



HIV and AIDS Policy and Strategy

Update: 2013 - 2016

trócaire

Contents

Foreword	3
Trócaire’s Renewed Statement of Commitment	4
Introduction	5
Contextual Overview	6
Key Policy Guidance	10
Trócaire’s Response to HIV from 2013 - 2016	12
Principles that will guide our response	16
Trócaire’s Niche	17
Trócaire as a Catholic church agency	17
Overall Objective, Outcomes and Strategies	18
Outcome 1: HIV is mainstreamed across the organisation and with partners and programmes in areas where HIV has a significant impact on development	18
Outcome 2: Target Communities support uptake and utilisation of HIV services	20
Outcome 3: Women’s vulnerability to HIV is reduced	21
Outcome 4: People living with and affected by HIV realise their fundamental human rights	23
HIV Advocacy	25
Accountability and Learning on HIV	26
Annex 1: Trócaire’s Contribution to the HIV Response to Date	27
Annex 2: Trócaire’s HIV and Gender Equality Deliverables 2012 – 2014	29

Acronyms

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral Therapy
CHAN	Catholic HIV and AIDS Network
HIV	Human Immunodeficiency Virus
MDG	Millennium Development Goals
NGO	Non Governmental Organisation
PLHIV	People living with HIV
PrEP	Post Exposure Prophylactics
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS

Photography

Cover: HIV Support Group Members during an event in Mount Darwin, Zimbabwe 2012
Zimbabwe National Network of People Living with HIV (ZNNP+)

P 4: HIV and Gender Equality Global Team, Nairobi, *Michelle Moore*

P5: 'Byrne', a group member from Open Heart House, Dublin, *Elena Hermosa*

P9: Selamawit Kasay and Yitbarek Tekelehaimanot, Ethiopia, *Michael Tsegaye*

P 11: 'Kushinga' Support Group members in Murowe Village, Zimbabwe, *Deirdre Ní Cheallaigh*

P16: Kevina, community agent, and Margaret Anyano, Uganda, *Tine Frank*

P20: Anti Retroviral Therapy, Malawi, *Elena Hermosa*

P24: Edinah Simbai, Advocacy Team member and Locadia Jongori, Community HIV and AIDS Support Agent, Zimbabwe, *Deirdre Ní Cheallaigh*

Foreward

Trócaire's global plan of work is presented in the 10 year Strategic Framework 'Mobilising for Justice 2006 – 2016'. In it, the objectives, outcomes and strategies for each of Trócaire's five organisational programmes are presented. Details of Trócaire's response to HIV for the period 2007 to 2012 were contained in the policy and strategy document 'Addressing the HIV and AIDS Crisis'. This new policy and strategy document seeks to guide our work on HIV through the period from 2013 to 2016, while keeping in line with the global strategy.

The impact of the HIV epidemic on development and on the poorest countries of the world prompted a global response, the achievements of which have been immense. Nearly ten million people are now on anti-retroviral treatment (ART) and living longer and healthier lives. Middle and low income countries are increasingly contributing to the response and AIDS-related deaths are in decline.

However, HIV remains one of the greatest development and social justice challenges of our time. Sub-Saharan Africa continues to bear the burden of the pandemic with the highest prevalence of people living with HIV and the greatest number of new infections. Here, women are more vulnerable to HIV and continue to represent the majority of those living with HIV.

Although we are closer than ever before to a turning point in this pandemic, the flat lining of funding and competing priorities means there is a real danger that momentum will be lost. While the money dries up, the reality is that we cannot afford to squander the opportunity to subdue the pandemic. We must remain steadfast in our support of the rights of men and women living with HIV and to fostering the resilience and dynamism that exists within affected communities.

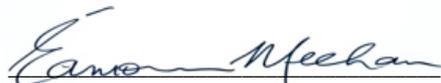
As an organisation founded 40 years ago on the principles of Catholic social teaching, Trócaire recognises HIV as a development issue linked to poverty and inequality. Trócaire's vision of a just world can only be realised by tackling the structural injustices that underpin the AIDS pandemic, promoting the dignity of the human person and staying the course.

Our approach mirrors the words of Pope Francis:

'I would like to make an appeal to those in possession of greater resources, to public authorities and to all people of good will who are working for social justice: never tire of working for a more just world, marked by greater solidarity!'

July 31, 2013

We believe that an end to AIDS is in sight and that while the final push will be the hardest, it is the most important. We will continue to play our part.



Eamonn Meehan, Director of Trócaire

Trócaire's renewed statement of commitment

'HIV is a social justice issue that remains at the centre of Trócaire's work. We work alongside communities and in partnership. We are firmly committed to empowering people living with HIV to live longer and healthier lives free from stigma and discrimination, recognising the particular vulnerability of women and girls. We support those affected by HIV to advocate and have the courage to speak out for their basic rights to a life with dignity, where their medical, psychosocial, spiritual and social needs are being met.

We listen, we empower, we change...and with communities at the forefront, we are committed to staying the course to influence positive change, at both country and international levels'

HIV and Gender Equality Global Meeting, Ireland, 2012



HIV and Gender Equality Global Team, Nairobi

Introduction



Trócaire's global plan of work is presented in the 10 year Strategic Framework 'Mobilising for Justice 2006 – 2016'. In it, the objectives, outcomes and strategies for each of Trócaire's five organisational programmes are presented. Details of the specific focus of Trócaire's response to HIV for the period 2007 to 2012 were contained in the policy and strategy document 'Addressing the HIV and AIDS Crisis'. This new policy and strategy document seeks to guide our work on HIV through the period from 2013 to 2016 at which stage Trócaire will design a new strategic framework for the whole organisation. This document provides guidelines for a programme in transition and will help ensure we are well positioned to work on HIV for the period beyond 2016.

In updating our HIV Policy and Strategy for the four year period from 2013 to 2016, we do not propose to change the overall objective of our HIV response which remains relevant and important:

'To reduce vulnerability to HIV and to mitigate the impact of HIV on poor and marginalised communities.'

However, we aim to tighten the focus of our response and adjust our strategies to take account of dramatic changes in both the HIV epidemic itself and the global community's response to it.

In addition, recent internal changes within Trócaire, particularly our decision to concentrate our focus in 17 countries, have impacted on our portfolio of HIV related work. Adjustments to our priorities and strategies are needed in order to ensure we achieve a coherent response with the resources available.

This document sets out to guide Trócaire's staff and partners and shape our organisational and programme response over the next four years in order to ensure we maximise our contribution as an organisation to the HIV response.

Contextual overview

Dramatic progress has been made in responding to HIV in the period up to 2012 and the global AIDS community has much to be proud of. A more than 50 fold increase in the resources for HIV responses in low and middle income countries has been mobilised since the 1990s and these investments are delivering remarkable results.

