

# CAMPAIGNING AND ADVOCACY ON A SHOESTRING

A BEGINNER'S TOOLKIT FOR PEOPLE LIVING WITH HIV



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# Introduction

## How to use this toolkit?

This toolkit provides you with a starting point for practical and do-able **people**<sup>1</sup> and **advocacy**<sup>2</sup>. Designed for beginners and building from the ground up, the toolkit offers an insightful step-by-step process—the “what”, “when” and “how”—of campaigning and advocacy on a **shoestring budget**<sup>3</sup>.

You will find that explanations at each step of the process are kept short and to the point. Footnotes are provided for you below. Simple.

Now, the footnotes explain (a) the definition of key words given in **red**; and (b) provides reference sources for key facts given in grey; both are numbered in the order as they appear in the main text.

Exercise tables A—F are provided for you on pages 37—42. Based on the examples given in the text, we have filled in some of the boxes for you to give you an idea how to get started. You should fill in the rest of the boxes based on your own campaign goals and choice of tools to carry them out. To give you more room to practice, we suggest that you photocopy these tables so that you can do them a few times. Instructions to help you fill in the tables are given in the following chapters.

We also hope that the tables will give you an idea how to organise your thoughts. Once you are ready, we suggest you use them as samples to create your own tables. It will be fun!

For those wishing to expand their campaigns beyond the scope of this toolkit or detailed examples, further resources are given in the appendices from page 43.

## Why campaign and advocate?

To answer this question, you will need to see the bigger picture: At the end of 2009, 33 million people worldwide<sup>4</sup> are living with HIV. If just 10% of people living with HIV (PLHIV) were to campaign for their right to health<sup>5</sup>, or advocate for those who are **marginalised**<sup>6</sup>, there would be 3.3 million voices demanding better access to treatment.

Besides its potential for **lobbying**<sup>7</sup>, **group mobilisation**<sup>8</sup> is important to show **solidarity**<sup>9</sup> among PLHIV. Such mutual support is urgent: As is at the end of 2008, less than half<sup>10</sup> (42%) of PLHIV needing anti-retroviral treatment can get it. Universal access to treatment, while enshrined in the United Nation's Millennium Development Goals (MDG)<sup>11</sup>, is as yet uncertain. Continued campaigning and advocacy will ensure the right to health will be a priority.

## Who should campaign and advocate?

Ideally, all PLHIV and those connected for their welfare should be campaigning and advocating for their individual and community rights to health. This toolkit helps you to move the agenda forward by providing a framework of action towards the realising of **community**

1 **Campaigning**: An organised course of action to achieve a particular goal.

2 **Advocacy**: An action to get public support or recommendation for a particular cause or policy.

3 **Shoestring budget**: A small or inadequate budget.

4 UNAIDS fact sheet: [http://data.unaids.org/pub/FactSheet/2009/20091124\\_FS\\_global\\_en.pdf](http://data.unaids.org/pub/FactSheet/2009/20091124_FS_global_en.pdf)

5 World Health Organisation's (WHO) declaration of health as a universal human right: [http://www.who.int/hpr/NPH/docs/declaration\\_almaata.pdf](http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf)

6 **Marginalised**: Treat a person or concept as insignificant or peripheral.

7 **Lobbying**: A group of people seeking to influence politicians or political officials on a particular issue.

8 **Group mobilisation**: Organise and encourage a group of people to act in a certain way to achieve political objectives.

9 **Solidarity**: Unity or agreement of feeling or action especially among individuals with a common interest; and creates mutual support within a group.

10 UNAIDS fact sheet: Refer to note (4).

11 MDGs explained: <http://www.un.org/millenniumgoals/>

**mobilisation**<sup>12</sup>. Indeed, it is embodied in the principle for the greater involvement of people with HIV/AIDS or GIPA<sup>13</sup>.

## Are campaigns expensive?

There is a common belief that campaigning and advocacy is expensive. For big organisations wanting to reach large audiences over wide areas, this may be true. However, we believe that a lack of funding should not stop you from -. Small-scale, low-resource campaigns can still be an effective way to advocate for change.

## What about accountability and ethics?

A lot of campaigns are built around **accountability**<sup>14</sup> of governments to the right to health of their citizens. What often gets left out is the accountability of campaigns to their supporters. This important **ethical**<sup>15</sup> side of campaigning needs to be kept in mind.

Whether you are planning, running, or evaluating your campaign, always think about the objectives in relation to the people your campaign is supposed to help. Make sure that you keep the needs of your supporters in view. Otherwise, it can be easy to forget the real reason why you are doing what you do.

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12 **Community mobilisation**: All sectors are engaged in a community-wide effort to address a health, social, or environmental issue.

13 GIPA principle outlined: [http://www.ahrn.net/library\\_upload/uploadfile/file1777.pdf](http://www.ahrn.net/library_upload/uploadfile/file1777.pdf)

14 **Accountability**: A person, organisation or institution required to justify actions and decisions.

15 **Ethical**: Of moral principles that govern a person's or group's behaviour.

# 1. First Steps

## Have an idea?

When you have an idea, write it down. It is best to pick an issue or issues that you are passionate about—what may be called your burning issue(s).

Try to answer these questions, before you decide what to do next:

- Why is this issue important to you?
- How has this issue affected your life or lives of people important to you?
- Who else may be interested in this issue?
- What would you like to do about it?

We have prepared a **'What's what'** exercise to help you figure it all out. So before you continue, turn to page 37 and complete Table A.

## Picture perfect?

One way to start is to think what would be an **ideal situation**<sup>16</sup>, a perfect picture about the environment or situation you would like to see. It is important to have a perfect picture in your head even though you know it may not be realistic right now. It will help you to set some expectations as achievable standards. The fact that they are not possible now does not mean they cannot be a reality in the future.

For example, maybe you think that in a perfect world, ALL counsellors should have proper training and be certified. You think that with training, counsellors would be able help their clients more effectively because they have learnt the tools to do so. In some countries, this is a perfect picture since full training for counsellors may not be available. Even when it is available, counsellors may not have the resources or the time to undergo training for every situation. If you find that you have an issue with this reality, you can plan a campaign to make other people aware of the issue. Issues we have are a lot of the time the gaps between a perfect picture that we wish to be true and the reality of the situation.

## What do you actually know?

You must have realised when you attempted to complete **'What's what'** (Table A, page 37) that you would need to do some fact-finding. This can be easy or difficult depending on where in the world you are.

In some countries the information you want may not be freely available to the public. Or you may find it difficult to get updated, or worse, accurate information<sup>17</sup>. Don't give up.

## What about pooling your resources?

By sharing ideas, you will increase your pool of resources. After all, two or more minds working together are far better than one!

<sup>16</sup> **Ideal situation:** What and how you think people should be approaching the issues you are passionate about.

<sup>17</sup> **Tips for reliable information:** Reputable international organisations such as World Health Organisation (WHO), the Worldbank, Joint United Nations Program on HIV/AIDS (UNAIDS) and International Planned Parenthood Federation (IPPF) are good places to start. They tend to have information that is based on sound evidence on the country and/or region you are in. You can also try NGOs for PLHIV in your region. Check out the Global Network for People Living with HIV/AIDS (GNP+) to see what is available where you are.

People like your doctor and other PLHIV may have access to information you need. Share your thoughts with them. You never know, they may be able to put you in touch with likeminded people who may already be working on the issues you are passionate about.

## Likeminded people? Who? Where?

These could be people within your own circle of friends with whom you share ideas and know your HIV status. It could be people that you meet in a support group,

HIV NGOs or the person sitting next to you in your regular and trusted HIV care centre.

Talk about your ideas with people you trust to generate **feedback**<sup>18</sup>. It is usually the best way to get connected with likeminded people in your area.

## Communicating your ideas?

These are some important **dos** and **don'ts** when you are talking to a new group of people about your ideas:

- Do explain your idea in simple words and in concise<sup>19</sup> sentences.
- Do give a short introduction of the issues and why you are passionate about them.
- Do explain to the group how and where you got the information you are sharing.
- Do tell them your goal—what you'd like to achieve.
- Do ask for their opinion and feedback.
- Do be a good listener—try not to hog the conversation even though you are passionate about the topic.  
Remember, you want to learn what others have to say.
- Do take criticism well. After all, you are still in the learning process and should aim to be open to accept other people's input and suggestions. Remember, constructive criticism is a necessary part of the learning process.
- Don't spend more than 2–3 minutes talking on one point. Remember, you are stimulating conversation and not lecturing.
- Don't become defensive if some people don't like your idea. If you don't already know deep down why it matters to you, you haven't done enough homework!
- Don't dominate the discussion. You don't have to be bossy to get your message across.

It may be a good idea at this point for you to share the completed **'What's what'** table (page 37) and use it as a discussion tool with your group. Sometimes, coming together and working on a blank sheet or just an idea can be difficult for people to share their thoughts. Also, it may be a good idea to review the challenges and risks associated with your advocacy idea to see if you are really willing or are able to face those challenges and take those risks in order to proceed.

## Time to recruit your troops?

Having people (a small group between 3-6 people) who share your ideas and whom you trust to constructively challenge your thoughts is important in developing your ideas. Sharing the workload will keep you motivated. They will also bring expertise and experience to the table that you may not have. As a result, having a team will enhance your campaign.

<sup>18</sup> **Feedback:** Information about reactions to a product or thought, a person's performance of a task for example, used as a basis for improvement.

<sup>19</sup> **Concise:** Giving a lot of information clearly and in a few words; brief but comprehensive.

Information you can provide in an organised manner will help people to clarify your intentions and contribute further to your ideas. It will also help you to understand your group's points of view and agree on shared goals for the whole group. It may not be a bad idea to re-do the 'What's what' table (page 37) for the group as a whole.

## Ready for your campaign goals?

Now that you have conveyed your message and got some people are on board with you, it is time for you and your new teammates to go through all the ideas you all have from the **brainstorming**<sup>20</sup> sessions. We have prepared a '**Making it real**' (Table B, page 38) to help you put your thoughts in order. The following points will guide you in filling the table. Have fun!

## Are you results-orientated?

When you are thinking about objective(s) for the campaign, be clear and make goals results-orientated; that is, your goal(s) must be achievable and measurable. Avoid vague statements.

For example, your campaign goal is to ensure all counsellors at an HIV-related NGO in my area/district are trained. Take a look at the two examples below:

- The campaign goal is to ensure that counsellors at (name the HIV-related NGOs) in (name the area/district) are trained in pre-test counselling and certified by an authorised body (name an authorised body in your country that offers training in counselling like the AIDS Commission). HIV
- The goal of the campaign is to train all NGO counsellors on HIV in my area/district.

Here both statements are results-orientated. However, the second statement is too general. It is highly unlikely that **all** NGO counsellors can be trained as a result of your campaign. The goal is just too broad. Furthermore, "train" as an action is non-specific, making the outcome difficult to measure as a result.

Being specific and precise in setting your goal will help you focus your efforts and keep the campaign on something tangible. Having measurable outcomes will allow you and other people to determine how well your campaign is going. Setting **achievable**<sup>21</sup> goals will keep your campaign realistic.

## Who is your target audience?

Based on your clear, measurable campaign goal(s), identify your target audience from the start. Your target audience can be an individual, a group, or an organisation. Again, the more specific you are about who your campaign is trying to reach, the better you can tailor your campaign to that particular audience.

In the example above about training and certifying HIV counsellors at a local NGO in pre-test counselling, there is more than one audience to whom you can target your campaign. You can advocate with the NGO, the AIDS commission, the counsellors themselves, or even the PLHIV clients of the NGO.

<sup>20</sup> **Brainstorming**: Produce an idea or way of solving issues by holding spontaneous group discussion.

<sup>21</sup> **Achievable**: Can be accomplished or brought about.



Whoever you decide as the audience will determine the kinds of tools you will choose for your campaign. Of course you can have multiple target audiences for your campaign; for example an individual and a group. Just bear in mind that different target audiences will need different tools to get their attention.

## Individual, group, or organisation?

It is important that you and your teammates agree on the target audience and how to approach the individual, group and/or organisation.

