



GLOBAL ACTION WITH LOCAL IMPACT

Why Advocacy Matters 2011-2014

ADVOCACY ACHIEVEMENTS OF THE BRIDGING THE GAPS GLOBAL PARTNERS



GLOBAL ACTION WITH LOCAL IMPACT WHY ADVOCACY MATTERS

Advocacy Achievements of the Bridging the Gaps Global Partners

Author:

George Ayala, MSMGF

Contributors:

Jack Beck, Pato Hebert, Keletso Makofane, Noah Metheny,
Nadia Rafif & Mohan Sundararaj, the Global Forum on
MSM & HIV (MSMGF)

Suzette Moses-Burton & Ed Ngoksin, the Global Network of
People Living with HIV (GNP+)

Ruth Morgan Thomas, the Global Network of Sex Work
Projects (NSWP)

Eliot Albers, the International Network of People Who Use
Drugs (INPUD)

Christine Stegling, Solange Baptiste & Louis Dorff, the
International Treatment Preparedness Coalition (ITPC)

Liesl Messerschmidt, Health and Development Consulting
International, LLC

This work is made possible through funding from the Ministry
of Foreign Affairs of the Netherlands' Bridging the Gaps
Program.

Copyright © 2014 by the Global Forum on MSM & HIV
(MSMGF)

INTRODUCTION

Established in 2011 with funding from the Netherlands Ministry of Foreign Affairs (MoFA), *Bridging the Gaps* is a multi-agency international development effort devoted to achieving universal access to HIV prevention, care, treatment and support, as well as ensuring full human rights, for people living with HIV, people who inject drugs, sex workers, and lesbian, gay, bisexual, and transgender (LGBT) people.

The program is a collaboration between: 5 Dutch-based organizations (AFEW, Aids Fonds, COC, Mainline, SOA AIDS); 5 global constituency-led networks – the Global Network of People Living with HIV (GNP+), the Global Forum on MSM & HIV (MSMGF), the Global Network of Sex Work Projects (NSWP), the International Network of People Who Use Drugs (INPUD), the International Treatment Preparedness Coalition (ITPC); and 80 of their grassroots counterparts in Botswana, Brazil, Costa Rica, Ecuador, Georgia, Indonesia, Kenya, Kyrgyzstan, Nepal, Pakistan, South Africa, Tajikistan, Uganda, Ukraine, Vietnam and Zimbabwe.

Bridging the Gaps has five main overlapping objectives:

1. Improved quality of and access to HIV related services;
2. Improved human rights;
3. Tailored services that are integrated into mainstream health systems;
4. Strengthened capacity of civil society organizations; and
5. Coordinated and comprehensive approaches to HIV among program partners.

From 2011 through 2013, the combined efforts of the *Bridging the Gaps Program* have resulted in:

1. Nearly 700,000 people reached with HIV services that match their needs;
2. Over 200 organizations enlisted in human rights advocacy;
3. Integration of key population-specific services in nearly 100 general health facilities;
4. Nearly 100 community-based organizations actively engaged in lobbying for improved investments at country, regional and global levels;
5. Joint advocacy and lobbying work between the constituency-led global networks.

These achievements are more comprehensively described in: *Key Populations in the Driver's Seat: On the Road to Universal Access to HIV Prevention, Treatment, Care and Support.*

To better understand the advocacy achievements of the *Bridging the Gaps* global partners, we have crafted this technical brief entitled, "Global Action with Local Impact - Why Advocacy Matters." In this document we describe the principles upon which we base our work, we present a Theory of Change used by the *Bridging the Gaps* global partners to guide our work, and we highlight recent accomplishments to illustrate aspects of that Theory of Change. The document specifically focuses on achievements that can be attributable to work of the global partners within the *Bridging the Gaps* program, so as to illustrate the importance of funding for global advocacy. We purposefully emphasize the role that constituency-led global networks play in forging important policy changes. We do so to demonstrate the impact of our work at the country level and to dispel misconceptions about the utility of global advocacy. Finally, we end the document with a brief discussion of critical advocacy issues facing key populations through the year 2020 and the strategies planned for addressing these issues.

