

PUBLIC POLICY DIALOGUE

Pre-Seminar Report & European Survey

SOAIDS



Amsterdam, September 2008

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AIDS ACTION EUROPE
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1 Introduction

1.1 Background

HIV has always been an unprecedented issue which will continue to require an exceptional response from us all—now and in the decades to come. Public policy dialogue and advocacy have been part and parcel of all our responses because we simply couldn't afford to live in a bubble and not relate to society as a whole or the decisions makers in particular. A truly global problem, AIDS affects every region and every country of the world, challenging health systems and undermining our capacity to reduce poverty, promote development and maintain national security.

Since 1981, 65 million people worldwide have been infected with HIV and 25 million have died of AIDS-related illnesses. In 2006, 4.3 million new infections were recorded, as were 2.9 million AIDS-related deaths—more than in any previous year. Every day, more than 6800 people become infected with HIV and more than 5700 people die from AIDS. Today, 39.5 million people are living with HIV—half of them women and girls.¹

There is growing awareness of the importance of strengthening efforts to address the social drivers of this epidemic—notably homophobia, poverty, HIV-related stigma and inequality. This growth in awareness is welcome, but it will only have real impact if it is accompanied by vigorous and courageous Public policy dialogue. Among adults 15 years and older, young people (15-24) accounted for 40% of new infections in 2006 and are therefore at particular risk. Injecting drug users, sex workers, prisoners, migrants and men who have sex with men are regularly denied access to information and services, leaving them among the populations most at risk of HIV infection.

1.1.1 HIV and AIDS in Europe and Central Asia

Europe is facing a growing HIV/AIDS epidemic. An estimated 2.4 [1.8-3.2] million people now live with HIV in the WHO European region and none of the 53 countries have been spared². Eastern Europe even has the fastest growing epidemic in the world. The UN Secretary General states in its 2008 UNGASS report that Ukraine, Russia and EU countries are among the few countries worldwide where the number of new HIV infections is still rising. A major concern is access to prevention, treatment and care. In Eastern Europe and Central Asia only 13 % of those who need it, have access to treatment. Even less have access to prevention services. Europe's HIV-epidemic affects most of all vulnerable groups like people who use drugs, men who have sex with men, sex workers, migrants and prisoners. We know from several reports that the human rights of these groups are violated throughout the region. A survey carried out by NAT on behalf of AIDS Action Europe in 2007 indicated that in half of the greater European region people who are presumed to be HIV positive are not protected from discrimination³.

¹ UNAIDS annual report 2007

² Lazarus, J. The spread of HIV in Europe: hidden epidemics and other barriers to universal access to prevention, treatment and care. Lund University:2008

³ National AIDS Trust. Legislative and judicial systems in relation to HIV and AIDS. AIDS Action Europe & National AIDS Trust: 2007

The EU Public Health Programme 2008-2013 emphasises that HIV is becoming a public health threat. The Health Programme 2008-2013 also recognises that NGOs and specialised networks can play an important role in meeting its objectives. NGOs have proven very effective in tackling the challenges of responding to the epidemic and in reaching vulnerable groups. The EU Communication on combating HIV/AIDS (2006-2009) has among its main aims to actively involve civil society, and in particular people living with HIV (PLHIV), in policy development, implementation and monitoring.

In Eastern Europe and Central Asia the HIV and AIDS epidemics are concentrated mainly among injecting drug users, sex workers, and their respective sexual partners and, to a lesser extent, men who have sex with men. Nearly 90 % of HIV diagnoses in Eastern Europe and Central Asia are reported in two countries; the Russian Federation and the Ukraine.

As of the end of December 2006 there have been 327,068 reported AIDS diagnoses in Europe. More than half of these people have already died. The 50 countries that have national reporting systems had reported 806,258 diagnoses by the end of 2006. Because a large proportion of HIV infections, AIDS cases and deaths are never reported, the above figures understate the true extent of the epidemic⁴. Moreover, the reliability of reporting systems varies between countries, making the comparisons difficult. However, according to UNAIDS estimates, around 2.2 million people were living with HIV in Eastern Europe and Central Asia at the end of 2007⁵.

In Western Europe three countries have the largest number of people living with HIV; Spain, Italy and France. But in 2006 the highest rates of HIV diagnoses were reported in Portugal and Spain. The lowest rates are in Finland, Germany, Israel, Norway and Sweden.

Central Europe has been relatively spared by the epidemic, with the incidence of AIDS cases and newly diagnosed HIV infections remaining low. However this region accounts for the largest proportion of paediatric AIDS cases following an outbreak of HIV infections among young children in hospitals in Romania around 1990.

In Eastern Europe, the Russian Federation accounts for 73 % of new HIV diagnoses. It is likely that in several countries in the East, AIDS is grossly under-reported. From the available statistics it appears that AIDS incidence in the East, which was previously extremely low, is now increasing rapidly. Injecting drugs has become unusually widespread among young people, especially young men. UNAIDS estimates that 1 % of the population of the Russian Federation and other parts of the former Soviet Union is injecting drugs. Given the high odds of transmission through needle-sharing, that fact that young people are also sexually active and the high level of sexually transmitted diseases in the wider population, a massive HIV&AIDS epidemic in Eastern Europe is inevitable⁶.

⁴ <http://www.avert.org/eurosum.htm>

⁵ Aids Epidemic Update Regional Summary. Eastern Europe and central Asia 2007

⁶ EuroHIV 2007

2 About this report

This pre-seminar report collates responses to a questionnaire sent out in June 2008 to members of the AIDS Action Europe network and beyond. You will find a summary that gives some indication of the state of the art of public policy dialogue in Europe and it will also inform discussions at the AIDS Action Europe / Soa Aids Nederland seminar in October 2008. This seminar is part of a series of innovative seminars for HIV and AIDS related NGOs, which is one of the main activities of the AIDS Action Europe 'European Partners in Action on AIDS Project. It is hoped that this report, the seminar itself and the more detailed and comprehensive report to emerge from the seminar will all prove useful in helping us understand the mechanics of public policy dialogue and will galvanize us into action.

We are very grateful to all those who took time and trouble to respond to this survey and contribute to this report. The seminar and the related reports are made possible with the financial contributions of the European Commission, Aids Fonds, GlaxoSmithKline's Positive Action Programme, Soa Aids Nederland, Deutsche Aids Stiftung and OSI.