If it is an individual, usually it will be someone with the authority to influence or change the current situation: His or her name and contact details should be available in to the public. Look in the telephone directory or government website, or just go to the organisation where this person is based and ask at the reception. Likewise with groups and organisations. Talking to a well-established local NGO will also help you find ways and opportunity to make contact with your target audience.

## Who does what?

Each person in your campaign group should agree on their role(s) for the campaign<sup>22</sup>. It is best to put these down on paper. Where possible, make good use of the expertise and experiences of individuals in your group so that the role(s) they adopt for the campaign will be beneficial and rewarding for them too.

## What about the timeframe?

Develop a simple and easy to follow timeline for each teammate and a combined master timeline for the group as a whole. One way to do this is to use a [Gantt chart](#)<sup>23</sup>. There are many examples of Gantt charts on the internet. It is a widely used tool in research and project management.

However, just to keep things simple, we have included an alternative version to the Gantt chart here to start you off. What we have done is a simpler version for beginners on how to keep track of campaign activities and teammates based on the Gantt chart. Turn to pages 39 and 40 for Tables C and D. Once you do this, you're ready to roll!

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<sup>22</sup> Possible campaign roles:

- (i) Coordinator: Handles the logistics of a campaign activity
- (ii) Treasurer: Responsible for campaign funds
- (iii) Secretary: In charge of correspondence and letter writing
- (iv) Campaign Manager: Oversees the entire campaign operations
- (v) Campaign Director: Conceptualises and guides the campaign towards agreed goals and objectives.

<sup>23</sup> [Gantt chart](#): Lists down all the activities that need to be done to achieve a set goal and breaks activities into time periods.

## 2. Choose Your Tools

### What have we done so far?

Let's recap: So far we have been working hard on getting the groundwork done. Hopefully, by now, you have done enough thinking and talking with your group that you understanding what you wish to achieve and why you want to do it.

### Which is the best tool for you?

Now, you are ready to pick the best tool(s) to achieve your goal(s). Here are some examples, in alphabetical order, to start you off. Keep in mind, though, different tools have different timeframes, need different resources, and can have potentially different target audiences:

- setup time
- types and amount of resources to run
- time to yield results
- limitations on possible target audiences

We have done our best to estimate these factors for each tool but it does depend on you and the country you are working in.

### Blogging?

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**Estimated setup time:** 2 days

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**Resources needed:** Computer with internet access

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**Estimated time to yield results:** 1 month or more

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**Audience limitations:** Only reaches people with internet access

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**Tool limitations:** Have to compete with other internet content

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You can use a **blog**<sup>24</sup> to advocate issues by posting articles, write-ups, images, videos, audios, and more. You may also use the blog to get the word out about what you are doing, update people on your activities, and allow them to follow your progress. It also allows you to get their feedback and respond to their questions or comments.

Blogs are one way of getting mass support but is limited to the internet savvy. Used well, blogs can build networks of supporters and allow communication between you and your supporters. Almost all blogs are free and are user friendly<sup>25</sup>.

Once you have created a blog, what next? How do you get people to visit your blog? One way is to get friends to add your blog on their **blogroll**<sup>26</sup> so other people viewing your friends' blogs will hopefully view yours too. Another way is to include your blog address in your email as part of your signature. Finally, remember to update your blog regularly.

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<sup>24</sup> **Blog:** Practically a free website in which an individual or group of users produces an ongoing narrative.

<sup>25</sup> To setup your free blog: Choose either (1) Blogspot at <http://www.blogger.com/home> or (2) Blogsome at <http://www.blogsome.com/>

or (3) Wordpress at <http://wordpress.org/> and follow the online instructions. Wordpress is more time consuming to setup but has the advantage of compatibility with a variety of languages other than English.

Further insightful resources are available for download from <http://rising.globalvoicesonline.org/files/2008/01/blogging-positively.pdf>

<sup>26</sup> **Blogroll:** A list of other blogs included in a blog, usually as a sidebar on the main blog page.

## Leafleting?

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**Estimated setup time:** 1 day or more depending on design

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**Resources needed:** Photocopying costs and time to distribute

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**Estimated time to yield results:** Immediate if successful

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**Audience limitations:** Dependent on geographical location

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**Tool limitations:** Consumer fatigue; people get too many leaflets

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Most of us live in societies that get bombarded by leaflets<sup>27</sup>. They have become commonplace and compete for attention. So before you consider leafleting, there are some things that you should think about:

**Content:** what is it that you want to say? It is best that you keep it simple. Your leaflet should be easy to read<sup>28</sup> and understand. Keep your text simple and free from **jargon**<sup>29</sup>. Pick one topic and focus on it. If it is too wordy, it will just put people off. Be sensitive to local customs and language usage. You can be provocative but you really don't want to offend.

**Location:** It is important to distribute your leaflet in places frequented by your target audience. When leafleting at a closed location like shopping malls, be sure to get the approval of the management company.

Remember, when leafleting, you are selling yourselves as well as your message. Always smile and say thank you regardless whether the person you are distributing to is appreciative of you or your message. It is good public relations to give a good impression.

## Letters to the editor?

---

**Estimated setup time:** Depends on how fast and well you write

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**Resources needed:** Good writing skills and to the point

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**Estimated time to yield results:** Dependent on publication

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**Audience limitations:** Only to newspaper readers

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**Tool limitations:** No guarantee your letter will be published

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A cost effective publicity tool, your letter to the editor should be 'hooked' to a current (news) issue. By doing the hook, you stand a better chance of being published<sup>30</sup>. Usually the letters to the editor is on the same page as the editorial making it a prized space.

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27 For tips on leafleting: <http://www.leafletnow.org/Leafleting-Tips/>

28 Tips for clear language: Do check out these online resources to help you put together material that is clear and easy to understand:

(i) [http://www.wem.mb.ca/uploads/PDFs/awarenessinfo/Clear\\_Language.pdf](http://www.wem.mb.ca/uploads/PDFs/awarenessinfo/Clear_Language.pdf) (ii) <http://www.clearest.co.uk/>

29 **Jargon:** Special words or expressions used by a particular profession or group and are difficult for others to understand.

30 Tips for a good letter to the editor—the seven C's:

- (i) Clear: Pay attention to the sequence of points. Finish one argument before addressing a different issue.
- (ii) Complete: Include all relevant points.
- (iii) Correct facts: When in doubt leave them out or check before you put them in.
- (iv) Concise: Be brief and to the point.
- (v) Considerate: Do not use remarks that could be seen as defamatory even if you are criticising someone
- (vi) Conversational: Be yourself when you write. A personal letter writing style will help.
- (vii) Courteous: don't be rude!

When letters arrive at a newspaper it gets sorted, checked and edited by the Editor or Editorial Assistant. Properly laid out, your letter may receive a prompt response and may even be published at the first available opportunity.

The secret to getting a letter published is using the correct format and layout:

- **Heading:** Appearing on the centre right of the page, it should contain your name, full address and the date.
- **Recipient's address:** This comes on the left hand margin; the editor should not be addressed in person (even if you know her/him personally) but should be written as Dear Editor.
- **Body of the letter:** The body is the most important part of the letter; take some time to think about the issues you wish to communicate and the reasons for your arguments. Start the opening paragraph with an attention grabbing statement. Elaborate on these points in a logical manner and with reason.
- **Headline:** Choose a catchy headline for your letter to draw the attention of the editor.
- **Signing-off:** When signing-off you can use 'Yours faithfully' and a pseudonym. Always include your full name and address as well, otherwise it will not be published.

## Magazine or newsletter?

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Estimated setup time: 1 week or more depending on design

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Resources needed: Computer; desktop publishing skills; photocopy

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Estimated time to yield results: 1 month or more

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Audience limitations: Depends on circulation

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Tool limitations: Must commit to long term production for impact

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Basically some printed A4-sized papers folded in two and stapled in the middle, magazines and newsletters are **periodicals**<sup>31</sup>. Nowadays, they can be designed and produced at home nowadays with computers. It is cost-efficient if you do it yourself. A flair for graphic design, text layout, and creative writing is important if you want to create something of high impact.

You can even include poetry, articles, drawings, collage, and a movie list related to your campaign topic. All you need to do when you have enough material is to put it in a book format, photocopy, and distribute it either for free or charge a small amount.

Producing a consistent periodical is important to set audience expectations. It is a longer-term commitment. A plus point is may reach readers outside your scope of circulation—as when someone takes one and shares it. Interesting content is key.

## Mailing list or e-groups?

---

Estimated setup time: 1 hour

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Resources needed: computer with internet access

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Estimated time to yield results: depending on the group

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Audience limitations: people with internet access

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Tool limitations: need internet access; closed contact group

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<sup>31</sup> **Periodical:** Published at regular intervals

A mailing list makes it easier for you to have a discussion or send an email in a short time to a specific group of people with similar interests. Instead of sending one email to 20 different email addresses, you just send one email that will forward your message to the 20 people on your list. You can use it to post notices and updates for group members.

The good thing about a mailing list or an e-group is that you can add new people to the list or remove people from the list. As the owner of the group, you would have control over the sort of people that you would like in the group so that it is a safe space that is conducive for discussions. However, you will need to recruit them beforehand.

Although there are many internet mailing list providers, currently the most popular are Yahooogroup<sup>32</sup> and Googlegroup<sup>33</sup>. They are user-friendly, and more importantly, they are free! Do manage your postings by keeping them relevant.

## Petitions?

---

Estimated setup time: Depends on how many signatures you want

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Resources needed: Good writing skills and a large social network

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Estimated time to yield results: At least one month

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Audience limitations: Only to a person/group in authority

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Tool limitations: No guarantee your petition will be responded to

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Petitions<sup>34</sup> are traditionally in the form of letters, although online petitions<sup>35</sup> are getting more popular. Addressed to persons of authority to whom you wish to place a request, petitions can be a powerful show of solidarity behind your campaign. The goal of petitions is to influence a particular policy or rule in favour of the campaign. In this toolkit, it is the only tool that is specifically targeted to an audience and stating a clear achievable outcome.

Before you write your petition, you will need to do some work: Get as much information about the issue you are trying to change. Find out what you really want to change and why. This is important because the more **substantial**<sup>36</sup> your reason actually is, the more reason people will join you in the petition and the more reason the person you will be sending it to will be convinced it is the right decision to take. Be clear about what you want to request. Next, find out who would be in the best position to make the decision you want to influence. You will always want to pick somebody who is able to directly influence the decision-making process.

Then it comes to writing the petition. Here are some useful guidelines:

- Be clear about the request you want to convey.
- Don't clutter your petition with information not connected to the request.
- Read over your petition carefully.
- When you write, make sure the petition (1) describes the situation; (2) suggests what needs to happen; and (3) explains why it is needed.

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<sup>32</sup> To start a Yahooogroup: Go to <http://groups.yahoo.com/> and select "new to groups? sign up". If you are a new user, choose "new user? sign up" and follow the instructions on screen.

<sup>33</sup> To start a Googlegroup: Go to <http://groups.google.com/> and choose "create a group".

<sup>34</sup> **Petitions**: A formal written request, typically signed by many people, appealing to authority with respect to a particular cause.

<sup>35</sup> An example of an online petition toolkit: <http://www.gopetition.com/howtowriteapetition.php>

<sup>36</sup> **Substantial**: Of considerable importance, size, or worth.

- Be clear and concise with your message. Avoid language that is too emotional. The more factual you are, the easier it will be for the person you are addressing to make a clear decision.
- Be respectful to the person you are addressing.

Refer to note 30 for more information on how to present a clear argument that is straight to the point. Always remember that persons of authority tend to receive a lot of requests. You really want to make your petition stand out without being **melodramatic**<sup>37</sup>.

You are now ready to collect as many signatures as you can to support your petition, or prepare a standard letter that you can distribute to your supporters to send off on their own. If your supporters are sending out the petitions on their own, make sure they know the name and address of the person you want to petition. You may also want to set a deadline for petitions to be signed or sent. If you want to do petitions online, check out the website on note 35 on page 17.

