

In All Our Diversity

2015 Highlights



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In All Our Diversity

In 2015, all our problems were solved. Extreme poverty was eradicated, the environment saved, and some say we got gender equality—all of this in a context where universal access to HIV treatment was achieved in 2010!

People living with HIV always knew the Millennium Targets, those sacred vows by the member states of the United Nations, would not change the order of things. Yet instead of making the necessary paradigm shifts we engaged in a long process to formulate the Sustainable Development Goals. In the HIV response this meant adding more numbers—first we had 3 by 5, then we were Getting to Zero, and now it is 90-90-90.

At GNP+ we have not added new numbers. We still work to improve the quality of life of people living with HIV. We continue to advocate for universal access to quality HIV care and treatment for those who want and need it. Where numbers are concerned we believe, “universal” means “everyone”, not “everyone except the unpopular or unwanted”.

The magazine you are reading now—our annual report for 2015—reflects the key initiatives we embarked, driven by our mission. This is our story. It relates how we support the engagement of young people and key populations living with HIV in decision making processes and reaffirmed their basic rights as human beings. It recounts how we fight to ensure the Global Fund work for all of us, and how we support the capacity of people living with HIV to do policy and programme analysis, do research on their own situation, and influence HIV responses.

Numbers may sometimes be useful, but in the end our work is about human beings. Ending the AIDS epidemic and ensuring the well-being of all affected must consist a broader, more holistic view that embraces differences. We want to show you how our movement -- the movement of people living with living -- has evolved to embrace diversity. We hope you enjoy our magazine and will join us to make sure the human rights of people living with HIV are protected in every corner of the world.

In solidarity,
Cecilia Chung and Jaime Luna,
Co-chairs, GNP+



News in Brief

Community Support Key to Harm Reduction

“When the financial crisis hit and funding started to shrink, the first thing donors cut was community support,” says Rajiv Kafle on behalf of GNP+ at the 24th International Harm Reduction Conference in Malaysia.

During the plenary co-chaired by Michel Kazatchkine, United Nations Secretary-General Special Envoy for AIDS in Eastern Europe and Central Asia and former ED of the Global Fund, Kafle takes the Global Fund as an example. “These days, the Global Fund focuses mainly on putting pills in people’s mouths. It has been forgotten that our community networks make sure those mouths actually get to the places where those pills are supposed to be handed out.”

Kafle works in Nepal with people living with HIV who use drugs. He explains how community organizations in his home country struggle to function in a context of funding shortages and criminalisation and human



rights abuses against people who use drugs, including forced “treatment” for drug use.

“There is a disconnect between communities and governments, especially with regards to harm reduction and drug use,” says Kafle. “Communities address behavior change and design excellent interventions for hard-to-reach groups such as drug users. However, they find it challenging to reach governments and an almost impossible task to change their behaviour.”

A Safe House on Firm Ground

“It is great how the WHO is meaningfully involving a powerful delegation of women living with HIV,” says Angelina Namiba of Positively UK. The World Health Organization (WHO) asked a group of organizations of people living with HIV – including GNP+ – to support global research on the sexual and reproductive health and rights of women living with HIV. The results, collected

in *Building a Safe House on Firm Ground*, have informed the WHO’s update of its guidelines on the sexual and reproductive health and rights of women living with HIV.

In addition to focus group discussions in different regions, the research consisted of an online survey in seven languages completed by 832 women from 94 countries, aged from 15 to 72. Shockingly high numbers of women living with HIV report experiencing or fearing gender based violence and criminalisation as a result of their HIV status. They also relate experiences of rights abuses in health care settings.

The research suggests strongly that health care staff attitudes and behavior to



ward women living with HIV play a significant role in women's ability to cope with a positive diagnosis, especially during pregnancy. A high percentage of women report depression, anxiety, shame and other harms to mental health and positive living.

Preventing HIV with a Pill a Day

"PrEP is part of a combination approach to HIV prevention for people at substantial HIV risk. It should not be offered in isolation, but as part of universal access to HIV testing, treatment and prevention efforts," says Rachel Baggaley of WHO during the GNP+ webinar on *What does PrEP mean for people living with HIV*.

Pre-exposure prophylaxis (PrEP) is one of the revolutions in HIV prevention. Taking a daily pill of anti-retrovirals to prevent HIV has been hailed as a great option for HIV discordant couples where the person with HIV is not virally suppressed. It is also seen as an effective preventive measure for people who cannot protect themselves from HIV infection, for whatever reason.

