

Supporting community action on AIDS in developing countries

Renewing our commitment to putting the greater involvement of people living with HIV (GIPA) into practice



Insights from the Africa
Regional Programme
GIPA Workshop

6-9 December 2010 | Dakar | Senegal



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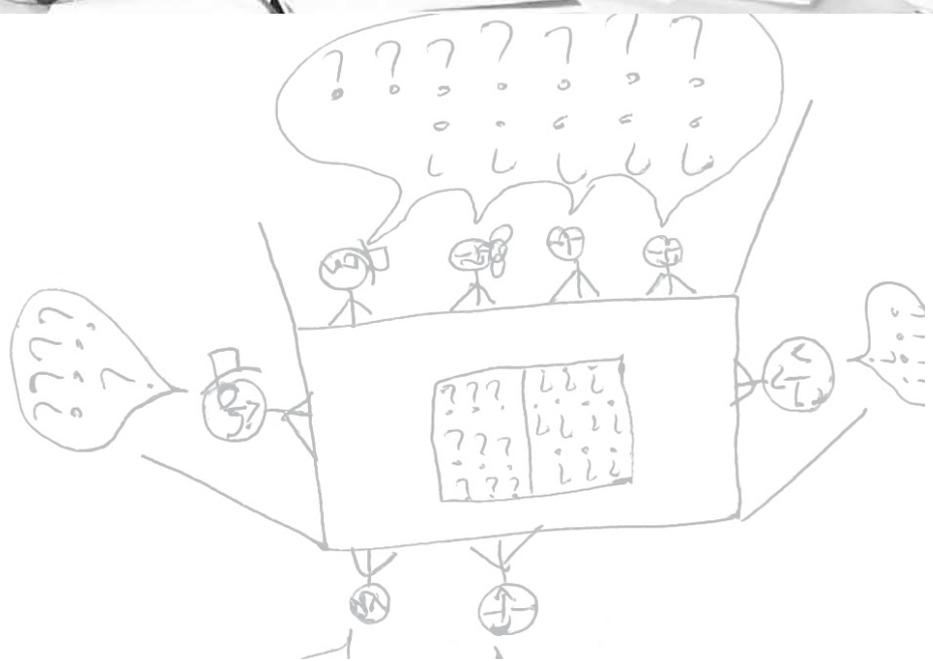
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Introduction

Dakar workshop: an example of putting the GIPA principle into practice

The Alliance and GNP+ held a workshop from 6–9 December 2010 in Dakar, Senegal, to discuss how people living with HIV are involved in delivering HIV programmes in Africa. The workshop was based on the recently developed GIPA good practice guide. Although the principle of the greater involvement of people living with HIV (GIPA) is not new, it is important to revisit regularly how it is being applied in HIV programmes so that people living with HIV can play an effective role in how HIV work is shaped and run in their countries.



The workshop was supported by the Alliance's Africa Regional Programme. This programme has been implemented in sub-Saharan Africa to support Alliance members and regional partners to increase the quality of HIV programmes that enable communities to be actively involved in achieving universal access to prevention, treatment, care and support. The Africa Regional Programme supports activities at both national and regional levels.

Participants at the workshop shared examples of how they are putting the GIPA principle into practice at all levels. They were encouraged to be participative, interactive and open in their discussions. They were also supported to develop individual action plans to advocate for better involvement of people living with HIV in their work. The workshop ensured that the voices of all participants were heard, whether experienced or less experienced in implementing GIPA. There were 45 participants from 19 countries in Africa, made up of networks of people living with HIV, Alliance linking organisations and country offices, the United Nations and civil society.

The workshop process put the GIPA principle into practice by actively:

- involving people living with HIV in planning, conceptualising and developing the workshop, as participants and facilitators
- ensuring as diverse representation as possible
- creating a space and providing translation so that all voices were heard and acknowledged
- prioritising sufficient resources (financial and human) for the workshop and its development.

The GIPA principle

*"The GIPA principle calls for the active and meaningful participation of people living with HIV in the inception, development, implementation, monitoring and evaluation of policies and programmes. To be successful, the involvement of people living with HIV should be mainstreamed across all aspects of the HIV response ... the GIPA principle is part of a rights-based approach, which is recognised as good practice in programming and policy."*¹ The GIPA principle sits at the centre of responses to HIV, although challenges remain to its successful implementation, such as the issue of tokenism, engaging emerging leaders and involving people living with HIV from key populations.

The GIPA good practice guide

The Alliance and GNP+ have developed a good practice guide on GIPA. It was created in accordance with the GIPA principle, with people living with HIV involved in all stages of its development. The guide offers support for translating the GIPA principle into practice at the programme level. It provides background information and practical strategies to help programme officers meaningfully involve people living with HIV in new and existing programmes.

1. Alliance and GNP+ (2010) 'Good practice guide: greater involvement of people living with HIV (GIPA)'. Available at: www.aidsalliance.org/publicationsdetails.aspx?id=464; www.gnpplus.net/programmes/empowerment/gipa-report-card/1642-good-practice-guide-greater-involvement-of-people-living-with-hiv-gipa

Setting the scene

Opening ceremony

The opening ceremony provided a warm welcome to Senegal and helped focus our discussions. In addition to those quoted below, we were fortunate to have as speakers Dr Doudouba, chair of the Senegalese Country Coordinating Mechanism, and Aziz Hann from Alliance Nationale Contre le SIDA (ANCS).

“ *The UNAIDS regional support team for West and Central Africa stands ready to provide technical and financial support, and facilitate strategic partnerships to support you in your efforts. We consider it is necessary to train networks of people living with HIV in all technical areas, including work on policies. Openness to positive youth and vulnerable populations is essential to ensure a more dynamic movement of HIV-positive people. We rely on the leadership of people living with HIV to transform the response in Africa. We must transform ourselves and change our way of working together.*”

Dr Meskerem Grunitzky Bekele, Director, UNAIDS regional support team West and Central Africa

“ *At the heart of the Alliance’s work is a belief that we can only meaningfully respond to the challenges of HIV by placing communities at the centre of our responses. Most importantly, people living with HIV need to be the start, the middle and the end of programmes that address HIV. We hope that this workshop will provide the space for all of us to learn from each other, to challenge each other and to find creative solutions to our commonly experienced challenges. We hope that all of us here are committed to take some of the learning from the workshop back to our organisations and into our national HIV responses.*”

Baba Goumbala, Alliance representative in West Africa, on behalf of Christine Stegling

“ *GNP+ constantly hears from networks of people living with HIV and civil society that they have to justify and prove the added value of implementing the GIPA principle. This is an opportunity for us to share our experiences, successes and challenges, which will increase the ever-growing body of evidence of the benefits of involving people living with HIV.*”

Gavin Reid, Technical Support Officer, Global Network of People Living with HIV

“ *We thank the International Alliance for choosing Senegal as the host for this important meeting, which will enable exchange and sharing of participants from many different countries. We would also like to thank the National Alliance Against AIDS, which has spared no effort to support RNP+ in our work. Today it is important to note that across Senegal, organisations are working for the greater involvement of people living with HIV in their decision-making bodies.*”

Ousmane Tounkara, chair of the National Network of People Living with HIV (RNP+), Senegal

A TIMELINE OF GIPA

1980s

- GIPA unknown and there is no involvement of people living with HIV.
- People are frightened to test for HIV; no one is prepared to disclose their HIV-positive status.
- High levels of stigma and negative images.
- 1983 Denver Principles developed.
- 1986 Ottawa Charter for Health Promotion.

1990s

- Advocacy to ensure inclusion of people living with HIV in key positions in decision-making, policy-making and implementation, and drafting of GIPA guidelines.
- 1992 creation of the International Community of Women Living with HIV/AIDS (ICW), aimed at involvement of women living with HIV at all levels where decision-making takes place.
- 1994 Paris Declaration.
- Networks of people living with HIV in Africa begin to advocate for access to antiretroviral medication.
- Establishment of national umbrella organisations and associations of people living with HIV.
- Programmes involving people living with HIV introduced and strengthened; for example, training of people living with HIV to offer adherence counselling to clients.

The Dakar workshop started by setting the scene, exploring the evolution of the greater involvement of people living with HIV and what involvement means, as well as discussing the opportunities and challenges of applying the GIPA principle in different contexts.