Access to antiretroviral therapy has been extended to more than 8 million people – more than half the people who need it. As a result, the global AIDS community is proud that many people are living longer and healthier lives and fewer deaths are being recorded. The number of people newly infected with HIV in 2012 was down 20% from 2001, reflecting the success of a combination of prevention strategies. The number of cases of mother to child transmission of HIV reduced by half between 2003 and 2012 highlighting the real possibility of eliminating new infections in children altogether.

A key feature behind the successes achieved has been the novel coalition of people living with HIV, civil society, national governments and development partners driving the response. Leadership has often emerged from the most marginalised groups. National governments increasingly take responsibility for delivering and funding their own responses.

While achievements are encouraging, significant challenges remain. Globally, AIDS remains the sixth most common cause of death¹. AIDS remains the leading cause of death in women aged 15 to 49 and the second most common cause of death in men of the same age group globally. The burden is much greater in the poorest countries. AIDS is the number one cause of death in East and Southern Africa.

In 2012, 34 million people were living with HIV. Despite the overall decline in the number of people newly infected with HIV, 2.5 million people acquired HIV in 2012, including 330,000 children².

Although eight million people living with HIV are now receiving treatment, nearly 8 million more people are eligible for treatment but unable to access it. These are the hardest-to-reach and most vulnerable people and it will require even greater efforts to ensure they have access to treatment. It is alarming to realise that for every two people put on treatment, five become newly infected.

A number of key global issues are highlighted in the subsequent paragraphs. These have informed our thinking in determining our strategic response to HIV for the period 2013 to 2016.

The End of AIDS? In 2012, inspired by the remarkable indicators of progress, world leaders began to speak about 'the end of AIDS'. The statistics, however, illustrate that AIDS is far from over. Michel Sidibe, Executive Director of UNAIDS speaking on the occasion of World AIDS Day 2012, remarked that

¹ Global Burden of Disease Study, 2012

² UNAIDS, World AIDS Day Report, 2012

“The AIDS response broke the conspiracy of silence around - HIV. Now we face a new conspiracy: that the job is done.”

What is apparent is that an ‘AIDS free generation’ is within our reach. The right tools and a good understanding of what works and does not work, is now available to us. It is clear that addressing human rights barriers and structural challenges continues to be key to the attainment of an ‘AIDS free generation’. However, it will require investment in the right combination of strategies, innovation in funding mechanisms and continued activism to ensure continued progress.

Treatment as prevention

The year 2011 provided compelling new evidence showing that oral antiretroviral drugs (ARVs) can prevent heterosexual HIV transmission. A randomised study (HPTN052, May 2011) confirmed that if the HIV-positive partner in a discordant couple took ARVs, transmission to the HIV-negative partner was virtually eliminated. Further studies found that taking ARVs by the HIV-negative partner in a discordant couple (pre exposure prophylaxis or PrEP) also reduced transmission significantly. These results confirm that ARVs not only prolong life for people living with HIV but also serve as an effective prevention method. The study was awarded winner of ‘Breakthrough of the Year’ by the magazine ‘Science’.

HIV Testing Crisis

34 million people are infected with HIV globally but only 17 million know it (50%)³. Fewer men know their status. Many people test late, many people test alone. There are poor linkages from testing to care. One of the ways to address this crisis is to provide rapid results and provide a variety of options for people to test, for example, home based testing, door to door testing, outreach testing, testing at schools and workplaces. In 2012, a HIV self testing kit using the ‘Point of Care’ technology was licensed for sale in the USA and is available at approximately US\$ 20. Supervised Self Testing is currently being piloted in Malawi. In Kenya self testing is now included in the national guidelines as an option but linkages to care must be in place to ensure that those who test positive can access appropriate services and supports.

HIV and Gender Inequality

Gender inequality and persistent power imbalances between men and women increase women’s vulnerability to the HIV epidemic. Over thirty years into the epidemic, women and girls are still at a high risk of HIV infection and shoulder a disproportionate burden of the impact of HIV. Women represent 72% of the 15-24 year olds in sub-Saharan Africa living with HIV. Women are responsible for most of the care in affected households and are more likely to experience the resulting deepening of household poverty. Wives have been rejected by husbands or extended family when diagnosed with HIV; many have suffered violence. Girls have been forced to drop out of school.

But targeting only women is not the solution. Men’s attitudes and behaviour in the face of the HIV epidemic directly impacts on women. Men are less likely to test for HIV and less likely than women to access treatment in low and middle income countries (47%: 68%).

3 UNAIDS, World AIDS Day Report, 2012

Stigma and discrimination

Stigma and discrimination continue to act as significant barriers to care, treatment, support and prevention for people living with HIV. While discriminating behaviours are reported to have decreased in some contexts, changing stigmatising attitudes remains an ongoing challenge. Internalised or self stigma among people living with HIV is deeply felt. Most at risk groups of sex workers, men who have sex with men and drug users often experience the worst stigma. Interventions are needed to continue to address discrimination, social stigma and self-stigma, all essential components in tackling stigma.

Inequities within the response

Inequities within the response to HIV have clearly emerged. These include: the treatment access gap between countries of the north and countries of the global south; the treatment access gap for children which persists with global coverage of only 28% (compared with 54% for adults). People in rural areas are more likely to lack access to HIV services in low and middle income countries.

Prevention and treatment for key populations at higher risk of HIV infection such as sex workers, men who have sex with men, and people who use drugs, remain inadequate. Female sex workers are 13 times more likely to be living with HIV than the general population. Lack of political will to provide services for key populations at higher risk exacerbates the situation.

Funding of the Response

The onset of the global economic downturn derailed targets proposed in the mid 2000s of mobilising the resources needed to provide universal access to prevention, treatment, care and support. International investment in HIV has flat-lined since 2008. However, domestic investment in HIV by low and middle income countries rose by 15% from 2010 to 2011 and for the first time domestic investments in AIDS surpassed international resources in 2012 indicating increased country ownership. The overall effect however, is that available funding remains the same while demands on HIV services are increasing. There has been no increase in funding since 2009 and yet the number of people requiring treatment continues to rise. Many countries continue to rely heavily on international assistance. A decline in international support would threaten the significant investment made to date and threaten our hopes of ending AIDS.

Moves towards integration

The UN General Assembly 2011 Political Declaration on HIV and AIDS calls for integrating the AIDS response in global health and development efforts with a view to strengthening the reach and impact of the AIDS response, leveraging HIV related gains to generate broader health and development advances and enhancing the long term sustainability of the AIDS response⁴. But opportunities to multiply beneficial outcomes through joint approaches exist across a wider range of development programmes. Positive synergies with all programmes addressing social and economic vulnerabilities are possible.

