HIV/AIDS TREATMENT ADVOCACY

UNIVERSAL ACCESS TO PREVENTION, TREATMENT, CARE AND SUPPORT IN THE NEW MEMBER STATES AND NEW NEIGHBOURHOOD COUNTRIES.

TRAINING MANUAL

EATG
EUROPEAN AIDS TREATMENT GROUP

European AIDS Treatment Group

The EATG's mission is to achieve the fastest possible access to state of the art medical products, devices and diagnostic tests that prevent or treat HIV infection or improve the quality of life of people living with HIV, or who are at risk of HIV infection.

Founded in 1992, the European AIDS Treatment Group (EATG) is a European network of nationally based activists. As a European patient-led advocacy organisation, it has been at the forefront of the development of the civil society response to the HIV/AIDS epidemic in Europe. It represents and defends the treatment-related interests of people living with HIV and AIDS.

In responding to HIV, the EATG also considers diseases frequently seen as co-infection in people with HIV, as well as other health issues that increase the risk of HIV. For more information visit www.eatg.org.

This publication is a part of the project "Support to EATG in promoting UA in the new member states and New Neighbourhood countries – SUPPORT TO EATG" (Agreement no. 2008 32 77) which has received funding from the European Union, in the framework of the Health Programme.

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INTRODUCTION

by Ana Lúcia Cardoso

training coordinator

1.
INTRODUCTION

Treatment advocacy is crucial in HIV/AIDS work. Through advocacy, the community of people living with HIV/AIDS, their relatives, friends, supporters and representatives of NGOs, CBOs and other civil society formations can achieve better access to treatment, care and support for the HIV-positive people and prevention for the general population.

Advocacy requires certain skills and information. People, who know how to advocate, are empowered people. They are aware of what the problems of their community are and also are in a position to participate actively in improving and protecting the health of people living with HIV/AIDS. In addition, they are able to mobilise other community members and affected individuals.

In the European AIDS Treatment Group, we strongly believe that PLWHA and their supporters, independently of their gender, social or educational background, ethnicity or nationality, sexual orientation, lifestyle or any other difference, should be able to negotiate and actively contribute to a dialogue with the different stakeholders involved in the HIV/AIDS field: pharmaceutical companies, governments, other organisations and international bodies.

Based on that belief, we organised a special training seminar on treatment advocacy. We invited participants representing different groups and organisations and by discussing openly the main issues regarding access to treatment and care in their countries, we created the dynamics for mobilisation of civil society, activism and networking.

After identifying the advocacy priorities in their respective countries, participants developed reality based step-by-step advocacy plans, applicable to their settings. They learned how to address the right stakeholders, different techniques to do it and, generally, how to implement the plans in a sustainable manner. Further to that, we discussed how to monitor the implementation of the key recommendations of the Dublin Declaration for Partnership Against HIV/AIDS.

The methodology employed throughout the project aimed at community development and greater involvement. Insofar as possible, we tried to ensure that the participants own the project and we put a strong emphasis on learning-by-doing.

We expect the advocates to stimulate a continued dialogue between the community and their governments, which most of the time is a very difficult task. We believe that the participants can implement the advocacy plans developed during the training in their respective countries, thus achieving our common objective.

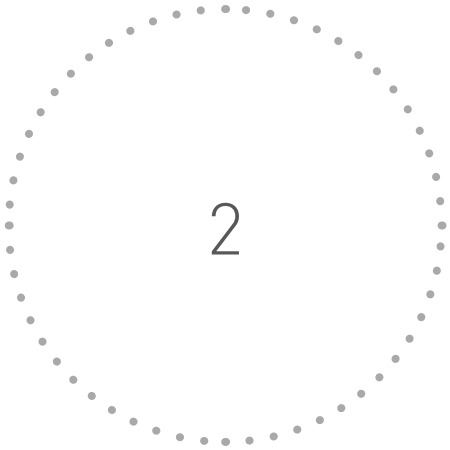
This manual emerged from the aforementioned training on HIV/AIDS treatment advocacy. It presents the methodology used, sessions delivered and bibliographic resources that may be of help to community trainers, PLWHA and their supporters when organising similar training. The training was one of the components of a project, during which we organised four training seminars for two different groups of participants in 2009 (June, July, October and November) in Brussels. Group A included trainees from South Eastern Europe and Group B from the Russian Federation, Ukraine, Belarus, Central Asia, Central Europe and the Baltic states. Both groups undertook two training sessions: one on treatment literacy and a second one on treatment advocacy. This is the second of two manuals (Treatment advocacy) that were produced within this project.

EATG's training activities are based on a very rigorous needs assessment and address knowledge gaps. The sections in this manual meet the needs of both members of the EATG, as well as the community representatives, mainly from Eastern and Central Europe. The EATG has a pool of dedicated trainers and a long and successful history of providing trainings on many different topics. Besides our educational role, we are trying to have a supporting, enabling and empowering role.

Our strategic plan is to establish the organisation as one of the leading community organisations providing training, capacity building and treatment preparedness with a focus on reaching out to peer community organisations, as well as to provide training in other areas as appropriate.

In the coming years, we want to focus our training activities on Eastern Europe, where the prevalence of HIV infection is high, information is scarce and a sustainable dialogue with the main stakeholders is a very difficult task most of the time.

We hope you will be able to use this material in your advance, particularly, when organising your own training session in your country and wish you best of luck with the task.



WHAT IS HIV ADVOCACY?

by Stephan Dressler

2.
WHAT IS HIV ADVOCACY?

Aims and objectives

The aim of this section is to introduce the term 'advocacy', explain its meaning and provide some definitions of advocacy. After reading the material the trainer/trainee will have a basic understanding of:

- Difference between advocacy and lobbying
- Specifics of HIV/AIDS advocacy
- Fields of HIV/AIDS advocacy
- How to identify particular problems in HIV treatment, care and support for people living with HIV/AIDS that may require advocacy work

Abstract

Advocacy can be defined in various ways. There is a considerable overlap between advocacy and the activities described by the term 'lobbying'. In the EU, there is no binding code or legislation, which regulate lobbying or advocacy work done by not-for-profit organisations. Some of the main fields of HIV advocacy are: access to prevention, treatment and care, socioeconomic conditions of PLWHA, prevention, law and legislation, psychosocial support.

How to deliver the material of this section

It is expected that the trainer uses a PowerPoint presentation, followed by group work, during which the participants are expected to discuss and come to their personal definition of 'advocacy'. The PowerPoint presentation should be delivered in a plenary session, after which the trainees should be divided into several groups (5-8 participants maximum per group).

Time of the session: 1.5 hours (20/30 minutes presentation, 30 minutes group work, 30 minutes feedback in the plenary).

> NOTE: The above description of how to deliver the session is only advisory. The described methodology has already been used successfully, but the trainer should feel free to adapt it, according to the local training circumstances.

Detailed presentation material

Definition of advocacy

Advocacy can be defined in various ways. It is basically understood as influencing decisions, which directly affect the situation of certain populations or groups. There is a considerable overlap between advocacy and the activities described by the term 'lobbying'. Both, advocacy and lobbying may include attempts to influence decision-makers, legislators, and politicians with the goal of developing, establishing or changing legislation, political, economic and social systems and institutions.