GLOBAL ADVOCACY WITH LOCAL IMPACT: PRINCIPLES OF PRACTICE

HIV is the product of social inequity. People living with HIV, people who inject drugs, sex workers, and LGBT people are socially marginalized and are frequently the targets of blackmail, discrimination, stigma and violence worldwide. These conditions are often the result of punitive laws and bad policies. Key populations are also kept from fully participating in AIDS planning and policy development efforts. The net effect of these factors blocks access to vital resources and services, including accessible condoms and lubricants, harm reduction programs, opiate substitution therapies and anti-retroviral medications. Social conditions for people living with HIV, people who inject drugs, sex workers, and LGBT people inhibit the responsible and safe scale up of evidence-based HIV prevention and treatment technologies, setting back any scientific progress made in the work to end AIDS.

As constituency-led global networks, our work begins with communities. In the context of HIV programming, communities play a critical role in addressing the social and structural factors responsible for disease inequity. Communities also play an important role in ensuring more responsive and responsible national and local action to address HIV. It is therefore essential that communities of key populations are well equipped with the factual data, technical expertise, organizational capacity and funding required to take individual and collective ownership of their HIV response. Empowered communities are best positioned to reach their members, rally support, and lobby their respective governments to more effectively target and tailor national HIV responses. Empowered communities of key populations are best positioned to challenge the detriments caused by societal ignorance, stigma, discrimination and violence.

The term “community empowerment” compels us as advocacy organizations to account for and to understand “power” as part of our interventions. The concepts of power and community empowerment have little meaning without reference to the social contexts in which community members live, work and play. Power relations between people are always embedded in societies and their allocation of resources. As such, power and community empowerment are social, political, economic and cultural phenomena as each of these factors determines who has what kind of power and how much of it they have. Community empowerment can therefore be understood as: opportunities for and conditions that promote choice and control, community and community integration, and access to valued resources (e.g., data/information, funding, education, employment, housing, health/HIV services, etc.).¹



1 McCubbin M. 2001. Pathways to health, illness and well-being: From the perspective of power and control. *Journal of Community & Applied Social Psychology*. 11:75-81.

Bridging the Gaps global partners explicitly recognize the role of power in producing population-level health and wellness. Our work therefore includes sustained engagement with members of our respective communities at the local level to:

- Raise awareness about their rights;
- Support the establishment of community-led safe spaces;
- Strengthen technical, organizational and advocacy capacity; and
- Amplify their voices when requested to do so.

Our work is always in partnership – ears and noses to the ground – ready to act in concert with our local counterparts. Action involves:

- Increasing public visibility and awareness about key populations, the disproportionate HIV disease burden they shoulder and ongoing discrimination they face through the use of print, video and web-based media to disseminate evidence-based information;
- Raising consciousness about human rights and strategies for demanding them through peer-led workshops and south-south learning;
- Developing informational tools and materials like policy briefs, technical bulletins and training curricula;
- Demanding inclusion and representation when critical policy decisions are being made;
- Watchdogging funding flows and the enactment of policies;
- Advocating with policy makers and donors to remedy inequities;
- Insisting that health systems are more responsive and sensitive to the needs of key populations;
- Creating safe spaces for dialogue;

Training for healthcare providers on providing sensitive services to MSM in Mombasa, Kenya. The training was facilitated by LVCT and Pema and supported by the MSMGF through Bridging the Gaps.

