

# Annual Report 2013



# Letter from the Board Co-chairs

It is an honour to present the 2013 Annual Report, on behalf of the GNP+ Board. As Co-Chairs, we have overseen some significant developments in the last year for GNP+, and the organization has taken milestone steps towards achieving GNP+'s Strategic Plan 2011-2015.

The year was dominated by a change in leadership for the organization. In October, we said goodbye to Dr Kevin Moody, who was at the helm of GNP+ for seven years. We were delighted to welcome Suzette Moses-Burton to join us in January 2014 as the new Executive Director, and we wish her every success in leading GNP+ into a new era. We also take this opportunity to thank Raoul Fransen for supporting GNP+, as the Interim Executive Director through the sensitive transition period. There have also been significant staff changes at GNP+ with the departure of the Community Development Manager and the Knowledge Management Manager in mid-2013, but GNP+ has worked hard to mitigate the impact of this on partners, programmatic priorities and the organisation as a whole.

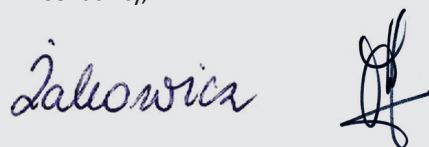
The end of 2013 saw completion of the HIV Leadership Through Accountability Programme, a five-year project funded by the UK Department for International Development. An independent evaluation of this project revealed impressive results, leading to real change for people living with HIV in the countries in which it was piloted, and demonstrating the value, both financial and technical, of putting people living with HIV in charge of their own advocacy and research.

Young people and adolescents were given a new opportunity to participate in global level discussions with the launch of the Y+ programme for young people living with HIV, supporting young people through a fellowship programme and a leadership initiative to develop the next generation of PLHIV activists. GNP+ also embarked on a three-year project with Stop AIDS NOW! titled, Access, Services and Knowledge, supporting young people living with HIV in Kenya and Uganda.

GNP+ demonstrated increasing prominence in forging strong partnerships at a global level, such as taking an active part in the UNAIDS Programme Coordinating Board throughout 2013, working with the NGO Delegation, and forming the People Living with HIV Networks Consortium (PNC+) to apply for funding to the Robert Carr Network Fund. The organization worked in partnership with the World Health Organisation (WHO), carrying out a community consultation which fed directly into the WHO's 2013 Consolidated Guidelines on the use of antiretroviral drugs for treating and preventing HIV infection and joining forces with UNAIDS to produce the Positive Health, Dignity and Prevention Operational Guidelines, which will help networks of people living with HIV to put the Framework into practice.

This year brought a number of challenges, and we will need to be creative and to think laterally about how to continue to fund our work as we enter the years ahead. However, GNP+ continues to be active in promoting leaner and more cost-effective ways of working. It is clear that GNP+ remains a central global actor in promoting the rights and needs of people living with HIV worldwide, supporting networks at all levels, and putting people living with HIV at the very heart of what we do.

In solidarity,



**Anna Żakowicz, Ryan Maduro**  
GNP+ Co-Chairs

# Table of Contents

**04**

Vision, Mission, Agenda and Platforms  
for Action

**05**

Structure, Governance and Networks

**06**

PLATFORM ONE: Global Advocacy

**09**

PLATFORM TWO: Global Knowledge  
Management

**14**

PLATFORM THREE: Global PLHIV Network  
Community Strengthening and Development

**19**

PLATFORM FOUR: Organisational Strengthening,  
Management and Improvement

**22**

Financial report

**25**

Abbreviations and acronyms

# Vision, Mission, Agenda and Platforms for Action

## VISION

Our vision is to realise a powerful, united social movement of people living with HIV that places the voices and leadership of people living with HIV at the centre of the response to the HIV pandemic.

## MISSION

Our mission is to improve the quality of life of people living with HIV at the national, regional and international levels.

GNP+ is based on shared principles that include a commitment to ensuring that the network is driven by its constituency's needs, the understanding that HIV is a human rights issue, an acknowledgement of the need to address gender inequalities, and a commitment to solidarity, hope, compassion, inclusion, and diversity.

The goal of GNP+, as stated in its Strategic Plan, is equitable access to health and social services for people living with HIV through focusing on social justice, rights and involvement. This will be achieved through GNP+'s purpose, which is to promote the greater and more meaningful involvement of people living with HIV in programme and policy development (the GIPA principle).

## GLOBAL ADVOCACY AGENDA

- Increased access to treatment, care and prevention for all people living with HIV
- Decreased stigma and discrimination directed towards people living with HIV
- Increased and more meaningful involvement of people living with HIV at all levels and in every aspect of the HIV response

## PLATFORMS FOR ACTION

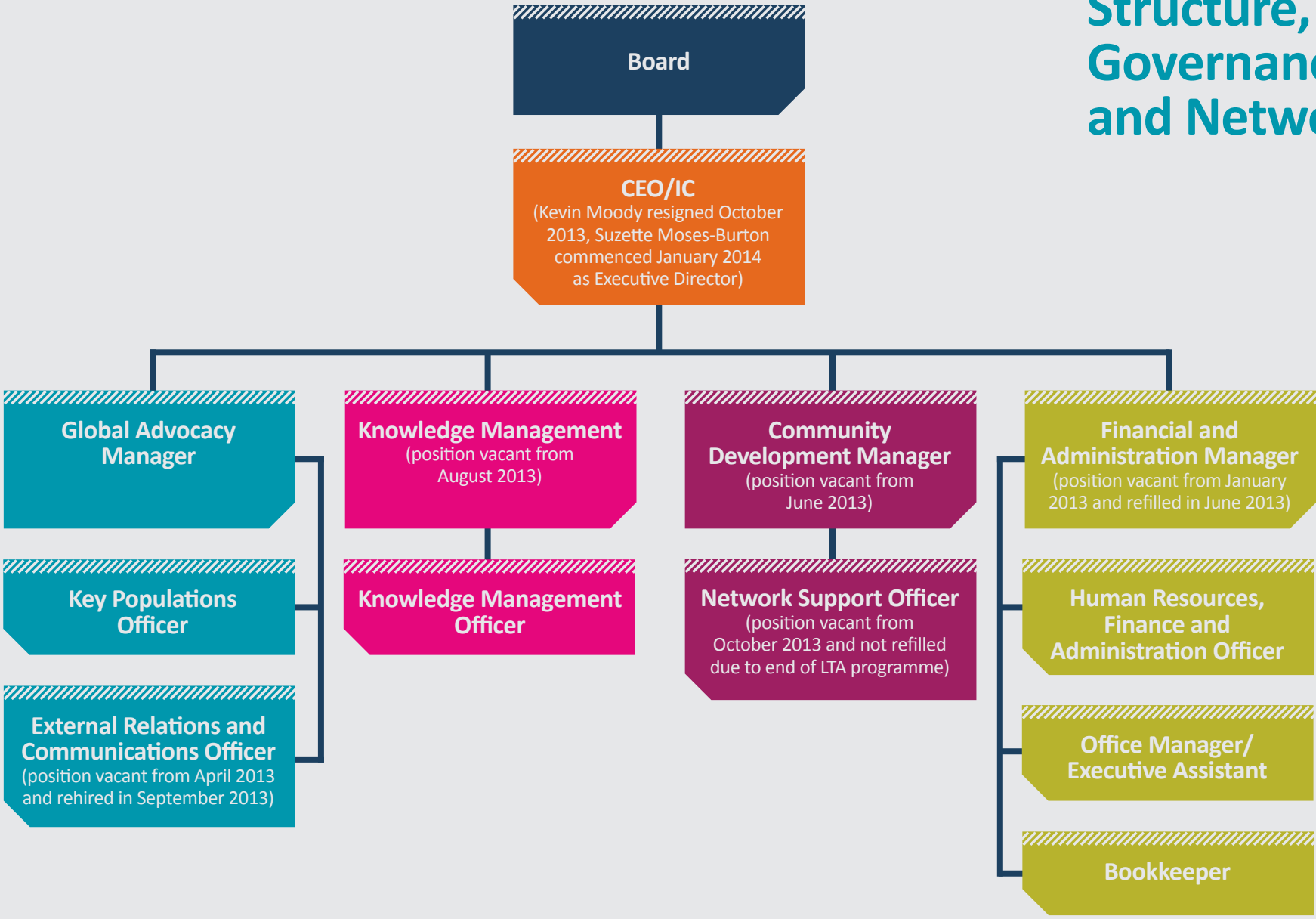
In 2012 GNP+ began the implementation of the recommendations of the Strategic Plan 2011 – 2015. GNP+ prioritises its work according to three guiding pillars,

- Global Advocacy,
- Knowledge Management, and
- Community Strengthening and Development

The key focus of GNP+'s work is to make the evidence gathered in recent years through various research tools more visible and accessible for use in advocacy by PLHIV and others, and to secure an increased commitment towards community strengthening and development.

GNP+ created a detailed 2013 Work Plan, describing 25 projects under four platforms of work, the three platforms above and a fourth of Organisational Strengthening, Management and Improvement. The 2013 Annual Report follows the same structure.

# Structure, Governance and Networks



# /01 Global Advocacy

## 1.1 GLOBAL ADVOCACY STRATEGY DEVELOPMENT, PROMOTION AND IMPLEMENTATION

In 2013 GNP+ built on the success and the momentum of the launch of the Global Advocacy Agenda (GAA) and developed an internal Global Advocacy Strategy (GAS). The GAS outlines the areas of the GAA that GNP+ primarily focuses on and identifies appropriate advocacy opportunities based on GNP+'s own expertise and experience.

GNP+ advocacy successes have been made possible and significantly enhanced by working in close collaboration with existing and new partners. Moreover we have sought common platforms and agendas on which to advocate, resulting in a much more effective community response. In particular GNP+ has worked closely with International Treatment Preparedness Coalition (ITPC) and International Coalition of Women Living with HIV (ICW) around treatment issues related to prevention of vertical transmission.