It would be good to keep a list of the people you are recruiting to sign or send petitions. Ask them for their contact details so that you can remind them about the petition or just let them know how well your campaign is going.

## Social networking websites?

Estimated setup time: 1 hour or more depending on your content

Resources needed: Computer with internet access

Estimated time to yield results: Immediate depending on network

Audience limitations: People with internet access

Tool limitations: Only internet savvy people use them

Facebook, Myspace, Twitter, and Friendster<sup>38</sup> are popular examples that are free to join. They are good ways to introduce activities or interests to your network of friends, and for keeping in touch. The best thing about social networking websites is that, as the name suggests, you can access the social networks of your friends. It is important to keep your website updated to keep public interest on your website.

## Stickers and button badges?

Estimated setup time: 1 day or more depending on number made

Resources needed: Easily accessed resources

Estimated time to yield results: Depends on distribution

Audience limitations: Only people you come in contact with

Tool limitations: Have to compete with other commercial objects

Stickers and button badges make great campaign tools. You can always make stickers on your own if you have access to a printer and sticker papers. You can write catchy slogans, print them on sticky paper, and distribute them.

<sup>37</sup> **Melodramatic:** In being exaggerated, sensationalised, or overemotional.

<sup>38</sup> To join these groups: Just do a search for them and follow the instructions on screen.

If you do not have any catchy slogans or designs, you can always get some off the internet. Just keep in mind not to take those that are copyrighted<sup>39</sup>. Instead look out for creative commons<sup>40</sup> labeled designs. If you do not have a printer, you can still make interesting stickers. Get some colourful permanent pens and make your own design on sticky paper.

For button badges the same concept applies: Look out for some creative designs that are aligned with your campaign and turn them into button badges. People are usually drawn to things like these because they are less intimidating. Make them fun to wear.

## So, how much will it all cost?

Decide amongst yourselves who would be in charge of supporting financial claims and receipts. Also, set a simple system on how the group will decide on what to buy and the price for it. Try to get at least 3 quotations from different companies if you are buying in bulk or bigger ticket items. It will help you to justify how much you are spending and make sure you get good value for your money.

## Resources you will need for each tool?

Think about all the resources you need and try to include it in your budget. When you have the list of resources that are needed, you will then need to cost all the required items.

For example, if it is a letter to editor, then the list of items required are some good quality paper, envelopes, stamps and access to a computer and printer. But if your campaigning tools are badges, t-shirts, stickers and the like, then it is important to look for suppliers who can make these for you and contact them for a quotation<sup>41</sup>. You will then need to decide if you can afford it. If you do decide on handmade badges and stickers, go to an art and crafts shop and look around for the required raw materials and the cost.

## Budget details?

List down the price of each material or resource that you will need. This will help you to present the total expected cost to your teammates. If you will be using volunteers, then a small amount should be set aside for food and drinks to sustain them throughout the campaign. You really want to keep your volunteers happy. Smiling people are more attractive to your target audience. Remember, this is supposed to be fun!

## What about getting a sponsor?

Before you decide to spent on something, ask amongst yourselves whether you would know anyone or company that might be able to provide a sponsorship<sup>42</sup>? Seeking for sponsorship should always be the first thing you do to keep the cost on your campaign low.

However, it is also important to make sure that the sponsor you get is not trying to make use of your campaign to benefit from the people you are trying to help. For example, if your sponsor wants you to promote products that you don't think is good for PLHIV, it is best not to take up their offer. Always remember to be accountable to the group you want to help: see notes 14 and 15 on page 5. Unless it is a donation, always insist on a written agreement to ensure their expectations are acceptable to your team.

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<sup>39</sup> How can you tell if something is copyrighted? It is usually stated and has the copyright symbol ¢

<sup>40</sup> How can you tell if something has a creative commons license? Creative material that is free for sharing and has a Creative Commons license usually has a logo with a double "CC" to mark it. One indispensable resource is the Creative Commons website at <http://creativecommons.org/>

<sup>41</sup> **Quotation:** A formal statement setting out the estimate cost for a particular job or service.

<sup>42</sup> **Sponsorship:** A person or organisation that provides funds for a project or activity carried out by another.

### 3. Connect With Others

#### Do you feel that you're alone?

Now that you have chosen the preferred tool(s) to drive your campaign and finding out how much it will cost, this chapter will provide you with resources to connect with others so that your campaign is aligned to broader agendas. Connecting with others is important to give your campaign more credibility and will help your target audience take your campaign more seriously. Crucially, connecting with others will also help you to raise funds to finance your campaign.

#### Piggybacking?

Piggybacking is one way to link your campaign to the ride on the agenda of bigger organisations that have more resources than yourselves. If you live in a country or region with strong **civil movement**<sup>43</sup> and activism in HIV and AIDS, there should be many organisations working on issues related to your campaign goal(s).

If you have this supportive and conducive environment to piggybacking, make sure you look in your local newspaper, listen to the local radio channel and website of these organisations for up coming events that your cause can benefit from. Approach these organisers and pitch your idea and campaign to them.

Emphasize that it will be a **mutually beneficial**<sup>44</sup> relationship. For the event organisers, added activities that will attract people and doesn't cost them more money and effort are usually welcomed. While for you and your group, these events are a ready platform to promote your cause. Ensure though that your activities complement the main event and clarify with the organisers the dos, don'ts and expectations to avoid any major conflict and misunderstandings. You want to nurture collaboration for future campaigns.

#### No HIV-related organisations?

Now, for those of you in countries and regions where there are few or no HIV-related NGOs, look out for an organisation working on health issues. You can collaborate with this organisation to roll out your campaign within the NGO's existing programmes.

If the only known structure working on health is the local health clinics, then approach the doctors and nurses in this clinic. They may allow your group to conduct your activities there especially if it is billed as a **value-added service**<sup>45</sup>. Just make sure your target audience is within the **catchment area**<sup>46</sup> of this clinic. Most health clinics nowadays tend to organise some exhibitions, talks and film screenings to raise awareness. Ask the health clinic to allow you and your group to organise the next awareness day on HIV. If you decide to this, just be aware that it takes a lot of planning. You also have to be very clear about your objectives and the messages you want to give.

#### No one you can collaborate with?

If this is indeed the case after an extensive search, then your campaign is even more important than you think! It is limiting if you only think campaigns can only be targeted at government, big corporations and politician.

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43 **Civil movement**: Movement to improve the situation of ordinary citizens and their concerns. collaborating

44 **Mutually beneficial**: Of benefit to each other.

45 **Value-added service**: Services provided at no cost to complement and promote the core service.

46 **Catchment area**: The area of which a hospital's patients are drawn. See also service coverage area.



Speak to friends, family and other community members if they are organising a get-together, and ask if they would mind if you take 15 minutes to introduce your campaign. You could co-organise the next picnic/lunch/tea and have more time to invite a guest to talk about the issue. Support groups<sup>47</sup> are great avenues from which to start. If there are no support groups, then you can always start one as part of your campaign.

## What about money? Fundraising?

Fundraisings are a good way to start-off your campaign, connect with your target audience, and get some funds together, all at the same time. Here are a few tried-and-tested suggestions, as well as newer modes of fundraising, to start you off:

### Donation cards?

They are very simple to make and doesn't cost that much. You and your team will need to decide the information you want to include in the donation card. A successful donation card drive requires that you and your group actively approach friends and family to explain to the reasons behind your campaign. Try to get as many people to get donations on your behalf.

It might be a good idea to have a short briefing for the bearers of the card to ask you questions and seek clarification. To prepare for it, sit down with your group to come up with Frequently Asked Questions (FAQ)<sup>48</sup>. You will also need set a deadline when would people come back with the distributed donation cards for a final tally. This method is particularly effective when you have a large group of people helping you with it. Donations made tend to be smaller amounts so it will be important to have volume.

### New media?

Increasingly, new media based on the internet like blogs, Facebook, and emails are becoming a common way of connecting with others. Besides using them as campaign tools, you can also use them to raise funds. If you choose to use new media as a tool for fundraising, it is very important that you provide your potential donors with important information they will need to decide if they wish to help you. Most importantly: what will their money do? Being realistic and transparent about your action plan will show your potential donors that you are serious, honest, and have got a good execution plan with tangible<sup>49</sup> outputs.

While using new media can reach hundreds and even thousands of people, most readers are **sceptical**<sup>50</sup> and doubt the **genuine**<sup>51</sup> nature of the information. As such, new media for fundraising might be most effectively used within your circle of influence, where people trust you and your group's intentions. Make sure you provide accurate banking information<sup>52</sup> on how people can contribute to your campaign and contact details for seeking clarification on what you have posted on the internet.

47 Support groups are usually made up of people with a similar condition. They usually meet to support each other emotionally, socially, and sometimes financially. Look out for support groups in your area by contacting your doctor. There are also support groups you can join on the internet. Just do a search of your area.

48 A good place to check for FAQ already existing: Usenet FAQ Archive at <http://www.faqs.org/faqs/>

49 Campaign outcomes

50 **Sceptical**: Not easily convinced; having doubts or reservations that can be observed and measurable to evaluate the effectiveness of campaign.

51 **Genuine**: Authentic; truly what something is said to be.

52 If you are planning to receive external funding: consider a Paypal account or some financial arrangement where prospective donors can safely send their money. Go to: <https://www.paypal.com>

## Charity event?

This is probably the most popular method of fundraising. Charity events are usually able to raise larger sums of money. However, your ability to mount an event will depend on the size and influence of your social network and the scale of the event. These two factors will dictate the resources—human and monetary—you will need to pull one off.

Charity events would need months of planning and coordination. Besides that, they have to be interesting enough to encourage people to buy a ticket to attend. In short, while it is included here for the [well-heeled](#)<sup>53</sup> and the adventurous, we do not encourage you to mount a charity event. This is, after all, a beginner's shoestring guide!

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<sup>53</sup> [Well-heeled](#): Wealthy

## 4. The Launch

### Maintaining momentum?

All the planning and connecting with people you have been doing over the last three chapters should be paying off right now as you go into the critical phase of launching your campaign. Here are some important issues you should consider to make sure your campaign launch is a success. Also included are follow-through suggestions to keep your campaign organisation in check.

### Putting on a good show?

It is important at the start of your campaign to think about how to put on a good show for your target audience. Regardless on what tools you have chosen to use to convey your message, these are some important points you should keep in mind:

- **Standardise your material:** Appearances do matter. Spend some time to think about how the material you put out should look. Pay attention to the **fonts**<sup>54</sup> and colours that you use. A well thought out presentation will keep your audience interested and the information you want to convey easy to understand. Make sure the terminology<sup>55</sup> you use is standardised with internationally accepted usage.
- **Logo:** If you can, do create a **logo**<sup>56</sup> to represent your campaign. Logos are an easy way to say a lot by way of an image and create mental associations<sup>57</sup> in your target audience. They will help your audience to remember you.
- **Be professional yet personal:** The balance is hard to get right but worth trying. You really want your audience to see your campaign as professionally run yet with a personal touch. Remembering the names of the people you are in contact with and being courteous at all times are great ways to start.
- **Media control:** Should you wish to have media coverage of your event, assign ONE person to liaise with the media (as the spokesperson for information and to give interviews).
- **United front:** Making sure your team is united behind your campaign goals is essential. If there are any disagreements between you and your teammates, make sure it does not spill into the public domain. Try to solve all major issues between yourselves and in private before you even launch the campaign. People will more likely support your campaign when they see a united front.

### What about keeping track of money?

Keeping a good record of the monies you and your teammates spend on the campaign will ensure that you all know where each of you stands financially. It will also help you keep your campaign on budget. One simple method you can use to keep a good record is given on page 41 (Table E) as an example.

The minute you connect with people other than your group for campaigning and fundraising, you will open your campaign to **scrutiny**<sup>58</sup>. Keeping a tight control on the campaign budget is extremely important. All funders like to know that their money is spent well and that they are getting good value for money. It will help to include your campaign accounts in your report to funders at the end of your campaign.

54 **Fonts:** A set of type (lettering) of a particular face (look) and size.

