

**HIV and AIDS: Calling for a Comprehensive, Evidence-based International
Development Strategy
- Summary Paper-**

By: Carleen McGuinty
Wendy Phillips
A World Vision Canada Discussion Paper

Introduction:

Drawn from 10 years of experience and learning from working along side communities affected by HIV and AIDS, World Vision proposes concrete funding and programming recommendations to inform the development of a CIDA strategy for HIV and AIDS .

An effective HIV and AIDS strategy requires:

- explicit policy and programmatic recognition of the vulnerability of orphans and vulnerable children (OVC), in international, national and local HIV and AIDS strategies. These strategies must prioritize funding for OVC as well as their families and communities to care for them;
- the integration of systematic evaluation of HIV and AIDS interventions to assess their efficacy; and
- sustained policy engagement to ensure that donor, national and local funding commitments, policies and programs reflect best practices for prevention, care and treatment.

Achieving these strategic objectives is dependent on addressing the under-resourcing of development overall. The goal of 0.7% of GNI for Official Development Assistance (ODA) remains unachieved and consequently, there is insufficient funding to respond adequately to the HIV and AIDS pandemic and its poverty related drivers.

Canada's Response:

Canada has responded to the AIDS pandemic through various government departments with funding support for international development programmed primarily through the Canadian International Development Agency (CIDA).

CIDA's priorities are:

- scaling up evidenced-based HIV prevention;
- strengthening health systems to ensure universal access to HIV care, treatment and support;
- supporting families and communities to protect and care for children infected or affected by HIV and AIDS; and
- promoting gender equality and the empowerment of women.ⁱ

Although CIDA has stated that it is committed to a comprehensive and multisectoral approach to HIV and AIDS and has supported the *Enhanced Protection for Children Affected by HIV and AIDS*,ⁱⁱ CIDA has not developed an AIDS strategy. There is also no overarching government framework on the international dimension of Canada's HIV and AIDS response. World Vision recommends the development of such a comprehensive CIDA strategy.

World Vision's Experience:

As a community-based and child focused organization, we have seen first hand the far-reaching impact of HIV and AIDS in many of the countries where we work. We have been implementing contextually appropriate HIV and AIDS programs, rooted in international best practices, for more than a decade. World Vision works on HIV and AIDS in Asia, Latin America, and Eastern Europe, however, most work is focused on 21 of the highest prevalence countries in Africa and in areas with levels of orphans higher than national averages.

World Vision takes a community centered approach to improve the well being of vulnerable children and has chosen to work with faith-based organizations as an effective access point to strengthening communities.

Working in partnership with communities to provide a holistic response to HIV and AIDS, World Vision carries out a three-pronged approach of prevention, care, and advocacy with specific evidence-based goals:

1. **Prevention:** to make a significant contribution to the reduction of new HIV infections by targeting girls and boys, pregnant and lactating women, and most-at-risk populations.
2. **Care:** to achieve measurable improvements in all aspects of the quality of life for adults and children affected and infected by HIV and AIDS.
3. **Advocacy:** Recognizing that a sustainable solution to HIV and AIDS depends on addressing its systemic causes, World Vision seeks to promote policies and practices that uphold the rights of children and adults affected by HIV and AIDS and reduce stigma. Advocacy targets policy and decision makers at the local, national, and international level. World Vision also works to empower communities to engage for themselves with local and national government. ⁱⁱⁱ

Prevention

To prevent new infections from occurring, World Vision has focused on: 1) life skills training to empower 5- to 24-year-olds in and out of schools with the skills to make healthy life choices and avoid acquiring HIV, and 2) outreach to faith-based leaders to address stigma and to foster a positive and constructive response to HIV and AIDS.

Life skills training has resulted in behaviour change such as increasing condom use by youth, increasing voluntary counseling and testing by women and youth, and delaying first sexual contact.