SOAIDS



Working with communities affected by HIV/AIDS



Deutsche AIDS-Stiftung



2.1 Definitions

Language shapes beliefs and may influence behaviors. Considered use of appropriate language has the power to strengthen the response to HIV/AIDS. So it is important that we all look at certain definitions in order to discuss pressing matters and tactics to change our world for the better. Public policy dialogue has many faces and many words have almost the same meaning.

There is confusion between “Information, Education and Communication (I.E.C.)” advocacy and public policy dialogue. All three are about influencing, persuading, and mobilizing people into action. The difference is that public policy dialogue is about persuading influential people to change. Advocacy is ‘bringing about change in policies, laws and practices of influential individuals, groups or institutions’⁷. Advocacy can also include efforts to change attitudes, raise awareness and provide public education. Advocacy to change laws or policies is a part of a broader public policy dialogue.

Looking at the definitions of **advocacy** we find the following:

- The art and act of pleading or arguing for an idea or a cause (www.freedictionary.com)
- Taking action to help people to say what they want, secure their rights, represent their interests and to obtain the services they need (Advocacy campaign 2002)
- To influence social change by enabling those who experience disempowerment to have a direct say in the issues that affect their lives. (www.pohwer.net)

Advocacy and public policy dialogue is almost the same. Public policy dialogue is the interaction between governments and non-governmental organizations (and others) at the various stages of the policy development process to encourage the exchange of knowledge and experience in order to have the best possible public policies. All of this means that a public policy dialogue including the opinions and interests of activists, civil society and non-governmental organizations contributes to the creation of a more just and caring society. Voluntary organizations often have a very realistic, up-to-date picture of the needs and issues in our communities⁸. A typical indicator of success would be policies, implementation, laws or practices which enable improved HIV/AIDS prevention and care.

2.2 Methodology

The questionnaire was sent out and came back as part of the applications process to participate at the Public policy dialogue seminar. The questions were drafted in consultation with the senior staff and the Steering Committee of AIDS Action Europe. The questionnaire was also available on the website of AIDS Action Europe. The invitations were sent out per email on 16 June 2008 with a deadline for return on 10 July 2008. The survey was sent to organizations in the wider region of Europe and Central Asia. In total we received 53 surveys from 26 countries but some of the questionnaires were from the same organization but filled in by some one in a different position. Two surveys came back from countries outside our catchment area and they have therefore been excluded in the overview. Effectively it means

⁷ Advocacy in Action by the International HIV/AIDS Alliance.

⁸ Citizens for Public Justice. www.cpj.ca

that there is information available from 48 organizations in 24 countries, of which 21 are EU member states. After receipt we conducted telephone interviews at random to obtain qualitative additional information and some of the remarks from those interviews are quoted per subject. In the annex section you'll find a full list of the countries represented and the original questionnaire.

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3 Public Policy Dialogue in Western, Eastern and Central Europe

3.1 Summary of questionnaires

The forty-eight organisations processed in this baseline study have been amazingly open about the state of their public policy dialogue. In the more in-depth interviews other interesting details came to light but basically all organisations have experience and knowledge about advocacy and public policy dialogue. A significant amount of organisations have paid staff which contributes to its sustainability and most of them work with volunteers. Only three of the 48 organisations report that they work without volunteers. The questionnaire also shows that only 17 organisations have paid specialised and dedicated PPD staff. In total these groups hire astounding number of 631 total NGO staff and work with 745 volunteers.

No conclusive answer is given about the strengths or the problems regarding active and successful Public policy dialogue. The lack of skills is rated highly as one off the main problems and so is the dependency on funders and all the fears and worries that might bring to organisations. It looks as if they feel that the main strength they bring to the arena is the contact with local and national decision makers. But in the verbal interviews some organisations admit that a good contact on its own is not enough. How to use this contact strategically and make it work so people affected and infected with HIV have a better quality of life is quite another matter.

The different tools for PPD such as Website, mail, networking, conferences, Radio and TV, online campaigns and other tools were widely known and used. In the interviews it became clear that using them effectively is an art that's not always mastered. Online campaigns are instruments that are very much in the public eye but good old mail is still used extensively. The conference as a PPD tool was an instrument used by many; 18 organisations have or have used a conference as a PPD tool. That's an amazing 40 % of all of us.

3.2 Organisational facts

3.2.1 Income

| Income | Number of organisations |
|-------------------|-------------------------|
| 300,000 and more | 7 |
| 100,000 – 299,999 | 15 |
| 50,000 – 99,999 | 11 |
| 0 – 49,999 | 17 |

Notes: Three organisations did not disclose their annual income and one organisation was starting and had no income to report yet. On the other side of the scale there was an organisation with an annual income of 4.6 million euro income. In total these 48 HIV/Aids groups together received a phenomenal total of 18 million and 55,000 euro. These organisations came from 26 countries used in the survey; 21 countries from the European Union and 5 outside.

3.2.2 PPD as main activity of the organisation

27 of the respondents have public policy dialogue as their activity and nine ticked the box 'no, but we would like'. Only three organisations do not have PPD as a main activity and others decided not to answer the question.

3.2.3 Scope of activities

| Scope of PPD activities | Number of organisations |
|-------------------------|-------------------------|
| International | 6 |
| National | 27 |
| Regional | 17 |
| Local | 8 |

3.2.4 Level of involvement in PPD

| Level of involvement in PPD | Number of organisations |
|------------------------------|-------------------------|
| To international authorities | 14 |
| To European authorities | 10 |
| To regional authorities | 11 |
| To national authorities | 28 |
| To local authorities | 19 |

Notes: The majority of organisations has ticked more than one box but interestingly, most advocacy and PPD involvement is directed at a national level. Some organisations did NOT tick any box; seven respondents did not disclose this kind of information. In the interviews that followed the questionnaire it became clear that the question was not that easy to answer. Strategically trying to influence local government might also have to include –part of the- national government. The lines between the different authorities are blurred and not always clear hence the open boxes in the questionnaire.

3.2.5 Active people living with HIV in PPD

| Organisation who has | Number of organisations |
|------------------------------------|-------------------------|
| PLHIV volunteers not active in PPD | 19 |
| PLHIV Employees not active in PPD | 12 |
| PLHIV Volunteers active in PPD | 13 |
| PLHIV Employees active in PPD | 18 |
| No PLHIV active with us | 10 |

Notes: as assumed, most organisations have ticked quite a few boxes hence the large amount of number of organisations in the second box. It might mean that a group has both PLHIV in Public policy dialogue and in other areas of activities. It goes without saying that the most desirable and possibly most effective PPD is to have PLHIV at the heart of the dialogue.