Conceptualising a tree of involvement

Participants carried out an exercise based on the tree of involvement, which can be found in the GIPA good practice guide or as a poster on the Alliance and GNP+ websites. They developed a picture of what is needed in order to support GIPA (the roots); the different ways of being involved (the trunk); the impact of involving people living with HIV (the branches and leaves); and the challenges and how to overcome them (in the air).



Resource



From the GIPA good practice guide. Available at: www.aidsalliance.org/Publicationsdetails.aspx?Id=90524 and www.gnpplus.net/en/resources/empowerment-of-people-living-with-hiv-a-their-networks/item/47-good-practice-guide

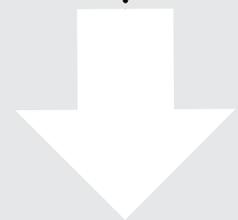
Participants' detailed comments are listed in Appendix 1, and can be summarised as follows. In order to support the GIPA principle there needs to be financial assistance and ongoing commitment to ensure continuity. There also needs to be a good knowledge of the local epidemic. It is important to have quality representation in decision-making bodies in order to strengthen the advocacy and leadership capacity of individuals and associations. It is also important to create a coaching mechanism for people living with HIV who are emerging leaders. Key to the success of GIPA is ensuring a favourable environment for the diverse representation of people living with HIV, including ensuring access to treatment, care, service and recognition of human rights.

Different ways of being involved include being spokespeople; financially supporting involvement; building capacity; and identifying mechanisms to ensure that spokespeople are chosen democratically and represent diverse people living with HIV. Other areas of involvement include participating in decision-making (CCM, NAC, ministry of health); recognising that there are professional people living with HIV who are involved as staff, trainers and resources; and creating partnerships.

Involving people living with HIV contributes to the collective commitment to respond to HIV and effect change, particularly as people living with HIV know their needs best and can provide effective feedback on programmes and policies related to them. This includes in treatment programmes to improve

2000s

- 2001 UNGASS Declaration; 2005 Algiers Declaration (first declaration of people living with HIV in the Middle East and North Africa (MENA) region); 2009 Declaration of Saint Denis, Indian Ocean islands, guaranteeing equal access to care, treatment and support to people living with HIV.
- Formation of new networks: Young Positives; Ravane+ (Indian Ocean Region); the first association of people living with HIV in Morocco (2006); CELHAYET in Algeria; UN Plus for United Nations staff living with HIV.
- 2008 Tunisian regional meeting of people living with HIV (first meeting in MENA region).
- Global Fund created, as well as guidelines on involving people living with HIV on country coordinating mechanisms (CCMs).
- Launch of national GIPA guidelines and people living with HIV sector on national AIDS councils (NACs).
- Participation of transgender and men who have sex with men in developing the Senegalese strategic plan, and incorporation of marginalised groups prioritised in the new strategic plan in Kenya.



adherence; prevention interventions to help reduce new acquisitions of HIV; testing campaigns to reduce stigma through sharing personal experiences; and monitoring quality of services and creating demand for improvement.

Participants identified challenges that are barriers to the greater involvement of people living with HIV at this stage, as well as some solutions. They felt that the duplication of programmes by organisations can make it difficult to appoint representatives. A solution may be to establish a neutral coordinating body that would develop rigorous selection criteria for membership and coordinate organisations of people living with HIV. While participants acknowledged that being HIV positive can bring added insight, a challenge remains that HIV serostatus is not a qualification in itself. There is a need to build the skills and professionalism of people living with HIV to ensure their greater and meaningful involvement. Stigma was highlighted as a barrier to people living with HIV being open about their status, as was lack of access to information. These issues could be addressed by information, media and advocacy campaigns.

GIPA in work with women and marginalised communities in generalised and concentrated epidemics

People living with HIV experience barriers to involvement within their different contexts. For example, in a country with a generalised HIV epidemic, government and civil society actors may not be adequately addressing key populations. The legal environment may not be conducive to successfully implementing the GIPA principle, particularly for people who are legally and socially marginalised. This does not mean that involvement is impossible, but that people living with HIV should be included in identifying how to ensure that involvement takes place meaningfully and safely.



Barriers to involvement

The president of the organisation AIDES is a leader within the **community of men who have sex with men** and a public health mediator for the AIDS and sexually transmitted infection division of Senegal's ministry of health and prevention. In his work he supports health professionals and social action, as well as providing advice, help and support to men who have sex with men, including people living with HIV. He spoke of some of the challenges he has faced in his work:

- In December 2008 he was one of nine men who have sex with men who were arrested and then released following national and international mobilisation efforts.
- He has been rejected by his family and community due to his sexual orientation.

Despite these challenges, he believes his experiences have enabled him to build his leadership and have motivated him to support his peers and the general population. He has been increasingly called upon to represent men who have sex with men and civil society at national and international conferences.

2010 onwards

- 5th MENA Regional Resource Group meeting calling for the greater involvement of people living with HIV as advocates in the MENA region.
- Capacity-building for people living with HIV and vulnerable groups.
- Building the capacity of new networks of people living with HIV in the region.
- 2010 Dubai Consensus statement on GIPA in MENA.
- GIPA good practice guide developed.

The future?

- The GIPA principle should be seen in all communities of people living with HIV in Africa and the rest of the world.
- There should be a new inclusiveness of GIPA that includes everyone, from the grassroots to top executives who are not in support groups.
- A GIPA charter or resolution should be developed.
- People living with HIV should be partners rather than simply involved, and should lead the prevention revolution.



Barriers to involvement

In Eastern Africa, **women living with HIV** face barriers to involvement:

- Women are not involved in decision-making. They are told to go through networks, which are led by men and where men are chosen as representatives. They are told that it is up to the networks to make sure that women are involved.
- Women find it difficult to access funding as it is channelled through the national networks.
- There has been a recent trend towards meaningful engagement of people living with HIV with other partners or on CCMs. However, this can sideline women living with HIV who have low levels of education or no internet access. Additionally, representatives on CCMs often fail to share information.
- Some young women feel pressured to accept sexual advances from heads of networks of people living with HIV or else not be involved.

In Kenya, **young people living with HIV** are not involved in policy development. This results in:

- most school programmes not having care, support and treatment elements
- group therapy being led by people who are older and young people not receiving the psychosocial support they need
- workshops not targeting young people
- HIV acquisition rates increasing among young people.

In 2004, KARLENE was founded in Dakar for **sex workers and their customers**. There are 107 members. Its objective is to:

- improve living conditions
- increase access to treatment and care
- address a lack of support
- address stigma and discrimination
- address police violence and mobility issues facing sex workers
- future plans include establishing a network of people living with HIV who are sex workers.

When working with sex workers or other marginalised communities, it is important to remember that multiple barriers to involvement may exist. For example, sex workers may face barriers related to their work as well as their HIV status.

In some instances there is limited knowledge of the GIPA principle at the grassroots level. Increasing knowledge of the GIPA principle, promoting leadership and coordinating representation are vital in ensuring that the needs of specific populations of people living with HIV are heard and addressed, particularly those of women leaders.

Accountability and representation

Accountability and representation were discussed at the workshop, particularly in relation to promoting the leadership of people living with HIV and successfully involving people living with HIV at a national level.

Promoting the leadership of people living with HIV

Within the leadership of people living with HIV, there are leaders who have been involved since the early days, some of whom are founders of their organisations. There are also leaders who may have been diagnosed some time ago but have not been involved until now, or who are newly diagnosed. For momentum and leadership to be sustained, it is important to engage emerging leaders. In some networks this can present particular challenges when experienced leaders do not make way for emerging leaders. Participants acknowledged that this issue is not necessarily limited to networks of people living with HIV. They explored the complex issues related to supporting the leadership of people living with HIV both within networks and at a national level, and were asked to keep in mind that “It is important to hand over the baton properly so it doesn’t fall, and so we continue serving our community.”

Why include emerging leaders in country coordinating mechanisms and national AIDS councils?

Including emerging leaders is of utmost importance, as experienced leaders may burn out. Emerging leaders can bring fresh energy and ideas into an organisation. Seeing “new faces” at CCM and NAC level can increase understanding of the diversity of people living with HIV in a country and ensure that statements made are not dismissed as those of individuals. Emerging leaders should be given the opportunity of starting at the national level and moving up. Experienced leaders can give guidance and mentoring on effective participation to emerging leaders, and encourage their leadership. In Cameroon, experienced leaders share their experience of involvement in CCMs and NACs with emerging leaders and help them apply to be a part of CCMs.

