decrease their risk of HIV infection by 50%) and also access a comprehensive package of rights and empowerment.

Aligned to the UK's development priority on open societies, UNAIDS supports policy reforms to strengthen the rights of the most marginalised people including decriminalisation and destigmatisation of LGBTQI+ communities. It supports civil society organisations of marginalised communities in advocating for their human rights and to be accepted. Indeed, DFID's 2016 business case for UNAIDS funding rightly recognises the "evidence that UNAIDS' guidance, technical advice and advocacy can help to ensure that key and vulnerable populations are included in programming decisions"[25]. The UK Government has recognised that addressing structural barriers (including LGBTQI+ criminalisation) is critical to ending AIDS and to advancing the rights of key populations. An under-resourced UNAIDS will mean a reduced ability to support policy reform and tackle the structural barriers in the HIV response.

UNAIDS' work on crisis responses during human rights violations could also be weakened by the funding cuts. For example, UNAIDS works/supports work to secure the release of LGBTQI+ people, people who use drugs, men who have sex with men and sex workers arrested in crackdowns. This work is key in helping prevent countries from sliding into persecutory policing and securing the dignity and health of vulnerable people in many parts of the world.

With difficult decisions being made on the aid budget, investments which are small, but which have a large catalytic impact are particularly high value for money. Because UNAIDS plays a critical role in helping countries reform policies (for example, ensuring that pregnant girls are not dismissed from school and LGBTQI+ people are not criminalised) and helping countries secure and spend other resources effectively (including supporting countries to successfully use grants from the Global Fund), this small investment is an exemplar of value for money. For the past three years, the UK's own evaluation has rated UNAIDS as A for its performance[26]. And indeed the 2016 DFID business case for UNAIDS funding recognises that "with much of DFID's support for the HIV response allocated to the Global Fund, UNAIDS' role in improving the effectiveness and efficiency of the Global Fund is particularly important for delivering value for money for UK aid"[27].

Despite other donors grappling with limited fiscal space and the impacts of the pandemic, the UK Government is the only UNAIDS Programme Committee Board (PCB) Member to cut UNAIDS funding. The Government previously recognised that its funding to UNAIDS would allow it to "play an influential role in shaping the use of both HMG and other donor resources, providing an influential voice at the PCB on key policy areas including the delivery of UNAIDS strategy"[28]. Considering the UK Government's reasoning here, through making significant cuts to UNAIDS, it's likely in turn to reduce its influence on the UNAIDS PCB and the broader HIV response. With a roll-back on the rights of key populations within some countries, the UK Government's reduced influence in the HIV response comes at an unfortunate time for advancing progressive evidence-based policies.

A 'high impact' and 'high probability risk' identified within the 2016 DFID business case for UNAIDS funding is that insufficient finance from donors will prevent UNAIDS from delivering its 2016-2021 Strategy'[29]. To mitigate against this, the UK Government states that it will 'engage in ongoing dialogue with other donors to encourage increased commitments to the Joint Programme'[30]. Through making cuts of over 80% to UNAIDS, this directly contradicts the UK Government's stated plans to improve UNAIDS' financial sustainability and influence an increase in resource mobilisation. Indeed, as the only donor to have cut UNAIDS' funding, it is unlikely that the UK could now be in a position to influence increased donor commitments to UNAIDS. The impact of the cuts to UNAIDS are concerning in and of themselves but even more so due to the fact that the UK, as an influential donor, could set a precedent for other governments to cut funding for the HIV response as well. Any further cuts to UNAIDS' funding will continue to jeopardise the ability to realise the Global AIDS Strategy and the SDG commitment of Ending AIDS by 2030.

UNFPA

Another UN Agency that does critical work for the HIV response, and sexual and reproductive health and rights (SRHR) more broadly, is the United Nations Population Fund (UNFPA). UNFPA's approach to HIV has been based around three strategies: promoting human rights and reducing inequalities, integrating HIV responses into sexual and reproductive health care, and preventing sexual transmission of HIV[31].

Advancing sexual and reproductive health and rights are essential for an effective HIV response. This is particularly true for youth and key populations. Given their higher risk of HIV transmissions, they require focused support services including access to contraception. Notably, UNFPA provides contraceptives to about a third of all users in some of the poorest countries[32]; in turn playing a critical role in preventing new HIV transmissions.

Despite the critical work of UNFPA for the HIV response and wider global health outcomes, the UK has announced plans to cut 85% of its funding to UNFPA Supplies[33]. This means that the expected contribution of £154 million (\$211 million) for 2021 now will be reduced to around £23 million (\$32 million), a retreat from agreed commitments made to the programme in 2020[34]. In addition, £12 million (\$17 million) is to be cut from UNFPA's core operating funding and several country-level agreements are also likely to be impacted. These cuts will leave a large hole in UNFPA's budget, affecting its ability to purchase and supply critical products.

UNFPA has stated that the impact of these cuts will be "devastating for women and girls and their families across the world"[35]. With the now withdrawn £130 million, the UNFPA Supplies Partnership would have helped prevent around 250,000 maternal and child deaths, 14.6 million unintended pregnancies and 4.3 million unsafe abortions. UNFPA has described that "when funding stops, women and girls suffer, especially the poor, those living in remote, underserved communities and those living through humanitarian crises"[36].

The impact of these cuts will be particularly significant on UNFPA considering that the UK Government has been its leading donor and the agency's 'Supplies' programme has been particularly reliant on UK contributions. In low income and lower-middle income countries that are under enormous fiscal strain from COVID-19, government spending on contraceptives is already very low[37]. So with a key donor like the UK pulling funding, whilst other countries grapple with the fiscal strain from COVID-19, it seems unlikely that there will be big increases in domestic resource mobilisation or increased investments from other donors to offset the UK's significant funding cuts to UNFPA.

