Investing in the Leadership of People Living with HIV

Value for money or an unaffordable principle?

"It is through collective actions that we are able to ensure our human rights are protected … that everyone has access to treatment and services and we [people living with HIV] are indeed a part of the solution"
Tanzanian participant (NACOPHA)

A summary report of the *HIV Leadership through Accountability* final project meeting held in Dakar, Senegal 3-5 June, 2013

Table of contents

"What we have learnt through the LTA is that the evidence has increased our credibility within government and decision making structures. We can hold government to account because we have the evidence however, we need to build accountability of the networks and civil society in to our work. This needs to be resourced."
Nigerian participant (NEPWHAN)

Executive Summary

Leading advocates from PLHIV networks and civil society organisations from nine African countries[1], met in Dakar from 3- 5 June 2013 to celebrate the many achievements of the five year HIV Leadership through Accountability (LTA) programme, as it draws to a close. The participants highlighted how the programme had strengthened their organisations' ability to gather evidence from communities and collaborate with key national stakeholders leading them to more effectively advocate for rights of people living with HIV (PLHIV). They also spoke passionately about how the programme had contributed to their own development as advocates and leaders.

The concept of *LTA as not just a programme but rather "an approach"* emerged throughout the meeting with a strong focus on sustainability. In particular, participants noted that the LTA was more than just a project; it was in fact a way of working, even, a way of life. Building the capacity of PLHIV, utlising the 'learning by doing' iterative approach, to generate evidence that allows them to engage confidently with decision makers is a methodology that needs to be replicated – in the LTA countries and beyond.

> *"…an eye opener to see how the LTA has been used as a platform to contribute to the work you are doing and that you are also able to do a lot more through tools of the LTA. This should be shared with as many people as possible … shows that PLHIV are involved and can bring about change. What we see on the wall is change"*
> International partner (International HIV/AIDS Alliance)

The objectives of the meeting were to:

- Showcase ten major achievements of People Living with HIV (PLHIV) networks and civil society (CS) campaign platforms implementing the LTA programme and identify common themes;
- Make recommendations on the value and viability of strengthening the capacity of national PLHIV networks and civil society through investing in programmes like the LTA; and
- Reflect on the lessons from the LTA experience and begin a conversation about the current relevance of the Greater Involvement of People living with HIV (GIPA), 30 years on from the historic Denver principles.

The meeting emphasised revealing the impact of the programme by repeatedly asking the question "*So what*" about the range of outputs produced and, activities carried out, over five years. For example: We carried out research and built an evidence base*. So what?* We met with a key policy maker to share the findings of our research. *So what?* The policy maker made a pledge to amend a policy in order to ensure better access to HIV services*.*

[1] Representatives from Moldova were unable to join the meeting due to visa issues.

Introduction

This report is not a step-by-step account of workshop deliberations but a summary highlighting the achievements and challenges of the LTA programme as well as some opportunities moving forward.

The 'Investing in the Leadership of People Living with HIV' meeting in Dakar provided a space for national PLHIV networks and civil society platforms from nine of the ten participating countries to share and discuss their successes, challenges and learning amongst themselves and, with international partners. As part of the focus on sustainability, the meeting also began a dialogue to explore the current relevance of GIPA and, the need to update and redefine both GIPA and the role of national PLHIV networks in the HIV response for the decade ahead.

What is the LTA?

The LTA programme, funded by DFID, aimed to strengthen civil society's ability to hold governments accountable to their commitment to achieve Universal Access to HIV prevention, treatment, care and support by:

- Supporting national networks of PLHIV to conduct research to develop an evidence-base and enhance their participation in national and regional processes and mechanisms; and
- Bringing together equitable and inclusive CS campaign platforms to support strengthened coordination and participation of CS in the development of evidence-based advocacy in order to deliver policy change for improved HIV responses.

For the past five years, through the LTA programme, 50 pieces of research were conducted in 10 countries by networks of PLHIV through the application of 5 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 on research where PLHIV themselves were the researchers.

