USAID FROM THE AMERICAN PEOPLE | HEALTH POLICY INITIATIVE

THE HEALTH POLICY INITIATIVE IN MEXICO: END-OF-PROJECT REPORT (2005–2010)

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Finally, we would like to thank the HPI/Mexico staff and consultants for their dedication and commitment to the success of project.

ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CAPASITS	ambulatory care center for STI and HIV/AIDS
CCM	Country Coordinating Mechanism
CENSIDA	National Center for the Prevention and Control of HIV/AIDS
CNDH	National Commission on Human Rights
CONAES	National Business Council on AIDS
CONASIDA	National AIDS Governing Board
CSO	civil society organization
GIPA	Greater Involvement of People Living with HIV or AIDS (principle)
GLBT	gay, lesbian, bisexual, transgender
HIV	human immunodeficiency virus
HMIS	health management information system
HPI	Health Policy Initiative
ICW	International Community of Women living with HIV
INSP	National Institute for Public Health
IR	intermediate result
ISSFAM	Social Security Institute for the Mexican Armed Forces
LGBTTTI	lesbian, gay, bisexual, transgender, transvestite, transsexual, intersexual
MARP	most-at-risk population
MCG	multisectoral citizen group
M&E	monitoring and evaluation
MOH	Ministry of Health
MSM	men who have sex with men
NGO	nongovernmental organization
OAS	Organization of American States
PEP	post-exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PGJDF	Procuraduría General de Justicia del Distrito Federal
SAI	Services for Integrated Care of PLHIV
SO	strategic objective
STI	sexually transmitted infection
TUDYSEX	Tabasqueños Unidos por la Diversidad y la Salud Sexual
UNAIDS	United Nations
USAID	United States Agency for International Development

INTRODUCTION

This report highlights the achievements of the USAID | Health Policy Initiative, Task Order 1 (HPI) in Mexico. The initiative's activities in the region were carried out from October 2005 to September 2010 and continued the work of the USAID-funded POLICY Project (2000–2006). HPI's overarching objective was to create an enabling and participatory policy environment for HIV and AIDS programs in the Mexico, including ensuring that policies are put into practice. In particular, HPI/Mexico supported the implementation of the national strategy and norms on HIV/AIDS in collaboration with the national HIV/AIDS program, targeted state HIV/AIDS programs, nongovernmental organizations (NGOs), networks of people living with HIV (PLHIV), and the private sector community. Through training and technical assistance, HPI increased the capacity of health workers, community leaders, the private sector, and local organizations to frame and implement policies that respect the rights of people living with, affected by, or at heightened risk of contracting HIV. HPI worked in collaboration with the National Council for the Prevention and Control of HIV/AIDS (CENSIDA), particularly to strengthen the capacity and outreach of the ambulatory centers for prevention of HIV and sexually transmitted infections (CAPASITS) established by the government of Mexico. HPI/Mexico was able to collaborate with and leverage funds from other donors and organizations to accomplish the aforementioned activities.

Policy Environment

The HIV epidemic in Mexico has several defining characteristics. Mexico has a low overall prevalence of HIV (0.3%). After Brazil, Mexico has the second largest number of cumulative AIDS cases in Latin America: as of November 2009 according to CENSIDA (the National AIDS program), the country had an estimated 130,969 cumulative AIDS cases (82.3% men and 17.6% women). The vast majority of new cases in 2009 in 15–29 year-olds (97.1%) are sexually transmitted; of these cases, 35.4 percent are from homosexual transmission, 22.3% from bisexual transmission, and 39.4 percent from heterosexual transmission. Of the remaining 0.5% of cases, injecting drug use accounted for all new cases in 2009 among persons over age 15, and perinatal transmission accounted for all new cases among persons under age 15.

Geographically, the disease is unevenly distributed, with the highest prevalence rates in states with mobile, poor populations and in major urban centers. The result is a mosaic of epidemics, each with its own characteristics and growth rate. Survey results suggest that many people vulnerable to HIV do not perceive themselves to be at risk. For example, some rural areas in Mexico have a notable prevalence of heterosexual, married men who also have sex with men (MSM). Because these men do not consider themselves homosexual or bisexual, they do not perceive themselves to be at risk for contracting HIV. Such groups pose a distinct challenge for information and education campaigns, which must be sensitive to the gender issues underlying these behavior patterns; and HIV-related policies must take into account the specific prevention needs of these most-at-risk populations (MARPs).

Another issue of increasing concern among policymakers and HIV activists—now that access to ARV medications for PLHIV is more widespread—is ensuring a high quality of care and including secondary prevention programs for this important population. Secondary prevention—or positive prevention—touches on such issues as identifying effective prevention strategies for people who already have been infected, and for whom, presumably, existing prevention strategies and messages did not work; "empowerment and peer leadership among PLHA [to address] … their multiple needs and prevention simultaneously," including changing attitudes about the importance of one's health; re-infection with other strains of HIV and/or other STIs; the links among the disclosure of one's status, safer sexual practices, and stigma and discrimination; and the important distinction between "care" and "treatment," with the former addressing psychosocial and human rights concerns and the latter focusing more narrowly

on medical attention.[1] Additionally, Mexico continues to have a significant problem with timing of the diagnosis: people usually are diagnosed when they already are sick with AIDS, rather than being diagnosed with HIV infection early, when the health and quality of life benefits of starting treatment are much greater.

Policy Challenges

When HPI was launched in late 2005, the policy climate for HIV was at best uncertain. Even the position of National AIDS Program director seemed to be about to change to decrease the profile and responsibility for this office in charge of policy implementation and coordination. Late 2005 and early 2006 were a test of the groundwork laid by POLICY I and POLICY II. Successful policy change and implementation are significantly dependent on opportunities. HPI made the best of a difficult situation and can proudly say that not only did the worse predictions of 2005 not come true, but that Mexico's policy situation with regard to a number of the key elements outlined in the 2005–2010 workplans improved significantly.

When HPI began working in Mexico there was a lack of HIV prevention programs that target MARPs; these programs needed to be established, along with strategies to scale up HIV prevention, treatment, and care services that address MARPs' particular needs. During the last five years, we have worked closely with state and national governments to address these needs.

HIV continued to be viewed primarily as a health problem, with relatively little engagement by other sectors, including other ministries, civil society, and the private sector—HPI was successful in leading efforts to expand the involvement of the ministries of education and labor in the response.

PLHIV had been participating in policy dialogue; the development and review of national policies, guidelines, and plans; and the implementation of interventions with technical assistance and training from POLICY and HPI. However, as the focus moved from access to treatment toward stigma reduction, quality of care, and focused prevention, PLHIV and NGOs needed to build capacity in these new areas of work. Additionally, the leaders and representatives to a number of governing bodies needed specific training to adequately take on these new challenges. HPI/Mexico took on each of these challenges and leaves a civil society that is must better prepared to face these challenges. They now participate as equals alongside their government and private sector counterparts.

Human rights and legal issues were always a source of concern but numerous policy changes spearheaded by HPI/Mexico mean that, in a number of states and at the federal level, there are laws which protect human rights of people living with HIV, and the community is far more active in demanding their rights.

While stigma and discrimination continue to be social and workplace issues and are of serious concern in healthcare settings, HPI worked closely with CONAES and with CENSIDA to insure there are policies that protect workers and cutting-edge materials to decrease discrimination among healthcare workers.

