

“SHOW US THE WAY IN”

Guidelines for effective Public Policy Dialogue

Amsterdam, November 2008

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1 This guide and its context

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.

These 'Show us the way in, Guidelines for effective Public Policy Dialogue' follow from the AIDS Action Europe seminar on Public Policy Dialogue on 23 and 24 October 2008 in Leusden, the Netherlands. About 45 participants from small and medium HIV organisations from Central and Eastern Europe and Central Asia came together to share what they knew and learn what they needed to know about Public Policy Dialogue and advocacy. The guidelines intend to capture lessons learned from that seminar as well as to provide tools that will facilitate effective Public Policy Dialogue for NGOs. In 'Show us the way in' we have concentrated the learnings for the seminar and researched and added general good practises about Public Policy Dialogue in our sector.

The seminar was part of a series of European good practise seminars that were organised under the umbrella of 'European Partners in Action on AIDS'. This project aims to strengthen knowledge, capacities, discussion and exchange among HIV-related NGOs in Western and Eastern Europe in order to encourage concerted action and the acceleration of innovation in their approaches in the fight against HIV and AIDS. Please visit www.aidsactioneurope.org if you want to learn more and become a member.

This guide was made possible by support from the European Commission, the Executive Agency for Health and Consumers, GlaxoSmithKline's Positive Action Programme and STI AIDS Netherlands.



Working with communities affected by HIV/AIDS



We are committed to provide you with a short and useful guideline to support the development of your Public Policy Dialogue (PPD) programme. We are aware that PPD is a fluid subject with many angles and it can be interpreted in many ways. That's why these guidelines can be seen as a pointer in the direction rather than as a comprehensive handbook. It's divided in four parts; firstly there is more about the definition of Public Policy Dialogue followed by the Art and Science of PPD. This includes some knowledge and experience about 'Strategy', 'Organising a conference' to mobilise a community, 'Networking and networks' and 'Leadership'. The Art and Science of PPD is followed by 'Public Policy in Action' with current case studies and examples but also some useful document to focus your strategy. In the last few chapters we included some books, documents and website links so you are able to find out more about the subject, organisation, documents or people. There is a section about the lessons learned from the Seminar on Public Policy Dialogue in Leusden, The Netherlands in October 2008. These Lessons Learned will give words of wisdom and warning from grassroots organisation that 'have been there and done it'. We hoped that the last chapter will give you the courage and passion to really make a difference and change for a better world. All we really want to do is Show you the way in!

2 Public Policy Dialogue, say what?

Public Policy Dialogue could be translated as ‘advocacy’ or as ‘lobby’. But Public Policy Dialogue has many faces and many words have almost the same meaning. Most of those definitions are about influencing, persuading, and mobilizing people into action. The difference is that ‘Public Policy Dialogue’ covers the whole range of activities so it’s essential all-inclusive and it is about persuading influential people to change.

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 with input from civil society, contributes to the creation of a more just and caring society, as voluntary organizations often have a very realistic, up-to-date picture of the needs and issues in our communities. Public Policy Dialogue is a process with all stakeholders and key decision makers involved. A typical indicator of a successful Public Policy Dialogue process would be policies, implementation, laws or practices which enable improved HIV/AIDS prevention and care.

This definition is all inclusive and we felt that was important. But of course people will use the word ‘advocacy’ and give it the same meaning as Public Policy Dialogue. In these guidelines we’ve tried to use Public Policy Dialogue or PPD.

Public Policy Dialogue has been part and parcel of the responses of HIV organizations worldwide 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. Political leaders have realized that reaching the sixth Millennium Development Goal on HIV/AIDS¹ – to halt and reverse the spread of the epidemic by 2015- requires a much greater attention to wider issues of social exclusion and development. It has become increasingly clear that fighting the epidemic requires a strong focus on communities and their contribution to the wider arena. More and more organizations agree that civil society organizations have to play a key role as ‘watchdogs’, monitoring policy decisions, budget allocations and the wider implementation of HIV programmes and services.

¹ See www.un.org/millenniumgoals

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3 The art and science of effective Public Policy Dialogue

Mobilising a community to ensure that their voice is heard will effectively mean that a Public Policy strategy has to be developed from within the community or civil society. It is a human right to determine one's own development and be healthy. Successfully exchanging views with communities and decision makers or applying political pressure to ensure those human rights requires a concerted effort, leadership and a strategic plan of action. There are a few key principles² to take into account;

- Public Policy Dialogue requires active and influential participation of all stakeholders. Meaningful participation means that people affected by HIV have a say in decisions that impact on their lives. It is especially important that those most vulnerable to HIV/AIDS –people who are stigmatised (e.g. people living with HIV) discriminated against (sexworkers, men who have sex with other men, injecting drug users) or marginalised (e.g. young people, women, the poorest of the poor) – take an active role and a place at the table. Community ownership of the process of Public Policy Dialogue can only be build by active involvement.
- Public Policy Dialogue means working together. It means starting, assessing, planning, acting, monitoring, evaluating and scaling up together.
- It requires leadership³ to build trust and social capital. Once there is a common understanding and a mutual respect and trust all key stakeholders will work as one. It will depend on spending time together, and showing respect for differences, cultures, weaknesses and strengths.