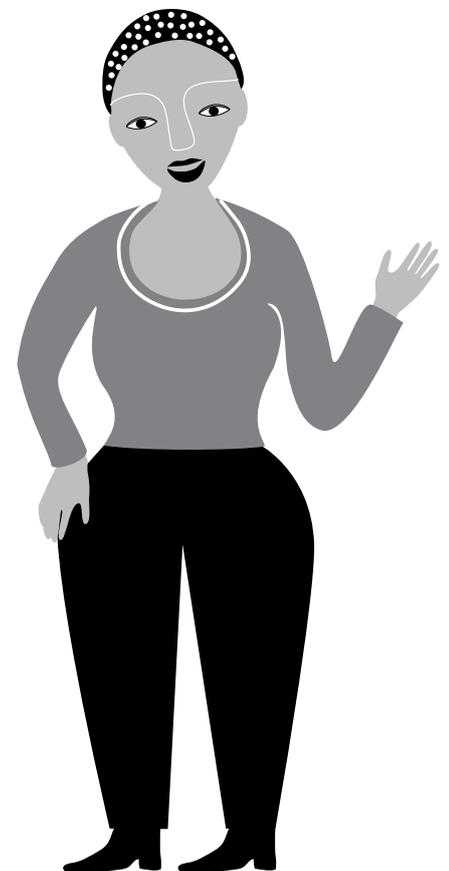
How do we integrate new leaders into country coordinating mechanisms?

This can be challenging, as young people may not be motivated to be open about their status and become leaders. They may prefer current leaders to continue playing this role. There may also be conflict between experienced and emerging leaders if handover has not worked well. There is no special moment to hand over: the process should start right at the beginning of the leadership tenure and be ongoing. It is important for leaders to be grounded in their association or organisation and to represent a constituency. Experienced leaders should not believe they will be the head of the network for life, but mentor emerging leaders in a way that explores what barriers exist to involvement of less experienced and younger leaders. Young people need to be trusted and their involvement acknowledged.

Why don't leaders step down?

Sometimes no one is prepared to step up, so the leader has no option but to stay in place. The leader may not understand why they have to leave the organisation they have founded. This may be compounded by stepping down resulting in loss of income, or fear that the organisation will collapse if someone new comes into place.

It is important to hand over the baton properly so it doesn't fall, and so we continue serving our community.



Succession planning should be developed to preserve historical knowledge and help experienced leaders make way for emerging leaders, rather than expecting them to step down or pushing them out. This includes exit planning, training, offering consultancies, acknowledging contributions to the national response, and creating grants that enable leaders to move into different areas, including starting small businesses. Sometimes highly literate younger people do not want to get involved, so associations have to work with less literate people who are pushed into CCM/NAC roles.

How do we build the capacity of new leaders?

Participants emphasised that providing space to engage emerging leaders was an important initial step in building their capacity. They also highlighted handover, mentoring and encouragement by experienced leaders; accessing training and internships; learning from experience by starting on a specific piece of work and gaining promotion; and giving new leaders opportunities to participate in meetings and learn, even if they are not always the best person to do so. They acknowledged that it can have more impact to send individuals with different areas of expertise to meetings, rather than always sending the same person. Some organisations have constitutions which state that the chair must be openly living with HIV. Other ways of building capacity include succession plans; board appraisal systems (collective and individual); clear strategies; governance structures; having funding in place; and using experienced leaders who are not part of the network as mentors.

How many people living with HIV in this workshop have the capacity to communicate like GNP+ and the Alliance? We need to address this.



A positive example of commitment and determination

One organisation changed leadership, which led to a youth group being brought under their umbrella. The youth group was supported to become fully involved. They work together as a family and hold meetings to share knowledge of each other's speciality areas. This builds individual and organisational capacity.

We must reach out to new talent and constantly rejuvenate, as well building our own professionalism and capacities.

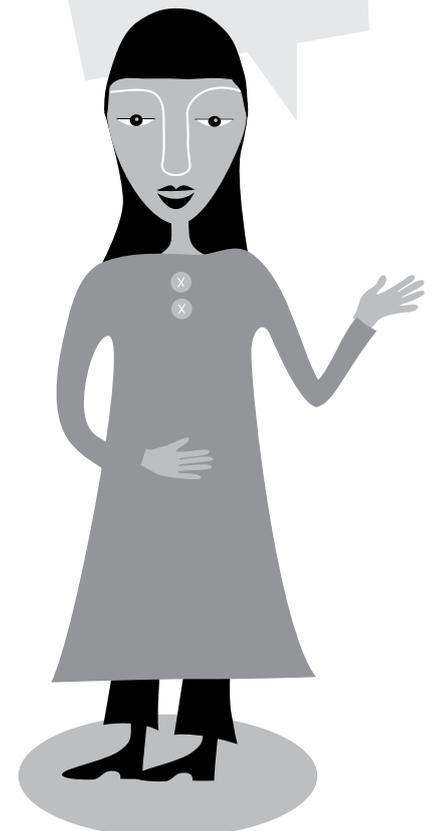
Some of the challenges discussed in this session related to general governance, and there was reflection on how the Alliance accreditation system addresses some of these issues.

The Alliance accreditation system

The Alliance accreditation system is designed to help deliver quality HIV programmes that are supported by well-performing, sustainable and credible civil society organisations. The system rigorously assesses Alliance members against high institutional and programmatic standards to improve their HIV responses and accountability to the communities they serve. It is also used to assess organisations seeking membership of the Alliance.

The system:

- puts into practice the Code of Good Practice for NGOs Responding to HIV/AIDS (www.hivcode.org)
- identifies where an NGO needs support to meet good practice standards
- builds donors' confidence in Alliance members' ability to deliver quality HIV programmes



- provides a set of standards applicable across the Alliance, building on a shared mission and vision
- ensures that the meaningful involvement of people with HIV and other marginalised groups, and gender equality are central to the work of all Alliance members
- provides an opportunity for Alliance members to learn from each other.

What is it based on?

The process uses peer review, with assessment carried out by other trained and experienced Alliance members.

- Each accreditation results in a strengthening plan to build the capacity of participating NGOs.
- The Code of Good Practice for NGOs Responding to HIV/AIDS inspired the design of the system and offers additional self-assessment tools, especially on programmatic issues.

The structure

In order to be accredited to the Alliance, each linking organisation, country office and the secretariat must meet all 38 standards. A standard is met by meeting all essential criteria and a majority of desirable criteria in the standard. An organisation seeking to join the Alliance must meet all essential criteria.

Community systems strengthening, involvement in country coordinating mechanisms and national AIDS councils

Funding is increasingly being channelled into community systems strengthening (CSS), with ‘community systems’ defined as ‘community-led structures and mechanisms through which community members and community based organisations interact, coordinate and deliver their responses to the challenges and needs affecting their communities.’ This presentation built the capacity of participants to understand what CSS is and how the GIPA principle is applicable within its components and indicators.

In group discussions there were reflections on the central role of GIPA in CSS and the opportunities within the framework to mobilise resources for civil society initiatives and strategies that are led by people living with HIV. Some of the points that came out in the discussions were:

- The framework is not just applicable to the Global Fund, it is also something that can be used to get government support.
- The CSS is a good framework, but how will it translate into something tangible in countries where the CCM is government dominated?
- The involvement of people living with HIV at the beginning of developing the Global Fund resulted in involvement that was not tokenistic.
- The language of CCMs is very technical. Capacity-building and support in learning and understanding the language is crucial to meaningful involvement.
- The framework is for civil society in general and not just people living with HIV and GIPA.



Resource

Community Systems Strengthening Framework: a summary. Available at: [www.aidsalliance.org/includes/document/WRIFU%20\(English\).pdf](http://www.aidsalliance.org/includes/document/WRIFU%20(English).pdf)



Involving Burkina Faso's networks

Involvement at a national level in CCMs or NACs can be challenging, with representatives “hand-picked” and involvement being tokenistic rather than meaningful. In Burkina Faso, the national network of people living with HIV came into existence because there were only two positions at all levels nationally for people living with HIV. There are many networks, all have representatives who are people living with HIV which work with national networks. Networks are functioning in the local areas, although there is a lack of resources and skills to bring them to a national level. People living with HIV are placed at the heart of the problem. Now, people living with HIV are listened to and asked to give advice, including to the Global Fund, and are able to block decisions if necessary.