3.3 Activities related to PPD

3.3.1 Staff active in PPD

| Kind of staff | Number of organisations |
|-----------------------------------|-------------------------|
| Dedicated PPD staff of one person | 15 |
| 'We all do a bit...' | 18 |
| One person with other tasks | 7 |
| A team of people (more than one) | 15 |

Notes: In the interviews was explained why some organisations had ticked more than one box; in a crisis or with a big campaign, there is a 'all hands on deck'- approach and a significant amount of staff is involved in PPD. Generally one felt that PPD was a time consuming activity and it was difficult to reach well defined and strategically planned targets. Especially when the box 'we all do a bit' was ticked, it was often felt that the organisations could not do enough research on the subject, was not as well connected to (international) networks as they could have been or did not know other HIV service organisations in their country were involved in the same activity. Quite a few of the successes of PPD was "being closely linked to the Managing Director and the Board of an organisation and have a good working relationship with them".

3.3.2 A trusted partner in shaping national policies and programmes

Most organisations (41 of 50) felt that they were a partner in shaping policies and programmes but some felt that they did not have "enough experience and skills" (8), had "limited capacity" (2) and "no successes to show" (1)

3.3.3 Statements: true or false

Our contact with the media ensures good coverage of our activities, policies and opinions, true or false?

| | |
|-----------------------------------|----|
| True | 15 |
| True, but not always | 17 |
| Not true, but we had some success | 9 |
| No, not true | 5 |

We have good contact with decision makers in local and national government, true or false?

| | |
|-----------------------------------|----|
| True | 16 |
| True, but not always | 20 |
| Not true, but we had some success | 6 |
| No, not true | 1 |

We have a wide network and any information in the field of HIV/AIDS will reach us in an early stage

| | |
|-----------------------------------|----|
| True | 17 |
| True, but not always | 15 |
| Not true, but we had some success | 5 |
| No, not true | 5 |

We have a selection of training and public education workshops that are well attended by professionals, true or false?

| | |
|-----------------------------------|----|
| True | 17 |
| True, but not always | 13 |
| Not true, but we had some success | 7 |
| No, not true | 7 |

We are seen as the main HIV/AIDS policy organisation in our country and the public responds to our calls for action, true or false?

| | |
|-----------------------------------|----|
| True | 6 |
| True, but not always | 17 |
| Not true, but we had some success | 19 |
| No, not true | 2 |

3.4 Issues related to PPD

3.4.1 Strengths of the organisation regarding PPD

| Strength | Rated |
|--|---|
| Good contact with decision makers | 25 |
| Supportive network including press, and government | 19 |
| Successful conference | 11 |
| Good command of PPD tools | 8 |
| We are the main partner to government | 11 |
| Other | 'we are the first NGO which started in 1985 and became the most competent and experienced' 'we have a clear vision and we are highly dedicated and committed' 'our outreach work via a network of longstanding activists' 'we have a bit of everything but nothing good or successful' 'we are a member of a network' (3 times) |

3.4.2 Problems identified

| Problem | Rated |
|--|---|
| No one is responsible | 8 |
| Other HIV organisations disagree with us | 5 |
| Dependant on funders | 15 |
| We don't know who to turn activism into strategy | 5 |
| We are very willing but lack the skills | 18 |
| We are very willing but lack network | 11 |
| We are very willing but lack time | 8 |
| HIV/AIDS is a difficult issue to talk about | 9 |
| other | 'Discriminated by society. Homophobia! Stigma! 'Difficult because it is also about IV drug users, sexworkers and MSM' 'We don't know any international foundations to work with' 'Reluctance to listen, less priority of the issue' 'Resources! We combine PPD with our direct services. We don't have enough resource (human and Financial) to concentrate on PPD' |

Issues and topics put forward to be discussed at a European level at the Seminar

- Priority is given to networking and networking skills and many organisations obviously feel that strength is in numbers; they want to 'know about existing networks', they want to learn networking skills, how to 'build coalitions', and 'join forces to make a real impact'.
- Some of the questionnaires have prioritised the different key populations within the HIV epidemic; they would like to discuss how to effectively lobby government and other decision makers when they work with women, IV drug users, migrant populations or MSM.
- A lot of the issues raised gravitate towards the topic of 'HIV fatigue': people want to learn 'new ways of engaging' the government, want to know how to 'connect with other social movements, academia and other stakeholders' and learn new tricks of the trade, they would like to talk about 'Communicating HIV without the risks of increasing stigma and discrimination' and 'how to keep the HIV agenda fresh and interesting' for policy makers in government.
- Another hot topic that was raised in the survey related to resources/information; Knowing people, knowing where and how to find information, 'essentials to remember when designing advocacy projects', where to find networks and what they do –and don't do–, and most importantly they would like to hear about good practice examples.
- And last but not least; Topics around Communication; 'any example to make communicating HIV and AIDS easier?' and 'want to discuss PR campaigns', 'communication and relationship management with key decision makers'

Miscellaneous topics that were put forward by the survey respondents

- “Special features for PPD for countries with low democratic level”, “legislation opportunities in transition countries” and “working in Ex communist countries”
- Discussion on various approaches to HIV/AIDS
- How to effectively start a self-financing programs with awareness events
- “Policy awareness raising; the topic that will equip us with the ability to create policy awareness through dialogues, networking, information dissemination, and mobilising support of the civil society”
- HIV mainstreaming
- Global policies and funding
- PLHIV involvement in PPD
- Policy shaping in association with the EU
- And one brave organisation has “Feedback on our organisation” as a topic

4 Annexes

4.1 Application Form

European Best Practice Seminar “Public policy dialogue (PPD)”

23 & 24 October 2008, the Netherlands

Please complete and return this form by e-mail to: westernoffice@aidSACTIONeurope.org

The deadline date for receipt of applications is **July 10th 2008**.

