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Q-Step
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Funded by the Nuffield Foundation, ESRC and HEFCE

Examining the quality of data underlying UK bilateral aid spending on HIV/AIDs.

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UKaid from the British people

Department for International Development

Introduction

Mr project was to carry out a quality assurance analysis testing the accuracy of the governments HIV/AIDs bilateral aid spending figures. I was working with statisticians and policy advisers in the Human Development Department (HDD) in the East Kilbride (Glasgow) offices, and my desk – more specifically – was in the Sexual & Reproductive Health Rights (SRHR) team.

The HIV/AIDS policy objective marker is internal within DFID's Aid Management Platform (AMP), and unlike other policy markers that DFID uses – Gender, Disability, and Rio (which are internationally agreed) – there is no guidance available from the OECD-DAC on common minimum criteria guidelines for project coding classification. My analysis used a dataset of 92 bilateral DFID projects that were recorded as either having a principal or significant focus on the fight against HIV/AIDs in the 2017/18 Financial Year.

2018 UNAIDS Conference

The 2018 UNAIDS conference – which took place during my second week at DFID – reinforced how convoluted an issue the HIV epidemic is. An effective global response needs to address the structural enablers which are at the root of the health crisis. Examples of HIV structural enablers are social and cultural norms, legal environment, education and women's economic empowerment, access to health services, community mobilisation, and stigma reduction.

UNAIDS

Through exposure to the UNAIDS conference it soon became apparent that the crux of my project was to devise a coding guidance methodolgy which encapsulated the multitude of structural enables. Accounting for the bilateral projects which are indirectly affecting HIV/AIDs prevention, treatment, and care is key to DFID being able to accurately demonstrate its financial & programmatic contribution to the HIV Sustainable Development Goal (SDG 3.3.1).

3 GOOD HEALTH AND WELL-BEING

Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations

Indicator 3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations

However, accounting for projects whose cross-integrated programming addresses the multitude of HIV structural enablers is a difficult task. There is – by the deeply integrated nature of the epidemic – a lot of room for interpretation around what can be categorised as having an indirect or significant effect on the fight against HIV/AIDs.

Methodology

To expose potential inaccuracies in DFID's HIV/AIDS bilateral aid spending figures my first task was to devise a clear minimum criteria guidance methodology for the HIV policy objective marker. It didn't take long to concede that complete objectivity was an unattainable target for the significant policy marker as it must account for such a wide range of cross-integrated programming. Therefore, the aim for the significant minimum criteria was to write guidance which was as close to binary as possible, and in doing so minimise room for interpretation and subjectivity from the Senior Responsible Officer (SRO) required to input the coding.

Here is the HIV policy objective minimum criteria methodology I devised:

* Principal (Score 2): Code a project with the HIV principal marker if and only if HIV/AIDS input sector codes are assigned to the project.

* Significant (Score 1): Code a project with the significant policy marker if and only if at least one of the following three statements is true:

1) There are indicators in the logframe which monitor HIV/AIDS prevalence or access to HIV/AIDS services

2) The business case draws a clear and direct link of causation between implementation of the project and improvements in HIV/AIDS prevention or treatment and care services.

3) There are indicators in the logframe which monitor family planning services or contraceptive prevalence (focus on primary prevention methods).

* Not Targeted (Score 0): The project has been screened against the minimum criteria and does not satisfy the conditions for either the principal or significant marker.

The second statement of the significant policy marker includes the phrase 'clear and direct link of causation'. For clarification, a business case exhibits a 'clear and direct link of causation' with HIV/AIDS prevention, treatment or care if it explains (with no leaps in assumption) an aspect of implementation of that project that is specifically aimed at benefiting the fight against HIV/AIDS.

Findings & Conclusions

Once I had devised this methodology I applied it to the 92 bilateral projects included within the dataset. I provided suggestions, observations and personal comments to propose the correct coding of projects and the rationale for HIV policy marker changes. I cannot disclose the statistics found through implementation of my quality assurance methodolgy due to government information sensitivity. However, It is important to note that the UK remains the second largest funder of the AIDS response globally, spending over £1.5BN since 2010. The majority of DFID investments are through multilateral organisations such as the Global Fund to fight AIDS, TB and Malaria, UNAIDS and Unitaid given that they have greater reach and scale than bilateral programming.

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