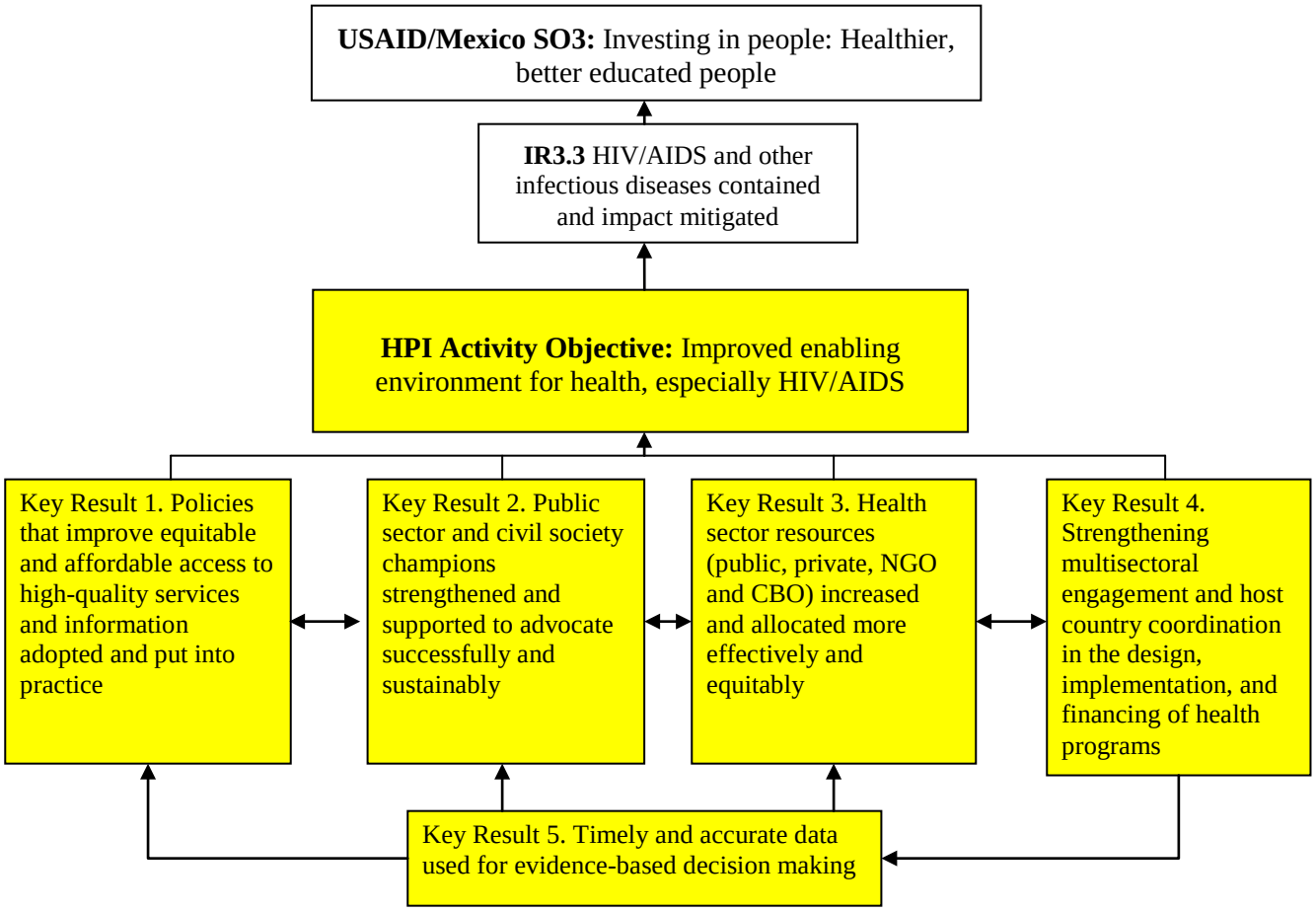
Gender-related issues permeate culture and society, with multiple links to HIV: women and girls are especially at risk for HIV infection, and once infected, tend to delay testing and treatment until later in the progression of the disease; male gender norms put both men and women at risk of infection; and gender-based violence is widespread and frequently deadly, particularly for transgenders and MSM. Through HPI/Mexico's work in the last five years, post-exposure prophylaxis (PEP) programs were initiated in some states, and technical assistance was provided to ensure their sustainability and inclusion of MARPs. Women leaders throughout Mexico formed a strong network and continue to work to insure their needs are met, and the first Transgender Clinic in the country was opened. Mexico made important progress in establishing national legislation in the areas of HIV and discrimination.

[1] Beloqui, Jorge A. 2004. "Prevention with People with HIV/AIDS: A Perspective from a Person Living with HIV/AIDS in Latin America." *Journal of Acquired Immune Deficiency Syndromes* 37(2):S135–S137.

RESULTS FRAMEWORK

The HPI Strategy and Workplan provided a results framework based on the project's global mandate, vision, and comparative advantage in-country; and links with the latest USAID Country Operational Plan. The HPI results framework was implemented in alignment with USAID/Mexico's framework. As illustrated in Figure 1, HPI's Activity Objective, "*Improved enabling environment for health, particularly family planning/reproductive health, HIV/AIDS, and maternal health*," flowed logically from USAID/Mexico's Strategic Objective (SO3) *Investing in people: Healthier better educated people* and IR 3.3 *HIV/AIDS and other infectious diseases contained and impact mitigated*. All the key results under HPI were geared toward ensuring compliance with IR3.3 around HIV.

Figure 1: HPI Results Framework and Links to USAID/ Mexico Results Framework



HPI/Mexico's particular focus was to ensure provision of high-quality services for people living with HIV and focused prevention for HIV, including positive prevention for those living with HIV. Special attention was paid to MARPs and gender-related issues. To this end, HPI's work spanned positive prevention, stigma reduction, workplace discrimination, human rights and the law, and the strengthening of PLHIV organizations and other organizations working on HIV, as well as insuring stigma and discrimination-free CAPASITS.

Stigma and Discrimination is a topic on which we have collaborated directly with HPI and they have been instrumental in the conceptual development and implementation of the

related with healthcare personnel from the CAPASITS (José Antonio Izázola, Director of CENSIDA).

In order to carry out the stigma and discrimination trainings in all the states in which we work in the country, HPI had to develop all the methodologies. HPI prepared a manual on stigma and discrimination as well as modules on vulnerability, citizenship, and human rights. This package of trainings could be tailored to each state's needs. (Anuar Luna, HPI consultant).

Under Key Result 1, HPI worked toward implementing policies that improved equitable and affordable access to high-quality services and information, particularly for MARPs and those affected by gender barriers—for example, by increasing access to services and information through scaling up pilot interventions to reduce internal stigma among PLHIV and increasing their adherence to treatment and by providing technical assistance to civil society organizations (CSOs), including positive women's networks, to ensure their ability to participate in policymaking efforts. With a gender focus, HPI supported ongoing efforts to develop state and federal HIV policies and laws that gave adequate attention to the needs of PLHIV and MARPs.

Under Key Result 2, HPI worked to build the capacity of and support public sector and civil society champions, including PLHIV, so that they may assume leadership in the policy process. This effort included creating private-public partnerships with businesses; a policy champions program; work with women living with HIV and their networks to draw attention to and improve the delivery of prevention and treatment services for women; working with PLHIV to strengthen their role in policy formulation and decisionmaking; and supporting networks of PLHIV to continue to build their skills in advocacy and leadership.

HPI has worked successfully to encourage the growth and Independence of civil society organizations. HPI offered financial and technical assistance to the 2009 Community Forum insuring the availability of independent spaces for political advocacy. HPI has had a fundamental role in the development of the HIV response in collaboration with civil society. (Carlos García de León, Director of Prevention CENSIDA).