The Church and the HIV and AIDS Response

Faith based agencies have been key contributors to the global response since the early days of the epidemic, providing holistic responses, often to very vulnerable and poorly serviced

4 http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_UN_A-RES-65-277_en.pdf

communities. It is estimated that Catholic agencies alone provide a quarter of all health care related to HIV and AIDS and much higher proportions (up to 60%) in some African countries. This contribution is increasingly recognised by key coordinating agencies such as UNAIDS and WHO, who in recent years have intensified the engagement of Catholic and other faith agencies in the design and implementation of global initiatives such as the Global Plan to Eliminate New Infections in Children and Keep their Mothers Healthy. The importance of engaging faith leaders has also gained traction, both at a local level and within the leadership of the Church; this is evident from the highest level through private audiences of Pope Benedict XVI with the Head of UNAIDS and a number of high level forums with religious leaders across faith communities over the past three to four years.



Selamawit Kasay and Yitbarek Tekelehaimanot, Ethiopia

Key policy guidance

UNAIDS 2011 – 2015 Strategy: Getting to Zero aims to advance global progress in achieving country set targets for universal access to HIV prevention, treatment, care and support and to halt and reverse the spread of HIV and contribute to the achievement of the Millennium Development goals by 2015. The strategy is a roadmap for the Joint Programme with concrete goals marking milestones on the path to achieving UNAIDS' vision of "Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths."

UNAIDS Investment Framework

A new investment framework underpins UNAIDS strategy. It was developed by UNAIDS and partners to facilitate more focused and strategic use of scarce resources. The framework recommends a package of activities supported by critical enablers necessary for a successful response.

UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV 2010

This operational plan for the UNAIDS action framework addresses women, girls, gender equality and HIV. It was developed in response to the pressing need to address the persistent gender inequalities and human rights violations that put women and girls at a greater risk of, and more vulnerable to, HIV and that threaten the gains that have been made in preventing HIV transmission and in increasing access to antiretroviral therapy.

UN Political Declaration on HIV 2011

World leaders at the United Nations General Assembly High Level Meeting on AIDS in June 2011 pledged to bolster the response to HIV to meet the 2015 targets. This including increasing numbers of treatment and eliminating mother-to-child transmission of HIV. The declaration commits to gradually increasing expenditure on HIV and AIDS by 2015 to between USD\$22 and USD\$24 billion in low- and middle- income countries.

Ireland's Policy for International Development

In May 2013, the Irish government adopted a new policy to guide international development cooperation. The policy states that issues of gender, the environment, HIV and AIDS and governance cut across the entirety of Ireland's development actions. It renews Ireland's commitment to invest in HIV and AIDS globally, regionally and at country levels, under a priority area on Essential Services. It emphasises prevention, in particular by addressing inequality and gender-based violence.

The Development Framework Post-2015

The Millennium Development Goals come to an end at the end of 2015. The years from 2013 to 2015 will involve significant research and lobbying work among civil society and governments to come up with a new development framework. While HIV was recognised as a global crisis in 2000 at the time of the agreement of the MDGs, the context today is very different, and the priority given to HIV is far lower in international development

discourse. Civil society organisations are lobbying for a single health-related goal, with a specific target on HIV.



'Kushinga' Support Group members in Murowe Village, Zimbabwe

Trócaire's response to HIV from 2013 - 2016

Like many agencies, Trócaire operates in a complex, dynamic and fast-changing environment, with an increased impetus to add value and show impact. As with all challenges, there are also opportunities. Having renewed our organisational commitment to HIV – to both mainstreaming and direct responses, this document sets out to consolidate our contribution to date⁵ and ensure we remain a strong player in the HIV response with a keenly focused programme that draws on our organisational strengths to deliver impact.

Trócaire's 'Refresh' programme aims to concentrate available resources in 17 countries for greater impact at beneficiary level. It is important that our HIV response takes cognisance of the changed structure within the organisation and ensures that resources are sharply focused to achieve the best outcomes possible. Trócaire will design a new strategic framework for the whole organisation for the period beyond 2016. This document therefore represents guidance for the interim period from 2013 to 2016 and aims to ensure that we are clear about the added value Trócaire brings to the HIV response.

HIV mainstreaming will continue to be promoted and supported where the epidemic has an impact on overall development. Greatest mainstreaming efforts will be directed to ten countries in sub-Saharan Africa⁶. New energy will be invested in strengthening our own and our partners' mainstreaming efforts using the 'HIV Mainstreaming Resource Pack' produced in 2012 which looks at entry points; what has worked well, as well as how to measure the results of our mainstreaming work⁷.

Trócaire currently supports HIV programmes in Ethiopia, Kenya and Zimbabwe. Programmes which jointly tackle HIV and Gender Inequality are found in Malawi, El Salvador, Guatemala and Honduras⁸. Phasing out of Mozambique and Cambodia (and ultimately El Salvador) has impacted on the size of the HIV portfolio so we intend to explore the possibility of new HIV programming in countries of sub-Saharan Africa. Increasingly Trócaire is also considering the need for more integrated programming across thematic areas as we seek to address overlapping and often multiple vulnerabilities faced by people living in poverty. Consideration will be given to HIV as a vulnerability and rights issue alongside other areas of programming as we develop our strategies on integrated programming.

In updating our HIV Policy and Strategy for the four year period from 2013 to 2016, we do not propose to change the overall objective of our HIV response which remains relevant and important:

5 See Annex 1 for Trócaire's Contribution to the HIV Response to date

6 Democratic Republic of Congo, Ethiopia, Kenya, Malawi, Rwanda, Sierra Leone, Somalia, South Sudan, Uganda and Zimbabwe

7 Trócaire, 2012 HIV Mainstreaming Resource Pack: A Practical Guide for our Partners

8 See Annex 2 for description of Trócaire's HIV programmes

'To reduce vulnerability to HIV and to mitigate the impact of HIV on poor and marginalised communities.'

However, we will carefully focus our strategies for delivering on this objective.

Trócaire's two priority outcome areas for HIV programming to date have been 1) provision of integrated prevention, care and treatment and 2) ensuring the rights of people whose lives are affected by HIV and AIDS.

While integrated prevention, care and treatment remains a priority for communities affected by HIV, Trócaire's role will no longer be to support provision of treatment where national governments in the countries in which we work have now assumed this responsibility. Provision of treatment by the state is the only viable long term solution, given that once initiated on treatment, a person must continue on treatment for life. However, Trócaire will retain an important role in promoting uptake of prevention and treatment services among the communities in which we work. We will also continue in the period up to 2016, to support communities to provide care and support to people living with HIV.

In defining our way forward, we increasingly recognise that preventing transmission and mitigating the impact of HIV is dependent on transforming communities to address underlying factors of gender inequalities, stigma and rights violations. As an organisation rooted in local communities we are well placed to tackle these underlying factors and expansion of our HIV work, in the period up to 2016 and beyond, will be in these areas.