Participants then divided into two groups for on site visits. One group met with organisations working with men who have sex with men, and the other with ABOYA, the Senegalese national network of women living with HIV. The organisations work closely with ANCS.



We have spoken of technical assistance but we should also value what we have in our midst, not just externally but the capacity and strengths of each one of us. In Burkina Faso we had no budget or capacity, so we shared our experience and chose people with teaching skills to train.

Tools and strategies

Participants reflected on the site visits and how they related to discussions in the workshop on how to implement the GIPA principle in the programme cycle and what tools are available to do this. They also carried out a role play that enabled them to act out different scenarios.

Case studies: organisations working with men who have sex with men and ABOYA

At the meeting with organisations working with men who have sex with men, participants learnt that stigma and social ostracism are preventing men who have sex with men from accessing health services in Senegal, and there are no clinics specific to their needs. This has led to an increasing number of HIV-positive men who have sex with men dying, not necessarily as a result of HIV complications, but due to the stigma and social rejection that prevented them from accessing adequate support and health services. Very few AIDS organisations are as open and welcoming to men who have sex with men as ANCS. The majority do not want to include them, and it was explicitly noted that this included the national network of people living with HIV.

There have been changes; for example, the national strategic plan on HIV mentions men who have sex with men, and one of the groups represented at the meeting is a sub-recipient to the Global Fund. However, in practice there continues to be limited social and political space for gay activism, and this is one of the reasons why the groups of men who have sex with men have decided to organise for themselves.

There was detailed discussion about the cost of health care and the difficulty in accessing it this presents to men who have sex with men. It is important to remember when discussing GIPA and key populations that access to treatment will always be at the forefront of people's issues.

There was also discussion around the impact of the legal situation of men who have sex with men on implementing the GIPA principle in Senegal. Here, homosexuality is not criminalised as such, but in practice men who have sex with men are harassed by police because of the way the law is interpreted. An important comment during the discussion called for positive protection of sexual minorities from discrimination and violence.

Participants observed that it was unclear whether the groups formed a united platform. This is often the case for people living with HIV and civil society, either at a national or regional level, leading to confusion for potential partners.

This is first time I've attended a GIPA meeting. I've learnt a lot and am satisfied. A lot of networks here have said they want to welcome and work with MSM.





Lessons learnt

The lessons learnt by participants on this site visit were:

- An enabling legal environment and medical support structure needs to be created.
- A strong, united structure needs to be organised and created to ensure that the voices of men who have sex with men are heard, either directly through CCMs and NACs or indirectly through other civil society organisations.
- The involvement of men who have sex with men within the national network of people living with HIV must be strengthened.

The lessons that participants will take back to their organisations were:

- The need to reflect on how they are involving men who have sex with men in their own organisations
- The importance of making a strong value statement and reflecting the involvement of men who have sex with men in organisational constitutions
- The importance of actively inviting the participation of men who have sex with men.

The other group visited ABOYA, the national network of women living with HIV. ABOYA has 330 members and is a sub-sub-recipient of the Global Fund. It has an executive board made up of its members and a general assembly. Its main focus is care and support, nutrition sessions, psychosocial support, positive prevention, medical support for opportunistic infections, hospital visits, support to orphans and vulnerable children and income-generation activities. Funds for income-generation activities can be used for whatever the applicant wishes. The organisation advocated for there to be shared responsibility with the bank for loans that are not repaid.

The president of ABOYA's advocacy and policy work at a national level gives visibility to the issues of women living with HIV in Senegal and within the organisation. This has resulted in increased membership, funding and assets, including their own premises, which provide a confidential, safe space for women living with HIV to meet. Members of ABOYA are empowered to be involved in the organisation and its activities through the general assembly, executive board and in monthly information-sharing meetings. ABOYA participates in monthly meetings with all stakeholders, organised by the NAC, and the National Network of People Living with HIV (RNP+) also participates in this meeting. ABOYA are also involved in UNIFEM and ANCS project development.



Lessons learnt

The lessons learnt by participants on this site visit were:

- ABOYA's president participates in NAC monthly meetings.
- ABOYA's members are empowered and involved in activities that are informed by the challenges they face, and meet every month to share information.
- It is important for ABOYA to have their own premises, which provide a confidential space for women living with HIV to meet and be open about their status.

The lessons that participants will take back to their organisations were the:

- example of advocacy with a local bank, which resulted in income-generating activities where there is shared responsibility between the bank and ABOYA for loans that are not repaid
- importance of greater inclusiveness and participation of members in the organisation.

How do we involve people living with HIV in the programme cycle?

People living with HIV should be involved at all stages of project development, from conceptualisation to evaluation. Participants were asked to focus on the five stages of the programme cycle and identify the opportunities, challenges and difficulties, threats and solutions at each stage. The key points they identified are provided below. Greater detail can be found in Appendix 2. While a number of the points relate specifically to the programme development stage, there are some that are cross-cutting.

Opportunities Acknowledgement that networks of people living with HIV already exist and are involved, as well as donors, technical partners and NGOs, and the potential for partnerships; and the commitment of donors, beneficiaries and some governments, and support of national and international NGOs. The fact that we have existing structures and existing commitment to GIPA are all opportunities.

Challenges and threats Financial challenges, being donor-driven or dependent on donors, the need for ongoing resource mobilisation and the lack of donor funds; the need for capacity-building to ensure effective involvement; political instability, the legal and policy environment, social-cultural economic barriers, stigma; internal politics.

Solutions To co-exist in diversity; to fund involvement of people living with HIV, to build the capacities of people living with HIV; establishing partnerships.

Give value to stakeholders who have been in the field – fought for access to treatment; fought for networks at all levels – international to local.



Tools to help put GIPA into practice

This session provided an opportunity to listen to and discuss strategies that can be used to put GIPA into practice. Presentations were made on existing tools that support the implementation of GIPA (see below), developed by and for people living with HIV. These develop the skills of people living with HIV, and gather information that can be used to strengthen advocacy, monitor involvement of people living with HIV and address barriers to involvement such as stigma.



Strategies for involvement

The presentation on strategies for involvement highlighted that while HIV may no longer be a killer, the stigma attached to HIV is. It went on to indicate how involving people living with HIV from diverse populations at all stages, including as staff, will result in programmes that are accurate, relevant and appropriate. It also highlighted the importance of training to help strengthen capacities to carry out these roles.



The GIPA report card

The presentation on working with the GIPA report card indicated how involving people living with HIV as enumerators has proved successful. Much of their motivation to get involved has centred around their interest to collect evidence on the situation of people living with HIV in health facilities. While the data is not yet finalised, early indications are that the level of stigma is alarmingly high in these facilities. Importantly, using the GIPA report card will enable people living with HIV to gather evidence that can be used to develop advocacy positions and inform policies and programmes. There are some examples of the use of data already in The Gambia and Guinea.



Resource

GNP+ is implementing the GIPA report card, an advocacy tool designed to gather information on the level of application of the GIPA principle. The GIPA report card seeks to increase and improve the programmatic, policy and funding actions taken to realise the greater involvement of people living with HIV in a country's HIV response. National networks of people living with HIV are leading the process with information gathered serving as a baseline against which future application of the GIPA principle at national level can be measured. It is a tool to hold governments, NGOs, United Nations agencies, donors, organisations of people living with HIV and other stakeholders accountable to their commitments relating to the application of the GIPA principle. It also increases and improves the meaningful participation of people living with HIV within the broader national response.

For more information visit: www.gnpplus.net/en/programmes/empowerment/gipa-report-card



Leadership through Accountability

The presentation on the Leadership through Accountability programme recognised that people living with HIV are the “experts” in their own lives. The programme unlocks their expertise in research; partnership development; programme management; resource mobilisation; financial control; governance and accountability; and policy review and recommendation. The programme empowers and builds national networks; increases capacity and technical ability; increases communication (internal and external); increases partnerships; benefits wider civil society; improves HIV responses (national, regional, global); and holds governments accountable.

