

HIV/AIDS: What Canadians Can Do Internationally

July 6, 2001

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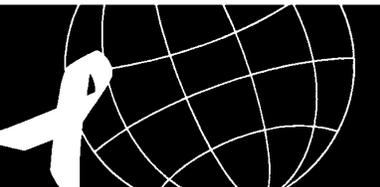
Funded by Health Canada's International Affairs Directorate, under the Canadian Strategy on HIV/AIDS, this satellite meeting – co-hosted by the International Affairs Directorate, Health Canada, the Canadian AIDS Society (CAS) and the Interagency Coalition on AIDS and Development (ICAD) – was held in conjunction with the 3rd Canadian HIV/AIDS Skills Building Symposium, 6-9 July, 2001, Montreal, Quebec. This report was written by Kathryn Randle for the International Affairs Directorate, Health Canada.

CAS is a national coalition of 115 community-based AIDS organizations dedicated to strengthening the response to HIV/AIDS across all sectors of society and to enriching the lives of people and communities living with HIV/AIDS.

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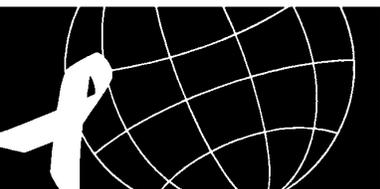


HIV/AIDS: What Canadian Can Do Internationally

an international issues satellite held in association with the
3rd Canadian HIV/AIDS Skills Building Symposium
Montreal, 6 July 2001

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Introduction

Organized with goals of giving community-based organizations an opportunity to review progress in international HIV/AIDS work; highlighting key activities; sharing resources and knowledge on Canada's contribution to the international fight against HIV/AIDS, and providing an opportunity for representatives from CIDA-funded projects in developing countries to participate, this satellite meeting was co-sponsored by Health Canada's International Affairs Directorate, the Canadian International Development Agency, the Canadian AIDS Society, and the Interagency Coalition on AIDS and Development. CIDA's contribution took the form of funding for people working in CIDA-funded projects in the developing world to attend the event.

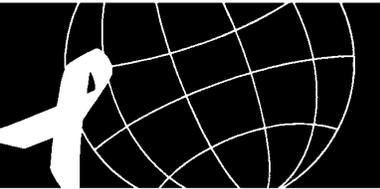
The one-day satellite took place on July 6, 2001, in the context of the 3rd Canadian Skills Building Conference on HIV/AIDS, held in Montreal, 6-9 July. The session attracted more than 70 participants in all – up significantly from the 30 or so who attended the previous satellite on international HIV/AIDS issues in Winnipeg in 1999.

The day's agenda consisted of two plenary sessions and two small group sessions, followed by a plenary to report back on the small group discussions. Questions and a discussion period were part of each plenary session. The lead facilitator for the event was Jacqueline Coleman.

In the morning, after introductory remarks by some of the co-sponsors and the conference facilitator, participants heard a keynote address by Peter Busse, former chair of South Africa's National Association of People Living with AIDS.

The second plenary was a panel presentation by NGO and government representatives who attended the United Nations General Assembly Special Session on HIV/AIDS, which had concluded just a week earlier in New York. This landmark event was notable for the involvement of civil society in the preparatory process and the Special Session itself. It was also the first time the General Assembly had devoted a Special Session to a specific health issue. Represented on the panel were Health Canada, CIDA, the Canadian HIV/AIDS Legal Network, the Canadian Treatment Advocates Council, and the International Council of AIDS Service Organizations.

The remainder of the day was devoted to small group discussions on community-based research, advocacy, and twinning as a means of international collaboration. Each group was led by a facilitator, and a rapporteur from each reported back to the plenary at the end of the day, summarizing the discussion.



Keynote address Peter Busse

National Association of People Living with AIDS Johannesburg, South Africa

Peter Busse's presentation, summarized in the next few pages, drew on his experiences and perception of the HIV/AIDS epidemic in sub-Saharan Africa as it unfolded through the 1980s and '90s.