Some faith leaders have been a source of perpetuating HIV and AIDS stigma by associating the disease with immorality thus failing to acknowledge their own vulnerability and discouraging people in their community from being tested, sharing their sero-status, and seeking treatment.^{iv}

Workshops directed at faith leaders focus on breaking down stigma and providing accurate knowledge about HIV and AIDS. After the workshops, World Vision seeks to harness the influence of faith leaders by having them return to their communities and begin to challenge the behaviours, norms and beliefs that perpetuate stigma.

Workshops with faith leaders have resulted in stigma reduction, leading to increases in voluntary counseling and treatment. Similar outcomes were also observed among youth and adults in the communities where the faith leaders worked.

World Vision's evaluations of prevention interventions have confirmed that for these types of interventions to be effective requires a long-term concerted, whole-of-community approach, ensuring all influential actors are delivering the same informed messages.

Internationally, there is a dearth of knowledge about the factors that contribute to making a prevention intervention work. As a result, behaviour change interventions must include a monitoring and evaluation component to identify best practices and allow for rapid scale-up without compromising quality.

Emerging areas of engagement

Preventing mothers from infecting their children and collaborative approaches to preventing co-infection of TB and HIV are two areas where World Vision's work with communities has demonstrated that the need for intervention is clear and where World Vision has begun to leverage its existing knowledge, in conjunction with best practices, to make a valuable contribution.

Prevention of Mother-To-Child Transmission

Programming to prevent mother's from infecting their children has focused on:

- peer education of mothers-to-be and their communities;
- encouraging HIV testing; and
- advocating for safer obstetric practices.

Peer education has resulted in increased testing by women and increases in exclusive breast-feeding practice.

Collaborative TB and HIV approaches

Children living with HIV and or living with HIV positive parents are the most at risk for contracting TB. World Vision has combined its experience in HIV and TB programming to address co-infection and prolong the life of people living with HIV and AIDS, ensuring that they are healthier longer, and protecting their children from TB and from losing their parents.^y

Care

World Vision works alongside communities where government health facilities are unable to keep up with the demand for HIV and AIDS treatment and care, and where traditional community -and family safety nets need to be strengthened. By committing resources to mobilize, train and support communities to coordinate holistic home-based care to orphans and vulnerable children, their families and the chronically ill, World Vision empowers communities to care for those made vulnerable by HIV and AIDS and promotes the realization of their rights.

This approach has led to the delivery of quality care in the familiar and supportive environments of community members own homes, relieving the overburdened health care systems, avoiding the institutionalization of children, and improving the quality of life of people living with and affected by HIV and AIDS.

A sustainable community care response requires: 1) partnering with local or national governments to scale up a community care response, 2) mobilizing a community to generate deeply rooted ownership of a community response, and 3) a government commitment to strengthen health systems so that local governments have the capacity to carry out their primary responsibility to their citizens.

Advocacy

To change policies, structures and systems related to HIV and AIDS, World Vision works to empower community members, including OVC and youth, to advocate for their own needs. World Vision also engages with government directly to influence policy implementation and resource allocation based on field experience. This simultaneous approach ensures deeper democratic ownership and accountability, not only between the government and its citizens but also between World Vision and the communities with which it works.

This approach is implemented at the local, national and international level. At the local level, World Vision empowers community care teams, community organizations and local leaders to advocate for and defend the rights of vulnerable children and people living with HIV and AIDS.

Evidence shows that these local initiatives have doubled the awareness of child rights by caregivers.

In order for governments to be held accountable to citizens, communities must be informed of the responsibilities of government and mobilized to engage directly with them. In some contexts where democratic engagement is new, this process can be challenging. World Vision is systematically enhancing our advocacy work by applying learnings from our successes in various contexts.

At the national level, World Vision has been working to change AIDS strategies. For example, in Tanzania, World Vision's advocacy initiatives contributed to several policy changes such as the inclusion of HIV and AIDS education in school curriculum, and legislation to ban Female Genital Mutilation.^{vi} At the international level, the focus is on influencing the actions of the G8 by holding Canada accountable to its past commitments.