Achieving universal access to HIV treatment, care and prevention requires a coordinated response that involves multiple and diverse stakeholders. Civil society, including national networks of people living with HIV, can play a critical role in the realisation of national and international targets. Through its work with communities, civil society can provide a unique perspective on the barriers to accessing services and offer evidence-based advocacy and recommendations about what must be done to remove these barriers.



Resource

For more information visit: www.hivleadership.org or www.gnpplus.net/en/programmes/empowerment/hiv-leadership-through-accountability



GIPA Good Practice Guide

The presentation on the GIPA Good Practice Guide introduced the guide to participants and outlined its use as a tool to support the implementation of GIPA. The Network of Zambian People Living with HIV/AIDS reported that they are already actively using the guide and have found it a helpful tool to create awareness around GIPA. They recently used it to develop guidance on creating GIPA trainings for line ministries, requested by the NAC. They recommended that the guide be widely shared with partners to re-affirm GIPA and make it more practical. A great deal of ignorance about GIPA remains, and the guide can be used to address this.



Resource

The GIPA good practice guide is available at:
www.aidsalliance.org/publicationsdetails.aspx?id=464 (English version)
www.aidsalliance.org/publicationsdetails.aspx?id=487 (French version)
www.aidsalliance.org/Publicationsdetails.aspx?Id=492 (Spanish version) and
www.gnpplus.net/programmes/empowerment/gipa-report-card/1642-good-practice-guide-greater-involvement-of-people-living-with-hiv-gipa

Monitoring and evaluating our efforts

There are many ways of monitoring and evaluating the implementation of GIPA, whether within an organisation, its programmes or at a national level.

Deconstructing why involving people living with HIV is important and what will be achieved is part of monitoring and evaluating, and is the first step towards developing organisational and national indicators. For example, if the aim is to monitor the effectiveness of a representative on a CCM, you may want to set indicators to monitor what has changed, having first agreed on what impact you are trying to achieve by being on the CCM.

An overarching goal was for the GIPA principle to be implemented consistently and accurately, in order to ensure that all people living with HIV fully enjoy their fundamental right to health, life and dignity.



Indicators for consistent and accurate implementation of GIPA

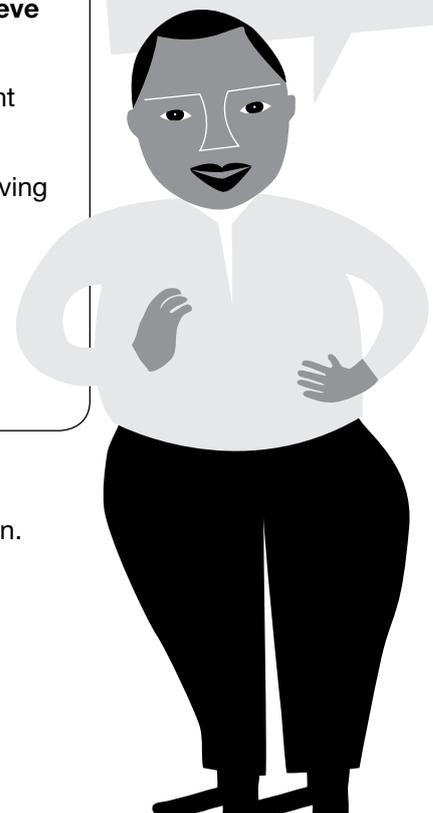
In national structures, indicators that could be developed to achieve this goal are:

- effective representation (percentage) across different levels (people living with HIV, women, children, young people, key populations), which would result in resources and policy change
- 90% of the needs of people living with HIV being included in national responses to HIV
- number of people living with HIV being included in implementing HIV programmes.

At an organisational level, indicators that could be developed to achieve this goal are:

- number of people living with HIV in all HIV organisations at management level in governance structures
- workplace policies and recruitment policies which ensure that people living with HIV are given preference where qualifications are the same
- capacity-building and staff development of people living with HIV
- number of partners applying GIPA in their projects
- number of agreements with organisations of key populations.

Wonderful experience!
Phenomenal to get networks and partners to implement GIPA. I want to encourage advocating for GIPA to be articulated in the national strategic plan.



The final activity of the day was to participate in a role play that enabled participants to act out scenarios, and to visit the workshop's poster exhibition.

Taking our work forward

Participants reflected on the previous day and how they experienced the role play and poster exhibition.

Reflections on the role play

The role play exercise divided participants into four groups and provided an opportunity for each group to act out four scenarios (see Appendix 3). Each scenario required two 'actors', and other members of the group observed and fed back before moving on to a new role play. Participants then fed back to the group as a whole, with the following points being shared:

- When advocating for policy change, be prepared for the meeting and support your arguments with evidence.
- Successful advocacy requires a good situational analysis.
- Develop your advocacy skills.
- Diverse representation at the NAC is important, but it is also necessary to demonstrate the added value of diverse representation in our arguments.
- Leaders of networks of people living with HIV need to be well informed about all HIV issues.
- Internal strategic plans are important for networks, and the promotion of GIPA needs to be part of these strategic plans.
- It is important to facilitate the engagement of your members when implementing GIPA.
- There is a need for consensus when advocating with others, as well as when reaching decisions.
- People living with HIV need to be valued, not just be the beneficiaries of funds.
- There were reflections on whether an additional seat in the NAC for people living with HIV was needed, or whether the network should ensure that the diversity of all PLHIV is represented through existing positions in the NAC.
- Participants noted the value of the role play for their own learning.

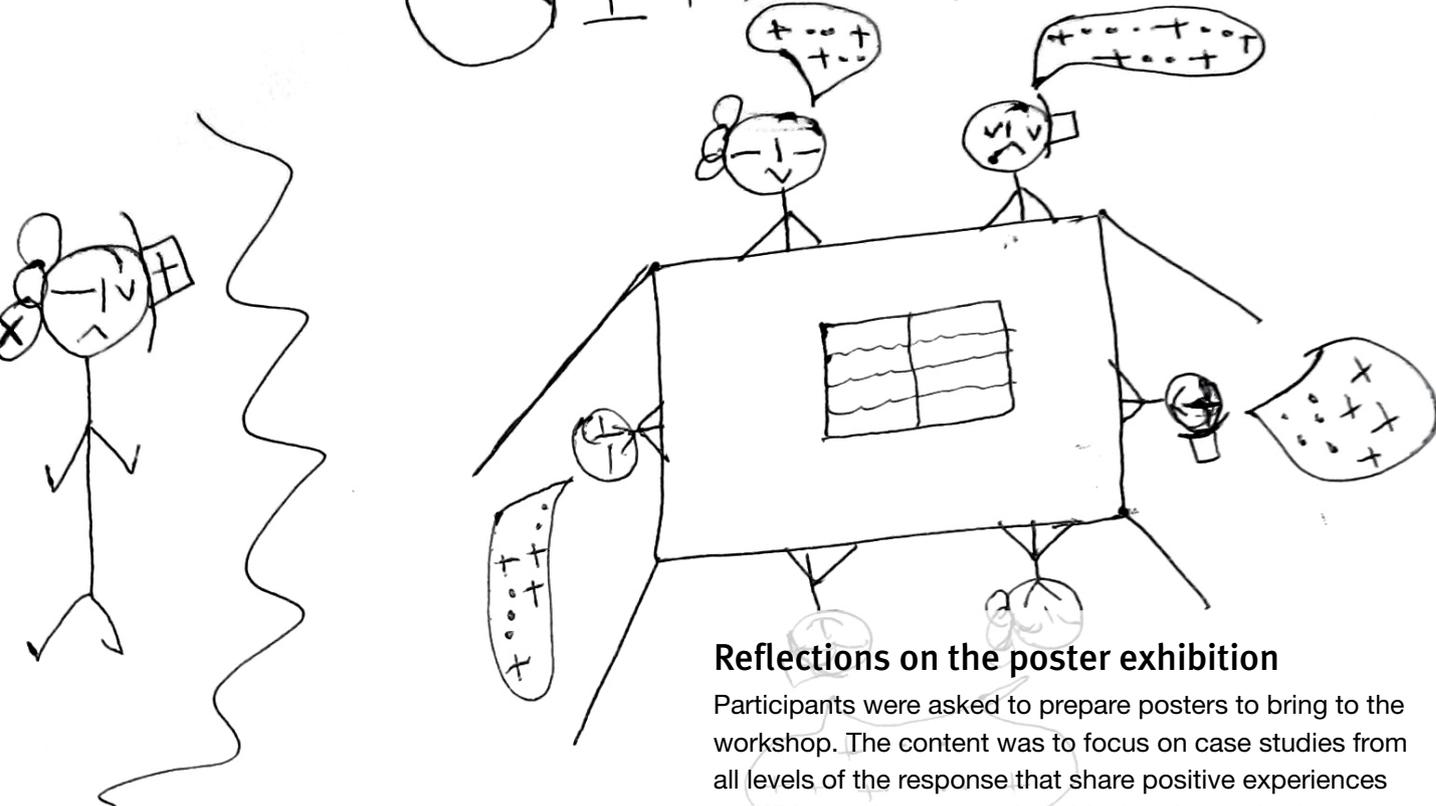


Lessons learnt

Participants were asked to focus on what they had learnt that they would take home:

- In Cameroon, GIPA will be included in a survey being conducted in 2011.
- Networks must communicate GIPA by circulating information and holding capacity-building workshops so everyone can be informed and effect change.
- MSM Network Senegal needs to build capacity to carry out advocacy.
- GIPA is a principle not a programme and it runs throughout our work.