GNP+ has actively engaged in a number of new policy spaces where the Global Advocacy Agenda can be promoted and used to further the priorities for the community of people living with HIV. Notably in 2013 GNP+ became much more engaged with the Global Fund to fight AIDS, TB and Malaria, as it developed and planned the roll out of the New Funding Model. This was possible thanks to a stronger relationship with the Communities Delegation – co-hosting a community consultation around the New Funding Model in Amsterdam, followed by attending a Global Fund Partners Meeting hosted by the Secretariat. GNP+ played a significant role in the establishment of the Joint Civil Society Action Plan – initially through our involvement in the Free Space Process – that brings together the major global civil society stakeholders.

GNP+ has also had a representative on the UNAIDS and Lancet Commission, From AIDS to Sustainable Health. The Commission was launched in May 2013 and is co-chaired by Malawi President Joyce Banda, African Union Chairperson Nkosazana Dlamini Zuma and Director of the London School of Hygiene and Tropical Medicine, Professor Peter Piot. Drawing from the pioneering experience of the global AIDS response, the Commission aims to catalyse expertise and

political momentum to shape the debate on the future of health in the post-2015 development agenda and accelerate progress towards the end of AIDS.

GNP+ strengthened its relationship with other partners including AVAC, who placed an Advocacy Fellow in GNP+'s Cape Town Office to build an advocacy agenda around the values and preferences of sex workers and the LGBT community in South Africa towards treatment as prevention, and in particular Pre-Exposure Prophylaxis.

## 1.2 GLOBAL STRUCTURES, PROCESSES AND KEY EVENTS

GNP+ continued to pursue its advocacy mission through the major global structures, processes and events related to the global HIV response. During 2013 these included:

### **Interagency Task Team (IATT) on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and Children**

GNP+ is a member of the IATT and the co-chair of its Community Engagement Working Group (CEWG). In 2013 the IATT produced a toolkit to support the transition to Option B/B+. The toolkit contains a section on community engagement, which encourages Ministries of Health to involve communities in Option B/B+ planning and implementation, and helps civil society organisations to engage with their ministries. GNP+ provided support to the CEWG to develop a complementary toolkit on advocacy. This is aimed at enabling women living with HIV to be fully engaged with the implementation of the Global Plan (The Global Plan Towards the Elimination of New HIV infections among Children by 2015 and Keeping their Mothers Alive), to understand good practice, to measure programmes' successes and monitor community engagement, undertake their own research and develop strategies for advocacy.

### **UNAIDS Programme Coordinating Board**

GNP+ played a highly visible and active role in the UNAIDS PCB during 2013, working with the NGO Delegation to achieve positive outcomes for PLHIV. Through our Key Populations Officer we were able

to support PLHIV advocates, including the new NGO delegates from Europe and Africa. GNP+ helped YPLHIV speakers to understand the PCB process and articulate their key messages for the thematic segment on young people. The Y+ Fellow made a formal presentation to the member states and partners demanding more support for leadership development of YPLHIV. This intervention received positive feedback from both the US and Belgium delegates.

### **17th International Conference on AIDS and STIs in Africa (ICASA)**

The 17th ICASA was held in Cape Town in December 2013. GNP+ worked with its PLHIV network partners in Africa to promote the outcomes of their collaborations, including the Leadership and Accountability Programme, and to support and strengthen the leadership of the African sub-regional networks. GNP+ published the *ICASA Roadmap for PLHIV*, an eight-page guide, to help delegates navigate the conference programme and events.

The PLHIV correspondent programme helped PLHIV advocates to capture the voices of their peers living with HIV, including young people from Kenya and South Africa, MSM from Senegal, transgender from South Africa, women from Zambia, male sex workers from Kenya and treatment activists from the Ivory Coast and Nigeria. We helped PLHIV speakers with their notes and presentations as well as mobilizing networks to attend their sessions.

GNP+ supported the attendance of representatives of NEPHWAN and TAM, who in turn mobilized a peaceful protest, resulting in a commitment from the Nigerian government to combat the problem of sub-standard ARVs by addressing their pre-qualification process for domestic generic manufacturers.

In partnership with the Treatment Action Campaign (TAC), ITPC and ACT-Up Paris, GNP+ organised a training day on intellectual property and access to medicines. PLHIV communities were joined by local activists from TAC to learn about patents, TRIPS, WTO, voluntary licensing and how countries can exploit TRIPS flexibilities to safeguard essential medicines, including the strengthening of patent law.

### **International Harm Reduction Conference**

For the first time GNP+ was a partner in the biennial International Harm Reduction Conference, which was held in Vilnius in 2013. Through our involvement in the programme committee we strengthened our relationship with the International Network of People who use Drugs (INPUD) and were able to give HIV a more prominent and appropriate place in the conference agenda and sessions. GNP+ co-chaired a discussion in the Community Dialogue Space on drug law reform; we presented at and/or chaired six sessions, including two major sessions, 'Optimising ART for PWID' and 'Exploring Linkages: Key Populations and Harm Reduction'. All abstracts can be accessed on the organiser's Harm Reduction International web site: [www.ihra.net](http://www.ihra.net). In spite of this success there is scope to further increase the focus on HIV at future harm reduction conferences.

### **Brasilia Consultation Meeting on Access to HIV Medicines in Middle-Income Countries**

GNP+'s role at this meeting was to ensure the perspectives of PLHIV are reflected in the discussions, highlighting the roles of PLHIV and civil society in mobilisation for access to medicines. GNP+ and MSMGF worked with civil society representatives to ensure messages in the joint policy paper were incorporated in their presentations (especially on intellectual property and voluntary licensing). This includes the need for countries to fully exploit TRIPS flexibilities and voluntary licensing as a complementary strategy, and the importance of focusing on access to newer, more effective and simplified ARVs and those still in the pipeline (Dolutegravir, TAF), the strong accountability mechanisms required for pricing and procurement, and the role of civil society and PLHIV in ensuring access (exploiting TRIPS flexibilities through pre-/post-grant opposition, EU-India FTAs, monitoring price transparency etc.). During the closing session GNP+ delivered a statement in support of Brazil's civil society, following worrying changes to the management of the country's AIDS programme.

## **1.3 POLICY AND PROGRAMMATIC GUIDANCE**

GNP+ in partnership with MSMGF, INPUD, NSWP and on behalf of the global networks has been coordinating the development of a

policy paper to explore the issues around access for PLHIV and key populations in the middle-income countries. The objective of this paper was to examine challenges to affordable HIV treatment access in middle-income countries (MICs) among PLHIV and key populations, laying the groundwork for common advocacy efforts. It also aims to provide concrete examples from key population communities of MSM, people who use drugs, and sex workers to illustrate the real-life impact of lack of access and the struggle for these essential life-saving treatments.

This paper informed advocates in the Brasilia consultation on access to HIV medicines in middle-income countries. The paper highlighted the importance of focusing on key populations to respond to our most pressing issues: pricing, voluntary licenses, regulatory pathways, intellectual property rights and the political commitment for programmes aimed at key populations.

A report released by the GNP+ and the HIV Justice Network highlighted the tireless work of advocates around the world challenging inappropriate criminal laws and prosecutions for HIV non-disclosure, potential or perceived exposure and transmission. *Advancing HIV Justice* shows that advocates working to repeal, modernise or otherwise limit laws and policies that inappropriately regulate and punish people living with HIV have achieved considerable success. This is especially the case when policymakers or criminal justice system actors are open to learning more about scientific and medical advances in HIV prevention, treatment, care and support, and involve civil society – led by people living with HIV – to ensure that critical criminal law and human rights principles are followed.

GNP+ also finalised the Positive Health Dignity and Prevention Operational Guidelines. The dissemination of the guidelines remains a major priority for GNP+ (see 2.1 below).

GNP+ were co-sponsors of the WHO's Guidelines on HTC and Treatment and care for adolescents. This is the first time that a community organisation has co-sponsored a set of clinical guidelines from WHO.

*The 2013 WHO Consolidated ARV Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection (2013 ARV*

*Guidelines)* focus on four areas: (1) clinical guidelines for adults and adolescents, (2) clinical guidelines for Maternal and Child Health and, for the first time, (3) Operational and (4) Programmatic guidelines. Recognising the importance of the full involvement of people living with HIV and other key populations in planning, implementing, and evaluating high-quality, rights-based HIV care and treatment programmes, the International HIV/AIDS Alliance (IHAA) and GNP+ conducted community consultations to establish values, preferences, concerns, and recommendations related to a number of priority areas for the 2013 ARV Guidelines.



## 2.1 DATA ANALYSIS

GNP+ analyses its own and partners' data to inform its strategy and advocacy, with emphasis on key populations, treatment developments and global financing. Through the cross-analysis of data gathered by people living with HIV, GNP+ continued the process of ensuring that people living with HIV are using the best evidence to hold national and international agencies accountable in different spaces and in crosscutting issues.

### HIV in the workplace and the world of work and labour

In 2013 GNP+ worked with the International Labour Organisation (ILO), to provide information and evidence from its own and partners' research to inform three processes:

- An expert consultation on HIV and social protection that developed a research methodology to look at the impact of social protection on HIV-affected households
- Contributing to an annual training coordinated by ILO for governments, labour organisations and civil society organisations, on HIV and the World of Work, again concentrating on social protection and workplace issues – especially highlighting from a PLHIV perspective the stigma and discrimination issues that arose from our research and data gathered
- Providing normative guidance (in conjunction with three of our partner regional networks) to inform ILO's VCT@work initiative. This will be published at the end of the first quarter of 2014.