1. Name
 Mr Mrs
 First name :
 Last name :
2. Organisation
 Name organization
 Street & No:
 Postal code:
 City
 Country
 Phone
 Fax
 Email address
 Cell phone
 Website address: http://
 Your role/job
 You've been in this job for: years and months
3. Do you have any dietary, medical or other specific needs?
 NO YES,
4. Do you need a visa to join us in The Netherlands?
 NO YES, my passport number is:
5. Do you need a scholarship to attend the Resource Mobilisation Seminar?
 NO, I would like to attend as a participant
 YES, a full scholarship (= travel, accommodation, per diem)
 YES, a partial scholarship (= accommodation)
6. Your knowledge of English is:
 Poor Excellent
7. Your organisation:
 - 7a. Total income of your organisation is: €
 - 7b. Your organisation started in the year of:
 - 7c. Number of paid employees in your organization:
 - 7d. Number of volunteers in your organization:

8. What is the scope of activities of your organisation?
- Local
 - National
 - Regional
 - International
9. What are the main activities of your organisation? (tick as many boxes as applicable)
- | | | |
|---|--|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Legislation | <input type="checkbox"/> Research |
| <input type="checkbox"/> Care and support | <input type="checkbox"/> Management | <input type="checkbox"/> Sexual education |
| <input type="checkbox"/> Co-infections | <input type="checkbox"/> Media | <input type="checkbox"/> Social issues |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Migration | <input type="checkbox"/> Testing & |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Policy | <input type="checkbox"/> Treatment |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Positive prevention | <input type="checkbox"/> Work and HIV |
| <input type="checkbox"/> Harm reduction | <input type="checkbox"/> Prevention | <input type="checkbox"/> Other, |
| <input type="checkbox"/> Human rights | <input type="checkbox"/> Reproductive health | |
10. Does your organisation have a mission and strategy for the next three years?
- YES NO

The rest of this application form is a short survey that aims to gather information to inform an overview of Public policy dialogue in relation to HIV and AIDS. It is not possible in a single survey to gather detailed data on advocacy/PPD in general and specifically. Instead this survey examines the overarching principles, tools and methods that are currently available for your organization to engage in a Public policy dialogue. Respondents are encouraged to expand on any of their answers as they think useful, and examples will be particularly valuable as well as references to further information.

11. Is Public policy dialogue one of the main activities of your organisation?
- YES NO NO, but we would like to
- 11a. If YES, on which level is your organisation involved in Public policy dialogue?
- PPD towards local authorities
 - PPD towards national authorities
 - PPD towards regional authorities
 - PPD towards European authorities
 - PPD towards international institutions
 - Other, namely
12. How many people work in Public policy dialogue?
- No one, we all do a bit
 - A company we pay
 - Only one person but s/he has other tasks too
 - One dedicated person / advocacy officer
 - A team of people
 - Other,
13. Do you feel you are a trusted partner in shaping national policies and programmes?
- YES, because
 - YES, but
 - NOT REALLY although
 - NO, not at all

14. Are the following statements about your organisation true or false?
- 14a. We are seen as the main HIV/AIDS policy organisation in our country and the public responds to our calls for actions
- True
 True, but not always
 Not true, but we had some successes
 No, not true
- 14b. We have a selection of training and public education workshops that are well attended by professionals
- True
 True, but not always
 Not true, but we had some successes
 No, not true
- 14c. We have a wide network and any information in the field of HIV/AIDS will reach us in an early stage
- True
 True, but not always
 Not true, but we had some successes
 No, not true
- 14d. We have good contact with decision makers in local and national government
- True
 True, but not always
 Not true, but we had some successes
 No, not true
- 14e. Our contacts with the media ensures good coverage of our activities, policies and opinions
- True
 True, but not always
 Not true, but we had some successes
 No, not true
15. Are there people living with HIV/AIDS (PLHIV) employed by your organisation and are they active in Public policy dialogue?
- YES, PLHIV as employees
 YES, PLHIV as employees and in PPD
 YES, PLHIV as volunteers
 YES, PLHIV as volunteers and in PPD
 NO, no PLHIV as employees
 NO, no PLHIV as volunteers
16. Do you use any of the tools for Public policy dialogue in the list below?
- | | | |
|---|---|--|
| <input type="checkbox"/> Website | <input type="checkbox"/> Conference of stakeholders | <input type="checkbox"/> Newspapers / press |
| <input type="checkbox"/> Collective email | <input type="checkbox"/> Radio | <input type="checkbox"/> Sign on letters / petitions |
| <input type="checkbox"/> Factsheets | <input type="checkbox"/> TV | <input type="checkbox"/> Encouraging your contacts |
| <input type="checkbox"/> Networking | <input type="checkbox"/> An awareness raising | <input type="checkbox"/> to send letters |
| <input type="checkbox"/> Posters/flyers | <input type="checkbox"/> campaign once a year | <input type="checkbox"/> Other |
17. Do you know where to turn to when you have questions about effective Public policy dialogue?
- NO YES

- 17a. If YES, where would you go?
- Internet Name of website:
 - Books Name of books:
 - People Who:
 - Other
18. What would you identify as the main strength of your organisation regarding Public Policy Dialogue?
- We have good contact with decision makers
 - We have a supportive network including press, government officials
 - We have a successful conference
 - We have good command of PPD tools (internet, radio/TV, campaigning)
 - We are the main partner to our local and/or national government
 - Other
19. What would you identify as the main problems with Public policy dialogue?
- No one is responsible
 - Other HIV/AIDS organisations disagree with us
 - Our organisation is dependant on our funders
 - Our organisation doesn't know how to turn activism into strategy
 - We are very willing but we lack the skills
 - We are very willing but we lack the network
 - We are very willing but we lack the time
 - HIV/AIDS is a difficult subject to talk about
 - Other
20. Expectations with regards to the seminar:
- 20a. Do you expect to learn theories and definitions during the seminar?
 Absolutely not Absolutely
- 20b. Do you expect to learn practical tools during the seminar?
 Absolutely not Absolutely
- 20c. Do you expect to get feedback on how your organisation is doing during the seminar?
 Absolutely not Absolutely
- 20d. Do you expect to change the way you deal with Public policy dialogue in your own organisation after the seminar?
 Absolutely not Absolutely
21. Importance of expectations: Help us define the agenda!
 Please specify three topics you want to be covered in this seminar:
- 1.
 - 2.
 - 3.

Please complete and return this form to westernoffice@aimsactioneurope.org by **Thursday, July 10th, 2008**

The information you provide on this form is treated confidentially and will only be shared with staff of AIDS Action Europe and Soa Aids Nederland for the purpose of reviewing applications and selecting scholarship recipients.

If you have any question or if you require any further information concerning this seminar or this form, please contact Soa Aids Nederland or AIDS Action Europe at: westernoffice@aimsactioneurope.org

4.2 AIDS Action Europe

AIDS Action Europe is a pan-European partnership of non-governmental organisations (NGOs) that works towards a more effective response to the HIV and AIDS epidemics. AIDS Action Europe addresses the needs of communities affected by HIV, by effectively linking and mobilising NGOs across Europe and advocating their concerns. It aims to be a transparent and inclusive partnership, and encourages greater involvement of people living with and affected by HIV in tackling the epidemic. Operating from two offices (one in Amsterdam, The Netherlands and one in Vilnius, Lithuania) AIDS Action Europe supports and links European NGOs, mobilises and advocates NGOs around key issues and facilitates the exchange of knowledge and information. At the time of writing, the AIDS Action Europe network unites 212 European NGOs from 46 different countries.