"PrEP gives individual freedom to people who are at higher risk of exposure to HIV, especially young women and sex workers in instances where they are not in a position to bargain for condom use," says Robinah



Kanyehamba of the International Community of Women living with HIV (ICW).

The webinar showed that people living with HIV welcome new technologies that help prevent new HIV infections, but it also raised questions about the implications of PrEP for people living with HIV. Some people living with HIV feel HIV drugs should be prioritized for treatment purposes, to save lives. Participants agree more research is needed on whether PrEP drains or saves limited resources.

Early Infant Diagnosis Requires Quality Information

"No mother wants her baby to be HIV positive. The only reason some women don't come for baby tests is because they are not given enough information on the importance of baby testing," a woman living with HIV in Namibia declares in our research on the values and preferences of women living with HIV around early infant diagnosis.

The research conducted in partnership with the International Community of Women Living with HIV (ICW) informs the forthcoming

WHO Guidelines on early Infant Diagnosis of HIV (EID).

Women living with HIV in Kenya, Namibia and Nigeria feel the scale-up of HIV testing for their youngest children is hampered by a lack of quality information and continued stigma and discrimination in health care settings. Women often do not know they need to return for a confirmatory diagnosis. In Kenya and Nigeria health workers do not systematically seek informed consent to perform HIV tests.

The WHO is considering new recommendations that infants born to women living with HIV be tested at birth, and tested again after 4 to 6 weeks. Women in all three study countries see potential benefits of this practice, such as reduced anxiety about their child's HIV status and knowing how to feed and care for the baby from early on. However, they are also concerned about the risk of disclosure of HIV status to family members present at the birth.

A key recommendation from the research is for testing options to be provided at an early stage in pregnancy, and give mothers time to make an informed choice on the timing of HIV testing for their infants. In addition, stronger protocols and training for healthcare workers is needed to ensure protection of the rights of women living with HIV, such as the right to informed consent. ■



Kenyan Sex Workers

Speak Out

Evidence for Rights Violations against Key Populations

In 2009 GNP+ and national networks started using the evidence gathering tool Human Rights Count.

The Human Rights Count engages people living with HIV and their networks to document cases of HIV-related human rights violations. Rolled out in eleven countries, the Tool has been hugely successful among people living with HIV.

Lacking was a special focus on the populations whose rights are violated the most. These are key populations living with HIV, such as people who inject drugs, sex workers or men who have sex with men, particularly in countries that criminalise them.

With support from the Bridging the Gaps programme, GNP+ worked in partnership with the London School of Hygiene and Tropical Medicine (LSHTM) to adapt Human Rights Count to identify and record human rights violations experienced by Key Populations Living with HIV. The new adaptation was rolled out with networks of sex workers in Kenya and of people who use drugs in Nepal.

"At the maternity where I had labour pains, they really harassed me because I was HIV positive and did not attend antenatal care," says a 26 year old former sex worker in Nairobi. "A doctor refused to take me to [the operating] theatre saying that he can never touch a clinic defaulter and person with HIV. [...] Later he agreed but nobody agreed to clean my baby. I was forced to do it alone despite the pain I was in."

Rape by police officers, cruelty, degrading treatment, forced disclosure, and denial of treatment are a few of the examples of the verbal and physical abuse sex workers in Kenya face. Using the Human Rights Count for Key Populations Living with HIV, sex workers with HIV interviewed 30 female sex workers living with HIV in six counties across Kenya

(Busia, Kiambu, Kisumu, Machakos, Mombasa and Nairobi). The experiences these women share reveal a disturbing pattern of violations of the rights of sex workers to healthcare and equality before the law.

Forced disclosure is a real issue. One of the women interviewed tells: "The doctor took my phone, scrolled and found a contact saved 'mama'. He dialled it and called my mother. My mother came and she was informed of my HIV status."

To Phelister Abdalla, Country Coordinator of the Kenya Sex Workers Alliance, the findings do not come as a surprise: "Sadly we regularly meet sex workers who have been abused. They are discriminated against and treated as second-class citizens by healthcare workers and law enforcement officers. For those

Sex workers are treated as second-class citizens by healthcare workers and law enforcement officers.

sex workers who are also living with HIV, the discrimination is even worse." Sex workers are not discouraged, however.