For programme implementers that rely on UNFPA to supply critical products, abrupt change means little time to plan which will make programming highly unpredictable. These interruptions in product availability will, in turn, undermine product access for women and girls. This is likely to contribute further to increases in new HIV transmissions, at a time when the international community is already behind with prevention targets.

The cuts to UNFPA could also have implications on contraceptive choice and a decrease in public sector procurement may mean more women will look to use the private sector. Using unsubsidised services in the private sector will increase out of pocket costs for women, impacting already stretched household resources[38].

With its function as a procurement aggregator, UNFPA is able to pool demand across markets and match it to suppliers. This helps to create efficiencies, especially around price. One potential longer-term implication of the UK's ODA cuts, could be greater fragmentation in product markets—which may increase uncertainty around future demand and price instability[39]. As UNFPA 'Supplies' budget is squeezed, there's also likely to be fewer resources available for technical support. This includes supporting countries integrating new contraceptive methods into national family planning programmes and strengthening national procurement and supply chain functions[40].

Unitaid

Unitaid has had its funding cut by the UK Government by an expected £77 million in 2021 to just £6 million[41]. This includes a deferred contribution of £33 million from 2020.

Unitaid is a global health agency engaged in finding innovative solutions to prevent, diagnose and treat diseases more quickly, cheaply and effectively, in low and middle income countries. Its work includes funding initiatives to address major diseases such as HIV & AIDS, malaria and tuberculosis, as well as HIV co-infections and co-morbidities such as cervical cancer and hepatitis C, and cross-cutting areas. Unitaid is now applying its expertise to address challenges in advancing new therapies and diagnostics for the COVID-19 pandemic, serving as a key member of the Access to COVID-19 Tools Accelerator. Unitaid has directly contributed to the introduction of game-changing medicines and diagnostics – not just for HIV but also for tuberculosis, the largest killer of people living with HIV. This includes all the HIV antiretroviral drugs currently used in Africa, via the Medicines Patent Pool, and all medicines used to treat drug-resistant tuberculosis.

Unitaid has a 20-year agreement with the UK, due to end in 2026, which commits to £789 million overall but the long-term funding for Unitaid could be in question. The UK Government announced this significant cut despite how the FCDO has consistently rated Unitaid one of the best performing multilateral organisations. For example, in the most recent review, the UK Government described Unitaid as representing “a strong value for money proposition”[42].

With the devastating effects of COVID-19 and the decade-long setback it has created in tackling HIV, TB and malaria, Unitaid emphasises that investments are urgently needed. These investments are not only needed to boost access to tools to end the COVID-19 pandemic, but also crucially to mitigate against collateral damage in the global fight against HIV and other infectious diseases. Unitaid highlights that the UK's announced cuts “will reduce the resources available to Unitaid to provide end-to-end game-changing solutions that address the multiple challenges facing global health”[43].

There are concerns about the impact on several areas of Unitaid's work because of the UK's ODA cuts. This includes the current call on post-partum haemorrhage, which should be a key area of importance for the UK Government given its development priorities around women and children's health. Another project that could be affected is the call for proposals on improving TB diagnostics. This project is particularly significant for the HIV response given that TB is the leading cause of death among people living with HIV; and many more cases of TB are going undetected due to COVID-19. For example, in 2020 the number of HIV-positive TB patients on antiretroviral treatment as well as TB treatment from the Global Fund dropped by 16%[44].

These are just a couple of examples, with stakeholders commenting that lack of visibility on future funding makes it very difficult for Unitaid to plan its work. If this is a more long-term cut, this will require a serious reorganisation of planned work.

Unitaid, like UNAIDS, is also a key partner in making Global Fund programmes more effective. The Global Fund estimates it would take three more years for its programmes to have their intended impact without the work of Unitaid[45]. With the majority of the FCDO's support for the HIV response allocated to the Global Fund (which has currently been protected by the ODA cuts), Unitaid's role in making Global Fund programmes more effective should be an important consideration for delivering value for money for UK aid. However, the UK's cuts to Unitaid's funding are likely to limit the impact that the Global Fund is able to achieve from its next replenishment round.

UN Development Programme (UNDP)

The UK Government has also made cuts of around 60% to the UN Development Programme, down to £22 million from £55 million[46].

UNDP is the UN's global development network, an organisation advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. With poverty, crises and conflict being closely connected to HIV transmission and AIDS-related deaths, the work of the UN Development Programme connects closely to the HIV response. For example, UNDP and UNAIDS recently worked together on a joint programme supporting pregnant women living with HIV in antenatal, maternity and paediatric services[47]. The project provides beneficiaries with food kits and hygiene kits and helps them protect themselves against COVID-19.

With losing 60% of its funding, UNDP states that for its organisation alone, the cuts mean it "will lose the ability to help millions of the poorest and most vulnerable"[48]. UNDP describes that the "funds lost could have helped 1.2 million people to have better access to basic services; 350,000 people in crisis-affected countries to get a job or better livelihood; 280,000 people to gain access to justice; and 23 million hectares of land and marine habitats be protected, improved or restored"[49]. With insecure livelihoods being a significant factor in HIV transmission and disease management, a likely knock-on effect from what UNDP describes will also be increased HIV transmissions and AIDS-related deaths.

