

Report of the Commonwealth People's Forum (CPF) HIV and AIDS workshop

HIV Prevention, Education as a tool for social transformation

Hotel Africana-Uganda, 19th -20th November, 2007



Royal African Society

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Acknowledgments

CHAIN would like to acknowledge the participants of all those who took part in the CPF HIV and AIDS workshop, that took place from the 19th and 20th of November 2007, at Hotel Africana, Kampala, Uganda. The outcome of this workshop, amongst others informed the Commonwealth Heads of Government Meeting (CHOGM) 2007. Additionally, we would like to express our gratitude to the Commonwealth Foundation, Commonwealth Secretariat and Royal African Society for funding the Workshop. We also thank the resource persons/facilitators, CHAIN staff and rapporteur for all the support given during the workshop.

Acronyms

ABC	Abstinence Be faithful and Condom Use
AIDS	Acquired Immune Deficiency syndrome
CHAIN	Community Health and Information Network
CHOGM	Commonwealth Heads of Government Meeting
CPF	Commonwealth People's Forum
CSO	Civil society Organisation
HIV	Human Immune Virus
OVC	Orphans and Vulnerable Children
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission (PMTCT).
SAVE	S afe practices, A ccess to treatment and to nutrition, V oluntary, routine, and stigma-free counselling and testing, E mpowering of children, young people, women, men, families, communities and nations living with or vulnerable to HIV and AIDS
VCT	Voluntary Counselling and Testing

Executive Summary

HIV and AIDS remains a global challenge and today over 40 million people are reported living with it, 25 million of who live in the Commonwealth. The number of people living with the HIV and AIDS rises by 5 million every year. Additionally, UNAIDS Global Epidemic Report indicates that young people aged between 15 to 24 years account for half of all new HIV infections worldwide and thus a need to focus on young people.

As part of the “realising peoples potential 2007 Commonwealth People’s forum (CPF)” that took place in Kampala, Uganda from the 18th to 24th of November 2007, HIV and AIDS was one of the sub-themes that was discussed because of its importance to human development. HIV and AIDS is not merely a health challenge but also affect the social, economic and political elements of society. It should therefore be understood that government alone cannot succeed in the fight against HIV and AIDS. There is therefore a need to involve Civil Society Organisations (CSOs) and the private sector for a more effective multisectoral approach including involving young and vulnerable people.

The workshop that was attended by over 150 participants representing Commonwealth countries had its theme as “HIV prevention Education as a tool for social transformation”. The key note address for the CPF HIV and AIDS workshop was given by Dr. Alex Coutinho, the Director, Infectious Diseases Institute, Kampala, Uganda; while the closing remarks was by the Minister of Health, Uganda, Hon. Dr. Stephen Malinga. Both speakers emphasised the need to combine prevention and treatment as means to deal with ignorance that UNESCO has identified as one of the major reason why the pandemic remains a threat to society. Dr. Coutinho particularly called for a need to target young people, men, global leaders and PLWHA in messaging for HIV and AIDS prevention. Young people for the reason that they are the most affected, men, because they control most prevention decisions including bedroom decisions, global leaders to continue investing in HIV and AIDS prevention and PLWHA for` to practice positive` prevention.

The Minister of health gave government’s commitment to fighting HIV and AIDS and emphasised the need for CSOs and government to work together as partners in fighting the pandemic through a meaningful and participatory partnership.

As part of their contribution to the CHOGM, the CPF HIV and AIDS delegates came up with the following issues to be included as part of the communiqué to the heads of state:

1. Honour previous leadership promises and commitments on the right to life and health and on HIV and AIDS control
2. Target children, youth and women
3. Regard youth as partners not as a problem
4. Expand “ABC” approach to “SAVE” approach, which is more inclusive and comprehensive

Adopt multi-sectoral, multi-level and multi-dimensional responses with zero tolerance to stigma, discrimination and corruption
Ensure access to affordable and equitable care and treatment
Meaningfully involve people living with HIV and AIDS in policy formulation, programming and evaluation
Ensure adequate funding

Other issues raise pertinent to HIV and AIDS include: the need to handle treatment, care and support; a need to harmonise all HIV policies in the region, HIV testing centres need to be brought closer to the people, need to rethink the way we communicate to vulnerable groups like grassroots communities, the deaf and blind and youth and review laws in relation to same sex relations.