There is some distinction between the two terms though. The distinction is of legal nature and is clearly indicated by the following citation from the web site NonProfit Action (cf. also CLPI - Centre for Lobbying in the Public Interest)

"Advocacy" encompasses any activity that a person or organisation undertakes to influence policies. There is great latitude in this definition, and some people consider advocacy to be all activities that are not specifically lobbying.

"Lobbying" has a strict legal and Internal Revenue Service (IRS) definition for nonprofit organisations. It generally only includes activities that ask policymakers to take a particular position on a specific piece of legislation. By contrast, the common language definition of lobbying usually includes any discussion of issues with policymakers.

In the EU, there is no binding code or legislation, which regulate lobbying or advocacy work done by not-for-profit organisations. The only European countries where lobbying is regulated by parliamentiary acts are Georgia (1998), Lithuania (2001), Poland (2005), and Hungary (2006) (Wikipedia article "Lobbying" for more information).

This manual does not use a definition of advocacy, which is based on legal terms; nor can 'advocacy', as used in this material be clearly defined as something distinct from lobbying, or HIV/AIDS activism. As a general framework, a definition of advocacy can be adopted from a WHO manual, which specifically addresses HIV/AIDS prevention among injecting drug users. The original definition reads:

> "Advocacy for HIV/AIDS prevention among IDUs is the combined effort of a group of individuals or organisations to persuade influential individuals and groups and organisations through various activities to adopt an effective approach to HIV/AIDS among IDUs as quickly as possible. Advocacy also aims at starting, maintaining or increasing specific activities to a scale where they will effectively prevent HIV transmission among IDUs and assist in the treatment, care and support of IDUs living with HIV/AIDS." (WHO 2004)

A broader definition could read as follows:

> "Advocacy in the HIV/AIDS field is the combined effort of a group of individuals or organisations to persuade influential individuals and groups and organisations through various activities to adopt an effective approach to HIV/AIDS as quickly as possible. Advocacy also aims at starting, maintaining or increasing specific activities to a scale where they will effectively prevent HIV transmission and assist in the treatment, care and support of people living with HIV/AIDS."

Since its foundation in 1992, the European AIDS Treatment Group (EATG) advocates for the development of, and the access to treatments for HIV/AIDS and HIV-associated diseases. EATG does so in working with pharmaceutical companies, academic researchers, clinical investigators, regulatory authorities, and many other influential persons, institutions, and organisations in the HIV/AIDS field. The EATG also works on EU level with the European Commission and with members of the European Parliament, therefore some of the EATG work could be considered as lobbying as well. However, EATG continues to define its work as AIDS treatment activism, thus referring to the specific historical context of what is nowadays called advocacy in the HIV/AIDS field.

Fields of advocacy

Advocacy may be needed in different sectors of the HIV/AIDS field. However, priorities may vary in different countries, depending on a number of factors, such as prevalence and incidence of HIV infection in a country or region, political, economic and cultural factors or the existence of population groups with specific risks for acquiring HIV.

The following structure may serve as a tool to identify areas that should have priority in advocacy work.

Access to prevention, treatment and care

Prevention, treatment and care are linked together and the increase or decrease of the level of any of them has a direct effect on the level of the others. Therefore, it is crucial to analyse access to those services and tackle possible deficits. The analysis should include the following questions:

- Do all groups of the society have access to prevention, treatment and care?

- Is there prevention and information material not just on HIV/AIDS, but also on the health system in general, available in the major native languages of the population? Are there major sub-populations in need of materials in other languages?

- What is the standard of care in HIV treatment? Are the guidelines for Clinical Management and Treatment of HIV infected Adults in Europe (EACS 2009) translated into the country's official language(s) and adopted on nationally?

Psychosocial support

Psychosocial support and prevention are closely linked to each other in a way that good psychosocial support of PLWHA will allow PLWHA to develop a stable and firm personal relationships, which will facilitate continued behavioural changes, e.g., towards safer sex or safer drug use practices.

- Is psychosocial support available for all PLWHA?
- Is psychosocial support available in all major languages spoken by the native population?
- Is psychosocial support provided within or independent from the medical system?
- Are psychosocial interventions, counselling and support subject to data and privacy protection?

Law and legislation

Laws often do not take into account specific needs of PLWHA. Striking examples of this are the laws and regulations on drug use, which were adopted in many countries before the onset of HIV/AIDS epidemics (WHO 2004). Laws and regulations on HIV reporting, medical confidentiality and data protection may interfere with the needs of PLWHA.

- Are there specific laws and/or regulations that have a negative impact on access, treatment and care for HIV/AIDS services?
- Are there laws for the protection of human rights, the right to health, the rights of drug users and other people living with, or at risk for HIV/AIDS?
- Are there laws or legal regulations that facilitate or restrict the work of non-governmental organisations in the HIV/AIDS field?

Social and economic conditions

The social and economic situation of some PLWHA can be bad and this is particularly true for younger people who never worked regularly, and subsequently, in future may not be entitled to pensions or other financial support in case of severe illness.

- What is the basic level of social protection in your country?
- Is there a minimum subsistence state income?
- What services does the welfare state offer to PLWHA? What other services are necessary?

Group work: Definition of advocacy

The aim of this part of the session is to allow participants to define for themselves advocacy. They should be divided into working groups of approximately 5-8 people each. It is expected that the groups have a free flowing discussion with facilitation by the trainer if necessary. The results of the discussion should be presented to the plenary. The trainer should highlight the differences in the definition of each group and possibly provoke a discussion in the whole group during the feedback session.

Further reading and internet resources

Center for Lobbying in the Public Interest (CLPI): The Law. http://www.clpi.org/the-law/irs-rules, visited 7 December 2009

European AIDS Clinical Society (EACS): Guidelines Clinical Management and Treatment of HIV infected Adults in Europe 2009. Online at http://www.europeanaidsclinicalsociety.org/, visited 7 December 2009

NP Action: Lobbying Versus Advocacy: Legal Definitions. 2005. http://www.npaction.org/article/articleview/76/1/248, visited 7 December 2009

Sarang A, Stuikyte R, Bykov R: Implementation of harm reduction in Central and Eastern Europe and Central Asia. Int J Drug Policy 2007 Mar;18(2):129-35

Wikipedia: Lobbying. http://en.wikipedia.org/wiki/Lobbying, visited 7 December 2009

World Health Organization (WHO): Advocacy guide: HIV/AIDS prevention among injecting drug users: workshop manual. Geneva: WHO 2004. Online version accessible via http://www.who.int/hiv/pub/idu/iduadvocacyguide/en/index.html

3

WHICH INTERNATIONAL DOCUMENTS CAN WE USE FOR HIV ADVOCACY?

by Tomislav Vurusic

3.
WHICH INTERNATIONAL DOCUMENTS CAN WE USE FOR HIV ADVOCACY?

Aims and objectives

The aim of this section is to emphasise the fact that there are some internationally recognised documents on HIV/AIDS that may be used in the advocacy work. The session focuses in particular on the Dublin Declaration as one of the most relevant documents for the European region. After reading this section, the trainer/trainee will have some understanding of:

- History of the Dublin Declaration
- Focus of the Declaration
- Monitoring of the implementation of the Declaration
- Other international documents that may be useful in the advocacy work

Abstract

The Dublin Declaration was signed in 2004. It focuses on scaling up prevention work – particularly in women and injecting drug users and their sexual partners – as well as setting goals for universal access to antiretrovirals, in line with WHO's 3x5 programme. International institutions closely monitor the implementation of the declaration. Civil society organisations and in particular PLWHA CBOs can also contribute to the monitoring.