Civil society coordination is difficult in itself and the ability to successfully implement sensitive research with such diverse stakeholders is ground-breaking. Over 16,000 PLHIV participated in the research as programme managers, budgets holders, researchers, data entry clerks or sharing their experiences. The research enabled the 10 PLHIV networks to model, research and collect evidence to inform their advocacy.

Participants were asked to prepare a variety of presentations prior to the meeting from a mock TV show highlighting the "so what" aspect of activities, to a poster showcasing the most significant achievements in their country. Participants eagerly undertook these assignments and were well prepared - a testimony to the value of the project.

The first half of day one focused on the LTA journey looking at achievements, lessons learned and opportunities. The second half of the day explored LTA as part of the journey focusing on how to use the methodology and tools to advocate for change beyond the LTA. On the second day, discussions moved away from LTA as a programme toward the spirit of LTA – GIPA, and how this principle can and should be adapted to remain relevant 30 years after Denver.

The meeting was highly rated by all participants and seen as a valuable opportunity to share and learn. Some feedback:

- *Very inspirational and motivational – now it is important to disseminate the experiences more broadly*
- *Really useful to see what some investment can do around making GIPA a reality. I encourage you to share widely the results of the study.*
- *A platform for learning – internalization of LTA as an approach at the end of the programme*

LTA programme highlights

The five-year LTA programme made an impact at many levels in the participating countries. While, in many of the cases highlighted, the LTA contributed significantly to change, transformation is always about a range of factors and elements coming together within the current political context.

One significant outcome was the increased inclusion of PLHIV and civil society in decision-making processes. When asked: What was different about the LTA programme that led to such an increase in opportunity and space? The answer is a combination of many of the points below but a common response from many of the participants was "*evidence*". The value of using evidence when talking to government proved invaluable. It increased the credibility and respect of the national networks and civil society partners and, built the confidence of individuals to speak out.

> *" … community-based bottom-up approach including PLHIV at all levels … best of community based research, not being done by people from outside but, the leadership of PLHIV working within our own communities."*
> Malawian participant (MANET+)

Strengthened national networks and civil society

Increased skills and capacity for the organisations and individuals involved was a key achievement of the LTA, including:

- Being empowered to gather evidence
- Using evidence for advocacy –skills to draft advocacy messages, policy briefs, etc.
- Lobbying and advocacy skills
- Confidence to engage with parliamentarians and the media
- Monitoring and reporting skills

The "learning through doing" methodology allowed partners to gain skills in a variety of other areas including monitoring, media engagement and public speaking.

> *"I had never had the courage of speaking on TV but last meeting I presented on the TV – thanks to programme that really strengthened our capacities"*
> Senegalese participant (RNP+)

In **Cameroon**, the LTA platform drafted the Yaoundé Declaration demanding that d4T be removed from the first line treatment regimen. Upon receiving the declaration, the Ministry of Health noted it was the first time they had received a well-structured letter with a clear argument and ask from civil society. In a follow up meeting the minister issued a directive withdrawing d4T from the regimen. However, the issue persists and the platform continues to work on it.

In **Senegal**, to demonstrate her commitment to GIPA, and in recognition of the strength of the network, the Minister of Health began recruiting PLHIV to the ministry.

The value of investing in PLHIV networks

"By having confidence and trusting us, you have showed that PLHIV can be real stakeholders… without PLHIV there is no solution" Kenyan participant representing NEPHAK

During the first country selection phase the Kenyan National Network - NEPHAK – consisted of a desk in the offices of a local umbrella organisation, KANCO. The network had limited capacity and resources to implement activities. This would have prevented many grant makers from working with them. While understanding the challenges, GNP+ elected to implement the project because they realised the importance of strengthening national networks.