There are some good examples of how this all works in practise⁴. HIV organisations have worked together on different issues and mobilised communities into action. We have defined four key approaches that are crucial in your Public Policy Dialogue.

Planning and implementing a strategy for change or good solid project management will ensure that the process is focussed and well managed. But to have the strategic input of a community you will need to organise a consultation, by ways e.g. of a meeting or conference. It can be a challenging job but to have all your stakeholders in one place, to be able to listen to their issues and concerns and to ensure ownership of the process, a conference might be a useful start. Leaders are essential creators of learning, growth and change. And leaders have an important role and task in defending the rights of a particular community and lobbying for change for that community or communities. We believe that effective leadership can enhance your Public Policy Dialogue so we've included some of the art and science about leadership. Networks and networking are part of the Public Policy Dialogue package. To be part of a network will make your own Public Policy Dialogue more powerful and effective because it means a connection with wider issues and gives you access to information and knowledge that can be used in your

² These key principles came out of the PPD seminar 23/24 Oct 2008 but are re-articulated.

³ See chapter 3.4 Leadership

⁴ The EU HIV/AIDS Civil Society Forum is a good example of working successfully together on a Public Policy Dialogue, but also the Eurasian Harm Reduction Network that has conducted a number of regional-wide research and advocacy efforts around policies, rights and services with regard to HIV treatment for injecting drug users, opioid substitution therapy for drug dependent people, Hepatitis C and drug use, sex work and others. Or have a look at TAMPEP (European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers), and other examples can be found on website; www.aidsalliance.org.uk

own Public Policy Dialogue. But equally your own case studies and success can inform the network and empower the other members to plan similar success in their own context.

3.1 Planning a strategy for change: Project management

Activism and passion about an particular issue will only carry you so far. You need skills and knowledge to take you further⁵. A Public Policy Dialogue strategy will make 'change' into a step by step plan to ensure maximum impact. Most of it means good-old-fashioned project management in which you devise a time frame with the traditional step of a project; defining the problem, defining the solution/your ultimate goal and the path in between. You will need to allocate resources to the plan, the material, the money, and the people. There are some very good reasons to have a Public Policy Strategy;

- It will provide transparency and makes all staff and volunteers in your organisations work together towards a goal. A strategy is a written document and it will be something you -and them- can refer too.
- It will give you priorities and time lines. It will give you a focus when distractions loom in the dark corners of your office.
- It will give your organisation a clear and communicable future. You have looked into the future and planned possible opportunities and found solutions for potential problems. It means that you are able to communicate this to partners, organisations, government, funders or businesses.
- And if you ever meet a very wealthy individual and he asks what your plan is, you have a clear answer (and give her or him a very good reason to donate a large sum of money).

There are four phases in a Strategy for Change:

1. Research Phase. In this phase you will need to look carefully into the problem and define it with great sensitivity and care. Narrow it down into 'priorities for change' and narrow it again into the policies you will need to change. Make a Case Statement with the help of a policy officer and other authorities (an university⁶? Research laboratory? Lawyers? Human Rights Watch?) and research it in great depth. This Case Statement will also include the current state of the problem, what kind of policies there are, the -lack of- government response or actions and how all this contributes to the existing problem. It could also include a human story of a person who is affected by the problem. This could be a powerful and simple way of explaining the impact of the problem you would like to solve⁷. You will need to gather facts, statistics and research results. Find out if there are other HIV/ health/human rights related groups that have highlighted the same problem. If possible build alliances and coalitions for support. If needed you could arrange an expert meeting to discuss a concerted plan of action.
2. Planning Phase. Involve all the key stakeholders and discuss the plan so far. Take their feedback on board; define a clear position and a desired outcome. Now you can start writing the first draft version of a Strategy Plan. This will need to include the goal, the targets, the activities that will be undertaken and who will complete the tasks. You need a media strategy because you will need to create some noise! This media strategy will have to have a section about working with the press and journalists in

⁵ Quote from Brian Teixeira, chief executive of NAZ Project, London UK. Brian was one of the presenters at the Public Policy Dialogue seminar of AIDS Action Europe, October 2008.