The two day workshop had 14 papers presented, including;

- Overview of the workshop and welcome remarks, CHAIN Country Manager, **Regina Namata kamoga**

Commonwealth Foundation's response to HIV and AIDS, Deputy Director, Commonwealth Foundation, **Vijay Krishnarayan**

- Keynote address, Director, Infectious Diseases Institute (IDI), Uganda, **Dr. Alex Coutinho**
- The role of CSOs in developing and implementing innovative HIV and AIDS prevention education programmes and good policies within the commonwealth countries, Chief of Party, International HIV Alliance, Uganda, **Milly Katana**
- Prevention education aimed at youth-reviewing civil society progress and setbacks to date in Commonwealth Asia, Founder/Executive Director, The NAZ Foundation (India) Trust, **Anjali Gopalan**
- HIV and AIDS prevention education for young people and vulnerable groups Association for the Development of Education in Africa (ADEA), **Dr. Hamidou Boukary**
- Rights of people living with HIV and AIDS and the role of religious leaders in the Commonwealth, Chair, African Network of Religious Leaders Living with or personally affected by HIV/AIDS (ANRELA), Uganda, **Canon Gideon Byamugisha**
- Working with Caribbean youth, Caribbean Vulnerable Community Coalition, **Joan Dider**
- Sexual health and HIV prevention-findings of a pan-commonwealth youth survey conducted by YoComm and the Commonwealth Foundation, Mackwoods Charity Fund, Sri Lanka, **Dr. Chris Nonis**
- The need for effective and sustainable treatment advocacy and peer treatment literacy in the Commonwealth, HIV I-Base, **Simon Collins**
- Barriers to adequate and affordable HIV and AIDS treatment and care in the Commonwealth countries, Principal researcher-Civil Society/Governance; The North-South Institute, Canada, **John W Foster**

Safe practices, Access to treatment and to nutrition, Voluntary, routine, and stigma-free counselling and testing, Empowering of children, young people, women, men, families, communities and nations living with or vulnerable to HIV and AIDS.

- Prevention education and behavioural change-the need for effective strategies, Health Hope and HIV Network, Antigua and Barbuda, **Herman Mayers**
- Community partnerships in the fight against HIV and AIDS, Head of programmes-Africa, Christian Aid, **William Babumba**
- Closing address, Minister of Health, The Republic of Uganda, **Hon. Stephen Malinga**

Objectives of the Commonwealth People's Forum (CPF)

The aims of the Commonwealth People's Forum (CPF) included:

- To raise the profile of Commonwealth civil society organisations and their concerns;
- To create partnerships in the quest for development and democracy and strengthen links between Commonwealth Civil society organisation; and
- To create opportunities for dialogue between civil society and government ministers on priority issues in the commonwealth.

Objectives of the workshop

The overall objective of this workshop is to highlight and promote multisectoral initiatives within the commonwealth towards facilitating innovative HIV prevention education, by strengthening the capacity of civil society organisations for prevention education, as well as for advocating for policies that support HIV prevention education.

Specific objectives

More specifically the workshop sought to;

- Highlight challenges to HIV prevention education, treatment access and care across the Commonwealth
- Share experiences of civil society organisations working on HIV prevention education within the Commonwealth
- To explore the benefits of HIV prevention education, treatment and care
- To highlight how HIV and AIDS prevention can mitigate stigma and discrimination
- To explore how best to develop innovative partnerships between CSOs and national governments within the Commonwealth on HIV and AIDS prevention, treatment and care programmes
- To advocate and raise awareness on the rights of people living with HIV and AIDS
- To explore how best to develop innovative partnerships between CSOs and national government within the Commonwealth on HIV and AIDS prevention, treatment and care programmes.

Expected workshop outcomes

- Increased awareness of the importance of implementing HIV prevention education initiatives across the Commonwealth as a major means by which to reduce and contain the spread of HIV and AIDS,
- Increased awareness of the barriers to HIV and AIDS access, treatment and care how best civil society, national governments and the private sector can work collaboratively to overcome these,
- Increased awareness of issues affecting the rights of people living with HIV and AIDS within the Commonwealth,
- Increased awareness on developing and implementing sustainable HIV and AIDS prevention, treatment and care policies within the Commonwealth countries.

