



**Take the Lead**  
Stop AIDS. Keep the Promise.

## World AIDS Day 2008

December 1, 2008, marks the 20th anniversary of World AIDS Day, with the theme of “Lead, Empower, Deliver.” This theme encapsulates the core approaches of the USAID | Health Policy Initiative (HPI), Task Order 1, which works to combat HIV in over 20 countries worldwide.

The project encourages strong **leadership** from the government, people living with HIV (PLHIV), faith-based groups, civil society, the media, and the private sector. Leaders from these sectors can serve as influential policy champions, speaking out against stigma and advocating for greater attention and resources for HIV. The project also **empowers** the individuals and groups most affected by the epidemic, including PLHIV, women, youth, orphans and vulnerable children (OVC), and other key populations. Moreover, the project supports effective program **delivery** by fostering an enabling policy environment, alleviating operational barriers to implementation, improving resource allocation and mobilization, and encouraging multisectoral engagement. Examples of HPI’s commitment to “Lead, Empower, Deliver” are highlighted below.

### LEAD

**DEMOCRATIC REPUBLIC OF CONGO** | HPI has been instrumental in strengthening national leadership on OVC issues in DR Congo. The project has worked with the Ministry of Social Affairs since 2007 to strengthen its institutional and technical capacity. In May 2008, the ministry established the National OVC Task Force as the body charged with leading and coordinating OVC work in the country. The new task force will enable the government to more effectively set and implement the national OVC agenda, as well as improve collaboration between civil society and government actors in the area of OVC.

**INDONESIA** | While national Islamic leaders have supported HIV prevention in Indonesia, this support has failed to reach the community level. In response, HPI collaborated with the prominent Islamic organizations, *Muhammadiyah* and *Nahdlatul Ulama*, to recruit seven religious leaders as HIV policy champions. These leaders

have become influential advocates of improved HIV prevention, especially in East Java, where they engaged local leaders in discussions on the drafting of HIV prevention regulations, including a 100 percent condom use policy. They also trained local religious leaders in HIV issues, encouraging them to support prevention programs and adopt a more compassionate attitude toward PLHIV. As a result, Islamic leaders in East Java have begun to embrace their role in preventing the spread of HIV and assisting those who are affected by the epidemic. They have committed to conducting “Jihad”—faith-based struggle—against HIV and to fighting the virus itself, rather than those affected by it.

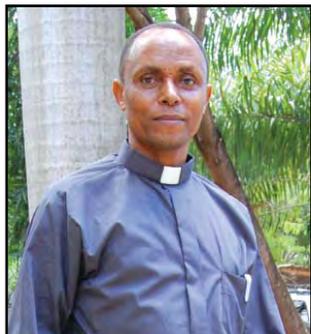
**JAMAICA** | HPI has mobilized the private sector’s leadership across the Latin America and Caribbean region by promoting HIV workplace policies and forming HIV business councils. On World AIDS Day 2008, the Jamaica Business Council on HIV/AIDS (JaBCHA), with HPI assistance, is organizing the first annual gala dinner, “A Touch of Red.” The event, organized in collaboration with the National AIDS Committee and under the patronage of the Prime Minister’s wife Mrs. Lorna Golding, is designed to promote awareness of HIV across sectors and raise funds for HIV programs. HPI helped to form JaBCHA in 2006 and has provided organizational strengthening support throughout its development.



*Cable & Wireless Jamaica employees, including the former CEO and JaBCHA Chairman, after an HIV test on World AIDS Day 2006.*

## EMPOWER

**TANZANIA** | With assistance from HPI, the Tanzania Network of Religious Leaders Living with or Affected by HIV/AIDS (TANERELA) has become a strong advocate for empowering HIV-positive religious leaders and for challenging stigma and discrimination. TANERELA currently has more than 120 members. Recently, TANERELA established two regional branches and formed a “post-test club.” These new groups will help TANERELA reach out to the community level and encourage religious leaders to come forward for HIV testing.



*Rev. Amin Sandewa, TANERELA national coordinator, uses his personal testimony to challenge stigma and discrimination.*

**MEXICO** | While Mexico faces a concentrated epidemic, as many as 1 in 4 new HIV infections are among women. Too often, however, the HIV needs of women are overlooked. HPI provides technical assistance, advocacy training, and strategic planning support to HIV-positive women in Mexico. As a result, they came together to form *Mexicanas Positivas Frente a la Vida*, the first-ever registered NGO of women living with HIV in Mexico. As a registered NGO, the group can receive funding and expand its advocacy efforts to address the HIV needs of women nationwide. In collaboration with ICW/Mexico and *Mexicanas Positivas Frente a la Vida*, HIV-positive women have successfully lobbied the Secretary of Health to support HIV prevention programs for women and they have been invited to participate in various committees organized by CENSIDA (the national AIDS program) to ensure that the voices of women are included in national policy dialogue.



*Women leaders meet with Mexico's First Lady, Margarita Zavala de Calderón, to discuss HIV and women's issues.*

## MIDDLE EAST AND NORTH AFRICA (MENA) |

While PLHIV networks in other regions have grown in size and strength, PLHIV in MENA face extreme stigma and, thus, remain isolated. To empower HIV-positive people in the region, HPI organized a training-of-trainers for 12 PLHIV leaders, who then provided HIV, leadership, and networking training to an additional 25 PLHIV from Bahrain, Egypt, Jordan, Lebanon, Libya, Oman, and Yemen. As a result, in July 2008, participants launched the first-ever MENA region network for PLHIV. Given that members are based in different countries, the network created an online chat room that meets at a designated time every two weeks. The chat room provides a space to share HIV-related information and offer emotional support to fellow members. Together, the regional network and online resource help to fill important gaps, especially given high stigma in the region and lack of HIV information available in Arabic. HPI has also awarded three small grants to participants' NGOs in Egypt, Jordan, and Lebanon to support additional in-country training, awareness raising, and networking.

## DELIVER

**JORDAN** | Two recent policy changes are helping to increase access to treatment for PLHIV. The country's Ministry of Health successfully negotiated reduced prices for antiretrovirals (ARVs) supplied by two leading pharmaceutical companies, GlaxoSmithKline and Abbott. While the Global Fund currently provides ARVs for free to PLHIV, the reduced prices will help the government continue to meet treatment needs as donor funds phase out and as more people become in need of treatment. In addition, the ministry announced it would amend the national health insurance scheme to cover medications for HIV-related opportunistic infections (OIs). HPI conducted a regulatory review and facilitated a multisectoral process that included PLHIV and other partners, resulting in the policy changes.

**VIETNAM** | Over the past three years, Vietnam has adopted a number of policies that have improved the environment for delivering HIV services. These policies—developed with technical assistance provided by HPI—include the HIV law, which prohibits discrimination against PLHIV; complementary regulations to implement the law; national guidelines on ARVs, OI treatment, and palliative care; and guidelines which, for the first time, enable the provision of methadone maintenance therapy in Vietnam to help prevent HIV transmission among injecting drug users. The new guidelines and policies are even more remarkable because they involved HIV-positive people in the process, incorporated human rights principles, and set a new direction for combating HIV among Vietnam's most at-risk populations.