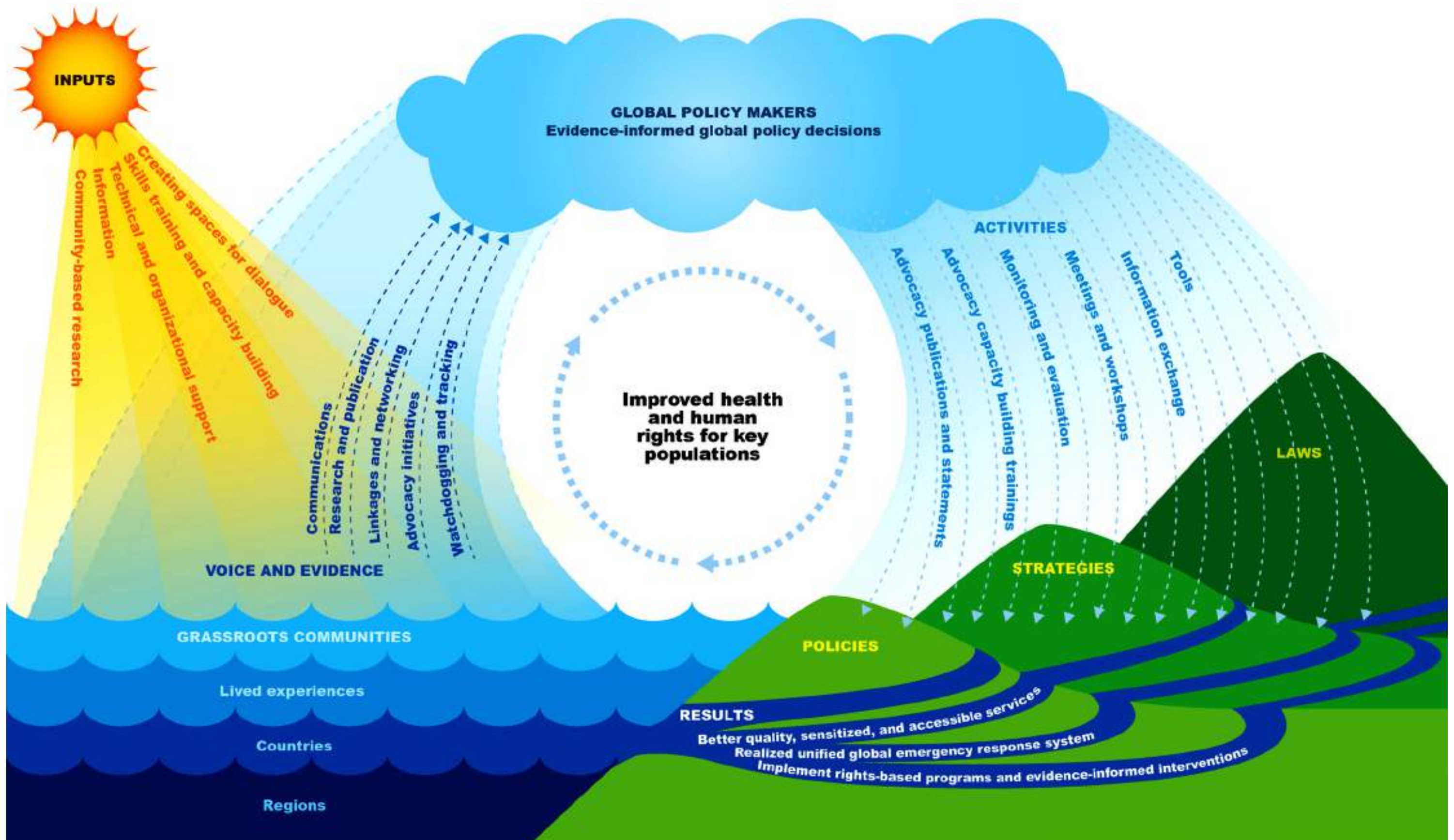
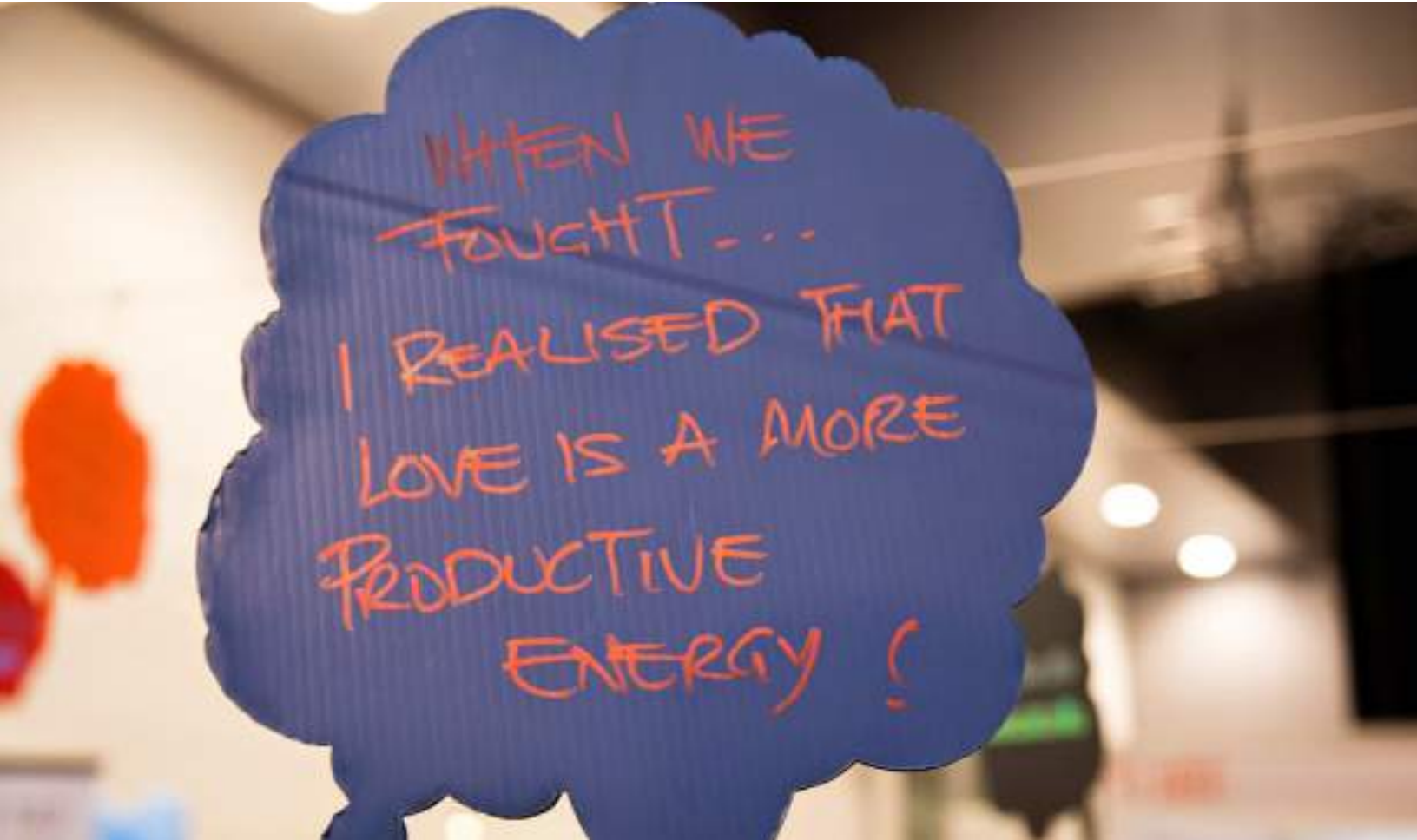