Workshop methodology and participation

The workshop involved presentation of papers, question and answer sessions, plenary, testimonies, song and video. However participants felt that the level of participation from them was restricted by the format of the workshop programme. Participants recommended that next time it would be better to have group discussions as part of the programme including more time for the plenary sessions and question and answer sessions.

In general the CPF HIV and AIDS workshop brought together over 150 participants from over 52 Commonwealth countries.

The proceedings of the workshop

As indicated in the workshop programmes (Annex 3), the two day workshop had 14 papers presented.

Welcome Remarks by CHAIN Country Manager Ms. Regina Namata Kamoga.



The welcome remarks were given by the CHAIN Country Manager, Ms. Regina Namata Kamoga. She welcomed Delegates from Uganda and from all other Commonwealth Countries and called for active participation to ensure a strong and worthwhile communiqué to the CHOGM. She thanked the Commonwealth Foundation, Commonwealth Secretariat and Royal African Society for their support in ensuring the CPF HIV and AIDS workshop was possible.

She highlighted the severity of the HIV and AIDS pandemic, highlighting the fact that over 40 million people are living with HIV and AIDS worldwide, 25 million of who live in the Commonwealth. She thanked Commonwealth for realising the severity of Pandemic thus declaring HIV and AIDS as a global and Commonwealth emergency. "The Civil society statement from Common peoples forum to the heads of government in Malta called for immediate and sustained efforts to deal the ur-

Ms. Kamoga also reported that young people accounted for half of all the new infections and therefore needed to be targeted.

She emphasized the need to refocus our strategies as HIV trends keep changing as well as the need for innovative strategies. She also called for political commitment and developing of partnerships.

Ms. Kamoga ended her remarks by leading participants in singing the hope song entitled “Let's keep up the fight”

Let us keep up the fight

**The fight against AIDS
Giving hope to the hopeless
Giving help to the helpless**

**Let us keep up the fight,
The fight against AIDS**

**So we may have a better world
A safe place to live**

Speech by Vijay Krishanarayan, Deputy Director Commonwealth Foundation.



The Commonwealth Foundation Deputy Director Mr. Vijay Krishanarayan presented the Foundation's response to HIV and AIDS. Mr. Krishanarayan started by thanking the sponsors and organisers of the workshop. He highlighted the HIV and AIDS challenge that face the commonwealth, indicating that over 40 million people, most of who were women have died as a result of the pandemic in the last 25 years.

He informed participants that the Commonwealth Foundation's commitment to tackling the HIV and AIDS pandemic is evident through networks they have formed for instance the HIV and AIDS network of civil society organisations in Africa, Asia and the Caribbean which were formed to ensure local participation towards finding solutions to the pandemic but that the networks also contribute towards the Foundation's HIV and AIDS work.

The Deputy Director indicated that the main aims of this network was to foster and facilitate greater cooperation between government and civil society and towards ensuring that national HIV strategies are formulated and implemented in partnership with civil society, as well as making certain that civil society interventions complement national HIV prevention, treatment and care efforts across the Commonwealth.

Keynote address by Dr. Alex. G. Coutinho, Director Infectious Disease Institute (IDI), Uganda

The keynote address titled “*HIV prevention in the era of antiretroviral treatment: perspectives from 21 years of frontline HIV prevention education*” was presented by Dr. Alex. G. Coutinho.

In his presentation, Dr. Coutinho pointed out that we have taken our eyes off the important element of prevention and seem to only focus on treatment; however there is a need to do both prevention and treatment simultaneously.

He highlighted the causes of HIV as narrow messaging, ignorance of HIV status, multiple concurrent partnerships, discordant relationships, lack of circumcision, urbanization and conflict, gender disparities in the bedroom. He termed this as lack of “**bedroom empowerment**”.

On the issue of bedroom empowerment, Dr. Coutinho pointed out the need to focus on gender issues when dealing with HIV and AIDs in the Commonwealth, especially Africa because the ABC is mostly controlled and dominated by men, including initiation of sex, negotiating safe sex. He pointed out that this is the reason over 50% of infections take place within marriages and yet it is considered a safe environment. There is therefore a need to focus on the biology, behavior and social practices when trying to come up with preventive measures for HIV and AIDS.