Goals

- Influence European and International HIV/AIDS policies
- Strengthen the exchange of best practices and lessons learned and improve skills of European NGOs
- Improve cooperation and exchange between AIDS Action Europe members

AIDS Action Europe's main strategies to achieve its goals are public policy dialogue and linking and learning. AIDS Action Europe is co-chair of the EU HIV/AIDS Civil Society Forum and member of the EU HIV/AIDS Think Tank. Since its start, the network focused on dissemination of good practices, primarily through the Commission funded project European Partners in Action on AIDS (EPAA). It consists of a series of 7 European good practice seminars and the Clearinghouse, a dissemination platform for good practices in the field of HIV.

Guiding principles

- UNGASS Declaration of Commitment and Dublin and Vilnius Declarations
- GIPA principle: greater involvement of people living with HIV and AIDS
- "Europe" is defined according to the WHO definition and extends beyond the European Union
- Commitment to prevention of duplication of existing activities
- Commitment to build on existing experiences, expertise and infrastructure provided by its members and the organisations and institutions with whom we will work
- AIDS Action Europe endorses the code of good practice for NGOs responding to HIV/AIDS

AIDS Action Europe wants to contribute to the global fight against HIV and AIDS. It is therefore an integral part of a global effort and is linked to global partnerships including the International Council of AIDS Service Organisations (ICASO). As European partner, AIDS Action Europe subscribes to the ICASO Mission:

- Mobilise communities and their organisations to participate in the response to HIV/AIDS.
- Articulate and advocate the needs and concerns of communities and their organisations.
- Ensure that community-based organisations, particularly those with fewer resources and within affected communities, are strengthened in their work to prevent HIV infection, and to provide treatment, care and support for people living with and affected by HIV/AIDS.
- Promote the greater involvement of people living with, and affected by, HIV/AIDS in all aspects of prevention, treatment, care and support, and research.
- Promote human rights in the development and implementation of policies and programs responding to all aspects of HIV/AIDS.

4.3 SOA AIDS Nederland

STI AIDS Netherlands (The national institute for STI and AIDS Control in the Netherlands) is a national organisation that aims to: prevent sexually transmitted infections (STIs & Aids); and improve the quality of STI control in the Netherlands.

Tasks and services

Health education and prevention

STI AIDS Netherlands develops health education and prevention projects. The primary objective is to prevent sexually transmitted infections occurring. One of the ways this is done is by promoting safer sex. Attention is also given to tracing infection at an early stage through testing, screening and partner notification.

Developing material and methods

STI AIDS Netherlands produces general basic educational materials on STIs and safer sex. It also sets up prevention projects for specific target groups such as young people, sex workers and their customers. In addition, the foundation provides teaching packs for schools, protocols for STI treatment, and quality systems for STI control.

Support

STI AIDS Netherlands offers practical support and 'tailor-made' services to individuals and organisations involved in day-to-day STI control. This varies from training and presentations to ideas for projects and texts for booklets. Professionals in the field can also refer to STI AIDS Netherlands for individual advice, while experts are kept up to date with recent developments by Soa Aids Magazine, newsletters and the web-site. Furthermore, the foundation organises courses and workshops to maintain the dialogue between all those involved in STI control and determine future courses of action.

Advice

STI AIDS Netherlands advises on STI policy to the government, in particular the Ministry of Health, Welfare and Sport, and to other organisations at a national and regional level.

Research

STI AIDS Netherlands encourages social science, epidemiological and clinical research projects in the field of STI control. It also conducts evaluative studies on the effects of its own activities and products.

International

In its role as a national organization, STI AIDS Netherlands keeps a close watch on international developments which may be applicable in the Netherlands or may have consequences for the Dutch situation. It also works in international partnership on several projects.

The organisation

STI AIDS Netherlands employs approximately 80 professionals from a variety of backgrounds. Activities are organised on a project basis, making it possible to react flexibly to the latest developments in the STI field.

STI AIDS Netherlands is one of the many players active in STI control in the Netherlands. It works closely with both national and regional partners, and administers the Dutch STI prevention and control forum. This is a multidisciplinary forum of experts who develop future strategies in the area of STI prevention and control. STI AIDS Netherlands is primarily government-funded. The Ministry of Health, Welfare and Sport provides the basic funding. Many of its projects receive grants in the Netherlands from ZonMW (a research funding institute), the Aids Fonds, the Dutch Ministry of Foreign Affairs, or from the European Union. A limited number of activities are funded by sponsors.

4.4 Countries represented in the survey

| | | | | | |
|-----------|------------|-----------|-------------|------------|----------------|
| Armenia | Azerbaijan | Belgium | Bulgaria | Estonia | Georgia |
| Greece | Hungary | Ireland | Kazakhstan | Kyrgyzstan | Latvia |
| Macedonia | (Nepal) | (Nigeria) | Poland | Portugal | Romania |
| Russia | Serbia | Slovenia | Switzerland | Ukraine | United Kingdom |

4.5 Useful information regarding the European Union

The HIV/AIDS epidemic has been an important focus of concern and action of the EU's public health activities since the late 1980's. During this time, the European Continent has escaped the worst ravages of the disease in part due to the effective action taken during the 1980s.

A particular focus of EU action has been, and continues to be, to address the prevention challenges set by vulnerable groups like migrant populations, sex workers, and young people. For example, the European Commission is currently supporting action to identify good practice in HIV/AIDS prevention and sex education.

The European Union and its neighbouring countries now face the threat of a 'new epidemic'. Parts of Europe have the fastest rate of new HIV/AIDS cases in the world. Latest figures released recently by UNAIDS (see above) confirmed that the numbers of new infections are increasing throughout the 25 EU Member States and in its east European neighbours. The transmission pattern is also changing. While sexually transmitted infections remain predominant in some parts of the European Continent many of the rapid rises in infections are due to intravenous drug use.

In February 2004 the Irish Presidency of the EU hosted the Dublin Ministerial Conference in entitled "Breaking the barriers' Partnership to fight HIV/AIDS in Europe and Central Asia" in order to highlight the worsening situation.

In June 2004 the European Council called for vigorous follow up by the Union and relevant regional bodies on the outcome of the Dublin Conference.

The Commission co-organised with the Lithuanian Government a follow-up Ministerial Conference "Europe and HIV/AIDS: New Challenges' New Opportunities" in Vilnius on 16-17 September 2004.