FIGURE 1. Theory of Change for Global Advocacy Focused on the Health and Rights of Key Populations

- Strengthening local capacity through skills training, technical and organizational support;
- Monitoring and educating media in their coverage of issues related to HIV and key populations;
- Responding to human rights crises and incidents of violence by activating and coordinating bilateral, multilateral, and global bodies and mechanisms;
- Publishing and disseminating information;
- Mobilizing communities to demand their human rights, including the right to health and access to services;
- Strengthening advocacy capacity through technical assistance and peer mentorship; and
- Extending mutual, peer-led support in coping with and challenging stigma, discrimination, and violence.

Action is grounded in the experiences of our core constituents with eyes fixed on power brokers who can help generate knowledge, change laws, transform policies, and direct/re-direct funding in concert with our local counterparts.

Figure 1 presents a Theory of Change, which summarizes our approach. *Bridging the Gaps* global partners use this Theory of Change to help organize and coordinate our work. It is a visual depiction of causal chains that lead to change.



WHY ADVOCACY MATTERS

In 2012, the United Nations Development Program published a report developed by the Global Commission on HIV and the Law titled *Risks, Rights and Health*. The Commission undertook nearly two years of extensive research, consultation, analysis and deliberation. It received testimony from hundreds of scholars, legal experts, health officials and people most affected by HIV and the law, including members of our respective global networks. The Commission noted that rather than providing protection, the law renders key populations more vulnerable to HIV. The Commission makes several significant recommendations, including forcefully calling for governments, civil society and international bodies to:

- Outlaw all forms of discrimination and violence directed against those who are vulnerable to or living with HIV;
- Repeal punitive laws and enact laws that facilitate and enable effective responses to HIV, including access to services for all who need them; and
- Decriminalize private and consensual adult sexual behaviors, including same-sex sexual acts and voluntary sex work.¹

The work of *Bridging the Gaps* global partners is linked to broader community mobilization efforts that support the self-determination of key populations. Our work calls on governmental, non-governmental, public, private, political and health institutions to address and remove the social exclusion, stigma, discrimination and violence that violate human rights and heighten associ-

ated HIV risk and vulnerability for our communities. Community mobilization efforts include working toward full decriminalization, as well as efforts to eliminate the unjust application of any laws and regulations used against or to demean key populations.

At the global level, this means maintaining an unwavering focus on multi-lateral organizations like the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the World Health Organization (WHO), and the United Nations, as well as the world’s largest bilateral donor organizations like PEPFAR in the U.S., DFID in the U.K., NORAD in Norway, and the Dutch Ministry of Foreign Affairs. The global institutions are important because they influence how many governments respond to HIV among key populations through international treaties, global guidance, country missions, technical support programs and investments. *Bridging the Gaps* global partners work to ensure global institutions are knowledgeable about the lived experiences of key populations and that those experiences are reflected in important global policy documents and resource prioritization. We also work proactively to raise awareness among key population communities about global policy and guidelines as well as national policy-making processes, so that they are more able to advocate on their own behalves with their respective governments. In this regard, *Bridging the Gaps* global partners serve in intermediary roles, bridging local with global.

