

**POLICY DOCUMENT ON  
AIDS AND DEVELOPMENT CO-OPERATION**

**HIVOS POLICY DOCUMENT ON  
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Approved by the Executive Board  
at its meeting in February 2001

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## 1 INTRODUCTION

This policy paper serves to update Hivos' policy on support for AIDS programmes in the South, as it has been applied since the early 1990s. The first reason for this update is the growing impact of AIDS on socio-economic conditions in large parts of the countries in the South, where AIDS has been disastrous for the development process.

Moreover, the context and field in which players operate in AIDS prevention in the South has clearly changed over the years, although governments continue to take insufficient responsibility in providing prevention and care facilities. The third reason for this update is the obvious need to co-ordinate AIDS policy with the sector policy that Hivos introduced in the mid-1990s.

This policy paper elaborates on Hivos' AIDS policy for the immediate future and identifies the activities and target groups that require support. The results of an external review served as an important input to the new policy. This review comprised a survey of the views of Hivos' partners in the South and other experts on the results of Hivos' efforts up until now and their ideas for future policy.

Since Hivos maintains a sector-based policy, this policy paper links the policy with the various sectors recognised by Hivos. The final chapter describes the means of implementation for the AIDS policy.

The annexes feature an overview of the AIDS projects that Hivos supports, as well as a compilation of the responses to the survey stated above.

## 2 HIVOS' AIDS POLICY 1990-1999

### 2.1 Retrospective

When Hivos began to support AIDS programmes in the South in the early 1990s, AIDS rarely figured prominently in ideas about development co-operation. Generally, approaches to the AIDS problem were aimed at providing health care services. Hivos' decision to treat AIDS as a specific aspect of policy arose from the awareness that AIDS was also, and even especially, a general development issue. Ignoring the AIDS issue would ultimately undermine development co-operation efforts.

Hivos thus adopted a unique position by pioneering a response to the AIDS issue in the South. Its position was also unprecedented by virtue of its timely acknowledgement that structural poverty and the current social inequality and power imbalance largely determine both the causes and the consequences of AIDS. This fact guided Hivos' selection of AIDS policy objectives, which focus on protecting human rights, strengthening emancipation processes with respect to AIDS, Sexuality and Gender, and raising awareness of the AIDS issue in the South.

Hivos focused heavily on lobbying for the development of prevention policy and measures to protect people with HIV/AIDS from all forms of stigmatisation and discrimination.

From the outset, Hivos has selected the groups in society that are most vulnerable to HIV transfer as its target groups: the poor, women, labour and other migrants, refugees, homosexual men and other men who have sex with both men and women, and men who suffer discrimination because of their sexual orientation or conduct. People with HIV/AIDS were another important target group for Hivos. Hivos' development approach, including the focus on the objectives and target groups described above, has clearly been acknowledged, as the favourable report by the recent external Review of Hivos' AIDS policy reveals. The survey related to the Review conducted among Hivos' partner organisations and resource persons in the South reflects a similar tone of approval.

These reports demonstrate that Hivos has pioneered the above policy and – perhaps still more importantly – has established fruitful collaborative arrangements with partner organisations that are currently leaders in the fight against HIV/AIDS. Various partner organisations have been directly involved in influencing domestic and international policy, as illustrated by meaningful examples from all continents where Hivos operates.

One such case is the partner organisation OASIS in Guatemala, established from scratch with support from Hivos and other sources about six years ago, which is now a leading organisation in the struggle against AIDS in Guatemala. In its recent strategic AIDS policy plan, the Guatemalan government highlights the importance of OASIS in devising this plan. Hivos' partner organisation SIAAP in Madras (India) is another case in point. They convinced the authorities of Tamil Nadu State of the effectiveness of the training model devised by SIAAP for pre- and post-AIDS counselling by health care workers, which resulted from an extended elaboration process with technical support from Dutch experts. The model has been adopted by the government and is now used in public clinics as well.

The work by Hivos partners ANNEA and Shedepha in East Africa is the third example. The evaluation report (September 2000) of the Stuurgroep Evaluatie Medefinancieringsprogramma [Steering group for evaluation of the Dutch co-financing programme] expresses positive views regarding the achievements of these organisations, operating with limited resources and under extremely difficult circumstances, in raising awareness about AIDS in Tanzania. Other examples are available from countries such as Zimbabwe, South Africa, Malaysia, Peru and Costa Rica.

In the past decade Hivos has also become known for influencing policy on AIDS and development co-operation. The regional offices have played an especially important role, including the organisation of seminars that served to broaden support for the struggle against AIDS in the different regions. Hivos' active participation in the Dutch co-ordinating group of organisations that deal with AIDS and development co-operation (ACG/KIT) is another important instrument for synchronising and influencing policy.

Hivos deeply values strategic alliances. It has worked fruitfully for several years with the AIDS Fonds in the Netherlands and with organisations (e.g. the Schorer Stichting and Siemens's Nederlandse Stichting Gestalt) that contribute technical expertise for designing counselling and buddy programmes in the South.

Hivos also works constructively (in some cases through its regional offices) with Dutch embassies in the South on supporting AIDS programmes.

The organisations that Hivos has helped cover a broad scope with respect to both substance and size, ranging from *grass roots* organisations to intermediary organisations, including specific AIDS service organisations and a growing number of organisations that have taken up AIDS prevention as a secondary responsibility. This development is especially important for expanding opportunities to serve the stated target groups - particularly women, who deserve more support from Hivos. Additional information appears in the Review and Survey among Hivos partners, which urge Hivos to make a special effort for the target group of people with HIV/AIDS.

Expenditures: in 1992, Hivos allocated 1.5 percent of its budget towards support for AIDS programmes. By 1995 the figure had risen to 3 percent, realising the commitment that Hivos had announced publicly at the AIDS campaign organised in 1992. In 2000 the share exceeded 4 percent. About half the support goes to organisations in Africa and the other half to programmes in Asia and Latin America.

## 2.2 Dilemmas and challenges

The continuous rise in the number of people with HIV/AIDS and its consequences for development in the South are likely to mean that Hivos will receive additional requests for support in dealing with AIDS. Hivos will therefore need to clarify its own policy, which arises from the general Hivos policy of direct poverty alleviation, combined with civil society building and (inter)national lobbying. Hivos will also need to limit its scope and will not be able to support all initiatives, no matter how important they might be. This holds true for relief for AIDS orphans, direct services and care for people with HIV/AIDS, and the research for an AIDS vaccine. Relief for AIDS orphans requires specific expertise that other donor organisations are better equipped to provide. Hivos' general policy focuses not on care and direct services but on lobbying and advocacy for general facilities, in order to guarantee optimal care and services. The use of the term care in this policy paper needs to be interpreted in this context. At present, the leading role of universities and laboratories in the North in the vaccine research offers few opportunities for input from community organisations in the South. This view is supported in the Review report by Russell Kerkhoven, ETC Crystal; see the annex "Frequently Asked Questions".

The aforementioned external review and the related survey reveal that Hivos' general AIDS policy merits continuation. The focus on human rights and gender is characteristic and defines Hivos' position among the organisations that deal with the AIDS issue in the South. Reasons abound for protecting human rights: discrimination and stigmatisation of people with HIV/AIDS and persons who belong to the alleged risk groups remain all too common.