⁶ Raminta Stuikyte of Eurasian Harm Reduction Network (EHRN) used this in one of the Case Statements of the EHRN.

⁷ An idea that came up in the seminar on Public Policy Dialogue, October 2008.

particular. A media strategy is part of the overall communication strategy in which you also explain what kind of communication channels⁸ you propose to use and for what reason. At the end of this phase you will have a Case Statement, a plan with a time line, a communication plan—including your media plan—, defined key stakeholders, resources (funding?) and allies, and you have discussed and agreed this in your organisation and among all stakeholders.

3. Implementation and Adjusting Phase. Now you can implement the plan and make it happen. The entire group of key stakeholders will be involved in the activities and all need to be provided with updates and new information. If fresh data is available, ensure swift distribution of it and adjust plans. Don't forget to celebrate milestones and –small- achievements. It will encourage all stakeholders to work closely together and be proud of their accomplishments.
4. Monitoring and Evaluation Phase. Monitor your plan closely and keep check on the indicators. Evaluate all major events and write a 'lessons learned' document for future reference.

Note that the definition of success is 'succeeding a favourable or desired outcome'. It is also defined as 'the favourable and prosperous termination of attempts or endeavours'. It means that with outcomes or well defined endeavours and with a detailed strategy plan will enable you to have success! It basically says that you can only have success if you have planned and defined your outcomes. Otherwise it's called 'good fortune' or you have been 'just lucky'.

3.2 Organising a National Conference of people living with HIV

A national Conference is one of the consultation tools to ensure the involvement of the community in your Public Policy Dialogue Strategy. But mobilising a community in general or mobilising a community of People living with HIV in particular can be a challenging job. But once you have some funding, a topic and a venue you will find that you might need to limit the numbers due to the funding/the venue. Joining a group of other people who live with HIV at a national conference can be a liberating and empowering experience and a conference creates this space and opportunity. Within the group of people living with HIV there will undoubtedly be subgroups that will need a place and a voice at the conference; men who have sex with men, ID drug users, sexworkers or young people. A conference can motivate the participants to get involved and develop a shared identity and awareness of needs and problems they have in common. And because you are all together face to face, an atmosphere of trust and mutual respect can be build.

Encouraging participation of issues that prevent people from participating fully in the community mobilisation process can be addressed by creating a safe space where people feel comfortable to discuss and address the key problems before they join the plenary sessions. In order to support community groups to discuss issues and make decisions there needs to be a facilitator to guide the group process to ensure ownership of all objectives and outcomes and that all individuals and subgroups are heard and join in.

A typical outcome of a national conference can be:

- A network of people living with HIV with a chosen chair and board members who have the trust and respect of the group to present their case to others such as politicians, international agencies and other networks.

⁸ Website? Leaflets? A manifesto? Petition? SMS? Mailings?

- Positive role models for the community as a whole and an strong support network can be an positive outcome of a national conference and a embryonic beginning of a PPD process in the future.
- A political manifest addressing the key problems of People living with HIV as a whole and the particular sub groups with that group. This manifest can be taken to political decisions makers or an international pressure group.
- Sometimes a conference will need to facilitate a conflict between group/community members. Finding common ground and respect for differences can be a outcome of a national conference.
- That during all meetings the conclusions are summarized and communicated to the National AIDS Department at your national government.

3.3 Networking and networks

One of the main components of strong and effective Public Policy Dialogue is the connection between groups and networks. In order to be productive and persuasive we will need to look for the binding similarities between us and change at the national/European/international level can only be reached through strong collaboration between partners. A perfect example of this was The All-Ukrainian Network of People Living With HIV who managed to develop a long-term strategy to address one of the key challenges for the sustainability of the treatment programs in the Ukraine. One of the more visible parts of this strategy was a funeral ceremony in front of the Ministry of Health 'die-in-action "CORRUPTION=DEATH" by the activists of All-Ukrainian Network of PLWHA. The issue of corruption (and thus low-quality medications) was highlighted and it made very clear that it's the Ministry of Health medicine procurement system that should be changed. The network and its concerted action ensured that better quality medicine was procured. This was all part of a bigger strategy of the All-Ukrainian Network of PLWHA but it made clear that combined and concerted efforts can gain excellent results.

Another example of an effective network is the Eurasian Harm Reduction Network (EHRN, formerly Central and Eastern European Harm Reduction Network, CEEHRN). This is a regional network with a mission 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, partnership, and respect for human rights and freedoms. Founded in 1997, the EHRN unites more than 300 individuals and organizations from 25 countries of Central and Eastern Europe and Central Asia. Its secretariat based in Vilnius, Lithuania supports the members in the field of harm reduction and advocates a human rights approach to eradicate injustice and the availability of safe needle exchange.