“LAW PROHIBITS OR PERMITS SPECIFIC BEHAVIORS, AND IN SO DOING, IT SHAPES POLITICS, ECONOMICS AND SOCIETY. THE LAW CAN BE A HUMAN GOOD THAT MAKES A MATERIAL DIFFERENCE IN PEOPLE’S LIVES. IT IS THEREFORE NOT SURPRISING THAT LAW HAS THE POWER TO BRIDGE THE GAP BETWEEN VULNERABILITY AND RESILIENCE TO HIV.”

—Commission on HIV and the Law

¹ Global Commission on HIV and the Law. 2012. *Risks, Rights & Health*. UNDP: New York City, New York. Accessed September 9, 2014 from www.hivlawcommission.org.

Bridging the Gaps global partners recognize that community empowerment and mobilization processes reach beyond the community to influence policy and create enabling environments. For example:

- HIV programmes should take affirmative steps to promote the universality of human rights for people living with HIV, people who inject drugs, sex workers, and LGBT people, including their rights to health, dignity and freedom from violence, discrimination and stigma. Programs should also design and implement “Know Your Rights” campaigns to raise awareness among members of key population communities.
- National strategic health plans should recognize the specific health needs of people living with HIV, people who inject drugs, sex workers, and LGBT people, and they should ensure that integrated, high-quality health services are safe, comprehensive, available, affordable, acceptable and accessible for them.
- Health professionals, including HIV service providers, should be regularly trained and sensitized to the needs of key populations, including training on human sexuality, informed consent, confidentiality and the ethical obligations of health professionals to deliver care.
- Economic security and empowerment of key populations is essential and should be a priority. A disproportionate number of people living with HIV, people who inject drugs, sex workers, and LGBT people lack stable housing, employment and/or access to secure financial services as a result of violence, stigma, discrimination and consequent resource prioritization.
- Donor organizations and governments should and can do more by targeting their investments to key populations and by funding initiatives to increase technical and organizational development among key populations.

It is important to note that advocacy matters because it can bring about structural changes that in turn impact positively on health. For example, advocacy work aimed at changing legal and policy environments can have a direct effect on HIV incidence. Figure 2, prepared by the Development Institute and published in *Costs & Choices: Financing the Long Term Fight Against AIDS – An AIDS 2031 Project*, models the effect of interventions designed to enhance the legal and policy environment on HIV infections over time.²

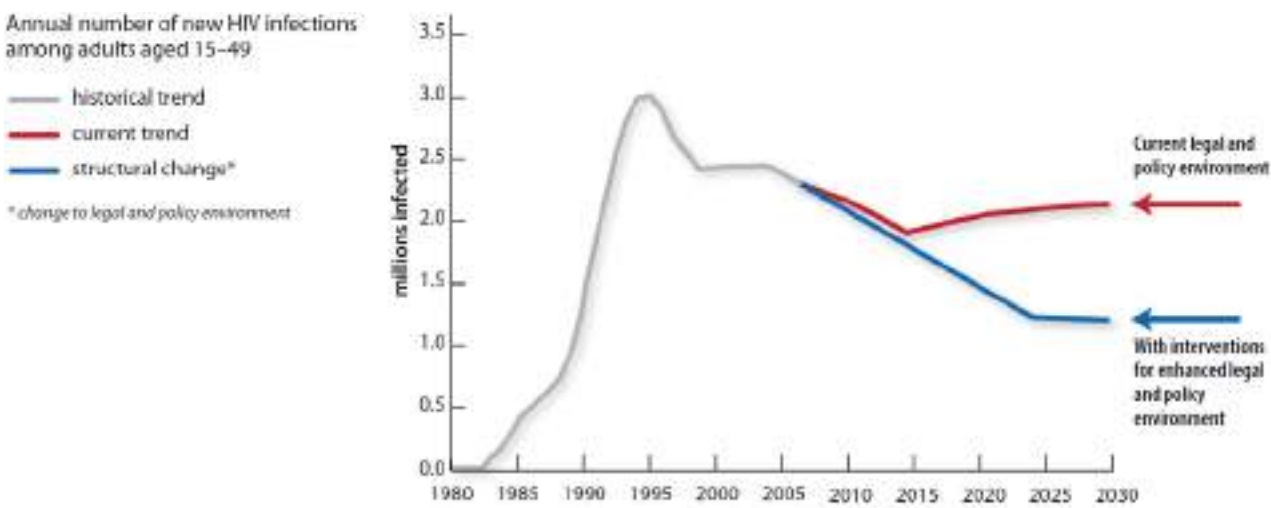


FIGURE 2. Effect of structural level interventions on HIV incidence among adults aged 15-49.