Women and girls run a particularly high risk of becoming infected with HIV, considering the gender imbalance, which explains the link with the gender theme.

The review highlights the importance of lobbying and advocacy for influencing policy and negotiating an effective AIDS policy.

The challenge from the interest groups (including self-help organisations) urging Hivos to help devise solutions to satisfy their primary needs presents a dilemma. It is at odds with the policy described above that Hivos has applied up till now, which does not include support for direct services.

The outcome of the Review indicates that interviewed partners and resource persons urge Hivos to devote greater and more ongoing efforts to the following issues:

- Involvement of people with HIV/AIDS (concretisation of GIPA)
- Inclusion of local groups of people with HIV/AIDS (CBOs) in the international network of people with HIV/AIDS (GNP+ /ICASO)
- Involvement of organisations not specifically focused on AIDS
- Enhancement of expertise for organisation building and network development
- The relationship between AIDS and sexual self-determination and emancipation of sexual minorities
- The relationship between AIDS and Gender inequality
- Lobbying and advocacy for affordable HIV/AIDS-related drugs

In addition to acknowledging the importance of the issues listed above, the recommendations from the review include a comprehensive, cross-sectoral focus with optimal deployment of manpower and

funding with respect to the countries where HIV is the most prevalent, especially those in Southern and East Africa. Continuing prevention efforts in countries where the HIV prevalence has been low up until now is also important. Greater internal awareness of the severity of the consequences of AIDS for the implementation capacity of NGOs, including those of Hivos' partners in the South, may encourage additional efforts and interest in this issue. Hivos' own implementation capacity and elaboration of monitoring and evaluation indicators will need to be adjusted accordingly.

### 3 GENERAL SITUATION IN 2000

#### 3.1 Introduction

In the most recent UNAIDS publications (June 2000) the estimated number of people with HIV/AIDS exceeds 43 million. Approximately 18 million people have died of the consequences of AIDS and related infections by now. The constantly rising rates of HIV infection among young adults, especially among young girls, is especially disconcerting.

The overwhelming majority of those infected with HIV live in the South. Structural poverty, income discrepancies, gender inequality, discrimination against members of sexual minorities, migration and urbanisation are major factors that render people in the South especially susceptible to HIV infection. The impression of one sweeping epidemic, however, merits qualification. Various local epidemics may coexist. Social context deeply influences the type of epidemic.

AIDS has extensive consequences. The disease has already severely affected the basic conditions for a dignified existence among a great many men, women and children in the South.

In Southern Africa, the Caribbean, and parts of Central America and Asia - the epicentres of the epidemic - the destructive impact is becoming increasingly noticeable through the sharp decrease in life expectancy, thus structurally impairing current and future development. In many countries in the epicentres, most of the socio-economic progress achieved with such difficulty in recent decades is in danger of being reversed. Loss of labour and declining labour productivity are the main reasons. In the epicentre countries rates of HIV infection are around 20 percent or higher. Research has indicated that life expectancies in these countries may drop from sixty to thirty. HIV/AIDS can even lead to an absolute decline in population.

In the past decade the contrast between North and South has deepened. While affordable HIV/AIDS-related drugs have become available in the North, they are rarely accessible in the South.

#### 3.2 Africa

Over two thirds of the world population infected with HIV/AIDS lives in Sub-Saharan Africa.

Still, authorities in most countries of the epicentre in Africa continue to deny the problem. They assume very little or no responsibility and do not take effective measures. The positions of some leaders, who claim the right to investigate the cause of AIDS independently and want to design the approach as they see fit, further impedes effective intervention. Some claim that AIDS is a syndrome not caused by a virus. The leaders thus exonerate themselves of any duty to intervene where they still can, for example by providing pregnant women with affordable medical drugs that could dramatically reduce the likelihood of HIV being transferred to their children.

Government denial and refusal to intervene also arise from the political agenda of the different countries in Southern Africa. Several of these countries spend huge amounts on costly warfare but abandon people with HIV/AIDS to their fates. The failure of the governments concerned to act is subject to rising criticism. In July 2000 at the World AIDS Conference in Durban, Justice Edwin Cameron, a member of South Africa's Constitutional Court, spoke of a crime against humanity. Countries like Uganda and Senegal have shown that change is possible. The number of HIV infections has declined greatly in those countries, thanks in part to government-sponsored information campaigns.

A delegation of Dutch MPs who visited South Africa in early 2000 urged as much attention as possible for the AIDS epidemic: development co-operation without addressing the consequences of AIDS is pointless.

#### 3.3 Asia

For years experts have been predicting a drastic rise in the number of people with HIV/AIDS in Asia. The official statistics from the different countries with their enormous population densities conceal the actual situation. Reports about the true extent and consequences of HIV/AIDS in that part of the world are sporadic.

Clearly, however, India and China are in danger of becoming the countries with the largest number of people with HIV/AIDS in the near future. UN and WHO estimates indicate that Asia will soon surpass Africa in the number of HIV/AIDS infections.

Ignorance, denial and the taboo against discussing the causes of HIV transmission are the underlying factors and have made governments highly reluctant to deal with the situation. In addition, the traditions, customs that date back centuries and ideologies such as religion virtually preclude openness and research about sexual conduct, which in turn impedes dealing with the AIDS problem effectively.

Gender inequality and the discrimination and stigmatisation experienced by people whose sexual orientation deviates from the heterosexual norm are additional obstacles. Fortunately, in this complicated Asian context, many valuable programmes have been devised for effective care and prevention of HIV/AIDS. NGOs in countries such as India, Sri Lanka and Malaysia, some of them Hivos' partners, have contributed substantially to this process. Furthermore, indications suggest that the government in the different countries of Asia will do more to fight AIDS. Such countries include India, China, Cambodia and certainly Thailand as well. Thailand has even established a reputation for its government's effective approach, which has clearly reduced the number of new HIV infections. Thailand also serves as a role model for Asia (and elsewhere) in terms of cultivating the right conditions for producing and providing affordable HIV/AIDS-related drugs for its population.

### 3.4 Central Asia and Eastern Europe

Many countries in Central Asia and Eastern Europe are making the difficult transition toward a social order based on the Western model of production, financing (the free market) and democracy. The change has led to problems of authority, which is among the reasons for the lack of confidence in the state machinery.

This situation has seriously hampered an adequate response to the rapidly spreading HIV epidemic in this part of the world. AIDS is often viewed exclusively as a medical problem, with a strong focus on the question as to when HIV testing is permissible or necessary. The factors responsible for HIV transmission receive insufficient consideration. In this part of the world, the increase in HIV infection arises primarily from intravenous drug use with contaminated syringes.

Other explanations for many of the above factors include poverty, gender inequality, sexual taboos along with all the prejudices about sexual deviance and insufficient access to relevant information about HIV/AIDS.

### 3.5 Latin America and the Caribbean

The HIV/AIDS epidemic in Latin America and the Caribbean covers a broad spectrum. In the Caribbean and a few countries in Central America, the rates of infection are shocking. The situation in these countries is comparable to Southern Africa: very high HIV prevalence resulting from heterosexual intercourse.