Under Key Result 3, HPI worked to ensure that health sector resources were increased and allocated more effectively and equitably, with special attention to gender issues and MARPs. The project helped coordinate the collection of existing information and facilitated a national dialogue on how to direct efficient and effective prevention services to the most vulnerable populations and on what options exist for scaling up successful, small programs. In addition, HPI trained policy champions to participate effectively in resource allocation discussions and assisted with, as requested, preparation for the implementation of Global Fund grants.

HPI supported CENSIDA in the design of a democratic selection process for the civil society representatives to different decisionmaking bodies such as CONSIDA, the UNAIDS Theme Group, and the CCM for the Global Fund. (Carlos García de León, Director of Prevention, CENSIDA).

Under Key Result 4, which aimed to promote multisectoral engagement and host-country coordination in the design, implementation, and financing of health programs, HPI successfully brought PLHIV voices to the table by helping policy decisionmaking bodies at the national level understand how gender issues can be obstacles to prevention, treatment, and care and by working to include MARPs within these policy groups. Finally, HPI worked to create a real private sector response to HIV.

HPI worked diligently on producing HIV policies for the workplace, motivating the private sector to design and implement HIV policies—policies on non-discrimination of people

living with HIV and sexual diveristy.HPI had numerous interventions and presentations directed at businesspeople to sensitize them to the importance of having a workplace policy on HIV. (Dionicio Ibarra, HPI consultant)

Under Key Result 5, which seeks to disseminate timely and accurate data used for evidence-based decisionmaking, HPI reviewed policies on PEP and the degree to which they were implemented and improved Mexico's ability to overcome operational policies barriers—particularly those based on gender—to ensure the full implementation of PEP policies.

HPI identified what healthcare personnel who were dealing with people living with HIV knew about post-exposure prophylaxis and then designed a poster and brochure explaining PEP in detail. (Guillermo Egremy, HPI consultant)

HPI/Mexico collaborated with the Ford Foundation, United Nations Program on HIV/AIDS, and Population Services International on various topics of common interest and in geographic areas where the projects coincided, HPI collaborated with the World Health Organization/Pan American Health Organization in Mexico, particularly regarding their border health projects and implementation of the agreement between the ministers of health and education.

HPI has undertaken unique work in the area of HIV and health. They have occupied a niche that did not exist and which no one had occupied: policy design and implementation. We have worked with them and have supported many concrete projects and successful experiences in health HIV and human rights. (Mario Bronfman. Representative for Mexico and Central America for the Ford Foundation)

Given the abundance of local capacity in the HIV/AIDS/STI field in Mexico, HPI's approach was to maximize the use of local experts for implementation. The project used U.S.-based staff and outside technical assistance on a limited basis to bring the global HPI perspective to bear on the design of activities and to share international experiences and lessons learned when deemed beneficial and appropriate.

The HPI/Mexico program used a comprehensive and integrated approach to implementing the strategy and HIV activities. All project activities were developed based on a participatory and open exchange of ideas with stakeholders and partners, and implementation is contingent on full acceptance by the local partners. The project was designed to:

- Build on existing successful activities and strategies but be flexible in assisting the government with new directions and leadership;
- Facilitate ownership of the policy process by building the decisionmaking, managerial, and analytical capacities of Mexican policymakers, health service managers, and planners;
- Focus on the implementation of policies, guidelines, and programs;
- Include NGOs, PLHIV networks, women's groups, youth, and the private sector in all efforts;
- Integrate human rights, stigma and discrimination reduction, and gender and adolescent issues (the latter related to the agreement between the ministries of health and education) across all program areas; and
- Continue to work with USAID cooperating agencies; other development partners; and a wide range of government, NGO, and civil society stakeholders and interest groups, while maintaining and strengthening relationships with the Ministry of Health (MOH)—in particular with the CAPASITS and Clinica Condesa and other key government players, such as the National Council to End Discrimination and the National Human Rights Commission.

Furthermore, the workplan was closely aligned with the National Health Program Plan and responded to the geographic priorities revealed by the national prevalence levels. The National Health Program Plan for 2007–2012— "For a Healthy Mexico: Constructing partnerships for a better health"—identifies several goals that HPI helped the MOH achieve:

- The MOH acknowledges that the fight against HIV/AIDS should include the strengthening of prevention policies, including the promotion of condom use; the achievement of universal access to ARVs; and the addressing of stigma and discrimination.

- The MOH seeks to increase the participation of civil society and PLHIV in prevention programs targeting MARPs and to reduce stigma, discrimination, and homophobia associated with HIV.

- In addition, the MOH aims to strengthen the sexual health campaign, with a particular focus on reaching MSM, sex workers, IDUs, and other MARPs to prevent the transmission of HIV and other STIs. The goal is to keep HIV prevalence below 0.6 percent among people ages 15–49.

SUCCESSES AND LESSONS LEARNED

Working on Gender-based Violence and Vulnerability of MARPS

HPI/Mexico helped increase understanding of the links between gender-based violence and vulnerability of MARPs (e.g., MSM and transgender populations) by developing an assessment tool that healthcare providers can use to determine whether MARPs have experienced violence. HPI also helped the clinics develop a referral list for these men and women, when possible. We helped foster clinic settings that allow MARPs to easily access services and function as caregivers in a stigma-free environment and strengthened the capacities of both governmental and civil society organizations that offer services to MARPs. The strengthening of CSOs included institutional capacity to increase and improve their services as well as policy development training to better participate in policy dialogue at the state and national levels in areas of HIV prevention, treatment, and care for MARPs.

> *HPI developed a screening tool for healthcare personnel to identify if a patient had experienced gender-based violence and to aid in treatment adherence for transgender persons and MSM who engage in sex work. The screening tool only takes 10 or 12 minutes to administer. HPI prepared a training manual that was replicated in Thailand and presented as an oral presentation at the International AIDS Congress in Mexico in 2008. (Guillermo Egremy, HPI consultant)*

HPI increased awareness among clinic personnel about the specific needs of MARPs in HIV-related issues. At the same time, we worked with MARP leaders to enable them to assess their own vulnerability and risk for HIV infection. We hope that some of these leaders will go on to become policy champions.

The project developed operational guidelines for providing high-quality care to MARPs with HIV and worked to ensure these guidelines are implemented. In addition, the project trained staff and leaders at the CAPASITS on how to address gender-based violence among MARPs, while at the same time increasing the capacity of organizations that serve MARPs to deliver services in the area of violence prevention. We understand that violence is a deterrent for MARPs in accessing testing and, if diagnosed as positive, remaining in treatment.

PLHIV Policy Champions in Developed HIV/AIDS-related Policies, Programs, and Interventions

One of HPI´s priorities has been striving toward GIPA (the Greater Involvement of People Affected by HIV) as a key element in ensuring a sustainable response to HIV. In this context, our activities were geared toward developing capacities that are essential to improving the response to HIV and ensuring PLHIV's ability to fully participate in the policy development and implementation process. Workshops were conducted for PLHIV to help them address internal stigma and understand legal analyses and human rights and prevention issues.