2 Aids2031 Costs and Financing Working Group. 2010. *Costs and Choices: Financing the Long-Term Fight Against AIDS*. Washington DC: Results for Development Institute.

BRIDGING THE GAPS GLOBAL PARTNERS: PROGRAM APPROACH

Figure 3 summarizes the program approach utilized by *Bridging the Gaps* global partners to effect change at the country level. Influenced by our Theory of Change, our work approach can be divided into three main work streams: information, mobilization and services. The work stream depicted in green focuses on ensuring country-level advocates are well informed through information exchange and strengthened capacity to collect, manage, interpret and use data. The work stream in blue focuses on mobilizing community action towards better policies and decriminalization. We utilize south-south learning, training and onward funding to support these efforts at the country level. The orange work stream focuses on influencing acceptability, accessibility, quality and safety of services. *Bridging the Gaps* global partners work to improve services by catalyzing the development of global guidance focused on key populations, advocating for governments to adopt and operationalize guidelines, sensitizing health professionals and ensuring communities are aware of and understand global guidance so that they can monitor implementation and feedback to global partners.

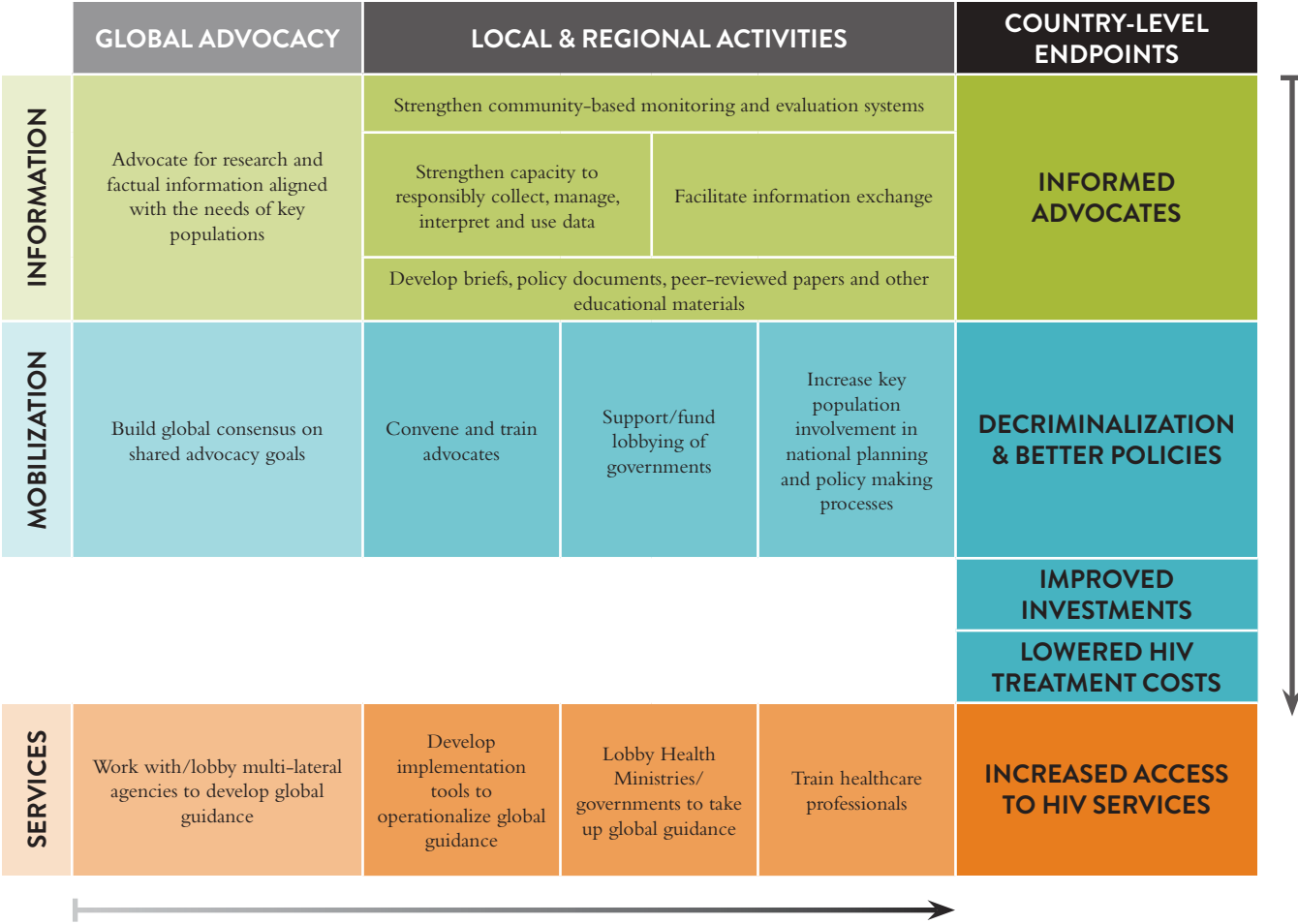


FIGURE 3. Advocacy Work Streams Leading to Country-Level Endpoints

ADVOCACY ACHIEVEMENTS OF BRIDGING THE GAPS GLOBAL PARTNERS: 2011-2014

Constituency-led global networks can share credit for many important advocacy achievements over the past three years. Our success occurs mainly as a result of funding received by the *Bridging the Gaps* program. Our organizations have trained and mobilized scores of advocates at the country level in *Bridging the Gaps* target countries and beyond. We have also funded dozens of key population-led community-based organizations to carry out advocacy and action campaigns, resulting in a higher degree of influence within National AIDS Programs and elevated visibility and inclusion of key populations in national AIDS policy processes. Together, our organizations are linked with hundreds of community-based counterpart organizations working at the country level. Since the start of the Bridging the Gaps program and in line with its five objectives, we have:



Sex Workers demonstrate during the Sex Worker Freedom Festival, an alternative International AIDS Conference Hub supported by NSWP, held in Kolkata, India July 2012 Photo credit: Dale Kongmont

SELECT PUBLICATIONS DEVELOPED BY BTG GLOBAL PARTNERS