'Addressing vulnerability of women to HIV which has been an important consideration in our response to date will assume a greater priority for Trócaire in future.'

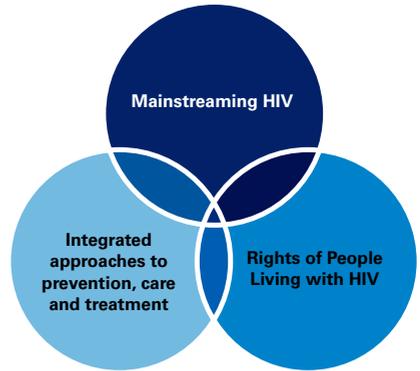
The increasing feminisation of the epidemic in less developed countries together with the obvious link to our gender equality programming provide the rationale for this prioritisation. In addition to working at community level on this issue, Trócaire will seek opportunities to share learning on women's vulnerability to HIV and champion the issue in policy and advocacy fora.

Ensuring the rights of people whose lives are affected by HIV and AIDS remains a priority outcome for Trócaire. A rights based approach is central to Trócaire's way of working. Within our HIV response we will confront inequality and unfairness in society as it impacts on people living with HIV and empower people living with HIV to hold governments to account against the commitments they have made.

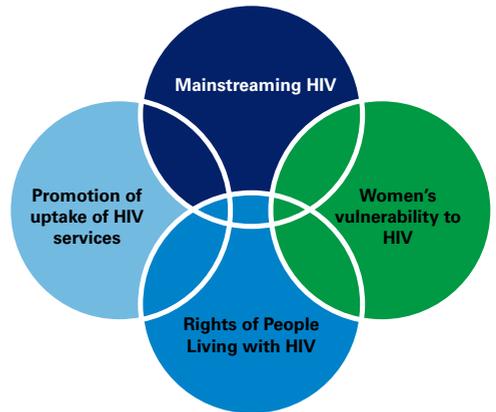
In the 2013 to 2016 period of transition, therefore, country teams already implementing HIV work should consider new strategies or partnerships to strengthen their work on rights or women's vulnerability to HIV. Countries planning new programmes will also be guided by this sharper focus.

Figure 1: Transitioning towards 2016

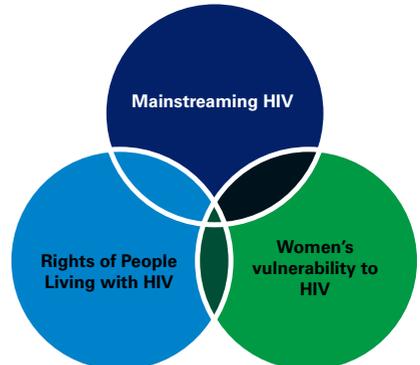
Focus Areas 2007 - 2012



Focus Areas 2013 - 2016



Focus Areas 2013 - 2016



Our Future Direction at a Glance

- HIV Mainstreaming will continue to be promoted but the greatest mainstreaming efforts will be directed to ten countries in sub Saharan Africa.
- Trócaire will move away from direct provision of HIV treatment as National Governments assume this responsibility, but retain an important role in promoting uptake of prevention and treatment services.
- Trócaire will respond to the increasing feminization of the epidemic and work to address the gender inequalities that underlie this phenomenon.
- Within our HIV response we will confront inequality and unfairness in society as it impacts on people living with HIV and empower people living with HIV to hold governments to account.
- Increasingly Trócaire is also considering the need for more integrated programming across thematic areas as we seek to address overlapping and often multiple vulnerabilities faced by people living in poverty.
- The period 2013 – 2016 will be a transition period for HIV programming, allowing country teams to consider new strategies or partnerships to align their HIV programmes to the three main outcome areas proposed for 2016 onward.

Principles that will guide our response

Context is critical

We recognise that there are a multitude of diverse HIV epidemics around the world and therefore, no single prescription to address them. Programmes will be designed and strategies chosen based on an analysis of the epidemic and evidence of effectiveness of interventions in each specific context.

State Responsibilities

The state has primary responsibility for providing prevention, treatment and care services. In the political declaration on HIV and AIDS (2006), 186 States committed to provide universal access to prevention, treatment, care and support to all those in need.

Catholic Social Teaching

Our responses are grounded in Catholic Social Teaching and the values Trócaire espouses to, as outlined in our Strategic Plan; solidarity, participation, perseverance, courage and accountability. We believe in respect for human rights, the dignity of the individual regardless of age, sex, ethnicity or sexual orientation and the indivisibility of rights. While remaining true to our Catholic ethos and values we will work with those of all faiths and none.

Empowering people living with HIV

To participate meaningfully in decision-making processes, to become principal actors in the response, to articulate and demand their rights and to hold governments to account is a key principle of Trócaire's response. Key to this is building the capacity of networks of people living with HIV which has been key to the success of the HIV response to date and will remain so in future.

Gender Equality

We believe in the importance of addressing gender inequality as an important driver of the epidemic and believe that we must strive to transform gender roles that increase vulnerability and the impact of HIV and AIDS on women, men and children.



Trócaire's Niche

Informed by Catholic Social Teaching, we address HIV first and foremost as a social justice issue.

Dignity, empowerment and the rights of all HIV positive people are firmly at the core of our response to HIV.

We work in partnership with organisations dealing first hand with HIV. We *accompany* partners to respond to the needs they have identified and to build *their* strength and capacity so *they* can respond and deliver on *their* programmes.

Our links with community based organisations are extensive and serve to ensure we work with the poorest of the poor. Our HIV programmes are **rooted in communities** from start to finish.

We continue to **maintain HIV as an organisational priority**, believing now more than ever in the need to intensify efforts in order to ensure progress made to date is not lost. We believe that perseverance is a core value that we need to maintain as we accompany people to ultimately reap the benefits of the initial investment in the AIDS response.

Trócaire as a Catholic Church agency

As an agency of the Catholic Church in Ireland we recognise the sensitivity of issues related to HIV and the diversity of opinion and action on HIV within the Catholic Church.

Trócaire believes that **HIV prevention programmes** must be comprehensive in scope, using the full range of policy and programmatic interventions known to be effective. Trócaire supports the non-judgemental provision of full, unbiased and accurate information on all means for the prevention of HIV infection. Only then will individuals be able to make informed decisions on this issue. As the official development agency of the Catholic Bishops' Conference of Ireland, Trócaire is not in a position to fund the supply, distribution or promotion of condoms⁹.

Trócaire understands that **Key Populations at Higher Risk of HIV** have been under served by the HIV response to date. As an agency of the Catholic Church, we realise that partnerships with groups representing key populations at higher risk can be challenging but we believe we have a role in reaching out to support these groups in the communities we serve.