In many other Latin American countries HIV/AIDS is more common among men who have sex with men. The figures make this painfully obvious and provide ample reason for granting this "group" of men priority in prevention and care. Peter Piot, director of UNAIDS, explained this at the regional AIDS Conference for Latin America and the Caribbean in Rio in November 2000.

HIV prevalence among this "group" of men in Latin America is similar to and possibly even higher than the same sub-population elsewhere in the world. The rate is very high indeed. More disturbing is that younger men, after having initially taken precautions, are lapsing back into unsafe sex. Changing behaviour permanently is extremely difficult. Especially in the Southern countries in Latin America, contaminated hypodermic needles for intravenous drug use are another major source of HIV infection. Gay men have been particularly active in raising awareness about AIDS in this part of the world. They have lobbied their governments to take measures. Like elsewhere in the world, their actions have elicited strong resistance from conservative circles. In addition to the major objections from the Catholic Church and the military, the prevailing macho culture has seriously impeded efforts to overcome taboos and prejudices about sexuality, gender and relationships. Nonetheless, activists have made progress by joining forces and often working with other civil society actors. Governments have – though reluctantly in some cases – taken measures toward prevention and care. The activists have achieved impressive results in improving the availability of anti-retroviral therapy (known as HIV/AIDS-related drugs). This holds true for Brazil and subsequently for Argentina, Chile, Costa Rica and various other countries in Central America. Nonetheless, the availability of HIV/AIDS-related drugs remains far from universal for people with HIV/AIDS. The Latin American activists have, however, set the trend and charted a course that may define approaches to dealing with AIDS elsewhere in the world as well.

### 3.6 Conclusion

AIDS is a global issue that has hit the South especially hard. Over the years, several worthwhile initiatives have been launched, including tentative efforts to regard AIDS as a problem with a scope that is far broader than public health. Unfortunately, support has been insufficient for measures serving the interests of those in the South who are at risk of becoming or already are infected with HIV. This is the primary responsibility of the governments in the different countries, although the private sector clearly needs to do its bit in the struggle against AIDS as well. Although much has already been done, halting the spread of the epidemic will require considerably more effort. Support from the North is indispensable. Development co-operation is important and may even provide direction in this respect.

## 4 POLICY DECISIONS

### 4.1 Objective

Hivos' AIDS policy is dedicated to supporting processes that enable groups of people in developing countries to halt the ongoing spread of AIDS and to deal adequately with the disastrous impact that AIDS has on their lives. Hivos regards AIDS as a development issue that exceeds the scope of health care and focuses on supporting organisations that try to influence policy through lobbying and advocacy to achieve optimal information, prevention and care facilities in the South as well.

### 4.2 Justification

AIDS has highly disruptive consequences for community structures and general development opportunities in the South and thus affects the substance of effective development co-operation. The AIDS epidemic is inextricably linked with the human rights situation and gender inequality in the South. Violations of universal human rights and the current power imbalance between the sexes enables AIDS to proliferate rapidly and wreak tremendous havoc. The Hivos policy documents for the "Human Rights" and "Gender, Women and Development" sectors highlight AIDS as an area of consideration.

## 5 HIV/AIDS IN HIVOS' SECTOR POLICY

### 5.1 Introduction

Hivos regards HIV/AIDS as a development issue that requires a cross-sectoral approach. This chapter describes the areas where the HIV/AIDS sector overlaps with Hivos' other policy sectors and identifies possible AIDS policy-related activities in those areas.

### 5.2 Human rights

Supporting processes that enable people in the South to defend their rights is an important part of Hivos' work. These rights are nothing else than universal human rights, and, unfortunately, are subject to widespread violations. The right to information, education, health care, housing, social security, legal counsel, privacy, experience of sexuality and the like remains a utopia for many people. As a result, people in the South, who already run an increased risk of becoming infected with HIV and AIDS-related diseases, have become even more vulnerable.

Infection with HIV/AIDS erodes their social position, as the victims suffer stigmatisation and discrimination, leading to isolation, fear and silence. The statements from people with HIV/AIDS at the Durban AIDS Conference were highly revealing in this respect. Their "world" presented a stark contrast to the industrialised world.

NGOs can make an enormous difference here, especially if they adopt the recommendations and guidelines drafted by the UN High Commissioner for Human Rights. (See the UN publication *International Guidelines HIV/AIDS and Human Rights*, 1998). In this document the UN addresses NGOs in particular.

In supporting programmes at a national and international scale, Hivos naturally seeks to collaborate with human rights organisations and especially with organisations for people with HIV/AIDS.

### 5.3 Gender, Women and Development

The power imbalance that women experience in their relations with men is one of the main reasons why women run a much higher risk than men of becoming infected with HIV. The figures from the most recent UNAIDS report (June 2000) about the distribution and manifestation of the epidemic attest to this elevated risk. In Africa the number of HIV infections among young women is several times greater than among young men. The figures are similar for other HIV/AIDS outbreak "centres", such as the Caribbean, Eastern Europe and various states in India.

The factors underlying women's relatively high vulnerability are both biological and attributable to their subordination in general and especially in their sexual relations with men. Male supremacy, often sanctioned by the dominant culture and tradition, renders married women completely dependent. Where a culture entitles men to resort to violence when it suits them, women are completely at their mercy and suffer severe consequences. Fearing violence, women have trouble refusing unsafe sex. The rise in HIV infection among young girls is also related to the power imbalance, as well as the allegedly lower likelihood of HIV transmission and even the assumption that having sex with young girls has a curative effect. The risks of transmitting HIV from mother to child during pregnancy and delivery are also a heavy burden on the position of women. The current power imbalance for women and young girls reduces their access to knowledge and information (awareness), as well as health care (especially paid health care).

Women's lesser say allows men's visions, interests and priorities to prevail in determining government policy and allocating funds towards prevention and treatment.

The consequences of AIDS are disproportionately serious for women and exacerbate the current gender inequality. Women – and especially poor women – are the first to experience the impact of economic deterioration resulting from loss of income. They are also responsible for additional care for children. Finally, voluntary care for patients in the community is contingent upon efforts by women. The need to be alert to gender inequality is enormous. Nonetheless, the role of men, their identity and experience of sexuality also require consideration in the fight against AIDS.

#### 5.4 Culture

Hivos' cultural policy is geared towards the cultural sector and within that sector focuses on art and popular culture in the South. Due in part to ignorance and prejudice, artists trying to express their perceptions of HIV/AIDS often encounter rejection and even censorship.

Hivos protects these artists by encouraging partner organisations to take measures to enable them to continue their artistic efforts and publicise them in any way possible.

#### 5.5 Economy and Sustainable Development

The deplorable economic development in many countries in the South is due in part to ineffective political policy. Structural poverty renders people extremely vulnerable to HIV infection and powerless to deal effectively with the disruptive consequences of AIDS, both on a macro and micro level.

HIV/AIDS eliminates people in the productive and reproductive stages of their lives, thereby obstructing production in all sections of businesses, government institutions, health care, education, etc.