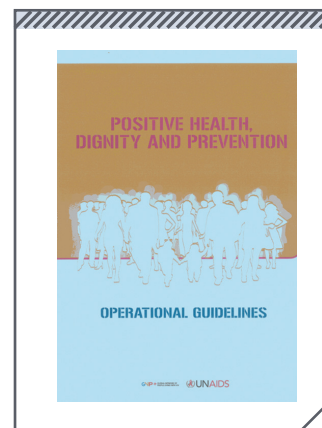
### Human Rights in the EU

Within the European region GNP+ worked with partner organisations to support presentations at the meeting "Right to health, right to life" a High Level Meeting on HIV and Human Rights in the European Union and its neighbouring countries.



### Positive Health, Dignity and Prevention

Through GNP+'s HIV Leadership through Accountability programme, in 2012 and 2013, GNP+ supported five countries in analysing data through the Positive Health, Dignity and Prevention lens. Each country used five evidence-gathering tools: the PLHIV Stigma Index, Criminalisation Scan, GIPA Report Card, Advancing the Sexual and Reproductive Health and Human Rights Guidance Package, and Human Rights Count!. Alongside evidence from other partners, programmes



and consultations, this work underpinned the production of the Positive Health Dignity and Prevention Operational Guidelines.

GNP+ has worked with partners to determine the ways in which the PHDP Operational Guideline should be implemented in various settings. Amongst these has been work with the International Federation of the Red Cross/Red Crescent to pilot its use as part of a community-based service delivery model. This should be finalised in 2014 and will be piloted in partnership with the IFRC, National Red Cross/Red Crescent societies and national networks of PLHIV.

## 2.2 DATA MANAGEMENT AND MAINTENANCE

### Sharing information

To facilitate access and analysis of its data, GNP+ is creating a data library using systems that enable the widest interrogation and cross-analysis of data. In 2013 GNP+ has trialled a cloud-based information storing system (virtual storage hosted by a third party). The need for such a system, able to store, manage and maintain information systematically so that it could be easily accessed and used to support community development and global advocacy and to inform strategic thinking, was identified in 2012. It has been internally tested during 2013, and a full evaluation is being carried out in the first quarter of 2014.

# /02

## Global Knowledge Management

In an aligned initiative, GNP+ developed and began implementation of a concept for a common platform that would link European PLHIV networks and individuals to enable them to share information. This initiative is aligned with GNP+'s Strategic Plan 2011-2015, which calls upon the GNP+ secretariat to 'support people living with HIV to network and organise in order to strengthen the movement of people living with HIV to ensure their continued involvement in the HIV response'.

Working with the three European networks aligned with GNP+, the East Europe and Central Asia Union of PLHIV (ECUO), European AIDS Treatment Group (EATG), and HIV Europe, this work commenced in 2013 by identifying what the platform would look like. It was recognised that any such platform was a good opportunity to establish something with global application. Eventually other regional partners could take advantage of this, the European region would be used as a pilot to test out the initiative.

The finished platform will deliver added value in several areas, including:

- **Regional and Global Advocacy** – ensuring that the voices, experiences and needs of PLHIV in Europe better inform regional initiatives and more effectively inform global advocacy. The platform would connect European networks and ensure the representation of issues without the need for a separate organisation.
- **GNP+ Representation** – provide a mechanism for broad calls for nominations for the European member on the Board of GNP+.
- **Communication** – in addition to enhancing the legitimacy of the representation, the platform will also be used for communication by and to the European Board members.

### **HIV Leadership through Accountability Programme**

In 2013 this programme came to end. GNP+ has commissioned an independent evaluation of the programme, due to be published in full in early 2014.

All of the evidence obtained by the 10 networks of people living with HIV in using five evidence-gathering tools (Criminalisation Scan, GIPA

Report Card, Human Rights Count! PLHIV Stigma Index and SRHR Country Assessment) has now been made available on the GNP+ and other websites.

The evaluation has specifically looked at the impact of the programme upon the PLHIV Networks conducting the research.

### **Using data to inform Advocacy**

In partnership with HIV in Europe, GNP+ has supported six national networks of people living with HIV through the process of conducting the PLHIV Stigma Index and in 2012/3 using the data to inform advocacy at a national level. This programme finished at the end of 2013 and each of the national networks produced evaluation and advocacy reports. The results prompted a bid to the European Union in partnership with 14 other organisations for further follow-up to this work, specifically in relation to further using the work of PLHIV networks to provide a tool-kit and handbook to inform good practice specifically in how service providers, health systems, and governments need to work with PLHIV (especially for key populations) in ensuring more adequate access to testing and better uptake and continuity of care.

In 2013 GNP+ supported the planning and implementation of the PLHIV Stigma Index in the following countries: DRC, The Gambia, Germany, Greece, Jamaica, Laos, Malaysia, Mauritius, Mozambique, Myanmar, Portugal, Senegal, Serbia, Sudan, Swaziland, Uganda, United States, Vietnam and Zimbabwe. We have done this on behalf of the International People Living with HIV Stigma Index Partnership (GNP+, ICW and UNAIDS) that guides country implementation of the Index, by providing technical advice and assistance to in-country partnerships.

## **2.3 PLHIV EVIDENCE GATHERING TOOLS AND METHODOLOGIES**

### **Human Rights Count!**

As part of our effort to ensure the evidence-gathering tools of GNP+ are inclusive and accessible to all people living with HIV, especially key population groups, we embarked on a process to adapt the Human Rights Count! (HRC!) for key populations living with HIV. HRC! is

an evidence gathering tool designed to capture human rights violations primarily against people living with HIV. With strategic advice provided by the Key Populations Living with HIV Advisory Group, GNP+ developed a roadmap for adaptation, draft methodologies and timelines. Due diligence is now being carried out by an external consultant to seek and consolidate suggestions from implementing partners and relevant stakeholders as to how the tool can be improved. In the next phase, three countries will be chosen to pilot the Human Rights Count! Project for key populations living with HIV. The process will include human rights-related trainings, research trainings for data collectors, report writing and the development (or strengthening) of a mechanism for legal redress. The tool should be finalised during 2014.

### ASK – Access, Services and Knowledge

In partnership with Stop AIDS NOW, GNP+ embarked on a three-year project Access, Services and Knowledge (the ASK programme) aimed at supporting young people living with HIV to address their sexual and reproductive health and other needs in the context of Positive Health, Dignity and Prevention. With our Y+ Advisory Group and the Population Council, GNP+ supported four YPLHIV-led networks in Kenya and Uganda to plan, implement, monitor and evaluate the project. Employing the ‘learning by doing’ principle, the networks seek to conduct a piece of operational research in the areas of health promotion and access, community empowerment, sexual reproductive health needs, among others, using the standardised PHDP questionnaires and plan advocacy activities based on these research findings to carry out in 2014.

### Key Population toolkit for care workers

GNP+ continued to support the development of a *Toolkit for Care Workers: Managing Ethical Dilemmas When Caring For Children and Families of Key Populations*, in partnership with the Coalition of Children Affected by AIDS. As one of the co-chairs of the Coalition, GNP+ supported the initial piloting of the toolkit in Malawi as well as its translation into Russian and French. The toolkit is now being piloted in three other countries and will be launched at the 2014 International AIDS Conference in Melbourne, Australia.

### Treatment as Prevention

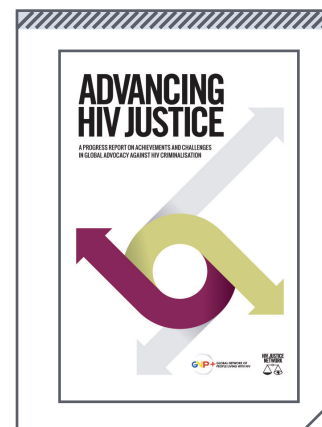
Throughout 2013, GNP+ hosted the AVAC fellowship programme at the office in Cape Town. The fellowship programme supported community consultations to determine values and preferences among key populations in South Africa on treatment as prevention (TasP), the use of new prevention technologies (such as pre-exposure prophylaxis) and their perspectives on a broad range of issues pertaining to testing and linkages to treatment, early initiation of ART, and stigma and discrimination. Twelve focus group discussions were conducted in four provinces in the Eastern Cape. The consultation report was launched at the International Conference on AIDS and STIs in Africa (ICASA) 2013. The outcomes of this joint project fed into the development of GNP+ policy briefs on a) service decentralisation for KPLHIV, b) using interest in TasP to achieve universal access and the development of a robust research agenda on the optimal time to start ART, and c) treatment and human rights literacy, as well as d) the 2014 WHO Consolidated Guidelines for Key Populations.

## 2.4 KNOWLEDGE GAPS AND EMERGING TRENDS

GNP+ continues its work to identify knowledge gaps and emerging trends, identify relevant data and develop and promote new research tools.

### Advancing HIV Justice

In partnership with the HIV Justice Network, using data and evidence gathered through the systematic updating of the global criminalisation scan as well as other sources of information, GNP+ produced a publication to underpin advocacy efforts, *Advancing HIV Justice: A progress report of achievements and challenges in global advocacy against HIV criminalisation*.