He therefore called for a need to come up with technologies that can be controlled by the women for instance microbicides, gels and even female condoms. However female condoms are a challenge to use at the moment because they are not only expensive but also because the power on when to use a condom still lies with the men.

On a final note, he questioned why we are clamoring for vaccines instead of translating useful indigenous knowledge into useful preventive methods. He called upon people of the Commonwealth to borrow from each other’s best practices instead of rushing to the West for ideas.

Testimony by Patrick Katangole

Patrick Katangole is a 15 year old boy living with HIV. He gave a testimony on his experience as a child born with and living with the virus and the challenges it entails.

Patrick said that because of his condition, he has been discriminated against and yet his condition is no fault of his own. He pointed out that some people think that HIV positive people have it as a result of risky behaviour and therefore blame such people for their condition. However there are people like him who are born with it. There is therefore a need to sensitise people on the different ways people can get infected. He also called for love, compassion and care for PLWHA.

He stressed that a situation like his can be avoided through the prevention of mother to child transmission (PMTCT). He called upon expectant mothers to take advantage of such services.

He also pointed out that he is a living testimony that Anti Retrovirals (ARVs) work because he has been able to live an almost normal life and even go to school. Patrick is now in senior three at Kyambogo College School.

Closing Speech by Minister of Health, Hon. Dr. Stephen Malinga



The closing remarks were given by the Minister of Health, The Republic of Uganda, Hon. Dr. Stephen Malinga. He thanked the participants for their deliberations and workshop sponsors including the Commonwealth Foundation, Commonwealth Secretariat, The Royal Africa society and the Organisers CHAIN for a successful workshop.

The ministers emphasised the need for an effective and participatory partnership between government and Civil Society in fighting and eradicating HIV and AIDS, including making a difference in the lives of people living and affected by HIV and AIDS.

The Minister reminded participants that HIV and AIDS still presented a challenge to not just Uganda and Africa but the commonwealth as a whole and therefore a need for innovative and integrated approaches in reaching and protecting vulnerable and young people; particularly in targeting young people who are now said to account for more than of the new HIV and AIDS infection.

Hon. Malinga indicated that the government of Uganda would consider the proposed preventive education, treatment, care and support recommended by the workshop and promised to present the recommendation and Communiqué from the CPF HIV and AIDS workshop to the CHOGM. He indicated that the pandemic is an important agenda that cannot be ignored because it has both social and economic implications.

Others presentations included the following;

- The role of CSOs in developing and implementing innovative HIV and AIDS prevention education programmes and good policies within the commonwealth countries, Chief of Party, International HIV Alliance, Uganda, **Milly Katana**
- Prevention education aimed at youth-reviewing civil society progress and setbacks to date in Commonwealth Asia, Founder/Executive Director, The NAZ Foundation (India) Trust, **Anjali Gopalan**
- HIV and AIDS prevention education for young people and vulnerable groups, Association for the Development of Education in Africa (ADEA), **Dr. Hamidou Boukary**
- Rights of people living with HIV and AIDS and the role of religious leaders in the Commonwealth, Chair, African Network of Religious Leaders Living with or personally affected by HIV/AIDS (ANRELA), Uganda, **Canon Gideon Byamugisha**
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- Sexual health and HIV prevention-findings of a pan-commonwealth youth survey conducted by YoComm and the Commonwealth Foundation, Mackwoods Charity Fund, Sri Lanka, **Dr. Chris Nonis**
- The need for effective and sustainable treatment advocacy and peer treatment literacy in the Commonwealth, HIV I-Base, **Simon Collins**

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- Community partnerships in the fight against HIV and AIDS, Head of programmes-Africa, Christian Aid, **William Babumba**

Highlights from the papers and participants' responses are summarised below. The full papers are attached in the annexes.