Today, with 20% of South African adults infected – including 24.5% of adult women – it is an epidemic of infection without illness. That situation will change over the coming decade. Sub-Saharan Africa, with just 10% of the global population, is home to 70% of the world's HIV-positive people. Most of these 24.5 million people will die within the next 10 years, joining the 13.7 million Africans the epidemic has already claimed.

Globally, 95% of HIV-positive people live in the developing world. This proportion is set to grow even further as infection rates continue to in countries where poverty, poor health systems and limited resources for prevention and care fuel the spread of the virus.

Among the most pressing challenges presented by the epidemic in the developing world are these:

- Dealing with the situation of women, children, orphans and child-headed households: as a pat-

tern 2 (or heterosexual) epidemic in the developing world, it has severe implications for women and children. Women are vulnerable on multiple levels (rape, domestic violence, survival sex work), and there are 12 million HIV/AIDS orphans in sub-Saharan Africa alone.

- Meeting the need for confidential voluntary testing, counselling and support: the majority of infected people don't know their status, and even if they did, little counselling or support infrastructure is available.
- Providing support and resources to strengthen key players, such as NGOs, community-based organizations and civil society generally: to date funding has tended to be through the state, with state implementation of programs, which has tended to mean slow delivery.
- Overcoming denial and invisibility in key segments of the epidemic: recognition, resources and information are needed for men who have sex with men and injection drug users.
- Improving treatment and access to treatment: these issues have finally become part of national and international agendas, but in the developing world, access is still limited. Advocacy is

required, but there is also little treatment literacy or experience with antiretroviral treatment – even where medical personnel are otherwise well-trained and experienced.

- Overcoming taboos about sex and sexuality, death and dying: dealing with many of the issues raised by the epidemic requires breaking the silence and confronting cultural and traditional taboos.
- Coping with the shift from an epidemic of infection to illness and death: some countries where the epidemic is relatively young have yet to face the full impact of infected people becoming sick and dying – raising questions about the capacity to deal with the epidemic at the personal, family and health system levels.
- Identifying and dealing with the social and economic impact of losing 10-20% of the adult population. The impact on hard-won development gains in life expectancy and mortality rates has yet to be calculated. The effect on household and community incomes will also be devastating.
- Promoting a social climate that is accepting of HIV/AIDS and therefore responsive and supportive of the steps needed to deal with the epidemic.

Commit to one action as an individual.
Commit to one action within your organization.

Canada has privilege, access, resources and expertise as a country. Canadian organizations have information and capacities that can be shared. Individual Canadians have skills, knowledge, and compassion. This is the foundation for action. Canadians can:

- listen to what people in developing countries say they need and want to do.
- work on prevention in key segments of the epidemic (heterosexual, men who have sex with men and injection drug users), using our experience to suggest approaches in a developing country context.
- support civil society and NGOs as key players, through twinning, direct relationships, and

sharing knowledge and resources.

- support capacity-building in the key area of counselling and testing.
- support programs addressing mother to child transmission and the needs of women and children.
- advocate on access to treatment and share treatment literacy and antiretroviral experience.
- support programs dealing with the developmental impact on families and communities, children and orphans.
- demand political leadership to avert catastrophe and pressure leaders and key stakeholders.

Finally, through love, support and compassion, Canadians can determine what they can do as individuals and as organizations to respond in ways that will change the situation.

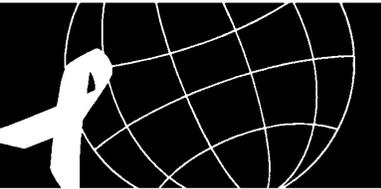
Discussion

Among the questions raised by participants was whether a human rights-based approach can always be applied in developing countries. Peter Busse believes this is a critical area where developed and developing countries can collaborate. Given the stigma and discrimination against people living with HIV/AIDS, development of legal protections and the national legal systems needed to establish and enforce them is essential. One approach is to develop a code of good practice in one country that can be shared with other countries in a region.