On issues of stigma, Trócaire understands that stigma occurs when a HIV diagnosis is interpreted as a moral judgement rather than a medical diagnosis. Sadly this has at times been promoted from within faith communities. Our task is to develop responses that transform this view.

⁹ HIV Prevention and the use of condoms in the context of Catholic ethics

Overall objective, outcomes and strategies

Trócaire's overall objective is

'To reduce vulnerability to HIV and to mitigate the impact of HIV and AIDS on poor and marginalised communities.'

Trócaire will continue to implement a two-pronged response to HIV and AIDS. HIV will be mainstreamed across the organisation where HIV has an impact on overall development and dedicated HIV programmes will be delivered in a number of countries. The period 2013 to 2016 will be considered a transition period as we move towards a sharper focus of our resources on addressing women's vulnerability to HIV and promoting rights of people living with HIV by 2016.

Outcome 1: HIV is mainstreamed across the organisation and with partners and programmes in areas where HIV has a significant impact on development.

Despite the achievements of the HIV response, the epidemic remains an ongoing crisis. In countries and communities most affected by HIV, everyone has to do more if we are to 'turn the tide' on this epidemic. By taking account of HIV and adapting our activities to the reality of HIV, we improve our chances of success in achieving our programme objectives and we play our part in contributing to ending AIDS. Trócaire will respond to HIV internally within our organisation and in all our programmes in areas most affected by HIV. All programmes and partners should deliver a common message to communities regarding the importance of uptake of prevention and treatment services.

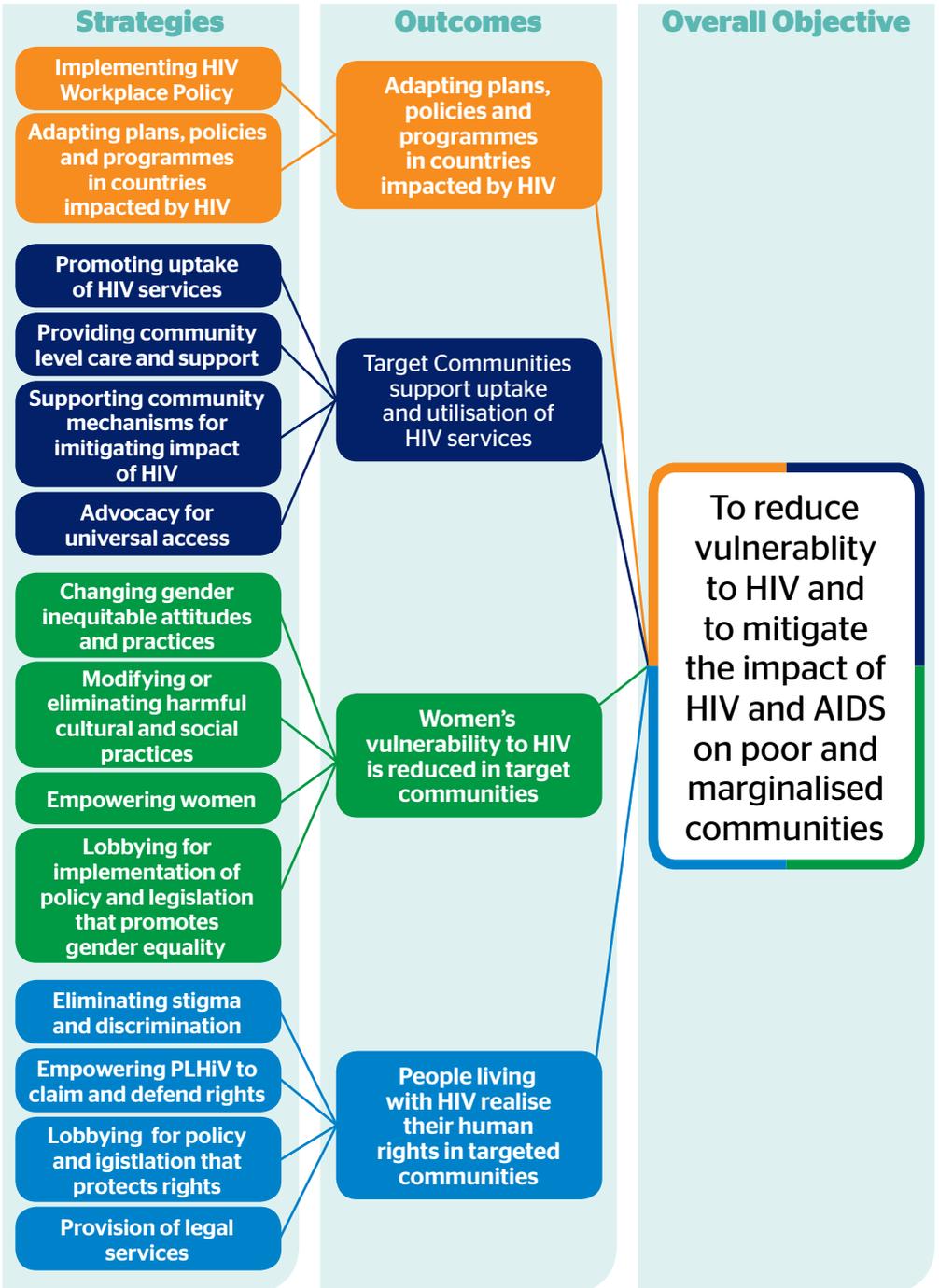
Strategies

1.1 At an organisational level

Through implementation of our HIV and AIDS Workplace Policy, we will promote personal and collective responsibility ensuring that we protect staff and provide a supportive working environment for staff and their families living with and affected by HIV and AIDS. Annual review of implementation of this policy will recognise achievements, identify gaps and serve to renew our commitment. Trócaire will invest adequate resources, human and financial, to mainstream HIV in the workplace, in programmes and policies and in education, campaigns and fundraising initiatives.

1.2 At a programme level

Trócaire aims to mainstream HIV in all organisational programmes where the epidemic is having an impact on development. Guidelines drawn up by programme teams will be used to assist this process at all stages of programme cycle management: programme design;



implementation; monitoring; evaluation and learning. In particular, mainstreaming will receive adequate attention during programme design. It will be integrated into baseline studies, monitoring systems and programme evaluations. Adequate human and financial resources to facilitate mainstreaming HIV will be committed. Linkages and learning will be promoted between HIV and gender mainstreaming. Managers will be accountable for driving and implementing targets related to HIV mainstreaming across Trócaire, particularly in countries highly affected by the epidemic.