Key message:

- **Treatment, care and support should go hand in hand with prevention.**

It was however indicated that treatment without literacy and preparedness was a waste of time. Participants called upon governments to borrow a leaf from the Mbuya Reach Out project in Uganda as a best practice. The project combines treatment, information and support. There is also a need to include local voices. African and commonwealth voices should be considered as opposed to continually making reference to solution from developed countries like America. We must translate our knowledge to useful and preventive measures.

However the issue of prevention has been ignored and confusing messages are sent out causing a misunderstanding between the right behaviour and safe behaviour, not just for the common person but also for leaders who influence opinion, especially religious leaders.

Groups we must target for HIV prevention education;

- Societal gatekeepers and decision makers including: political, religious, community and youth leaders. As well as teachers.
- Men, because they control most of the preventive decisions
- PLWHA to practice positive prevention
- Other vulnerable groups like women, people with disabilities, the youth and children. Participants called for a need to understand young people better and engage them in meaningful and participatory partnerships in our efforts to try and find solutions to the pandemic.
- Should not ignore people in same sex relationships and laws that criminalise them ought to be revisited
- The public

The youth

- Need to be given more attention. i.e. mainstream their voice into main forums as opposed to continually speaking for them.
- Need to understand why the youth engage in risky behaviour.
- Internet a communication mode worth considering. Most youth mostly use Internet as a media of communication and that needs to be targeted as a mode of information dissemination. This is according to research by YoCOMM.COM, however the reality of young people in most Commonwealth countries that are living in poverty should be acknowledged. For while many youth in the world today are internet literate and actively use the facility as a way of communication, the reality of most African countries is different. As a matter of fact, some young people have never even touched a computer.

Gender empowerment

- Gender disparities within several African societies should be addressed when dealing with HIV and AIDS. Vulnerable groups like women have little say in ensuring safe sex in relationships and are more vulnerable to infection. Men also determine whether a condom should be used or not and female condoms are hated by men, so in the end women are left at risk.
- Men's unwillingness to get tested and treated
- Men should be incorporated into women specific programmes because the current unilateral approach is not all that effective.

Discordance remains a major challenge in the Commonwealth

- There is a need to educate the public on the issue of discordance. Discordance is a situation where one couple is HIV negative and the other is positive. In Uganda for instance, it is said 50% of the couples are discordant.
- Since this concept is a myth to many, you find situations where one partner assumes they are HIV negative just because the other is negative. In Africa, because of the cultural norms, men expect women to do the testing and if the wife is safe they assume they are. However if the wife is tested positive, a negative man will assume he is positive. There is therefore a risk of them infecting others. The level of ignorance about the concept discordance was also evident by the kind of questions participants asked. One participant for instance asked if it was possible to contract HIV from the negative person in a discordant.

Circumcision as a Prevention Strategy

- Circumcision reduces the possibility of contracting HIV. However the challenge is how to package such messages because some people could confuse reducing risk with preventing infection.

Messaging methodology

- Choice of language. When packaging messages on HIV and AIDS we should be conscious of the recipients of the messages in terms of what language is most convenient for them and the kind of jargon we use. We should specifically try to understand what modes of communication work for grass roots communities since most times they are left out.

Partnerships, collaboration and linkages with other sectors and issues

- Participants called for the need for a stronger partnership between development partners, faith based groups, CSOs and governments in the fight against HIV and AIDS.
- Need for HIV and AIDS religion subcommittee to ensure a more effective partnership
- Considering socio-cultural practices i.e HIV and AIDS should be addressed within the context of specific cultures.

HIV and Child labour

- HIV, Children and child labour. There were concerns from participants about the link between HIV and AIDS and child labour. It was indicated that because of several orphaned children as a result of HIV and AIDS, there are several child headed households. These children have to fend for themselves therefore forced into child labour. Other children also end up on the streets as street children.

HIV and alcoholism

- HIV and alcoholism. Participants also emphasised the need to include issues of alcoholism when dealing with HIV and AIDS issues, since high consumption of alcohol has a tendency to increase risky behaviour.
- One of the participants actually pointed out that despite the fact that alcohol changes perception to HIV risk, it is not an issue dealt with when packaging HIV messages. An example was for instance given where a man drinking alcohol starts by being aware of his environment and seeing things for what they are, for instance an ugly women as ugly

“... but after a beer he starts seeing the ugly woman as beautiful, prettier after two beers and irresistible after a few more”.