Several participants spoke about moving beyond a biomedical approach, to deal with the pandemic's complexities and impact on entire systems – education, health and government. Stronger commitment is needed to dealing with the issues of living with the disease and its impact – training new teachers, medical workers and other essential personnel, for example, as the epidemic takes its toll on their ranks. Peter Busse agreed on the urgent need to marshal the means and resources to deal with multiple losses and to help those who are dying and those supporting the dying.

Dealing with a global epidemic demands a global response.

One Canadian organization – Project Sustain – is assessing the impact of community devastation and looking at what makes for community resiliency. This knowledge and experience has the potential to be shared with other communities.



Reports from the UN General Assembly

Special Session on HIV/AIDS

Members of the Canadian delegation and a representative of an NGO involved in the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS reported on the Session.

Reeta Bhatia of the International Affairs Directorate, Health Canada, provided background on the 3-day Session, whose goal was to review HIV/AIDS in all its aspects and ensure there is global commitment at every political level to respond to the epidemic.

The UNGASS process was threefold: two preparatory meetings (February and late April/early May), followed by the Session itself in late June. Before the preparatory meetings, Canada adopted a comprehensive approach to consulting interested Canadians on Canada's position at each stage of the process:

A mechanism was set up to select civil society participants for the Canadian delegation.¹

- Health Canada and CIDA worked with the Interagency Coalition on AIDS and Development (ICAD) to organize a one-day consultation meeting with community representatives and federal and provincial governments.

- ICAD, with Health Canada and CIDA funding, sponsored an e-consultation on the draft Declaration.
- There was an intergovernmental process to seek input from other government departments on the draft Declaration.
- Input was sought from the Federal/Provincial/Territorial Advisory Committee on HIV/AIDS and Ministerial Council on HIV/AIDS.

The Final Declaration of Commitment, entitled *Global Crisis - Global Action*, negotiated and drafted during the preparatory process but not finalized until just before the end of the UN General Assembly Special Session – identified 10 issues, including reducing vulnerability; leadership; prevention, care, treatment and support; research and development; HIV in conflict-affected regions; and resources and follow-up. (A copy of the Declaration is available at <http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html>.) Health Canada has also produced a Report on UNGASS and it is available from the National HIV/AIDS Clearinghouse.

¹ Canada's delegation was headed by Maria Minna, Minister for International Cooperation, with representation from the Department of Foreign Affairs and International Trade, Health Canada, CIDA, provincial government, and, representing civil society, the Canadian Treatment Advocates Council and the Canadian HIV/AIDS Legal Network.

The human rights and vulnerability issues were the most difficult to agree on. A group of countries tried to block any statement on human rights or even a statement that certain groups were more vulnerable. Canada's position was strongly in favour of a rights-based and gender-based approach, recognizing that social, economic and cultural factors create obstacles to HIV/AIDS work. Some elements (inclusion of the International Guidelines on HIV/AIDS and Human Rights; mention of men who have sex with men, injection drug users and sex workers) did not appear in the Final Declaration, but tradeoffs resulted in the inclusion of the human rights and gender rights dimensions.

One positive outcome of UNGASS was to energize and focus civil society around the issues.

Overall, UNGASS offered opportunities to increase public awareness, mobilize support, and broaden collaborations and partnerships, as well as promote awareness of HIV/AIDS as more than a health issue, requiring involvement in the social, political, economic, legal and ethical dimensions.

Several challenges remain:

- Infection rates continue to rise, so the momentum of UNGASS must be sustained and engagement mobilized, both domestically and internationally.
- Continued effort is needed to ensure meaningful, substantial representation of civil society at each step in developing responses to the epidemic.
- All governments endorsed the UNGASS Declaration, so the challenge now is to ensure the commitment is sustained and enhanced.

Richard Burzynski² noted that the UN system often moves very slowly and generally excludes NGOs,

making it difficult and complex to bring forward community issues. At the first preparatory meeting for UNGASS, however, three countries, including Canada, included NGOs and people living with HIV/AIDS in their delegations. By the second meeting there were 13 such countries, and at the session itself the number of countries reached 40.