The disappearance of teaching staff with no ready replacements affects the quality of education. Occupational training for young people stagnates, and skilled jobs cannot be filled. AIDS thus hampers economic development. Countries with a high prevalence of HIV are even experiencing economic regression.

The results of development co-operation projects conducted by Hivos partners may be reversed as well. This process is already noticeable in agriculture, especially in sustainable and organic agriculture, an area in which Hivos is closely involved through project support. Organic agriculture is labour intensive and involves high participation of women. This consistent comparative advantage for the South is now jeopardised by the shortage of labour to replace those with HIV/AIDS. Moreover, this situation is also reducing the few opportunities available to women for acquiring income.

In Southern Africa, Hivos has joined forces with local rural development organisations to devise strategies to deal adequately with the consequences of AIDS for the local communities. Hivos will become more concerned with the economic aspects of the AIDS problem, especially in the countries where it operates that have a high HIV prevalence. Last but not least, exclusion from insurance policies of individuals who are HIV positive or considered at an elevated risk of infection is another serious consequence of HIV/AIDS. Agencies from the North can provide valuable lobbying and advocacy support in this respect.

In the future, Hivos will seek closer collaboration with its partner in the South-North Federation, WEMOS (Organisation for International Health Issues), which has already contributed substantially toward this cause.

## 6 TARGET GROUPS

In conducting the operations and programmes stated in the previous paragraph, Hivos addresses all the following – equally significant – specific groups of people.

### 6.1 People with HIV/AIDS.

The role of people with HIV/AIDS in drafting policy and implementing HIV/AIDS care and prevention programmes is immensely important for their quality and success. The plan initiated under the auspices of UNAIDS for "*Greater Involvement of People Living With or Affected by HIV/AIDS*" (GIPA) confirms and substantiates its importance. After all, the people with HIV/AIDS, who know from experience the damage that stigmas and discrimination can do to others, are the best ones for transforming fear and prejudice about HIV/AIDS into acceptance, tolerance and respect.

### 6.2 Women and young girls

Women and young girls merit special attention, because the power imbalance with respect to men places them at an elevated risk of becoming infected with HIV. Moreover, they are disproportionately affected by the consequences of AIDS.

### 6.3 Teens and young adults

Effective prevention requires notifying teens and young adults early about HIV/AIDS and educating them about safe sex, as well as acknowledging that they engage in sex.

### 6.4 Sexual minorities

Discrimination against those whose sexual preference, identity or conduct deviates from the heterosexual norm deprives homosexuals, bisexuals and transsexuals in many countries of appropriate prevention and care. The interests of these groups, which, like minorities elsewhere in the world, suffer severe discrimination because of AIDS, also need to be acknowledged and protected in countries and regions where heterosexual intercourse is the main means for transmitting AIDS.

### 6.5 (Labour) migrants and refugees

People forced to work or to build new lives far away from their familiar surroundings are often at elevated risk of becoming infected with HIV due to their marginalised position in their new environment. Accordingly, they deserve special consideration as well.

### 6.6 Poor urban and rural population

The direct link between the AIDS epidemic and structural poverty in the world has led Hivos to consider the poor urban and rural population in the South in this area of policy as well. Their poverty deprives them of access to the most basic services and information and therefore renders them more vulnerable to HIV infection. For these reasons they also suffer most from the consequences of HIV/AIDS.

## 7 ACTIVITIES IN NEED OF SUPPORT

### 7.1 Introduction

In pursuing the objective stated in 4.1, Hivos engages in the activities and programmes listed below without distinguishing according to importance.

Evaluation of these activities and programmes requires respectful and judicious consideration of the local context. Listening carefully to the organisations in the South will reveal the options and limitations. After all, they *own* the initiatives and programmes. They set the pace of the process that will alter relationships, power structures and patterns of behaviour. The South-South dialogue has the potential to reinforce this process significantly.

In implementing AIDS policy, Hivos will focus on the following categories of activities and programmes:

- Prevention, awareness and information
- Lobbying, advocacy and influencing policy
- Organisation building, network development and communication
- Emancipation and sexuality.

### 7.2 Prevention, awareness and information

To empower people in the South who run the greatest risk of HIV infection, Hivos will support programmes focused on prevention, awareness and information. Teens and young adults will obviously be given priority in these activities, especially those generally deprived of basic information about the risks of becoming infected with HIV.

In countries where the HIV prevalence remains low, there is ample reason to support programmes geared towards prevention, awareness and information. Becoming aware of the risks of HIV transmission is as important as understanding the consequences of HIV/AIDS. Hivos' activities in this respect will cover the broad spectrum of local organisations (i.e. not focus solely on the actual AIDS organisations), which can be of great strategic value, especially in countries and regions where HIV/AIDS has already impeded development in general.

### 7.3 Lobbying, advocacy

Hivos supports lobbying and advocacy aimed at influencing policy in order to ensure optimal facilities for prevention, care and protection of human rights with respect to HIV/AIDS.

The universal rights stated in Section 5.2 to information, education, privacy, freedom of sexual experience and health define the nature of care and prevention. Given the situation described in Chapter 3, however, the South is a long way off from upholding these principles. The government's primary responsibility in this area has led Hivos to dedicate its efforts primarily to advocacy by local NGOs for these facilities. Direct support for services therefore exceeds the scope of Hivos' AIDS policy. In exceptional circumstances a programme's conditions and objective may be grounds for deviating from this rule. Hivos' current commitment towards promotion of expertise in buddy care and counselling is a case in point.

Ongoing and well-organised lobbying and advocacy is an exceptionally effective instrument for negotiating measures to ensure the above facilities. Successful actions by Hivos partners that have greatly influenced development of national and regional AIDS policy are listed in Section 2.1. Lobbying and advocacy efforts obviously vary greatly. While hard-hitting, overt confrontations may be effective in some countries, political, traditional and cultural relationships may call for a more diplomatic approach in others. Lobbying and advocacy efforts to obtain access to medical treatment and especially the availability of affordable combinations of medical drugs for treating HIV/AIDS illustrate this. Thanks in part to objective-based actions by local NGOs in several countries (see Chapter 3), significant results have been obtained. Hivos enters dialogues with people from partner organisations to determine the strategic approach that merits support under the prevailing circumstances.

Like its partner organisations in the South, Hivos also engages in lobbying and advocacy. To this end, Hivos participates in alliances and forums in the North intended to influence policy and enhance awareness of the AIDS issue in developing countries.

#### 7.4 Organisation building, network development and communication

The individuals directly involved, i.e. the *infected and affected people*, have the greatest need for support in defending their rights. People with HIV/AIDS are well organised in very few countries in the South. The organisations that do exist are stigmatised and often operate in isolation. Moreover, lack of basic medical treatment for patients severely complicates the expansion and survival of these organisations. Improving this situation is an enormous challenge because of the great interests involved. Promoting enhancement of expertise among people with HIV/AIDS will enable them to participate in all levels of strategic decision-making regarding care and prevention.

Major investments in education and information provision are therefore necessary to identify objectives and methods of the struggle. Maintaining the NGO-CBO link is crucial, as is enabling grass-roots representatives to participate in more professional organisations. For example, the weak organisations in the countryside merit support in this respect.