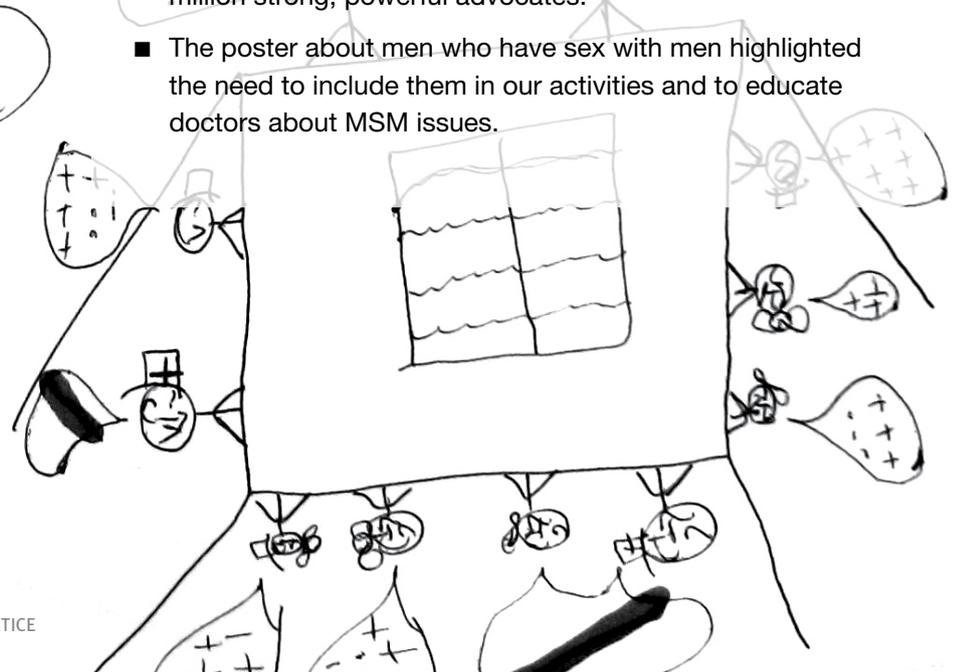
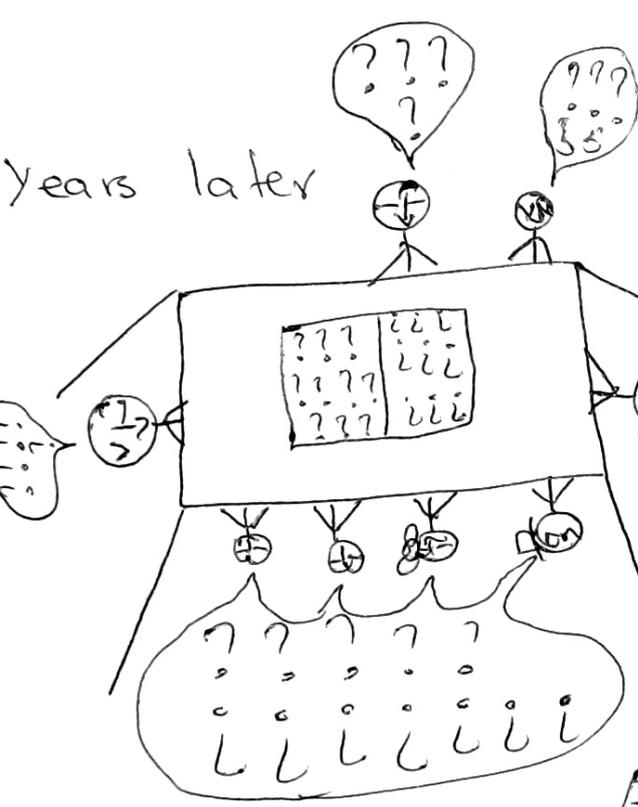
GIPA!!!



Reflections on the poster exhibition

Participants were asked to prepare posters to bring to the workshop. The content was to focus on case studies from all levels of the response that share positive experiences of GIPA practice from an individual and organisational perspective, as well as the limitations of practising GIPA. The posters were displayed and participants fed back their reflections. A few of the comments are below:

- In Burkina Faso there is an example of best practice. The president took steps to reduce stigma by sponsoring the marriage of an HIV-positive couple. He includes them in visits to show how he supports people living with HIV.
- People living with HIV should not be used as guinea pigs or window dressing. They should have their capacities built and be placed at the centre of the process to strengthen the GIPA principle.
- In South Africa a new strategic plan is being developed and GIPA must become part of it.
- If we can empower everyone living with HIV we have 33 million strong, powerful advocates.
- The poster about men who have sex with men highlighted the need to include them in our activities and to educate doctors about MSM issues.





Lessons learnt

Participants were asked what they have learnt about working together:

- One participant will be going home to change the constitution of a national PLHIV network to ensure the involvement of everyone living with HIV, including key populations.
- Representation remains a concern when people living with HIV sitting at the table don't say a word. We have to speak out.
- "We have been working with a national network for a long time and the different things discussed have been achieved already. But the GIPA Good Practice Guide will be useful for analysing gaps. This is ongoing work."
- How do we involve people living with HIV who do not have any education? We need to find capacity building strategies for PLHIV who do not have formal education.
- It is easier for PLHIV networks to practise GIPA, but it may not be so easy in Alliance linking organisations when staff may not have disclosed.
- "GIPA is more or less applied. What has inspired me is that in the past, people would choose the best proposal and not take into account GIPA, but now we will try to recruit networks of people living with HIV."
- "The relationship between ANCS and KARLENE has improved but we need to do better. ANCS has worked on the theme of GIPA for many years, working with people living with HIV, sex workers and men who have sex with men. All coordinating bodies have included the groups above and supported the election of representatives on the NAC and CCMs and other committees, as well as in representations on support for the rights of people living with HIV."
- Alliance Uganda found that strategic partnership and capacity-building of networks of people living with HIV can increase access to HIV and health services. We now have a new board on which three out of seven board members are people living with HIV.
- Alliance Ivory Coast acknowledges that we need to be more conscious about recruiting organisations of people living with HIV as members.
- The Senegalese network of people living with HIV has recently started to reach out to groups of men who have sex with men.

Barriers, obstacles and solutions to implementing the GIPA principle

Implementing the GIPA principle may be challenging at times, and it is important to recognise these challenges and seek solutions. This workshop provided opportunities to find solutions, and the GIPA community of practice will provide a platform to share successes and challenges. It is important to remember that practising GIPA is a journey on which it may not be possible to accomplish everything. In this session participants were asked to reflect on challenges and solutions. They fed back the following to the group:

Insecurity within management

- Convince management to involve more people living with HIV in management positions.
- Build capacity of managers to implement GIPA.
- Formulate an HIV workplace policy with a clear vision, mission and commitment to implement GIPA.
- Develop an organisational commitment to implement GIPA.
- Build capacity to increase knowledge of GIPA.
- Integrate vulnerable groups into networks.

Divisions within networks of people living with HIV

- Roll out GIPA guidelines to all networks as a way of unifying them.
- Address leadership conflict.
- Construct strategic alliances and work in partnership.