It is at such a point when one is at risk of engaging in risky behaviour that could expose them to HIV and AIDS.

Technology

- There is a need to develop technologies that can be controlled by women for instance microbicides, gels and female condoms.

- These should be current, desirable and appropriate technology including condoms, vaccines and microbicides

Criminalising HIV and AIDS

- Criminalising HIV increases stigma. The view that PLWHA deliberately infect others is not always true; there is instead evidence that new infections are most prevalent amongst people ignorant about their HIV status.

Supportive policies

- That protects PLWHA at the work place
- That addresses the issue of health workers migrating to other countries
- That obliges researchers to share benefits of their studies with the participants of the study, especially people at the grassroots
- HIV and AIDS should be included in the school curriculum
- Treatment for HIV to be provided at affordable costs

Way forward

- Adopt the **SAVE** concept as opposed to **ABC** because the former is more inclusive.
- Treatment, care and support to go hand in hand with prevention
- Need for harmonisation of HIV and AIDS policies in all regions
- Testing centres should be brought closer to the people
- Need to rethink strategies used to reach grassroots people including Community Based Organisations.
- Ways of communicating to people with disability (deaf and blind) should be considered
- Issues of accountability should not be ignored. Corruption affects the extent to which HIV and AIDS can be dealt with.
- Review of laws especially the ones in relation to sex with same sex

The HIV and AIDS workshop Communiqué to the CHOGM

Preamble

The CPF HIV and AIDS Education Workshop Delegates 2007 came up with a communiqué to the CHOGM on how to carry forward the HIV and AIDS agenda and work towards ending the pandemic.

The CPF HIV and AIDS workshop Delegates noted with concern that despite increasing efforts from state, non-state and inter state actors on HIV and AIDS; New HIV infections continue to be on the rise and preventable deaths as a result of HIV AIDS continue to multiply. This need not be the case as Commonwealth societies and their governments know much about AIDS and have much to halt, reverse and eventually defeat the epidemic.

Key Issues

Honour previous leadership promises and commitments on the right to life and health and on HIV and AIDS control

- Impact of strong political leadership has been catalytic in slowing the epidemic in some countries of the Commonwealth. We urge our governments to respond with decisive leadership on informed empirical knowledge on HIV and AIDS and to end any resistance to progressive policies.
- Address the issue of migration of health care professionals from rural to urban, and from developing to developed countries more comprehensively.

Target children, youth and women

- Women, youth and children are clearly bearing the greater burden of HIV infection as well as related social and economic impacts. We therefore call upon Commonwealth governments to give clear priority to these groups in all the HIV and AIDS related interventions.

Regard youth as partners not as a problem

- Trust the youth. Make sex education a compulsory part of the school curriculum in all Commonwealth countries. Sex curriculum should be developed within a framework of empowerment that emphasises gender equality and protects the rights of other disadvantaged groups such as sexual minorities (gays and lesbians) and people suffering from different forms of disabilities.
- Develop appropriate means of sex education for out of school children and youth as well as young adults using appropriate technology, means of communication and language.

Expand “ABC” approach to “SAVE” approach, which is more inclusive and comprehensive

- While the ABC approach has worked effectively to varying extent of success in different context, there is a need for identifying and developing alternative approaches that are more comprehensive and evidence-based, for instance the SAVE approach. SAVE is an acronym for; Safer practices (A + B+C + PMTCT + safer blood + safe circumcision, safe injections, vaccines development etc.

Access to treatment (for erectile dis-functioning, OI's, STI's, Non-intoxication, ARVs) and to nutrition

Voluntary, routine and stigma-free counselling and testing

Empowering of children, young people, women, men, families, communities and nations living with or vulnerable to HIV and AIDS (economically, socially, spiritually, educationally, culturally, psychologically etc)

Adopt multi-sectoral, multi-level and multi-dimensional responses with zero tolerance to stigma, discrimination and corruption

- Adoption of effective and multi-pronged approaches by the Commonwealth member states to deal with the issues of stigma and discrimination is the key to prevention. Legislation measures, inclusion in sex education curriculum, reaching out to 'gatekeepers' of the society including religious and cultural leaders, and teachers are some of the important strategies for this purpose.