Women living with HIV in Mexico a new force to be reckoned with

Mexico's HIV epidemic is mainly concentrated among men. As a result, HIV-positive women have traditionally been excluded from policy dialogue, and few prevention and treatment services are available to meet their needs. HPI has been providing financial support and technical assistance to the first network of HIV-positive women in Mexico—Red de Mujeres Mexicanas Positivas Frente a la Vida (Network of Positive Mexican Women Facing Life) —to enhance its ability to advocate for HIV-positive women's rights. On November 22, 2007, as a result of intensive lobbying by the network, Mexico's National Commission of Human Rights (CNDH) published "Women, HIV/AIDS, and Human Rights." This is the first time that HIV-positive women in Mexico have successfully shifted the policy dialogue to focus

attention on women's issues. 20,000 copies of the document have already been distributed to all of the state AIDS programs, state human rights programs, offices of the National System for Integral Development of the Family, and 400 CSOs. The commission's publication and distribution of this document shows that the network is effectively engaging policymakers to make positive women's issues a central concern in Mexico.

In March 2008, the Ford Foundation committed $56,000 to the International Community of Women Living with HIV (ICW) for a workshop titled "Empowerment and Networking for Women with HIV." The grant came about as a result of HPI's work with ICW to improve women's financial management and proposal-writing skills.

The network also successfully lobbied to have Nizza Picasso named as representative to the AIDS 2008 Community Program Committee, a high-ranking decisionmaking body for the Global AIDS Conference on which no HIV-positive Mexican woman has previously served. In addition, the network helped to reform the civil code of Chihuahua State to permit HIV-positive people to marry. The network has developed a strategic plan and secured a seat on the national AIDS program governing board, and one network member is serving as the regional representative to the ICW. Network members are now training others to share the empowerment and skills they have gained with women throughout the country. More recently, Sonia Gonzalez, one of the founders of the network, was elected to represent positive women on the Country Coordinating Mechanism (CCM) for the Global Fund. These achievements show that Red de Mujeres, which was legally established as an NGO a few years ago, has significantly increased its influence thanks to HPI technical assistance and training and the dedication of its members.

> *As a member of ICW and the national reference point, I have to admit that without the assistance we received from other HPI consultants like Ken Morrison, Anuar Luna, Hilda Pérez, and without the ongoing institutional support, we would not have experienced the growth and continuity of our work with positive women in Mexico. Currently, there are more women trained and more women have received technical assistance then would have been possible without HPI support. Women who have received training and support are better able to demand high-quality services and to be public about their HIV status.*
>
> *Sonia González, our focal point for ICW in Tamaulipas, is our representative for positive women before the Global Fund CCM and Maria Luisa González, from Ciudad Juárez, is a member of CONASIDA. These are decision making spaces were women did not have a voice before and in the last couple of years we have been able to occupy these spaces through advocacy. (Niza Picasso, HPI consultant and ICW member)*

Decreasing Discrimination in Healthcare Workers: Homophobia Reduction Kits

At the request of CENSIDA, HPI help design, pilot, produce, and implement homophobia reduction kits that are currently being used in CAPASITS and Servicios para la Atención Integral de las Personas con VIH/SIDA (SAI) to decrease homophobia and transphobia among healthcare workers. Reducing homophobia and transphobia in an epidemic concentrated in MSM is critical in ensuring early access to prevention, treatment, and care for this key population.

Increasing Funding for HIV

During the last five years, despite a serious economic recession and the impact of the influenza epidemic, Mexico has continually increased its funding for both treatment and prevention. HPI/Mexico has worked closely with the government and policy activists to ensure that reductions in treatment are turned into prevention monies. HPI staff have also collaborated with the Global Fund proposal process from its

inception to its implementation. HPI has worked with other donors, including the Ford Foundation, to secure continuation funding for processes and to co-sponsor various governmental initiatives.

To give but one example, in February 2008, the government established a council to negotiate the price of medications and other medical supplies for HIV treatment. The council—comprising government officials, including several sub-secretaries of health—met with numerous pharmaceutical companies to negotiate prices at a series of meetings prior to the International AIDS Conference. In August 2008, an agreement was reached between several pharmaceutical companies and the Council to Negotiate the Price of Medications and Other Medical Supplies to reduce the prices of ARVs by 15 to 20 percent. HPI has been working closely with activists who are pressing the federal government for a reduction of ARV prices while ensuring the quality of medications. Activists have continuously advocated for ARV price reductions. The success of these negotiations has allowed the government to devote more resources to other HIV interventions, including prevention and monitoring of treatment.

CONAES, A Success Story for the Region

Before the creation of Mexico's National Business Council on HIV/AIDS (CONAES), it was widely considered impossible to engage the private sector in HIV-related, stigma-reduction activities in the country. Since the launch of CONAES, however, multiple companies have enacted first-ever HIV/AIDS workplace policies or improved their existing policies. On April 1, 2007, a pharmaceutical company in Mexico—Eli Lilly de Mexico SA de CV—with about 1,050 employees, established an HIV/AIDS workplace policy that includes a nondiscrimination clause and mandates the provision of insurance coverage for treatment services for HIV-positive employees (while maintaining their confidentiality). Between April 2006 and September 2007, four additional companies drafted HIV/AIDS workplace policies: (1) Federal Express LAC, with 1,012 employees; (2) Ford Motor Company Mexico with 5,131 employees; (3) GSK, with 1,350 employees; and (4) Unilever de Mexico, with 4,100 employees. The policies outline nondiscrimination clauses and guidelines and the company's HIV prevention and treatment programs. Employees will now be able to receive information about HIV prevention and/or receive care and support services. Two other companies, Maypo and Stendhal, substantially revised their workplace policies to more clearly outline the rights of HIV-positive employees and the company's responsibilities.

> *CONAES began with U.S. companies interested in designing and implementing internal policies to fight stigma and discrimination in the workplace. CONAES has a good structure and has evolved: it is now more independent. The companies design their policies with the technical support of CONAES and the Mexican organizations that work with us. (Luciano Zylberberg, President of the Board, CONAES)*

In addition, the workplace policies include provisions for treatment of other sexually transmitted infections and opportunistic infections. IMPULSO, an NGO network that supports the private sector in implementing HIV/AIDS interventions, provided extensive technical assistance to develop the policies. HPI strengthened the capacity of IMPULSO and its members in the design of workplace policies, policy development, stigma reduction, and dissemination of best practices. CONAES continues to be a model for other countries in the region and its work has been featured at various events including the Foro Regional in Peru, CONCASIDA, and others. The challenge continues to be how to ensure companies remain engaged and to recruit new companies beyond the founding members.

In the last year, rather than focus on recruitment, CONAES has been focused on strengthening its internal functioning and increasing its participation in numerous policymaking boards such as the National AIDS Program Governing Council, CONASIDA, and the CCM for the Global Fund.

CONAES was invited to participate in the reformulation of the Labor Law proposed by the federal government. CONAES is a voting member of the CONASIDA and Global Fund CCM. We are now positioned to give our expert opinion and advise others in the areas of stigma and discrimination related to HIV in the workplace. (Luciano Zylberberg, President of the Board, CONAES)

HIV in the Military: A Workplace Issue

In Mexico, healthcare is linked to workplace insurance. People who are unemployed receive poor-quality healthcare or none at all. Stigma and discrimination against PLHIV is still prevalent in Mexican society, and HIV-positive persons are at the risk of losing their employment and health insurance. One of HPI's priority objectives has been to strengthen the advocacy capacity of local organizations and policy champions to reduce stigma and discrimination. One of the policy champions the project identified and trained is a Mexican lawyer who recently represented 11 HIV-positive Mexican soldiers who were being dismissed from the military because of their HIV status. In a landmark decision at the end of February 2007, the Mexican Supreme Court decided that the military's decision to dismiss the soldiers was unconstitutional. Four of the soldiers were reinstated in the army and the navy, while the family of the single solider who had died since the ruling was issued compensation. HPI contributed to this landmark court ruling in several ways. It provided technical and financial support to local NGOs and government entities to strengthen their capacity in advocacy on HIV/AIDS and human rights. HPI worked closely on legal advocacy with the lawyer on the case and the NGOs that supported him. The lawyer has worked closely with both HPI and POLICY on research into discrimination. He was one of the implementing partners in the POLICY-funded “Mo Kexteya: Reduction of Stigma and Discrimination Related to HIV/AIDS in Mexico” project, which analyzed the causes and consequences of HIV-related stigma and discrimination in Mexico and addressed public policy and law related to HIV.