Networking means connecting for change. It is the process of establishing mutually beneficial relationships with other groups and individuals to be able to exchange information, ask and offer support, and most importantly to join forces to change harmful and idiosyncratic rules and laws. You will have a strong voice together because you have a very joint interest. Networking can be used to enhance you Public Policy Dialogue and being a member of a large international Network will give your organization the opportunity to join forces and have a window in the bigger world of HIV and AIDS. Some networks have a very specific place at the table in decision making bodies. For example, The EU HIV/AIDS Civil Society Forum (CSF) is a working group established by the European Commission to facilitate the participation of non-governmental organizations, including those representing people living with HIV/AIDS, in policy development and implementation and in information exchange activities. The Civil Society Forum is one of the instruments to have meaningful input of Civil Society on an European level. Another example of a network with a specific role and task is the Think-Tank. The EU created the HIV/AIDS Think-Tank as an advisory body of member states to the European Commission. There were six seats created for Civil Society in which two networks; European AIDS Treatment Group (3 seats) and

AIDS Action Europe (3 seats) stepped in. These networks are also the co-chairs of the Civil Society Forum. By linking the Civil Society Forum and Think Tank, concerns and priorities defined by civil society are brought under the attention of member states and the European Commission. This enables dialogue and advocacy moments. It has led to pro-active and meaningful involvement of civil society in the development of EU HIV/AIDS core policy. It is a good example how public policy dialogue can be set up. Being part of a network can make your own Public Policy Dialogue more powerful and effective. You will be informed and aware of documents, changes in the laws, issues in other countries that might happen in yours too and all this can strengthen your own individual case because you can refer to it. The collating of annual figures and statistics of all members of a network will ensure a meaningful contribution to each Public Policy Dialogue because those facts and figures will strengthen your individual case. Together you could invest in more and reliable facts and figures – to have a stronger voice both on a national level and in the bigger world. A good example is the AIDS Action Europe seminar on Public Policy Dialogue. Among other objectives, AAE is also a linking and learning network, connecting members and sharing and developing guidelines and good practices. Organizing the seminar for 45 of its member organisation to come together, have a seminar report and these Guidelines on effective PPD available is a good example of the advantages of membership. But its main information channel is something to be proud of: The AIDS Action Europe clearinghouse (www.hivaidsclearinghouse.eu). This is a well-stocked and impressive central knowledge point where you can find good practices, lessons learned and assistance regarding various HIV/AIDS-related topics on a European Level.

Language and culture are strong bonding mechanisms and need to be considered in networks. Being a member of the Eastern European and Central Asian Network of PLWH Organizations (ECUO) means that you can raise your issues and voice your opinion in Russian, This is one of the main differences and it will allow more PLWH in the region join and speak out about issues and concerns. It will also allow the Eastern European and Central Asian Network of PLWH Organizations to speak out on behalf of its members at the bigger international networks.

Networking means you are up to date with international information which might be useful in your own context. For example, just recently substitution therapy like methadone was granted on the basis of a health issue in prisons in the United Kingdom. This was a first case and based on the protection of health. This kind of information can be used in your own PPD strategy to inform your prison authorities or local government and improve the situation of prisoners with HIV.

There is definitely power in numbers. So we can be more than just to a group of organisations exchanging views and opinions. By networking, sharing and learning we can together improve the HIV care, treatment and prevention. Hopefully you found some powerful examples to emphasize this in many ways.

3.4 Leadership

To be effective and efficient all groups will need a spokesperson, a representative and/or an advocate that will argue its rights and lobbies for change. A leader can do all this. Constructive and inspirational leaders will need to combine a wide range of skills, knowledge, and attitudes in order to be effective. They will need to have good communication- and facilitation skills and an awareness of political, gender and cultural issues and relationships. They will need to have knowledge regarding HIV prevention, care and support, the ethical issues around it and a knowledge of a political framework, locally, nationally and preferable internationally. Attitudes include a willingness to examine and challenge their own assumptions and opinions, a genuine respect for all members of a community, a non-judgemental and accepting approach and a strong believe in the power of a group as an actor for change.

Finding a perfect leader is almost impossible. Some of the skills and attitudes can be trained and most knowledge can be found. People find it often easier to learn new skills and knowledge than to change attitudes and beliefs. But providing intensive support from the start to inexperienced community leaders may benefit the community more than devoting resources to training outsiders.