The external review and internal explorations of experiences of colleagues at the regional offices and other resource persons have confirmed the need to enhance expertise. Such action contributes to guaranteeing sustainability and should focus on organisation building, planning, management and accountability mechanisms. This requirement is imperative in countries and regions with a high HIV/AIDS prevalence.

Network development is essential for obtaining a respected position in civil society and will strengthen the position of NGOs in lobbying and advocacy. It is equally important for establishing a connection with and influencing the international AIDS agenda. The present links between local organisations on the one hand and the internationally active AIDS Service Organisations and the international interest group of people with HIV/AIDS on the other hand are too weak to be effective.

In the current era of ICT, organisations in the South require access to sophisticated communication devices to procure vital information for their own operations.

#### 7.5 Emancipation and sexuality

AIDS is entirely related to sexuality. Freedom to experience sexuality is linked with the current power relations (gender, age, socio-economic status, etc.). Unfortunately this freedom of experience is obstructed by dogmatic views arising from ideologies. There are only a few places in the world where this problem has been won, on the contrary. The resurgence of fundamentalism and repressive political systems make it extremely difficult if not impossible to overcome taboos and prejudices in this field.

Women, young girls and individuals who deviate from the prevailing heterosexual norm, such as sex workers (m/f), homosexuals and transsexuals, are the main groups whose freedom and rights are curtailed. This fact, which is determined to a great extent by the power imbalance, constitutes a major factor in the elevated risk of HIV transmission among these groups of people.

Here lies a major challenge, which Hivos will need to meet to render prevention policy effective. The people concerned require the means to resist others in order to protect themselves from HIV transmission. Sexuality is obviously an extremely sensitive issue, but this may not and does not prevent Hivos from supporting worthwhile initiatives of NGOs that are conducive to overcoming these barriers.

The secular and non-dogmatic nature that characterises Hivos as a humanist organisation is a major reason for especially Hivos to be receptive in this field.

## 8 IMPLEMENTATION

### 8.1 Highlights and Priorities

Hivos implements its AIDS policy through its sectoral approach. Up until now the organisation has focused on Human Rights, with increasing emphasis placed on Gender. This course of action has been judged favourably in recent evaluations and is likely to continue for the time being. In addition, Economy and Sustainable Development will receive greater attention, especially in the countries at the epicentre of the epidemic.

Hivos implements its AIDS policy with independent civil society organisations in countries in the South, Eastern Europe and Central Asia. The response varies according to the nature and extent of the epidemic.

In countries and regions where rates of infection remain low, prevention is a possible and a necessary area of investment. In the countries most afflicted, however, appeals will increase for facilities ensuring optimal care, including access to affordable HIV/AIDS-related drugs. On the other hand, overlooking prevention in such countries would be irresponsible. Effective AIDS policy balances care with prevention.

Because of the extent of the epidemic and the draconian consequences for entire communities, Hivos will focus on working with organisations that fight AIDS in the countries with the highest HIV/AIDS prevalence.

Support for programmes dedicated to strengthening the position of women and girls in both prevention and care will be another priority. The recent figures about the situation in Southern Africa reveal that girls are becoming infected with HIV at increasingly young ages.

Another priority concerns the support intended to improve the position of people with HIV/AIDS, with special consideration for expertise enhancement, self-organisation and lobbying and advocacy for adequate care, as well as optimal functioning in society.

The aforementioned report of the Review fully justifies continuing strong support for organisations of sexual minorities in the South in this respect as well.

Supporting lobbying and advocacy efforts towards the government and industry to obtain HIV/AIDS-related drugs at prices that are affordable to the South should be another focus and priority. The South-South dialogue can be immensely important in this respect.

### 8.2 Target

The issue's seriousness and the regression of the development process in countries with a high HIV/AIDS prevalence require that Hivos make optimal use of the available manpower. Especially the Hivos staff members of the Africa Desk will need to become even more alert in taking on HIV/AIDS initiatives and projects with strong potential.

The aim is to increase Hivos' contribution toward HIV/AIDS programmes in Africa substantially over the next two years. The other Continental Desks face a similar challenge, as the AIDS epidemic is being or will become destructive to development in various countries in Central America, Central Asia, Eastern Europe and India.

### 8.3 Strategic Alliances

Combining strength, experience and expertise adds value. Hivos therefore works with strategic partners in the global struggle against HIV/AIDS.

Hivos has participated for several years in the AIDS Co-ordination Group (ACG/KIT, soon to be renamed S&RH and AIDS), which is a platform of Dutch organisations and experts on sexual and reproductive health dedicated to the struggle against HIV/AIDS in the South.

In addition, Hivos deeply values the current longstanding collaborative arrangement with the AIDS Fonds. The STOP AIDS NOW initiative will expand the substance and scope of this collaborative arrangement in the near future. It will also broaden and enrich such collaboration with other CFOs. Hivos naturally aims to participate in discussions with embassies and the ministry about AIDS prevention.

Internationally, Hivos will consult and work with like-minded European partners (Alliance 2015 and Eurostep) to place the global struggle against HIV/AIDS more prominently on the agenda.

Collaboration with the umbrella organisations defending the interests of people with HIV/AIDS (e.g. GNP+ and ICASO) shall become more intense.

At a technical know-how level, Hivos will also work with organisations able to enhance expertise significantly in the South to achieve more effective organisation building, planning and strategic decisions. To this end, Hivos has already set up a valuable collaborative arrangement with the Schorer Stichting in Amsterdam.

Finally, the South North Federation, the International Humanist Ethical Union (IHEU) and the Humanist Committee on Human Rights (HOM) are natural partners of Hivos in the fight against AIDS, insofar as they deal with this issue.

#### 8.4 Information Services and Education

To raise awareness and enhance publicity in the Netherlands, Hivos will publish the work of its partners on HIV/AIDS in the South via ICT and appropriate media channels. Educational efforts will obviously be synchronised with collaborating organisations in the Netherlands or members of the AIDS Co-ordination Group (ACG/KIT), which in 2001 will merge into the Dutch network of organisations and experts on sexuality & reproductive health and AIDS.

#### 8.5 Monitoring and Evaluation

The cross-sectoral nature of Hivos' AIDS policy requires a broadly based evaluation of the programmes. This practice needs not impede the programme's administrative inclusion in the sector with the most and the strongest links among the five.

Hivos shall consider additional instructions for monitoring and evaluation in the process of updating the criteria and guarantees for measuring results, elaborating indicators and adapting data systems for its integral policy. The UNAIDS publication "*guide to monitoring and evaluation*" for National AIDS programmes (2000) will be a valuable instrument in this effort.

**Introduction**

To gain greater insight into the strengths and weaknesses of Hivos' AIDS policy, resource persons and experts on AIDS, as well as representatives of partner organisations and regional offices, were asked questions concerning Hivos and HIV/AIDS in the South. A total of 35 persons either participated in the on-line discussion or were interviewed. A summary of the results of this research appears below. These results will be used during the review and subsequent reformulation of Hivos' HIV/ AIDS policy paper.