55 **Terminology:** Check out glossary of terms in UNAIDS ([www.unaids.org](http://www.unaids.org)) and International HIV/AIDS ([www.aidsalliance.org](http://www.aidsalliance.org)) websites

56 **Logo:** A symbol or small design used by an organisation to identify itself and its products.

57 **Mental association:** A theory in psychology that studies how pictures are formed in your mind. It can be applied to logo design and symbols. For an example on how to design a logo, try <http://www.designertoday.com/Articles/693/Back.to.Basics.Theory.of.Logo.Design.aspx>

58 **Scrutiny:** Critical observation or examination

## Documenting everything?

Just as you are keeping a record of finances, keep a record of everything else related to your campaign. There are a few good reasons for doing this:

It will give you a history on how you conduct the campaign. This is a good exercise to make sure that you stay true to your campaign goals.

- It will help you to show potential future funders what you have done, are doing, and plan to do in the future.
- It will help you to understand how well you are doing and learn from your mistakes at the end of the campaign.

## What does documenting entail?

It is quite simple. You just have to remember to be thorough and complete: Keep a record of everything that is happening with the campaign. Get as many perspectives of your campaign as you can; for example [anecdotes](#)<sup>59</sup> of people you talk to, [minutes](#)<sup>60</sup> of team meetings, photos of your team at work, even feedback from your target audience. Include the challenges you are facing, the decisions you are making and why you are making them. In short, make a note of every detail. If possible, include a date and time like you would do in a diary.

When you come to compile it later, your documentation will show the story of your campaign. It will help you see what worked and what didn't work about your campaign (see the next chapter). It will also help you and potential funders to monitor your campaign decisions critically and evaluate the effectiveness of your campaign.

## Having fun?

The cause of HIV and AIDS can be very emotional and intense. Most likely you will discover that there is a lot of work to get done and seldom enough people to do it. However, your target audience will be more attracted to you and what you have to say if they see that you are enjoying yourselves.

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<sup>59</sup> **Anecdotes:** A short and amusing or interesting story about a real incident or person.

<sup>60</sup> **Minutes:** A summarised record of proceedings in a meeting.

## 5. How Well Did It Go?

### Wondering how effective you are?

By documenting your campaign, you will be able to consistently monitor and evaluate the effectiveness of your campaign in relation to your campaign goals. Done regularly throughout the campaign process, it will help you to keep yourselves on track to achieving your goals as efficiently as possible. The system to do this is called monitoring and evaluation, or **M&E**<sup>61</sup>.

M&E is a two-part process that is done together: tracking campaign activities as well as the situation you are trying to change, while evaluating the way you are conducting your campaign and the impact it is having on your campaign's goals within a set timeframe. There is no one way to do M&E. It largely depends on what resources<sup>62</sup> you have available to you and the focus of your M&E. Nevertheless, there are some general steps in all M&Es:

#### Steps in Monitoring

- (1) Establish indicators to assess activities and goals of campaign
- (2) Develop ways to collect information related to indicators
- (3) Collect, record and assess information in relation to indicators
- (4) Review management of campaign to better achieve goals

#### Steps in Evaluation

- (1) Assess campaign activities in relation to campaign goals
- (2) Measure progress towards campaign goals
- (3) Assess the campaign strategy in relation to activities and goals
- (4) Review campaign strategy or set different campaign goals

### How to assess your effectiveness?

The key to M&E is selecting the right indicators. Indicators are measurable events that tell you how well the campaign is going in relation to campaign goals. For example, if your campaign is designed to increase the number of counsellors being trained in pre-test counselling for HIV, a key indicator is the actual number of counsellors being trained. The higher the number the more successful your campaign actually is.

Put another way, M&E indicators assess the process of conducting your campaign, and the impact of your campaign on the situation stated in your campaign goals. They are really measuring the same thing from two different perspectives: inside and outside. Don't quite see it?

Here is an example of a campaign goal we used throughout this toolkit: to ensure that counsellors at HIV-related NGOs in your area were trained in pre-test counselling and certified by an authorised body (see page 9 under the section 'Ready for your campaign goals?'). In this case, monitoring assesses how well your campaign activities are causing an increase in the number of NGO counsellors being trained in pre-test counselling. Evaluation, on the other hand, measures how many counsellors in the NGO have been trained in pre-test counselling since the start and as a result of your campaign. Simple.

61 **M&E**: By monitoring we mean the regular tracking and assessment that goes on during the lifetime of the campaign. By evaluation we mean a retrospective assessment of the campaign overall (National Council of Voluntary Organisations).

62 A useful guide to simple M&E: [http://www.ncvo-vol.org.uk/sites/www.ncvo-vol.org.uk/files/UploadedFiles/NCVO/Publications/Publications\\_Catalogue/Campaigning/A\\_getting\\_the\\_basics\\_in\\_place.pdf](http://www.ncvo-vol.org.uk/sites/www.ncvo-vol.org.uk/files/UploadedFiles/NCVO/Publications/Publications_Catalogue/Campaigning/A_getting_the_basics_in_place.pdf)

## So how do you do M&E?

Okay, it gets a bit complicated here. Do pay attention. Before you start any monitoring and evaluation process, it is important that you agree with your teammates how to measure your success over time<sup>63</sup>. That is, you need to determine the indicator(s) that you would be measuring at different points in time.

You will find this easier the more concrete your campaign goals. Going back to our example above, say you agree that one of your indicators is the number of counsellors at NGOs in your area enrolling in authorised courses for pre-test counselling.

Once you have decided this, you can then monitor how your activities are helping counsellors get enrolled in pre-test counselling as the result of your campaign activities, right? Cool. Remember though, you will have to measure change over a period of time.

## A detailed but simple M&E example?

Okay, let's just hammer home the point following from the same example: say you decided to write a letter of petition (your campaign tool) to each of the NGOs in your area stating the need for their counsellors to be trained in pre-test counselling. Say there were 30 counsellors in the area at the time of your campaign.

After two months (or your preferred time period), you check back to find that out of 30 counsellors, only 6 have been enrolled in the training you suggested. How well did you do? So-so: 6 out of 30 makes 20% after two months of campaigning (or a 10% success rate per month).

So you increase the pressure and write a letter to the editor (campaign tool number 2) complaining about the poor training of counsellors in your area and how this affects HIV testing and counselling outcomes. After another two months had passed, you check back to find 12 out of the remaining 24 (30-6) counsellors were enrolled in training. How well did you do? Much better: 12 out of 24 makes 50% (a 25% success rate per month over the second time period). But how much better did you do compared to the first time period? 30% better (50% minus 20%) or a 15% increase (25% minus 10%) in your success rate per month over a two-month period.

Your M&E tells you that the difference between the two tools (letter of petition and letter to the editor) is an increase of 15% increase in success per month in favour of the second tool. Within 4 months of starting your campaign, an evaluation of the **impact**<sup>64</sup> of your campaign tells you that you have achieved a 60% success rate (18 enrolled in a counselling course over the original 30 counsellors) based on your previously agreed signs of success.

Your M&E also tells you that the effectiveness of your campaign stands at 15% per month on average (60% success rate over four months). Well done! Your campaign strategy<sup>65</sup> is working. See '**M&E at a glance**' (Table F) on page 42 for a way to put your thoughts in order.

63 A tip to measure success over time is to keep track of measurable campaign indicators and compare results every quarter; such that in one year there should be 4 reports on how well your indicators are doing. In the process you can tell how well your activities are doing over time.

64 **Impact**: The effect or influence of one thing on another

65 An idea on the importance of a good campaign strategy is available at: [http://www.datacenter.org/research/camp\\_q.htm](http://www.datacenter.org/research/camp_q.htm)

## Some ways you monitor?

Monitoring can be simple or complex depending on the resources available to you. Some practical low- resource monitoring methods you can use are:

- Keep records of anecdotes (see note 58 on page 28) and conversations with target audiences.
- Keep track of how many people you reached and if possible contact information of attendees for future activities.
- Tracking when others have used your arguments or wording in their literature or presentations.
- Keeping significant letters and e-mails that you have been receiving.
- Documenting the messages you have put out, the number of meetings held, and any invitations to contribute on the issue you are campaigning.
- Keeping an eye on the media for mentions of your work.
- Keeping track of your goal from as many different perspectives as your resources would allow.

Whichever methods you choose, try to collect only information that will be useful in relation to your indicators. Be sure you assign parts of the task to teammates. It is a big job and everybody should share the responsibility.

## What about evaluation?

Evaluation is about making judgements about quality and impact of your activities on the campaign goals. Evaluation asks why some activities went well and others did not. You need to look at the impact of your activities, on the people affected by the problem or issues, on the organisation and anyone else.

Remember, this doesn't have to be complex, keep it simple as it is really discussing and making judgements from your existing monitoring information. You and teammates need to ask yourselves these questions:

- Have far are you from achieving your campaign goals?
- Is the situation better than before and by how much? If not, do you need to change your aim and objectives?
- If you did not achieve what you set out to do, why not? What will you do differently next time?
- What are some of the difficulties you faced?
- Are the people involved in the campaign happy with the results of the campaign? What about the campaign process?

No matter what the outcome be proud of your achievements. It is never easy to organise something and HIV and AIDS are not easy topics to talk about. Learn from this experience and grow and make sure to read the next chapter before planning the next campaign.

## Post-mortem?

It is also important to organise a post-mortem after conducting an activity or the entire campaign. It is a way to improve your outcomes and achievements when you organise and launch your next activity, next strategy, or even your next campaign. Post-mortem is usually a meeting you organise and get all the key people who worked on the campaign together to talk about how the campaign went.

It is great way to get feedback from teammates and is itself useful an M&E activity. Besides, post-mortem meetings can be avenues to thank everyone who helped in making your campaign a reality.

## Finding it tough?

Do remember when you are facing some tough challenges or a particularly uphill climb, the words of famous American cultural anthropologist Margaret Mead<sup>66</sup>: “Never doubt that a small group of committed citizens can change the world. Indeed, it is the only thing that ever has.” It will help you regain your belief in why you are doing what you are doing, and for whom. The tools in the chapter helps you get one step closer to that goal.

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<sup>66</sup> For more inspiring quotes from Margaret Mead, check out [http://www.famousquotesandauthors.com/authors/margaret\\_mead\\_quotes.html](http://www.famousquotesandauthors.com/authors/margaret_mead_quotes.html)



## 6. What's Next?

### Shall we take stock?

Before we go on, give yourself a pat on the back! Well done for getting to the last chapter.

So you're done with your campaign, you would have sat down to evaluate it (hopefully), and thrown a party to celebrate your success (most definitely). Great! So, what's next? It is not as difficult as you may think.

### Learning from experience?

After a thorough evaluation, you would have probably figured out the things that worked for you, things that did not work, your strengths, your weaknesses, and things that can be improved.

Reflect on them and write them down. This is important so that you are actively learning<sup>67</sup> from experience—deciding on what to keep and change before your next campaign. Reflect also on **group dynamics**<sup>68</sup>, unless you were a lone ranger and did not work in a group. Your reflexivity will help create a work environment that is conducive to the campaigns you will be planning. Most importantly, don't forget to reflect on yourself and your role too.

### Planning the next campaign?

Now it is time for you to take a step further. Whether you plan to continue or start a different campaign, here are some things you should consider doing:

- Ask your group what kind of work they prefer to do. It is good to boost troop morale. You really don't want your team to feel trapped with something that they are assigned to do but don't really like doing.
- Keep in touch<sup>69</sup> with people whom you have worked with or met during the campaign process; and don't forget people who have expressed an interest to help out in the future. This will work in favour for you. Besides expanding your list of supporters, it is a good way to keep people engaged in your cause.
- Keep people posted of your activities. You've worked so hard to create interest in your campaign. You really want to make good use of it.

If you plan to start a new campaign, you'll need to repeat the same steps again. Only that this time around, you would know what would work better for you. So make use of the evaluation.

### What about sharing your experiences?

Now that you have graduated from the Campaigning and Advocacy for beginners, you should really consider sharing your experiences with budding campaigners. It will be helpful for them to hear your stories and lessons first hand. Give out pointers so that others are also encouraged to follow in your footsteps.