The Commission adopted on 15 December 2005 the Communication from the Commission to the Council and the European Parliament on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009. The Communication gives a clear indication of the guiding principles and added value of the European policy.

The German Presidency of the Council of Ministers organised the "Responsibility and Partnership – Together Against HIV/AIDS" on 12-13 March 2007 in Bremen.

Several positive results came out of the Bremen meeting. In the Bremen Declaration the Ministers of Health from the EU and neighbouring countries, together with the European Commission and other stakeholders, have committed, among others, to:

- provide political leadership
- respect, act and where necessary legislate to promote and guarantee human rights
- promote universal access to evidence-based prevention, including comprehensive harm reduction
- co-operate to ensure access to affordable medication

The German Presidency also committed funding to monitor the implementation of the Dublin Declaration (2004) that contains specific targets, including universal access to prevention,

treatment and care by 2010.

The Council of Europe adopted the Bremen declaration in May 2007. German Chancellor Merkel committed in her keynote speech to bring the topic of HIV/AIDS to the agenda of the European Heads of State and Government. In June they convened and discussed the recommendations regarding decisions in relation to HIV/AIDS that came out of the Bremen conference. This was the first time that the topic of HIV/AIDS was predominantly on their agenda and a great opportunity for civil society to ensure that our views and voices are being heard.

You'll find the [Dublin Monitoring report](#) in the AIDS Action Europe clearinghouse on and a short summary later in this report under key documents.

The Commission has set up co-ordination structures to help in the formulation and implementation of policy activities on HIV/AIDS in Europe. These are:

4.5.1 HIV/AIDS Think Tank

The HIV/AIDS Think Tank is a forum to exchange information between the Commission, the Member States, Candidate and EEA countries (Lichtenstein, Iceland and Norway). Relevant international and regional organisations and pan-European NGOs are invited to the meetings.

The Think Tank has already played an important role in defining priorities for HIV/AIDS policy formation on HIV/AIDS with in European Union and in its Neighbourhood. AIDS Action Europe has 3 seats on the Think Tank.

4.5.2 HIV/AIDS Civil Society Forum (CSF)

HIV/AIDS Civil Society Forum (CSF) has been established by the Commission as an informal working group to facilitate the participation of non-governmental organisations, including those representing people living with HIV/AIDS, in policy development and implementation and in information exchange activities. The Forum includes about 30 organisations from all over Europe representing different fields of activity The Forum acts as an informal advisory body to the European Think Tank on HIV/AIDS. The Forum is co-chaired by AIDS Action Europe and the European AIDS Treatment Group.

4.5.3 Inter-service group on HIV/AIDS

The Inter-service group (ISG) on HIV/AIDS in Europe is a forum for coordination and cooperation between all relevant Directorate Generals of the European Commission. The group was set up in May 2004 under the Inter-service group on Health. Currently 14 DGs are represented in the group. The Inter-service group on HIV/AIDS in Europe has already been instrumental in both drafting and implementing the Commission Working Paper Coordinated and Integrated Approach to Combat HIV/AIDS in the European Union and in its Neighbourhood

4.5.4 HIV/AIDS Task Force

In April 2004 the Directorate General Health and Consumer Protection established HIV/AIDS Task Force within the Directorate for Public Health and Risk Assessment. This Task Force draws resources from different units in the Directorate thus bringing diverse expertise within the group. At the moment ten members of the staff in the Directorate are attached to the Task Force and two of them work only on HIV/AIDS issues.

4.6 Useful organizations regarding PPD worldwide including their European offices

4.6.1 ICASO

Founded in 1991, the International Council of AIDS Service Organizations' (ICASO) mission is to mobilize and support diverse community organizations to build an effective global response to HIV and AIDS. This is done within a vision of a world where people living with and affected by HIV and AIDS can enjoy life free from stigma, discrimination, and persecution, and have access to prevention, treatment and care.

The ICASO network of networks operates globally, regionally and locally, and reaches over 100 countries internationally. ICASO operates from its international secretariat in Canada, through regional secretariats based in 5 continents:

- African Council of AIDS Service Organizations (AfriCASO)
- AIDS Action Europe (AAE)
- Asia-Pacific Council of AIDS Service Organizations (APCASO)
- Latin America and the Caribbean Council of AIDS Service Organizations (LACCASO)
- North American Council of AIDS Service Organizations (NACASO)

Advocacy is one of the key activities of the ICASO network, and there are many publications. See the recently launched publication "[Community advocacy with impact](#)" for more information on the advocacy activities.

www.icaso.org

4.6.2 UNAIDS

Founded in 1996, UNAIDS serves as the leading advocate for global action against HIV/AIDS. Its mission is to guide, strengthen and support worldwide efforts to turn the tide against the epidemic. Such efforts are aimed at:

- preventing the spread of HIV;
- providing care and support for those infected and affected by the disease;
- reducing the vulnerability of individuals and communities to HIV/AIDS; and
- easing the socio-economic and human impact of the epidemic.

The UNAIDS Secretariat works to spur and coordinate action on AIDS, rather than serve as a direct funding or implementing agency. It employs about 130 professionals and operates on an annual budget of US\$ 70 million, a tenth of which is earmarked for the International Partnership against AIDS in Africa (IPAA). The largest donors to UNAIDS are governments of the United States of America, the Netherlands, Norway, Japan, the United Kingdom and Sweden. UNAIDS also receives funds from 25 other countries. UNAIDS brings together in the AIDS response the efforts and resources of ten UN system organizations.

The UNAIDS Regional Support Teams (RSTs) provide timely and effective support to UNAIDS Country Offices, while working with regional partners to coordinate and provide programming and technical support to strengthen national responses. There is a UNAIDS Regional Support Team in Moscow,

Russian Federation. The goal is to catalyze and facilitate an expanded response to HIV in the region, aiming to:

- Halt the epidemic by preventing new infections
- Expand access to treatment, care and support for people living with HIV and AIDS
- Expand care, protection and support for orphans and families affected by HIV and AIDS

At country level the RSTs support the UNAIDS Country Coordinators and through them the UN country team's HIV response through the UN Theme Groups on HIV (UNTGs).