For the first time, then, NGOs witnessed the deliberations first-hand and shared in ownership of the resulting policy document. The Declaration is remarkable in that it sets yearly targets for action. This is a tool to keep countries accountable, providing guidelines and a framework, but it now has to be shaped into a living, workable action plan that countries can implement.

ICASO will be producing a post-UNGASS primer to help organizations around the world read the Declaration, understand what the targets mean on the front-line, and identify possible avenues of advocacy and activities to help move toward the targets.

For NGOs this means not only lobbying governments but also activities such as:

- monitoring to ensure access to treatment issues are brought forward;
- lobbying donor governments on commitments on international development assistance;
- advocating for community input on the governance of the Global AIDS and Health Fund and how moneys from it will be distributed; and,
- developing mechanisms for NGO reporting (in addition to country-reporting) at the annual UN General Assembly sessions on HIV/AIDS.

Despite the differences of view that emerged, UNGASS may yet be seen as a turning point in bringing the world together to deal with the global epidemic.

² Executive Director of the International Council of AIDS Service Organizations. ICASO was accredited by the UN to participate in UNGASS and was a key organizer in mobilizing international NGO participation at UNGASS.

Ralf Jürgens,³ one of two NGO representatives on the Canadian delegation, had positive comments about Canada's participation:

- Canada demonstrated leadership by championing civil society participation throughout the process. The government insisted, in the face of considerable opposition, on including civil society in planning for the session, culminating in the participation of the International Gay and Lesbian Rights Commission in the round-table on human rights.
- The Government of Canada contributed to the UNGASS Scholarship Fund that allowed NGOs from the South to attend and also supported attendance by Canadian ASOs.
- NGO participation was listened to and taken seriously – it was not tokenism.

The process offered opportunities to learn from NGOs based in other countries, especially in the developing world. Among the lessons of the UNGASS experience:

- NGOs need to learn about the UN system works: we were not realistic about what we could achieve.
- We could and should have focused more on getting civil society on national delegations from the beginning.
- We focused too much on the Declaration of Commitment and not enough on getting media attention, lobbying national governments and advocating for specific commitments.
- We need to reflect on and write up our knowledge about how we can contribute more meaningfully in the future.

The Declaration is a strong document with many concrete commitments, despite disappointment about vulnerable groups not being mentioned, about the absence of the International Guidelines on HIV/AIDS and Human Rights, and about watered-down language such as 'where this applies', 'local circumstances', and 'if required'.

NGOs can make a difference by following up on implementation: governments need to be held accountable for the commitments they've made, and countries need concrete plans to achieve their targets. Canada can take leadership by funding other countries to achieve specific targets, e.g., analysis of laws and policy to ensure protection from discrimination.

Bob Mills⁴ was the second NGO member of the Canadian delegation. Among the positive outcomes he saw was that underpinning the Declaration is the idea of a global commitment to health care as a basic human right. The Declaration goes beyond access to treatment, encompassing access to health care and human rights, the empowerment of women and youth to make sound choices about their sexuality and sexual practices, and the empowerment of all vulnerable groups.

Things happen because people on the front-lines push, prod, protest and challenge government leaders to make the proper decisions.

It became evident through the process that financial resources are needed, but there is already a rich resource in the form of people with commitment and skills and ASOs and other NGOs with information and experience that can be shared.

Further work is needed to deal with media misinformation (a concern also mentioned by Richard Burzynski), in particular Canadian media reports questioning the need for international HIV/AIDS work. It

³ Executive Director, Canadian HIV/AIDS Legal Network.

⁴ Vice-Chair, Canadian Treatment Advocates Council.

must be made clear that funds for international HIV/AIDS work are not being committed at the expense of care and treatment in Canada. Overall, however, Canada's participation and leadership in UNGASS are reasons for pride.

Martin Méthot of the Canadian International Development Agency agreed with this assessment. His presentation focused on several aspects of Canada's preparation for and participation in UNGASS:

- the importance of political leadership in recognizing the social dimensions of the epidemic;
- the importance of involving civil society; and,
- what advocacy is all about.