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67 Active learning is a way of learning that is beyond being passive receivers of knowledge by combining activities for interactive learning. For more information, download this: <http://trc.ucdavis.edu/TRC/ta/tatips/activelearning.pdf>

68 **Group dynamics**: The processes involved when a group of people interact with each other.

69 Tips for keeping in touch: Sending emails would be a cheap way of doing this but if you do not mind spending a bit of money, you can always send text messages, letters, and greeting cards. Take advantage of the holiday season. Remember: Your personal touch is valuable regardless of the way you choose to keep in touch. Avoid mass emails if you can.

TABLE A WHAT'S WHAT

Idea / Issue	Current situation	Ideal situation	Risks / Challenges	What can you change?	Who else can help you?
Certified training of pre-test counselling for HIV in local NGOs	Not all counsellors in local NGOs are trained in pre-test counselling	All counsellors in local NGOs are trained and certified in pre-test counselling	Insufficient certified counsellors available to offer training and certification	Campaigning for increased funding available for counsellor training	Authority responsible for healthcare Newspaper media

TABLE B MAKING IT REAL

Issue(s)	Goal of Advocacy	Target Audience	Tool(s) Selection	Person(s) Responsible	Role(s) in Campaign
Certified training of pre-test counselling for HIV in local NGOs	All counsellors in local NGOs to be trained and certified in pre-test counselling within 2 years	NGO staff, healthcare workers, counsellors, clients of drop-in centres, healthcare policy makers.	Petition Letter to the editor	Dobbie Martha	Researching need for counselling training Writing letter to editor

TABLE C PLANNING ACTIVITIES

Objectives	Target Audience	Activities	Resources Required	Timeframe	Expected Outcome	Indicator
By end of June 2010, to have at least one important public figure show support for pre-test counselling	Local healthcare representative	Petition letter	Research on pre-test counselling courses in the area; cost of implementation, etc	Research to be completed by 15 April 2010; petition letter by 30 April 2010; petitions signatures collected by 15 June 2010	Support by healthcare representative to supply training to counsellors in local NGOs	Number of local NGO counsellors enrolled in certified pre-test counselling courses

TABLE D TEAM WORK ROSTER

Team member	Roles & Responsibilities	Timeframe
1) Dobbie	1) Finding out about the availability of accredited courses in pre-test counselling in the local area	1 March 2010 – 30 March 2010
	2) Assist with preparation of campaign budget	1 March 2010 – 10 March 2010
	3) Canvassing for petitions	1 May 2010 – 15 June 2010

TABLE E MONEY IN, MONEY OUT

Date	Money Out	\$	Date	Money In	\$
15 Feb 2010	Printing paper (receipt no: 1234)	20.00	1 Feb 2010	Campaign contributions: Dobbie	<b>100.00</b>
16 Feb 2010	Pens (receipt no: 6754)	15.00	1 Feb 2010	Campaign contributions: Martha	<b>150.00</b>
22 Feb 2010	Envelopes (receipt no: 8910)	50.00	15 Feb 2010	Donation: Dobbie's mom	<b>50.00</b>
28 Feb 2010	<b>Total money out</b>	85.00	28 Feb 2010	<b>Total money in</b>	<b>300.00</b>
	<b>Monthly balance</b>	215.00			
	<b>Grand Total</b>	300.00		<b>Grand Total</b>	<b>300.00</b>
			<b>1 Mar 2010</b>	<b>Monthly Balance</b>	<b>215.00</b>

TABLE F M&amp;E AT A GLANCE

	Monitoring			Evaluation	
Date	Activity	Indicator	Outcome	Impact	Campaign Goal
1 Apr – 31 May (2 mths)	Petition NGOs	Number of counsellors being trained in pre-test counselling	6 counsellors being trained as of 31 May 2010	20% of total counsellors trained (a 10% increase per month)	All 30 NGO counsellors trained and certified in pre-test counselling
1 Jun – 31 Jul (2 mths)	Letter to the Editor	Number of counsellors being trained in pre-test counselling	12 counsellors being trained as of 31 July 2010	50% of remaining counsellors trained (a 25% increase per month)	All remaining 24 out of 30 NGO counsellors trained and certified in pre-test counselling

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## APPENDIX A Involving People Living with HIV/AIDS

In the twenty-seven years of the emergent of the AIDS pandemic, people living with HIV and AIDS have been the central component in the fight against the disease. They have advocated and established support groups, agencies and networks. They have campaigned for innovative research initiatives, medications, treatment, care and support services, and for policies that improve their lives. The history of people living with HIV/AIDS activism is well documented.

### Historical Perspectives

#### Denver Principles

In 1983 a group of AIDS activists got together to strategise at a health conference in Denver, Colorado in the USA. At that meeting, the activists developed a historic manifesto, the Denver Principles<sup>70</sup>; this became the foundation of the self-empowerment movement for people living with HIV/AIDS. The document begins:

*“We condemn attempts to label us as ‘victims,’ a term which implies defeat, and we are only occasionally ‘patients,’ a term which implies passivity, helplessness, and dependence upon the care of others. We are ‘People with AIDS.’”*

This marked the first time people who were impacted by a disease organized and asserted their right to have their voices heard.

#### Greater Involvement of People Living with AIDS (GIPA) Principle

The GIPA Principle was formalized at the 1994 Paris AIDS Summit when 42 countries agreed to “support a greater involvement of people living with HIV at all national, regional and global levels... and to stimulate the creation of supportive political, legal and social environments.”

In 2001, 189 United Nations member countries endorsed the GIPA Principle as part of the Declaration of Commitment on HIV/AIDS. The 2006 Political Declaration on HIV/AIDS unanimously adopted by 192 Member States at the 2006 High Level Meeting on AIDS also advocated the greater involvement of people living with HIV.<sup>71</sup>

GIPA Principle recognises the important contribution that people infected and affected by HIV and AIDS can make in the response to the HIV epidemic. The principle creates space within society for people living with HIV or AIDS involvement and active participation in all aspects of the response. Their contribution is at all levels from the individual to the organizational, and in all sector from the social and cultural to the economic and political<sup>72</sup>. People living with HIV or AIDS provide a face and voice to the epidemic to people not directly affected by the disease. They are able to use their lived experiences in response to the epidemic. They have roles at many different levels so they can be involved at the individual level to the political level.

In the Nairobi, Kenya consultation, the GIPA definition was further clarified: GIPA means engaging PLHIV not only in dialogue and implementation of HIV/AIDS activities but also consulting them on issues touching upon their lives and well being.

70 NAPWA – Denver Principles: <http://www.napwa.org/denverprinciplesproject/denver-principles.html>

71 UNAIDS – Policy Brief: Greater Involvement of People Living with HIV/AIDS (GIPA) 2007

72 UNAIDS – From Principle to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA) 1999 Geneva, Switzerland

Their input provides a reality check for the larger community. PLHIV are experts in their own right, irrespective of their level of skills. They have direct knowledge of how and what the virus does to their bodies, and hence the need to consult them on matters which touch upon their bodies. Those in power, who make decisions, must be sensitive and committed to the issue of meaningful inclusion of PLHIV. Through this strategy, of a top down approach, GIPA can become part of the national response to HIV<sup>73</sup>.

## Campaigning and advocacy

Since the start of the epidemic, people living with HIV/AIDS have been advocating for political accountability. In the United States of America, through people living with HIV/AIDS activism, legislation was passed that provided a healthcare structure specifically for the provision of prevention, treatment, care, and support services for infected and affected populations. Similarly, there are many other examples of people living with HIV/AIDS activism for political accountability.

People living with HIV/AIDS and their networks have a central role to play in holding political decision-makers accountable for their promises to Universal Access to care and treatment for people infected and affected with HIV/AIDS.

**Figure 1:** UNAIDS – *From Principle to Practice* reflect a pyramid of involvement for people with HIV/AIDS. This pyramid models the increasing levels of involvement advocated by GIPA, with the highest level representing complete application of the GIPA principle. Ideally, GIPA is applied at all levels of organization.

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73 NGO PCB Delegation: GIPA document

## APPENDIX B Human Rights

### What are human rights?

Fifty years ago the United Nations adopted the Universal Declaration of Human Rights<sup>74</sup>. In the intervening years; many powerful lessons have been learned about the difficulty of putting these simple principles into practice. Chief among them has been that without strong leadership, commitment and political will there is little chance that the words of the Declaration will be translated into action.

Universal human rights are expressed in and guaranteed by domestic and international law. Human rights principles are included in treaties, national constitutions and other sources of international law to outline the obligations of Governments to act in certain ways or to refrain from certain acts, in order to promote and protect human rights and fundamental freedoms of individuals or groups.

As early as 1991, the World Health Organization listed 583 laws and regulations concerning HIV infection and AIDS from different countries<sup>75</sup>. Still, the 2008 UNAIDS Report on the Global AIDS Epidemic<sup>76</sup> cites the need for sustained progress in addressing human rights violations, gender inequality, stigma and discrimination as essential to the long-term success in the response to the epidemic.

Stigma and discrimination is among the most recognized harmful features of the epidemic, yet almost no country has prioritized activities to reduce or eliminate them in their national AIDS plans or programmes.

### Ten Reasons why Human Rights should occupy the centre of the Global Response to HIV and AIDS<sup>77</sup>

1. Universal access will never be achieved without human rights
2. Gender inequality makes women more vulnerable to HIV, with women and girls now having the highest rates of infection in heavily affected countries
3. The rights and needs of children and PLHIV are largely ignored in the response to HIV, even though they are the hardest hit in many places
4. The worst affected receive the least attention in national responses to HIV
5. Effective HIV prevention, treatment and care programmes are under attack
6. AIDS activists at risk their safety by demanding that governments provide greater access to HIV and AIDS services
7. The protection of human rights is the way to protect the public's health
8. AIDS poses unique challenges and requires an exceptional response
9. "Rights-based" responses to HIV are practical, and they work
10. Despite much rhetoric, real action on HIV and AIDS and human rights remains lacking

<sup>74</sup> United Nations – Universal Declaration of Human Rights: <http://www.un.org/en/documents/udhr/index.html>

<sup>75</sup> UNAIDS, Courting Rights - Case Studies in Litigating the Human Rights of the PLHIV: [http://data.unaids.org/Publications/IRC-pub07/jc1189-courtingrights\\_en.pdf](http://data.unaids.org/Publications/IRC-pub07/jc1189-courtingrights_en.pdf)

<sup>76</sup> UNAIDS, 2008 Report on the Global AIDS Epidemic: [http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008\\_Globalreport.asp](http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Globalreport.asp)

<sup>77</sup> Jürgens R and Cohen, J – OSI, Human Rights and HIV/AIDS- Now More Than Ever: [http://www.soros.org/initiatives/health/focus/law/articles\\_publications/publications/human\\_20071017/english\\_now-more-than-ever.pdf](http://www.soros.org/initiatives/health/focus/law/articles_publications/publications/human_20071017/english_now-more-than-ever.pdf)

## Important Rights for People Living with HIV

Human Rights	What does it mean for People Living with HIV
Right to equality, right to dignity	A person cannot be discriminated against because of their HIV status
Right to liberty and security of person	A person has the right to make their own decisions about themselves, for example, a person may not be forced to take a HIV test
Right to privacy	PLHIV have the right not to disclose their HIV status
Right to freedom of movement	No person should have travel restrictions imposed on them because of their positive status
Right to health	PLHIV have the same rights to health care and to access treatment as all other people. PLHIV may not be denied health care and treatment services because of their status
Right to work	PLHIV have the same right to work as other people. Nobody may be denied work opportunities because of their HIV status
Right to education	A child youth and women may not be denied the right to education on the basis of HIV or AIDS

## Key Human Rights issues

### Stigma and Discrimination

Since the 1980's, stigma and discrimination have been cited as one of the most significant barriers to reducing HIV<sup>78</sup>. Because it is so persistent on so many levels—families, communities, popular culture, institutions and governments—countering stigma and discrimination demands a global, national and community response.