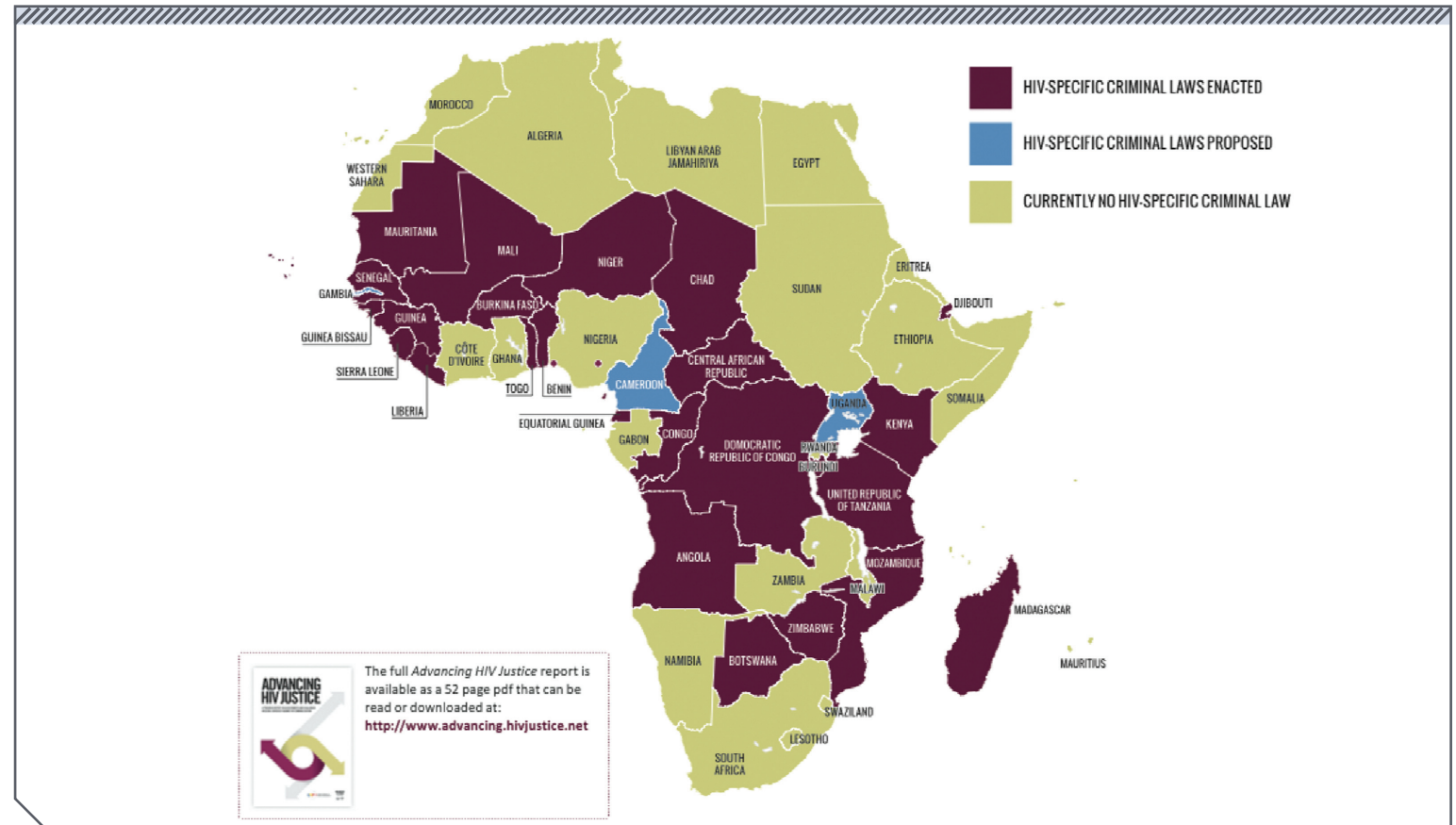


## The PLHIV Stigma Index

The aim of the PLHIV Stigma Index is to support the identification of knowledge gaps and to underpin advocacy by those working within the national response. On behalf of the International People Living with HIV Stigma Index Partnership (GNP+, ICW and UNAIDS) that guides country implementation of the PLHIV Stigma Index, GNP+ has provided technical advice and assistance to in-country partnerships to support the planning and implementation of the Index in the following countries: Cote d'Ivoire, Gabon, Ghana, Guatemala, Honduras, Lebanon, Lesotho, Liberia, Netherlands, Nicaragua, Panama, Portugal, Sierra Leone, Togo, Uganda, United States and Zimbabwe.

GNP+ has also hosted the International Stigma Index Coordinator who has been working to centralise the data and develop systems to enable this huge resource on HIV-related stigma data to be more accessible. Since its inception in 2008 the PLHIV Stigma Index has captured experiences from over 46,000 PLHIV from over 50 countries.

The information contained in the report also supported a poster at ICASA presented by MANET+.



## Other examples of our information and data use

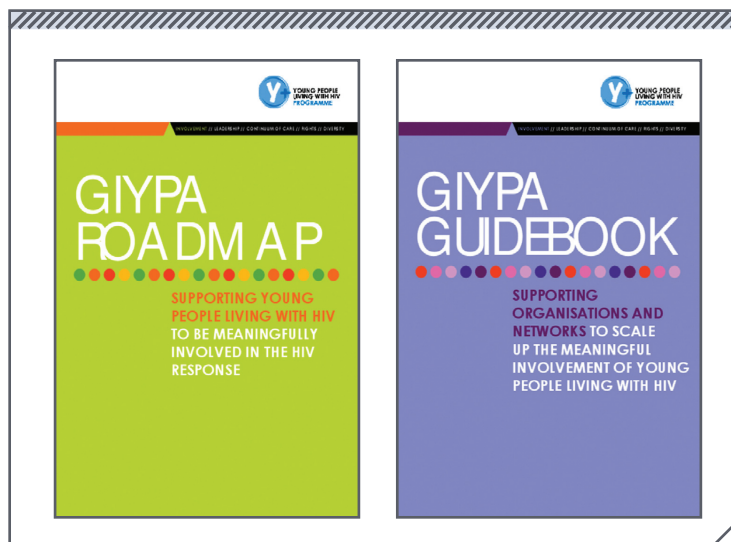
GNP+ used its knowledge management and research to write a report, commissioned by the PCB NGO Delegation, re-iterating that the primary purpose and goal of ART for someone living with HIV is to benefit his or her own health. Preventive benefits are important, it stated, but remain as secondary considerations. Likewise, public health benefits must not be prioritised over a respect for individual benefits and patient autonomy in decision-making and therefore, decisions about when, or if, to start treatment must be made by the person living with HIV, including those from key populations.

In doing this we also articulated the knowledge gap that there is very limited robust data available from most countries to enumerate and describe adolescents with acquired HIV – a majority of whom are from key populations. This is one of the groups that most often fall through the gaps in programmes and policies in the HIV response. The problems include ethical concerns for studies involving adolescents younger than 18 years, weak collaboration and coordination efforts among HIV and child protection systems, and lack of political and social supports, among others.

We called upon UNAIDS to help countries gather age-, sex- and risk-disaggregated strategic information with meaningful engagement of civil society and networks of PLHIV and key populations. This would help plan for the scale-up of adolescent ART, for example, which requires an accurate, disaggregated estimate of the number of adolescents and young people eligible for treatment (based on the 2013 WHO Guidelines) as well as actual coverage data from services and accurate estimates of the costs of services and commodities.

In 2013 GNP+ also finalised and published two documents that aim to enhance the greater and more meaningful involvement of young people living with HIV within the HIV response. Supported by funding from the HIV Young Leaders Fund, GNP+ conducted research among 350 young people living with HIV, and among over 175 youth-led organisations and networks of YPLHIV, to identify the key barriers faced by YPLHIV to more meaningful engagement. The findings from this research led to the development of two new tools:

- *GIYPA Roadmap: Supporting Young People Living with HIV to be Meaningfully Involved in the HIV Response*
- *and GIYPA Guidebook: Supporting Organisations and Networks to Scale Up the Meaningful Involvement of Young People Living with HIV.*



## Treatment as Prevention – MaxART Programme in Swaziland

GNP+ continues to support the Swaziland Network of People Living with HIV in their role within the major Stop AIDS Now! programme, MaxART. The Swaziland Network has conducted the PHDP Operational Research and has provided GNP+ with examples of how data can be used directly to inform programmes. For example, the data has informed the Treatment Supporter Toolkit, the SMS Reminder Service and the focus of community mobilisation activities. The Swaziland network also adapted the Human Rights Count! for use by expert clients in monitoring human rights violations. This work continues to provide GNP+ with concrete lessons and examples for our global advocacy and community development efforts.



# /03

## PLHIV Network Community Strengthening and Development

### 3.1 STRENGTHENING PLHIV NETWORKING

#### 17th International Conference on AIDS and STIs in Africa (ICASA)

GNP+ identified the 17th ICASA as an important opportunity. We used our involvement with the conference to convene the sub-regional African PLHIV networks, to foster communication and collaboration between the networks, to identify advocacy opportunities at ICASA and beyond, and to identify how the region's interests are strategically represented in GNP+ activities (e.g. Board membership). All of this helped to establish a strong profile for GNP+ among these network partners. Among the outcomes were key messages identified for ICASA, agreement that communication should be realised through a communications facility, and the recruitment and selection via an application process of the GNP+ African Board representative. Advocacy success included TAM and NEPHWAN's demands that the Nigerian government to address the issue of sub-standard ARVs, and the mobilization on the streets of Cape Town of hundreds of delegates and residents on issues including access to treatment and violations against women and key populations. See also 1.2 on page 07.

### 3.2 NETWORK OPERATIONAL DEVELOPMENT SUPPORT

#### People Living with HIV Networks Consortium (PNC+)

GNP+ successfully coordinated a consortium of regional PLHIV networks to apply for funding to the Robert Carr Network Fund, which included the Asia Pacific Network of People Living with HIV (APN+), Caribbean Regional Network of People Living with HIV/AIDS (CRN+), Network of African People Living with HIV Southern African Region (NAPSAR+), as well as GNP+. The consortium, aptly called the People Living with HIV Networks Consortium (PNC+), aims to improve the lives of PLHIV through strengthened global and regional advocacy by and for PLHIV, and improved regional capacity to provide national level support. Representing the strongest regional networks in regions where the HIV epidemics are concentrated and the needs of inadequately served populations (ISPs) are greatest, we have joined forces to strengthen the responses for all PLHIV, particularly as these relate to key populations. Through closer communication and co-or-

dination across programmes, we not only gain insight into the challenges faced by PLHIV and ISPs across contexts, but also allow for the South-South exchange of successes and the pooling of experiences, resources and capacity to further our cause.