Leadership is a kind of power that can be based on knowledge. Leaders have a role: you were chosen as chair, spokesperson or something. But there is always Trust involved; people appreciate, trust, love a leader. This is part of the charisma of a leader. But this leader also has to think about what is good, the best mix, for the community as a whole.

Effective leadership will enhance the Public Policy Dialogue and will engage the different sub communities in the decision-making process. Representing and advocating for rights of a community is a skilled and difficult task and the leader will need to have the support, trust and faith of the community as a whole. If the leader is part of- and comes from the community her or his voice will be more convincing⁹.

⁹ Read more about government leadership in the Progress on Implementing the Dublin Declaration Report. www.euro.who.int It in there is a call for retaining strong European political leadership and accountability for the Dublin Declaration, the Millennium Development Goals and the universal access goals.

4 Public Policy Dialogue in action

In the above chapters you've seen some of the key approaches and characteristics of effective Public Policy Dialogue. In the following chapter we would like to share with you some key documents and how to use them in an operative and competent way. We are focusing here on

- The Dublin Monitoring Report
- The UNGASS 2010
- The international AIDS Conference in Vienna 2010

4.1 The Dublin Monitoring report

Public Policy Dialogue is an ongoing activity for many organisations. It might even be difficult to plan the strategy as smoothly as it is suggested in the above chapter. Many organisations are all of the sudden confronted with issues and problems that appear to be all interrelated and complicated by culture, poverty, stigma and discrimination, gender inequalities, and social exclusion.

A key document that can be used effectively in your Public Policy Dialogue is the recently published 'Progress on Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS

in Europe and Central Asia' that followed the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia in 2004. Under the auspices of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization Regional Office for Europe was responsible for the overall coordination of this progress report.

This document sets out 33 actions related to Leadership, Prevention, Living with HIV (including treatment and care) and Partnership for governments to undertake in the 53 countries of the World Health Organisation's European Region. Many declarations come and go and although all equally important and significant in our response to HIV/AIDS, this Dublin Monitoring Report is remarkable because it dovetails with the monitoring processes of the 2001 Declaration of Commitment in HIV/AIDS and with the current European Union HIV aims. For the full report go to:

http://www.euro.who.int/Document/SHA/Dublin_Dec_Report.pdf

How to use it in your Public Policy Dialogue strategy?

The four chapters - Leadership, Prevention, Living with HIV (including treatment and care) and Partnership all have Key findings and Key recommendations after a general explanation of the topic. The key findings can be used in a Case Statement and the Key Recommendations can be used as objective of your strategy. These recommendations can be taken to your national government and they can be held accountable for this.

One way of looking at it would be to identify 1-2 priority areas for your country and do a stakeholder analysis. This is a form of analysis that aims to identify the stakeholders that are likely to be affected by the activities and outcomes of a key finding, and to assess how those stakeholders are likely to be impacted by the key finding. The goal of stakeholder analysis is developing cooperation between all stakeholders including your organization and, ultimately, assuring successful outcomes for the project.

- Primary stakeholders: are those ultimately affected, either positively or negatively by the actions.
- Secondary stakeholders: are the 'intermediaries', that is, persons or organizations who are indirectly affected by the actions.

- Key stakeholders: (who can also belong to the first two groups) have significant influence or importance in changing the conditions, laws or the problem in general.

This will give your organization a focus for a strong national PPD strategy and you will link in international defined priorities. The Dublin Monitoring report will give you a grip on international commitments and the leadership it takes. Kofi Annan, the Secretary general of the United Nations said; “Accountability... requires every president and prime minister, every parliamentarian and politician, to decide and declare that ‘AIDS stops with me.’”¹⁰

4.2 UNGASS 2010

The fact is that the Declaration of Commitment 2001 is the single most important international HIV policy instrument in the fight against Aids. This declaration was adopted during the 2001 United Nations General Assembly Special Session and it was a clear statement recognising the AIDS pandemic as a global emergency, challenging life and dignity, human rights and economic development. 189 countries signed this Declaration of Commitment, and by doing so, agreed to time-bound commitments and a regular process to review their progress in meeting those commitments. Since 2001, review meetings have been in place to review national progress on the targets, based on the national progress reports submitted to UNAIDS. Quite a number of years have past since this Declaration was signed but it is important to keep reminding governments of the UNGASS promises and the enthusiasm to achieve them¹¹. 2010 is a meaningful year because that’s when the 189 governments that signed the Declaration will have to meet the deadline of in particular the prevention promises. It reads for example:

Prevention must be the mainstay of our response

47. By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;

53. By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with youth, parents, families, educators and health-care providers;

54. By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by: ensuring that 80 per cent of pregnant women accessing antenatal care have information, counseling and other HIV prevention services available to them, increasing the availability of and by providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counseling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care;

¹⁰ The United Nations Secretary General Kofi Annan pointed to insufficient and asymmetric political leadership as an important part of the answer in his 2006 World AIDS Day address.