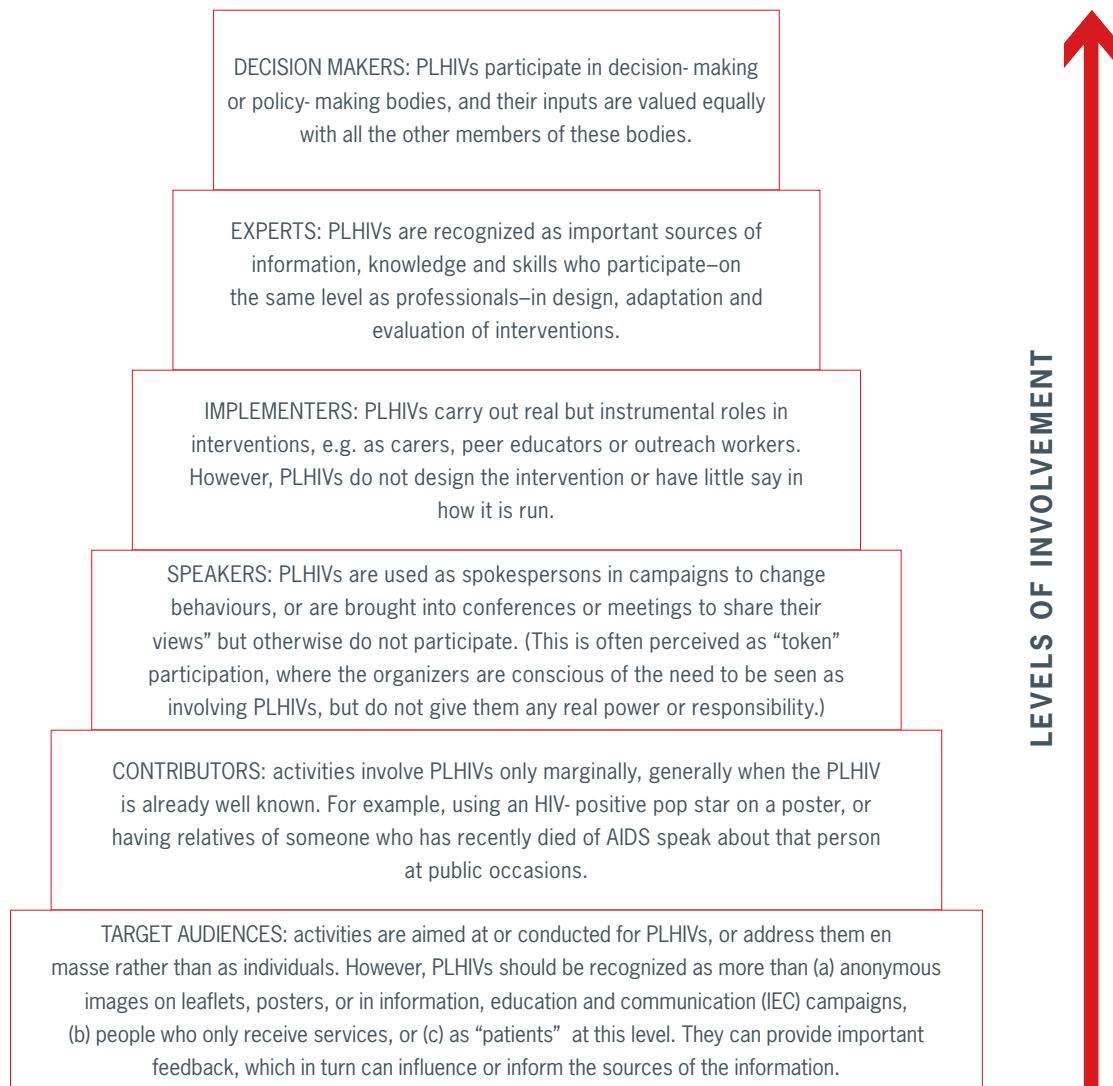
The problem is that initiatives to counter stigma and discrimination are very few and far between. Until there are credible, widespread responses to stigma and discrimination all of the attendant human rights abuses will continue. Making the meaningful involvement of people living with HIV at all levels of decision making a reality would contribute greatly to the reduction of stigma and discrimination.

### Gender inequality

The special vulnerabilities of women to HIV have long been recognised. The stories of today are the same stories told over two decades of the epidemic—such as violence against women and girls, spousal abuse, rape in conflict or not, sexual abuse by “caretakers,” forced sex work, deprivation of property inheritance rights and other economic assets, inability

78 UNAIDS, 2008 Report on the Global AIDS Epidemic: [http://data.unaids.org/pub/GlobalReport/2008/JC1511\\_GR08\\_ExecutiveSummary\\_en.pdf](http://data.unaids.org/pub/GlobalReport/2008/JC1511_GR08_ExecutiveSummary_en.pdf)





to collect health and death benefits, and assault for not conforming to gender norms. Again, the problem is not a lack of awareness of gender inequities; it is a failure to act in ways to stop the abuse.

### **Travel Restrictions**

In the early days of the AIDS epidemic, governments often took actions that were motivated by fear and misunderstanding that proved neither beneficial to the health crisis in general, nor the people affected by it. One such example was travel restrictions to slow or all together stop PLHIV from travelling to countries with the restrictions. In the 20 years since, a number of countries have lifted these restrictions because the public health community declared them ineffective and discriminatory. In spite of this, 74 countries still have some form of HIV specific travel restrictions, and 12 countries ban HIV positive people from entering the country for any reason or length of time.<sup>79</sup>

### **Criminalisation**

Masquerading under the guise of preventing HIV infection many countries already have laws designating the transmission of HIV a criminal offence, and in some countries even exposing someone to HIV can be prosecutable. In Western and Southern Africa model laws are being drafted that contain aspects of criminalisation of HIV transmission. There is no evidence to support the view that criminalising HIV is an effective prevention strategy. In addition, there are potentially negative implications for marginalised groups already stigmatised as likely to be HIV positive, such as men who have sex with men (MSM) and sex workers.

Criminalisation is a symptom of societies more willing to look for scapegoats rather than mounting serious prevention programmes that are geared towards marginalised groups. What does it say about societies who would rather jail the person with HIV rather than trying to promote prevention in the first place?

The issue of Human Rights is key for the World AIDS Campaign because now more than ever, governments should honour their commitments and scale up an AIDS response based on a Human Rights approach to achieve Universal Access.

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<sup>79</sup> Denying Entry, Stay and Residence due to HIV Status - <http://www.ua2010.org/en/UA2010/Universal-Access/Travel-Restrictions>

## APPENDIX C Sexual Reproductive Health and Rights

People Living with HIV/AIDS networks advocate and must continue to advocate for sexual reproductive health and rights (SRHR). Universal access to sexual and reproductive health services is paramount. Networks can develop campaign and advocacy activities to hold governments, NGOs and others accountable to provide appropriate services and access for people living with HIV/AIDS.

At the International Conference on Population and Development (ICPD) held in Cairo in 1994, the international community for the first time agreed on a broad definition of reproductive health and rights. Building on the World Health Organization's definition of health, the Cairo Programme defines reproductive health as: a state of complete physical, mental and social well-being which is integral to human development, underpinning all the major health and development goals, and is not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Further, the Cairo Programme of Action (ICPD Programme of Action) clearly spells out the concept of reproductive rights in Chapter 7 which states in part that such rights “rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of reproductive and sexual health. It also includes the right of all to make decisions concerning reproduction free of discrimination, coercion and violence as expressed in human rights documents.”

The 1995 Fourth World Conference on Women held in Beijing expanded the right to family planning to include the right to better sexual and reproductive health. Paragraph 96 of the Beijing Declaration extended the definition of reproductive rights to cover sexuality: “The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence”. Key aspects of sexual rights were included in the definition.

Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (para72).

The Platform for Action, which was adopted by 189 delegations at the Beijing Women's Conference, reaffirms the Cairo Programme's definition of reproductive health and advances women's wider interests. Paragraph 96 states:

*“The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.”*

The World Health Organization (WHO) Department of Reproductive Health and Research provides **working definitions of sexual health and rights**. These working definitions were elaborated as a result of a WHO-convened international technical consultation on sexual health in January 2002, and subsequently revised by a group of experts from different parts of the world. The definitions covered sex, sexuality, sexual health, and sexual rights.

<b>Terms</b>	<b>Definitions</b>
Sex	Sex refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females. In general use in many languages, the term sex is often used to mean “sexual activity”.
Sexuality	Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.
Sexual Health	Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.
Sexual Rights	Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to: the highest attainable standard of sexual health, including access to sexual and reproductive health care services; seek, receive and impart information related to sexuality; sexuality education; respect for bodily integrity; choose their partner; decide to be sexually active or not; consensual sexual relations; consensual marriage; decide whether or not, and when, to have children; and pursue a satisfying safe and pleasurable sexual life.

The responsible exercise of human rights requires that all persons respect the rights of others<sup>80</sup>.

In September 2006, as a result of advocacy by international and national non-governmental organisations (NGOs), the United Nations (UN) General Assembly finally adopted the target of universal access to reproductive health. A health key issues guide was developed which explores issues relating to universal access to sexual and reproductive health (SRH) services using a rights-based approach. These positive approaches recognise that good reproductive health, and the realisation of sexual rights, including rights to pleasure and fulfilment, are crucial for achieving equity and social justice. As rates of HIV infection continue to rise, and women’s and men’s sexual and reproductive ill-health threatens international development targets, there has never been a more pressing need to make positive connections between sexuality, health and human rights<sup>81</sup>.

80 WHO, Sexual and Reproductive Health Programme – <http://www.who.int/reproductive-health/gender/sexualhealth.html>

81 IDS, Sexual and Reproductive Health and Rights – <http://www.eldis.org/health/srhr/index.htm>

Several documents on the sexual reproductive health and rights outlines and defines sexuality, for example, the document below from World Association of Sexology (WAS) – Declaration of Sexual Rights.

## Declaration of Sexual Rights (WAS)

Sexuality is an integral part of the personality of every human being. Its full development depends upon the satisfaction of basic human needs such as the desire for contact, intimacy, emotional expression, pleasure, tenderness and love. Sexuality is constructed through the interaction between the individual and social structures. Full development of sexuality is essential for individual, interpersonal, and societal wellbeing. Sexual rights are universal human rights based on the inherent freedom, dignity, and equality of all human beings. Since health is a fundamental human right, so must sexual health be a basic human right. In order to assure that human beings and societies develop healthy sexuality, the following sexual rights must be recognized, promoted, respected, and defended by all societies through all means. Sexual health is the result of an environment that recognises respects and exercises these sexual rights.

Sexual Rights are Fundamental and Universal Human Rights. They were adopted in Hong Kong at the 14th World Congress of Sexology, August 26, 1999 by the World Association of Sexology Declaration of Sexual Rights.

Terms	Definitions
The right to sexual freedom	Sexual freedom encompasses the possibility for individuals to express their full sexual potential. However, this excludes all forms of sexual coercion, exploitation and abuse at any time and situations in life.
The right to sexual autonomy, sexual integrity, and safety of the sexual body	This right involves the ability to make autonomous decisions about one's sexual life within a context of one's own personal and social ethics. It also encompasses control and enjoyment of our own bodies free from torture, mutilation and violence of any sort.
The right to sexual privacy	This involves the right for individual decisions and behaviours about intimacy as long as they do not intrude on the sexual rights of others.
The right to sexual equity	This refers to freedom from all forms of discrimination regardless of sex, gender, sexual orientation, age, race, social class, religions, or physical and emotional disability.
The right to sexual pleasure	Sexual pleasure, including autoeroticism, is a source of physical, psychological, intellectual and spiritual well being.
The right to emotional sexual expression	Sexual expression is more than erotic pleasure or sexual acts. Individuals have a right to express their sexuality through communication, touch, emotional expression and love.
The right to sexually associate freely	This means the possibility to marry or not, to divorce, and to establish other responsible sexual associations.

The right to make free and responsible reproductive choices	This encompasses the right to decide whether or not to have children, the number and spacing of children, and the right to full access to the means of fertility regulation.
The right to sexual information based upon scientific inquiry	This right implies that sexual information should be generated through the process of unencumbered and yet scientifically ethical inquiry, and disseminated in appropriate ways at all societal levels.
The right to comprehensive sexuality education	This is a lifelong process from birth throughout the life cycle and should involve all social institutions.
The right to sexual health care	Sexual health care should be available for prevention and treatment of all sexual concerns, problems and disorders.