Global Fund

The UK Government is a critical contributor to the Global Fund. The Fund describes its success over the past 20 years as a direct result of UK leadership in global health. The Global Fund provides 21 percent, 73 percent, and 56 percent of all international financing for HIV, TB and malaria programmes, respectively[50]. The UK's £1.4 billion pledge to its 6th Replenishment in 2019 was the second largest contribution overall. In total, the UK has already contributed approximately £4 billion to the Global Fund. These investments have helped produce extraordinary results. Over the past 20 years, the Global Fund has saved an estimated 44 million lives[51]. Six million lives were saved in 2019 alone, which represents a 20 percent increase in the number of lives saved compared to the previous year.

So far, despite making significant cuts across the Government's wider portfolio of HIV, TB and Malaria ODA spending, it's welcome that the UK Government has maintained the funding commitment it made at the Global Fund's Sixth Replenishment. Given the Global Fund's critical role in fighting the three diseases and proven impact in other cross-cutting areas such as health system strengthening and pandemic preparedness, having this funding protected is saving countless lives.

Alongside describing its impact in fighting AIDS, TB and malaria in the written evidence submitted by the Global Fund, it describes how the mechanism delivers impact in other areas like COVID-19, pandemic preparedness and health system strengthening. For example, the Global Fund responded immediately to the emergence of COVID-19 and over the course of 2020 provided nearly US\$1 billion to help 105 countries and 14 multi-country programmes across the globe with critical tests, treatments and medical supplies; protect frontline health workers; adapt lifesaving HIV, TB and malaria programmes; and reinforce fragile systems for health[52].

And prior to the COVID-19 outbreak, the Global Fund was already the largest multilateral provider of grant support to strengthen health systems, investing over \$1 billion a year to: 1) improve supply chains, disease surveillance, lab systems and data systems; 2) train health care workers; and 3) build stronger community responses[53]. The Global Fund makes these investments because they are vital to make progress against existing pandemics like HIV, TB and malaria. These investments are also the building blocks of pandemic preparedness and response. Most low and middle income countries based their COVID-19 responses on the laboratory, disease surveillance, community networks and supply chains that were created to fight HIV, TB and malaria.

The continued work of the Global Fund is critical considering the catastrophic impact of COVID-19 on tackling HIV. For the first time, the Global Fund's situation could have been worse had it not been for the Global Fund partnership's rapid and determined response to COVID-19 which helped prevent an even worse outcome from occurring, showing what it can still achieve in the most pressing of situations. To regain lost ground and prevent COVID-19 from having a catastrophic long-term impact on the HIV response, it's essential that we scale up investments for infectious diseases, including expanding innovations and adaptation measures.

With the UK's long-standing partnership and the Global Fund's critical role for the three diseases and beyond, it's understandable why the FCDO chose to protect the funding committed at the Sixth Replenishment. But to ensure an effective HIV response and maximise value for money for UK Aid spending, the UK Government should be cautious about investing its resources solely into the Global Fund at the expense of other critical HIV multilateral and bilateral investments.

As described above, multilateral organisations such as UNAIDS provide critical, unique functions for the HIV response but have seen their already limited funding decimated. With a fully resourced and effective UNAIDS, it could continue its catalytic impact and maximise the effectiveness of the UK's HIV funding. This includes being able to work with countries to reform countries and spend Global Fund resources effectively. As explored in this report, there are also other multilateral and bilateral programmes which are tailored to and effective in supporting key population groups. In addition, organisations like Unitaid and UNAIDS have shown their proven ability in making Global Fund programmes more effective. So whilst the Global Fund is undoubtedly critical for the HIV response, the UK's continued investments to the Global Fund shouldn't be seen as a way to mitigate against making substantial cuts to other organisations.

And with almost £500 million of the existing pledge to the Global Fund due to be disbursed within the proposed spending review period, it is critical that the UK meets its promise to the Global Fund and maintains its role in mitigating the impact of COVID-19 on the three diseases, as well as in the wider global pandemic response. The UK's existing commitment to the Global Fund is based on a sound business case which was accepted by the UK Government, and it is clear that it is among the best ways to invest ODA to achieve the Government's priorities of strengthening global health, pandemic preparedness and ending preventable deaths. The UK must keep these important international commitments to ensure key global health partnerships are properly funded to do their vital work, particularly at this time of crisis.

In addition, written evidence from the Global Fund describes how “any pulling back from global health commitments by major donors like the UK sends a negative signal to other donors and civil society, and it risks undermining our joint efforts over the past two decades to combat HIV, TB and malaria, as well as our ongoing work to defeat COVID-19”[54].

As such, as well as meeting the commitment made at the sixth replenishment, it is also vital that the UK Government makes sufficient provision in the upcoming spending review for the seventh replenishment. This is critical considering that the knock-on effects of COVID-19 are only going to get worse. Adaptive measures adopted to counter the impact of COVID-19 on HIV, TB and malaria programmes are working. These adaptive measures must be further investigated, scaled up and tailored to local contexts. In its written evidence, the Global Fund describes that it needs more funding to scale up these innovative measures, ramp up delivery of critical supplies for the COVID-19 response, protect health workers on the frontline and prevent health care systems and community responses from collapse.

Having pledged £1.4 billion at the previous replenishment, the UK should show its continued commitment by maintaining its position as a leading donor for the Global Fund. It is of vital importance that the Spending Review allocates sufficient resources in line with the Global Fund's investment case, due to be published in early 2022, that will outline the resources needed for the next three years to recover and get back on track to finally end AIDS, tuberculosis, malaria and COVID-19 as major public health threats.

Summary:

Over the past decade, whilst DFID made significant cuts to its bilateral HIV funding, the UK Government's commitment to multilateral institutions working on HIV & AIDS increased. But we are now seeing a 'double whammy' of funding cuts, with several key multilaterals that do critical work for the HIV response seeing their funding decimated.