HPI´s work in advocacy and the defense of the rights of people living with HIV has been very important. They have even reached the Mexican Supreme Court. They have also worked harmoniously and collaboratively with the National AIDS Program. HPI is one of the few initiatives with resources to work on the design of policies and they were pioneers and leaders in the work of reducing stigma and discrimination related to HIV in Mexico. (Juan Jacobo Hernández, Executive Director Colectivo Sol)

Under HPI, the lawyer helped design the legal advocacy component of the project's stigma and discrimination reduction training; he also published, under the Ford Foundation grant, a legal guide to trying HIV cases in Mexico. The Mexican Supreme Court ruling has had considerable impact on the lives of HIV-positive members of the military, as it enabled them to continue to serve and receive healthcare benefits and thus maintain some quality of life. The decision, however, required each wrongfully dismissed soldier to file a civil suit to retain his or her job. Therefore, it was clear that a legislative change was still needed. On November 20, 2008, the national legislature approved the new Social Security Institute for the Mexican Armed Forces (ISSFAM-Instituto de Seguridad Social para las Fuerzas Armadas Mexicanas) law. The law prohibits dismissal of soldiers found to be HIV-positive and requires that HIV-positive soldiers be reassigned to duties where they can continue treatment. HPI consultants reviewed drafts of the legislation, as well as being litigants in the original lawsuit. Regardless of internal military policies, the military will be subject to the new law, and HIV-positive soldiers will be able to maintain their livelihoods and retain access to the healthcare services they so urgently need.

Human Rights Violations of MARPS: A Regional Response to a National Problem

The Organization of American States (OAS) is the LAC region's principal multilateral forum for strengthening democracy, promoting human rights, and confronting shared problems such as poverty, terrorism, illegal drugs, and corruption. Accordingly, the organization carries great moral force in the

region, and its pronouncements on a host of human rights abuses have led to important national changes in human rights policies. On June 4, 2009, the OAS adopted Resolution 2504, thereby condemning human rights violations relating to sexual orientation and gender identity. The new resolution urges member states to investigate and punish acts of violence and human rights violations committed against individuals because of their sexual orientation and gender identity. It also calls on the Inter-American Commission on Human Rights and other organizations to monitor the situation and requires the organization's Permanent Council to report to the General Assembly at its fortieth regular session on the implementation of this resolution. All member countries, including Mexico, are herewith required to address transgender abuses in their country and to report to the OAS on their response. Hazel Davenport, an HPI-trained policy champion, was instrumental—along with other advocates—in facilitating the resolution's adoption by the OAS at a meeting held in Honduras on June 4, 2009. Hazel Davenport was one of the leaders of the transgender women who lobbied the OAS to draft this language. The resolution is an important step in drawing regional attention to the topic of discrimination and human rights violations relating to sexual orientation and gender identity. This, in turn, may ultimately contribute to a reduction in discrimination and human rights abuses against these groups in Mexico and other OAS member states.

Working with Indigenous Groups

In Mexico, indigenous groups have long been excluded from public policy formulation—especially in the area of HIV. A small network of individuals and organizations developed a national agenda for HIV among indigenous peoples. Early on in this process, the network identified the lack of information regarding the number of indigenous PLHIV as one of the most important barriers to implementing effective programming and services for these groups. Amaranta Gomez, a policy champion trained by HPI, has been advocating for funding to conduct research on HIV in indigenous communities, particularly epidemiological studies to determine the magnitude of the problem. To galvanize this process, the First International Forum of Indigenous Peoples was convened in Metepec Puebla, Mexico, in May 2006. The meeting was organized with assistance from HPI. Participants at the meeting acknowledged that data on the causes and effects of HIV among indigenous communities was limited. One of the meeting's recommendations was to create research committees in the 12 states with the largest indigenous populations to explore various epidemiological and socio-cultural aspects of HIV as it affects indigenous peoples. The committees include representatives from government agencies, academic institutions, NGOs, and, for the first time, indigenous communities. It is expected that, over time, the committees will become engaged in policy dialogue and advocacy to ensure that the needs of indigenous peoples are included in HIV programming and design in the respective 12 states. Of the 12 committees established between May and December 2006, 10 have designed research and advocacy plans that will be submitted for funding by the National AIDS Program in its next round of prevention grants. Additionally, three of these committees are part of the multisectoral citizens groups (MCGs) established under POLICY through intense advocacy and political mapping training. The three committees will be able to benefit from the long-standing public policy role that the MCGs have gained in their years of lobbying on behalf of HIV policies that benefit all.

On July 29, 2008, at the 2nd Global Preconference on Indigenous Peoples, First Nations and Afrodescendants, held in Mexico City, the Minister of Health, Dr. Cordova, pledged to increase the amount of resources dedicated to the prevention of HIV among indigenous people. The resources will be used to research the HIV epidemic among the indigenous population to provide data to inform evidence-based decisionmaking and program development. HPI trained Amaranta Gomez—an indigenous transgender leader who has been advocating for funding for indigenous affairs—and other members of the National Coordinating Body for Indigenous Peoples, First Nations, and Afrodescents, in advocacy and provided them with technical and logistical support. Having accurate data will contribute to advocacy efforts for improved HIV programs for indigenous peoples throughout the country.

Education: Engaging a New Sector

The low quality of sex education and the educational sector's lack of commitment to changing this, have acted as barriers to an effective national HIV response in Mexico. The Ministry of Education has been a particularly difficult player to bring into the national dialogue and planning process on HIV, despite the importance of youth prevention efforts in the context of Mexico's concentrated HIV epidemic. With HPI's support, several steps have recently been taken to address this barrier. On August 1, 2008, Mexico hosted the first meeting of Ministers of Education and Health to stop HIV in Latin America and the Caribbean. Seventeen Ministers of Health, 12 Ministers of Education and Vice Ministers from 33 countries attended the meeting. The meeting's final declaration, which was signed by Mexico's Ministers of Health and Education, contained specific educational goals for 2010 to 2015 in terms of teacher training and youth access to sex education. On October 29, 2008, HPI trained professors at teacher training centers in Veracruz and Mexico City to ensure they are able to implement the new requirements for science-based sex education in the classroom. HPI has also been working closely with activists engaged in advocating for systematic inclusion of the Ministry of Education within the National AIDS Governing Board. HPI consultants and staff worked closely with the agreement's authors and will help activists track its implementation, as well as providing technical assistance to the Ministry of Education as needed. While there is still much to be done, the meeting declaration and the launch of teacher training represent important steps in beginning to address the barriers to Mexico's HIV response posed by inadequate sex education and a lack of engagement by the Ministry of Education.