- Advocacy for Community Treatment (ACT). Toolkit: Strengthening Community Responses to HIV Treatment and Prevention, 2014
- Homophobia Legislation and Its Impact on Human Security, 2014
- Sexual Stigma, Criminalization and Access to HIV Services among MSM Worldwide, 2014
- Promoting the Health of MSM Worldwide: A Training Curriculum for Providers, 2014
- MSM in Sub-Saharan Africa: Health, Access & HIV, 2014
- Driving the HIV Response: A Community Guide to the WHO Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection, 2014
- Global Consultation: PrEP and Early Treatment as HIV Prevention Strategies, 2014
- Access to Basic HIV Related Services and PrEP Acceptability among MSM Worldwide: Barriers, Facilitators and Implications for Combination Prevention, 2013
- Access Challenges for HIV Treatment: People Living with HIV and Key Populations in Middle-Income Countries, 2013
- Community Systems Strengthening and Key Populations, 2013
- Young Men Who Have Sex with Men: Health, Access & HIV, 2013
- The Needs and Rights of Trans Sex Workers, 2013
- The Needs and Rights of Male Sex Workers, 2013
- Sex Work and the Law: Understanding Legal Frameworks and the Struggle for Sex Work Law Reforms, 2013
- Sex workers' Access to HIV Treatment Around the World, 2013
- Don't Trade Our Lives Away!: An Overview of Access to Medicines, 2013
- Coverage of Key Populations at the 2012 International AIDS Conference, 2013
- Missing the Target: Communities and the Treatment 2.0 Initiative, 2012



Akber works for a community organization in Pakistan that, through ITPC's funding and support under the BTG program, connects members of the LGBT community to stigma-free healthcare services and conducts human rights advocacy. Photo credit: Aids Fonds



Natalia works for LEGALIFE in the Ukraine, where she leads a community campaign to connect sex workers to mobile and rapid CD4 testing with support and funding from ITPC under the BTG program. Photo credit: Alina Yaroslavskaya for Aids Fonds

IMPROVED QUALITY OF AND ACCESS TO HIV-RELATED SERVICES

- Worked with the Global Fund to develop its *Key Population Action Plan*, against which the Global Fund can be held accountable;
- Successfully lobbied PEPFAR to increase its investments on key populations, resulting in:
 - \$2 million investment in the Robert Carr Civil Society Network Fund; and
 - The establishment of the *Linkages Program*, a \$74 million program focused on key populations (the first U.S. key population program);
- Contributed to the *Lancet* special issues focused on men who have sex with men and sex workers;
- Translated international treatment guidance for use in the development of updated national treatment guidelines in partnership with people living with HIV at country level.