¹¹ Read the foreword of Kofi Annan, The United Nations Secretary-General in which he says; “In the war against H I V / A I D S, There is no us and them, no developed and developing countries, no rich and poor — only a common enemy that knows no frontiers and threatens all peoples.” http://data.unaids.org/publications/irc-pub03/aidsdeclaration_en.pdf

How to use it in your PPD Strategy?

The inclusive set of targets and the goals of universal access will need to be reached in 2010. Therefore countries need to submit UNGASS National Progress country progress report in order to monitor the progress (or register no progress made ...) made in their individual country. UNAIDS has helped us with the review process but have stressed that they need your support in gathering this data. Every country has NGOs that were accredited, next to the national delegation to report to High Level Forum that meets yearly internationally to present and discuss the progress. Your organisation can be involved in the national delegation so do try to be part of the national delegation.

Do we know who they are? Ask yourself;

1. Who is the national AIDS authority?
2. Who will be preparing, leading the process? Collecting all information and read it
3. What does the UNAIDS country officials who is to facilitate the process? If there is no country office, contact UNAIDS to ask who to contact.

There are some serious challenges to this system. Local and national HIV organisations were not asked and included in the process or asked too late. Too little time meant that data is collected in a hastened and not accurate way. There is also an issue around funding for preoperational meetings and the High level meeting in New York. Some countries decided to make 'shadow reports' although this shows a lack of coordination and creates some confusion.

In summary; Being involved with the UNGASS country reports and the National AIDS Authority puts you in a strategic position to be involved.

More information; www.un2010.org www.unaids.org www.who.int www.euro.who.int

4.3 The International Aids Conference XVIII

The 2010 International AIDS conference in Vienna will coincide with the deadline that world leaders set for the goal of providing universal access to HIV prevention, treatment, care and support, as we have seen in the previous paragraph. All the eyes of the world will be upon the world leaders at the International AIDS Conference 2010. Vienna, Austria has been chosen to host the International AIDS Conference (AIDS 2010), the largest international meeting on HIV, where every two years 25,000 participants representing all possible stakeholders in the global response to HIV meet to assess progress and identify future priorities. More importantly, the International AIDS Society (the organising committee) has announced that the conference in 2010 will have a special focus on the growing HIV epidemic in Eastern Europe.

According to UNAIDS an estimated 150,000 people in Eastern Europe and Central Asia were newly infected with HIV in 2007, bringing the number of people living with HIV in the region to 1.6 million. This compares with 630,000 in 2001, an increase of 150%. The Russian Federation accounts for 73 % of new HIV diagnoses and 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 part of the former Soviet Union is injecting drugs. Given the high odds of transmission through needle-

sharing, the 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 inevitable¹².

All this makes it a very good reason to get involved as early as possible. Please find more information on www.iasociety.org and learn from the others that have gone before you in the previous international Aids Conference www.aids2008.org

4.4 Development new EU Communication on HIV/AIDS

The European Commission has started the development of a new policy on HIV/AIDS. The policy, formally called Communication, is primarily intended for the European member states, accession countries as well as some neighboring countries. The current Communication was developed for the period 2006-2009. As a starter, the EU HIV/AIDS Civil Society Forum held a brainstorm early November on the strengths and weaknesses of the current policy, as well as the key issues that civil society will advocate for to get included in the new policy. The report of this meeting of the Civil Society Forum can be found at www.aidsactioneurope.org. AIDS Action Europe and EATG, as co-chairs of the Civil Society Forum, will develop a strategy to ensure meaningful and wide consultation and involvement of civil society in the development of the new policy. A first draft of the policy is expected February 2009. At that time, AIDS Action Europe and Civil Society Forum members as well as European networks will be invited to participate in this consultation round. The new Communication needs to be approved by all EU Commissioners in September 2009. So be prepared to be involved in the consultation and have your concerns and priorities become a part of the new European policy, which in the ends sets the framework for European and national programmes and funding!