As lead agency, GNP+ coordinates PNC+'s work. Evidence capturing and dissemination is streamlined through the regional networks and to all PLHIV advocates through more effective and timely communication. APN+ continues its pioneering work on hepatitis C co-infection and sexual and reproductive health and rights (SRHR). Representing a strong regional network and its growing experience will serve as signposts to other networks while informing programming and policy. CRN+ and NAPSAR+ are focusing on strengthening their capacity to enhance advocacy and achieve greater results for their constituents. Lessons learnt by GNP+ as well as APN+ will serve as models for the further development and strengthening of African and Caribbean networks. CRN+'s and NAPSAR+'s work is essential to sustaining and improving the responses in those regions, and the lessons they learn will benefit one another and the consortium as a whole. Through this unprecedented level of PLHIV network collaboration, PNC+ hopes that inter- and intra-regional cohesiveness across networks will ensure that progress is accessible to all those living with and affected by HIV, particularly ISPs.

### 3.3 LEADERSHIP DEVELOPMENT PROGRAMME AND HIV LEADERSHIP THROUGH ACCOUNTABILITY

In June 2013 a meeting of leading advocates from PLHIV networks and civil society organisations from nine African countries was held in Dakar, marking the end of the five-year Leadership through Accountability programme. The 'Investing in the Leadership of People Living with HIV' meeting enabled representatives from nine of the ten LTA participating countries to share and discuss their successes, challenges and learning among themselves and with international partners. With an eye to sustainability the meeting also looked ahead to the need to update and redefine both GIPA and the role of national PLHIV networks in the HIV response for the next decade.

Meeting report: <http://www.gnpplus.net/resources/investing-leadership-people-living-hiv-value-money-unaffordable-principle/>.

The DFID-funded LTA programme aimed to strengthen civil society's ability to hold governments accountable for their commitment to achieve Universal Access to HIV prevention, treatment, care and support. The LTA supported national networks of PLHIV to conduct research to develop an evidence-base and enhance their participation in national and regional processes and mechanisms. It also brought together civil society campaign platforms; these strengthened the coordination and participation of civil society in the development of evidence-based advocacy, which delivered policy change for improved HIV responses.

During the programme's five years, 50 pieces of research were conducted in 10 countries by networks of PLHIV through the application of five evidence-gathering tools. The evidence-gathering methodologies brought civil society organisations, academic institutions, development agencies, human rights organisations, key population networks, and other partners together for the first time, led by PLHIV networks to conduct research where PLHIV themselves were the researchers.

The Dakar meeting drew favourable comments from international stakeholders as well as LTA participants who recognised the LTA's ability to successfully implement sensitive research with such diverse stakeholders, as groundbreaking. Over 16,000 PLHIV participated in the research as programme managers, budgets holders, researchers, data entry clerks or research subjects. The research enabled the 10 PLHIV networks to model, research and collect evidence to inform their advocacy, all of which contributed to real change. Here are just three examples.

In Kenya, for example, the campaign platform, led by the national PLHIV network initiated the: *"Where is the money for HIV?"* campaign. Meetings held with key decision makers resulted in a process toward the establishment of an AIDS Trust Fund in Kenya. The country is currently working on the development of a Health Trust Fund.

In Malawi, a country with high levels of homophobia, the government agreed, for the first time, to include key populations in the National Strategic Framework. This came after initially informing LTA partners that they would not discuss the issue of MSM at all.

In Zambia the LTA partners, using the findings from the Stigma Index, engaged with the Ministry of Justice for the inclusion of an anti-dis-

crimination clause in the draft constitution. This clause provides for protection from discrimination due to health issues and, partners believe that other laws will follow. The partners were also asked to draft policy revisions to ensure that the National Strategic Framework incorporates recommendations from the evidence.

The meeting identified many future opportunities at national, regional and international levels to build on the LTA achievements, including continued use of evidence to influence National Strategic Plans, joint advocacy and lobbying, The Africa Roadmap process, engagement with key events and policy forums like ICASA, the Global Plan, and research into Option B+ and Treatment as Prevention. The meeting also heard specific commitments from international partners UNAIDS and the International HIV/AIDS Alliance to support the continuation of these efforts by civil society.

### **3.4 Y+ PROGRAMME**

Throughout 2013, the involvement and inclusion of the needs of Young People Living with HIV have become mainstreamed in GNP+ programming across all platforms. YPLHIV affiliated with the Y+ Advisory Group have been supported to contribute to the work of GNP+. The GNP+ Y+ Programme also provided assistance on other key global processes, including the consultation on the Strategic Investment Framework, priority settings for key populations living with HIV, the UNAIDS Programme Coordinating Board meeting.

#### **Guidelines for HIV testing, counselling and care for adolescents**

As the Global Focal structure for positive young people's issues – consulting with and advocating for the needs of young people living with HIV – the Y+ Programme worked closely with WHO in the development of its 2013 Guidelines for HIV testing, counselling and care for adolescents. At ICASA 2013, GNP+ educated YPLHIV and raised awareness of the issues pertaining to the guidelines. It organised a community consultation on the new WHO guidelines in partnership with Y+ for YPLHIV and other stakeholders. In its address at the guidelines launch, GNP+ brought attention to the issues highlighted by Y+ and the YPLHIV community at large: linkages to care, the human rights-related barriers to care retention of YPLHIV and early initiation of ART.

### Y+ Advisory Group

Given the rapid growth in its membership, the Y+ Advisory Group focused on organisational strengthening. They established working groups among the constituents enabling each member to respond to needs emerging in sexual reproductive health, global advocacy, leadership development and other areas. There were regular briefings and communications among the Y+ Advisory Group, these working groups and GNP+ Secretariat. Protocols for representation and technical support plans ensured Y+ representatives to other youth-led initiatives, such as HIV Young Leadership Fund, could meaningfully engage, receive systemic institutional support and be accountable to the Y+.

### Y+ Fellowship

As part of GNP+'s commitment to providing leadership opportunities to young people living with HIV, GNP+ hosted a six-month fellowship enabling an emerging YPLHIV leader to support the implementation of Y+ activities. This Y+ Fellowship was hosted at the Global Development Corps, South Africa, where the Fellow was provided with part-time financial remuneration, technical support and regular briefing by GNP+ dedicated staff.

### Y+ Leadership Initiative

GNP+ also developed the Y+ Leadership Initiative to support YPLHIV with on-line mentoring and a platform for information exchange between older and younger activists. The YPLHIV Leadership Code was developed to hold organisations, NGOs and networks accountable to their commitment to engage YPLHIV in their governance, staff structure, programme, and policy. Youth-led and youth-serving organisations were encouraged to create policy promoting new generations of leadership among YPLHIV. GNP+ launched the initiative at the UNAIDS Programme Coordinating Board meeting in December 2013 in Geneva, and played a key role in the organisation of the Thematic Segment on young people, highlighting the realities of YPLHIV in the session called 'Walk in my shoes – YPLHIV'.

LINK: <http://www.yplusleadership.org/>

### PACT

The Y+ Programme has and continues to support the development of the Pact for Social Transformations in AIDS Response (PACT), a collaboration framework agreed by youth-led and youth-serving organisations in the AIDS movement. It outlines themes and priorities for advancing the youth agenda in the context of HIV. PACT was formed at the meeting Youth and UNAIDS: a Pact for Social Transformation in Hammamet, Tunisia in May 2013, a space for participating organisations to set the strategic direction for the youth AIDS movement. It brought together 15 youth organisations nominated by civil society, and members of the UNAIDS Youth Advisory Forum.

### ICASA

At the Pre-conference for the ICASA 2013, GNP+, in partnership with Stop AIDS NOW!, organised a session to discuss the principles of Positive Health, Dignity and Prevention for YPLHIV. Y+ Programme members led the session, attended by around 50 young people from Africa. The group highlighted the need for the provision and continuum of care for YPLHIV, the promotion of linkages to services outside health systems (e.g. the educational system, the legal justice system), stronger research to inform advocacy and more meaningful participation of YPLHIV in policy and service provision, including the shaping of the legislative environment.

## 3.5 KEY POPULATIONS

In 2013 GNP+ worked to ensure that its programming addressed the needs of key populations living with HIV. All consultations (in particular the WHO Consolidated Guidelines, the WHO consultation on self-testing, the UNAIDS Strategic Investment discussion, the UNAIDS Community System Strengthening for Treatment Access) included targeted outreach to specific, previously excluded groups, including sex workers, people who use drugs, and young people living with HIV.

### Collaborating with networks

GNP+ has strengthened its institutional connections with the three global networks of key populations: Networks of Sex Worker Projects (NSWP), the International Network of People who Use Drugs (INPUD) and the Global Forum on MSM and HIV (MSMGF). We identified opportunities



for collaboration in key events and advocacy spaces, such as joint press releases for World TB day (with INPUD) calling for a massive scale up of TB services among people living with HIV and those who use drugs.

**LINK: <http://www.gnpplus.net/world-tb-day-2013-gnp-and-inpud-call-for-a-massive-scale-up-of-tb-services-for-people-living-with-hiv-and-those-who-use-drugs/>**

For the first time, GNP+ agreed to be a partner in the International Harm Reduction Conference – a biennial conference hosted by Harm Reduction International. GNP+ was involved in the programming committee and preparation. See also 1.2 on page 07.