CIDA has an aggressive action plan and commitment to a 5-year plan that will quadruple the resources devoted to the issue. This is why it is essential to have the participation of political leaders at the highest levels in meetings like UNGASS.

Canadian participation included an official delegation; a formal statement delivered at UNGASS by Minister Minna; and the Minister's attendance at the human rights round table. The delegation also organized a meeting between Canadian NGOs and the Minister, with discussion of such topics as treatment, twinning and partnerships, and Aboriginal issues. During UNGASS, the Minister announced \$73 million in new HIV/AIDS programs, including funding for the Caribbean regional strategic plan on HIV/AIDS.

We can no longer look at HIV/AIDS in isolation. Basic education, good governance, and human rights must all be intertwined in the response. The international response – mobilized in part around the Global AIDS and Health Fund – has been rapid and remarkable. The Fund has already attracted contributions from large foundations and pledges from governments. Overall, an estimated \$7-10 billion is needed over 5 years in middle- and low-income countries to scale up prevention and care activities – in the form of national

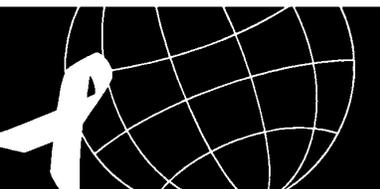
spending, contributions from donor nations, and allocations from the Global Fund. A great deal of work is needed to make the Fund operational by the end of the year. Canada has been pushing for civil society involvement in these meetings and in the eventual governing body for the Fund.

Also among the next steps are planning for the G8 summit in Kananaskis, Alberta, Canada in June 2002, where HIV/AIDS will be on the agenda, and planning for the XIV International AIDS Conference in Barcelona, also in 2002, where there will be opportunities to take stock of what has happened since UNGASS.

Discussion

Participants devoted some time to discussing whether and how to involve NGOs doing work on international issues other than HIV/AIDS – women's groups, development groups, human rights groups, children's groups – and whether this is valuable in terms of maintaining the momentum of UNGASS. There were conflicting views on how much time and effort should be devoted to bringing these organizations to the point where they can contribute in a meaningful way – yet if the effort were made, many of these groups are large and powerful and could do a lot of good.

Some advised selectivity in bringing in new organizations to fill gaps at the global level. How much time and energy can you devote to this without losing your own grounding and way of working? Others pointed out that especially in the past two years, some large and powerful organizations with the capacity to do advocacy work have been taking on this issue and have become powerful allies.



Small Group Reports

Following the plenary sessions, participants spent several hours in small group sessions on three topics:

- Research
- Advocacy
- Twinning

A rapporteur for each group reported back to the plenary on the small group discussions, synthesizing their observations, ideas and recommendations on the way forward.

Research

This session looked at how communities can become involved in research and move from sharing information to developing research strategies for the future.

The group focused on community-based research (CBR) as an area of growing interest. Despite a wealth of experience in the field, there is still a lack of recognition of the value of this type of research (scepticism among academics, mistrust in communities), with attendant difficulties gaining access to funding, especially from traditional sources that hinge on having an academic interested in the project.

Several factors favour CBR at this time:

- the presence of community members and co-researchers with creativity, passion and experience (in community practice or in research);

- increased interest in and awareness of this type of research, along with a willingness to forge partnerships between service providers, community-based organizations, health services, government and academics;
- proven tools and models of research and new ways to disseminate them (internet, etc.); and,
- a growing willingness within AIDS organizations to do CBR and growing understanding of the need for it.

The group set out several principles to govern the conduct of CBR:

- Community benefit – the people being researched should benefit from it.
- Capacity-building must be part of the process – facilitating mutual learning about research, etc.
- Collaboration – between community members and researchers.
- Equity in research relationships between those being researched and those conducting the research.

A good methodology is one that has been defined and tested by the community.

- Inclusion of community members and participation throughout the process, from formulating the project, assigning priorities to research ques-

tions, conducting research, analyzing, disseminating and using the results.