For a relatively limited amount of UK Aid funding, organisations such as UNAIDS, UNFPA and Unitaid have had a proven catalytic impact for the HIV response and broader global health. Significant funding cuts to multilateral organisations will undoubtedly affect the international community's ability to get the HIV response back on track and advance FCDO development priorities; including pandemic preparedness, health system strengthening and ending preventable deaths. From reduced access to contraceptives to driving more people into poverty, we are already seeing how significant cuts to multilateral organisations could set the stage to reverse decades of hard-won progress in the HIV response that UK Aid has been instrumental in delivering.

Within this difficult period for UK Aid, it is welcome that the UK Government has protected its funding for the Global Fund and the Robert Carr Fund. Both mechanisms provide critical functions for the HIV response and some of the most marginalised people. However, in isolation they will not mitigate against the harm caused by the UK's wider funding cuts and rely on their partners being fully resourced to realise their full potential. For example, the Global Fund estimates it would take three more years for its programmes to have their intended impact without the work of Unitaid.

Across the case studies explored in this section, there appears to be limited consultation or impact assessments from the FCDO when deciding on these significant ODA cuts to multilateral organisations. Often cuts were announced suddenly, without adequate time for multilaterals to communicate with partners or put in place mitigation strategies. To sustain development gains and ensure value for money, any decision to withdraw or reduce external financing should be led by a robust, context-specific impact assessment, accompanied by a risk mitigation framework. Given the importance of aid allocation needing to be evidence-led (including robust impact assessments, risk mitigation frameworks, and monitoring and evaluation mechanisms), it is highly concerning that these steps seemingly weren't adhered to within the Government's decisions on ODA allocation for the 2021-2022 financial year. When making future decisions on ODA allocation, the FCDO's decisions must be led by robust impact assessments and wide consultation with partners.

The upcoming Government Spending Review will cover a critical period as we swiftly approach the target set for many of the SDGs, including SDG 3.3: to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030. The Spending Review provides a critical opportunity to mitigate against the impact of the UK's Government ODA cuts and get the HIV response back on track. The UK Government should use the Spending Review to make supplementary allocations to the critical multilateral organisations that faced substantial cuts and put in place plans for sustainable, long-term funding, including for the Global Fund's seventh replenishment.

To respond to the considerable funding gap in the HIV response and ensure sustainable financing for key multilateral organisations, the UK Government should urgently return to its 0.7% commitment and explore support for additional finance mechanisms including Financial Transaction Taxes.

Cuts to bilateral programming and impact on HIV response – case studies.

Both bilateral and multilateral UK ODA aid are essential for advancing the global HIV response. While multilateral aid provides funding for HIV & AIDS responses at scale, the UK funding for bilateral programmes has been vital in developing innovative solutions to complex challenges. This includes developing HIV & AIDS responses for most vulnerable populations, such as girls and women in humanitarian crises, such as the emergency developing in Afghanistan and related refugee crisis situations.

The UK Government's bilateral ODA assistance has been invaluable in helping organisations like VSO to reach those most in need, both with improved HIV and AIDS service provision – including prevention, treatment, care, and support – and policy and advocacy work to challenge stigma and discrimination against those living with HIV and AIDS.

Over the past few years the UK's allocation to multilateral and bilateral HIV & AIDS spending has not been equal, with bilateral aid continuing to decrease. In 2020, before the cuts were announced, dedicated bilateral funding for sexually transmitted diseases control and HIV and AIDS had already dwindled to less than 1% of the UK's total bilateral health ODA (just £11 million)[55]. In 2010, it accounted for a quarter[56]. In 2020, the UK Government's bilateral HIV funding decreased further by \$54 million - more than any other donor for that year[57].

The real challenge currently is that the cuts to the UK's ODA budget affect both bilateral and multilateral aid simultaneously. They undermine efforts to address the multiple forms of inequality that marginalised women and girls face. The cuts are hitting programmes working with young and adolescent girls living in situations of systematic exclusion and humanitarian emergencies. Examples are described in this chapter of the report. The impact of the cuts has been felt immediately by the beneficiaries on the ground and by UK-based organisations and, in the longer term, risks undoing global progress achieved not only on HIV but also on COVID-19 and global health more generally.

Under the latest 2021 ODA cuts, bilateral HIV & AIDS UK aid has been significantly reduced. The UK SRHR network analysis indicates the disproportionate impact of the cuts on bilateral HIV & AIDS and SRHR programmes[58] compared to other development sectors. However, the full picture of the scale of cuts on HIV & AIDS bilateral aid is unclear due to what seems to be a weak central overview function of HIV & AIDS bilateral programmes in the FCDO.

Frontline AIDS made a freedom of information (FOI) request in July 2021 asking for clarifications about reductions in the UK's HIV & AIDS -related ODA, including the HIV & AIDS bilateral programmes. As part of the request, Frontline AIDS identified – via the Development Tracker – seven bilateral programmes and three multilateral programmes that had had their funding reduced[59]. The response from the FCDO's Information Rights Unit indicated that the cost of compliance with this request would significantly exceed the FOI cost limit as the requested information is not held centrally. Frontline AIDS plans to follow up on this response as understanding the overall picture in regard to the extent of the UK HIV & AIDS aid cuts remains of key importance.

It should be noted that, in June 2021, the UK Government pledged £7 million to the Robert Carr Fund (RCF) over three years. The pledge represents an increase of 17% compared to the FCDO's previous funding to RCF of £6m between 2018-2021. Whilst this funding will support some critical community-led organisations, £7 million is a small figure compared to the other areas that the UK Government has cut from the global HIV response, as explored in this report.