How to deliver the material of this section

It is expected that the trainer uses a PowerPoint presentation, followed by group work. The PowerPoint presentation should be delivered in a plenary session, after which the trainees should be divided into several groups by country. If the country is large and there are major differences between regions then a division by region is also possible.

Time of the session: 2 hours and 40 min. (40 minutes presentation, 60 minutes group work, 60 minutes feedback in the plenary).

NOTE: The above description of how to deliver the session is only advisory. The methodology has already been used successfully, but the trainer should feel free to adapt it, according to the local training circumstances.

Detailed presentation material

In 2004, a 2-day conference on HIV/AIDS throughout Europe and Central Asia was held in Dublin, Ireland. Representatives of 55 nations from ministries, national AIDS programmes, UNAIDS, NGOs, PLWHA and media attended the conference. More than 30 resolutions were agreed, aiming at tackling inequalities in treatment and prevention in Western Europe, Eastern Europe and Central Asia..

Peter Piot, executive director of UNAIDS, told the conference: "There is no time to waste. Eastern Europe and Central Asia have the fastest-growing AIDS epidemics in the world, with rapid cross-over from high-risk groups into the general population." The year before, the World Health Organization (WHO) announced that the "treatment gap" between those needing and those receiving antiretrovirals in the region was estimated to be at least 100,000.

The major outcome of the conference was the Dublin Declaration. It focuses on scaling up prevention work – particularly in women and injecting drug users & their sexual partners – as well as on setting goals for universal access to antiretrovirals, in line with WHO's 3x5 programme. The governments of the invited countries signed the declaration, which in some measure commits them to the declaration. Hence the document can serve as a tool for advocacy in keeping the governments accountable.

The Dublin Declaration set two major deadlines: 2005 and 2010. Highlights of the 33-point resolution include:

By 2005:

- Provide universal access to safe and effective antiretroviral therapy.
- Provide information, education and life-skills training in HIV prevention for at least 90% of 15-24 year-olds.
- Develop national and regional programmes aimed specifically at HIV prevention for adolescent girls and women.
- Develop national and regional programmes aimed specifically at HIV prevention for all men and women in the armed and civil defence forces.

By 2010:

- Reduce the incidence of mother-to-child transmission to less than 2% throughout Europe and Central Asia.
- Scale up prevention programmes to cover 80% of people at the highest risk of, and most vulnerable to, HIV/AIDS: this especially includes injecting drug users, who are most affected by the epidemic in the region.

The community of PLWHA and the civil society sector issued a statement on the Dublin Declaration. They supported it as "an essential and valuable tool for re-focusing attention on the HIV/AIDS pandemic in our region and addressing this urgent crisis through stronger partnerships, governmental and civil society leadership as well as through greater political commitment to the actions and targets it embodies."

We need to place the Dublin Declaration in the context of other statements and declarations that have called for universal access to effective, affordable and equitable prevention treatment and care for HIV/AIDS:

- 2001 UN General Assembly Special Session on HIV/AIDS (UNGASS)
- 2004 Dublin Declaration "accelerate the implementation of UNGASS" in 52 countries
- 2005 G8 and UN-similar commitments
- 2006 UN member states agreed on Universal Access at a high-level meeting
- 2007 German EU presidency Bremen "renewed action"
- 2008 WHO UNAIDS Progress report
- 2009 ECDC WHO continue to monitor progress

At global level there were very important commitments made at the 2001 UN General Assembly Special Session on HIV/AIDS (UNGASS) and the 2006 political declaration on Universal Access.

The implementation of all the above-mentioned declarations and resolutions has been monitored with varying degrees of success. The Dublin Declaration included the monitoring as a part of the action plan. Action 33: "We commit ourselves to closely monitor and evaluate the implementation of the actions outlined in this Declaration, along with those of the Declaration of Commitment of the United Nations General Assembly Session on HIV/AIDS, and call upon the European Union and other relevant regional institutions and organisations, in partnership with the Joint United Nations Programme on HIV/AIDS, to establish adequate forums and mechanisms including the involvement of civil society and people living with HIV/AIDS to assess progress at regional level every second year, beginning in 2006."

The 2008 WHO/UNAIDS Progress Report and Policy Brief is the product of a collaborative process to monitor the implementation of the Dublin Declaration. The report is broken down into 15 thematic chapters and addresses issues ranging from political leadership through injecting drug use to HIV in prisons, followed by a number of country profiles. It is aimed at supporting the member states of the WHO European Region to monitor and implement the provisions of the declaration. It describes the indicators explaining the efforts to fight HIV and gives a guide to interpreting the latest data collected on these indicators and to reinforcing the battle against HIV. Apart from the comprehensive progress report itself, a 35-page summary is available as a policy brief outlining the relevance of each topic addressed and giving key findings and key recommendations for each thematic area.

In the Report, the 15 thematic areas (covering all 33 "Actions" or commitments of the Dublin Declaration) are grouped around three key areas: Leadership and partnership; Prevention and Living with HIV/AIDS.

With regard to leadership and partnership, it was found that national and international political leadership had been strengthened and civil society increasingly consulted but there remained a need to: establish greater accountability; enable the legal and regulatory framework to reduce stigma, exclusion and discrimination; intensify, scale up and improve targeted HIV efforts to reduce inequities (particularly with regard to MARPs; and notably IDUs). The largely unchecked growth of

HIV in the first decades of the epidemic was due, in large part, to widespread denial among decision and policy makers. An effective HIV response requires political vision and leadership.

With regard to prevention, there has been significant progress in eliminating MTCT in most countries. Western Europe and EU have demonstrated the political will to scale up access to harm reduction approaches for IDUs and other targeted approaches for vulnerable populations. However, Eastern Europe has shown far less progress. Sex workers, MSM, migrants, IDUs and prisoners remain in great need of targeted interventions. Marginalisation will increase vulnerability to HIV and drive the most marginalised underground and out of reach of prevention and treatment services. Health inequities and marginalisation could well be exacerbated by the current economic crisis.

The introduction of HAART in 1995/1996 to Western Europe represented a major turning point in the response to HIV – a mortal disease became a manageable, chronic infection. HAART coverage rose significantly from 282,000 in 2004 to 435,000 in 2007, and costs have fallen. However the improvements in Eastern Europe have fallen short of the need. IDUs still have inequitable access to treatment. Liver disease (HCV) is replacing AIDS as most common cause of death among people with HIV. Testing and counselling services are variable in coverage, access and quality across the region. HIV prevalence is higher in Eastern European prisons.

The overall recommendations from the Dublin Declaration are:

- Greater harmonisation of standards, policies and programs needed across Europe
- Expansion of internationally accepted evidence-based interventions
- Strengthened cooperation and collaboration between countries and increase civil society and private sector involvement.
- Constant monitoring and evaluation of HIV commitments.
- The EU should strive for greater inclusion of its response to HIV beyond its borders and neighbourhood programmes – to look further east and south. All countries should prepare timely comprehensive Universal Access reports.

The report has some specific recommendations with regard to surveillance, monitoring and evaluation. For example, in Central and Eastern Europe, data on MSM continue to be minimal in comparison to other risk groups. Governmental bodies need to prioritize long-term monitoring and the collection of age-disaggregated data. Civil society and trade unions should collaborate to monitor cases of stigma and discrimination suffered by PLHIV in the workplace. Data needs to be collected at the European Region level about funding of HIV-related research. Outcome indicators for HIV services should be disaggregated wherever possible and appropriate by sex and age. Future monitoring of progress on the Dublin Declaration should take an approach based on human rights and qualitatively assess country responses to indicators that directly address human rights issues.