1.3 At partner level

Trócaire commits to supporting partner organisations to tackle HIV within their organisations and their communities. Where requested, Trócaire will assist in building the competency and confidence of organisations to mainstream HIV and provide resources to support this process. We recognise that responses must be context-specific and will respond appropriately in each country. Programme Officers will drive, support and monitor programme mainstreaming with partners in areas where HIV has a significant impact on development. The 'HIV Mainstreaming Resource Pack: A Practical Guide for Trócaire Partners' produced by Trócaire provides guidelines and resources.

Outcome 2: Target Communities support uptake and utilisation of HIV services.

The role of communities is critical in reaching the goals of universal access to prevention, treatment, care and support for all who need it. 34 million people are infected globally with HIV, but only half know it because not enough people choose to, or are able to get tested for HIV. Of the 15 million people who are eligible for antiretroviral therapy, 8 million are receiving it. Just over half of all HIV positive pregnant women accessed treatment in 2012 to reduce transmission of HIV to their child during pregnancy. The most vulnerable and hardest-to-reach people are not yet benefitting from the advances of the HIV response and it will require even greater efforts than those made to date, to ensure they do. Many of the barriers which prevent or interrupt treatment, care and prevention arise in communities and in homes, and are beyond the reach or resources of health providers. Such barriers are best addressed by community organisations, which can harness the knowledge and energies of affected communities and secure positive people's involvement as key stakeholders. Community based organisations can act as effective intermediaries between affected individuals and the formal health sector.

Strategies

2.1 Promotion of uptake of basic HIV services in communities

Working in partnership with community based organisations, Trócaire will support provision of community information, communication and mobilisation to promote HIV testing, encourage uptake of basic HIV services, and facilitate access to services where necessary by providing referrals. Couples will be encouraged to test together. Early attendance for ante natal care will be



Anti Retroviral Therapy, Malawi

promoted for women living with HIV and men will be encouraged to be more involved. Parents will be supported to seek treatment for their children living with HIV and supported through the disclosure process. Ensuring key populations at higher risk (e.g. prisoners, young women) have the information on HIV services will be important and efforts will be made to address stigma as a barrier to uptake of services.

2.2 Provision of care and support to people living with HIV within their community

Community health workers and volunteers will be supported to provide support to people living with HIV in the form of counselling, treatment preparedness, monitoring of treatment adherence for TB and ART and referrals to services. They will help retain people in care and reach out to people who stop treatment. They will link people to support groups of people living with HIV. Likewise, Support Groups provide networks around PLHIV and offer social, psychological and spiritual support through peer counselling, home visits, support with the disclosure process, all of which are vital to successful treatment.

2.3 Mitigation of the impact of HIV at community level

Trócaire will support efforts of poor people living with HIV to generate sufficient income to be able to achieve food security, good nutrition and a healthy lifestyle. This will entail provision of food assistance and / or welfare support, formation and support of savings and lending's groups, support to income generation ventures, training in practical skills and business management skills, provision of start up grants. Where feasible, this strategy may be integrated into a Livelihoods Programme thereby utilising valuable expertise available.

2.4 Lobbying for adequate funding of the response to ensure universal access

We are entering a crucial stage in the response to HIV and AIDS. Dramatic progress has been made in expanding access to treatment and we have a chance to ensure everyone who needs treatment and care can access it. But international focus is shifting away from HIV and funding gaps are emerging. In Ireland, Trócaire will lobby the Irish Government to contribute to a fully funded response; and to play a visible leadership role in encouraging other countries to scale up investment to achieve universal access for all. In country programmes, we will work with local partner organisations to hold their own governments to account against promises made.

Outcome 3: Women's vulnerability to HIV is reduced.

Gender inequality underlies women's vulnerability to HIV. Women have less access to resources, employment, education and power than men do, worldwide. This inequality – reinforced and condoned by cultural norms and social structures – shapes relationships and sexual behaviour in ways that undermine efforts to avoid, prevent and treat HIV. Studies show that experience of sexual or physical violence is linked with heightened risk of acquiring HIV; that gender inequality and gender roles encourage male promiscuity, make women vulnerable to violence and restrict their ability to discuss or negotiate sex. Excessive alcohol use by male partners is strongly connected with women's experience of partner violence, in of itself a key factor in HIV vulnerability. Poor economic opportunities for women foster dependency on men for resources, promote exchange of sex for food, money or gifts and undermine women's sense of self determination. Studies have shown that women themselves often hold more rigid gender inequitable attitudes than men.

Strategies

3.1 Changing inequitable gender attitudes and practices underlying vulnerability to HIV

Trócaire will support partners working in local communities to change gender inequitable attitudes and social norms that underlie women's vulnerability to HIV. This will entail providing information on the links between HIV and gender inequality, building an understanding of notions of masculinity and how these influence unequal roles and relationships between men and women. Existing views of men and women will be challenged and more gender equitable attitudes and practices in relationships, in the household and at community level will be promoted. Men will be targeted in men's groups and through peer educators to address the low trends of health-seeking behaviour (including HIV testing) and promote male involvement in PMTCT and parenting.

3.2 Modifying harmful cultural norms and social practices that increase risk HIV transmission

Partners will work with local leaders, both religious and traditional, to identify which cultural norms and social practices are putting women at risk of HIV in their communities. These can include early sexual debut, early marriage, intergenerational sex, excessive alcohol consumption, concurrent partnerships and various traditional practices. Once on board, local leaders, as custodians of culture, are well placed to influence community members in their communities. Community leaders can also use their status to influence district authorities to provide support services to facilitate modification of cultural practices e.g. make circumcision available at local health facilities, prohibit sales of illicit alcohol, etc.

3.3 Empowering women – economically and within relationships

Trócaire will work to improve women's economic and social status so that they avoid relationships and behaviours that threaten their health and dignity. Increased income to reduce dependence on male partners and support more autonomous sexual decision making will reduce women's risk of HIV. Interventions will include savings and loans, micro finance programmes, and training schemes and work to ensure women's control over income and other assets generated.

Empowerment within relationships is equally important. Trócaire will work with women, including women who engage in transactional sex, to develop an accurate perception of HIV risk. Women will receive training and mentoring to develop greater assertiveness within relationships that allows them identify controlling and dominant behaviours, examine their rigid perceptions of men's power and challenge acceptability of violence. Partners will work with both men and women to illustrate the value of open communication and help develop relationships based on equality and mutual respect. Partners will link women who suffer gender based violence to organisations that can provide support services.

3.4 Advocating for implementation of policy and legislation that promotes gender equality

Partners working at grassroots level will identify any gaps in policy implementation or the legal framework that act as barriers to reducing women's vulnerability to HIV. We will build on the analysis in our 2012 "Mind the Gap" policy paper¹⁰ to push for policies which address the root causes of gender inequality, and not only technical interventions;

¹⁰ Trócaire, Mind the Gap – Women's Vulnerability to the HIV Epidemic, 2012

we will also promote coherence between national HIV and gender equality policies; and insist that women living with HIV are included in decision making. In particular, we will seek development and implementation of legislation to end violence against women and girls as a crucial step towards reducing women's vulnerability to HIV.