Evidence from the ground submitted to this inquiry by VSO, Amref Health Africa and Frontline AIDS shows that the UK's aid cuts to their bilateral programmes have resulted in several adverse effects described in the case studies below.

Lost opportunities to develop innovative solutions to complex challenges

The ACCESS (Approaches in Complex and Challenging Environments for Sustainable SRHR) programme, implemented by IPPF, Frontline AIDS, and other partners, provided programming focused on HIV, sexual and reproductive health and rights, gender-based violence and the human rights of the most marginalised and underserved populations in some of the most complex and challenging environments. It was axed in April and will terminate at the end of October 2021.

After a long period of co-creation with consortium partners and the FCDO, the ACCESS programme began implementation in October 2020 and addressed SRHR-related challenges in humanitarian and crisis-prone settings, focused on Lebanon, Mozambique, Nepal, and Uganda. It was designed to bridge the critical gap between research and programming by drawing on existing and emerging evidence to inform the design of a series of pilots to strengthen HIV & AIDS and SRHR services through an adaptive, people-centred approach.

The notification of closure of this programme just six months into implementation and after two years of preparation, leaves vulnerable populations without vital SRHR solutions, severely crippling the ability to achieve universal gender equality, as set out in SDG 5. SIDC (Soins Infirmiers et Développement Communautaire) in Lebanon who were part of the ACCESS programme reported that: "The project was an opportunity for us to serve better the communities we work with... We all know that in Lebanon the government does not give financial support for CSOs, and as an organisation we rely on international donors and embassies to be able to sustain our programme."

Another Frontline AIDS programme forced to shut early was the ECID (Evidence and Collaboration for Inclusive Development) consortia. Over the past 2.5 years, it had developed a set of innovative solutions to address the lack of data as a barrier for marginalised communities in Myanmar, Zimbabwe and Nigeria to access key services, including HIV and AIDS services. COVID-19 has only exacerbated the overlapping discriminations and vulnerabilities of these populations. Working with civil society and decision-makers, the programme had started to strengthen civil society effectiveness to use data as evidence for action, for example in addressing gender-based violence and improving girls' access to health services, including during the pandemic. Due to the closure of the programme, solutions will not be scaled up and many of the serious challenges affecting these marginalised people will continue to go unaddressed.

HIV & AIDS services significantly scaled down in the COVID-19 context

Due to the aid cuts, HIV & AIDS services and the number of countries where UK-funded HIV programmes are operating have been significantly reduced. The reduction in UK ODA funding for HIV response work in the context of COVID-19 has been completely counterproductive and will likely lead to a spike in global HIV incidence, with those in the poorest countries at most risk.

The aid cuts to VSO programmes represent a reduction of 45% to the organisation's funding from the UK Government in 2021 compared to 2020. This has forced VSO to slash programmes by around 45%, meaning that four million people will be at risk of losing access to services, and this will also have an impact on VSO's global health and HIV & AIDS work.

Aid cuts to VSO's Volunteering for Development Grant have impacted on VSO's ability to work in the area of health and development in several of the countries where VSO had a footprint. VSO had to make the difficult decision to reduce the number of countries where it carries out health work from nine to seven. It has had to exit health work in Sierra Leone and Mozambique, impacting negatively on the government and civil society partners it works with in both countries. Even in countries where VSO continues to operate, the cuts to UK ODA funding mean that there has been a reduction in the number of staff supporting programmes, and a scaling down of activities that were previously being carried out. In Zimbabwe, for example, VSO can no longer reach the same number of vulnerable people with the health services they need.

The government's decision to end its support for VSO's International Citizen Service (ICS) means the organisation has been unable to facilitate youth volunteers to add capacity to the health programmes. These youth volunteers were previously instrumental in activities such as peer-to-peer education and the dissemination of health messages. ICS harnessed the power of both UK and national youth volunteers, and while mass international travel restrictions meant pausing the service for UK volunteers, the end of the government's support for ICS in its entirety has meant that it cannot even continue to facilitate youth volunteering in-country to support VSO programmes.

Due to cuts, Amref Health Africa's multi-country programme has been limited to just one rather than the intended six countries of implementation, significantly reducing the number of potential beneficiaries. These are girls and young women who are at risk of female genital mutilation and circumcision – a risk that has been intensified by the ongoing pandemic. Another programme has seen its scope reduced to such an extent that certain health services have been removed from the programme entirely. For example, training of health workers and family planning initiatives have been removed in favour of prioritising basic health service provision.

The programmatic impact, operations, and sustainability of organisations on the ground as well as of UK-based organisations have been weakened

Bilateral aid cuts have had negative effects on the programmatic impact, operations, and sustainability of HIV & AIDS organisations and services on the ground as well as for UK-based organisations. Repeated short-term funding extensions to the civil society organisations and short-term funding cycles in place due to cuts have had a detrimental impact on the organisations' ability to run long-term and strategic programming, and to work in partnership with others.

It has been hard for all the organisations affected to guarantee the future of long-term funding to partners and clients. Lack of clarity about the extent of cuts and multiple grant extensions led to short-term funding cycles. The submissions to this inquiry include evidence of grant extensions signed just hours before the previous grant's expiry, giving organisations no time to prepare or plan for reductions. This has had a negative impact on the quality of programmes as well as the sustainability of organisations on the ground. Organisations who contributed to this inquiry believe that it is of critical importance for the UK Government to move from a continual series of 'cliff edge' funding announcements to a long-term strategic partnership funding modality.