Our overall goal should be to measure progress towards Universal Access to HIV/AIDS prevention, treatment and care. For access to be universal it should be: accessible, affordable, equitable and non-discriminatory.

Group work:
Identification of three priorities for advocacy work in each country

The aim of this part of the session is to allow participants to prioritise the three most urgent issues that need advocacy work in their countries or region. Trainees should be divided into groups by country. The trainer should distribute the following questionnaire that will help the trainees to identify possible problems in the HIV/AIDS sphere in their countries. If some of the questions are not relevant to the local setting, they should be adapted or removed. Groups should fill in the questionnaires and come up with three priority problems, requiring action. This should be followed by a feedback to the whole group. Participants should explain why they chose their three issues and discuss why they consider them a priority.

Questionnaire

Section I: Coordination, governance and planning of the country response to HIV and AIDS and community/civil society involvement in it.

(0 being the lowest and 5 being the highest)

Does the country have a strategic framework for its response to HIV and AIDS?	Yes / No
Did the development of the strategic framework involve civil society?	Yes / No
Has the country had an officially recognised national multisectoral AIDS management and/or coordination body for more than five years?	Yes / No
Does this body include people living with HIV?	Yes / No
Does this body provide opportunity for civil society to influence decision-making?	Yes / No
Has the government involved most-at-risk populations (e.g. injecting drug users, men who have sex with men, sex workers, prisoners, migrants from high prevalence countries) in governmental HIV-policy design and programme implementation?	Yes / No
To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?	0 1 2 3 4 5
To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS?	0 1 2 3 4 5
To what extent are services provided by civil society included in both the National Strategic Plans and national reports?	0 1 2 3 4 5

To what extent are services provided by civil society included in the national budget?	0 1 2 3 4 5
Has the country included civil society in a national review of the National Strategic Plan?	Yes / No
What is the level of diversity in the civil society representation in HIV-related efforts?	0 1 2 3 4 5
To what extent is civil society able to access adequate financial support to implement its HIV activities?	0 1 2 3 4 5
To what extent is civil society able to access adequate technical support to implement its HIV activities?	0 1 2 3 4 5
To what extent have efforts being made since 2005 to increase civil society participation?	0 1 2 3 4 5 6 7 8 9 10

Section II: Prevention

Has the country identified specific needs for HIV prevention programmes?	Yes / No
The majority of people in need in the country have access to:	
a. Blood safety?	Agree / Disagree / N/A
b. Universal precautions in health care settings?	Agree / Disagree / N/A
c. PMTCT?	Agree / Disagree / N/A
d. IEC on risk reduction?	Agree / Disagree / N/A
e. Condom promotion?	Agree / Disagree / N/A
f. HIV testing and counselling?	Agree / Disagree / N/A
g. Harm reduction for injecting drug users?	Agree / Disagree / N/A
h. Risk reduction for men who have sex with men?	Agree / Disagree / N/A
i. Risk reduction for sex workers?	Agree / Disagree / N/A
j. PEP(SE)	Agree / Disagree / N/A
h. School-based HIV education for young people?	Agree / Disagree / N/A
i. HIV prevention for out-of-school young people?	Agree / Disagree / N/A

Section III: Access to treatment, care and support

The majority of PLWHA in need in the country have access to:	
a. ART	Agree / Disagree / N/A
b. Nutritional care	Agree / Disagree / N/A
c. Paediatric AIDS Treatment	Agree / Disagree / N/A
d. STI management	Agree / Disagree / N/A
e. Psychosocial support for PLHIV and their families	Agree / Disagree / N/A
f. Home-based care	Agree / Disagree / N/A
g. Palliative care and treatment of common HIV-related infections	Agree / Disagree / N/A
h. HIV testing and counselling for TB patients	Agree / Disagree / N/A
i. TB screening for HIV-infected people	Agree / Disagree / N/A
j. TB preventive therapy for HIV-infected people	Agree / Disagree / N/A
k. TB infection control in HIV treatment & care facilities	Agree / Disagree / N/A
l. Cotrimoxazole prophylaxis in HIV-infected people	Agree / Disagree / N/A
m. Post-exposure prophylaxis	Agree / Disagree / N/A

Are there people or groups of people (i.e. specific most-at-risk populations) who have more difficulty accessing HIV treatment, care and support services?

Section IV: Stigma and discrimination

Does the country have laws and regulations that protect people living with HIV against discrimination?	Yes / No
Does the country have non-discrimination laws or regulations that specify protection measures for most at-risk populations or other vulnerable sub-populations?	Yes / No

If Yes, do these laws and regulations cover:	
a. Injecting drug users?	Yes / No
b. Men who have sex with men?	Yes / No
c. Sex workers?	Yes / No
d. Prisoners?	Yes / No
e. Migrants/mobile populations?	Yes / No
Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?	Yes / No
Does the country have a policy prohibiting HIV screening for general employment purposes?	Yes / No
Are there programmes in place to reduce HIV-related stigma and discrimination?	Yes / No

Section V: Research

Does the ethical review committee of your country (for research) include representation of civil society and people living with HIV?	Yes / No

Further reading and internet resources

World Health Organisation Regional Office for Europe. Progress on implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia. Copenhagen: WHO Regional Office for Europe; 2008. http://www.euro.who.int/Document/E92606.pdf

Policy brief - Key finding and recommendations on the implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia (includes Dublin declaration). http://www.euro.who.int/Document/E91677.pdf

Wake-up call to Europe at high-level ministerial meeting in Dublin to discuss HIV/AIDS threat. Euro Surveill. 2004;8(9):pii=2393. http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=2393

Dissemination activities on the report Progress on implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia http://www.euro.who.int/aids/treatment/20081128_1

European Parliament resolution of 20 November 2008 on HIV/AIDS: early diagnosis and early care (P6_TA(2008)0566)

http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P6-TA-2008-0566+0+DOC+XML+V0//EN&language=EN

4

HOW DO WE DEVELOP AN HIV ADVOCACY PLAN?

by Anna Żakowicz

4.

HOW DO WE DEVELOP AN HIV ADVOCACY PLAN?

Aims and objectives

The aim of this section is to demonstrate practically how an activist or a group of activists can develop an advocacy plan. After reading and/or participating in the session, the trainer/trainee will have a basic knowledge of how to:

- Identify differences between an advocacy goal and objective
- Define criteria for an advocacy objective
- Set an advocacy objective for the issues form the list
- Create dynamic visual road maps to identify power relationships, sources of support and oppositions.
- Use a power map as a tool to explore power dynamics around the advocacy objective
- Create an advocacy action plan

Abstract

An advocacy plan should cover as a minimum the following components: issue, goal and objective, target audience, message development, channel of communication, building support, fundraising and implementation. Further to that, data collection and monitoring and evaluation should be ongoing part of the plan. Power mapping, networking and strategic communication can be very helpful tools.