Outcome 4: People living with and affected by HIV realise their fundamental human rights.

A lack of respect for human rights fuels the spread and exacerbates the impact of the HIV. This link is apparent in the disproportionate incidence and spread of the disease among certain groups which include women and children, those living in poverty and key populations. It is also apparent in the fact that the overwhelming burden of the epidemic today is borne by developing countries, where the disease threatens to reverse vital achievements in human development and rights.

The rights of people living with HIV are often violated because of their presumed or known HIV status, causing them to suffer both the burden of the disease and the consequential loss of other rights. Stigmatisation and discrimination may prevent their access to treatment and may affect their employment, housing and other rights. The most stigmatised groups, face most severe rights abuses, particularly where their behaviours are criminalised as well.

This, in turn, contributes to the vulnerability of other people to infection, since HIV-related stigma and discrimination discourages people from getting tested. Stigma can be more pronounced in low prevalence epidemics. Women, in particular are often held to a different moral standard than men, so they are often blamed for HIV in their communities. Many people internalise stigma and this manifests in negative beliefs and feelings about themselves, preventing full enjoyment of life.

The protection and promotion of human rights are therefore essential in preventing the spread of HIV and to mitigating the psycho social and economic impact of the pandemic.

Strategies

4.1 Elimination of stigma and discrimination

Stigma and discrimination will be addressed as pre requisites for realising the full range of rights of individuals to live free of HIV or positively with HIV. Trócaire acknowledges that stigma affects men and women in different ways and will strive to ensure that anti-stigma initiatives are gender-sensitive. Multiple dimensions of stigma (internalised, perceived, and experienced) will be addressed within communities, with people living with HIV, with health care providers and with law enforcement authorities.

4.2 Empowerment of people living with HIV

Information and training on rights will result in recognition of rights abuses and bring about a sense of power within people living with HIV, including members of key populations at higher risk. Through support groups or advocacy teams the power of joining with others to create change will be established. Empowerment will enable people living with HIV to articulate and demand their rights. People living with HIV will hold their governments to account for the quality of service provision, how resources are used and who benefits. Recognising the huge role that national networks of people living with HIV play in advancing their rights, Trócaire will support these organisations where possible.

4.3 Provision of legal services and strategic litigation

For people living with HIV whose rights have been denied, Trócaire will provide access to justice and be willing to challenge unjust laws and prosecutions, including criminalisation. Strategic litigation will be supported where court decisions are likely to encourage social change on issues connected to the HIV epidemic.

4.4 Advocate for Policy and Legislation that protects the rights of people living with HIV

Trócaire is committed to supporting lobby and advocacy for policy or legislation that protects the rights of people living

with HIV. Reform of laws that criminalise transmission of HIV (without intent) and laws that criminalise key populations will be sought. Sensitisation of law makers and law enforcement agents to help gain support of parliamentarians, judges and policy makers will be undertaken.

In line with our Governance and Human Rights policy, we will make use of the Universal Periodic Review mechanism of the UN Human Rights Council, to make recommendations about the rights of people living with HIV, in particular the most marginalised populations.



Edinah Simbai and Locadia Jongori examine the ART register at Rukovo clinic, Zimbabwe

HIV Advocacy

Trócaire will maintain its commitment to keeping HIV on the agenda by ensuring the voices of those it supports are heard at national and global levels and in Ireland.

Trócaire works through a programme approach and advocacy is a core element as expressed in the outcomes and strategies above. Recognising the multiplicity of factors that contribute to injustices related to HIV, Trócaire will work on rights-based issues at multiple levels. Trócaire will build the capacity of civil society organisations to hold national governments and international institutions to account for the promises made at national and international forums and to ensure that aid policies of bilateral and multilateral organisations facilitate effective national HIV responses.

In Ireland and internationally, Trócaire is well-positioned to carry out policy and advocacy work, and we will engage actively in networks to amplify our voice. Trócaire is one of a small number of international development NGOs in Ireland with a dedicated HIV programme. We link regularly with the Dóchas HIV and AIDS Working Group and the Irish Forum for Global Health and also with HIV and health advisors in Irish Aid. Internationally, we will maximise our policy voice as a Catholic agency through our ongoing membership the Catholic HIV and AIDS Network (CHAN). We will engage with the UK Consortium on AIDS and International Development, in order to access pooled expertise of research, practice and advocacy internationally.

We will carry out advocacy work in line with this policy and strategy both as Trócaire and through networks, on issues emerging from strategies implemented in programme countries. Certain issues will need to be addressed mainly at an international level: these are identified below, and advocacy will be informed by stories, case studies, research and experience of our programme officers, partners and beneficiaries.

Funding the Response

We are concerned that the Irish government should continue to prioritise HIV in its overseas aid programme. Ireland dedicates 20% of its global aid expenditure to health and HIV (2011); this includes funding to partner governments, civil society, and multilateral institutions. Trócaire, working through the Dóchas HIV and AIDS Working Group, will encourage Irish Aid to maintain this focus, and in particular to continue its support for the Global Fund to end HIV, TB and Malaria.

Post-2015

The Millennium Development Goals expire in 2015, and a new global development framework is to be developed in the coming years. This is a core pillar of Trócaire's organisational advocacy agenda, and the Gender and HIV Policy Officer will work with the Central Policy Unit to ensure that HIV is adequately represented in Trócaire's positions. Making the links between gender inequality and HIV where relevant will be critical in this work.

Accountability and Learning on HIV

A joint HIV and Gender Equality team will provide technical and policy support to country teams and will work in alliance with programme staff in country offices to deliver high quality programmes in partnership with civil society. A number of accountability and learning processes will be put in place to support the implementation of the HIV programme.

A set of Deliverables against this policy and strategy are outlined in Annex 3. Annual **milestones** against these deliverables will be agreed by the global team every year and used to monitor whether we are on track to deliver against our strategy.

Results Based Management has been adopted across the organisation for ensuring robust planning, performance and impact assessment. Monitoring at country programme level will enable us to describe the change we have made in the lives of programme beneficiaries and in policies that affect our **beneficiaries**. While focused on the changes we have supported in people's lives, monitoring systems will also ensure we have clear information about who we have helped, how many have benefitted and in what kinds of ways.

This will be achieved using a combination of **quantitative and qualitative information** together with individual stories of change gathered in multimedia formats. Country programmes will be encouraged to draw from a list of indicators against each of the outcomes in this policy to enable us to aggregate results across country programmes. These will be detailed in the **Monitoring Tools Repository** to be made available in 2014.