> *In collaboration with the Ministry of Public Education HPI has worked in the design of two manuals for teacher training which are available electronically. These manuals were edited by UNFPA and the Ministry. This work is aimed at fulfilling goals set by the First Meeting of Ministers of Health and Education to Stop HIV in Latin America and the Caribbean, held in Mexico City in August 2008. HPI contributed its expertise to the chapters on HIV and Gender. HPI trained teachers and teacher trainers in Veracruz, Chiapas, and other states. The Ministry also brought together a thousand teachers in Mexico City and HPI offered multiple small group trainings on sexual diversity and homophobia. (Guillermo Egremy, HPI consultant)*

Post-exposure Prophylaxis

(PEP is recommended to prevent transmission of HIV following sexual exposure, but few policies to implement this recommendation have been adopted. Mexico is no exception, and sorely needs more clearly defined policies and operations for the application of PEP, particularly in cases of sexual exposure. On December 1, 2008, the Mexico City HIV program announced the implementation of a PEP program that will work closely with emergency personnel, will give information on medication and treatment to people who have been sexually exposed to HIV, and will channel exposed individuals to the Clinic Condesa, Mexico City's main HIV clinic, for treatment.

The definition of sexual exposure used by the new program includes, but is not limited to, sexual violence. Program guidelines prohibit discrimination based on individuals' sex or gender. HPI staff has supported efforts to expand the PEP program to include transgenders, who are often discriminated against because they do not conform to traditional gender stereotypes. The project provided technical support to the Mexico City HIV program to draft the guidelines.

> *One of the major achievements which Clinical Condesa has had in collaboration with HPI is the design of post-exposure prophylaxis protocols, not only for cases of sexual violence but also for condom failure cases. This work has reached not only healthcare workers but we have also worked with the State District Attorney Offices, the System for Integrated Development or DIF, and the State Institute for Women to ensure that we reach the most vulnerable groups through*

every available alternative, not just health. (Andrea Gonzalez, Director, Mexico City's HIV/AIDS Program)

The policy implementation as planned is reducing the risk of HIV infection for victims of sexual violence, by ensuring that they receive properly administered PEP. Prior to this announcement, there were few, if any, operational policies for PEP for sexual violence victims in Mexico.

Working at the State Level on Policy Implementation and Formulation

Chihuahua: Protecting the rights of PLHIV

In 2005, couples living with HIV in Mexico's Chihuahua State were denied the right to marry. On October 27, 2007, as a result of the lobbying by HPI-trained activists, the Chihuahua Civil Code was changed to allow PLHIV to marry. Following HPI's technical assistance and training to members of the Red de Mujeres Mexicanas Positivas Frente a la Vida (Network of Positive Mexican Women Facing Life), the network joined with other organizations and individuals working in Chihuahua to lobby for the change in the civil code. The civil code's prohibition violated the human rights of PLHIV and increased their vulnerability to stigma and discrimination, which can be a deterrent to prevention and care. Reforming the civil code affirmed the right of PLHIV to equal treatment under the law and will enhance their ability to secure equitable access to healthcare services.

Morelos: Demanding civil society inclusion in governing bodies

For the past several years, the MOH of the Mexican state of Morelos has been unwilling to include other sectors in the State AIDS Council (or CONESIDA), and in particular, civil society members like PLHIV. Subsequently, the needs of PLHIV and other vulnerable groups have been sidelined in policy dialogue and planning. On May 16, 2007, an activist, Edgar Marquez Ortega, trained by HPI in advocacy, successfully lobbied the state's MOH to include civil society members in the CONESIDA and to re-analyze and revisit legal guidelines that call for the council's establishment—in an overall effort to ensure multisectoral collaboration. Accordingly, the new guidelines call for the council to include civil society members, which is also now reflected in the law that authorizes creation of CONESIDA. HPI identified this activist early on in the project as a potential policy champion because of his strong interest in the law and subsequently trained him in human rights, policy implementation, and advocacy. The project continues to assist him with implementing an advocacy plan that he developed during prior training. Thanks to his determination and skills, those most affected by the epidemic will now be involved in the design and planning of HIV/AIDS activities in the state of Morelos.

Mexico City: Improving HIV prevention by fighting against transphobia and homophobia

Transgendered MSM in Mexico are particularly stigmatized and discriminated against. As a result, they often delay seeking healthcare services, hide their status, and receive sub-standard services. This group is therefore highly vulnerable to HIV transmission. On August 29, 2008, the Mexico City Chamber of Deputies passed a law allowing transsexuals, transgenders, and transvestites to change the gender on their birth certificates. The law's passage is due, in large part, to the efforts of HPI-trained and -supported activists working to eradicate discrimination against transgenders in Mexico City. Specifically, HPI provided technical assistance in advocacy and legal reform to the activists who were engaged in this process, including Hazel Davenport, transgender activist, and Carlos Garcia de Leon, former HPI consultant, who helped secure passage of the law. The new law will increase transgendered individuals' access to healthcare services, including HIV services, and will increase their willingness to seek healthcare.

When the Law on Gender Identity passed in Mexico City, we advanced tremendously and Clínica Condesa opened the first public space that is directly targeting services to the transgender

community. This space is not just about health; HPI support created a space that functions as a real and alive Transgender Center. (Andrea Gonzalez, Director, Mexico City HIV/AIDS Program)

Colectivo Sol was involved in a project with HPI in collaboration with Clínica Condesa and the Transgender Center. The project provided a unique opportunity to work directly with community members with the base who do not have the opportunity for interaction, reflection, and identification of obstacles to solving their problems. The City Human Rights Commission also participated in the project. HPI support of the project was critical to its success. (Juan Jacobo Hernández, Executive Director, Colectivo Sol)

Homophobia is common in Mexico. With the country's HIV epidemic highly concentrated among the MSM population, homophobia and the resulting discrimination can therefore act as potent barriers to HIV health services for MSM and other most at-risk populations (MARPs). A 2005 countrywide survey in Mexico showed that 50 percent of those surveyed think it is acceptable to discriminate against non-heterosexuals. On October 23, 2008, the Mexico City Ministry of Social Development's Department of Equality and Diversity released the Sexual Diversity Decalogue; a document that outlines the rights of the lesbian, gay, bisexual, transgender, transvestite, transsexual, and intersexual (LGBTTTI) population and states that all public servants must honor these rights when providing services to those communities. The Decalogue was developed to encourage nondiscrimination in Mexico City government activities and make services for the LGBTTTI population more accessible. It is heavily focused on health, as well as on MARPs. The Decalogue outlines anti-homophobia and anti-discrimination strategies for the government. These strategies include sensitivity training, respect for human rights, permanent actions geared toward preventing and eliminating discrimination, measures to foster a climate in which people will come forward to lodge complaints in case of discrimination, implementation of public policies and programs geared toward the LGBTTTI population, transparent accounting of program spending, development of educational materials regarding a life free from discrimination, and facilitating the political participation of LGBTTTI people. When the Decalogue was unveiled, the President of the Mexico City Human Rights Commission, Emilio Alvarez Icaza, called it a triumph of the LGBTTTI community. HPI offered technical assistance and training to the Department of Equality and Social Diversity, which in turn assisted 15 other government agencies and offices. The original HPI training included 34 people and extended over several weeks between July and early November 2008. HPI's role helped to enrich the quality of the Decalogue. The Decalogue will contribute to improved quality of healthcare, particularly for MARPs in Mexico City, by reducing discrimination and promoting inclusive services. It will also generate new outlets for seeking justice and accountability in case of rights violations or discrimination.