How to deliver the material of this section

This session starts with a PowerPoint presentation, followed by an interactive element that consists of small group workshops, followed by a whole-group discussion. The session has a logical order. It gradually introduces concepts and provokes the participants. The particular methodology of each exercise is explained step-by-step in the detailed presentation material in the next part of this section. The themes that are covered in the different modules are: setting an advocacy goal and objective, power mapping, forming alliances and partnerships, networking, strategic communication, creating an advocacy plan. For best results, the working groups should not consist of more than 6 trainees. The total time of the session is 3 hours and 45 minutes. The last 1 hour and three quarters should be left for the creation of an advocacy plan. The trainer should pace the activities accordingly.

NOTE: The above description of how to deliver the session is only advisory. The described methodology has already been used successfully, but the trainer should feel free to adapt it, according to the local training circumstances.

Modules step-by-step

I. An advocacy goal and an advocacy objective

Methodology: a short presentation followed by a group discussion.

During the presentation the trainer:

- Explains the difference between the difference goal and objective:
  Advocacy goal: a long-term (5-10 years) vision of change
  Advocacy objective: a specific, short-term, action-orientated target

- Displays **SMART** criteria for setting an advocacy objective
  S specific
  M measurable
  A achievable
  R realistic
  T time-bound

The trainees select one or more issues from the 3 priority issues that they have identified during the previous session (see section 3) and practice setting up a goal and objective, directly related to the issue. Later on they describe the objective using the SMART criteria.

Example:
Issue: Lithuanian doctors still use old guidelines when prescribing ARVs. HAART can only be started when either: a person's CD4 count is below 200 or the CD4 count is >200 and <250 and the viral load is above 50,000 copies. Because of this situation many people who are in need of treatment are denied access to it.

Goal: Improve the access to care and treatment and quality of life of the HIV-positive people who live in Lithuania.

Objective: New HIV treatment initiation guidelines to be introduced in Lithuania by 2011.

Is the objective S - specific? Yes, the country's guidelines will be changed.
Is the objective M - measurable? Yes, there will be a change in legislation or regulatory document.
Is the objective A - achievable? Yes, both the doctors and the community representatives are strongly advocating for the change. The government officials are reluctant to follow this, as they are concerned about the budget.
Is the objective R - realistic? Yes, EACS guidelines recommend earlier initiation of therapy and all the EU countries should try to develop a common best standard of treatment.
Is the objective T - time-bound? Yes, the changes in the guidelines should be included in the 2011 budget preparation in 2010.

II. Creating a power map

Methodology: a small group work followed by a group presentation

Preparation: cardboard, magazines, newspapers, scissors, glue, markers. Place all the items in the middle.

The trainees will build on the work they have done with the previously identified issues from their own countries. The trainees will create visual maps. They will show power relationships and sources of support and opposition to the issue the participants are working on. The result of the exercise will lead them to develop advocacy strategies.

It is advisable that before the session starts, the trainer prepares his/her own power map that is related to one of the issues in the country the trainer comes from.
Divide the group into 3-4 teams of maximum 5 members. Provide each group with the above-mentioned stationary and several magazines.

Power mapping-steps:

- Choose the advocacy objective
- Define target audience
- Brainstorm all the institutions, individuals, community leaders, celebrities, business leaders, etc. that have interest in your advocacy issue
- For each "actor" choose a symbol/picture, cut it, stick it on the and label it
- If the "actor" is very supportive of the objective, the symbol representing him/her should be placed to the far left of the map. If the "actor" is strongly opposing the objective, the symbol representing him/her should be placed to the far right of the map. If the "actor" is neutral, the symbol representing him/her should be placed on the line in the middle representing his or her neutrality.

Feedback to the whole group: each group chooses a speaker to come to the front, post the power map and describe it.

When all the groups have presented their maps, lead the discussion to point out similarities and differences between the maps.

Discussion after the groups' presentations.

The trainer may lead the discussion after the presentations in different directions:

- Engaging the "neutrals"
- Being proactive in framing an argument, rather than reactive
- Forecast and anticipate your opponents' arguments

III. Strategic communication

Communication is much less about the technology or medium chosen and more about advancing the cause of your organisation. An effective communications strategy reflects your organisation's mission, goals and objectives, and is well integrated into daily operations. It requires a clear articulation of audience, clarity of message, and choice of media platform. It also consists of an ongoing feedback relationship between planning and evaluation.

What is strategic communication in advocacy?
Strategic communication is any planned communication activity that seeks to achieve one of the following communication goals: inform, persuade, motivate or move to action. Effective advocacy depends on a leader's skills and ability to persuade and motivate policy makers to move to action.

Strategic communication model in advocacy
Many advocacy campaign focus mostly on the first step- inform. As the model shows, there are three further objectives for a communication strategy, which will achieve greater impact on the target audience if achieved. An effective strategy will aim to motivate the audience to change by changing their attitudes and feelings about the issue. As the next step, an advocacy message should seek to persuade the audience to adopt a given advocacy message. Finally, the message should encourage a move to take action.

Though in a strategic communication model each of the steps should be achieved, starting from the bottom, the information, leading to the top, to moving to action, a successful advocacy campaign is the one that reaches the highest level, and through the campaign the policy makers we are aiming at finally make a favourable decision in terms of the advocacy issue.

To achieve the goal to move the audience to action the key element of an advocacy campaign is to understand the audience.

It is crucial to analyse the audience in terms of familiarity and the support we could get from policy makers in respect to the issue and the objective we want to achieve and to understand the audience in terms of the interests they might have in connection with the issue.

1. Evaluate the target audience (1 - low, 5 - high)

Level of familiarity with your organization	0 1 2 3 4 5
Level of knowledge about your advocacy issue	0 1 2 3 4 5
Level of agreement with your position on the issue	0 1 2 3 4 5
Level of previous, demonstrated support for your goal / objective	0 1 2 3 4 5