Through the support of GNP+ and the LTA programme, increased capacity strengthened NEPHAK leadership and, because of the evidence, the voice of PLHIV was increasingly heard. The network is now: involved in technical working groups of the CCM and other groups at the national level; is co-convenor of the National PLHIV Conference; and, seen as an integral part of the national HIV response. NEPHAK used the LTA as an opportunity to build its capacity, forming partnerships with key stakeholders like UNAIDS and CAFOD to replicate the Stigma Index. Today they have seven donors and recently passed Phase one of an institutional strengthening proposal to USAID.

According to the leadership, the game changer was a partner was willing to put money into institutional strengthening: *"A testimony that partners need to go further and really look at the needs of networks and civil society … there are no hopeless cases…"* Tanzanian participant (NACOPHA)

Increased knowledge among key stakeholders

In many instances, by informing leaders of the situations faced by their constituents and of their obligations, the LTA partners increased the knowledge of those with the power to make changes and, gained commitment to affect that change.

In **Tanzania**, the SRHR tool showed that only 6.2% of lactating mothers were put on ART during pregnancy. Taking advantage of the PMTCT review process they pushed the Minister of Health to include Option B+ (offering lifelong treatment to pregnant women) in the country plans. The President recently inaugurated this campaign. Prior to this, the President was unaware that an HIV-positive mother could give birth to a child without HIV. As a result of interventions by LTA partners the government has committed to a target of no new HIV infections through vertical transmission by 2015.

In **Malawi** the LTA drew attention of policy makers and parliamentarians. Malawian PLHIV and other civil society campaign platform members were invited by the President to present their findings at the State House and, now have scheduled quarterly meetings with parliamentarians. The LTA partners developed five policy briefs, from the findings of the Stigma Index, to engage with parliamentarians. One focused on quality treatment and spoke to the dangers of d4T; the parliamentarians were unaware of the negative side effects of d4T. The partners also engaged the Head of State at the annual PLHIV Conference who urged the Ministry of Health to discontinue d4T. A roadmap was developed to roll out a new treatment regime to all clinics by 1 July 2013 and funding was sourced from the Global Fund and PEPFAR to cover the government shortfall.

In **Cameroon**, the Minister of Health, since hearing the findings from the Stigma Index, has spoken out against stigma in health care settings and challenged health care workers to end stigma against PLHIV in hospitals and other health care facilities. In addition, two meetings were organised by UNAIDS to sensitise lawyers on PLHIV related human rights. And, the ILO invited employers to promote non-discrimination of PLHIV in the work place. All of this was a direct result of sharing the findings of the Stigma Index and Human Rights Count! studies.

Improved policies and practices

Greater involvement in decision-making processes has increasingly enabled LTA partners to hold their governments to account.

> *"This is first time we were going there armed with evidence… the evidence shows ABC and that is why we are demanding XYZ."*
> Tanzanian participant (NACOPHA)

In **Zambia** the LTA partners, using the findings from the Stigma Index, engaged with the Ministry of Justice for the inclusion of an Anti-discrimination 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 (NSF) incorporates recommendations from the evidence.

In **Nigeria**, the PLHIV network and broader civil society have been pushing for an anti-discrimination law for eight years; the government however had not been convinced of the need. The Stigma Index proved that PLHIV experience discrimination in all areas of life; this was used to successfully lobby government. The draft legislation recently went through its third reading, the final stage before being enacted into law. The Stigma Index also highlighted the stigma and discrimination faced by sexual minorities. As a result, the national network NEPWHAN recognised their obligation to all PLHIV and have initiated five support groups for MSM living with HIV in Nigeria.

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

In **Ethiopia**, GIPA is included in the NSF for the first time to ensure the inclusion of PLHIV in programme design, implementation and evaluation. In addition, the SRHR research findings was used to promote Option B+ which has also been incorporated in to the NSF, stating that all HIV pregnant women will receive treatment for life.