**1. What do you think of the policy choices made by Hivos in the past?**

All respondents greatly value Hivos and its AIDS policy. They feel that Hivos' strategy has been effective and do not consider major changes necessary. Particularly the creative choices and focus on human rights, civil society, community participation and marginalised minorities are much appreciated. They feel that Hivos contrasts favourably with the often technical, epidemiological and economist visions of the large, international organisations involved in fighting AIDS and AIDS-related problems and commend its willingness to support new (small-scale) initiatives with modest funds. One respondent states that "Hivos with its focus on small-scale initiatives supports the bottom-up approach, which is vital to raise ownership and involvement of the community." Another respondent mentions the success of Hivos partner Via Libre. Thanks to this organisation's work, the Ley ContraSida (operative since 1997) is a good and comprehensive law. Unfortunately, enforcement and execution leave much to be desired.

The emphasis on human rights and gender within Hivos' AIDS policy is considered a very good choice because of the strong relationship between both HIV/AIDS and human rights and between HIV/AIDS and gender. One respondent, however, noted that Hivos has not fully accomplished its target for women and AIDS.

**2. Based on your own professional experience, what feedback would you like to give to Hivos concerning the subject, focuses and types of organisations funded?**

**3. What do you consider to be the future priority policy choices in Hivos' fight against the global spread of HIV/AIDS?**

To contain the spread of AIDS, we need to allocate funding towards organisations working with focalised interventions directed at the populations most vulnerable to HIV/AIDS. Therefore, Hivos should continue its support for small projects and self-help organisations and maintain a strong focus on the hard-to-reach local communities and the NGOs working with them. These groups tend to be neglected by most mainstream programmes.

One of the respondents mentioned: "continuing to focus on gender and human rights in the future is appropriate for Hivos. These are the areas where you and your partners have expertise and experience." Another respondent advised Hivos to get general human rights organisations involved and to make them take on HIV/AIDS issues.

After identifying contextual issues (e.g. human rights and gender) that lead to vulnerability, communities sometimes forget to take the next step, which entails trying to address/redress these issues.

**Advice:**

- Lobbying and advocacy should be included more explicitly. Hivos needs to support advocacy institutions that will help reform public health institutions and other agencies to cope with problems more effectively and support those engaged in this struggle.
- The Hivos HIV/AIDS policy has to pay more attention to network development. Hivos should promote contacts among local groups and between these local groups and international institutions. Networking is required both for exchanging information at the traditional epidemic level and for lobbying and advocacy in the area of improvement of the legislation, laws and political influence. Supporting networks does not mean financing all kinds of gatherings. Rather, a set of concrete goals should be formulated, and networks should facilitate exchange of useful

experiences; content should be the criterion. Besides, effective lobbying and advocacy require networking and teamwork.

- Support should target networks of organisations of PWHAs, rather than dividing funding among countless small self-help organisations.
- Continued training of grass-roots workers and NGO group leaders will maximise their productivity and ensure that they work along lines congruent with Hivos' goals.
- One of the respondents feels that educational projects need more attention. Good, comprehensive, unbiased sexual education is imperative to diminish the global impact of AIDS.
- A closer link should be established between sexual and reproductive health and HIV/AIDS. In other words: HIV/ AIDS has to be recognised as a public health issue, so that it may be integrated in the entire primary health care structure, by way of information and prevention work.
- The policies formulated in the policy paper should be flexible to accommodate rapid changes, as new developments occur in the epidemic. In addition, Hivos must observe AIDS policy trends continuously and recommend necessary changes to its counterparts and consultants.

#### 4. Specific policy directions

**As the AIDS epidemic evolves into a major development crisis, do you foresee the need for Hivos to shift its focus in a specific direction? Especially regarding:**

- (a) **The involvement of People living with HIV/AIDS (PWHA) in general**
- (b) **The involvement of PWHA groups in the implementation of the policy**
- (c) **The access to treatment campaign, including practical drug logistics**
- (d) **AIDS vaccine development.**

- (a) All respondents consider *participation of PWHAs* very important. They praise Hivos for funding NGOs run for and by people living with AIDS. Concerning the greater involvement of PWHAs in general, one respondent thinks that using the UN AIDS' GIPA (Greater involvement of people living with OR affected by HIV/AIDS) might be very helpful. The focus on the populations most affected would increase, and as a consequence policies would be more realistic.
- (b) Involving PWHA groups in policy implementation is vital, especially the groups with professional skills or experience. Some respondents feel that Hivos is already right on track. They see Hivos as an organisation providing support and assistance in areas where others do not want to become involved.

The introduction of AIDS legislation in the various Central American countries illustrates the importance of participation by the PWHAs in determining national policy. Once laws have been enacted, proper enforcement obviously remains a long way off. Here, too, NGOs can be trained to work effectively.

- (c) The *access to treatment campaign*, which includes practical drug logistics, is a must all over the world. All NGOs in the field of AIDS should be encouraged to help draft advocacy programmes focused on access to adequate medical treatment. PWHAs should be more engaged in this advocacy and should demand better medical and humanitarian treatment. Furthermore, they should lobby for development of low cost treatment, alternative treatment, etc. These treatments have yet to receive serious consideration although they are the only treatments that would be accessible to most PWHAs even after a cure is found.

Access to treatment advocacy puts pressure on any government to begin to take the epidemic more seriously in all aspects. In Chile, for example, organisations with strong leadership and negotiating capacity like CChPS and Minorias Sexuales have targeted the government effectively.

- (d) Hivos should not spend its limited funds on scientific research for development of an *AIDS vaccine*. Large sums of money are readily available for scientific research. Hivos should continue to support specific groups and programmes directly. Developing an AIDS vaccine is primarily a task for governments and research institutions. Hivos, however, could support organisations that promote community involvement in the development of the vaccine and the ethical dimension of this process. In general, Hivos should continue to find creative, innovative organisations and help them grow.

Hivos' support to Prosa received great praise from one of the experts. Formerly, Prosa was too dependent on Peru's national AIDS programme. It became submerged as a sub-contractor in the execution of broad educational programmes not focused on specific target groups. At this moment Prosa is one of the few GAM groups with a professional staff. Thanks to Hivos' support, these workers can devote themselves to political lobbying, instigating national debate, and dealing with core issues such as improving the quality of life of the PLWHAs.

Forming networks with groups other than GAMs is difficult. In many cases they are weak organisations without a professional foundation. There is, however, a strong need for organisation building among the self-help organisations.

**5. Other suggestions/comments? Do you have any other suggestions, comments or recommendations that could be of interest to Hivos?**

Some respondents recommend a closer link between AIDS and the economy: "It would be a good idea to support economic (micro) initiatives for people who cannot work elsewhere because of AIDS." Many people infected with HIV/AIDS are still excluded from the regular workforce, regardless of laws designed to protect their rights.

Several partners were very enthusiastic and positive about the questionnaire and the interviews and greatly appreciated Hivos' involvement of its partners in the review and future design of the HIV/AIDS policy paper. The respondents feel that Hivos considers them real partners. According to them, other donor organisations should follow this example to make NGOs more vocal and give them a greater say.

**Conclusion**

Generally, the respondents agree about many topics. They all feel that Hivos is right to focus on human rights and gender, and the majority advises Hivos to focus more explicitly on network development and lobbying and advocacy. They also encourage involvement of PWHAs in general in policy implementation, in the access to treatment campaign and in the development of an AIDS vaccine. Hivos should continue its support for small projects and self-help organisations and its focus on communities that are difficult to reach.