2. Understand the interest the target audience might have in the advocacy campaign.

IV. Forming alliances and partnerships. Networking

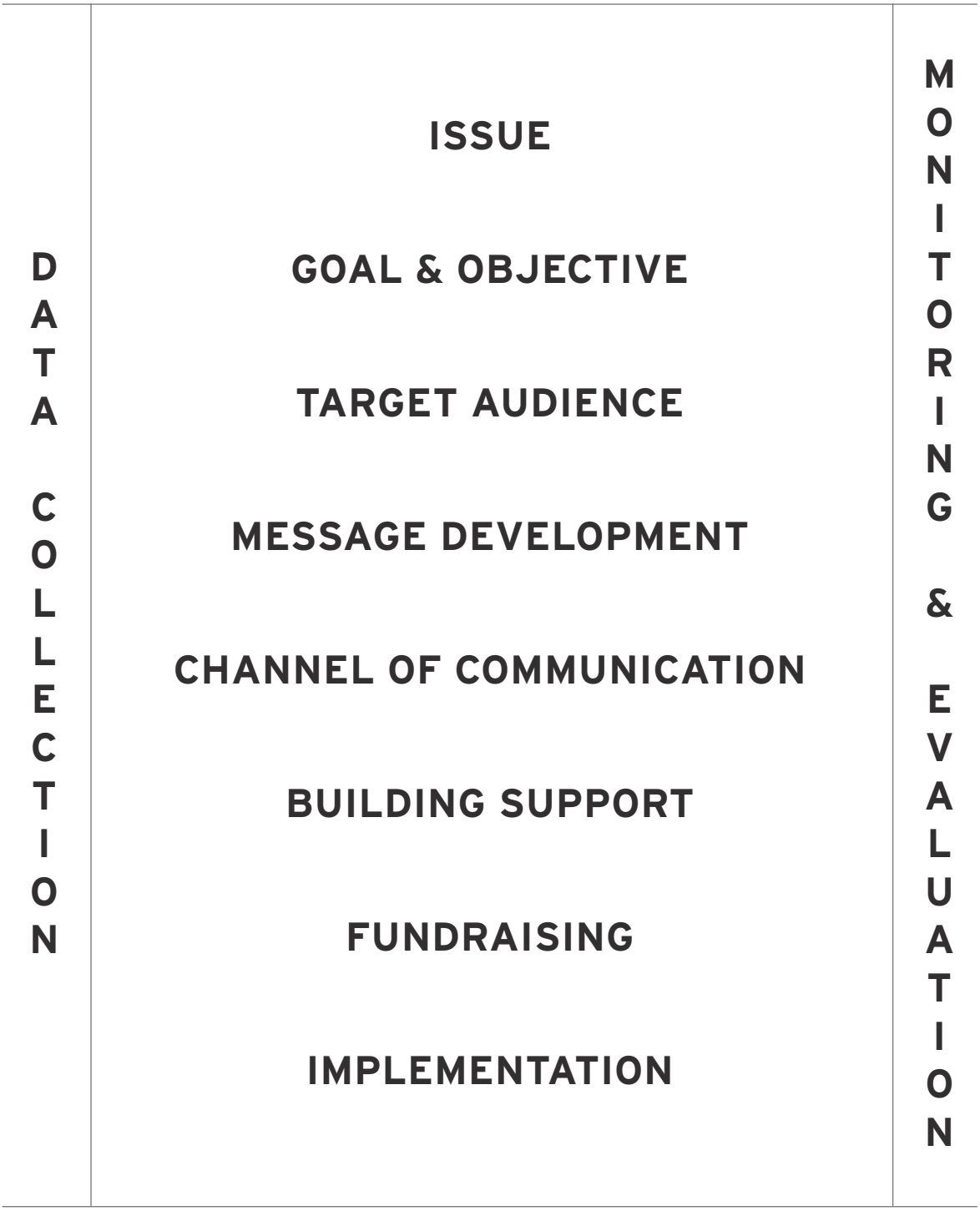
Advocacy network- a group of individuals and/or organisations working together with a common goal of achieving changes in laws, policies or programmes for a particular advocacy issue.
It might seem obvious that two national or international organisations committed to the same issue should work together toward a shared goal, but it is not that common because partnerships take so much work.

1. **Communicate differences**
   While most groups move into partnership due to what they have in common, communicating differences helps to work together e.g., decision-making processes in the networking organisations.
2. **Make partnership agreements**
   Undertake all the measures in the agreement and the partners' policies to make this marriage work. Take additional fairness measures to make both the organisations comfortable.
3. **Dedicate a coordinator to oversee a collaborative project**
   Each organisation might have people tasked to lead the project, but the people have other jobs to do. A coordinator dedicated to the project might facilitate a better collaboration.
4. **Discuss how to handle conflict, often easiest led by an external consultant**
   When issues about timelines and deliverables arise, have strategies prepared beforehand how to handle conflicts.
5. **Bring project participants together to acknowledge the meaning of the partnership and the project**
   Provide a space - a forum in which all the participants of the advocacy network can share and celebrate successes from the project.
6. **Look forward to what partnerships and networking can bring**
   See the partnership as a way to strengthen your organisation and a way to enhance your expertise and built capacity of your organisation.
7. **Insights into your own organisation**
   Networking with another organisation exposes members and staff to new ways of working that can make your organisation think more creatively about how to be more effective and how to get tasks done better.
8. **Improved relationships**
   Networking enhances having stronger relationships within the organisation itself and within the network.

V. Creating an advocacy plan

This part of the session starts with a short explanation of the following advocacy plan matrix. The trainer should distribute a copy of it to every trainee and go through each step of the plan with the whole group. Afterwards, the groups should create an advocacy plan on the issue from their country that they have already worked on during the previous exercises.

Each group should present their advocacy plan to the whole group.



Further reading and internet resources

Advocacy. Building Skills for NGO Leaders. The CEDPA Training Manual Series, Volume IX, The Centre for Development and Population Activities, Washington D.C., 1999

On the web

Benton Foundation www.benton.org/Practice/Features/naralppfa.html
Institute for Democracy in Africa http://www.idasa.org/

5

WHAT ADVOCACY TECHNIQUES DO WE USE?

by Svilen Konov

5.

WHAT ADVOCACY TECHNIQUES DO WE USE?

Aims and objectives

The aim of this section is to present several different practical treatment advocacy methods. The material does not cover all the possible ways of advocacy, as it is recognised that different situations require different advocacy approaches for achieving the goal(s), hence the advocate should be flexible and not fear finding a creative solution to a problem.

After reading this section, the trainer/trainee will have a basic grasp of:

- What are some of the advocacy methods
- Tips for writing an advocacy letter
- Tips for meeting with policy makers

Abstract

Advocacy methods are about how to achieve goals by influencing a situation. There are different levels or profiles of advocacy activities. Among the most commonly used methods are writing letters, meeting officials, public education, running rallies and campaigns. It is proven practice that different methods work better or worse for certain problems and in different settings. There are general rules for every method of advocacy that may be used. One of the most common means of advocacy nowadays is addressing officials and decision-makers. This most frequently happens by sending them a letter or in a personal meeting.

How to deliver the material of this section

It is expected that the trainer uses a PowerPoint presentation, in which after each theoretical part, there are examples of either a preliminary prepared advocacy letter or if the available equipment allows, a video of a recorded meeting with a policy-maker. The examples may be either good or bad, but they should be chosen and written in such a way, that they provoke the trainees to have a discussion. The presentation should last for an hour, interrupted by discussion of the example(s) as often as the trainer thinks necessary. The PowerPoint presentation should be delivered in a plenary session, after which the trainees should be divided into several groups (5-6 participants maximum per group). The training organisers should make an attempt to place a computer at the disposal of each group, but if this is impossible, the session can still be conducted.

Time of the session: 2 hours 30 minutes (60 minutes presentation with intermittent discussion slots, 60 minutes group work, 30 minutes feedback in the plenary).

NOTE: The above description of how to deliver the session is only advisory. The described methodology has already been used successfully, but the trainer should feel free to adapt it, according to the local training circumstances.

Detailed presentation material

I. An advocacy goal and an advocacy objective

Advocacy methods are about the practical means of how one achieves one's goal.
Some advocacy theorists divide different advocacy methods into 3 groups: low, medium and high profile advocacy activities.

Examples for a low profile advocacy include:

- Sharing information with the public and stakeholders (via oral presentations, written articles, fact sheets, position papers, open classes, published reports, etc.)
- Quiet negotiations
- Meeting with policy-makers

Medium profile advocacy:

- Writing letters to newspapers and members of parliament
- Appear at meetings and contribute/make statements

High profile activities:

- Public rallies
- Engaging in public criticism
- Running campaigns

A more recent method of advocacy is internet advocacy.
Selecting the most relevant means for advocacy depends mainly on the target audience. The advocate, however, will often be forced to find very creative solutions to deal with different situations and problems. This is particularly true for countries/regions that do not have a long history of civil society activities and civil rights and as a result do not have the channelled means of influencing decision-making, thus ensuring that the community needs and voice are taken into account in the legislation and appropriate policies and their implementation.

The very general rules of every method for advocacy that may be used are:

- Be clear and objective
- Develop a strong case
- Make sure that your 'message' is clear understandable and appealing

It is proven that different methods work better or worse for certain problems and in certain settings. It make sense that the advocate does home work and checks whether any particular means have been used successfully in similar situations or settings before he/she starts choosing the 'right' ones for the problem. Some of the questions that may help in this respect are:

- Have they worked before?
- Are there alternatives?
- Do you have the skills and resources to use them well?
- Are you confident in using them?

Two of the most commonly used means of approaching a problem for a change nowadays are writing letters and meeting policy makers. Both of those advocacy methods have their pros and cons.

Advocacy letter

Letters remain hugely important in our everyday lives. People still feel the need to have something confirmed in writing and a letter can add the all-important personal touch. In addition, certain institutions can be "reached" only in written form. Also, letters can be used as a proof when speaking to media, going to court, reminding decision makers of their promises, etc.

Tips for writing an advocacy letter

STEP 1: Where to start from?

Start with questions to yourself:

- Why am I writing this letter – what has led up to it?
- What do I expect to get out of it (my realistic aims)?
- What is the best way to achieve this?
- What information do I need to provide?
- What arguments do I need to use to prove my point?

STEP 2: Collecting background data and information

Sources:

- Internet
- Libraries
- People of the know
- Institutions
- Lawyers
- Interviews with people (less compelling)
- Any other source that can be helpful to achieve your objective

STEP 3: Start writing...

...but only when you have your points and arguments clear. It is normally better to make a couple of points well, than to try and over-complicate your argument.

STEP 4: Common standards

- Date formats should be unambiguous. Currently the preferred international standard is: 7 November 2009
- Follow your current norm for writing and placing the address and contact details of the recipient and the sender

CAVEATS:

- Make sure you find out the exact qualifications of the person to whom you are sending the letter.
- Do not exaggerate and do not underestimate the position or the scientific or any other degree of the person!
- Make sure you spell the name of the recipient correctly!
- Make sure you provide enough contact details of yours, so that the recipient can reach you as easily as possible.

STEP 5: Opening paragraph

In this paragraph, you should identify yourself (My name is...; Our organisation is...; etc.) and state your position on the problem (in the most succinct possible way, but without harming the clarity of the information you provide, i.e. I would like to draw your attention to the problem of...; Our position on the problem of...is...; etc.).

STEP 6: Body of the letter

The body of the letter should normally only consist of a few paragraphs. It should develop clearly and logically the argument and facts of the case. If there is more than one paragraph, each paragraph should focus on a separate aspect of the subject matter and there should be clear links between paragraphs.

For clarity reasons, a whole empty line is preferred as a break between paragraphs. If you use this break, then the initial tab before starting each paragraph can be omitted.

STEP 7: Closing paragraph

The final paragraph should leave the reader in no doubt of your attitude towards the subject of the letter. It may, for example, spell out what you would like to see happen. It should be positive and unambiguous.

STEP 8: Points for consideration

- Length of letter-1 page if possible. 2 pages-maximum
- Length of the sentences. Golden rule in English: 12 words!
- Length of paragraphs: Make sure they are nearly equal in length for style reasons. Avoid paragraphs that go above 6-7 sentences
- Avoid too casual or too formal tone
- Avoid using jargon
- Avoid using passive voice – e.g. "The director suggested a new plan" instead of "A new plan was suggested by the director"
- Do not allow your feelings get the better of you; try and take all emotions and hyperbole out of the text.

STEP 9: Closing the letter

The following are recommendations only, as they apply to the English language. You should use the requirements of your linguistic tradition.

- If you are writing to someone whose name and title you do not know, use the greeting

Dear Sir or Madam, and the ending Yours faithfully, signing yourself with your initials and surname.
- If you are writing to a named person, address them as Dear Mr/Mrs/Miss/Ms, and end Yours sincerely, followed by your first name and surname.
- If you have met them or spoken to them by phone, or otherwise feel that you have some acquaintance with them, address them by their first name and sign yourself Yours sincerely, using your first name.

STEP 10: After you sign the letter
- If possible, do not include any attachments. Additional reports or newspaper articles are rarely read or filed. If you have a particularly useful resource, mention it in your letter and offer to provide a copy upon request
- Check the spelling and punctuation
- Make sure you do not lie or exaggerate in your letter
- Do not be rude or threaten. Instead, you can send a copy of your letter to other institutions or media
- Make your message timely!
- Make sure you receive an reference number for consequent correspondence
- Be insistent and demand a reply

Meeting policy-makers

Meeting policy-makers is more personal than writing a letter to them and has a larger potential for an impact. At the same time it can also have a higher chance of a rapid negative result. While one can correct an impulsive or incorrect statement in the letter while editing (and has the time to do that at one's leisure), a wrong word during the direct meeting may stop the whole process and thus the goal is never reached.

Tips for meeting policy makers

Be persistent in seeking the meeting

Many decision-makers claim to be too busy to be able to meet when it is convenient for you. Be prepared to make yourself available. Do not leave the appointment for some time in the undefined future, but always make sure to set a date and time.

Have a clear agenda

This requires the collection of background information and getting acquainted with the problem in detail. A very useful tool when preparing the agenda is collecting ideas from the community or receiving a feedback on your plan from other activists.

Have specific requests

General phrases and 'not knowing what one wants' is hardly what the policy-maker is prepared to go through nor should you. Have the lead spokesperson set out the background and reasons for the meeting.

This may save time and provide you with the opportunity to immediately start with your suggestions, which, in turns, increases the odds of them being approved. Few busy policy-, or decision-makers are happy to discuss at length something without getting the gist of it, especially if the topic is unpleasant or sensitive.

Be respectful

The best way not to get anywhere with the discussion is by being rude. Do not forget that often it is only your organisation that wants to achieve the objective; your ideas and the policy-maker's ideas may not necessarily be the same, but there is one nuance-he/she has the decision-making power. Anger should be a last resort.

Show extent of appreciation and understanding of the policy-maker's position

You have way better chances if your ideas and goals are included as a part of the 'grand plan' of the policy-maker and they only 'complement' his/her line of thinking. How the policy-maker will perceive your suggestions depends on how you will present them.

Seek ongoing dialogue (follow-up)

Leaving an open-end discussion may be a good idea when it comes to achieving long-term goals, but leaving it open-ended without a follow-up on your side will leave the wrong impression and it is highly likely that will also leave the whole process frozen.

Role-play.

If the topic is contentious, and there are a number of potential objections from the policy-maker, then it can be a good way to hone your message by role-playing the possible arguments. In case of inexperience, do not hesitate to seek advice from a professional advocate.

Use media

Media is the one powerful tool that can create or destroy a policy-maker and that is why it needs to be used carefully. Positive feedback to the media about a policy-maker with whom you've had a successful interaction may open many doors in future.

Express your gratitude!

A 'Thank you' letter will clearly indicate that you are not indifferent to the person and will also provide you with the opportunity to continue with the dialogue. Finally, some policy-makers really deserve their 'Thank you!'

Group work: HIV advocacy techniques

To maximise the effect of the group work, trainees should be divided into groups of 5-6 people. Participants should be encouraged to either join a group that will be working on an interesting for them topic or a group in which the rest of the participants are from the same country or region. The task is to write a letter to a policy-maker or to role-play a meeting with a decision-maker. The topics for the tasks should arise from section 3 of this manual.

If the exercise involves writing a letter, then the organisers should make an attempt to provide computers to the groups, so that the letters can be shown to all participants during the feedback session. If that is impossible, then handwritten letters that are read in front of the other trainees in a plenary session and discussed afterwards are also a fine means of achieving a good learning result.

Time: 1 hour for group work, followed by ✣ hour feedback in plenary.

Further reading and internet resources

Glen W. White, Richard Thomson& Dorothy E. Nary Writing Advocacy Letters that Work!
http://www.rtcil.org/products/RTCIL%20publications/Advocacy/Action%20Letter%20Portfolio%20Manual.pdf

Blozis, Dana: 10 Tips to Polish Your Press Release. Online at http://www.freepressreleases.net/articles.php

wikiHow: How to write a press release. Online at http://www.wikihow.com/Write-a-Press-Release

Code of good practice for NGOs responding to HIV/AIDS
http://www.hivcode.org/search-the-code/organisational-principles/advocacy/

HIV Advocacy from the Ground Up A Toolkit for Strengthening Local Responses
http://www.global-campaign.org/clientfiles/APCASO%20HIV%20Advocacy%20Toolkit.pdf

6

GLOSSARY

ACRONYMS AND ABBREVIATIONS

Advocacy Manual

6.

GLOSSARY

ACRONYMS AND ABBREVIATIONS

ARV	**A**nti**R**etro**V**iral
bDNA	**b**ranched DNA
CART	**C**ombination **A**nti**R**etroviral**T**herapy
DNA	**D**eoxyribo**N**ucleic **A**cid
EI	**E**ntry **I**nhibitor
EATG	**E**uropean **A**IDS **T**reatment **G**roup
HAART	**H**ighly **A**ctive **A**nti**R**etroviral **T**herapy
HCV	**H**epatitis **C** **V**irus
HIV	**H**uman **I**mmunodeficiency **V**irus
IDU	**I**njecting **D**rug **U**ser
IEC	**I**nformation, **E**ducation **C**ounselling
INI	**IN**tegrase **I**nhibitor
MARP	**MAR**ginalised **P**opulation
MTCT	Mother **T**o **C**hild **T**ransmission
NASBA	**N**ucleic **A**cid **S**equence **B**ased **A**mplification
NNRTI	**N**on**N**ucleoside **R**everse **T**ranscriptase **I**nhibitor
NRTI	**N**ucleos(t)ide **R**everse **T**ranscriptase **I**nhibitor
PI	**P**rotease **I**nhibitor
PCR	**P**olymerase **C**hain **R**eaction
PEP(SE)	**P**ost **E**xposure **P**rophylaxis after (**S**exual **E**xposure)
PMTCT	**P**revention of **M**other **T**o **C**hild **T**ransmission
RNA	**R**ibo**N**ucleic **A**cid

7

SUPPLEMENTS

7 / I
TREATMENT ADVOCACY TRAINING AGENDA

7 / II
TREATMENT ADVOCACY TRAINING EVALUATION FORM

7.

SUPPLEMENTS

I. TREATMENT ADVOCACY TRAINING AGENDA

FRIDAY

09.00 – 09.30	Welcome and Introduction Ana Lúcia Cardoso
09.30 – 10.30	What is advocacy? Tomislav Vurusic, Alain Volny-Anne
10.30 – 11.00	Feedback from the group work Tomislav Vurusic, Alain Volny-Anne
11.00 – 11.20	Coffee Break
11.20 – 12.00	Presentation of Dublin Declaration Svilen Konov, Alain Volny-Anne
12.00 – 13.00	Country Progress on Dublin Declaration Svilen Konov, Alain Volny-Anne
13.00 – 14.30	Lunch
14.30 – 15.30	Feedback from the group work: presentation of three priorities per country Svilen Konov, Stephan Dressler
15.30 – 15.45	Coffee Break
15.45 – 16.45	Power mapping: stakeholders identification / who is who in each country Anna Zakowicz, Stephan Dressler and Svilen Konov
14.45 – 17.00	Presentation of training structure Anna Zakowicz, Svilen Konov
17.00 – 17.15	Summary of the day Ana Lucia Cardoso

SATURDAY

09.00 – 09.15	Introduction and warm up Alain Volny-Anne, Svilen Konov
09.15 – 11.00	Development of advocacy tools and actions Stephan Dressler
11.00 – 11.20	Coffee Break
11.20 – 12.00	Feedback from the group work Stephan Dressler
12.00 – 13.00	Techniques to address stakeholders Svilen Konov
13.00 – 14.30	Lunch
14.30 – 16.00	Practical exercise – Techniques to address stakeholders (coffee break to be decided within the group) Svilen Konov
16.00 – 17.00	Feedback from the group work Svilen Konov
17.00 – 17.15	Summary of the day Ana Lucia Cardoso

SUNDAY

09.30 – 09.50	Introduction of scenario Stephan Dressler
09.50 – 11.00	Role-play: press conference All trainers
11.00 – 11.15	Coffee Break
11.15 – 12.15	Open discussion: future strategies, future trainings, action plans, etc. All trainers
12.15 – 12.30	Summary of the day and conclusions Ana Lucia Cardoso

7.

SUPPLEMENTS

II. TREATMENT ADVOCACY TRAINING EVALUATION FORM

Evaluation form

HIV/AIDS Treatment Advocacy

Please circle when appropriate a score between 1 and 5
in accordance with the following guidelines:

1 – Very poor
2 – Poor
3 – Adequate
4 – Good
5 – Very good

For example:

1	How relevant do you consider the seminar topic?	1 2 3 4 5

Content

1	How relevant do you consider the seminar topic?	1 2 3 4 5
2	How good are the seminar documents – printed materials	1 2 3 4 5
3	How well did the seminar meet your needs?	1 2 3 4 5
4	How well did the seminar fit your expectations?	1 2 3 4 5
5	How valuable was the seminar in increasing your knowledge?	1 2 3 4 5
6	How valuable was the seminar in increasing your skills?	1 2 3 4 5
7	How well will you be able to apply what you have learned?	1 2 3 4 5

8	Which sessions of the seminar were most useful to you?
9	Which sessions of the seminar were not useful to you?
10	What information or skills do you still lack?
11	Comments & suggestions

Methods

12	How did you like the methods used?	1 2 3 4 5
13	Was there sufficient participation/interaction?	1 2 3 4 5
14	How well did the methods fit your expectations?	1 2 3 4 5
15	What method did you not like?	
16	What method do you still look for?	
17	Comments & Suggestions	

Trainers

18	How good were the trainers in terms of knowledge?	1 2 3 4 5
19	How good were the trainers in terms of delivery skills?	1 2 3 4 5
20	How responsive/flexible were the trainers to your needs?	1 2 3 4 5
22	What was good about the trainers?	
23	What was bad about the trainers?	
24	Comments & Suggestions	

Practical arrangements

25	Communication/information before seminar	1 2 3 4 5
26	Support from seminar organizers	1 2 3 4 5
27	Hotel room and services	1 2 3 4 5
28	Seminar venue	1 2 3 4 5
29	Meals	1 2 3 4 5
30	Comments & suggestions	

General

31	How successful was the seminar in creating networking opportunities?	1 2 3 4 5
32	How are you planning to follow-up on the seminar? What is your action plan?	
34	Anything not addressed?	

Thank you for your feedback!

Acknowledgments

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HIV/AIDS TREATMENT ADVOCACY

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THANK YOU FOR YOUR SUPPORT!

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