- Accessibility – language, tools and results that are readily accessible and lend themselves to use.
- Empowerment should be a key result of the research process.
- Ownership of the research must be shared.
- The process should lead to community mobilization, resulting in action.
- Research must meet highest ethical standards.

(As facilitators Jacqueline Coleman and Ken Morrison pointed out, these are principles not only for research but also for community programming.)

The group discussed two major barriers to community-based research:

- Especially in traditional cultures, myths about and denial of the problem of HIV/AIDS, the discrimination and the stigma related to HIV/AIDS and its prevalence in communities.
- Lack of legitimacy for community-based research.

The group's suggested strategies for countering the barriers are summarized in the table entitled **Research Working Group** (see page 12).

In terms of future action, the group saw a need for:

- further opportunities to share tools and research methodologies and continue the dialogue initiated at this meeting;
- accountability, to ensure that group members address key issues and knowledge gaps in their communities to improve understanding;
- critically objective evaluations of research;
- documenting and sharing lessons learned to ensure accessibility of research results; and
- ongoing collaboration to ensure community participation.

Information from communities contains truths beyond statistics.

Advocacy

The purpose of the small group session on advocacy was to update participants on current efforts and to explore practical and relevant ways for Canadians to be involved internationally in advocacy on HIV/AIDS.

Examples of current advocacy activities include follow-up on the UNGASS Declaration, including reports from the youth caucus, the African caucus and the civil society group commenting on the Declaration; the access to treatment campaign; gaining civil society representation on the governing body of the Global AIDS and Health Fund; the microbicide campaign; and human rights issues.

The group looked at advocacy on three levels (international, national and local), considering four dimensions for each level:

- *issues* driving the process that should be the focus of advocacy;
- *models* that could best be used to galvanize resources to get issues discussed;
- *resources* currently available to fund these models; and,
- *action* that is possible to address advocacy at each level.

The results are summarized in the table entitled **Advocacy Working Group** (see page 18).

Advocacy is the process of turning awareness into change.

Twinning

The twinning group exchanged information, ideas and experiences with twinning and related forms of international collaboration. Participants included

Canadian NGOs and their overseas twinning partners. The group discussed three main topics:

- finding twinning opportunities;
- sustaining twinning projects; and,
- evaluating twinning projects.

Potential twinning partners connect in different ways: through existing relationships, through personal contacts in organizations and communities, or by posting notices on e-mail discussion forums. In each of the cases discussed, funding from CIDA was critical to making the project happen. Group members suggested the need for a clearinghouse to help match organizations looking for a twinning partner. (Note: ICAD has set up a searchable page for this purpose on its site: www.icad-cisd.com)

Twinning example: AIDS Vancouver recognized a need to serve its Canadian-Latin community and looked for a partner in Mexico. The result: with initial funding from CIDA, the project was able to leverage funds through the Canadian embassy in Mexico and Mexico's national AIDS program. Services to Vancouver's Canadian-Latin community now include Spanish content in its newsletter, *Positive Living*.

Participants said that sustaining projects is a major challenge. Issues and suggestions emerging from the discussion included these:

- The one-year grant period from CIDA is too short. Organizations need to learn about each other before undertaking a joint project, so a three-year funding framework would be better, allowing organizations to establish a project that will be easier to sustain.
- In a few cases twinning can be incorporated into existing operations after the project is over, but funding is still needed for sustainability.

- A twinning project can be used to leverage funds from other sources, because the CIDA grant is seldom enough to complete the project.
- Incorporating a fundraising structure in the twinning project can promote sustainability.
- Partnership agreements between the twinning organizations can solidify their relationship and promote sustainability.
- The private sector can be a funding source – e.g., frequent flyer points from large corporations; small owner-operated businesses that might be more open to recognizing the tangible value of twinning relationships.

Structures for evaluating process and impact, along with the capacity of both organizations to sustain twinning, should be built into the project from the beginning through the work plan and budget. Again, the time-frame is an issue, as it is not always easy to measure the impact of a one-year project.