GNP+ has worked alongside INPUD, NSWP, MSMGF on the development of ethical guidance for caregivers. With the three networks and ITPC we developed a joint policy paper entitled: Access Challenges for HIV Treatment Among People Living with HIV and Key Populations in the Middle-Income Countries. (<http://www.gnpplus.net/new-publication-highlights-realities-of-access-to-hiv-drugs-and-other-essential-medicines-for-key-populations-globally/>) This policy brief articulates how prevailing economic and trade interests compromise access to life-saving generic drugs, resulting in a devastating impact on communities of people living with HIV and key populations, including men who have sex with men (MSM), transgender people, sex workers and people who inject drugs (PWID). It provided a set of concrete examples from key populations to illustrate the real impact of lack of access. On the basis of this paper, advocacy was conducted at the meeting on access to HIV medicines in middle-income countries in Brasilia in June 2013, organised by UNITAID, WHO, UNAIDS and Medicines Patent Pool.

### Key Populations Advisory Group

Following a consultation held with key populations living with HIV in November 2012, GNP+ established an advisory group of key populations living with HIV in 2013. The KPLHIV Advisory Group composition ensures balance in gender, geographical location, and expertise, and a continuity of dialogue. Members were recruited through an open call as well as nominations by the networks of key populations. The KPLHIV Advisory Group is perceived as a mechanism to hold GNP+ accountable to the community of key populations living with HIV.

At its first two meetings, in June and December, the Key Populations Advisory Group developed its priorities for GNP+: to operationalise the PHDP for key populations (identify and meet training needs, create additional materials to support the implementation and identify PHDP champions); the review of GNP+'s evidence-gathering tool, Human Rights Count!, putting forward a detailed adaptation plan (see 2.3 above); new ways the positive networks can better engage with key populations networks and vice-versa. They agreed that in 2014 they would focus on advocacy, mapping priorities and opportunities for key populations living with HIV.

### Measuring engagement

GNP+ also initiated the development and piloting of a Key Populations Engagement Tool to measure the extent to which key populations living with HIV are involved in decision-making processes. National positive networks in 18 countries were consulted, their input has been consolidated, and this will inform the revision of the tool. At the International AIDS Conference in Melbourne, GNP+ will encourage national networks to make this assessment as the first step to developing plans to involve key populations living with HIV in policy development, governance, and strategic planning processes.

### MSM living with HIV in Africa

Recognising the difficulties in relation to the mobilisation of MSM living with HIV in Africa, GNP+ worked with African Men Sexual Health and Rights (amSHER) to support planning, preparations and logistics for a meeting of initiatives by African MSM living with HIV. The meeting brought together MSM positive leaders and MSM living with HIV members of the Reference Group of amSHER, including sex workers, youth gay-identified from West, Central, East, Southern, Northern Africa, Indian Ocean and the diaspora, to develop a regional roadmap and advocacy plan for ICASA 2013.

### Evidence from Leadership Through Accountability countries

In December 2013, GNP+ developed a policy brief entitled *The experience of key populations living with HIV from Cameroon, Malawi, Senegal and South Africa: Evidence from the HIV Leadership through Accountability Programme*, an outcome of an analysis of informa-

tion on key populations living with HIV in the five LTA-supported projects. The policy brief points to the serious concerns around a lack of data on key populations living with HIV and concludes that key populations living with HIV were less likely to be on ART or to discuss sexual and reproductive health with healthcare workers. Moreover, there are few programs that meet the specific needs of key populations living with HIV, and few organisations surveyed report working with these key populations. The policy brief can be accessed here: [www.gnpplus.net/KPLHIVpaper](http://www.gnpplus.net/KPLHIVpaper)

### Bridging the Gaps

GNP+ continues to engage with the Bridging the Gaps alliance, working with the Programme Team and the Programme Board to ensure that the work that GNP+ conducts in relation to key populations supports the work of the Alliance partners and that data and learning emerging from the country programmes contribute to its global advocacy work. GNP+ is also part of the M&E working group that is developing a framework for a mid-term programme evaluation and a plan for operational research to be carried out in 2014.

Highlights of the Bridging the Gaps partnership include:

- Establishment of a Key Populations Living with HIV Advisory Group
- Advocacy and lobbying efforts aimed at scaling up treatment access for key populations and people living with HIV in the Middle-income countries
- Creation of the People Living with HIV Networks Consortium (PNC+) to strengthen PLHIV networks in Asia-Pacific, the Caribbean and Southern Africa
- Supporting networks conducting capacity assessment to measure the inclusiveness of 8 PLHIV networks to key populations
- Using the 17th International Conference on AIDS and STIs in Africa (ICASA) to train key populations living with HIV on technical skills

## 3.6 WOMEN AND GIRLS

GNP+ aims to ensure that its programmes are accessible to women and girls and that the specific needs and realities of women and girls are addressed throughout GNP+'s work.

GNP+ continued to engage in efforts to achieve the Global Plan to Eliminate New HIV Infections in Children and Keep Mothers Alive. GNP+ participated actively as a member of the Interagency Task Team (IATT) on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers, and Children, mainly through its role as co-chair of the Community Engagement Work Group (CEWG). GNP+ also secured funding from UNICEF to implement some of CEWG's planned activities, including (1) mapping of community and civil society groups actively engaged in Global Plan efforts, (2) development of a treatment literacy tool for individual women living with HIV and other caregivers, and (3) planning of workshops focused on community engagement and social accountability to be held in two Global Plan countries. GNP+ also supported other CEWG activities, such as the development of a community engagement costing tool and hosting webinars on the importance of community engagement and human rights. See also 1.2 above.

GNP+ amplified the voices of women living with HIV in Malawi and Uganda on lifelong treatment starting during pregnancy (Option B+) through a WHO-funded project jointly implemented with the International Community of Women Living with HIV (ICW), ICW Eastern Africa, and Coalition of Women Living with HIV/AIDS (COWLHA) in Malawi. This effort was also supplemented by a WLHIV leaders' dialogue on the issue hosted by the CEWG.

GNP+ also partnered with ICW on a UNAIDS/UNFPA-funded project to highlight the experiences of WLHIV of family planning in the context of prevention of vertical transmission.

During its operational planning and global advocacy planning meetings, GNP+ explored the possibility of establishing a W+ initiative. Considering GNP+'s relationship with ICW and other networks focused on the needs of WLHIV, GNP+ chose not to pursue the W+ initiative at this time. GNP+ committed to continue supporting partners to advocate for the needs of women and girls living with HIV and to integrating work on women and girls across its work plan.

## 4.1 COMMUNICATIONS

### Corporate identity and brand building

GNP+ has maintained, promoted and protected its corporate identity and branding, by ensuring that the branding of GNP+ is only used correctly, and with GNP+ approval. GNP+ has continued to build strong relationships with a wide number of partner organisations, increasing our profile on the global stage. All three programmatic teams (Global Advocacy, Knowledge Management and Community Development) received communication support as necessary.

### Media relations

GNP+ has continued to distribute media releases, both proactively disseminating policy positions and programmatic successes to relevant stakeholders, and in response to developments in the HIV response. GNP+ has commenced the development of media lists and a proactive approach to media relations, with a particular focus on HIV-sector media, securing an article from co-Chair Anna Zacowicz on the Huffington Post Big Push Blog in November.

### Databases and mailing lists of networks of people living with HIV

Through GNP+'s databases and mailing lists, regular communications were made with PLHIV networks, organisations and individuals about topical issues of interest, and ways to support the broader community of PLHIV. Mailing lists were also used to communicate with partners and other key stakeholders with information about organisational successes, materials and publications, and to share partner information. GNP+ has investigated improving how e-communications are sent, such as better branding, look and feel, as well as developing a proposal to send out a regular newsletter.

### Online presence

Following lengthy evaluation, GNP+'s main website was completely revamped, and launched in early December. It is now much more dynamic and interactive, with strong links to social media. Other websites run by GNP+ for various projects have been maintained where

they are still relevant. Social media, using the platforms Facebook and Twitter, have gained great engagement and traction with PLHIV community members, and have become an increasingly important tool in sharing information to GNP+ networks and supporters.

### Global coordination of the Candlelight Memorial

The 2013 International AIDS Candlelight Memorial took place in May. GNP+ acted as the Global Coordinator of the event, providing guidance to Regional and National Coordinators through the Memorial website, including posters and press release templates. GNP+ was unable to undertake an evaluation for the event due to its limited staff capacity in 2013. Planning commenced for the 2014 event, which included the development of posters and a theme.

### Supporting conferences and events

GNP+ had a significant presence at several regional conferences, including ICAAP and ICASA in December 2013. Communications played a strong role in disseminating the outcomes of the conference from the perspective of PLHIV to GNP+ constituents.

## 4.2 STRATEGIC MANAGEMENT

GNP+ created a Strategic Plan for the period 2011 - 2015. Incorporating recommendations from a participatory strategic review, the strategic plan builds on past achievements and outlines our mission, vision, goal and purpose for the period 2011 - 2015. The plan prioritises three pillars of work: global advocacy, global knowledge management, and global community building. Given the continuing changes of the HIV response landscape and the fundamental concept that the strategic plan is a "living" document, GNP+ commissioned a mid-term evaluation. However, due to the change in leadership, this didn't commence until mid-2014.

## 4.3 GOVERNANCE

### Annual Board Meeting

The Annual Board Meeting, held in June 2013 in Amsterdam, highlighted the need to further structure the board and the secretariat. It

# /04

## Organisational Strengthening, Management and Improvement

was agreed that the Board Terms of Reference need to be expanded to include the role of the board members and the electoral process.

### Election of Board Members

New elections were held for the positions of Co-chair and Treasurer during the Annual Board Meeting. To provide continuity, it was suggested that one Co-chair stays on for another year, to initiate a staggering cycle to ensure institutional memory. The elections appointed Ryan Maduro as the replacement of Anuar Luna in the role of Co-chair, and Cecilia Chung took over the role of Treasurer from Henrik Alridsen.

### Quarterly Board Meetings and Bi-monthly ExCom Calls

Quarterly Board Meetings were held by conference call and were intended to update all board members of the activities GNP+ Secretariat was involved in. The Executive Committee met by conference call every two months to discuss proposals or propositions and whether they should be put to the Board.