Trócaire will invest resources in research initiatives to improve the effectiveness of our HIV response. We will investigate which approaches or **methodologies** work better than others in different contexts, for specific aspects of the response. For example, in Malawi, research investigating which approaches work best to tackle women's vulnerability to HIV will continue until 2015. We will explore how to tackle self stigma experienced by people living with HIV in Zimbabwe.

We will review how economic empowerment of people living with HIV can best be supported by our partner organisations across a number of countries. We are **committed** to learning from the work we support so we can understand, not only what difference we have made but, how we can further improve the lives of communities we work with. We will share learning across programmes in order to deliver change more effectively.

Annex 1: Trócaire's contribution to the HIV response to date

The overall objective of Trócaire's HIV and AIDS Policy and Strategy 2007 – 2012 was *'To reduce vulnerability to HIV and to mitigate the impact of HIV on poor and marginalised communities'*. A two pronged approach to HIV and AIDS was outlined: mainstreaming HIV across the organisation and implementing specific HIV programming in selected countries. The mainstreaming work set out to ensure *'HIV is mainstreamed in all organisational responses, programmes and policies'*, while the expected outcome of the specific HIV programming was that *'Vulnerable communities have access to integrated quality services and challenge HIV and AIDS related injustices and inequalities'*.

During the period 2007 – 2012, HIV mainstreaming was promoted internally, with a HIV workplace policy introduced in 2007 and revised in 2009. Annual reviews of the workplace policy have highlighted both achievements and gaps in particular offices but ensured continuous attention to the policy across the organisation. HIV mainstreaming into programmes was prioritised by the Humanitarian and Sustainable Livelihoods Teams with guidelines developed to assist programme staff to ensure HIV is considered during programme planning, implementation and review processes. Some progress has been made in terms of adaptation at field level and efforts continue with a resource pack produced in 2012 to support work with local partners on HIV mainstreaming.

From 2007, support to HIV projects increased in scope across the organisation. By 2009, Trócaire had HIV projects in twenty countries. As with other organisational priorities, we gradually moved away from funding portfolios of projects towards funding coherent programmes managed by staff with technical expertise in HIV and AIDS. HIV programmes focused on two priority outcome areas, as outlined in the policy document: 1) Provision of integrated prevention, care and treatment and 2) Ensuring the rights of people whose lives are affected by HIV and AIDS were realised. Women's vulnerability to HIV was highlighted as an important consideration in all HIV work. Responses in many countries supported the work of faith based partner organisations that initially worked to provide care and support to people living with HIV and dying of AIDS but later led the way in making treatment available, and often established best practice for other service providers to follow. Most programmes also incorporated a focus on disseminating prevention messages and implementing strategies to tackle stigma and discrimination in communities. For policy and advocacy work on HIV, Trócaire joined forces with other Irish agencies through Dóchas and with other faith agencies through the Catholic HIV and AIDS Network.

The economic downturn in 2009 impacted significantly on Trócaire’s organisational budget and prompted a number of changes within the organisation that impacted on the scale of HIV work supported by the organisation. Trócaire withdrew from a number of countries including Angola, Nigeria, Tanzania, South Africa and Zambia, where HIV work had been supported. All country offices were advised to focus on a maximum of two or three thematic areas which resulted in support to HIV work in Nicaragua, Sudan, Uganda, Burundi, DRC and Rwanda being discontinued.

In 2012, in an economic climate of continued austerity, Trócaire’s board and management made the decision to concentrate the organisation’s resources in fewer countries in order to be able to deliver higher quality service to beneficiaries. The restructuring exercise, labelled ‘Refresh’, means a further reduction in the number of countries in which Trócaire operates from 27 to 17 with effect from September 2013 onwards. Available resources (human and financial) will be concentrated in 17 countries from September 2013 onwards. Among the phase out countries are Mozambique, Cambodia and El Salvador¹¹ where HIV work is being implemented.

The countries implementing HIV programmes as of September 2013 will include: Zimbabwe, Malawi, Kenya, Ethiopia, Honduras, Guatemala and El Salvador¹². The projected budget for the financial year 2013/14 is Euro 2.0 million, approximately 9% of total programme budget.

Despite the retraction of Trócaire’s HIV work, the organisation reconfirmed its commitment to addressing the HIV and AIDS crisis during a Mid Term Review of Trócaire’s overall Strategic Plan in 2011, and pledged to ensure the level of funding dedicated to HIV was 10% of total programme funding by 2014.

	2009/10	2010/11	2011/12	2012/13
Expenditure on HIV programmes in Euro	2.99	2.77	2.33	2.47
% of programme spend on HIV	Not available	9 %	9 %	10%
Number of countries supporting HIV work	20	10	10	10

¹¹ El Salvador will phase out from 2015

¹² Although 7 countries are listed, 5 programmes are in operation as work in Honduras, Guatemala and El Salvador falls under one Regional HIV and Gender Programme in LARO

Annex 2: Trócaire's HIV and Gender Equality Deliverables 2012 - 2014

Deliverable 1	Strong commitment capacity and leadership on gender equality and HIV mainstreaming evident throughout the organisation ¹³ and all programmes
Deliverable 2	Trócaire is recognised within the sector as a key agency working on gender equality and increases its visibility internally and externally on HIV
Deliverable 3	A portfolio of at least twelve substantive Gender Equality and/ or HIV programmes in place ¹⁴ and adequately funded
Deliverable 4	Improved evidence of Trócaire's work on women's participation underpinned by a joint research and learning project (with the GHR team) on women's participation in decision-making spaces at the local level
Deliverable 5	Expertise and learning developed and documented on key areas including strategies for reducing women's vulnerability to HIV and engaging men and boys in Gender and Gender Based Violence work
Deliverable 6	All Gender Equality and HIV Programmes meet mandatory quality requirements
Deliverable 7	Gender Programmes make explicit links to HIV and demonstrate a commitment to mainstreaming while HIV programmes make explicit links to gender and a commitment to gender mainstreaming

¹³ Evidenced through development and use of mainstreaming resources, implementation of recommendations from Gender Audits, continued advancement of the HIV workplace policy, performance management indicator in use by managers to track mainstreaming and all programmes actively pursuing deliverables related to HIV and Gender mainstreaming

¹⁴ Potentially Kenya/Uganda, Ethiopia, Mozambique, Zimbabwe, Cambodia, Central America and Malawi

Working for a just world

trócaire

Trócaire, Maynooth, Co. Kildare, Ireland
T: +353 (0)1 629 3333, F: +353 (0)1 629 0661
E: info@Trócaire.ie

Trócaire is the official overseas development agency of the catholic church in Ireland and a member of CIDSE and Caritas Internationalis. Irish charity number: CHY 5883.

www.trócaire.org