PLHIV networks that want to develop campaigns addressing sexual reproductive health and rights in their community can partner with several global networks working on the issues. The International Community for Women Living with HIV/AIDS (ICW) and the Global Network of People Living with HIV/AIDS (GNP+) have both developed advocacy agenda that address SRHR. Resources to help you develop your campaign can be found on their websites.

International Community of Women Living with HIV/AIDS (ICW)<sup>82</sup> is an international network run for and by HIV positive women that promotes and advocates changes to improve their quality of life.

The Global Network of People Living with HIV/AIDS (GNP+)<sup>83</sup> has developed a Statement on Sexual and Reproductive Health and Rights.<sup>15</sup> This document notes that there is a host of complex issues that touch on the fulfilment of the sexual and reproductive health and rights (SRHR) of PLHIV, their partners and families.

82 ICW's website – <http://www.icw.org>

83 The complete statement can be found at – <http://www.living2008.org>

## APPENDIX D Political Accountability on Health and HIV and AIDS

### What is accountability?

A basic definition of accountability, applicable to democracies, is “that those who exercise power, whether as governments, elected representatives or as appointed officials, are in a sense stewards and must be able to show that they have exercised their powers and discharged their duties properly.”<sup>84</sup>

Edward Weisband and Alnoor Ibrahim cite four core components of accountability: transparency, answerability or justification, compliance, and enforcement or sanctions, adding that “accountability relies on the presence of all four.”<sup>85</sup>

Goetz and Jenkins (2001) distinguish two types of accountability: vertical (citizens holding the powerful to account) and horizontal (referring to inter-institutional checks and balances).

### Who should be accountable?

Institutions or individuals, who either have primary or related responsibility to initiate, direct or influence the implementation of a policy commitment. The degree to which an institution or individual is accountable for the implementation a policy commitment corresponds with the ability to control the implementation of a policy commitment. Public policy commitments often nearly always involve actors with varying degrees of accountability—e.g., while the health minister may be designated by the state as the person responsible for implementing HIV prevention programmes, the Finance Minister is responsible for ensuring that funds are made available complete the work.

- Political leaders and policymakers at the international, regional, national and local levels
- Government entities who are party to international and regional agreements
- Leaders of regional entities such as the African Union, SADC. etc.
- International financing institutions and regional their regional entities
- Leaders of national government and their principal ministers who influence AIDS policy including MOH and Finance
- Local government officials

A strong campaign to ensure accountability includes such an effective vertical accountability effort (citizens holding the powerful to account) that it leads to the growth of horizontal accountability (referring to inter-institutional checks and balances).

### Where is accountability essential?

Holding international institutions and national governments accountable for all of their promises on HIV and AIDS including providing the resources needed to implement those promises is a task well beyond the capacity of a single PLHIV network, so it is important to working in collaboration with civil societies and to set priorities.

If a network is concerned with the progress its country is making towards benchmarks determined through international agreements then its efforts are best concentrated on the UNGASS Declaration of Commitment, the Political Declaration, and the Millennium Development Goals (MDGs). Some countries are also signed on to regional agreements that call for individual country action.

If an organisation is concerned about development assistance and its attendant issues, two of the most significant international frameworks are the High Level Forum on Aid Effectiveness and the International Conference on Financing for Development.

<sup>84</sup> The Routledge Dictionary of Politics - 3rd ed. (2004). Edited by David Robertson. (London: Routledge)

<sup>85</sup> Weisband, Edward and Ibrahim, Alnoor (2007 - "Introduction: Forging Global Accountabilities", in Alnoor Ibrahim and Edward Weisband, Forging Global Accountabilities: Participation, Pluralism and Public Ethics (Cambridge: Cambridge University Press, forthcoming).

If an organisation is concerned about the priorities of the wealthiest nations that control the majority of development assistance and have made commitments for both development assistance for Africa and on HIV and AIDS, then the G8 is important. Advocacy directed at the G8 particularly from Southern voices is also important because otherwise there is little assurance that the views of the countries most heavily affected will be heard.

If an organisation is concerned about issues related to drug patents and licensing they will be drawn to the Doha Declaration and the structures that have been created since then.

### Examples of international commitments

- United Nation General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS – [www.unaids.org/en/AboutUNAIDS/Goals/UNGASS/](http://www.unaids.org/en/AboutUNAIDS/Goals/UNGASS/)
- United Nation General Assembly Political Declaration on HIV/AIDS – [data.unaids.org/pub/Report/2006/20060615\\_HLM\\_PoliticalDeclaration\\_ARES60262\\_en.pdf](http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf)
- Millennium Development Goals (MDGs) – [www.un.org/millenniumgoals/](http://www.un.org/millenniumgoals/)
- G8 Summit in Japan 2008 – [www.mofa.go.jp/policy/economy/summit/2008/doc/doc080714\\_\\_en.html](http://www.mofa.go.jp/policy/economy/summit/2008/doc/doc080714__en.html)

### Examples of international commitments

- Accra High Level Forum on Aid Effectiveness, (2-4, September 2008) – [www.accrahlhf.net/WBSITE/EXTERNAL/ACCRAEXT/0,,menuPK:64861886~pagePK:4705384~piPK:4705403~theSitePK:4700791,00.html](http://www.accrahlhf.net/WBSITE/EXTERNAL/ACCRAEXT/0,,menuPK:64861886~pagePK:4705384~piPK:4705403~theSitePK:4700791,00.html)
- Follow-up International Conference on Financing for Development to Review the Implementation of the Monterrey Consensus (29 November - 2 December 2008) – [www.un.org/esa/ffd/doha/](http://www.un.org/esa/ffd/doha/)
- Civil Society in the Follow-up Process on Financing for Development
  1. Civil Society and the General Assembly – [www.un.org/esa/ffd/civilsociety/csGA.htm](http://www.un.org/esa/ffd/civilsociety/csGA.htm)
  2. Civil Society and the Economic and Social Council (ECOSOC) – [www.un.org/esa/ffd/civilsociety/csECOSOC.htm](http://www.un.org/esa/ffd/civilsociety/csECOSOC.htm)
  3. Civil Society in Multi-stakeholder Consultations – [www.un.org/esa/ffd/civilsociety/msc/index.htm](http://www.un.org/esa/ffd/civilsociety/msc/index.htm)
- Doha Declaration on the TRIPS agreement and public health (14 November 2001) – [www.wto.org/english/tratop\\_e/trips\\_e/intel6\\_e.htm](http://www.wto.org/english/tratop_e/trips_e/intel6_e.htm)

### Examples of regional commitments: Africa

- Abuja Declaration and Framework Plan of Action on HIV/AIDS, TB, and Other Related Infectious Diseases (ORID) (27 April 2001) – [www.uneca.org/ADF2000/Abuja%20Declaration.html](http://www.uneca.org/ADF2000/Abuja%20Declaration.html)
- Maputo Declaration on HIV/AIDS, Tuberculosis, Malaria and ORID – [www.rbm.who.int/docs/maputo\\_declaration.pdf](http://www.rbm.who.int/docs/maputo_declaration.pdf)
- Intergovernmental Authority on Development (IGAD) in Eastern Africa – [www.igad.org/index.php?option=com\\_content&task=view&id=14&Itemid=75](http://www.igad.org/index.php?option=com_content&task=view&id=14&Itemid=75)
- The Maseru Declaration on HIV/AIDS (4 July 2003) – [www.sadc.int/index/browse/page/175](http://www.sadc.int/index/browse/page/175)
- Ouagadougou Declaration on Primary Health Care and Health Systems in Africa; Achieving Better Health for Africa in the New Millennium (28 – 30 April 2008) – [www.afro.who.int/phc\\_hs\\_2008/documents/En/Ouagadougou%20declaration%20version%20Eng.pdf](http://www.afro.who.int/phc_hs_2008/documents/En/Ouagadougou%20declaration%20version%20Eng.pdf)



### Examples of regional commitments: Asia

- ASEAN Commitments on HIV and AIDS (13 January 2007) – [www.aseansec.org/19322.html](http://www.aseansec.org/19322.html)
- EAP: Responding to HIV/AIDS in the East Asia and Pacific Region, 2003
- SAR: South Asia HIV/AIDS Business Plan FY04-FY06
- ECA: Averting AIDS Crises in Eastern Europe and Central Asia, 2003

### Examples of regional commitments: Caribbean

- Pan-Caribbean Partnership against HIV/AIDS (14 February 2001) – [pancap.org/index.php?option=com\\_frontpage&Itemid=1](http://pancap.org/index.php?option=com_frontpage&Itemid=1)
- LCR: HIV/AIDS in the Caribbean: Issues and Options, 2001; HIV/AIDS in Latin America and the Challenges Ahead 2003
- World Bank Regional Programmes – [siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1127498796401/GHAPapp1.pdf](http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1127498796401/GHAPapp1.pdf)

### Tools for accountability

- Country Response Information System (CRIS) – [www.unaids.org/en/KnowledgeCentre/HIVData/CRIS](http://www.unaids.org/en/KnowledgeCentre/HIVData/CRIS)
- Country Harmonization and Alignment Tool (CHAT) – [http://data.unaids.org/pub/Report/2007/jc1321\\_chat\\_en.pdf](http://data.unaids.org/pub/Report/2007/jc1321_chat_en.pdf)
- MDG progress indicators – [http://www.undp.org/mdg/tracking\\_home.shtml](http://www.undp.org/mdg/tracking_home.shtml)

## APPENDIX E Universal Access (UA)

### Universal Access to prevention, treatment, care and support

The commitment to provide Universal Access to HIV/ AIDS prevention, treatment, care and support arose from the demands of a dedicated, highly organised, informed, and creative civil society movement drawn mainly from the ranks of the people living with HIV. The activists simply refused to accept “no” for an answer, always asked “why” and looked for “how” to get it done.

The campaign to secure the global commitment to Universal Access is arguably the single greatest civil society achievement in modern history. It has transformed the way global institutions respond to global issues like poverty, education, gender, and climate change, and has invigorated discussions about global health that lain dormant for 30 years.

In 2005 at the G8 Summit in Gleneagles, Scotland, governments of developed countries pledged to develop and implement a package for HIV prevention, treatment and care, with the aim of Universal Access to treatment for all who need it by 2010. In doing so, they agreed to work through UNAIDS, WHO, and other international bodies and called for support from philanthropic organisations and the private sector. Universal Access is a pledge to low and middle income countries to help them scale up national responses.

The Gleneagles pledge was embraced by the UN General Assembly World Summit later in 2005. UN member states committed to *“setting, in 2006, through inclusive, transparent processes, ambitious national targets, including interim targets for 2008...”*

Subsequently Universal Access has become a phrase that dominates the current global HIV and AIDS policy environment. It has been described as access for all people worldwide to a wide spectrum of responses including education and counselling, multi-sectoral care and support services, and health services, as well as medicines that will:

- Prevent the transmission of HIV;
- Support persons living with HIV, their families and those who care for them, in living longer with HIV and slowing the onset of AIDS related-illness;
- Help AIDS-affected families in mitigating the effects of the illness and death on their own households and communities.

### Universal Access and the Millennium Development Goal 6 on HIV and AIDS

At the UN Summit in September 2005, 191 countries agreed unanimously to accelerate progress towards the Millennium Development Goals, recognising the special needs of Africa. As such the Gleneagles’ G8 commitment became a global commitment.

The 2005 General Assembly session directed that non-governmental organizations, civil society and the private sector be included in the response to assist country-driven processes scale-up HIV prevention, treatment, care and support.

At the end of 2007, the goal of placing 3 million people in antiretroviral treatment was finally reached. However, countries are still far from reaching their universal access goals with approximately 2.5 million new infections in 2007 and only 31% of people needing treatment, receiving it.

Funding shortages and a critical shortage in health care personnel contribute to the obstacles in reaching universal access by 2010.