## 4.4 PROGRAMME AND FINANCIAL MANAGEMENT AND M&E

GNP+ has continued to improve the accountability of GNP+ to its constituencies as well as its donors, by implementing new tools to monitor and evaluate financial performance. In response to changes in the environment, GNP+ needs to be able to adapt its programming based on the changing needs of the communities served and donors' expectations.

The organisational management of GNP+ stays informed about the performance of its programme management by the use of M&E tools. In addition, through the LTA programme, GNP+ has provided technical support to improve the M&E capacity of its partners.

In 2013, GNP+ used an updated organisational structure to better align with the requirements of both the internal and external environment. The Management Team comprises the Global Community Development Manager, Finance and Administration Manager, Global

Advocacy Manager, Global Knowledge Management Manager and the International Coordinator – Chief Executive Officer. This structure pulls together the GNP+ platforms and creates synergies in decision-making for programme management and monitoring and evaluation.

Throughout the year programme management tools were implemented as well as M&E methodologies. Staff were trained to use the new monitoring and evaluation tools and to review the appropriateness of those tools. Organisational and programmatic evaluations were conducted with the new tools, evaluating progress on both process and impact on programme goals and objectives.

Programme management software Huddle was acquired to provide a platform for organising and sharing information and a virtual communication platform among staff and third parties. As well as sharing information, Huddle was used for the electronic approval of the LoAs, MoUs and work plans.

Financial management software 20/20 Vision was implemented to supplement the existing accounting software Twinfield. 20/20 Vision provides the electronic archiving of invoices and the online approval of the budget allocation, as well as automatic bookkeeping of the invoices in Twinfield through an electronic interface. This way GNP+ M&E practices are connected to the financial accounting system.

Additionally, the integration of the banking online payment system and Twinfield took place, allowing for payment batches to be processed automatically, e.g. payment of salaries. Real-time bookkeeping was enabled, thus improving the access of up-to-date financial information to programme officers.

GNP+ continues to improve its financial management by strengthening the internal controls framework and providing support to the other platforms. There have been improvements in the quarterly financial reports of actuals versus budget, as well as drafting budgets and analyses based on the specific reporting needs of each donor.

The administrative team facilitated the implementation of improvements in cost efficiencies and providing better value for money

by booking cheaper flights, reducing the internet and telephone costs, etc.

The Secretariat facilitated the development of the Annual Report 2013 and the donor requested project audits. The development of a 2014 work plan was done together with the programme team. Work still to be completed includes: a comprehensive organisational M&E plan to cover the period of the 2011-2015 Strategic Plan.

## 4.5 HUMAN RESOURCES MANAGEMENT AND DEVELOPMENT

GNP+ continued to use the structure of the Secretariat identified as suitable after the significant restructuring that took place in 2012. This structure aligns staff functions with platforms for each of the three Strategic Objectives as defined in the Strategic Plan – Global Advocacy, Global Knowledge Management and Global Community Development – supported by a fourth platform for Finance and Administration.

Staff members continued to need the support of a thorough programme of professional development and training. This process was based on performance appraisals, viewed as tools to support the continuous learning and improvement that can close gaps in knowledge and assure the effectiveness of the work performed.

The procedures at GNP+ for performance appraisal were improved and redesigned towards 360 degree appraisals, which require input from human resources and management but also from other work colleagues and third parties, providing a more complete picture and reflecting the essence of the matrix structure of communication.

Several staff left GNP+ during the year, necessitating staff flexibility, temporary cover and recruitment. The recruitment of the new Finance & Administration Manager and Executive Director was managed over a long time frame allowing more candidates to apply and be subject to a very thorough selection process.

It was necessary to cover for some positions on an interim basis, employing consultants to cover for the Finance and Administration Manager and for the Executive Director positions until permanent appointments were made.

GNP+ hired a temporary Global Advocacy Manager to strengthen the programme managers' team and support the Global Knowledge Management and Global Community Development platforms. Terms of reference were drafted for the management team and approved by the Board to reflect the decentralised structure and shared responsibilities in decision-making.

# Financial Report 2013

## UPGRADING FOR THE FUTURE: FINANCIAL SYSTEMS AND PARTNERSHIPS

The GNP+ narrative and financial reports have been developed in accordance with the revised Directive 650 for fundraising institutions issued by the Dutch Council for Reporting. This directive aims at increasing clarity and transparency in the manner in which fundraising institutions report on their revenues and expenditures. 2013 is the fifth year in which GNP+ reports have been made in accordance with this directive.

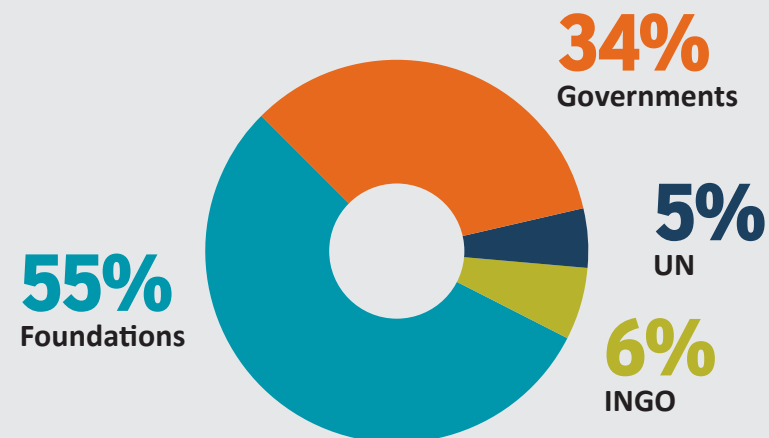
GNP+ undertakes partnerships with donors who provide support to its programmes. GNP+ values the experiences donors have gained by working with their partners and grantees. To avoid conflicts of interest associated with donors serving as partners, GNP+ insists on formalised contracts, memoranda of understanding, or letters of agreement that clearly define the relationship and the roles and responsibilities of each party.

GNP+ uses a format for budgeting and reporting in which core expenditures are allocated to specific goals, platforms and activities. Through this budget allocation system, the total core expenditures are divided by the total annual hours available for staff members. This average hourly rate is used in the estimation of the costs of programme staff and management based on the number of hours spent on a specific activity. Within the GNP+ budget, all core expenses are allocated.

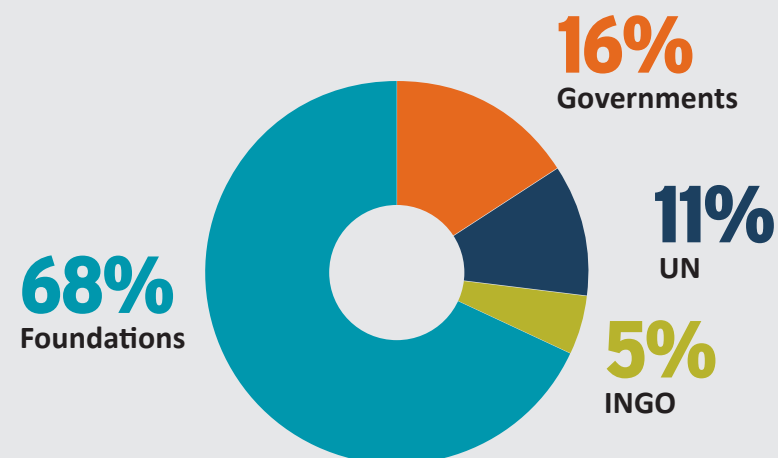
There are hours not directly related to program activities, like general management and administration, other organisational activities and resource mobilisation. Through the general budget allocation, these expenditures are allocated to specific goals, platforms and activities as well.