Bertil Lindblad is the Director RST for Eastern Europe and Central Asia: lindbladb@unaids.org and Lisa Carty is the UNAIDS Programme Coordinator of the Russian Federation. Find all the names and contact details of the Eastern European and Central Asian on <http://www.unaids.ru/en/about/secretariat/>

UNAIDS

Tel: +7 495 232 5599

Fax: +7 495 232 9245

105064 Moscow, Russia, Per. Obukha, 6

<http://www.unaids.org>

4.6.3 International Community of Women living with HIV

The International Community of Women Living with HIV/AIDS (ICW), a registered UK charity, is the only international network run for - and by HIV positive women. ICW was founded in response to the desperate lack of support, information and services available to women living with HIV worldwide and the need for these women to have influence and input on policy development. ICW was formed by a group of HIV positive women from many different countries attending the 8th International Conference on AIDS held in Amsterdam in July 1992.

ICW current activities:

- Global Networking and advocacy
- Regional Development and networking
- Regional networking, capacity building, policy and advocacy through the setting up of regional programmes.
- Participation in International Conferences to advocate for HIV positive women's rights and brings their concerns to national and international arenas.
- Supporting international networking of HIV positive women through a e-forum, the website and e-news
- Developing advocacy skills of young women

The latest in ICW's programme for young positive women brought together 30 young HIV positive women from the 13 regions of Namibia, in Windhoek, 21-25th of January 2008. Organized by ICW the workshop aimed to develop young HIV positive women's awareness of their rights and their skills to realize those same rights through advocacy.

<http://www.icw.org>

4.6.4 The Global Network of People living with HIV and AIDS (GNP+)

The Global Network of People living with HIV and AIDS (GNP+) is the only worldwide network representing all people living with HIV and AIDS. As a network based on emancipation and self-determination, GNP+ nurtured the development of six fully independent regional networks of people living with HIV covering Africa (NAP+), Asia (APN+), the Caribbean (CRN+ <http://www.crnplus.org>), Europe (GNP+ Europe), Latin America (REDLa+ <http://www.redla.org/>) and North America (GNP+ NA). Elected representatives from these networks form the GNP+ Board.

<http://www.gnpplus.net/>

4.6.5 World Health Organisation (WHO)

WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. As the directing and coordinating authority on international health, the World Health Organization (WHO) takes the lead within the UN system in the global health sector response to HIV/AIDS. The HIV/AIDS Department provides evidence-based, technical support to WHO Member States to help them scale up **treatment**, care and **prevention** services as well as **drugs and diagnostics supply** to ensure a comprehensive and sustainable response to HIV/AIDS.

WHO Member States are grouped into six regions and the European region is made up of 53 countries, with over 880 million people, which stretch from the Atlantic to the Pacific. The sheer size of the Region means an incredible diversity of people and health situations. The WHO region office is there to help Member States to improve the health of their populations. Clearly, only the systematic strengthening of integrated health systems can achieve real and sustainable improvements in health. The Regional Office's role is to help its Member States develop and implement strategies to strengthen their health systems.

Regional Office for Europe

8, Scherfigsvej

DK-2100 Copenhagen 0, Denmark

Telephone: + 45 39 171 717

Facsimile: + 45 39 171 818

E-mail: postmaster@euro.who.int

Regional Director: Marc Danzon

Regional Office web site: www.euro.who.int

4.7 Useful European Networks

4.7.1 AIDS Action Europe

See paragraph 4.2

<http://www.aidsactioneurope.org>

4.7.2 AIDS & Mobility Europe

AIDS & Mobility Europe (A&M) is a network for the support of European organisations that provide HIV/AIDS prevention and care to mobile and migrant populations. A&M pays special attention to young migrant people. AIDS & Mobility Europe (A&M) is a networking project concerned with HIV/AIDS and migration in Europe. The project strives to stimulate the exchange of knowledge and expertise among health professionals at all levels - from community-based workers to policy makers - and to disseminate information in individual countries and throughout Europe. Mobility stands for migration in all its diversity: from travellers and immigrant communities to asylum seekers and refugees. The aims of Aids and Mobility are:

- To develop an innovative health education model for migrants and ethnic minorities.
- To implement structured transcultural mediator training and to conduct educational group sessions on HIV/AIDS.
- To strengthen the existing network structures of HIV prevention among migrants.
- To evaluate performance and outcomes.
- To disseminate the results and communicate them widely.
- To design adequate strategies to assure continuity of the approach.
- To influence European and national policy making.

<http://www.aidsmobility.org>

4.7.3 HIV Europe

Between 31 May and 2 June 2005, GlaxoSmithKline organized a Conference in Brussels bringing together around 90 attendees, mainly representatives from patients' organizations, from 20 countries. The focus was on aspects of healthcare in Europe, with training and networking opportunities. From this meeting came the idea of setting up a network of organisations driven by People Living with HIV and AIDS (PLHIV) as there was no network for HIV patient organisations in Europe. There is a network for individuals of PLHIV, the Global Network of People Living with HIV, but there wasn't one for patient organisations. HIV Europe was founded in Copenhagen at a meeting in June 2005.

HIV Europe's objectives:

- To create a solid network of European organisations.
- To share our failures and our successes with the other member organisations
- To support each other on issues nationally and internationally
- To ensure that PLHIV in Europe are represented on the International scene
- To make a difference for PLHIV in Europe

It was agreed that the intention was to be as inclusive as possible, that nowhere was it to be assumed that membership was only available to national organisations; local and regional groups would also be welcomed.

<http://www.hiveurope.org/>

4.7.4 European AIDS Treatment Group

European AIDS Treatment Group (EATG) was founded in 1991. It is a voluntary organisation made up of more than 90 members from over 30 different European countries. EATG's members are representatives of different communities affected by HIV/AIDS in Europe. Since its foundation, the EATG has been at the forefront of the development of the civil society response to the HIV/AIDS epidemic in Europe. EATG's activities focus on treatment activism and treatment advocacy. They have more than 90 members from over 30 different European countries and about one third are women. 57% of our members identify as being HIV positive.

Members have affiliations with 58 national HIV/AIDS organisations and a further 36 HIV/AIDS networks and/or organisations throughout Europe. The vast majority of EATG members are involved in counselling, publication and policy activities.