IMPROVED HUMAN RIGHTS

- Helped shape the development of the Global Fund's new funding model, which now:
 - emphasizes civil society inputs through country dialogues processes;
 - places a focus on key populations;
 - better integrates community-systems strengthening and human-rights interventions in the online funding application modules;
- Published nearly 50 policy documents, technical briefs and peer reviewed journal articles.

TAILORED SERVICES THAT ARE INTEGRATED INTO MAINSTREAM HEALTH SYSTEMS

- Successfully lobbied the Global Fund to finance peer-led technical support models as a strategy for strengthening national HIV responses that are sensitive to the needs of key populations and that include human rights-based and community systems strengthening interventions;
- Successfully advocated for the development of and helped shape the WHO *Guidelines on HIV/STI Prevention and Treatment* for men who have sex with men, sex workers and people who use drugs and the *2014 Consolidated Guidelines on HIV Prevention, Diagnosis, Care and Treatment for Key Populations*;
- Prompted the creation of Key Population Technical Working Groups at country levels in Africa and Asia, which guide the development of concept notes to the Global Fund;
- Successfully lobbied the Global Fund Board to continue the expired Russian Round 5 grant, resulting in continued funding for harm reduction services to nearly 150,000 people who inject drugs through the fund's Transitional Funding Mechanism;
- Worked with country partners to address outdated and poorly functioning diagnostic services and decrease the cost of HIV treatment vouchers resulting in those services being fully restored and expanded.



INPUD conducts workshops in Eastland Nairobi using a portable computer as an information sharing tool. These workshops were a prerequisite to being invited to the maskani ("home" or "dwelling"), historically inaccessible to project workers and NGOs. This was strictly a peer-to-peer activity with INPUD and local communities of people using drugs.

STRENGTHENED CAPACITY OF CIVIL SOCIETY ORGANIZATIONS

- Successfully advocated for and contributed to implementation tools that operationalize WHO *Guidelines on HIV Prevention, Treatment and Care* (e.g, SWIT 2013, MSMIT 2015, DUIT 2015, TRANSIT 2015) – developed in partnership between the global networks and WHO, UNFPA, UNAIDS, World Bank and USAID;

COORDINATED AND COMPREHENSIVE APPROACHES TO HIV AMONG PROGRAM PARTNERS

- Established the Community Leadership and Action Collaborative (CLAC), a consortium of constituency-led global networks, pre-qualified by the Global Fund to provide peer-led technical support focused on key population engagement in country dialogue processes.

CRITICAL ADVOCACY ISSUES THROUGH 2015 AND BEYOND

Change takes time. While *Bridging the Gaps* global partners have made important strides towards the end-points of decriminalization, improved investments, lowered HIV treatment costs, and increased access to HIV services, there are still rough waters ahead. Specifically, we expect that:

- Human rights abuses, stigma, discrimination and violence targeted against key populations will persist or worsen in some places before getting better;
- Although funding trends are improving, more time is needed to align national HIV investments with HIV disease burden and ensure HIV programs include support for high quality, safe, affordable, acceptable and accessible services tailored to the needs of key populations;
- High costs of treatment and diagnostic technologies will continue to undermine HIV service access, HIV prevention and HIV treatment goals at the local level;
- Key population-led advocates and organizations are getting stronger but will continue to face challenges to ensuring their place at national AIDS policy fora; and
- Technical, organizational and advocacy capacity at country-level will continue to require support.

These challenges require sustained advocacy that is well supported and coordinated across country, regional and global levels. It is shortsighted to believe that science-backed public health interventions alone are enough. The promise of improved HIV diagnostics and treatment strategies will remain unrealized if key populations are unable to safely access the services they need. However, if we stay the course in close and careful partnership with the growing cadre of advocates at the country level who are ready for continued action, the *Bridging the Gaps* global partners remain hopeful that we can achieve a world where health and human rights are secured for key populations around the world.



AIDS 2014 participants engage in a workshop on HIV among MSM and transgender people in the Pacific, held in the MSM Networking Zone. The MSMGF has coordinated the MSM Networking Zone and organized the MSM Pre-Conference at the International AIDS Conference for the past seven years.

TO BE HAPPY
And to be loved
is my
Birth-given
Right!
...