Conclusion and Recommendations:

Meaningful progress on HIV and AIDS requires a multi-faceted, dynamic response. For CIDA to effectively contribute to the global effort requires a comprehensive, evidence-based international development strategy that is adequately resourced. This strategy should draw on best practices of Civil Society Organizations (CSOs), governments and institutions with expertise in HIV and AIDS. From our experience, World Vision makes the following recommendations for inclusion in a comprehensive strategy.

Canadian International Development Agency:

1. Recognizing that a sustainable approach to HIV and AIDS depends on stopping new infections before they happen and building on Canada's commitment to scaling up evidence-based prevention mechanisms:
 - The Canadian International Development Agency (CIDA) should support prevention interventions including: behaviour change interventions, voluntary counseling and testing, prevention of mother-to-child transmission services, prevention of HIV and Tuberculosis co-infection; and
 - CIDA and civil society should work together to ensure that all HIV and AIDS interventions are adequately funded and designed to facilitate impact evaluation.
2. Recognizing and appreciating Canada's emphasis on supporting families and communities in protecting and caring for children impacted by HIV and AIDS:
 - CIDA, working together with other donors and developing country governments, should create coherent strategies to comprehensively address the needs of children and communities. These strategies should be based on best available evidence of effectiveness including:
 - Support for prevention activities focusing not only on young adults but also on children; and
 - Comprehensive community-based approaches aimed at mobilizing community leaders and strengthening communities to meet the needs of all vulnerable children.
 - CIDA should work with national governments and CSOs to support the scaling up of successful, community-based care models that include systematic evaluations of successes and weaknesses, thus contributing to the global evidence base of best practices.

3. Recognizing the importance of creating accountable and responsive programs and policies to combat HIV and AIDS:
 - Canada should affirm the unique and important role that CSOs, including Canadian CSOs, can play in deepening democratic ownership.

Ministry of Finance:

4. Recognizing Canada's commitment to universal access, care and support and appreciating Canada's recent commitment toward supporting prevention of mother-to-child transmission, Canada's Ministry of Finance should:
 - work with other donor governments to provide a comprehensive plan (with annual funding pledges) to meet the G8 HIV and AIDS commitment to achieve universal access to comprehensive prevention programs, treatment, care and support by 2010; including the specific commitments in 2007 to prevent mother-to-child transmission, to provide paediatric treatment and to assist orphans and vulnerable children;
5. Appreciating the progress made on Canada's commitment to double aid by 2010, but recognizing that despite these commitments, Canada is contributing progressively less of its GNI to Official Development Assistance (ODA), the Ministry of Finance should:
 - adopt a budgetary plan to increase Canadian ODA to achieve at least the donor country average;
 - make available sufficient funds for international development so that Canada can contribute its fair share (approximately \$300 million per year until 2010) to the Global Fund to fight AIDS, Tuberculosis, and Malaria without compromising other important work.

ⁱ Canadian International Development Agency, "Health Systems Strengthening in Developing Countries", Power Point presentation, May 2008.

ⁱⁱ The United Nations Children's Fund, "Enhanced protection for children affected by AIDS", A companion paper to "The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, May 2007.

ⁱⁱⁱ "Hope in Action: Summaries of World Vision's Strategies for HIV and AIDS Response, HIV and AIDS Hope Initiative, World Vision, August 2006,

^{iv} Nyblade, Laura et al., "Disentangling HIV and AIDS Stigma in Ethiopia, Tanzania, and Zambia", International Center for Research on Women, Washington, D.C., 2003 and Laura Nyblade and Jessica Ogden "Common at Its Core: HIV-related Stigma Across Contexts", International Center for Research on Women, Washington, D.C., 2005.

^v Gill, Z. *Collaborative TB/HIV Activities, World Vision Canada Launch*, Presentation for World Vision Canada, November, 2007.

^{vi} "Ex-Post Evaluation of the Arumeru HIV/AIDS Project in Tanzania: A community-based study on knowledge, attitude, belief and practice on HIV and AIDS, Dr. Andre M.N. Renzaho World Vision Australia, 2006, p. v, 13.