The group also touched briefly on how to sell the idea of twinning (to other organizations, potential funders, governments), making two suggestions:

- The organization involved in twinning needs to share what it is doing and explain how it benefits the local community; this is essential in gaining community support for international work.
- The community of people living with HIV/AIDS can be a powerful advocate for twinning projects.

Discussion

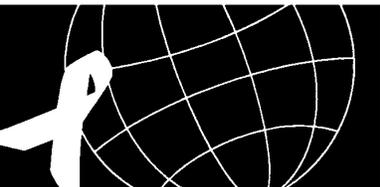
CIDA acknowledged the suggestions for multi-year grants and grants of more than \$50,000. They are also considering suggestions and lessons learned in reports on the 12 twinning projects already funded. Organizations thinking about a twinning project should get started on finding a partner right away, because once CIDA's call for proposals is issued, organizations will have 6-8 weeks to make a submission – not enough time to find a partner and develop a project.

Additional issues were suggested for a future satellite meeting:

- looking at HIV/AIDS as a broad, complex set of issues – HIV/AIDS the pandemic, as opposed to HIV/AIDS, the disease; and,
- managing the pandemic: management of the response, policy and planning; capacity-building to ensure there are more people to participate in management; technical assistance – how does it happen, what mechanisms are required?

Research Working Group	
Barriers to community-based research	Strategies to counter them
<i>Myths/denial</i>	<ul style="list-style-type: none"> • participation, using network of community leaders, religious leaders and others with community status • peer education • building on the interests/passions of key community members • involvement of persons living with HIV/AIDS • build in cultural/linguistic sensitivity to begin the process from a common language and context
<i>Legitimacy</i>	<ul style="list-style-type: none"> • with communities that question the legitimacy of the research: ensure the project has an action focus, producing a tangible outcome from the study • build alliances/partnerships/consortia to build credibility • develop a comprehensive dissemination plan for research results • focus on evaluating the research project (did it meet the principles for community-based research?) • participants from community and academic worlds need to be seen as having complementary expertise, not in competition with each other • have community members do peer review • establish balance between quantitative data (statistics) and qualitative field information and experiences

Advocacy Working Group				
Advocacy Level	Issues	Models	Resources	Action
<i>International</i>	resources	UNGASS on HIV/AIDS	<ul style="list-style-type: none"> • Global AIDS and Health Fund • World Bank • Bilateral • Foundations (e.g., Gates) • Jubilee Debt Campaign 	<ul style="list-style-type: none"> • engage with development groups to integrate AIDS in their concerns • build coalitions between debt and AIDS groups
<i>National</i>	<ul style="list-style-type: none"> • development of political will and governance • stakeholder participation issues: trade, immigration, tourism 	<ul style="list-style-type: none"> • forums to consult in-depth on priority setting, policy development; to synthesize expertise • strategic policy education (how to incorporate communities into the consultation process) • legal actions (research, cases challenging policies) 	<ul style="list-style-type: none"> • lawyers • advocacy resources require development • people living with HIV/AIDS / affected community and their organizations • media • theatre/arts • faith-based organizations • youth groups 	<ul style="list-style-type: none"> • proactive work by civil society organizations • build advocacy into AIDS and other development programs • document experience, data, results • create regular sharing forums: what works, what doesn't • build alliances – business, community groups, governments – to tackle specific or general issues
<i>Local</i>	<ul style="list-style-type: none"> • linking communities to decision-makers • mobilizing communities 	<ul style="list-style-type: none"> • inclusion of infected/affected communities in discussion and development of strategies for linking and mobilization • work with what you have: local networks, resources, and avenues to bring people together 	<ul style="list-style-type: none"> • local decision makers • schools • parent groups • religious groups • sport groups • police • unions/labour 	<ul style="list-style-type: none"> • identify and map community resources at local level to facilitate inclusion • partnerships • representation of community groups at national level



Contact Information

This contact list is provided in the interests of encouraging and facilitating networking.

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