For more detailed information go to http://ec.europa.eu/health/ph_threats/com/aids/aids_en.htm

4.5 Three case studies and examples

1. Liga is a community based organisation for in- and affected girls and women with HIV. From 2003-2007 the global fund to fight TB, Malaria and HIV invested 10 million euro in Estonia, on the condition that the Estonian government promised to continue funding after 2007. But the government did not keep that promise. The reduction of funding resulted in a catastrophic reduction of available HIV services. In 2007 LIGA organised a cooperation of NGOs which held the government responsible through a public appeal. When the Estonian government still did not keep their promise, the cooperation organised an international appeal of over 40 neighbouring countries – which scored effect.
2. At the end of the nineties there was no treatment in Ukraine. In 2001 the All-Ukrainian Network of People Living With HIV was created. Now they are one of the main recipients of Global Fund grants. The Global Fund at principle gave the grant to the Ministry of Health, but due to corruption, the grant was moved to civil society. In 2003 there was large-scale treatment of good quality. In July 2007 the Ministry of Health proposed to procure non-WHO qualified medicine that was of questionable quality and tender procedures were severely violated. Through successful campaigning better quality medicine was procured. The Network united the efforts of activists and doctors in the health-care system under the Round Table called “Medications for Ukrainians: the issue of quality and corruption”. The purpose of the round table was to discuss existing problems in the system of medication

¹² EuroHIV 2007.

purchase in Ukraine and to find the ways how to rescue Ukrainians suffering from low-quality medicines supplied by the state. They achieved to mobilise the different fields, get participation from the Ministry of Health and press attention. A resolution to change the medication procurement system was signed. Another action was 'bureaucrats clean your ears', drawing attention of officials and public to the problems of HIV positive people. A meeting with the President of Ukraine lead to an order by the president on additional urgent measures to overcome the epidemic, including improvement of the procurement system. In the end in April 2008 there was an national decree of registration procedure for WHO-approved medications!

3. Care, Treatment and Prevention is not always easy to argue if it relates to ID drug users. But there have been encouraging cases where countries have used information from neighbouring countries to argue (and win) a case. In the Kyrgyz Republic ADILET, a lawyers collective does not always use a legal argument; "We live in a post communist country and we live in a country where a lot of trafficking takes place. Our argument is for the future of our country and to reduce the level of corruption. If we can be creative in arguing the drug users' case in court we can win". That same economic and influential argument was also used in Georgia when they heard of its success. In the Baltic States they argued in favour of human rights for drug users by mentioning the international situation. The neighbouring countries have already secured some kind of rights and the national government will need to follow suit.

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5 Useful resources

5.1 Books¹³

- 'Lobbying and Advocacy Handbook for Nonprofit Organizations: Shaping Public Policy at the State and Local Level' (Paperback) by Marcia Avner
Your "How-To" Guide to State and Local Lobbying This guide is your complete road map to shaping public policy at the state and local level. It gives detailed, step-by-step instructions for developing an effective plan and putting it into action. You'll find concrete information on: Building relationships with public officials; What you need to know to make your case; How to testify at a committee hearing; How to find out how it works in your area; Mistakes to avoid, and much more! Worksheets and Examples Guide You Worksheets, sample agendas, and checklists break the process into doable steps. They're also helpful for evaluating and improving programs already in place. Published by the Amherst H. Wilder Foundation.
- 'Stir It Up: Lessons in Community Organizing and Advocacy' (Paperback) by Rinku Sen
Stir It Up - written by renowned activist and trainer Rinku Sen--identifies the key priorities and strategies that can help advance the mission of any social change group. This groundbreaking book addresses the unique challenges and opportunities the new global economy poses for activist groups and provides concrete guidance for community organizations of all orientations. Sponsored by the Ms. Foundation, Stir It Up draws on lessons learned from Sen's groundbreaking work with women's groups organizing for economic justice. Throughout the book, Sen walks readers through the steps of building and mobilizing a constituency and implementing key strategies that can effect social change. The book is filled with illustrative case studies that highlight best organizing practices in action and each chapter contains tools that can help groups tailor Sen's model for their own organizational needs. Published and part of the Chardon Press Series.
- 'Healthy Voices, Unhealthy Silence: Advocacy and Health Policy for the Poor' (Kindle Edition) by Colleen M. Grogan and Michael K. Gusmano.
Public silence in policymaking can be deafening. When advocates for a disadvantaged group decline to speak up, not only are their concerns not recorded or acted upon, but also the collective strength of the unspoken argument is lessened - a situation that undermines the workings of deliberative democracy by reflecting only the concerns of the status quo. But why do so many advocates remain silent on key issues they care about and how does that silence contribute to narrowly defined policies? What can individuals and organizations do to amplify their privately expressed concerns for policy change? In "Healthy Voices, Unhealthy Silence", Colleen M. Grogan and Michael K. Gusmano address these questions through the lens of state-level health care advocacy for the poor. Published by George Town University Press. www.press.georgetown.edu
- 'The Effective leader' by Rupert Eales-White
This is a practical guide that will enable you to develop and improve leadership skills. It comes complete with check lists and questionnaires that will help you put your skills into practice. Kogan Page Publisher.