The valuable organisational infrastructures which enable quality programmatic delivery at scale are being lost. The VSO infrastructure enabling young people to volunteer in the UK and overseas is under threat. This needs to be reversed urgently, otherwise it will be very costly to revive such infrastructures. As part of this inquiry, VSO shared:

Given the strength of our strategic relationship with the FCDO, we wanted to be in a position to deliver the UK Government's development objectives, but we also have an obligation to safeguard the financial well-being of the wider organisation and we have to fulfil our commitments and responsibilities to the other donors and other governments that fund us, and, more importantly, the people that we work with. The lack of clarity about future funding from the UK Government, despite their request that we hold infrastructure in reserve to deliver on their development goals, in the context of massive uncertainty around funding due to cuts in aid, made the balance of those obligations untenable for us as an organisation.

The FCDO-funded Zero Violence programme, implemented by Frontline AIDS, did not continue beyond its six-month initial phase, cutting short work that would deliver on GBV and services for LGBTQI+ people, for communities who are some of the most vulnerable to HIV and AIDS. The programme supported civil society to improve the response to violence and uptake of support services. This ensured that marginalised women and girls and LGBTQI+ people were able to address, report and seek justice against violence and discrimination in their households, communities and workplace. As part of the Zero Violence, ACCESS and ECID programmes, the sub-recipient Frontline AIDS was working with 36 partners in 15 countries. In 2020, these programmes contributed £1,636,494.99 in vital funding to Frontline AIDS' total programme budget, accounting for 20% of its restricted programme budget.

Negative impact on the international reputation of the UK Government and UK-based organisations

In addition to the impact of the cuts themselves, the way the process has been carried out has also had an extremely negative impact on the UK Government's reputation globally as well as on the operations of the organisations on the ground. The perception of UK leadership by the global community around HIV and AIDS has already been damaged, not just by the extent of the ODA cuts but by how they were implemented. In making cuts of this nature, the UK has lost its global reputation as a funder of innovative solutions to complex development challenges that deliver real change to people's lives, including during the COVID-19 crisis. The cuts also reflect a lack of value for money as programmes involving years and millions of pounds in conceptualisation, design, and development have been forced to close. We strongly believe that the UK needs to urgently rethink this self-centred conception of aid and to reverse the bilateral cuts that will have the most devastating impacts on the health and lives of the most marginalised people.

The lack of consultation with other key donors and national civil society involved in the global HIV & AIDS response before the cuts were announced was seen as an abrupt and sudden move by the UK Government, leaving many of the most vulnerable communities in the lurch. The contributors to the inquiry do not know of any impact assessments or risk mitigation measures put in place by the FCDO as part of the cuts.

Summary:

The UK aid cuts to bilateral programmes have resulted in several adverse effects. Firstly, opportunities have been lost to develop much needed innovative solutions to complex challenges, such as improving access to HIV & AIDS services in crises and for vulnerable populations. Secondly, there has been a dangerous scaling down of HIV & AIDS services during the pandemic which could lead to an increase in HIV & AIDS transmissions, particularly among the most marginalised communities, such as women and girls. Thirdly, abrupt and poorly coordinated cuts led to the weakening of the programmatic impact, operations, and sustainability of the organisations on the ground as well as UK-based organisations. Meanwhile valuable programmatic infrastructure is being lost and will be costly to restore. Last but not least, the lack of communication and coordination around the cuts with international and national partners has resulted in a negative impact on the reputation of the UK Government and on UK-based organisations as global HIV & AIDS leaders and reliable international development partners.

The reduction in UK bilateral aid will likely lead to a spike in global HIV incidence, with those in the lowest income countries most at risk. The world has made strides towards meeting global HIV targets around treatment, testing, and viral suppression, which are in danger of being lost or going backward, without the funding needed to ensure continuity of services for people living with HIV or at risk of HIV transmission. Unless previous ODA funding levels are restored and maintained, there is a strong probability that not only will the world not see an end to AIDS by 2030 but that recent gains – such as reductions in HIV infections and AIDS deaths and increases in the number of people accessing and adhering to life-saving treatment – may be reversed.

Cuts to research funding and their impact on the HIV response.

The UK has historically been a generous and important funder of global health R&D. It invests far more than many comparable countries, and is home to many of the world's leading research institutions and pharmaceutical companies. British investment in HIV vaccine R&D has helped deliver many achievements. This includes promising clinical trials, as well as building up valuable clinical trials capacity worldwide.

However, UK public funding for HIV-related R&D has fallen by nearly two-thirds in the last decade, and funding for HIV vaccine R&D has been cut from around £5 million per year to zero[60]. These funding shifts have been exacerbated by the COVID-19 pandemic and recent cuts to the development aid budget. But the funding shifts are primarily the result of policy decisions taken over the long term; prioritising short-term product delivery over longer-term product development.

Hundreds of research projects tackling issues from the COVID-19 pandemic to antimicrobial resistance and the climate crisis are already being axed after the country's main science funder, UK Research and Innovation (UKRI), told universities its budget for official development assistance grants had been cut from £245m to £125m. This means there is a £120m gap between allocations and commitments. These cuts could significantly affect research that could have been game-changing for global health and for the co-infections that people living with HIV disproportionately face, including tuberculosis and malaria. For example, programmes affected by the UKRI cuts include a project carrying out research and development for infectious disease diagnostics[61]; and a project focused on improving disease diagnostics networks in Africa[62].

But with the UK now out of Europe, the funder may also have to find up to £2bn per year from its existing £8.5bn budget for British scientists to join research under the EU's international Horizon programme[63]. The move, which could imperil 18,000 research jobs[64], would reverse the past two years of science budget rises.