The Ukuthwala campaign in Eastern Cape, **South Africa**, led by the national PLHIV network (NAPWA) involved leaders at all levels. Ukuthwala is the cultural practice of selling young girls for marriage to older men. In the Eastern Cape a campaign was initiated, prior to the LTA programme launch in South Africa, to end the practice. This work led to the establishment of the Palmerton Childcare Centre where girls who were able to escape these marriages could go. With the launch of the LTA programme, campaigners – now known as the Ubuntu Bethu Civil Society Campaign Platform headed by NAPWA - partnered with the Ministry of Health, the South African Police Service, the National Prosecuting Authority, traditional leaders, the Palmerton Childcare Centre and other civil society organisations to push for the abandonment of the practice. The platform initially engaged with traditional and religious leaders to elicit buy in. These leaders, supported by the platform, then led community imbizos (dialogues) to sensitise community members about human rights abuses encouraging them to take the lead to condemn the practice. This finally resulted in the rejection of the practice and, young women that ran away from the marriages are now allowed to return home without shame or disgrace to themselves or their families.

Broadened advocacy coalitions

Joint campaigning is an integral component of the LTA programme and methodology. Through targeted support, and campaigning and advocacy skills building, the national networks and broader civil society organisations were encouraged to work together to identify common issues and work plans. This, coupled with the evidence, provided many opportunities to work in collaboration.

In **Senegal** for example, after the first-ever PLHIV parade was successfully held another demonstration, organised with AFRICASO, focused on religious leaders. The Stigma Index revealed that in many instances that religious leaders significantly contributed to

the stigma experienced by PLHIV and campaigners appealed to leaders to recognise that: *"PLHIV are all of us."* Further, in May 2013, Senegalese PLHIV and broader civil society participated in their first memorial service to show solidarity and commitment to the HIV response.

Countries also learnt from each other. Specifically, Round 1 countries provided technical support to Round 2 countries and now support neighbouring countries outside of the LTA programme. For example, Malawi supported Zimbabwe to implement the Stigma Index.

> *"…it is about developing South-South leadership."*
> Cameroon participant (RECAP+)

This was highlighted as one of the aspects expected to contribute to the sustainability of outcomes and activities beyond the life of the LTA project itself.

Better quality programmes

In **Zambia**, the SRHR study showed that youth face many challenges accessing health services including stigma from health care providers and inability to get information from schools. In addition, many are also orphans. This enabled ZNAN to develop programmes targeting the SRHR needs of adolescents. A programme was implemented and youth in eight districts were identified and trained as peer counsellors. These youth now work in health facilities resulting in an increase in numbers of young people accessing services. Further, thirteen support groups were formed in the eight districts and the youth work with schools to address stigma.

Government funding for the HIV response and, health in general is a key issue in most LTA countries. All governments have ratified the Abuja Declaration however, in some countries, like Tanzania, a staggering 90% of all money spent on HIV is from external donors. In **Kenya**, 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**, the Department of Nutrition and HIV has developed an Options Paper to explore options to increase government spending on HIV and health. This issue is still being discussed.

> *"This is a programme based on action for change…"*
> Cameroonian participant (ITPC)

Overcoming challenges

Innovative thinking and creative solutions were instrumental in overcoming challenges.

Civil society collaboration was in some instances difficult. In **Ethiopia** for example, the NGO law dictates that organisations must receive 90% of their funds domestically to undertake advocacy work. A civil society campaigning platform in this context was not feasible and the national PLHIV network therefore led the advocacy work.

Funds for research were in some cases inadequate. To overcome this, some campaign platforms and national networks engaged with in-country UN agencies and other donors to supplement the funding. In other cases, academic institutions were approached to provide assistance at little or no cost.

Another challenge noted repeatedly was that the LTA time frame, which allowed two years to undertake the research and advocacy work, was often limited. Flexibility from both the implementing and managing partners ensured that the programme was effective and relevant to the individual country contexts.