Ensure access to affordable and equitable care and treatment

- Ensure access to affordable and effective care, treatment and support; as this is the most important measure for prevention in Commonwealth countries. We call on our governments to take urgent action to keep previous promises to provide comprehensive AIDS prevention, treatment and care services to people of the Commonwealth, as those detailed in the UN-GASS Declaration. Similarly, ensuring access to quality education and effective health care services, which are important for the prevention of HIV and AIDS.

Meaningfully involve people living with HIV and AIDS and CSOs in policy formulation, programming and evaluation

- Networks of people living with and affected by HIV and AIDS such as the Pan Commonwealth Civil Society Network, have particular expertise and scope to develop informed strategies and interventions towards ending AIDS.
- Governments must acknowledge the value and outreach of civil society approaches by recognising and responding to the fact that dynamic and informed forms of engagement are often more productive than formal processes. Involve and engage CSOs at all levels of policy formulation, implementation and monitoring on the basis of a transparent framework that ensures accountability of all partners.

Finance and ensure adequate funding for HIV and AIDS interventions

- Ensure availability of adequate funds for HIV and AIDS prevention, education and other related interventions and research of new intervention technology and develop appropriate mechanisms for preventing corrupt practices in the Commonwealth.

Annexes

Annex 1: Workshop Programme

TIME	DESCRIPTION	PRESENTER	MODERATOR
8.30- 9.30 am	Registration & briefing participants		CHAIN staff
9.30 –9.50 am	Overview of the workshop and welcoming participants.	Regina Namata Kamoga – CHAIN Country Manager	
9.50 – 10.10 am	Commonwealth Foundation's response to HIV and	Vijay Krishanarayan – Deputy Director, Commonwealth Foundation	
10.10 – 10.35 am	Key note address	Dr.Alex Coutinho – Director, Infectious Diseases Institute, Maker-	
10.35–11.00 am	Tea/Coffee Break		
11.00am	Commencement of Workshop		
	Workshop Rapporteur – Ms.Joan Grant-Cummings- Commonwealth Civil Society Advisory Committee (CSAC)		
11.00– 11.25 am	The role of Civil Society organisations in developing and implementing innovative HIV and AIDS prevention education programmes and good policies within the Commonwealth countries	Milly Katana, Chief of Party, International HIV Alliance, Uganda	
11.25-11.50 am	Prevention education aimed at Youth – reviewing civil society progress and setbacks to-date in Commonwealth Asia	Anjali Gopalan Founder/Executive Director The NAZ Foundation (India) Trust	
11.50 – 12.10pm	HIV and AIDS prevention education for young people and vulnerable groups	Dr. Hamidou Boukary - Association for the Development of Education in Africa (ADEA)	
12.10 – 12.30pm	Group Photo		
12.30 – 1.30 pm	LUNCH BREAK		
1.30-1.55pm	Rights of people living with HIV and AIDS and the role of religious leaders in the Commonwealth	Canon Gideon Byamugisha – Chair, African Network of Religious Leaders Living with or Personally Affected by HIV/AIDS (ANARELA), Uganda	

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DAY TWO – Tuesday 20 November 2007

Focus: HIV Treatment Access & Care

4.30-5.00pm.	Recap of day one's session and overview of the day	Dr. Patricia Litho	
5.00-5.20pm	The need for effective and sustainable treatment advocacy and peer treatment literacy in the Commonwealth"	Simon Collins – HIV i-Base	
5.20-5.45pm	Barriers to adequate and affordable HIV and AIDS treatment and care in the Commonwealth countries	John W. Foster Principal Researcher- Civil Society/ Governance; The North-South Institute - CANADA	
5.45 – 6.00pm	Tea/Coffee Break		
6.00-6.20pm	Community partnerships in the fight against HIV and AIDS	William Babumba, Head of Programmes – Africa, Christian Aid	
6.20-7.20pm	Plenary Session	Dr. Patrick Matemilola	
7.30 – 7.45pm	Closing address of the Workshop	Hon. Stephen Malinga Minister of Health, The Republic of Uganda	
7.45-7.50pm	Vote of thanks	Dr. Jyotsna Jha	