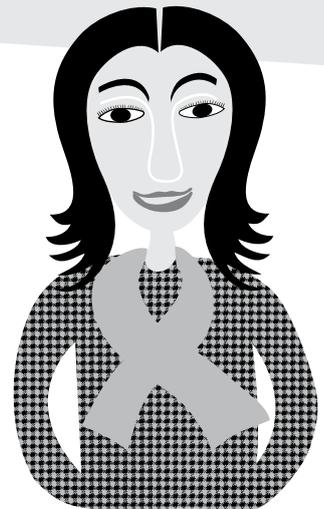
Stigma

- Conduct more stigma reduction and public speaking campaigns on disclosure.
- Address the lack of security for some groups.

Lack of feedback

- Address the need for funding to implement GIPA.
- Create quarterly forums to monitor and evaluate GIPA.
- Build the capacity of representatives.

We've learnt a lot, exchanged views, and shared successes and challenges. How can we now emulate the successes and overcome our difficulties? We need to translate all these difficulties into success stories and share with others.



Action planning

Participants were asked to develop individual plans (see template, Appendix 4) that contained their action, why the action was needed and what it would achieve, when it would be carried out, with whom and what resources were needed. We acknowledged that action planning can be difficult if you do not have the authority to carry forward the actions identified.

Many planned to return home to share what they had learnt about the GIPA principle with colleagues, people living with HIV, partner organisations and at a national or regional level. They committed to involving all people living with HIV and vulnerable populations more in their work and organisations. They also committed to building their capacities to be meaningfully involved and strengthen their understanding of the GIPA principle. Others wanted to strengthen workplace policies. Everyone indicated partners they would be working with: mostly colleagues, networks of people living with HIV, NGO networks, partner organisations, government and the Alliance.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) emphasised that they can freely provide technical support through technical support facilities and consultants who can accompany networks in the processes they want to develop.



Examples of commitments made

- ICW East Africa and Alliance Uganda made a commitment to work together.
- A participant from Zimbabwe committed to meaningfully participate in ZNP+ and the MIPA provincial committee.
- RNP+ committed to involving key populations in all activities of the network.
- There was a commitment to creating a strong network of young people living with HIV in the MENA region.

The Alliance and GNP+ made a commitment to:

- document practice on equitable representation of people living with HIV from diverse backgrounds and to produce guidelines
- set up a community of best practice on GIPA
- follow up with everyone in three months to find out how action plans are working out.



We need to share best practice in Africa on all areas, not just GIPA.

Moving forward

The personal commitment of individuals and organisations of people living with HIV and civil society was clearly demonstrated in the energy and willingness of delegates to participate actively in this GIPA workshop. We must continue to hold ourselves accountable to our members, communities, donors and each other to ensure that we honour the commitments and action plans that we have agreed here.

The Alliance is committed to promoting the GIPA principle across all its members through: the accreditation system; the dissemination of the GIPA Good Practice Guide; and through its advocacy at national and international levels.

Acknowledging that the protection and promotion of the human rights of all be at the centre of HIV programmes, the Alliance will continue to advocate for meaningfully involving people living with HIV at all levels of the HIV response.

GNP+ is committed to advocating for the recognition and operationalisation of the GIPA principle across the entire HIV response in order to change laws, policies, programmes and practices so that we improve the quality of life of all those living with and affected by HIV. With the Alliance, GNP+ will actively create spaces to share experiences, successes, challenges and best practices. GNP+ also looks forward to exploring how best to ensure equitable representation from diverse backgrounds, including the issues of leadership and succession planning.



Appendix 1

Tree of involvement

Roots

- Sustain ongoing commitment.
- Guarantee technical and financial support.
- Analyse the environment and be aware how the current situation may impact on a future strategic plan.
- Create a coaching mechanism.
- Ensure the availability of quality representation in decision-making bodies.
- Strengthen the advocacy and leadership capacity of individuals and associations.
- Ensure a favourable environment for people living with HIV and recognition of human rights.
- Ensure the existence of community mobilisation and thematic activities (screening, campaign).
- Ensure the existence of a new generation of people living with HIV – they are future leaders.
- Ensure access to treatment, care, service and support.
- Set up networks and NGOs to strengthen existing networks (global and inclusive).
- Involve the principle “by and for people living with HIV”.

Trunk

- Ensure participation of people living with HIV in national-level meetings.
- Financially support groups of people living with HIV/vulnerable populations and enforce their position as spokespeople.
- Build the capacity of spokespeople (people living with HIV and civil society).
- Strengthen democracy and people living with HIV from different backgrounds as representative spokespeople.
- Identify the criteria for spokespeople (appropriate).
- Build the advocacy capacity of civil society, people living with HIV and vulnerable groups.
- Participate in decision-making (CCM, NAC, ministry of health).
- Give recognition to professional people living with HIV (staff, trainers, people, resources).
- Prepare a supportive environment to facilitate GIPA representation (civil society).
- Create partnership links.

Leaves

- People living with HIV can contribute to the collective commitment to respond to HIV and influence change.
- Strengthened groups of people living with HIV can monitor quality of service and create demand for improvement.
- Technical- and capacity-building of people living with HIV and their networks enables them to understand their condition and be in touch with the dynamism of HIV; hence successful coping.
- People living with HIV know their needs best and can give effective feedback to programmes and policies regarding them: for example, in treatment programmes, improves adherence; in prevention interventions, helps reduce new HIV acquisitions; in testing campaigns, reduces stigma as they share personal experiences.

Sky

Challenges

- Duplication of programmes by our organisations makes it difficult to appoint representatives.
- Inadequate capacity or skills.

How can we overcome the challenges?

- Duplication: establish a neutral body that will coordinate organisations of people living with HIV, and work closely with organisations that are responsible for registering the organisation and will scrutinise them before registration.
- We need to reduce stigma which prevents some people living with HIV from being open about their status.
- People living with HIV – restructure the networks.
- Mobilising more people living with HIV who are professionals and partners: extend the membership to people living with HIV.
- Lack of access to information by people living with HIV: media and advocacy campaigns for information.

Appendix 2

How do we involve people living with HIV in the programme cycle?

| PROGRAMME STAGE | IDENTIFICATION | PREPARATION | PLANNING | IMPLEMENTATION |
|----------------------|--|--|---|--|
| OPPORTUNITIES | <ul style="list-style-type: none"> ■ Organised groups ■ Commitment to work ■ Donor commitment ■ Strategic plans ■ Regional, national and organisational | <ul style="list-style-type: none"> ■ Involvement of people living with HIV ■ The existence of target groups ■ Support of national and international NGOs | <ul style="list-style-type: none"> ■ People living with HIV buy into the idea, cater for their own interests, increased success and sustainability guaranteed ■ Ensure participation by diverse people living with HIV ■ Capacity building people living with HIV ■ Partnership development | <ul style="list-style-type: none"> ■ Existence of human resources, associations of people living with HIV ■ Existence of donors and technical partners ■ Political will of the state |
| CHALLENGES | <ul style="list-style-type: none"> ■ Uncoordinated approach ■ Non-branded activities (unspecified roles) ■ Non-adherence to spheres of specialisation ■ Money driven (resource driven) | <ul style="list-style-type: none"> ■ Poor visibility of certain groups, low involvement of vulnerable groups in projects ■ Weak technical capacity development to prepare projects | <ul style="list-style-type: none"> ■ Cost of consulting people living with HIV ■ Travel, time, income lost, disclosure ■ Stigma ■ Insecurity ■ Capacity-building ■ Internal politics ■ Timelines reduce proper consultation | <ul style="list-style-type: none"> ■ Ongoing resource mobilisation ■ Degree of commitment of beneficiaries ■ Lack of team and beneficiaries' skills in implementation ■ Lack of functional seat |
| THREATS | <ul style="list-style-type: none"> ■ Dependency on donors ■ Competition among people living with HIV and organisations ■ Lack of clear vision and mission ■ Global shift of focus on key populations | <ul style="list-style-type: none"> ■ Stigma and discrimination ■ Legal and social-cultural environments | <ul style="list-style-type: none"> ■ Policy and legal environment ■ Political instability ■ Social-cultural and economic barriers | <ul style="list-style-type: none"> ■ Instability and political conflicts ■ Beneficiaries' involvement ineffective ■ Natural disasters ■ Lack of consistent implementation systems ■ Funding runs out, non-ownership of policies |
| SOLUTIONS | <ul style="list-style-type: none"> ■ Know your epidemic ■ People living with HIV should inform government/donors ■ People living with HIV should have clearly defined roles ■ Branded and consistent programmes ■ Co-exist in diversity | <ul style="list-style-type: none"> ■ Establish partnerships ■ Make the legal environment protect vulnerable groups | <ul style="list-style-type: none"> ■ Involvement of people living with HIV and active participation ■ Advocacy campaigns for stigma reduction ■ Provision of financial support ■ Donors to allow enough timelines ■ Skills development ■ Having structures in place | <ul style="list-style-type: none"> ■ Motivate beneficiaries ■ Advocacy for appropriate policies ■ Find strategies to involve partners and beneficiaries ■ Put in place consistent systems |

Appendix 3

Role play scenarios

1. Roles: national AIDS coordinator and representative of a national network of people living with HIV

A meeting has been arranged with the national AIDS coordinator to discuss an extra seat for diverse groups on the NAC. The national AIDS coordinator is resistant to providing an extra seat and including diverse groups on the NAC. Advocate for and against the inclusion of diverse groups on the NAC.