## ANNEX 2 QUESTIONNAIRE

Contributions toward the review and update of Hivos' HIV/AIDS Policy came from:

- Calle Almedal, UNAIDS, Geneva
- Maria de Bruyn, former co-ordinator AIDS Co-ordination Bureau ACG, Amsterdam
- Carlos Caceres, Universidad Peruana Cayetona Heredia, Lima, Peru
- Tim Frasca, Corporación Chilena de prevención del SIDA (CChPS), Santiago de Chile
- Paul Janssen, AIDS Fonds, Amsterdam
- Ruben Mayorga, OASIS, Guatemala
- Dédé Oetomo, Surabaya, Indonesia
- Jacobo Schifter, ILPES, San José, Costa Rica
- Richard Stern, Counsellor PWHA, San José, Costa Rica
- Julian Yasaleen, Pink Triangle, Malaysia
- Ana Maria Rosasco, Guido Mazotti, Manuel Rouillon; Via Libre, Lima, Peru
- Hivos Regional Offices in Bangalore/India, Harare/Zimbabwe and San José/Costa Rica

**ANNEX 3 OVERVIEW OF PROJECTS AND PROGRAMMES SUPPORTED BY HIVOS\***

	Funding	Issued through 1997	Issued in 1998	Issued in 1999	To be issued in 2000	Scheduled for 2001
Africa	5,820,093	2,499,289	850,817	1,059,879	1,079,090	331,020
Asia	2,421,068	897,199	432,801	394,240	439,626	257,202
Latin America	2,814,249	787,238	482,300	502,473	620,877	421,361
Worldwide	257,330	92,480	67,287	52,185	45,378	0
South-eastern Europe	9,076	0	0	9,076	0	0
<b>Total</b>	<b>11,321,816</b>	<b>4,276,206</b>	<b>1,833,205</b>	<b>2,017,852</b>	<b>2,184,971</b>	<b>1,009,583</b>

\* amounts are in Euro

**ANNEX 4 OVERVIEW OF THE DISTRIBUTION AND CONSEQUENCES OF HIV/AIDS**

	Epidemic Started	Adults and Children Living with HIV/AIDS	Adults and children newly infected with HIV	Adult prevalence rate*	% HIV-positive women	Main mode(s) of transmission for those living with HIV/AIDS**
Sub-Saharan Africa	late '70s-early '80s	23.3 million	3.8 million	8.0%	55%	Hetero
North Africa & Middle East	late 80s	220 000	19 000	0.13%	20%	IDU, Hetero
South and Southeast Asia	late 80s	6 million	1.3 million	0.69%	30%	Hetero
East Asia & Pacific	late 80s	530 000	120 000	0.068%	15%	IDU, Hetero, MSM
Latin America	late '70s-early '80s	1.3 million	150 000	0.57%	20%	MSM, IDU, Hetero
Caribbean	late '70s-early '80s	360 000	57 000	1.96%	35%	Hetero, MSM
Eastern Europe & Central Asia	Early '90s	360 000	95 000	0.14%	20%	IDU, MSM
Western Europe	late '70s-early '80s	520 000	30 000	0.25%	20%	MSM, IDU
North America	late '70s-early '80s	920 000	44 000	0.56%	20%	MSM, IDU, Hetero
Australia & New Zealand	late '70s-early '80s	12 0000	500	0.1%	10%	MSM, IDU
<b>TOTAL</b>		33.6 million	5.6 million	1.1%	46%	

\*The proportion of adults (15 to 49 years of age) living with HIV/AIDS in 1998, based on 1997 population figures

\*\*Hetero: heterosexual transmission – IDU: transmission through injecting drug use - MSM: sexual transmission among men who have sex with men

Source: Regional HIV/AIDS statistics and features, UNAIDS, December 1999

## **ANNEX 5      SPECIFIC HUMAN RIGHTS IN THE CONTEXT OF THE HIV/AIDS EPIDEMIC**

Specific human rights applicable to HIV/AIDS appear below. These rights should not be considered in isolation but as independent rights supporting the Guidelines elaborated in this document. Application of these rights should include consideration for national and regional particularities and various historical, cultural and religious backgrounds. It remains the duty of States, however, to promote and protect all human rights within their cultural context.

1. Non-discrimination and equality before the law.
2. Human rights of women.
3. Human rights of children.
4. Right to marry and to found a family and protection of the family.
5. Right to privacy.
6. Right to enjoy the benefits of scientific progress and its applications.
7. Right to liberty of movement.
8. Right to seek and enjoy asylum.
9. Right to liberty and security of person.
10. Right to education.
11. Freedom of expression and information.
12. Freedom of assembly and association.
13. Right to participate in political and cultural life.
14. Right to the highest attainable standard of physical and mental health.
15. Right to an adequate standard of living and social security services.
16. Right to work.
17. Freedom from cruel, inhuman or degrading treatment or punishment.

Source: HIV/AIDS and Human Rights, International Guidelines, Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS, Geneva, 1996

**ANNEX 6 GLOSSARY OF ABBREVIATIONS**

<b>Abbreviation</b>	
ACB	AIDS Coördinatie Bureau
ACG	AIDS Coördinatie Groep
AIDS	Acquired Immune Deficiency Syndrome
CBOs	Community Based Organisations
CFO	Co-financing Organisation
GIPA	Greater Involvement of People Living with HIV/AIDS
GNP+	Global Network of People Living with HIV/AIDS
HIV	Human Immunodeficiency Virus
HIVOS	Humanistic Institute for Co-operation with Developing Countries
HOM	Humanist Committee on Human Rights
ICASO	International Council of AIDS Service Organisations
IHEU	International Humanist and Ethical Union
KIT	Royal Tropical Institute
MSM	Men who have sex with men
NGO	Non-Governmental Organisation
PWHA	People Living with HIV/AIDS
SIAAP	South India AIDS Action Programme
UNAIDS	United Nations Programme on HIV/AIDS
WEMOS	Organisation for International Health Issues

## ANNEX 7 FREQUENTLY ASKED QUESTIONS<sup>1</sup>

The following list of Frequently Asked Questions conveys the growing insight and ongoing debate about HIV/AIDS to allow for sharing of knowledge, views and decisions within Hivos HQ and ROs. These answers are based on field experience and literature review and provide a dynamic internal body of knowledge regarding Hivos and HIV/AIDS

### 1. Should Hivos support vaccine development?

No general support, as there is no comparative advantage for Hivos, given the funds available to Hivos and the amounts required for vaccine development.

Hivos could play a role in ensuring that community interests are taken seriously. Given the large amounts of funding used for vaccine development, the interests of the not-yet-infected and the infected should be considered from the outset.

### 2. Is there a role for Hivos to play in the issue of AIDS orphans?

Generally NO, as distinguishing between orphans according to the cause of their parents' death has limited value, and Hivos is not a care or service-oriented financier. Infected children who have lost their parents and family require specific care and attention due to their HIV-positive status. Most orphans will experience stress and trauma as a result of the death of their parents and subsequent experiences and require professional attention. Effective orphan-care is a long-term prevention strategy that should be included as an objective where appropriate.