In addition, the UK Government's funding for product development partnerships (PDPs) has been significantly affected by the ODA cuts announced this year. Through investment in PDPs, UK Aid has helped develop and deploy more than 65 products to combat many of the world's deadliest diseases – including tuberculosis, malaria, HIV & AIDS and a host of neglected tropical diseases. Products from these investments have reached more than 2.4 billion people around the world, including the most vulnerable women and children[65]. Evidence from the Drugs For Neglected Diseases initiative (DNDi) highlights that, in early 2021, PDPs were granted a one year no-cost extension to their grant due to finish in 2021, now March 2022[66]. Based on the previous four-year average funding level, the impact of this is an effective 87% decrease in the PDP funding line[67].

Following significant cuts to PDP funding, DNDi states that it is unclear whether there's the possibility of reinstating the multi-year grants from 2022/2023, and more broadly. They are also unclear as to whether the UK Government will continue to support alternative models of global health R&D for neglected diseases in the longer term. It is essential that there is clarity on longer term financial decisions, and multiyear spending commitments, to ensure that ongoing R&D continues. For example, DNDi – which has historically received 21% of its funding from UK Aid – has warned that it may not be able to deliver a quarter of its 15 to 18 new planned for 2021-2028 without continued investment[68]. In its evidence, DNDi warns that this could push patients to access the treatment they need at a much later stage which could impact the lives of millions of people affected by deadly diseases that fuel the cycle of poverty[69].

Boris Johnson has repeatedly[70] stated his aim to make the UK a “global science superpower”, while the UK is now seeing cuts when other countries are investing more. The loss of ODA grants, driven by deep cuts to foreign aid, threaten international collaborations that have built and deepened ties with countries around the world.

To ensure recent progress in developing new health tools including HIV & AIDS vaccines is not lost, and to accelerate the development of those new tools, the Government should commit to increase funding for global health R&D including vaccine R&D; restore dedicated multi-year funding lines to support product development; set a clear global health strategy under the oversight of a single minister; and ensure the impact of Brexit on R&D funding is minimised. A first step to doing this should ensure that the upcoming Spending Review allocates resources supporting PDPs for 2022/2023 at a level similar to previous years.

Unfortunately, despite this sterling track record, the outlook for R&D funding – particularly for HIV – has deteriorated rapidly in recent years. According to G-FINDER, total UK Government spending on HIV & AIDS-related R&D fell from a high of around £32 million in 2009 to little more than a third of that (£13 million) in 2019 (the last year for which comparable data is available).

The decline has not been continuous – public funding for HIV & AIDS R&D rose between 2017 and 2019 – but the overall trend has shown a clear downward trajectory: between 2009 and 2011 funding averaged around £39 million a year, while between 2017 and 2019 it averaged only £16 million. HIV vaccine R&D has been hit particularly hard: UK public funding for HIV vaccines plummeted from an average of £9 million per year from 2007 to 2012, to £1.2 million from 2013 to 2017, and zero since then[71].

These cuts have undoubtedly slowed progress towards developing new vaccines. It has meant for example that efforts to identify new HIV-fighting antibodies, or to prepare vaccine candidates for clinical trials, have proceeded slower than they might have if more funding had been available. The reasons behind this policy change are complex but are rooted in specific policy decisions taken since 2010, rather than in any more recent economic downturn or restructuring.

These longer-term shifts include a deprioritisation of HIV & AIDS in general. For example, in 2017 a STOPAIDS-led review of DFID's work on HIV & AIDS confirmed that while the UK Government remained a global leader within the HIV response, many stakeholders were “concerned that the UK's broader financial, programmatic and political commitment to the HIV response is fading”, and that “DFID has closed the majority of its bilateral programmes specifically focused on HIV, preferring to address HIV within its wider health and development programmes and to work increasingly through multilateral organisations like the Global Fund, UNITAID and UNAIDS”[72].

IAVI argued that the Government had also (until the COVID-19 pandemic) deprioritised the development of new drugs and vaccines to fight poverty-related and neglected diseases, replacing sizable R&D funding lines open to competitive tender with smaller bilateral grants concentrated on a smaller number of recipients. It was argued by IAVI that there has also been a growing preference on the part of the Government for investing available global health funds in multilateral initiatives such as Gavi and the Global Fund, which (because they focus on delivering existing drugs and vaccines rather than developing new ones) can offer clear deliverables on a much shorter time scale than product development initiatives.

To its credit, the Government has sometimes attempted to compensate for the cuts to HIV vaccine R&D by creating new cross-departmental R&D funding initiatives such as the Newton Fund and Ross Fund, but these have a subtly different focus, meaning that gaps in funding remain: the Ross Fund, for example, focused on neglected and emerging diseases and antimicrobial resistance, but did not cover existing serious pandemics such as HIV & AIDS[73].

The funding landscape has also been complicated by changes in the way R&D funding is managed within Whitehall. In the past, responsibility for global health R&D funding was reasonably concentrated within DFID, but recent years have seen increasing moves to share responsibility for global health R&D with other departments including the Department of Health and Social Care and the Department for Business. This tendency has only accelerated with the advent of the COVID-19 pandemic and the merger of DFID and the FCO. This shared custody approach may have some instinctive appeal. It is reasonable, for instance, that the DHSC should play a role in some kind of vaccine R&D. But this shift also raises several serious problems, including leading to reduced accountability, a loss of expertise and a reduced focus on ensuring end-to-end solutions that guarantee equitable access to resulting products.

With responsibility split, there is no clear Ministerial oversight of R&D for new vaccines for poverty-related diseases, and a risk that gaps or duplications in funding may arise. Furthermore, in the past, DFID/FCDO supported a broad R&D portfolio covering numerous products and diseases. Yet under the new shared custody structure, vaccines for HIV & AIDS and TB have fallen between the cracks – being ineligible for support under funding lines for emerging infections at DHSC, whilst also being unsupported by DFID/FCDO. The clear link with international development goals has also been broken: DFID had built up decades of experience in managing projects directed at tackling diseases in low and middle income countries, and was well-placed to ensure global access was guaranteed, but handing responsibility for R&D to other Departments means this focus has been weakened.