Opportunities: Life after LTA

> *"We did a good thing and we need to say yes, we did a good thing but we have to ask what next? What will be the contribution of our partners? Are they ready to go with us now that they know we have the capacity to do what we want to do – HIV is no longer on the agenda – what can we do with the evidence to put it on the agenda? What is next?"*
> Senegalese participant (AFRICASO)

LTA participants committed continue to work together and identified opportunities to apply what they have learnt from the project and build on their achievements. Two factors were identified as being significant for continued success – to raise resources beyond money and to develop new strategies for engagement with policy-makers.

<u>National Opportunities</u>

1. National Strategic Plans (NSPs): the inclusion of the evidence-gathering tools in NSPs on HIV including budget lines for their implementation by National PLHIV networks; and involvement in reviewing NSPs
2. Continued joint advocacy and lobbying using strategic strengths and budgets of the organisations involved
3. Turning the current interest in the tools by international partners and agencies like the UN into investments in the Networks
4. The Global Fund new funding model is an opportunity for civil society to get involved in country level dialogues and development of concept notes.

<u>Regional Opportunities</u>

1. Abuja+12 review in July – the outcome document from this meeting will guide government budgets. Civil society must influence the outcome document – national platforms must develop strategies to input in to this process possibly through the Africa Roadmap Process established through the LTA programme.
2. Funding opportunities at regional level – GNP+ will strengthen regional networks so they can sustain regional activities, document actions following the project in different countries' and share at the regional level.

3. The UNAIDS Africa Roadmap process - PLHIV need to guide this process. The national networks and broader civil society organisation must share the evidence and get involved in campaigning and advocacy. In addition, the revival of AIDS Watch Africa as a mechanism to monitor government accountability provides an opportunity to connect with them. UNAIDS also offers training on how to monitor government financing as part of the process.
4. ICASA - SAfAIDS is working on this. Participants should send abstracts and names for speakers. The opening plenary will include a positive African MSM since the conference will be in Cape Town.

Global Opportunities

1. In July, WHO will launch the next set of consolidated guidelines around ARV use.
2. Global Plan to keep mothers alive and prevent new infections – processes happening at regional, national and global level – partners need to capitalise on energy.
3. Treatment as Prevention provides an opportunity to demand more research on the effects of this and ensure community engagement.
4. Option B+ - WHO has agreed to support a study in Senegal and Burkina Faso around the needs of women for input in to the decision making of countries moving towards Option B+.

Commitments from international partners

> *"LTA is a lesson for all partners around the world … we need to learn that people living with HIV are not here just for meetings … but are experts as well."*
> International partner (SAfAIDS)

International partners offered to increase the scope of the LTA reach with representatives from the International HIV and AIDS Alliance (IHAA) and UNAIDS suggesting the following:

At the country level:

- IHAA can provide technical support and capacity building around advocacy,
- The IHAA linking organisations need a better understanding of the LTA in order to promote it. Participants should hold them accountable to connecting linking organisations with national networks.

At the regional level:

- IHAA has the power to convene – e.g. Stop AIDS Alliance's Africa Regional Programme –specifically, they can convene a meeting around Treatment as Prevention (TasP) from the PLHIV perspective

At the global level:

- Many of the international discussions are very technical in nature so IHAA commits to simplify technical information to ensure that PLHIV and broader CS can participate meaningfully in these discussions. For example there is a need to develop community guidelines on TasP.

- Connect country to regional to global levels in terms of opportunities, for example ensure the experiences of TasP at national feeds in to the regional and global level and, that what is happening at the global policy level filtrates to the country level.

UNAIDS too has the power to convene and can lead the process of guideline development. Specifically related to TasP, PLHIV should inform the guidelines around what testing means for communities and how testing should happen. Further, if 25 million people are to go on treatment the questions around the creation of demand for services and, how these services are provided, require community involvement and strong messaging led by PLHIV.