### 3. Should we support first-line service provision as opposed to additional policy, research and lobbying and advocacy?

Supporting first-line services is attractive, as it appears to yield immediate results. Over-emphasising direct services, however, will reduce the limited and essential funding for critical analysis and subsequent lobbying. Given the limited amount of funds available for AIDS work, looking for niche-serving or specialised organisations appears more sensible. In the long run the local setting and relevance of the proposed activities and programmes matter most.

### 4. Do we know what works and what does not work?

- a) The following strategies are increasingly perceived as required for an effective response<sup>2</sup>
- Acknowledgement and acceptance that HIV/AIDS is a pandemic that cannot be denied or ignored and requires collaboration between different governmental and non-governmental actors, they are not in competition, but are complementary to each other.
  - Proactive mobilisation of in-country or local resources and the need to overcome ethnic, tribal and cultural divisions; this appears to be problematic in countries led by non-representative or elitist governments or highly centralised government operations.
  - A concerted sustained effort that addresses the root causes of the HIV epidemic, such as social deconstruction; low social cohesion = incapacity to deal with stress as a society or nation; special focus on women and girls; social funds and support mechanisms should be promoted.
  - Governments, researchers, PWAs, NGOs in and outside the AIDS movement remain slow to learn from each other's experience and knowledge, and as a consequence scaling up remains a problem and impedes replication and effective targeting.
  - There are important links between the response to HIV/AIDS, gender issues (male and female role, especially around sexuality and socialisation) and acceptance of sexual diversity, although this has not yet met with general acceptance.

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1 Russell Kerkhoven, ETC Crystal, Leusden, Report on review AIDS policy of Hivos, September 2000

2 HIV/AIDS and Development; Lesley Lawson; SAIH and Interfund (1997); Intensifying Action against HIV/AIDS in Africa - responding to a development crisis; Africa Region/World Bank (2000).

- b) A selected number of negative lessons, applicable at community, national and regional levels, regarding ineffective and inappropriate strategies or interventions are:
- Inadequate targeting of vulnerable groups unlinked to initiatives to address root causes, frequently linked to selection of only output indicators.
  - Partial or biased information provision, especially to young adults and women, generally through an emphasis on morals and so-called traditional culture.
  - Neglect and ignorance regarding affected and infected people and households.
  - Denial of the links between the spread of HIV/AIDS, sexuality and gender.
  - Externally driven plans and projects, based on outside perceptions of what should be done and what is needed.
  - Poor or token community involvement in general and of PWAs in particular.
  - An ongoing effort to ignore HIV by development organisations and programmes in those countries where at least 7% of the general population is HIV positive.

**5. Is it true that the South has a heterosexual epidemic and the North a homosexual epidemic?**

Such oversimplifications are dangerous, as they reduce the complicated reality. Many governments and politicians use this longstanding but never-accepted dichotomy (black and white thinking) as a preparation for the “culture” and “imported from the West” argument. The following should be kept in mind:

- (a) There is not a single pandemic or national epidemic but many local epidemics; some are linked, while others co-exist.
- (b) The spread of HIV/AIDS is linked to dominant modes of sexual behaviour, e.g. dry sex, anal penetration, covert bisexuality, homosexuality and high rates of STDs, especially syphilis.
- (c) Sexually diverse cultures exist in all countries in the world. Consequently, many different pools or local epidemics can potentially spill over into other groups and the so-called general population.

**6. Why should HIV/AIDS be distinguished from other reproductive health issues?**

HIV/AIDS is not only a reproductive health issue, although the gender and reproductive health movement at times makes such claims. In parts of Asia, Western Europe, Russia and the Commonwealth of Independent States (CIS), Injecting Drug Use is increasingly driving the epidemic. Needles and the root causes of this situation are not captured under reproductive health. Nor is anal penetration, as practised by hetero, homo, and bisexuals covered under the common reproductive health definition.

**7. What is the role of networks and umbrella organisations, especially those that continue to perform inadequately.**

In Africa the effective national umbrella organisations (KANCO in Kenya and the AIDS Consortium in South Africa) have strong leaders who have stayed with the organisation for extensive periods of time. Umbrella organisations can only be as effective as their members want them to be. In countries where umbrella organisations compete with one or more members, they can become unacceptable. Successful umbrella organisations manage to resist pressure from (large) donors to administer funds to or monitor the quality of their members.

**8. There are many requests for workshops, training and conference visits. Although Hivos likes to support information dissemination and exchange, the output and impact of these activities are often unclear.**

Cynics claim that “talk shops” are the most common products of the HIV/AIDS response. Some NGO and GO officials specialise in attending these events. This pattern is inevitable and attributable to many different causes. Individual events are rarely worthwhile, unless they are part of an ongoing programme and strategy. The outcome and impact of information dissemination and exchange can be monitored routinely or through (rigorous) collection of anecdotal feedback. All too often, organisations present output products as indicators of achievements.

**9. What is the impact of HIV/AIDS on Hivos and partner organisations?**

The evidence is mainly anecdotal and is one of the key issues that should be addressed in the new Hivos policy. HIV/AIDS in an organisation causes emotional strain to both the infected person and the co-workers due to increasing absence and illness. Lack of openness amongst staff and management will increase this strain. The impact of losing experienced staff often lasts several years. In addition to the emotional strain, there will be added costs, such as recruitment and replacement fees, training and transitional expenses. In the short term, a negative impact on output and productivity is likely and can affect the organisation's overall performance.

SAfAIDS, a Hivos partner organisation in Southern Africa, has documented the impact of working on HIV/AIDS for its staff. Their research showed that working in an HIV/AIDS-focused organisation is highly stressful for the staff.

**10. Service provision as in health services by AIDS Service Organisations: how does this help generate a profile of the HIV/AIDS epidemic?**

Service provision does not intrinsically reveal the progression of the epidemic, unless service data and experiences are collected and analysed. Active stimulation of media attention based on the actual experiences of service organisations are conducive to generating such an impression. Very few service organisations combine this analysis of experience with effective input to public debate and ideas.

**11. How come most organisations perceive AIDS as a health problem?**

HIV/AIDS spreads due to inequality and inadequate human development. The dominant history of the HIV/AIDS response has tended to define the disease as a public health problem. It is clearly both a development and a health problem. In addition to its impact on individuals, households and communities, HIV/AIDS is more noticeable within the health services.

This is due to the spread of easily transmissible opportunistic infections and diseases, such as TB - which spreads faster than HIV/AIDS, Acute Respiratory Infections, chronic diarrhoea, Herpes Zoster, etc. The spread of these infections and the overall impact on the health services has public health consequences. HIV/AIDS reflects a close link between public health and human rights. Exploring this beyond the level of academic debate is both worthwhile and challenging.

As the challenges of AIDS and other major public health problems of the future involve behaviour – both individual and collective - the value of incorporating human rights norms within public health practice will increase.<sup>3</sup>

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3 AIDS in the World - AIDS and Human Rights (Chapter 13); J Mann and D Tarantola (eds) Editor's introduction.

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