## Universal Access and the G8

After the bold Gleneagles Declaration the G8 has yet to produce a comprehensive time bound resource back plan to achieve Universal Access. AIDS activists have had to struggle to keep AIDS on the G8 agenda only to see a serial reaffirmation of their original commitment.

At the 2008 Hokkaido Summit the G8 relented to demands for greater accountability by establishing a follow-up mechanism to monitor its progress on meeting its Health commitments.

The G8 includes Canada, France, Germany, Italy, Japan, Russia, the United States, and the United Kingdom. Together, these countries represent approximately 65% of the world's economy. They meet at an annual Summit to discuss the state of world economy and global issues, The G8 Summits have increasingly become a focal point for activists on many development issues.

## Monitoring and evaluation

Progress on Universal Access is measured by 8 of the 25 UNGASS indicators, with additional emphasis on inclusive target setting processes. The Country Response Information System (CRIS) is used by UNAIDS for monitoring and evaluating national responses to AIDS.

The Kaiser Family Foundation keeps track of funding from the G8, European Commission and other donor governments that provide the bulk of international assistance for HIV/AIDS and other global health priorities through bilateral programs and contributions to multilateral organizations, including the Global Fund.

AIDS Accountability International (AAI) has also developed a scorecard that measures key elements required for effective national responses to HIV and AIDS.

## Universal Access and Human Rights

Civil society has urgent concerns about the prevention dimension of universal access. Marginalised groups, for example, men who have sex with men, sex workers and injecting drug users have limited access to education, prevention, care and support on HIV. Harmful cultural practices continue to victimise women and girls who are unable to negotiate for safe sex. Human rights violations continue to plague the people most at risk while simultaneously fuelling stigma and discrimination.

### Useful websites

- The Medical News, News-Medical.Net – [www.news-medical.net/?id=40538](http://www.news-medical.net/?id=40538)
- UN News Services – [www.un.org/apps/news/story.asp?NewsID=26959&Cr=hiv&Cr1=aids](http://www.un.org/apps/news/story.asp?NewsID=26959&Cr=hiv&Cr1=aids)
- World Health Organisation, HIV/AIDS – [www.who.int/hiv/universalaccess2010/en](http://www.who.int/hiv/universalaccess2010/en)
- Universal Access 2010 – [www.UA2010.org](http://www.UA2010.org)
- The Henry J. Kaiser Family Foundation – [www.kff.org/hiv/aids/internationalfinancing.cfmogressreport/en/index.htm](http://www.kff.org/hiv/aids/internationalfinancing.cfmogressreport/en/index.htm)

## APPENDIX F The Millennium Development Goals (MDGs)

The Millennium Development Goals Originate when World leaders agreed to time-bound measurable goals to combat poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women at the United Nations Millennium Summit in September 2000. The deadline to achieve the eight goals, known as the Millennium Development Goals (MDGs), is 2015.

### The 8 Millennium Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV and AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

Achieving progress on HIV and AIDS is linked to attaining all 8 of the MDGs, however, the three health goals 4, 5 and 6 are the primary focus of advocacy campaigns to hold leaders accountable for their commitment to achieve Universal Access to HIV prevention, treatment, care and support by 2010 and to halt and reverse the spread of AIDS by 2015.

The Millennium Development Goal framework requires policy and financial commitments from both rich and poor countries to make the Goals possible; this requirement is reflected in Goal 8, which calls for a global partnership for development.

All evidence points to the fact that the efforts to generate the resources necessary to achieve the MDGs—whether they originate from developed or developing countries is seriously off track. AIDS activists can do their part to contribute to reach the MDGs by forcefully pressing for resources to achieve Universal Access.

HIV and AIDS strike hardest at the most vulnerable and at the same time those who are in their most productive years. You cannot grow crops to feed the hungry, teach children, economically empower women, staff hospitals and work to reverse environmental degradation when the people who do this work are in the grips of the HIV/AIDS crisis.

AIDS activists can and should join with their international partners to pressure developed countries to honour their commitments by providing the resources needed to achieve universal access and the MDGs.

In developing countries activists need to press their countries to invest in their own health systems and work to ensure that national aids strategies and implementation reflect the most credible and effective means possible to mount an effective country-level response. At all levels civil society and people living with HIV/AIDS networks have the very important role of holding all parties accountable.

### Sexual and Reproductive Health

The 2005 UN World Summit added new targets for the MDGs including Universal Access to Reproductive Health by 2015. Sexual and reproductive health addresses important issues such as sexuality, gender discrimination, female/male power relations and the freedom to choose when and how often to reproduce. Globally 80 percent of HIV infections are transmitted through sexual contact, but only 1 in 5 people have access to basic prevention. Family planning that includes men will have to be dramatically scaled up in order to attain the goals by 2015.

## The MDGs “health” goals - 4, 5, & 6

MDGs goal 4 - reduce child mortality -, goal 5 – improve maternal health, and goal 6 – combat HIV/AIDS malaria and other diseases all address issues impacting women and children. Many of whom are disproportionately impacted by HIV/AIDS in many countries, i.e. Sub-Saharan Africa and the Caribbean. The linkage between child mortality, maternal health and HIV/AIDS has been evident since the early days of the epidemic. How a country’ health care system delivers care and treatment to its children and women is a good indicator of the ability of the health system to address HIV/AIDS. All three offer indications of the strength or weakness of a country’s health system. High child mortality and poor maternal health tend to be linked to poor sexual and reproductive health and the attendant sexuality and gender issues. Activists, who are engaged in work on MDGs 4, 5, & 6, can form a powerful alliance on these related issues.

## Campaigning for the achievement of the MDGs

Civil society organisations (NGOs and CBOs) and people living with HIV/AIDS networks have major responsibilities in holding their governments accountable in providing the necessary resources to reach the MDG targets. They must rally allies to advocate for credible national strategies to implement policies and programmes, particularly MDGs 4, 5, & 6. They must take their positions as active monitors/ watch-dogs to ensure that there is a sustained flow of resources and that policies perform as intended.

## Important Milestones

<b>2015:</b> Target date for achieving MDGs	
<b>2011:</b> Comprehensive review of the United Nations General Assembly on the progress in realising UNGASS DoC	
<b>2007:</b> Halfway point to reach all of the Millennium Development Goals	
<b>2006:</b> New target announced under MDG 5 - ‘to achieve universal access to reproductive health by 2015’	
<b>2005:</b> World Summit; the largest gathering of world leaders ever reaffirm their commitment to providing universal access to reproductive health	
<b>2001:</b> Millennium Development Goals announced.	
<b>2000:</b> United Nations Millennium Development Summit; 189 Heads of State from 189 countries met to discuss major problems affecting the developing world. Summit culminates in the Millennium Declaration and a year later the 8 MDGs.	

## Monitoring Universal Access in support of the MDGs

UNAIDS prepared the guidelines for the monitoring of country reports and provides technical assistance to member states for the preparation thereof. The latest report for 2007 has been published in 2008.

## Concerns with the Health MDGs

Activists cannot afford to get caught up in the false debate over whether responding to AIDS is more important than strengthening health systems or the other way around. The only real choice is to do both.

Reaching the targets for MDGs 4, 5, & 6 will require continuing to campaign for universal access while supporting efforts to strengthen health systems, expand and retain the health workforce, and increase access to affordable medicines.

### Useful websites

- United Nation, Millennium Goals – [www.un.org/millenniumgoals](http://www.un.org/millenniumgoals)
- Millennium Development Goal, Africa – [www.mdgafrica.org/pdf/MDG%20Africa%20Steering%20Group%20Recommendations%20-%20English%20-%20HighRes.pdfreport.asp](http://www.mdgafrica.org/pdf/MDG%20Africa%20Steering%20Group%20Recommendations%20-%20English%20-%20HighRes.pdfreport.asp)
- UNAIDS – [www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008\\_Global\\_r](http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_r)

## APPENDIX G UNGASS Declaration of Commitment

### Declaration Of Commitment

On June 25-27, 2001, the United Nations General Assembly Special Session (UNGASS) on HIV and AIDS adopted The Declaration of Commitment (DoC). It was a well needed first step toward building a successful global response to the epidemic. As 189 Heads of State signalled that AIDS was a global crisis that required global action.<sup>86</sup>

The Doc underscored that with sufficient political will, leadership commitment and resources, communities and countries could change the epidemic's course. The bold concept of confronting the epidemic with a clear set of time bound, measurable benchmarks on 10 key priorities was unheard of.

While the DoC is not a legally binding document, it provides specific targets including milestones to be met by 2003, 2005, 2007 and 2010 that are subjected to thorough review. The Declaration of Commitment, its monitoring, and its reporting process is a powerful tool to guide action on commitment, support and resources from governments.

### Declaration on Commitment Focus

1. Leadership
2. Prevention
4. Care, support and treatment
5. HIV and AIDS and human rights
6. Reducing vulnerability
7. Children orphaned and made vulnerable by HIV and AIDS
8. Alleviating the social and economic impact
9. Research and development
10. HIV and AIDS in regions affected by conflict or disaster
11. Resources
12. Follow-up

### Monitoring and Country Reports

UNGASS is the first of the global AIDS commitments and provides a framework for other commitments. Universal Access by 2010 has specific targets and indicators that governments are to be held accountable to achieve (see fact sheet on UA). It also mandates UNAIDS to facilitate a monitoring process on governments to track their AIDS responses.

Member states of the UN are obliged to report on progress towards the DoC (called Country Progress Reports) using 25 core indicators. The UNAIDS Secretariat has developed tools and provides technical assistance to assist countries in submitting their progress reports to compile an SG's Report, tabled at the High Level Review Meetings. These reports are also fed into the Report on the Global AIDS Epidemic and AIDS Epidemiological Update. Progress on the HIV-related Millennium Development Goals is measured by 4 of the 25 UNGASS indicators.

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<sup>86</sup> The next and final High Level Meeting will be in 2011.

The country reports are reviewed and discussed at a High Level Review Meeting of country delegates, including large civil society contingents.

The DoC encourages a broad spectrum multi-stakeholder response to AIDS, therefore UNAIDS actively encourages the involvement of civil society and PLHIV networks in key aspects of the UNGASS reporting process, including submitting independent “shadow” reports.

In 2007, to support civil society participation in the national reporting processes, a Civil Society Support Mechanism was established by AIDS service organizations with UNAIDS support to provide communication, consultation and coordination support. This step is aimed at ensuring that civil society is a key dimension of the review of the implementation of the DoC and the Political Declaration on HIV and AIDS (2006).

The Office of the President of the United Nations General Assembly requested the UNAIDS Secretariat to convene a Civil Society Task Force to support effective and active participation of civil society organizations, networks, and the private sector in the High Level Meeting on AIDS, held in New York from June 10 – 11, 2008.

In addition to participating in the official reporting processes in some settings, civil society has prepared shadow reports on the progress of the response in their countries. These reports provide an alternative view of the progress and are an important advocacy tool at the national level to facilitate open dialogue between key stakeholders.

The development of shadow reports by civil society, was accepted in UNAIDS reports in 2007.

Shadow reports are important to consider in contexts of when civil societies were not adequately involved in the preparation of the official reports or where governments did not submit a Country Progress Report.

## Recommendations towards Universal Access from the 2008 High Level Review Meeting

- Accelerating progress towards universal access
- Scaling-up critical HIV services
- Strengthening and integrating health systems
- A human rights based approach to the AIDS response
- Promoting gender equality and women’s empowerment
- Engaging multiple sectors in the AIDS response
- Engaging sufficient financial resources for the AIDS response
- Meeting the epidemic’s multigenerational challenge, and
- Mobilising greater leadership commitment and accountability

### Useful websites

- Universal Access 2010 – [www.ua2010.org](http://www.ua2010.org)
- UNAIDS – [www.unaids.org](http://www.unaids.org)
- Universal Access, UNGASS – [www.ua2010.org/en/UNGASS/UNGASS-2008](http://www.ua2010.org/en/UNGASS/UNGASS-2008)
- ICASO – [www.icaso.org/shadow\\_reports.html](http://www.icaso.org/shadow_reports.html)





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