Crimes against gay men are frequently labeled as crimes of passion in Mexico. Such crimes are rarely investigated, resulting in the criminals going unpunished. This climate of homophobia has led many MSM to remain hidden and refuse to seek necessary HIV-related services. On August 20, 2009, Mexico City passed hate crime legislation by adding a section to Article 138 of the city's Penal Code, which establishes that homicides will be considered "hate crimes" if they are committed because of hate toward the victim's "ethnic or social origin, nationality or place of origin, color or any other genetic characteristic, sex, language, gender, religion, age, opinions, disability, health status, physical appearance, sexual orientation, gender identity, marital status, occupation or activity...." HPI consultants have been working with a number of legislators and researchers regarding the importance of hate crimes legislation to decrease homophobia and increase intake of health services among MSM. In the long term, hate crime legislation will decrease homophobia and grant sexual minorities personal security. This in turn, will enable them to access health services when and where they choose, without fear of violence or other repercussions.

Working with the Mexico City Attorney General Office

HPI developed the methodology and implemented a series of capacity-building workshops for the Mexico City Attorney General's office (PGJDF, Procuraduría General de Justicia del Distrito Federal) in gender-based violence and sexual diversity. The project brought together staff from the PGJDF Human Rights office, the PGJDF Institute for Professional Development, the Office of Victim Care, and members of various NGOs. HPI hosted a training-of-trainers for 40 staff of the PGJDF Institute for Professional Development who were in turn responsible for training over 9,500 employees of the Mexico City Attorney General's office with ongoing technical support from HPI.

> *The Attorney General for Mexico, as a result of HPI advocacy and training work, has opened a public Ministry office dedicated to the GLBT community on Vertiz Street. They have a specially trained and sensitized psychologist, forensic police, and investigative police so that members of the GLBT community who have faced discrimination from government personnel or others can have a safe space in which to lodge their complaints. (Guillermo Egremy, HPI consultant)*

Puerto Vallarta: Defeating decrees that discriminate

Research conducted by HPI and various gay, lesbian, bisexual, and transgender (GLBT) groups have concluded that local decrees that discriminate against MSM and other MARPS are important barriers to providing healthcare services to gay men and transgenders. On June 3, 2009, the Puerto Vallerta City Council revoked Fraction 14 of Article 40 in the Bando de Policia y Buen Gobierno (Edict for Police and Good Governance), which allowed the police to discriminate against people suspected of "abnormal behavior." Fraction 14 was repealed thanks to the efforts of Vallarta Enfrenta al SIDA, a local NGO and policy champion for transgender groups. The group was a key participant in the advocacy process that led to the removal of this fraction from the edict. Members of Vallarta enfrenta al SIDA have participated in numerous trainings on policy development, advocacy, and GBV organized by HPI. The NGO worked closely with members of the assembly of Puerto Vallarta to draft the language repealing the decree and worked tirelessly to encourage others to approve the new language. While much work remains to be done to enforce the repeal (e.g., training police officers), the removal of this edict is an important first step in addressing the harassment of gay and transgender populations in Mexico.

Chiapas: Stopping criminalization of HIV transmission

In recent years, a growing number of countries have passed laws criminalizing HIV transmission. A closer analysis of the issues, however, reveals that criminalization is unlikely to prevent new HIV infections or reduce vulnerability to HIV. In fact, it may harm HIV-positive people and adversely affect the country's public health and human rights. Criminalizing HIV transmission is justified only when individuals purposely or maliciously transmit HIV with the intent to harm others. In these rare cases, existing criminal laws can and should be used, rather than passing HIV-specific laws. In Mexico, activists have vigilantly sought to prevent the passage of laws criminalizing HIV transmission. In Chiapas state in southern Mexico, several policy champions trained by HPI responded quickly when the state government attempted to criminalize HIV transmission. As a result of the activists' lobbying efforts, the proposed law was withdrawn. Instead, the Governor's office is now drafting new, non-discriminatory legislation with assistance from UNAIDS.

> *HPI support was very important during the period when there was an effort to criminalize HIV transmission in our state. They sent us two experts on the subject who where civil society representatives and could offer constructive criticism to the proposed legislation. Happily, the criminalization bill was not passed. HPI support enabled the civil society organizations and the government to engage in dialogue, and this was crucial in ending this deadlock. (Doris Edelman, Director of State AIDS Program, Chiapas)*

The activists used email networks to inform key stakeholders about the negative consequences of criminalizing HIV transmission. The Director of the National AIDS Program visited Chiapas, and policy champions from other states provided technical assistance. The new law on STI transmission mandates that PLHIV be educated about STI transmission and prevention methods. HPI trained the activists in advocacy and provided them with ongoing technical support, including provision of information materials on the deleterious effects of passing laws that criminalize HIV transmission. The lessons learned in Chiapas were shared across the country at the national HIV conference to ensure that any attempts to criminalize HIV transmission are defeated.

Yucatan: Working on PLHIV rights to insure access to treatment and care

In the Yucatan, levels of HIV-related discrimination are high, and several of the state's laws facilitate discrimination against PLHIV. On June 3, 2008, OASIS, a Mexican human rights organization, and the Yucatan State Multisectoral HIV POLICY group presented a bill to the Yucatan State Congress to reform several such discriminatory laws. The bill contains three important legislative changes: (1) the right of PLHIV to marry; (2) the right to provide care to individuals, and (3) the right to omit “HIV complications” as a cause of death on a death certificate. The third law will ensure that PLHIV who have died receive proper burial and funeral services and that their families will not be stigmatized. HPI provided technical assistance, including training, to OASIS. Enacting laws that protect the rights of PLHIV will help to reduce HIV-related discrimination, which in turn will encourage more people to seek prevention, care, and treatment services.

Tabasco: Getting high-level support for policy implementation

The HIV program in Mexico’s Tabasco State has had a mixed track record. One of the program's low points came in 2007, when it was unable to provide ARVs in the wake of heavy flooding in the area. In Tabasco, as in the rest of Mexico, HIV-related stigma and discrimination remains a major issue. On December 1, 2008, Tabasqueños Unidos por la Diversidad y la Salud Sexual (TUDYSEX), a group trained by HPI as policy champions, organized a march to celebrate World AIDS Day and successfully lobbied the state's government to participate in the event. The Secretary of Health attended the event and spoke publicly about discrimination against PLHIV. This was the first time a cabinet-level government official had participated in an HIV event in the state. The participation of such public figures in World AIDS Day festivities sends a clear public message of support for the needs and rights of PLHIV. HPI worked closely with the activists in Tabasco. HPI consultants reviewed the organization's policy advocacy plan and made suggestions for improvements and implementation. Many of the members of TUDYSEX and other involved organizations have been trained by HPI. The significance and impact of this public statement are twofold: first, a public statement by such a high-ranking official is likely to have a positive impact on general perceptions of PLHIV; second, it will open windows of opportunity for new services and programming to be created to address HIV. In the long term, this could contribute to reduced stigma and discrimination against PLHIV.

In Mexico, several HPI-trained policy champions have been lobbying the federal government to declare May 17 as Anti-Homophobia Day to raise the public's awareness about the plight of these groups. The efforts of the champions were stalled until March 25, 2009, when the Governor of Tabasco issued Decree Number 160, declaring May 17 the state's official day against homophobia. The Governor thereby set an example to other governors throughout Mexico about the importance of demonstrating their commitment to addressing homophobia. HPI consultants have been working with policy champions in Tabasco to decrease homophobia and increase uptake of health services among MSM. They targeted the governor for action because he had supported the 2008 World AIDS Day in Tabasco by sending the Secretary of Health to denounce stigma and discrimination against PLHIV. The Governor's actions demonstrate his increased commitment toward reducing stigma and discrimination, which will contribute to creating an environment in which these groups can seek HIV testing, treatment, and care.