EATG

Place Raymond Blyckaerts, 13

B-1050 Brussels, Belgium

Tel: +32 2 644 42 10

Fax: +32 2 644 33 07

office@eatg.org

<http://www.eatg.org>

4.7.5 Eastern Europe and Central Asian Union of PLWH (ECUO)

Objectives:

- Expanding access to treatment, care and support PLHIV
- Widespread involvement of PLHIV in decision-making process on key aspects of the epidemic of HIV/AIDS and address its consequences at all levels
- Capacity-building organizations and communities living with HIV
- Promoting the protection of human rights in the context of HIV/AIDS

Sekretariat VTSO PLHIV

st. Mezhygorskaya, 87a, Kiev, Ukraine, 04071

Phone: (+380-44) 467-7565

Fax: (+380-44) 467-7593

Почта: nataliya@ecuo.org Email: nataliya@ecuo.org

4.7.6 Eurasian Harm Reduction Network (EHRN)

The EHRN was founded in 1997 in Warsaw, Poland in order to facilitate and inform best practise and information exchange. The objectives of EHRN are to support, develop and advocate for harm reduction approaches in the field of drugs, HIV, public health and social exclusion by following the principles of humanism, tolerance, partnerships and respect for human rights and freedom. In line with its mission, EHRN initiates and supports changes aimed at implementation of more effective drug policies and integration of topics related to the work conducted in the field of drugs. As a result, EHRN sees reduction of criminal and socially unwelcome factors related to drug use as well as enhanced appreciation by the



society of the value of harm reduction activities. The EHRN has members in most central and eastern Europe states and they consists of governments, NGO's, networks, groups of drug users and People living with HIV.

Eurasian Harm Reduction Network

formerly Central and Eastern European Harm Reduction Network

Secretariat address: Siauliu str. 5/1-21, Vilnius 01133, Lithuania

Phone: (+370 5) 2691 600

Fax: (+370 5) 2691 601

Email: info@harm-reduction.org

4.8 Useful key documents

[The progress in implementing the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia.](#)

When the Member States of the WHO European Region signed the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia in February 2004, they could not have known what a historic document this would become. Fully two years before the rest of the international community, the European Region made a visionary call in this Declaration for “universal access to effective, affordable and equitable prevention, treatment and care”. Now, four years after the Declaration signing, this initial progress report takes stock of the situation in the Region by discussing which indicators can best help us to understand current efforts to combat HIV, how to interpret the most recent data collected for these indicators and how to improve HIV efforts: The ‘Progress on Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia’ report.

On the UNGASS website you will find other key documents such as:

Declaration of Commitment June 2001

National reports on opportunities and challenges for national civil society campaigning

UA Campaigners Update; a newsletter that highlights AIDS campaigning efforts from around the world, particularly highlighting campaigns that hold leaders accountable to keeping their promises on universal access to prevention, treatment care and support

PGA summary; The President of the General Assembly's summary of the 2008 High Level Meeting on the review of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, which was held in New York from 10 to 12 June 2008. This document is now available

<http://www.ua2010.org>

On the [advocacy page of the AIDS Action Europe website](#), you can download the following documents:

Reports of the EU HIV/AIDS Civil Society Forum

Bremen Declaration on Responsibility and Partnership - Together Against HIV/AIDS (2007)

Vilnius Declaration on Measures to Strengthen Responses to HIV/AIDS in the European Union and in Neighbouring Countries (2004)

Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia (2004)

UNGASS Declaration of Commitment on HIV/AIDS (2001)

The European Commission also has a public health page on HIV/AIDS where you can find the following interesting advocacy documents:

Communication from the Commission to the Council and the European Parliament on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009 (15 December 2005)

Council conclusions on Combating HIV/AIDS (3 June 2005)

Implementation plan for the Commission Working Paper: Coordinated and integrated approach to combat HIV/AIDS within the European Union and in its neighbourhood (21 February 2005)

Commission working Paper: Coordinated and integrated approach to combat HIV/AIDS within the European Union and in its neighbourhood. (September 2004)

Mandate of the Think Tank on HIV/AIDS (14 June 2004)

Mandate for a Inter-Service Group on HIV-AIDS in Europe (28 May 2004)

http://ec.europa.eu/health/ph_threats/com/aids/aids_en.htm

For the latest information regarding epidemiology, visit the UNAIDS website

UNAIDS: AIDS epidemic update 2007 (November 2007)

www.unaids.org

ICASO also a wide variety of advocacy tools and publications:

Advocacy Alerts: Provide brief information on a critical issue requiring immediate action.

Advocacy Briefings: Provide information, a structured analysis, and recommendations for advocacy on an issue related to HIV and AIDS.

Community Research Reports: Provide a summary of existing research, describe and analyze key findings, illustrate using case studies and provide lessons learned and recommendations.

Guidelines: Offer practical guidance to support community sector involvement. Provides accessible information on standards, structures, processes and methods for community action.

ICASO Organization Reports: Provide information on ICASO's programming, strategies and governance.

Policy Papers: Provide a structured analysis and specific policy recommendations on an issue related to HIV and AIDS.

Last but not least, the **AIDS Action Europe clearinghouse** offers a wealth of good practice material, documents and reports related to advocacy and public policy dialogue in many different languages at

www.hivaidsclearinghouse.eu

4.9 Useful PPD Toolkits

- 'Toolkit for action' Understanding and Challenging HIV Stigma: Toolkit for Action from the Change Project; <http://www.changeproject.org/technical/hivaids/stigma.htm>
- The International HIV/AIDS Alliance in Brighton UK produces toolkits and resources for advocacy; <http://www.aidsalliance.org/> Advocay in Action, a toolkit to support NGOs and CBOs; Advocacy – speaking up on behalf of others who, for whatever reason, do not have a voice – is an effective way of influencing people in power. It can range from a child defending her orphaned cousin against stigma or actors living with HIV/AIDS performing a drama about their rights. This toolkit, produced jointly by the Alliance and the International Council of AIDS Service Organizations (ICASO), shows NGOs and CBOs how they can use advocacy to influence people in power, to create an environment that protects the rights, health and welfare of everyone, whether HIV positive or negative. It sets out to build practical skills, provide a training resource and continue learning International HIV/AIDS Alliance (secretariat), Queensberry House, 104-106 Queens Road, Brighton BN1 3XF, United Kingdom Tel: +44 (0)1273 718900 Fax: +44 (0)1273 718901 Email: mail@aidsalliance.org <http://www.aidsalliance.org>
- The Citizen for Public Justice in Ontario, Canada produces toolkit for PPD www.cpj.ca
- AIDS MAP has useful online information and advocacy toolkits; <http://www.aidsmap.com/>
- The Wisconsin Department of Public Instruction USA has made a School HIV/AIDS Policy Tool Kit. This 94-page document provides background information on HIV/AIDS, policy examples, legal references, best practice procedures, and additional resources for schools to develop or enhance policies and procedures to address the following common concerns: <http://dpi.wi.gov/sspw/hivaiddptk>
- AVERT is an international aids charity with a massive website that contains information and links to other website, toolkits and brochures. <http://www.avert.org/hivaidsbooklets.htm>