GIPA as an opportunity

The LTA programme provided a strong practical example of the value and relevance of including people living with HIV at all levels of the HIV response. PLHIV were not only involved in every aspect of the LTA but, in many cases, led it. On reflecting on the history of GIPA principles and the current reality of its application, the meeting agreed on the continued relevance and the need to recommit and adapt the principles. The intention of the workshop was to simply begin the conversation and while it did not result in any new revised principles some salient points were raised.

The diversity of PLHIV was seen as key to redefining GIPA; PLHIV now speaks to those recently diagnosed, those who have been living with HIV for some time, those born with HIV and entering into adulthood as well as key populations. GIPA needs to address this diversity since enough is now known about the epidemic to be specific. Updated GIPA principles must lead to the greater involvement of key populations, women and youth

In addition the quality of GIPA needs to be considered. Informed, credible, empowered and meaningful involvement calls for personal and collective responsibility. Community GIPA was proposed as an approach that could contribute to: GIPA at the community level and, the full integration of PLHIV in the community beyond the HIV response.

In terms of the national, regional and global response networks have used GIPA to ensure PLHIV are represented and have a voice in all relevant forums. The meaningful involvement of PLHIV was however questioned. This related to two key areas – the tokenistic involvement of PLHIV and, more importantly, the accountability of PLHIV to their own constituencies. The latter requires that: appropriate representatives are identified through consultative processes; messages are solicited from broader communities prior to meetings; and information from these meetings is shared back. To be effective PLHIV need to have the skills and capacity to be involved even in technical discussions. This means that capacities should be built and/or networks need to recruit members with the skills to participate at this level.

Annex 1: Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AFRICASO	African AIDS Services Organisations
ART	Antiretroviral therapy
d4T	Stavudine
DFID	(UK Government) Department for International Development
HIV	Human Immunodeficiency Virus
GNP+	Global Network of People Living with HIV
HIV	Human Immunodeficiency Virus
IHAA	International HIV and AIDS Alliance
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
LTA	HIV Leadership through Accountability programme
MANET+	Malawi Network of People Living with HIV/AIDS
MANASO	Malawi Network of AIDS Organisations
MoH	Ministry of Health
MoU	Memorandum of Understanding
MSM	Men who have sex with Men
NAPWA	National Association of People Living with HIV/AIDS in South Africa
NAC	National AIDS Council/Commission
NEP+	Network of Networks of HIV Positives in Ethiopia
NEPHAK	National Empowerment Network of People Living with HIV/AIDS in Kenya
NEPWHAN	Network of People Living With HIV/AIDS in Nigeria
NGO	Non-Governmental Organisation
NZP+	Network of Zambian People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PLHIV	People Living with HIV
SAfAIDS	Southern Africa HIV and AIDS Information Dissemination Services
SRHR	Sexual and Reproductive Health and Rights
TasP	Treatment as Prevention
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
WACI	World AIDS Campaign International
WHO	World Health Organisation