It was argued by organisations who submitted evidence to this inquiry that the Government's overall strategy with respect to global health R&D remains unclear, and there is no single minister in charge. Recent progress in developing and delivering COVID-19 vaccines has been remarkable, but there's a risk it will come at the expense of other kinds of critical R&D (including HIV & AIDS-related R&D) if additional funding is not made available and clearer priorities set.

Summary:

The consequences of cuts to research funding are far-reaching for the health and wellbeing of some of the most vulnerable and marginalised members of our global community. They will also impact the next generation of young scientists in ODA-recipient countries and in the UK, individuals whose skills will be essential if we are to find solutions to the many health challenges facing our world.

In addition to being extremely damaging to the research base, the ODA cuts directly contradict the UK Government's ambition to become a 'science superpower' and threaten the nation's reputation as a credible, reliable and valued research partner. In a year when the UK hosted the G7 in June and will be hosting the United Nations Climate Change Conference (COP26) in November, the announced cuts also leave the UK out of step with global efforts to tackle grand challenges through research-led initiatives and undermine the chances of the UK presidency delivering successful outcomes.

A serious headwind for HIV & AIDS researchers that was brought to the attention of the APPG has been the merger, in September 2020, of DFID and the Foreign Office to form the new FCDO and the scrapping of a commitment to spend 0.7% of national income on overseas aid. As discussed above, the fact that HIV vaccine R&D budgets had already been cut to zero means that the immediate impact of these changes for many HIV researchers will be limited, but the decision to cut the aid budget effectively closes the door to any potential increases in funding in the next few years, even if clinical trials deliver promising results. The significant funding cuts announced this year to PDPs advancing global health R&D risk jeopardising research breakthroughs and the development of critical health innovations that could benefit people living with HIV.

Given the poor outlook in many of the countries most affected by HIV & AIDS, and the Government's professed enthusiasm for supporting vaccine R&D, this is deeply disappointing. Put bluntly, a deadly pandemic is not the right time to be reducing support for global health.

With more than four thousand people still becoming infected with HIV every day, and nearly two thousand dying every day from AIDS-related illnesses, HIV & AIDS R&D is clearly an area where more rapid progress is desperately needed. By reversing recent funding cuts, restoring dedicated R&D funding lines and providing more clarity about its global health strategy, the UK Government can be a proud contributor to this progress.

Conclusion

We have entered an era of two pandemics. HIV just crossed the 40 year mark in 2021. There are 38 million people living with HIV globally and 12 million of them do not have access to treatment. Around 1.5 million people died of an AIDS-related illness in 2020.

We still await a vaccine and a cure. We were not on track before COVID-19 to meet the SDG target of ending new HIV transmissions by 2030. Now, under the pressure of COVID-19, there is a real risk of regression in the global fight against AIDS.

COVID-19 continues to destabilise low and middle income countries. It risks causing insolvency, famine, deep damage and disruption to health services. We may feel safe here in the UK, but elsewhere COVID-19 is raging in India, South Asia and South America, and in Africa it is exploding.

We are deeply concerned by recent UK aid cuts to a number of critical multilateral and bilateral programmes providing vital HIV services. These cuts not only directly hamper the worldwide fight against AIDS, putting 38 million people living with HIV at risk; they also damage the UK's position and influence in the global health sphere. More than ever we need a new concept of health security that encompasses these realities and integrates actions. We have seen how inequalities stand at the base of both the HIV and COVID-19 pandemics. This is why we need to put a special focus on the most marginalised, and address the gross disparities they face in power and access.

We need to work with civil society and the public and private sectors if we are to end the fight against AIDS globally. We need to work with the research community and private sector, ensuring they will create new technologies that will be affordable and accessible to all.

We need a concept that preserves the historical gains of HIV – that built a broad coalition in the fight against HIV – and not a siloed resilience or preparedness. This is why the UK Government's decision to cut Overseas Development Aid from 0.7% to 0.5 of GNI is so damaging in the global fight against HIV and AIDS.

This is the challenge that we face as we enter the fifth decade of HIV and AIDS. But the UK Government has stepped up to the challenges in the past, demonstrating the impact of what UK Aid can achieve. To respond to the catastrophic impact that COVID-19 is having on the HIV response, renewed leadership from the UK Government is desperately needed.

Evidence submitted to this inquiry highlights that it is not too late to mitigate against the impact caused by the UK's aid cuts and get the HIV response back on track. The upcoming Spending Review provides a critical opportunity to do this. The UK Government should use the Spending Review to make supplementary allocations to the critical organisations that faced substantial cuts, and put in place plans for sustainable, long-term funding – including for the Global Fund's seventh replenishment. But to address significant funding gaps and drive forward efforts to realise the Sustainable Development Goals, it is essential that the UK Government urgently returns to meeting the 0.7% spending commitment.

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Annex 1

Organisations who gave written evidence

- Drugs for Neglected Diseases initiative
- STOPAIDS
- Frontline AIDS
- IAVI
- Voluntary Service Overseas
- Amref Health Africa
- The Global Fund
- IPM



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
FCDO - Foreign, Commonwealth and Development 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
PDPs - product development partnerships
SDGs - Sustainable Development Goals
STI - Sexually Transmitted Infection
SRHR - Sexual and reproductive health rights
R&D - Research and development
RCNF - Robert Carr Civil Society Networks Fund
UMIC - Upper-Middle Income Country





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AIDS** 



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