.....

2. Roles: representatives from the ministry of health and national network of people living with HIV

The ministry of health has developed a programme and wants the national network to implement it. Discuss the issues that may arise.

.....

3. Roles: NGO director and staff member living with HIV

A GIPA policy has been developed by an organisation but it is not being implemented. The director needs to be persuaded to take steps to ensure the policy is put into action. Advocate for and against the importance of the GIPA policy being implemented.

.....

4. Roles: director of a network of people living with HIV and a woman living with HIV

A woman living with HIV is meeting with the director of her national network. She does not feel represented by the director as he has recently stated that women living with HIV should not have children. Discuss how this situation can be changed so that in the future the issues of women living with HIV are reflected appropriately.

.....

Appendix 4

Action plan template



Africa Regional Programme Greater Involvement of People Living with HIV Workshop
Dakar, Senegal 6–9 December 2010

Action plan

I commit to

because

In order to achieve

I plan to do this by

with

and the resources needed are

.....
I commit to

because

In order to achieve

I plan to do this by

with

and the resources needed are

Appendix 5

Participant list

| | | |
|-----------------------------------|--|---------------|
| ONADJA Sandwidi Genevieve | Initiative Privé et Communautaire de lutte Contre le VIH/ SIDA (IPC) | Burkina Faso |
| SAWADOGO M. Mamadou | Network for Greater Involvement of People with HIV (REGIPIV) | Burkina Faso |
| NDAYISENGA Gloriose | Alliance Burundaise contre le SIDA (ABS) | Burundi |
| TITA-GWENJENG Isaac Mabosung | Network of African People Living with HIV, Central Africa (NAP+CAR) | Cameroon |
| IROGO Michel Olivier | Cameroonian Network of Organisations of People Living with HIV (RéCAP+) | Cameroon |
| KONAN EPSE KONAN Amenan Lucile | Alliance Nationale Contre le SIDA (ANS-CI) | Côte d'Ivoire |
| M'BOA EPSE CORCHER Leiliane Monet | Network of African People living with HIV, West Africa (RAP+WAR) | Côte d'Ivoire |
| COULIBALY Yaya | Ivorian Network of People Living with HIV/AIDS (RIP+) | Côte d'Ivoire |
| ESTIPHANOS Fekade Tilahun | Network of Networks of HIV Positives in Ethiopia (NEP+) | Ethiopia |
| MURENGA Atieno Maurine | National Empowerment Network of People Living with HIV/ AIDS in Kenya (NEPHAK) | Kenya |
| GATURUKU Denis | Kenya AIDS NGOs Consortium (KANCO) | Kenya |
| BADINI Yendifimba Damata Helene | Joint United Nations Programme on HIV/AIDS (UNAIDS) | Lesotho |
| MARIE Isabelle | People Living with HIV Network in the Indian Ocean Region (RAVANE+) | Madagascar |
| ALAOUI Tariq | Regional Arab Network against Aids (RANAA) | Morocco |
| CHOUKRI Ahmed | Association Marocaine de Solidarité et de Développement (AMSED) | Morocco |
| CHONGO Erzelinda Pedro Ernesto | Mozambique National AIDS Service Organisation (MONASO) | Mozambique |
| ABRAHAM Johnson | Network of People Living with HIV and AIDS in Nigeria (NEPHWAN) | Nigeria |
| LONGJAN Mikang Nancy | Civil Society for HIV/AIDS in Nigeria (CiSHAN) | Nigeria |
| THIANDOUM Massogui | Alliance Nationale Contre le SIDA (ANCS) | Senegal |
| DIOP Ndeye Astou | Network of Women Living with HIV/AIDS (ABOYA) | Senegal |
| DIOUF Djiadi | AIDES Senegal | Senegal |
| SOW Debo | Network of Sex Workers (KARLENE) | Senegal |
| TOUNKARA Ousmane | National Network of People Living with HIV (RNP+) | Senegal |
| SAPIENZA Emanuele | United Nations Development Programme (UNDP) | Senegal |
| GOUMBALA Baba | Alliance Regional Representative | Senegal |
| BEKELE Dr Meskerem Grunitzky | UNAIDS Regional Office, West & Central Africa | Senegal |
| HANN Aziz | Alliance Nationale Contre le SIDA (ANCS) | Senegal |
| DOUDOUBA Dr | Country Coordinating Mechanism President | Senegal |
| REID Gavin | Global Network of People Living with HIV (GNP+) | South Africa |

| | | |
|---------------------------|---|--------------|
| ZAZINI Mluleki | National Association of People Living with HIV and AIDS (NAPWA) | South Africa |
| MXOTSHWA Jetter Musiyiwa | Network of African People Living with HIV and AIDS Southern Africa Region (NAP+SAR) | South Africa |
| HUSSEIN Ibrahim Mouhammed | Regional Arab Network Against Aids (RANAA) | Sudan |
| JUMA Jane Alphonse | Alliance South Sudan | Sudan |
| SIBANDA Gibson | The Family Life Association of Swaziland (FLAS) | Swaziland |
| MARGERIE Alex Pius | Network of African People Living with HIV, Eastern Africa (NAP+EAR) | Tanzania |
| BIRUNGI Alice Hope | International Community of Women Living with HIV/AIDS (ICW) Eastern Africa | Uganda |
| MUKASA David S. | Alliance Uganda | Uganda |
| STEGLING Christine | International HIV/AIDS Alliance | UK |
| SOBO AVOAKA Monique | International HIV/AIDS Alliance | UK |
| PERRAUT Caroline | International HIV/AIDS Alliance | UK |
| KONOPKA Sarah | International HIV/AIDS Alliance | UK |
| KISSERLI Tania | International HIV/AIDS Alliance | UK |
| PETTITT Fiona | Consultant/report writer | UK |
| MUTEMWA Susan | Alliance Zambia | Zambia |
| SIKWESE Kenly | Network of Zambian People Living with HIV/AIDS (NZP+) | Zambia |
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Established in 1993, **the International HIV/AIDS Alliance** (the Alliance) is a global alliance of nationally-based organisations working to support community action on AIDS in developing countries. To date we have provided support to organisations from more than 40 developing countries for over 3,000 projects, reaching some of the poorest and most vulnerable communities with HIV prevention, care and support, and improved access to HIV treatment. The Alliance's national members help local community groups and other non-governmental organisations (NGOs) to take action on HIV, and are supported by technical expertise, policy work, knowledge sharing and fundraising carried out across the Alliance. In addition, the Alliance has extensive regional programmes, representative offices in the USA and Brussels, and works on a range of international activities such as support for South-South cooperation, operations research, training and good practice programme development, as well as policy analysis and advocacy. For further information visit:

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The Global Network of People Living with HIV (GNP+) is a global network for and by people living with HIV. GNP+ advocates to improve the quality of life of people living with HIV. As a network of networks, GNP+ is driven by the needs of people living with HIV worldwide. Based on emancipation and self-determination, GNP+ works with independent and autonomous regional and national networks of people living with HIV in all continents. Under the central theme 'Reclaiming Our Lives!' GNP+ implements an evidence-informed advocacy programme focused on empowerment, human rights, positive health, dignity and prevention, and sexual and reproductive health and rights of people living with HIV. For the most up-to-date results and achievements please visit: