GNP+ GLOBAL NETWORK OF PEOPLE LIVING WITH HIV

STRATEGIC PLAN
2011-2015

CONTENTS

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ABBREVIATIONS & ACRONYMS

Alliance	International HIV/AIDS Alliance
APN+	Asia-Pacific Network of People living with HIV
ART	Anti-retroviral therapy
CRN+	Caribbean Regional Network of People living with HIV
CSO	Civil society organisation
EATG	European AIDS Treatment Group
ECUO	East Europe and Central Asia Union of People living with HIV
GIPA	Greater involvement of people living with HIV
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People living with HIV
GNP+NA	Global Network of People living with HIV–North America
HSS	Health systems strengthening
IAS	International AIDS Society
ICASO	International Council of AIDS Service Organisations
ICW	International Community of Women living with HIV
IFRC	International Federation of Red Cross and Red Crescent Societies
INPUD	International Network of People who Use Drugs
IPPF	International Planned Parenthood Federation
ITPC	International Treatment Preparedness Coalition
MCH	Maternal and child health
MDG	Millennium Development Goals
MSM	Men who have sex with men
MSMGF	Global Forum on HIV and MSM
NAP+	Network of African People Living with HIV
NGO	Non-governmental organisation
NSWP	Network of Sex Worker Projects
PEPFAR	President's Emergency Plan for AIDS Relief
PHDP	Positive Health, Dignity and Prevention
PLHIV	People living with HIV
RedLA+	Latin American Network of People Living with HIV
SPWG	Strategic Planning Working Group
SW	Sex worker
UN	United Nations
UNAIDS	United Nations Joint Programme on AIDS
UNDP	United Nations Development Programme
WAC	World AIDS Campaign
WHO	World Health Organization

EXECUTIVE SUMMARY

The Global Network of People Living with HIV (GNP+) has been at the forefront of the HIV response since 1986. GNP+ aims to continue to play an active role in guaranteeing the meaningful involvement and quality of life of people living with HIV (PLHIV) by transforming itself in order to meet the ever-growing needs and challenges of the HIV response. Informed by the vision to be a powerful, united worldwide social movement of PLHIV, with their leadership and voice at the core of the HIV pandemic, GNP+ recognises the need to evolve with the times to remain current and cutting-edge.

The past 25 years have witnessed an unprecedented commitment to and progress towards HIV services and responses. However, the GNP+ Strategic Review and the strategic planning processes have taken place at a critical time for the response to HIV and for GNP+. The global environment is changing, which includes: a pandemic with 33.4 million PLHIV; the 2010 targets for universal access remain unmet; a changing funding architecture; an economic crisis; the 're-medicalisation' of HIV; the move towards wider responses to health and the Millennium Development Goals (MDGs); and increased attention to human rights. Meanwhile, GNP+ has undergone rapid growth, faces critical challenges as an HIV network, and functions in a crowded civil society arena amidst increasing efforts to consolidate.

There is no doubt that the HIV response has changed immensely in the past five years, being positively influenced by the effectiveness of anti-retroviral medications and the increasing recognition of the human rights of PLHIV and challenged by the decrease in funding for HIV and PLHIV networks. The needs of PLHIV and the subsequent HIV response will continue to evolve in the coming five years and beyond. In advance of the development of this new Strategic Plan to properly gauge and engage with the current and future challenges and opportunities facing PLHIV, in 2010 GNP+ undertook a consultative Strategic Review with PLHIV, PLHIV networks, and other key stakeholders.

This comprehensive Strategic Review explored key questions in three areas, focusing on the role, work, and governance of GNP+. While the new Strategic Plan 2011–2105 builds on the achievements of the past, it is also grounded in the realities facing PLHIV today and incorporates recommendations from GNP+'s Strategic Review. From the Strategic Review, GNP+ has identified the continued needs of PLHIV, opportunities and challenges for GNP+, and key priority areas for moving forward. These are described as follows below.

What are the needs of PLHIV and their networks?

Quality of life of PLHIV: HIV is a manageable, but stigmatised disease. Due to improvements in the medical management of HIV during the last decades, more people receive anti-retroviral treatment and live longer with fewer HIV-related complications. PLHIV

remain active and productive members of all facets of society, at home and at work. While for many people HIV is a chronic, rather than fatal disease, PLHIV still face considerable stigma compared to that of people living from other chronic diseases. While availability, uptake, and adherence to life-saving medications may be on the rise, advances in the quality of life and the enjoyment of rights by PLHIV are continually undermined by stigma and discrimination. Most of the 33 million PLHIV, even those with access to life-saving medications, live in a world where they face discrimination at home, in the workplace, or even in healthcare settings.

Access to HIV services: Despite the global deadline, targets left unmet. Despite the commitment from the international community towards achieving universal access for HIV prevention, treatment, care, and support services by 2010, this deadline has been unmet. In 2009, only one-third of people (5.2 million) in need of treatment had access to anti-retroviral therapy (ART), while 10 million did not. The coverage of prevention interventions is still so woefully insufficient that, in 2009, for every person who was able to access ART, two new infections occurred. Simply put, demand is still outpacing existing supply and equitable access remains a severe challenge. In all regions across the globe, women, young people, and key populations such as men who have sex with men, sex workers, and drug users face additional barriers to care. These realities are magnified by the fact that the sustainability of access to services is under serious threat due to diminishing resources for HIV services. The effect of this is widespread as more PLHIV need access to treatment and health services throughout their life, especially as more people are diagnosed earlier, starting treatment earlier, and living longer with HIV. Importantly, the health needs of PLHIV extend far beyond access to ARTs and, thus, must ensure access to broader health and social services such sexual and reproductive health services, mental health services as well as access to social welfare, education, and legal services.

Greater involvement of PLHIV (GIPA). GIPA is a guiding principle that calls for the active and meaningful participation of people living with HIV in the inception, development, implementation, monitoring, and evaluation of policies and programmes. To be successful, the involvement of people living with HIV should be streamlined across all aspects of the HIV response, including prevention, treatment, care and support. Meaningful involvement remains a challenge for PLHIV and their networks due to a variety of factors such as insufficient capacity, resources, and the difficulties posed by representation and consultation. In the last decade, PLHIV have increasingly and effectively organised in new platforms, aided by information and communications technologies and social media, according to age, gender, sexuality, and/or specific need. GNP+ recognises the need to adapt as a network of networks to reflect the ways in which PLHIV currently choose to organise. In light of the Strategic Review and with this new Stra-

SNAPSHOT OF GNP+ ACHIEVEMENTS IN 2006–10

Since 2006, GNP+ has developed a new model for the collection of evidence; increased involvement with regional PLHIV networks and HIV-positive individuals; improved access to technical expertise from global partners; and formed better structural relationships with other networks and civil society partners. This new way of working has proven successful in supporting global, regional and national structures; developing and sustaining networking functions that cannot be otherwise funded; ensuring structural mechanisms to document the voices and experiences of PLHIV; and ensuring that PLHIV advocacy messaging results in positive change at the global, regional and national levels.

Examples of specific results include:

- Scaling up evidence-gathering tools, such as the Criminalisation Scan (implemented in over 200 countries).
- Identification of sources of stigma (PHLIV Stigma Index) and human rights violations (Human Rights Count!).
- Influencing global policy-making bodies such as WHO on the 2010 ART guidelines
- Development of the Positive Health, Dignity and Prevention framework in collaboration with UNAIDS that has led to a paradigm shift in thinking for positive prevention; and support for in-country evidence gathering resulting in policy change (Bolivia's law on disclosure; Tanzania's policy changing to Positive Health Dignity and Prevention.

tegic Plan, GNP+ aims to re-orient itself to be membership-driven to ensure its constituency remains all people living with HIV with the recognition of the diversity of this group and the diverse ways in which PLHIV network.

What are the opportunities and challenges for GNP+?

In the coming five years, GNP+ recognises that:

- Since international resources for HIV are in decline, GNP+ must intensify its advocacy, fundraising and cost-effectiveness in its operations.
- The sustainability of access to HIV treatment, care and support is under threat, which requires strategic collaboration with partners in areas of action research and advocacy.
- PLHIV networking and community strengthening is challenged by the increasing diversity of partners, but facilitated by the possibilities of social media.
- HIV is no longer seen as 'exceptional' in the international health and development community and, as such, GNP+ must engage more effectively in debates on global health.
- In a crowded civil society field, GNP+ needs to define and articulate its comparative advantage and explore strategic partnerships.

New directions and strategic choices based on the Strategic Review

In regards to global advocacy for supportive policies, programmes and services, GNP+ will:

- Strengthen its mandate and legitimacy as the global voice and leader for PLHIV, and work in close collaboration with others in order to complement one another's work.
- Maintain a focus on human rights, but also (re-)engage in advocacy around treatment, global health, MDGs, and financing.
- Balance various strategies for advocacy ranging from activism to policy dialogue.

In generating and sharing evidence for advocacy through knowledge management, GNP+ will:

- Expand its research agenda, building upon the proven success of action research.
- Decentralize research management where possible through the engagement of further PLHIV networks.
- Communicate findings more broadly so that partners and other stakeholders can use findings for advocacy.

In terms of strengthening the PLHIV community and networks, GNP+ will:

- Become a membership-driven organisation, clearly defining its constituency as all PLHIV.
- Work primarily with regional PLHIV networks and other population- and issue-based PLHIV networks.
- Seize upon the opportunities of social media and the Internet for virtual networking.
- Address the capacity building needs of regional and affiliated networks with urgency.
- Expand the diversity of representation on its Board of Directors.
- Engage currently underrepresented constituencies, such as the African PLHIV community, and create mechanisms to anticipate and engage future constituencies in urgent need.

Based on this review and guided by the Strategic Planning Working Group (SPWG), the GNP+ Strategic Plan 2011–2015 articulates GNP+'s comparative advantage and prioritises its strategic directions in order to meet the organisational mission and vision. This strategy is also aimed at our partners, and hopes to engage PLHIV and their networks, civil society partners, and donors in GNP+'s work towards full and equitable access to HIV services.

GNP+ STRATEGY 2011–2015

Mission: To improve the quality of life of PLHIV.

Vision: A powerful and united worldwide social movement of PLHIV, with PLHIV leadership and voices at the centre of the response to the HIV pandemic.

Goal: Equitable access to health and social services for PLHIV by focusing on social justice, PLHIV rights, and PLHIV involvement.

Purpose: Greater and more meaningful involvement of PLHIV (GIPA) in programme and policy development as it relates to PLHIV.

GNP+ has strategically prioritised its work along three guiding pillars for the coming five years. Grounded in these three core pillars, the GNP+ Board of Directors and Secretariat will develop detailed workplans that carry out the mission, vision, goal, and purpose of GNP+.

1. **GLOBAL ADVOCACY:** By 2016, GNP+ will have positively effected supportive policies, programmes and practices in sectors relevant for PLHIV.

GNP+ will revise its 1999 Global Advocacy Agenda to adequately reflect the Positive Health, Dignity and Prevention Framework. Once GNP+ and partners have defined the themes, audiences, advocacy objectives, messages, and media, the GNP+ Board and Secretariat will address global-level policy arenas while supporting affiliated networks with local advocacy campaigns. To ensure that PLHIV advocacy is evidence-informed, GNP+ will continue to generate tools for gathering evidence for advocacy.

2. **GLOBAL KNOWLEDGE MANAGEMENT:** By 2016, GNP+ will have increased the availability and use of strategic information for advocacy by PLHIV networks.

GNP+ will continue to expand the co-ordination of action research tools and methodologies on human rights; stigma; Positive Health, Dignity and Prevention; and sexual and reproductive health and rights. The GNP+ Secretariat will support the dissemination of evidence already collected in the last five years in order to facilitate and strengthen advocacy undertaken by all partners. GNP+ will expand support to partners and PLHIV networks to generate evidence and use it for local advocacy. The development of a corporate communications strategy will help GNP+ to improve consultation mechanisms and more effectively communicate results with internal and external stakeholders.

3. **Global community building:** By 2016, GNP+ will have increased the relevance, effectiveness, and cost-effectiveness of the global PLHIV network.

GNP+ will revise its systems and structures to become a membership-driven organisation, with effective and efficient consultative mechanisms. Based on the assessment of current PLHIV networking strategies and needs, GNP+ will implement a capacity building strategy to support affiliated regional PLHIV networks and other PLHIV networks. GNP+ will respond to the low-cost and flexible opportunities provided by social media for networking and community building. Consequently, GNP+ will continuously strengthen the structure and function of its Board of Directors and the International Secretariat to implement this strategic plan.

Conclusion

GNP+'s extensive review and analysis of its work has led to the development of an innovative and ground-breaking Strategic Plan that will lead GNP+ to be accountable to its constituents—all people living with HIV—in the next five years. The commitment from GNP+ to focus on its key strengths and to support PLHIV, who decide to network and organise in various ways, will ensure that GIPA will lead to an increased accessibility of services for PLHIV and their families by 2016.

GNP+ BY 2016

- GNP+ will strive to be a membership-driven organisation with a constituent base of all PLHIV and support them in any way they want to network.
- GNP+'s niche, or unique contribution to the HIV response, will remain GIPA.
- GNP+ will build on past advocacy successes in defining and disseminating a new global advocacy agenda that will be implemented by all PLHIV networks at various levels.
- GNP+ will have mobilised around virtual networking and do so with the goal of strengthening its existing networks and reaching out to new networks not previously linked to GNP+ in recognition of the diversity of PLHIV today.
- GNP+ will engage in strategic partnerships to align and synergise work without overlaps and strive for cost-effectiveness in all areas of its work.

1. BACKGROUND & INFORMATION

The Global Network of People living with HIV (GNP+) was founded 25 years ago to improve the quality of life of PLHIV. GNP+ has a vision to be a powerful, united worldwide social movement of PLHIV, with their leadership and voices at the centre of the response to the HIV pandemic.

The purpose of the Strategic Plan 2011–2015 is to ensure the organisation's vision and to do so in a way that articulates GNP+'s priorities and comparative advantage in order to respond efficiently to opportunities and challenges in the coming five-year period. This strategy aims to engage our partners, PLHIV and their networks, civil society partners, and donors in GNP+'s work towards full and equitable access to HIV services.

1.1 Development process

The Strategic Plan 2011–2015 was developed under the guidance and oversight of the Strategic Planning working group (SPWG), which consisted of representatives from the Board, Secretariat and external stakeholders. A literature review and consultations informed the situation analysis, while the GNP+ 2010 Strategic Review offered analysis of GNP+'s work over the last five years and outlined the challenges and opportunities for the future. The GNP+ Board approved this strategy in March 2011, and the International Secretariat will continue to develop annual workplans and budgets to implement the strategy accordingly.

1.2 GNP+ background

The aims of GNP+ are to improve the quality of life, through equitable and universal access to services, for all PLHIV. As the global network of people living with HIV, GNP+'s core strategy is to operationalise the GIPA principle at all levels of the global response through involving PLHIV in all aspects of the HIV response and related services. Since the founding of the organisation, GNP+'s core activities have centred on advocacy, information and knowledge management, and network and community strengthening. Advocacy has been the traditional focus of GNP+ and has included a range of strategies such as activism; campaign and policy dialogue; programmes; and services.

In order to improve the advocacy efforts taken, GNP+ has increasingly invested its time and resources into action research and knowledge management to effectively communicate the information and evidence originating from said research.

GNP+, as a network of networks, undertakes its daily work aided by management support from an International Secretariat and strategic guidance and oversight from the international Board.

Through this network of networks structure, GNP+ has supported PLHIV to organise themselves to improve their lives and articulate their needs from the community level through international policy forums. GNP+ currently consists of six regional, autonomous

PLHIV networks which serve as regional hubs for national and local networks. GNP+ also provides a platform for new and emerging PLHIV networks among specific populations and constituencies and through social media. The Y+ Programme for young PLHIV and the Positive Community, GNP+'s virtual community, are two such examples of key emerging networks and indicate GNP+'s commitment to incorporate the many ways that PLHIV network with one another, be it based on geography and/or other associations.

1.3 Guiding principles for GNP+

The strategies, implementation, and partner relations of GNP+'s work are guided by several core principles.

1. **Greater involvement of PLHIV (GIPA).** GIPA is a guiding principle that calls for the active and meaningful participation of people living with HIV in the inception, development, implementation, monitoring, and evaluation of policies and programmes. To be successful, the involvement of people living with HIV should be streamlined across all aspects of the HIV response, including prevention, treatment, care and support.

2. **GNP+'s strategy is guided by all needs of all PLHIV; however, the work of GNP+ needs to be focused to remain effective.** Alone, GNP+ cannot do everything that is needed for all PLHIV. Therefore, GNP+ forms strategic partnerships with organisations based on a particular issue, population, and/or geography that address the specific needs of PLHIV.

3. **Constituency driven.** All PLHIV form the constituency of GNP+. As such, the strategies, activities and implementation of GNP+'s work need to reflect the concerns of this constituency as fully as possible.

4. **Transparency and accountability.** GNP+ maintains transparency in its operations and decision making, and is accountable to its constituencies as well as donors.

5. **Global Advocacy Agenda, an agenda based on evidence.** To guide and focus advocacy efforts, GNP+ regularly updates its advocacy agenda through widespread consultation. It is proven that evidence-based advocacy is more effective. Thus, GNP+ invests in research and knowledge management.

6. **Human rights and equity.** Human rights are universal. This is also the case for PLHIV. One's HIV status or any other personal characteristic should never be a reason to reduce access to civil rights and health and social services. Equity refers to people being able to access appropriate services based on their needs regardless of their means, geography, gender, or any other demographic description. HIV policies, programmes and actions need to respond appropriately to unequal access.

7. **Gender equality.** Women, men who have sex with men, and transgendered people are confronted with specific challenges regarding access to services, discrimination and stigma. GNP+ aims to be gender-sensitive and to address gender equity in all its activities and systems.

8. **Inclusion and diversity.** PLHIV and networks differ in each culture, geography, and population[1]. GNP+ aims to be inclusive and respectful to the diversity of PLHIV in terms of needs, expression, and operations.

9. **Cost-effectiveness and sustainability.** GNP+ aims to achieve its outcomes in the most cost-effective way, and is especially conscious about the already limited and decreasing resources available for networking.

[1] GNP+ recognises the specific needs of PLHIV by age, gender, location, and/or key population (for example, people who use drugs, sex workers, men who have sex with men, transgendered people, etc.).

1.4 Positive Health, Dignity and Prevention: A paradigm shift for PLHIV[2]

The primary goal of Positive Health, Dignity and Prevention (PHDP) is to improve the dignity, quality and length of the lives of people living with HIV. If achieved, this will have a far-reaching, beneficial impact on communities of PLHIV, their partners and families, including reducing the likelihood of new infections.

Positive Health, Dignity and Prevention recognises and encompasses the full range of health and social justice issues for people living with HIV. PHDP espouses the fundamental principles that responsibility for HIV prevention should be shared, and that policies and programmes for people living with HIV should be designed and implemented with the meaningful involvement of people living with HIV.

By linking the social, health, and prevention needs of the individual living with HIV within a human-rights framework, PHDP results in a more efficient use of resources and ensures outcomes are not only more responsive to the needs of people living with HIV, but also more beneficial for their partners, families and communities.

Attaining the goal of Positive Health, Dignity and Prevention specifically requires promoting and affirming the empowerment of people living with HIV through the following objectives:

1. Increasing access to, and an understanding of, evidence-informed, human rights-based policies and programmes that support individuals living with HIV to make choices that address their needs and allow them to live healthy lives free from stigma and discrimination.

2. Scaling-up and supporting existing HIV counselling, testing, care, support, treatment, and prevention programmes that are community owned and led, and increasing access to rights-based health services including sexual and reproductive health.

3. Scaling-up and supporting literacy programmes in health, treatment, prevention, human rights, and the law and ensuring that human rights are promoted and implemented through relevant programmes and protections.

4. Ensuring that undiagnosed and diagnosed people, along with their partners and communities, are included in HIV prevention programmes that highlight shared responsibilities regardless of known or perceived HIV status and that they have opportunities for, rather than barriers to, empowering themselves and their sexual partner(s).

5. Scaling-up and supporting social capital programmes that focus on community-driven, sustainable responses to HIV by investing in community development, networking, capacity building, and resources for people living with HIV organisations and networks.

Major Components of Positive Health, Dignity and Prevention:

1. Empowerment
2. Gender equality
3. Health promotion and access
4. Human rights
5. Preventing new infections
6. Sexual and reproductive health and rights
7. Social and economic support
8. Measuring impact

In the formulation of GNP+'s Strategic Plan 2011–2015, Positive Health, Dignity and Prevention served as the basis for the situation analysis, the Strategic Review 2006-2010, and the development of GNP+'s Strategic Directions for the coming five years.

[2] From GNP+ and UNAIDS (2011) Positive Health, Dignity and Prevention: A policy framework.

2. SITUATION ANALYSIS

As of 2010, UNAIDS estimates that there are 33.3 million people living with HIV globally, the majority of which live in Sub Saharan Africa (22.5 million)[3]. Although PLHIV share one key characteristic — living with HIV — the diversity of the PLHIV community must be recognised alongside the fact that individual needs and circumstances vary widely according to age, gender, location, economic status, race, nationality, etc. This chapter provides an analysis of the current situation and the emerging needs of PLHIV and their networks, an analysis that is contextualised by an overview of the key opportunities and threats facing GNP+ in the coming five years. This analysis was informed by a desk review of GNP+ reports and international literature, and was complemented with individual interviews and group discussions with PLHIV, networks and partners.

2.1 Situation analysis of PLHIV & PLHIV networks

2.1.1 Quality of life of PLHIV

The quality of life of PLHIV has significantly improved since the beginning of the epidemic. PLHIV are living longer, healthier, more productive lives thanks to health services. Anti-retroviral treatment has, for many people living in resource-rich countries, transformed HIV from a fatal disease into a chronic, manageable condition. GNP+'s own research indicates that in some places increased general awareness and knowledge about HIV have resulted in reduced stigma and discrimination.

However, progress has not been equal, and there is ample evidence of PLHIV suffering from stigma and discrimination within their families, their workplace, and their communities at large. For the vast majority of PLHIV, health and well-being are still seriously affected by HIV. In 2009, 1.8 million people died from HIV-related causes. In the same year, 7000 people per day were newly infected with HIV (2.6 million people in total). Of the adults newly infected, 41% were young adults, 51% women, and 97% people living in middle- and low-income countries[4].

Evidence on the quality of life of PLHIV is limited. Despite the emphasis on improving the quality of life of PLHIV, there is little systematic evidence. GNP+ has developed research tools to collect evidence on certain aspects of the quality of one's life. However, the majority of the research instruments are still developed by academics and researchers without the meaningful involvement of PLHIV.

In conclusion, the following trends are expected over the next five years:

- The quality of life for PLHIV will continue to improve, but not equally across regions and populations.
- There will be a continued need for more, community-driven research to monitor the quality of life of PLHIV.

[3] UNAIDS (2010) Global AIDS Report.
[4] UNAIDS (2010) Global AIDS Report.

2.1.2 Access to HIV services

The past 25 years have witnessed unprecedented commitment and progress towards HIV services and responses. Some important milestones include the 2001 UNGASS Declaration of Commitment and the UN Millennium Summit on MDGs, which resulted in the establishment of the Global Fund for AIDS, Tuberculosis and Malaria (GFATM); the WHO '3 by 5' Initiative; and the 2006 UN Political Declaration on HIV/AIDS calling for Universal Access by 2010 to HIV prevention, treatment, care and support.

Access to health services has effectively increased owing to increased funding and political support. As of 2010, 5.2 million people had access to ART (36% of the total need); over half of all pregnant women with HIV received ART to prevent mother-to-child transmission of HIV (53% of the total need); and over 350,000 children with HIV received treatment and care (28% of the total need). Moreover, prevention programmes have contributed to decreasing the number of new HIV infections. Progress has been further supported through the development of new guidelines to reduce HIV-related morbidity and mortality, while research indicates the feasibility of delivering effective HIV services in limited resource and technology settings[5].

Unfortunately, the global community has missed universal access targets. Only one-third (36% of 5.2 million) of the people in need of treatment had access to ART in 2009, while 10 million did not (see figure below). Additionally, many people living with HIV remain unaware of their HIV status, and, thus, do not benefit from life-saving treatment. In Sub-Saharan Africa, 40% of people are unaware of their HIV status, with similar percentages reported elsewhere. Less than one-third of children under the age of 15 in need of ART actually receive it[6]. Coverage of prevention interventions is still woefully insufficient; for example, in 2009 for each person able to access ART, two new infections occurred[7].

Access to ART reported as of December 2009[8] ('000)

Region	Access	Need	Percentage
Sub-Saharan Africa	3,900	10,600	37%
Latin America/Caribbean	478	950	50%
East/SE Asia	739	2,400	31%
Europe/Central Asia	114	610	19%
Middle East/North Africa	12	100	11%
Total	**5,250**	**14,600**	**36%**

The need for HIV health services will continue to increase as more people are diagnosed and live longer with HIV. The 2010 WHO treatment guidelines have already led to an increased need for ART, since earlier uptake of treatment is recommended. This creates a challenge for health systems to meet the needs of providing low-cost medicines, diagnostics, counselling, and other human resources.

[5] WHO, UNICEF, UNAIDS (2010) 'Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector.'
[6] WHO, UNICEF, UNAIDS (2010) 'Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector.'
[7] UNAIDS (2010) Global Progress Report.
[8] UNAIDS (2010) Global Progress Report.

PLHIV need healthcare beyond HIV services[9]. PLHIV need additional, non-HIV-specific health services as ageing with HIV becomes the norm and co-morbidities need to be addressed (cancers, side effects, etc.). Certain groups of PLHIV have special healthcare needs, including sexual health services, reproductive health services, viral hepatitis treatment, tuberculosis (TB) treatment, mental health services, and/or harm reduction services. Measurable health gains can be achieved through the integration of HIV and other healthcare services. In fact, some HIV services are more sustainable and accessible if integrated into broader health systems. For example, in 2008 only 22% of reported TB cases knew their HIV status[10], showing that integration of HIV services would benefit people living with TB. Similarly, 9% of global maternal mortality is HIV-related in Sub-Saharan Africa[11], indicating that integration with HIV services would be mutually beneficial to HIV and SRHR services.

PLHIV need more than health services, as articulated in the tenets of Positive Health, Dignity and Prevention. PLHIV needs vary according to their age, gender, health status, geography, etc. Most PLHIV state that they need access to education, social welfare, economic opportunities, legal protection, information, etc. Each person's hierarchy of needs may change over time, and non-medical needs gain importance as people live longer with fewer health problems. Crucially, the needs of people affected by HIV, such as partners, children, widows, etc., are also the concern of PLHIV.

Equitable access is a challenge, since specific groups face additional barriers and burdens to access HIV services. There exists a large body of evidence on the socio-cultural and legal barriers that lead to disparities in access to services and health outcomes for PLHIV. Societal inequalities tend to translate into unequal access. For example, in Sub-Saharan Africa women and children are disproportionately affected. Even where HIV services are free, transport costs create a barrier and prevent access for the poor. In all regions, marginalised and criminalised populations such as sex workers, people who use drugs, and men who have sex with men have reduced access to services than others groups in society.

Health and other public policies influence access to HIV services. HIV-related stigma is a major barrier to accessing HIV services. Unless policies and programmes address this, and stigma-reducing interventions are put into place, these barriers will persist. Public policies and legislation not directly related to health also affect the lives of PLHIV and need to be responsive. Concretely, the price of ARTs is affected by trade regulations and rules regarding duties and taxes. Social justice requires legislation that ensures equal access for PLHIV and marginalised groups to public goods and services. The Global Commission on HIV and the Law was launched in June 2010 by UNDP to address these issues.

Ensuring quality services requires health systems strengthening. Weak health systems hinder the scale-up of HIV responses because health systems are largely dependent upon health financing, planning, procurement, logistics, quality, and the number of human resources available, etc. Task-shifting helps to address the shortage of health workers, but ensuring quality, safety and motivation remains a challenge. New ART regimens require monitoring for HIV drug resistance and toxicity, which places additional demands on laboratory services. As HIV becomes a chronic disease, HIV management guidelines need to be adapted to reflect these realities, which require additional resources for research and training.

The sustainability of services requires cost reduction and efficiency. Accessing long-term HIV services, especially ART, remains

[9] UNAIDS, GNP+ (2010) Positive Health, Dignity and Prevention: A policy framework.
[10] ITPC (2010) Missing the target.
[11] ITPC (2010) Missing the target.

costly. In 2009, the median price of first-line ART was US$137–202 per year, while second-line treatment remained far more expensive (US$853–3638/year). As more people access ART and remain on treatment longer, especially if adherence decreases and resistance increases, it is likely that more people will need second line regimens[12]. In 2009, 38% of low- and middle-income countries experienced at least one stock-out of ARTs[13]. Given these realities, the health sector will also need additional resources for diagnostic support, healthcare workers, infrastructure, and training.

In conclusion, the trends in the needs of PLHIV in the next five years include the following:

- More PLHIV will be diagnosed, qualify for ART, and live longer on treatment.
- Accessing long-term treatment, including second line, diagnostics, care and support will be costly.
- The long-term management of chronic HIV requires protocols, research, and resources.
- The non-medical needs of PLHIV gain importance as people live longer with fewer health problems.

2.1.3 Greater involvement of PLHIV

The greater and more meaningful involvement of PLHIV (GIPA) has shown to be crucial to increasing accessibility to and the quality of HIV services and, consequently, the quality of life of PLHIV. Since the GIPA principle was accepted in 1991, it has become a guiding principle for responses at the local and the global levels. GIPA has lead to a paradigm shift in global public health, namely, that PLHIV involvement is central to global programmes such as the UN and GFATM; that PLHIV participate in the planning and governance of national responses through membership in most CCMs[14] and even some National AIDS Commissions[15]; and PLHIV are central to many local responses from service provision to peer support.

The greater involvement of PLHIV starts with PLHIV community development and network support. PLHIV and community organisations are key partners in HIV programmes and services. National planning processes that involve PLHIV and vulnerable groups respond better to local needs. For this reason, NGO support, or 'Community System Strengthening,' has become a crucial strategy of national AIDS programmes.

A paradigm shift must be recognised and adhered to regarding the ways in which PLHIV network, particularly because networks increasingly and effectively utilise social media within key populations and on specific issues. The geographical logic underpinning PLHIV networking — from local to national and regional networks upwards to the global network — is outdated and does not adequately reflect the ways that PLHIV choose to network today. In recent decades, important networks of PLHIV have come to exist outside this geographical framework of GNP+. These include, for example, networks of PLHIV based on gender (ICW), issue-based networks (ITPC and EATG), and population-based networks (MSMGF, INPUD and NSWP). More recently, virtual internet-based communities have gained great popularity as they offer the advantage of confidentiality, the elimination of distance, and a low cost. Still, most PLHIV continue to express the need to form local, mutual support groups. All these networks overlap and have shared as well as divergent goals.

PLHIV organisations require resources and capacity for their meaningful involvement. A recent assessment[16] found that national PLHIV networks need support in order to

[12] As of 2009, resistance remained low (0-15%), and adherence high (80% after 1 year), as 84-97% of patients were on first-line regimens.
[13] ITPC (2010) Missing the target.
[14] Country Co-ordinating Mechanism, the governance structure for GFATM programmes, require community and PLHIV representation.
[15] Paxton, S & Janssen, P (2009) GIPA Scoping Report.
[16] Paxton, S & Janssen, P (2009) GIPA Scoping Report.

engage PLHIV meaningfully in national HIV responses. This support includes technical capacity (for advocacy, community mobilisation, etc.); organisational capacity building (planning, financial management, fundraising, etc.); and resources (financial and human resources). GNP+'s 2010 needs assessment of regional PLHIV networks supports these finding and also indicates the need for urgent capacity building[17].

In conclusion, the trend in the needs of PLHIV networks in the next five years include:

- Key population-based networks will need support.
- Virtual networking will be a cheap and accessible option for PLHIV.
- Local networking in resource-constrained settings will remain critical for community development, albeit expensive and in need of capacity building.
- Different PLHIV networks will need to co-ordinate and align their advocacy positions and strategies.

2.2 Conclusions: Challenges and opportunities for GNP+ in the next five years

2.2.1 Resource constraints for HIV and global health

International resources for HIV are decreasing with the economic crisis and shifting donor priorities. This trend specifically applies to the two main funders of HIV services — GFATM[18] and PEPFAR[19]. While both GFATM and PEPFAR are increasing their budgets for health systems strengthening, this comes at the expense of disease-specific services[20]. Core funding for PLHIV networking and advocacy is especially difficult to access. Additionally, many government's domestic budgets for HIV and health and social services have also been cut. For example, by 2008, only 3 of the 52 African governments who signed the 2001 Abuja Declaration achieved the goal of allocating 15% of their annual budgets to health services[21]. Donors and governments have set up systems and expectations to fund HIV treatment, care and support and now face the dilemma of ensuring continued access for those on treatment and those who need it.

GNP+ will respond to this reality in terms of advocacy, action research, and organisational management. In its action research and advocacy work, GNP+ will address the causes and consequences of this resource crunch by addressing new topics (treatment, trade agreements, etc.) and audiences (economic and international development policy makers). Organisationally, GNP+ will undertake more fundraising, achieve cost-effectiveness in its operations through prioritisation of its activities, and achieve efficiencies through further strategic collaboration with partners within and outside GNP+.

2.2.2 Access to treatment, care and support will be challenged in the next five years

As treatment, care and support needs increase and resources decrease, the sustainability of treatment access is at risk. The number of PLHIV will increase due to better case findings and improved longevity on ART. The total cost of treatment is likely to increase as more people live longer and experience co-morbidities and ageing with HIV. This is magnified by an increased need for equitable access to a range of ARTs beyond starter regimens and the need for sophisticated diagnostics. If trade agreements

[17] GNP+/Sparks (2010) Rapid Needs Assessment of Regional Networks.
[18] GFATM, was to channel US$ 10 billion per annum to the three disease programs, but could never pledge more than US$ 3.54 billion (in 2010).
[19] PEPFAR, the US AIDS program of US$ 48 billion for five years, obligated 59% of its budget as of January 2011.
[20] GFATM will fund maternal and child health services from round 11[20], and PEPFAR has broadened its focus to 'global health', instead of HIV.
[21] ITPC (2010) Missing the Target, p 8.

increase the cost of essential medicines, this will only augment the problem.

GNP+ will address this, in close collaboration with ITPC and other civil society partners, by actively re-engaging in advocacy around access to treatment, care and support.

2.2.3 Networking in the 21st century

In the past 25 years, the number and diversity of networks has increased and networking itself has been redefined by the advent of the internet and social media. GNP+ aims to be constituency-driven and recognises the need to reach out beyond its core partners and regional networks to embrace new and/or inadequately reached PLHIV networks such as population-and/or issue-based networks. Recent advances in social media and virtual communities should be seized upon as an opportunity for PLHIV networking, capacity building, and advocacy.

GNP+ will explore new and broader ways of networking. GNP+ will find ways to become a membership-driven organisation, utilising new methods of communication and consultation with PLHIV and their networks[22]. The 'Positive Community' platform will serve as a starting point. GNP+ will also explore alternative organisational structures (fewer layers, hosting in other organisations, etc.) and more cost-effective operating modalities (e.g., less travel and fewer offices and staff, etc.).

2.2.4 Beyond HIV exceptionalism

In international development, HIV is increasingly viewed as and subsequently funded in the context of global health. Currently, HIV is viewed less as an exceptional public health or development challenge than in years past. This generates a new set of opportunities, such as more integration, and a new set of challenges, such as fewer resources for HIV.

GNP+ will engage in this debate and, in doing so, form new partnerships. In order to be a more effective advocate for PLHIV needs, GNP+ will proactively explore the implications of different processes and policies that address the integration of HIV into wider health and non-health sector responses. Important issues include the increased medicalisation of HIV (for example the implications of 'treatment as prevention') and the lessons learnt on GIPA and community involvement are shared with other disease programmes. GNP+ will also form strategic partnerships beyond the HIV civil society with, for example, governments, private sector, and research institutes. Working to maximise the participation of PLHIV in integrated environments while striving for increased investment in HIV will be a challenge for GNP+ in the coming five years.

2.2.5 Comparative advantage of GNP+

The HIV civil society has diversified and includes many players working on the topic of HIV or for the benefit of PLHIV[23]. The Strategic Review confirmed that partners perceive GNP+ as the key organisation for PLHIV advocacy with a clear mandate and representation from all regions. With the constraint on resources and more global community-based organisations emerging, GNP+ must strive as a 'network of networks' and 'the voice of PLHIV', to remain relevant to the needs of PLHIV and their networks.

GNP+ will maintain its position as the global leader of PLHIV. In order to ensure its mandate, GNP+ will engage its constituency of PLHIV and their networks, and strengthen and expand its strategic partnerships. PLHIV networks that do not currently perceive themselves as connected with GNP+ or its work will be encouraged to engage in future governance and programmes.

[22] This will be further defined as implementation strategies are developed.
[23] See Annex 3 for a mapping of GNP+ partner organisations and their organisational focus.

3. STRATEGIC DIRECTIONS

This section builds upon the findings of the GNP+ 2010 Strategic Review. The 2010 Strategic Review focused on GNP+'s effectiveness, and the role of GNP+ in the projected challenges and opportunities for the next five years.

3.1 Global advocacy

GNP+'s core business is global advocacy. GNP+'s global advocacy is varied and its strategies include participation in global policy forums, campaigning, developing position papers, etc. The Strategic Review identified that GNP+ has been effectual in global advocacy, for example, in re-framing 'Positive Health, Dignity and Prevention' with global policy makers. GNP+ has effectively professionalised its advocacy, created evidence to support advocacy positions, and strengthened its position in global HIV policy dialogues. Although some who were consulted in the Strategic Review miss the activism of the past, more activist strategies persist at the national and regional levels.

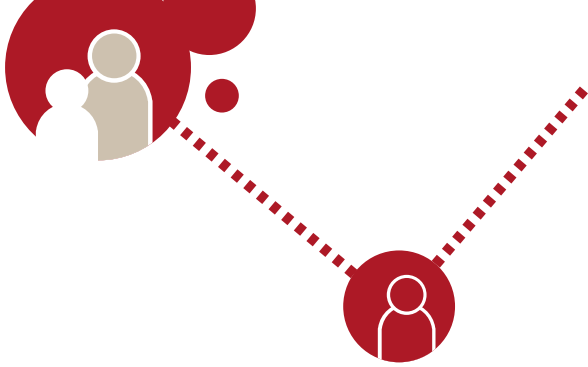
The advocacy challenges for the next five years centre around a shifting global environment for PLHIV. The era of 'AIDS exceptionalism' in policy and funding arenas appears to be coming to an end. While this provides opportunities for much-needed linkages between HIV and health services, this will test vertical programmes and funding streams. Resources for HIV programming are becoming scarcer as the main funders of HIV services are reducing as well as diversifying their financial support.

In the next five years, GNP+ will:

- Expand its global advocacy efforts to continue to be the global voice and leader for PLHIV.
- Take the lead in revising the 'Global Advocacy Agenda'.
- Collaborate with global, regional, and national PLHIV networks to define relative roles and to ensure synergies.
- Continue to balance different advocacy strategies ranging from activism to policy dialogue.
- Maintain a primary focus on human rights, but proactively re-engage in advocacy around treatment access, global health, MDGs, and financing.

3.2 Action research for evidence

Action research used to generate supporting evidence for advocacy is a relatively new and valued activity of GNP+. Action research, by definition, includes the development of research tools and supporting local PLHIV networks in the application and use of these tools for evidence generation and local campaigning. Current topics include stigma, human rights, GIPA, and sexual and reproductive health and rights. Findings from the Strategic Review indicate that several key stakeholders, including regional networks, are not aware of the rationale, implementation and/or outcomes of the action research, and, therefore, feel a lack of ownership.



In the next five years, GNP+ will:

- Build on the success of action research and expand the research agenda.
- Engage more PLHIV networks in action research and decentralise programme management wherever possible.
- Communicate findings more broadly via engaging partners to use findings for advocacy.

3.3 Network development across regions and populations

Traditionally, GNP+ as a network of networks has supported the formation of local and national PLHIV networks through engaging affiliated regional networks of PLHIV. At present, most countries have at least one national PLHIV network, often complemented by local networks, networks of women, and/or other key populations. Recently, GNP+ established 'Positive Community', a social networking platform hosted by GNP+. 'Positive Community' has yet to reach its full potential, but underscores GNP+'s commitment to recognising the new ways in which PLHIV networks use social media. Although national PLHIV networks are increasingly able to access financial support through national AIDS programmes or GFATM grants, a recent needs assessment of some regional networks[24] established that most of the regional networks assessed have insufficient financial and human resources to fulfil their ambitions. The African response appears to be most acutely affected by this.

The Strategic Review found that GNP+ is not perceived by all networks as a network of networks. Several constituents and stakeholders are unaware of the work and outcomes of GNP+, resulting in perceived and actual disconnect with the GNP+ International Secretariat. A related finding demonstrates that resources are scarcer and that HIV-specific networks face pressure to downsize, which may result in internal competition for funding. This, in turn, strains relations and expectations between the GNP+ International Secretariat, the affiliated regional networks, and other partner networks.

In the next five years, GNP+ will:

- Reorient itself as a modern type of global network of networks by redefining its constituency as all PLHIV and their networks. GNP+ will also proactively expand and engage this constituency.
- Jointly assess and address the organisational and technical capacity building needs of affiliated regional networks with urgency.
- Foster a greater sense of connection and ownership among PLHIV networks globally using communication and consultation, while exploring the potential for more systematic collaboration and/or mergers with other networks.
- Enhance GNP+'s own leadership by expanding the diversity of representation on its Board of Directors.
- Concentrate particular attention to engaging underrepresented constituencies.

[24] GNP+ and Sparks (2010) Rapid Needs Assessment of Regional Networks.

4. STRATEGY

4.1 Mission and vision

The mission of GNP+ is to improve the quality of life of PLHIV. Its vision is a powerful and united worldwide social movement of PLHIV, with PLHIV leadership and voices at the centre of the response to the HIV pandemic.

4.2 Goal, purpose and results

Goal: Equitable access to health and social services for PLHIV by focusing on social justice, PLHIV rights and PLHIV involvement

Purpose: Greater and more meaningful involvement of PLHIV (GIPA) in programme and policy development as it relates to PLHIV.

Result 1: Global advocacy: By 2016, GNP+ will have positively affected supportive policies, programmes and practices in sectors relevant for PLHIV.

Result 2: Global knowledge management: By 2016, GNP+ will have increased the availability and use of strategic information for advocacy by PLHIV networks.

Result 3: Global community building: By 2016, GNP+ will have increased the relevance, effectiveness, and cost-effectiveness of the global PLHIV network.

4.3 Broad activities per result

4.3.1 Global advocacy

This result relates to GNP+'s efforts to positively influence policies, programmes, and services relevant for PLHIV. As a first activity, a Global Advocacy Agenda will be defined with all partners outlining the themes, audiences, advocacy objectives, messages, and media. The Positive Health, Dignity and Prevention Framework will inform this process. Advocacy at the global-level policy arena is the comparative advantage of the GNP+ Board and Secretariat, whereas advocacy at local levels is best undertaken by local networks and will be supported by GNP+. To ensure that advocacy is informed, GNP+ will continue to generate evidence (see section 4.3.2 Global knowledge management). The GNP+ Board will ratify annual workplans.

	Key activities	Actors
1	Develop an advocacy strategy	International Secretariat, PLHIV networks[25], and advocacy partners
	1.1 Consultative process with broader stakeholders	International Secretariat
	1.2 Define Global Advocacy Agenda	International Secretariat, PLHIV networks & advocacy partners
	1.3 Annual workplans	International Secretariat
2	Co-ordination with potential partners (e.g., campaigns, position papers, influencing their strategies)	Lead actor depends on topic and strategy (International Secretariat, PLHIV networks, or partners)
3	Rapid response to emerging issues[26]	PLHIV networks gather information and the International Secretariat responds
4	Technical support to PLHIV networks on advocacy and evidence generation	International Secretariat, linking with PLHIV network experts
5	Create a communications platforms[27] for PLHIV and their networks to use and engage on issues	International Secretariat creates platforms

4.3.2 Global knowledge management

This result relates to the effort of GNP+ to generate, analyse and disseminate strategic information for programming on advocacy and network strengthening. In the first year, GNP+ will also develop a corporate communications strategy which engages with internal and external stakeholders for consultations and to communicate results. Furthermore, GNP+ will continue and expand the co-ordination of action research tools and methodologies on human rights, stigma, PHDP, and SRHR, in order to inform advocacy. The GNP+ secretariat will strengthen the analysis and dissemination of evidence collected to its partners. GNP+ will also expand support to partners and local networks to generate evidence to be used for local advocacy. The GNP+ Board will also ratify annual workplans.

[25] A PLHIV network, unless otherwise specified, refers to any regional, local, or key population-based PLHIV network.
[26] Examples include the murder of activists or trade agreement negotiations.
[27] Face-to-face meetings, virtual networks, list serves, etc.

	Key activities	Actors
1	Develop a research agenda	International Secretariat, PLHIV networks & relevant partners
2	Action research	
	2.1 Methodology design	Researchers & partners
	2.2 Research implementation	Local PLHIV networks
3	Coordination of research	International Secretariat and regional networks
4	Analysis, documentation and dissemination	International Secretariat and PLHIV networks
	4.1 Sharing findings with the Board of Directors	International Secretariat and PLHIV networks
5	Capacity building for PLHIV networks	International Secretariat and Regional networks
6	Technical assistance for research	International Secretariat with consultants and partners

4.3.3 Global PLHIV community development

This result relates to the efforts of GNP+ to engage, consult and support PLHIV and their networks. In the first year, GNP+ will assess current PLHIV networking strategies and needs. The GNP+ capacity building strategy will include specific strategies for virtual networking and leadership development. Furthermore, GNP+ will provide support to affiliated regional PLHIV networks, other PLHIV networks, and may recruit a Liaison Officer for regional networks at the GNP+ Secretariat. GNP+ will respond to the opportunities of social networking for community building, e-activism, and communication exchange. GNP+ will revise systems and structures to become a membership-driven organisation with effective and efficient consultative mechanisms. GNP+ will continuously strengthen the structure and function of the Board and International Secretariat to implement this strategic plan. The GNP+ Board will ratify annual workplans.

	Key activities	Actors
1	Mapping of PLHIV networks and networking needs	International Secretariat
	1.1 Co-ordination and write up	International Secretariat and PLHIV networks
	1.2 Mapping implementation	PLHIV networks
2	Creating opportunities for assembly[28]	International Secretariat
	2.1 Regionally (calendar of events, etc.)	Regional PLHIV networks
	2.2 Globally (virtual networks, etc.)	International Secretariat
3	Linking PLHIV networks at the global level	International Secretariat
4	Communications for branding GNP+ as a network of networks and creating a sense of membership	International Secretariat in consultation with regions
5	Capacity building of networks[29]	International Secretariat and PLHIV networks
	5.1 Providing models for technical assistance	International Secretariat
	5.2 Peer-to-peer support and technical assistance for national networks	PLHIV networks
6	Organisational capacity building for the GNP+ International Secretariat and Board of Directors	International Secretariat

[28] For example, a calendar of events, virtual networks, etc.
[29] Drawing on all expertise across communities and not always vertically (e.g., global, regional and national).

5. IMPLEMENTATION ARRANGEMENTS

5.1 Governance

The GNP+ Board of Directors is responsible for the overall direction of GNP+, oversight of the International Secretariat, and supporting the implementation of the Strategic Plan 2011–2015. The Board of Directors consists of representatives from autonomous, affiliated regional networks. In 2011, GNP+ Board membership will be revised by complementing regional PLHIV network representatives with members representing key populations, key partners, and key areas of expertise[30]. This will necessitate a revision of the GNP+ Constitution. The Secretariat Council of the Board — comprised of the Chair, Treasurer, and one to two additional members — actively supports and oversees the daily functioning of the International Secretariat. On an as-needed basis, the Board of Directors may constitute advisory committees on specific issues. The role of regional PLHIV networks in the governance of GNP+ remains crucial. They continue to nominate regional representatives, participate in GNP+ Board Meetings, and contribute to GNP+ global objectives beyond regional issues.

5.2 Implementation responsibilities

The GNP+ International Secretariat is responsible for key 'network of network' functions. These functions include annual workplan development[31]; co-ordination with PLHIV networks; resource mobilisation to implement the strategic plan; and partnership development with international civil society organisations. The GNP+ International Secretariat also undertakes programming in the area of its comparative advantage, such as advocacy at global policy forums (UN, GFATM, etc); developing capacity building tools and guidance for local networking; and developing tools for collecting, analysing and using evidence for advocacy.

Regional PLHIV networks are autonomously governed, affiliated GNP+ members. Regional PLHIV networks are responsible for developing their own strategic and operational plans and for implementing activities and programmes. The GNP+ International Secretariat assists the alignment of these regional and national network strategies. The role of regional PLHIV networks in the implementation of this strategy includes advocacy at the regional level; articulation of regional issues for global-level advocacy; the creation of evidence for advocacy and sharing this regionally as well as globally; and technical support to national-, local- and population-based networks.

5.3 Resource mobilisation and financial management

The GNP+ International Secretariat is responsible for financial management. Financial management entails budgeting, accounting and financial reporting to donors and the

[30] GNP+ strives for gender balance on the Board.
[31] See Annex 2 for the annual workplan format.

Board of Directors. The International Secretariat will regularly update the resource mobilisation strategy to be presented and ratified by the Board of Directors. The International Secretariat will develop proposals for core and programmatic funding to implement the Strategic Plan 2011–2015 and will support other PLHIV networks with their resource mobilisation.

5.4 Partnerships

GNP+ is a network of networks, and partnership development is a cross-cutting strategy. GNP+ will strengthen partnerships with global policy organisations and platforms, such as WHO, UNAIDS, GFATM, and IAS, in order to represent PLHIV interests. GNP+ will continue to co-ordinate global advocacy efforts and technical support for regional- and national-level advocacy with advocacy partners such as ITPC, ICW, MSMGF, INPUD, NSWP, etc. GNP+ will develop and create new partnerships with organisations that can provide technical or organisational support to local networks such as International HIV/AIDS Alliance, Oxfam, ICASO, etc. Finally, GNP+ will continue to undertake joint programmes with partners such as WAC, IPPF, etc. (see Annex 3). The type of partnerships formed with the aforementioned organisations will be dependent upon the purpose or desired outcome.

5.5 Monitoring and evaluation

The GNP+ Board of Directors and the International Secretariat are eager to monitor the cost-effectiveness and relevance of GNP+'s work, including but not limited to individual projects and activities. The Strategic Plan 2011–2015 contains a Logical Framework which specifies the objectives, indicators, and means of verification (see Annex 1). Goal-level indicators, such as access to HIV treatment, care and support, and social protection, are in line with global outcomes as specified in the 2011–2015 UNAIDS and WHO strategies. The GNP+ Board of Directors will commission a mid-term review in 2013 and another strategic review in 2015 to assess progress towards the results and purpose, efficiency, and operational modalities. The GNP+ Board of Directors and International Secretariat will continuously monitor the progress of overall and individual workplans and update the results through annual progress reports.

6. ANNEXES

1. Logical framework GNP+ 2011–2015
2. Annual workplan format
3. Mapping of GNP+ partner organisations
4. Glossary of terms

Annex 1.
Logical Framework GNP+ 2011–2015

Narrative Summary (NS)	Objectively Verifiable Indicators (OVI)	Means of Verification (MoV)	Important Assumptions/Risks
Goal: Equitable access to health and social services for PLHIV by focusing on social justice, PLHIV rights, and PLHIV involvement.	1. More PLHIV access HIV prevention, care, treatment and support services. 2. More PLHIV access services such as education, social welfare, etc. 3. Evidence of improved services and more supportive policy environments.	1. Global reports (ITPC/UNAIDS/GFATM/PEPFAR) 2. Global reports (UN/GFATM/PEPFAR) 3. GNP+ research/ UNGASS shadow reports	PLHIV advocacy and inputs are needed to make HIV services equitable, accessible, responsive, and effective.
Purpose: Greater and more meaningful involvement of PLHIV (GIPA) in programme and policy development as it relates to PLHIV.	1. Evidence of GNP+ influence on supportive health and social policies. 2. Increased availability of evidence for advocacy. 3. Increased number of PLHIV engaged in regional and affiliated networks at national, regional and global levels.	1. Mid-term review report 2. GIPA scorecard reports 3. GNP+ progress reports	GIPA requires that PLHIV organise to assess and articulate their interests and garner support for their needs.
Results:			
1. Global advocacy (Supportive policies in relevant sectors)	1. Advocacy strategy is developed. 2. A number of global policy positions are developed. 3. Increased number and diversity of PLHIV participate in global platforms such as UN, GFATM, etc. 4. Supportive policies (see above) developed, accepted and enforced. 5. Technical support for the advocacy efforts of regional/national networks.	1. GNP+ strategy 2. GNP+ reports 3. GNP+ progress reports 4. Policies of global organisations 5. GNP+ reports on technical support needs & outcomes	Effective advocacy requires evidence that convinces policy makers; co-ordination among partners; and stems from a mandate from the PLHIV constituency.

Narrative Summary (NS)	Objectively Verifiable Indicators (OVI)	Means of Verification (MoV)	Important Assumptions/Risks
2. Global knowledge management (Increased availability and use of strategic information)	1. Evidence generated for GNP+ policy advocacy. 2. Evidence analysed, documented, and disseminated. 3. Technical support for evidence generation at decentralised levels.	1. GNP+ studies 2. GNP+ reports & products 3. GNP+ reports on technical support needs & outcomes	Action research requires co-ordination, communication and capacity.
3. Global community development (Increased effectiveness, relevance and cost-effectiveness of the global PLHIV network)	1. Capacity building strategy developed, including strategies for leadership development and virtual networking. 2. Increased capacity of regional, national/local PLHIV networks. 3. Increased membership/ participation in virtual PLHIV networks. 4. Increased PLHIV satisfaction about PLHIV networks. 5. Evidence of increased co-operation and collaboration with and between partner networks and organisations.	1. GNP+ strategy document 2. GNP+ reports on technical support needs & outcomes 3. GNP+ annual reports 4. Mid-term/EOP evaluation 5. GNP+ annual reports	Network development requires communication, representative structures, and effective systems.

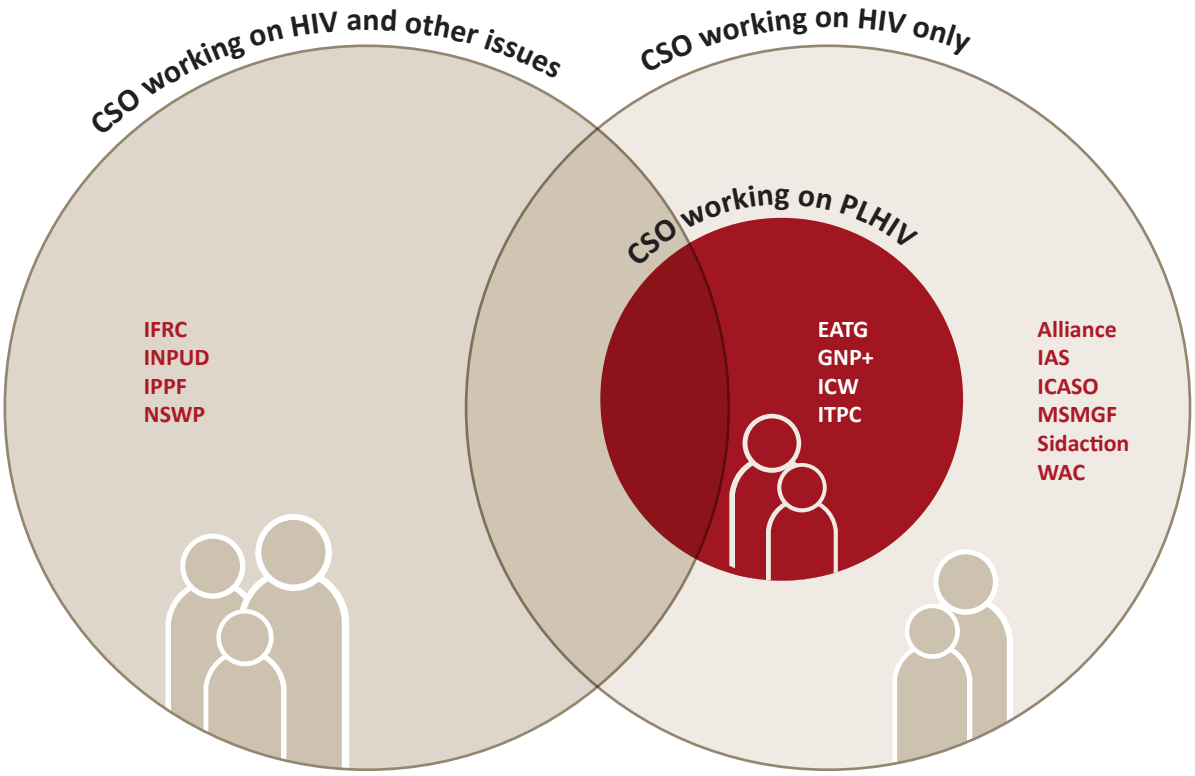
Annex 1

Annex 2.
Annual workplan format

The GNP+ annual workplan presents the platforms of advocacy, knowledge management, community strengthening, and subsequent programmes in narrative as well as a logical framework format under each of the aforementioned platforms.

Programme					
Platform					
Objectives	**1.** **2.** **3.**				
Activities	**Contribution by 3rd party**	**Date**	**Responsible**	**Deliverable**	**Expected Outcome**
1					
2					
3					

Annex 3.
Mapping of GNP+ partner organisations



Primary focus of 14 global civil society networks and organisations[32]

EATG	European AIDS Treatment Group
IAS	International AIDS Society
ICASO	International Council of AIDS Service Organizations
ICW	International Community of Women Living with HIV
IFRC	International Federation of Red Cross
INPUD	International Network of People who Use Drugs
IPPF	International Planned Parenthood Federation
ITPC	International Treatment Preparedness Coalition
MSMGF	MSM Global Forum
NSWP	Network of Sex Worker Projects
WAC	World AIDS Campaign

[32] LeBlanc M.A. (2010) Environment Mapping.

Annex 4.
Glossary of terms

Access to treatment is a shorthand advocacy term. 'Treatment' not only pertains to antiretroviral medicines, but includes a holistic range of services including healthcare (medical management, secondary prevention, and nursing care) as well as community-based support.

Advocacy is an action to get public support or recommendations for a particular cause or policy.

Affiliated networks are networks of PLHIV or their advocates that work on issues important to PLHIV. These are mostly issue-based networks and include: the International Community of Women Living with HIV (ICW); the International Treatment Preparedness Coalition (ITPC); the Global Forum on MSM & HIV (MSMGF); the Network of Sex Worker Projects (NSWP); the International Network of People who Use Drugs (INPUD); and any virtual networks established by PLHIV and/or their advocates.

Agency /Self-empowerment are terms that are used interchangeably that describe the degree to which PLHIV have control over their own lives. Agency focuses on the PLHIV (the 'agent') who intrinsically has the power to exert actions that lead to self-determination through informed choice within an enabling environment. The term empowerment may be seen by some as an indication that the PLHIV (or 'agent') does not have the power for self-determination and that this must first be bestowed on him or her. The term self-empowerment is an attempt to describe agency in a more active way and implies that the PLHIV ('agent') must strive to gain that power[33].

Campaigning is an organised course of action to achieve a particular goal.

Community means a group of people linked and interacting in some way, for example, by location (living in a village), kinship (family and tribe), occupation (peer educators), or by having a common issue to address (HIV). People may belong to several different communities at any particular stage of their lives.

Discrimination is when, in the absence of objective justification, a distinction is made against a person that results in them being treated unfairly or unjustly on the basis of belonging or being perceived to belong to a particular group.

Evaluation is the periodic assessment of the relevance, performance, efficiency, results, and impact of work in relation to its stated objectives.

Equity in public health, as defined by Sir George Alleyne, 'refers to differences that are unnecessary or reducible and are unfair and unjust. The concept of fairness obviously involves a moral judgment and is, therefore, intrinsically difficult. As is the case with health outcomes, similarly, the inequities in health determinants are those that should not exist. Every person should, in terms of equity, have the opportunity to access those sanitary and social measures necessary to protect, promote and maintain or recover health'[34].

Gender refers to the socially constructed roles, behaviours, activities, and attributes that a society considers appropriate for men and women. Gender regulates the status of men and women and who has more power. Gender varies from place to place and can change over time and between generations.

Greater involvement of PLHIV (GIPA). GIPA is a guiding principle that calls for the active and meaningful participation of people living with HIV in the inception, development, implementation, monitoring, and evaluation of policies and programmes. To be successful, the involvement of people living with HIV should be streamlined across all aspects of the HIV response, including prevention, treatment, care, and support.

[33] Ibrihim S and Alkire S, Agency and Empowerment: A proposal for internally comparable indicators. OPHI Working Paper Series, Oxford Policy and Human Development Initiative, Oxford University, May 2007 (http://ophi.org.uk/wp-content/uploads/Ibrahim_Alkire_Empowerment_Final.pdf, accessed 23 May 2011).

[34] In Principles and Basic Concepts of Equity and Health, Division of Health and Human Development, PAHOWHO, October, 1999 (http://www.paho.org/english/hdp/hdd/pahowho.pdf, accessed 23 May 2011).

Harm reduction in relation to drug use is a set of practical strategies that reduce the negative consequences of drug use by incorporating a spectrum of strategies ranging from safer and managed use to abstinence.

Human rights are universal legal guarantees for all human beings set out in international standards that protect human dignity and fundamental freedoms and privileges. Human rights are intrinsic and cannot be waived or taken away.

Indicators are markers used to measure the results of an intervention, project or programme.

Key populations, also commonly called key affected populations, refers to those most vulnerable and at risk for HIV infection, which includes men who have sex with men, transgendered individuals, people who use drugs, and sex workers.

Monitoring is the systematic and continuous assessment of the progress of an activity or programme over time, which ensures that things are going according to plan and enable adjustments to be made in a well thought out manner.

Regional networks are networks that are established and managed from a specific geographic location. GNP+ currently recognises the following networks: Asia-Pacific Network of People living with HIV (APN+), Caribbean Regional Network of People living with HIV (CRN+), European Network of People living with HIV (ENP+), Network of African People living with HIV (NAP+), Latin American Network of People living with HIV (REDLA+), and GNP+ North America (GNP+NA).

Public health aims to address the factors that make people vulnerable to poor health and prioritises approaches that help to improve the health of communities as well as individuals. Public health research provides the evidence upon which interventions are based so that programmes are based in science rather than opinion.

Rights-based approaches encompass the following:

1. All programmes of development co-operation, policies and technical assistance should further the realisation of human rights as outlined in the Universal Declaration of Human Rights and other international human rights documents.
2. Human rights standards contained in and principles derived from the Universal Declaration of Human Rights and other international human rights documents guide all development co-operation and programming in all sectors and in all phases of the programming process.
3. Development co-operation contributes to the development of the capacities of 'duty bearers' to meet their obligations and/or of 'rights holders' to claim their rights.

Sexual and reproductive health and rights refers to the physical, emotional, social, and spiritual well-being in those areas of life concerned with the ability to enjoy fulfilling sex lives and having children. SRHR includes feelings and desires, sexual relationships and activities, having children, protecting one's self from sexually transmitted infections, and making informed choices about one's sexual and reproductive lives.

Stigma is the identification that a social group creates of a person (or group of people) based on some physical, behavioural, or social trait perceived as diverging from group norms.

Treatment not only pertains to antiretroviral medicines, but includes a holistic range of services including healthcare (e.g., medical management, secondary prevention, and nursing care) as well as community-based support.

Treatment as prevention is a term used to describe the use of antiretroviral drugs that are taken to reduce the risk of passing HIV on to others. The rationale behind this approach is that antiretroviral drugs reduce viral load.

Universal access implies maximal coverage of HIV prevention, treatment, care, and support services for those who require them. Basic principles for scaling up towards universal access are that services must be equitable, accessible, affordable, comprehensive, and sustainable over the long term. Because different settings often have distinctly different needs, targets for universal access are set nationally.

Vulnerability is a measure of an individual's or community's inability to control their risk of infection or ill health. Vulnerability can also refer to their susceptibility within a community, for example, women and girls' vulnerability to gender-based violence.