Annex 2: Participants list

FIRST NAME	LAST NAME	COUNTRY	ORGANISATION	EMAIL
Lillianne	Chovenye	Tanzania	NACOPHA	lillyadry@gmail.com
Joan	Chamungu	Tanzania	TAF	joanchamungu@yahoo.com
Charles	Noubissi	Cameroon	ReCAP+	acasepo@yahoo.fr
Michel	Irogo	Cameroon	ReCAP+	recapcm@yahoo.fr
James	Kayo	Cameroon	ITPC	jamesckayo@yahoo.fr
Dereje	Alemayehu	Ethiopia	NEP+	dereje@nepplus.org
Victor	Omoshein	Nigeria	NEPWHAN	victoromosehin@yahoo.com
Peter	Nweke	Nigeria	NEPWHAN	petenweke@gmail.com
Kunyima	Banda	Zambia	NZP+	kunyimalbanda@yahoo.com
Richard	Sikananu	Zambia	NZP+	ricardosik@yahoo.com
Nicholas	Muraguri	Kenya	PEDAIDS	mnicholas@pedaids.org
Innocent	Liaison	Senegal	AfriCASO	ilaison@africaso.net
Joy	Backory	Senegal	UNAIDS	backoryj@unaids.org
Lise-Marie	Le Quéré	Senegal	UNAIDS	LequereL@unaids.org
Bryn	Sakagawa	Senegal	USAID	bsakagawa@usaid.gov
Lois	Chingandu	Zimbabwe	SAfAIDS	lchingandu@yahoo.com
Sylvere	Bukiki	Ivory Coast	ITPC	biziyaremyes@yahoo.fr
Chris	Mallouris	Switzerland	UNAIDS	MallourisC@unaids.org
Nienke	Westerhof	Netherlands	SAN!	Nwesterhof@stopaidsnow.nl
Shaun	Mellors	UK	IHAA	smellors@aidsalliance.org
Gavin	Reid	South Africa	GNP+	greid@gnpplus.net
Rajiv	Kafle	Netherlands	GNP+	rkafle@gnpplus.net
Georgina	Caswell	South Africa	GNP+	gcaswell@gnpplus.net
Rosemary	Mburu	Kenya	WACI	mburur@worldaidscampaign.org
Nombasa	Gxuluwe	South Africa	WACI	mbizosto@yahoo.com
Aditi	Sharma	UK	Consultant	aditi.campaigns@gmail.com
Achim	Engelhardt	Switzerland	Consultant	achim@lotus-group.org
Bianca	Marks	South Africa	Consultant	biancamarks@hotmail.com
Saima	Jiwan	South Africa	Consultant	sjiwan@gnpplus.net

Annex 3: Agenda

TUESDAY 4 JUNE 2013 **GETTING TO KNOW THE LTA PROGRAMME**

Time	Agenda
8.30 – 9.30	**Opening: Dakar Meeting – Why, What, How** ▪ Arrival and Registration ▪ Introductions, Objectives and Agenda
9.30 – 11.00	**Session1: Key highlights along the LTA journey** ▪ The LTA as a journey across ten countries ▪ The LTA as a journey over five years
11.00 - 11.30	BREAK
11.30 – 13.00	**Session 2: A five-year, ten-country programme - *SO WHAT?*** ▪ A talk show on the impact of LTA efforts in three countries ▪ The LTA: a burden or boon for networks? Case studies from two countries
13.00 – 14.00	LUNCH
14.00 – 15.00	**Session 3: Life after LTA** ▪ Lessons for models and ideas to sustain national efforts
15.00 – 15.30	BREAK
15.30 – 16.30	**Session 4: Meanwhile in Addis, Geneva, and New York** ▪ **R**elating the LTA to the current regional and global policy landscape
16.30 – 16.45	**Feedback & Close**
17.00 – 19.00	***Reception over Cocktails and Canapés with Dakar based partners***

WEDNESDAY 5 JUNE 2013 **GIPA – THE PAST, PRESENT AND FUTURE**

Time	Agenda item
8.30 – 9.00	**A view from afar** - reflections on the LTA
9.00 – 11.20	**Session 5: GIPA the principles and the reality** ▪ From Denver 1983 to Dakar 2013 – a quick history of GIPA ▪ GIPA health check – the reality of GIPA as documented by GIPA Report Card and CS engagement on CCMs ▪ Who is GIPA for and what did the LTA do for GIPA
11.20 –11.50	BREAK
11.50 – 13.00	**Session 6: 30 years on from Denver…** ▪ Have national networks served their purpose?
13.00 – 14.00	LUNCH
14.00 – 15.10	**Session 7: 30 years on from Denver…** ▪ Rewrite principles or renew commitment globally?
15.10 – 15.40	BREAK
15.40 – 16.40	**Session 8: Moving beyond seats at the table and voices on panels** ▪ The role of partners in promoting leadership of PLHIV in forthcoming policy and programmatic plans
16.40 – 17.00	**Next steps and Close**