¹³ Most of these books are available on www.amazon.com

- 'The Complete Idiot's guide to project management' by Sunny and Kim Baker
Good and simple guidance to project management written with humor and skill. Checklists and moral boosting ideas. Published by Alpha Books

5.2 Websites

Remember the EU presidencies; Slovenia January-June 2008, France July-December 2008, Czech Republic January-June 2009, Sweden July-December 2009, Spain January-June 2010, Belgium July-December 2010. www.europa.eu

On AIDS Action Europe's website; Reports of the Civil Society Forum, Declarations of Commitment that can be very powerful tools in your Public Policy Dialogue. You will also find the 'Commitment from the European Commission to the European Council and the European Parliament on combating HIV and AIDS in the European Union and its Neighboring Countries'. On AIDS Action Europe's website you can find the AIDS Action Europe's clearing house with a wealth of powerful and useful documents all together. www.aidsactioneurope.org

Websites/ Toolkits:

- Understanding and challenging HIV stigma by the international HIV AIDS Alliance. Free from website; www.aidsalliance.org
- Guide to community involvement at the International Aids Conference in Mexico. Useful! www.icaso.org
- 'ICASO networking guide', 'HIV & AIDS human rights in a nutshell' and all their 'Advocacy alerts' are extremely useful. All from the website; www.icaso.org

6 Lessons learned

Below you'll find little nuggets of wisdom: suggestions and ideas that were recommended by the participants of the AIDS Action Europe seminar, October 2008. In discussing the subject of Public Policy Dialogue and sharing experience and case stories we came up with some very useful comments;

- Funding for advocacy is notoriously difficult to fund. This cripples all good initiatives. We all felt that there is a direct correlation between funding and Public Policy Dialogue. If your funder is the local or national government, you might find yourself one day in a difficult position. But sometimes if you relationship with political decision makers is good, government funding for a project might not be such a restrictive measure. But others found that rephrasing 'advocacy' into 'active networking' in a funding application meant that funding for advocacy was accepted as part of a larger grant.
- Another challenge was that only the larger NGOs can afford to send representatives to international meetings and networks because the smaller grassroots organisations don't have the people or the money to send them. The solution was that, as a small grassroots organisation you will have to cooperate closely with a larger NGO so your voice can be heard via their policy officers.
- Passion and anger for a particular injustice can carry you only so far. You need skills and contacts to be effective. Capacity training in networking skills, leadership roles and campaign management was badly needed.
- Human rights can be used in all Public Policy Dialogue in particular for vulnerable groups. Even if men having sex with other men or ID drugs are illegal, people still have human rights.
- Meeting influential people in an official setting is one way to get attention for your case but some organisations found that those people could be contacted in the corridors or in the smoker's room. Be creative if you need to talk to some one!
- Stories and real lives examples will need to part of your plan and your strategy. Influential people are people too! They need statistics and regulations but a story can make your case come alive.
- Religious leaders/groups can be strong partners and allies. Don't forget to include them.
- An inexpensive-to-make film on U-tube can be the start of a national discussion and ultimately the change of restrictive laws. This was brought to our attention by a group from Hungary and they used this successfully in their media plan.
- Important documents from international meetings need translation in your own language. That might be the first step of your PPD strategy.

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7 Show us the way in!

We sincerely hope that you have found in this document appropriate and fruitful ideas and suggestions. 'Show us the way in! Guidelines for effective Public Policy Dialogue' can be seen as a pointer in the direction rather as a comprehensive handbook. We would like to end with four key secrets to effective Public Policy Dialogue¹⁴. These four secrets are more on an emotional level than on a practical level because to be truly successful you need to use your personality as well as your network and skills.

1. Anticipate the urge to quit. If you override it with positive thinking you will succeed. Planning and preparation is key so you can take one step at the time.
2. Believe you can succeed. Real success is not reserved for a specialised group, an organisation that is well-funded, well-connected or well-placed. You need to think like a winner, act like a winner and strongly believe in your self and your goal.
3. Celebrate small triumphs. If you feel short of success, you're probably not looking at the small everyday triumphs. There are easily overlooked but success doesn't happen overnight. Success is a series of small successes.
4. Don't thank your luck. See your achievements as part of your Public Policy Strategy, not as being lucky. They are the results of the steps you planned and implemented. If you can look at it that way, it's easier to identify what worked and you are able to repeat and improve it.

¹⁴ These secrets came from two sources; the PPD seminar and a book called 'Think like a winner' by Yehunda Shinar, (published by Ebury in September 2008).