Tamaulipas: Cross-border Multisectorial Policy Groups: An added bonus

Tamaulipas State in Mexico rose in the national rankings of state HIV/AIDS programs, moving from 32nd (last place) in 2004 to 12th in 2006, reflecting a major improvement in the HIV policy environment. The latest ranking for the second trimester in 2009 shows further improvement to 8th place. The ranking is part of the "Working through Excellence" program, which ranks state health systems on a number of programs, including HIV. The change has been attributed by the State HIV/AIDS Program Directors and the former National AIDS Program Director, Dr. Jorge Saavedra, to POLICY's and HPI's work to establish CHAMP, the cross-border HIV/AIDS multisectoral group in Tamaulipas State. HPI has been working with CHAMP to bring all the HIV stakeholders together to advocate for an improved HIV policy environment and programs. Other factors that contributed to the improvement include HPI's efforts through CHAMP to leverage resources from both Mexico and the U.S. and through relationships with Texan counterparts (built through the CHAMP) that are improving the capacity of the Tamaulipas program and healthcare providers to deliver services (US$5,000 from USMBHA in the form of scholarships to the USMBHA conference, funding to hire support personnel for the state AIDS program from CENSIDA; joint funding from the Ford Foundation for a media training in Ciudad Victoria; and funding from Parkland Hospital, the Texas/Oklahoma AIDS Education and Training Center to train both medical staff and other service providers on the latest in HIV/AIDS care and treatment). The dramatic rise in ranking of the HIV/AIDS program in the state of Tamaulipas is a clear reflection of the improved HIV policy environment, which is due to the increased political support and commitment of national and state AIDS officials and increased budgets allocated to HIV/AIDS services (2 million pesos in 2004, 9 million in 2005, and 25 million in 2006). HPI helped CHAMP build the capacity of local actors and strengthened their ability to bring increased attention and resources to the AIDS program. In terms of political commitment and support, the State Secretary of Health had never attended an HIV meeting in the state or met with civil society on HIV issues prior to the April 2005 CHAMP meeting. His participation had the added result of increasing media coverage of HIV/AIDS issues in the state. The CHAMP-supported activities in Tamaulipas also helped the state AIDS program to garner additional resources for both personnel and training in border areas and to undertake research on the HIV/AIDS situation in the state.

In a federation like Mexico it is important that individual states have laws that outline the state's responsibilities in protecting its citizens' rights against violations. On February 12, 2008, the state of Tamaulipas approved a law to prevent and eradicate discrimination against people who are HIV-positive, including discrimination in the healthcare system, education system, and workplace. The law further stipulates that testing of individuals without consent and denying them information on treatment is prohibited. The law was passed as a result of advocacy efforts by a group of policy champions who had been trained by HPI. This group formulated the law, based on a similar one at the federal level, and lobbied policymakers to endorse the law. Thanks to their efforts and HPI's support, people living with HIV in Tamaulipas and other marginalized groups are now assured a legal basis for demanding equal and fair treatment for healthcare and other services.

Veracruz: State HIV laws through citizenship initiatives

Veracruz State has the highest number of HIV-related deaths in the country, and the HIV prevalence rate has increased by 140 percent annually. Until recently, the state lacked an HIV law to defend the rights of PLHIV. On June 5, 2008, the University of Veracruz and the Veracruz Multisectoral Group presented the state's first HIV law to the Veracruz State Congress. The two groups collected 29,500 signatures to call for the passage of the law. Under Mexican law, the state congress must review and vote on any citizen-drafted laws that have been signed by 25,000 citizens or more. Presenting a bill means the local congress will have to put the topic on their agenda and discuss it on the floor. The policy champions wrote the bill and subsequently lobbied for signatures to ensure its hearing on the floor. The law contains 20 articles—

including provisions for an HIV budget for prevention, harm reduction, and procurement of ARVs and other treatment materials; and establishes sanctions for those who engage in HIV-related discrimination. The members of the multisectoral group and representatives of the University of Veracruz had previously been identified as policy champions and have participated in various HPI trainings and received ongoing technical assistance from HPI staff and consultants. Enacting laws that incorporate prevention, care, and treatment, and stigma reduction into the state budget is an important element of ensuring access to services and halting the spread of the epidemic.

CONCLUSION

In Mexico, HPI has achieved its overall activity objective of fostering an improved enabling environment for health. We have strengthened the workplace policy environment, augmented the engagement of policy champions, fostered greater multisectoral cooperation, and increased resources available for HIV. These results reflect the enormous impact that HPI has had on improving Mexico's HIV policy environment. We helped to establish the first National Business Council on HIV/AIDS (CONAES). Since its launch, numerous companies have enacted first-ever workplace HIV policies. We have supported policy champions, enabling them to change state marriage laws to end discrimination against PLHIV, fight for the establishment of nondiscrimination laws that include PLHIV, change the composition of state AIDS decisionmaking bodies to include civil society representatives, and even successfully argue a landmark Supreme Court case outlawing discrimination against PLHIV in the military. We have worked to increase the participation of women affected by the epidemic in the policy process by fostering the formation of new networks and helping them advocate for the needs of women. We have worked with local partners to increase funding for prevention and workplace initiatives and to empower women living with HIV. We have helped indigenous peoples gain a voice in the policymaking process, and continue to support the development of policies that address their needs. We have worked closely with state media outlets to ensure that PLHIV are represented accurately and respectfully. We were instrumental in the enactment of the first national HIV prevention policy document. Finally, we have helped to foster increased funding for human rights and HIV in Mexico and throughout the region. As a result, Mexico's HIV policy environment is more inclusive, more responsive to stakeholders' needs, and less characterized by stigma and discrimination than it was when the project began.

ANNEX 1. RESULTS ACHIEVED

Table A-1. HPI Results**

Region/Country	AO	IR1	IR2	IR3	IR4	IR5	Total
Mexico	2	14	19	7	3	0	**45**

** As of March 31, 2010.

Table A-2. Training and Technical Assistance Targets

Indicators/Targets	FY06	FY07	FY08	FY09	FY10 Targets
Number of local organizations provided with technical assistance for HIV-related policy development	78	75	53	58	40
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	25	61	21	OMIT	OMIT
Number of individuals trained in HIV-related policy development	176	49	93	646	60
Number of individuals trained in HIV-related institutional capacity building	137	111	199	281	75
Number of individuals trained in HIV-related stigma and discrimination reduction	723	707	439	306	200
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment	89	71	180	143	75
Number of local organizations provided with technical assistance for strategic information activities	109	57	OMIT	OMIT	OMIT
Number of individuals trained in strategic information (includes M&E, surveillance , and/or HMIS)	126	129	OMIT	OMIT	OMIT

ANNEX 2. MEXICO PUBLICATIONS

Success Stories:

- *Capacity-building Workshop Promotes Civil Society Participation in Mexico's HIV Response.* HPI TO1, October 2010.
- *Civil Society Commitment to Collaboration: The Foundation for Effective Advocacy in Chiapas* (Mexico). HPI TO1, October 2009.
- *CONAES Ensures a Strong Private Sector Voice in Mexico's HIV Response.* HPI TO1. August 2010.
- *HIV-positive Women in Mexico Step Out of the Shadows (Mexico).* HPI TO1. December, 2008.

Manuals/Guidelines

- *Guía para el desarrollo de políticas laborales sobre VIH.* HPI TO1 and CONAES. March 2009.
- *Programas sobre VIH/SIDA en el Lugar de Trabajo: Una Guía de Acción para Gerentes.* Bill Rau, with Steven Forsythe, Gina Dallabetta, and Mukadi Ya Diul. June 2007.

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