## SOURCES OF SUPPORT AND REVENUES

### 2012

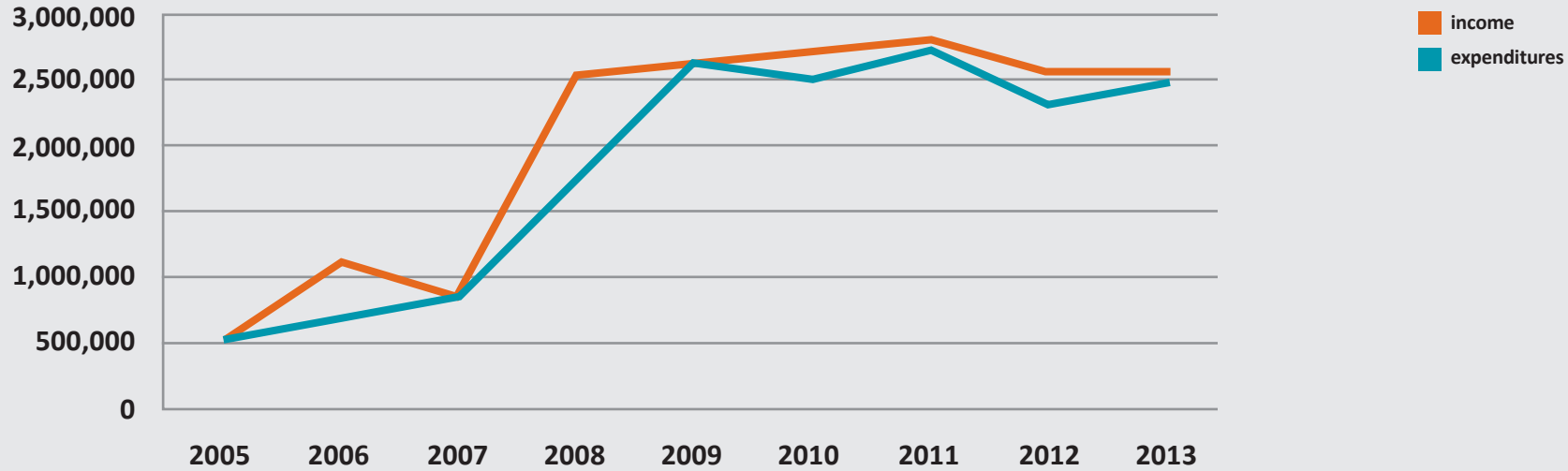


### 2013



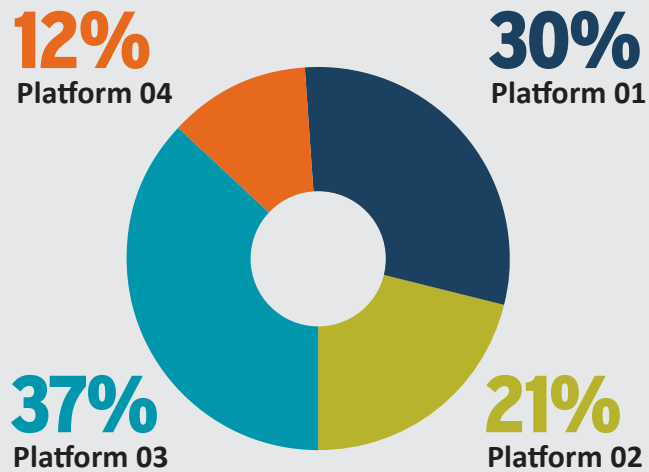


## STATEMENT OF REVENUES AND EXPENDITURES

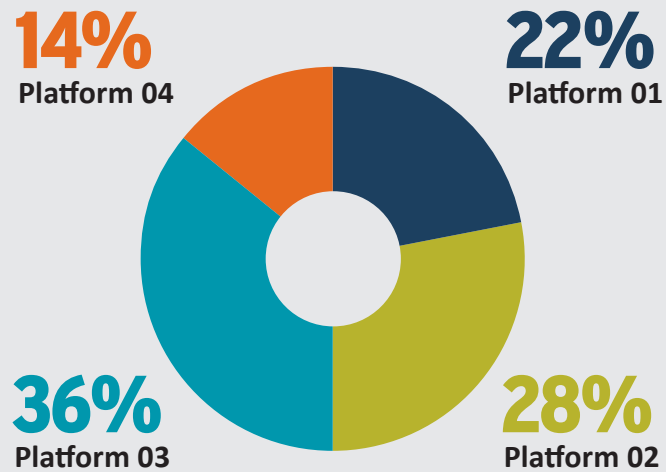


## BUDGET VERSUS ACTUALS 2013

### Actuals 2013



### Budget 2013



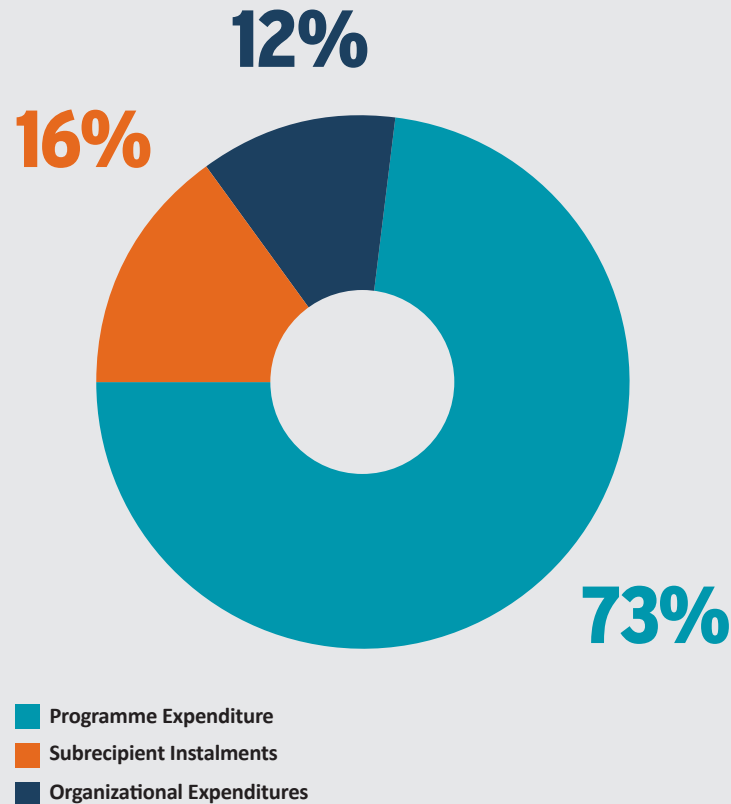
- Platform 1: Global Advocacy
- Platform 2: Global Knowledge Management
- Platform 3: Global PLHIV Network Community Strengthening and Development
- Platform 4: Organizational strengthening, management and improvement

**We at GNP+ would like to thank our 2013 donors**

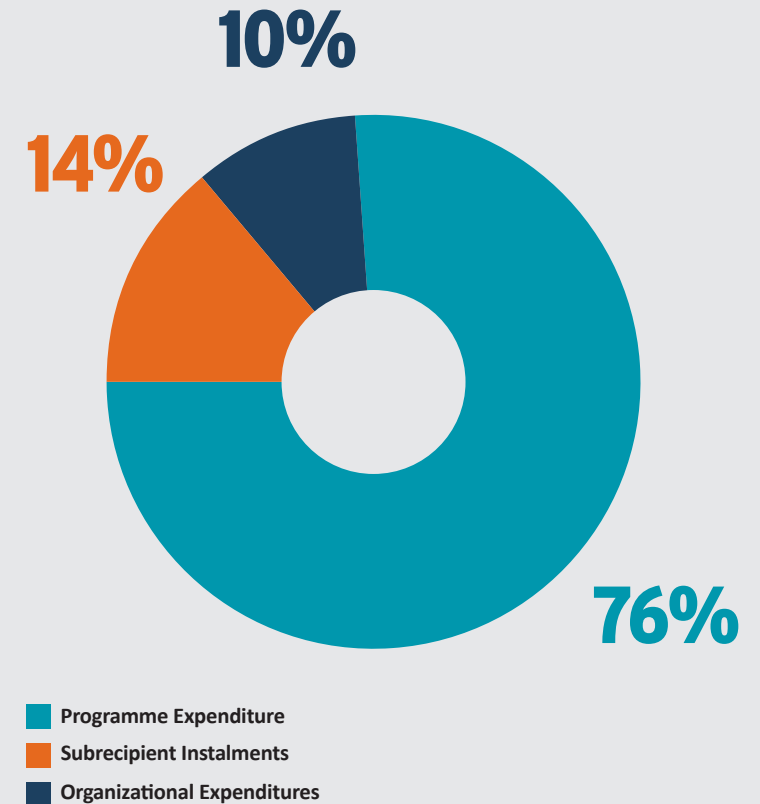
- Open Society Institute (OSI)
- NORAD
- World Health Organization
- UNFPA
- Capital for Good
- Alphawood Foundation
- International HIV/AIDS Alliance
- IFRC
- AIDS FONDS
- Key Population Fund / Aids Fonds
- UNAIDS
- Sidaction
- Stop Aids Now
- Global Fund
- ILO
- Robert Carr
- AVAC
- ViiV
- UNICEF
- Department for International Development
- Ministry of Foreign Affairs of the Netherlands

**HOW GNP+ USES ITS FUNDS**

**Expenditure type 2013**



**Expenditure type 2012**





# Abbreviations and Acronyms

**APN+** - Asia Pacific Network of people living with HIV  
**ART** – antiretroviral treatment  
**ARVs** – antiretroviral drugs  
**ASK** – Access, Services and Knowledge programme  
**CEWG** - Community Engagement Working Group  
**CRN+** - Carribean Regional Network of people living with HIV  
**DFID** – UK Department for International Development  
**EATG** - European AIDS Treatment Group  
**ECUO** - East Europe and Central Asia Union of PLHIV  
**EU** – European Union  
**FTA** – Free Trade Agreement  
**GAA** – Global Advocacy Agenda  
**GAS** – Global Advocacy Strategy  
**GIPA** – greater and more meaningful involvement of PLHIV  
**HTC** – HIV treatment and counselling  
**IATT** – Interagency Task Team  
**ICASA** – 17th International Conference on AIDS and STIs in Africa  
**ICW** – International Coalition of Women living with HIV  
**IFRC** – International Federation of the Red Cross  
**ILO** – International Labour Organisation  
**ISPs** – inadequately served populations  
**ITPC** – International Treatment Preparedness Coalition  
**LGBT** – Lesbian, Gay, Bisexual and Transgender  
**LOA** – letter of agreement  
**LTA** – HIV Leadership Through Accountability programme

**M&E** – Monitoring and Evaluation  
**MICs** – middle-income country  
**MOU** – memorandum of understanding  
**MSM** – men who have sex with men  
**MSMGF** – Global Forum of Men who have Sex with Men  
**NAPSAR+** - Network of African People Living with HIV Southern African Region  
**NEPHWAN** - Network of People Living with HIV/AIDS in Nigeria  
**NGO** – non-governmental organisation  
**NSWP** – Global Network of Sex Work Projects  
**PACT** – Youth and UNAIDS: a PACT for Social Transformation  
**PCB** – Programme Coordinating Board  
**PNC+** - People Living with HIV Networks Consortium  
**PHDP** – Positive Health, Dignity and Prevention  
**PLHIV** – people living with HIV  
**PWID** – people who inject drugs  
**PWUD** – people who use drugs  
**SRHR** – sexual reproductive health and rights  
**TAM**  
**TasP** – treatment as prevention  
**TB** - tuberculosis  
**TRIPS** - Agreement on Trade-Related Aspects of Intellectual Property Rights  
**VCT** – voluntary counselling and testing  
**WHO** – World Health Organisation  
**WTO** – World Trade Organisation  
**YPLHIV** – young people living with HIV



**GLOBAL NETWORK OF  
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//////  
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