Annex 2: Papers and Speeches

Overview of the workshop and welcome remarks, CHAIN Country Manager, **Regina Namata kamoga**
Commonwealth Foundation's response to HIV and AIDS, Deputy Director, Commonwealth Foundation, **Vijay Krishanarayan**

Keynote address, Director, Infectious Diseases Institute, Makerere University (IDI), Uganda, **Dr. Alex Coutinho**
The role of CSOs in developing and implementing innovative HIV and AIDS prevention education programmes and good policies within the commonwealth countries, Chief of Party, International HIV Alliance, Uganda, **Milly Katana**

Prevention education aimed at youth-reviewing civil society progress and setbacks to date in Commonwealth Asia, Founder/Executive Director, The NAZ Foundation (India) Trust, **Anjali Gopalan**

HIV and AIDS prevention education for young people and vulnerable groups, Association for the Development of Education in Africa (ADEA), **Dr. Hamidou Boukary**

Rights of people living with HIV and AIDS and the role of religious leaders in the Commonwealth, Chair, African Network of Religious Leaders Living with or personally affected by HIV/AIDS (ANRELA), Uganda, **Canon Gideon Byamugisha**

Working with Caribbean youth, Caribbean Vulnerable Community Coalition, **Joan Dider**

Sexual health and HIV prevention-findings of a pan-commonwealth youth survey conducted by YoComm and the Commonwealth Foundation, Mackwoods Charity Fund, Sri Lanka, **Dr. Chris Nonis**

The need for effective and sustainable treatment advocacy and peer treatment literacy in the Commonwealth, HIV I-Base, **Simon Collins**

Barriers to adequate and affordable HIV and AIDS treatment and care in the Commonwealth countries, Principal researcher-Civil Society/Governance; The North-South Institute, Canada, **John W Foster**

Prevention education and behavioural change-the need for effective strategies, Health Hope and HIV Network, Antigua and Barbuda, **Herman Mayers**

Community partnerships in the fight against HIV and AIDS, Head of programmes-Africa, Christian Aid, **William Babumba**

Closing address, Minister of Health, The Republic of Uganda, **Hon. Stephen Malinga**

Delegates discuss HIV/AIDS

By Hilary Bainemigisha

OF the 40 million people living with HIV and AIDS worldwide, 25 million are in the Commonwealth.

The number rises by five million each year. Commonwealth delegates and stakeholders were told at an HIV/AIDS workshop at Hotel Africana on Monday.

The theme, 'HIV prevention Education as a Tool for Social Transformation', looked at what methods have worked, which ones have failed and the way forward to combat HIV.

Dr. Alex Coutinho, the director of Infectious Diseases Institute, Mulago, who delivered the keynote address, said statistics show we are not doing well.

According to him, focus is so much on treatment and prevention is being negated. "If you left the tap in your house on and you found the house flooded, would you mop the floor or would you turn off the tap first?"

The doctor, who has been in the HIV fight in Uganda for the last 25 years, said ignoring prevention will not take us anywhere.

"Financial input in the fight against HIV has grown from \$59m in 1986 to \$10b in 2007, but we are still having 4.1 million new infections each year and 2.8 million deaths each year.

"Only 9% people have access to condoms, 12% adults have access to testing facilities and 11%



Coutinho during the HIV/AIDS workshop on Monday

pregnant mothers can access mother-to-child prevention services."

Milly Katana, the chief of party, International HIV Alliance, Uganda, noted that countries needed to strengthen the capacity of civil society organisations to spread HIV-preventive education.

"Ordinary citizens, in their ordinary capacity and life can do much more in person-to-person contact education.

"They provide information and services, act as voice of the vulnerable and put a human face to HIV."

Katana said the Alliance trains people from communities and places them back as a link between communities and specialised services.

"People need to hear the

messages from fellow people living with them."

She decried some governments within the Commonwealth, which divert civil society funds to other purposes.

Civil society groups, Katana added, were competing with governments for donor funds.

However, systems were being reorganised, she said: "We are implementing a network model to responding to HIV and AIDS within the commonwealth."

The Rev. Canon Gideon Byamugisha, the chairman of religious leaders living with or personally affected by HIV/AIDS, called for integration of HIV programmes into the schedules of religious leaders as part of civil society.