Using real life examples of violations from the Research, the Kenyan networks develop advocacy to promote rights to healthcare and access to justice, and to reform laws and policies—in particular they intend to make use of the new Constitution of Kenya that includes a Bill of Rights intended to guarantee rights for all. ►

- ▶ The Human Rights Count for Key Populations in Kenya is led by the National Empowerment Network for Persons Living with HIV and AIDS in Kenya (NEPHAK), in collaboration with the Kenya Sex Workers Alliance (KESWA) and Bar Hostess Empowerment and Support Programme (BHESP).

People Who Use Drugs Blackmailed in Nepal

“Due to my addiction and HIV, I faced lots of discrimination and inhumane behavior. With support from police, people from the local rehabilitation center picked me up forcefully multiple times to dump me in a rehabilitation center for months,” explains one of the people who use drugs who was interviewed for the Human Rights Count for Key Populations in Nepal. “They kept me imprisoned and charged my family large amounts of money. It has worsened my relation with my family members and added financial burden.”

The Human Rights Count in Nepal illustrates how people who use drugs living with HIV are discriminated against and abused. The majority of perpetrators of

human rights violations are NGO-run rehabilitation service operators, health care workers, security personnel and people’s own family members.

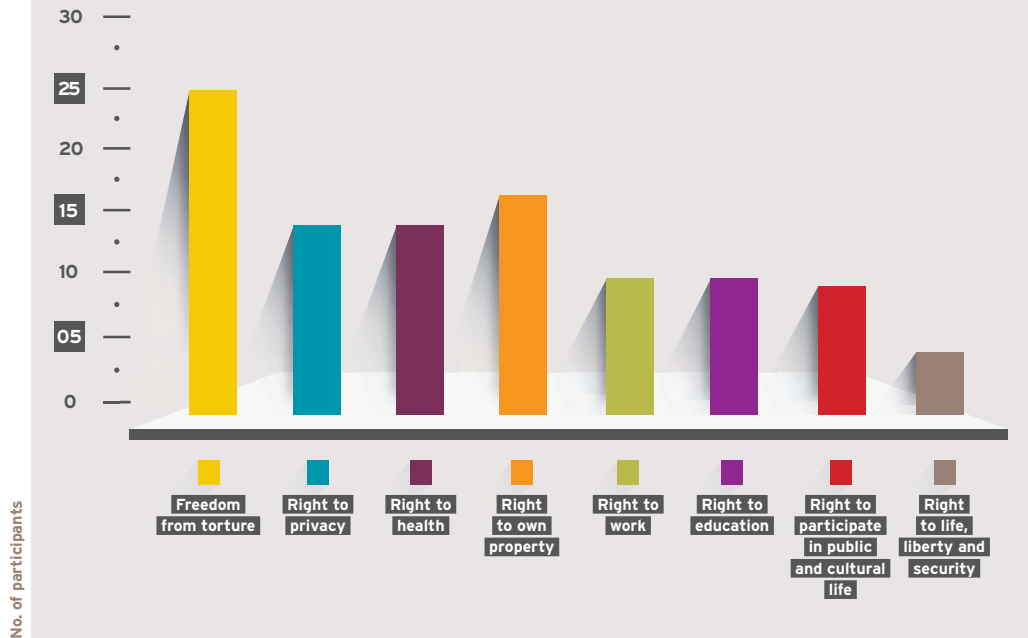
Shocking stories emerge about how private rehabilitation centres abduct and imprison people who use drugs for forced detoxification and rehabilitation. Bills for the programme are sent to the families. Even though the government of Nepal is running opioid substitution therapy (OST) and harm reduction programmes, the heavy competition for clients among these for-profit rehabilitation centres seems to be exacerbating the problems.

This community-led study by the National Association of People living with HIV in Nepal (NAP+N) and the Drug User National Alliance (DUNA), supported by GNP+, is now being translated into advocacy and recommendations for policy change in Nepal. Important lessons have been learned for conducting similar research among people who use drugs in other countries.



On World AIDS Day 2015 the results were launched simultaneously in Nairobi, Kenya, and at the International Conference on AIDS and STIs in Africa (ICASA) in Harare, Zimbabwe. The report *Speaking Out: Personal testimonies of rights violations experienced by sex workers in Kenya* was handed to Michel Sidibé, Executive Director of UNAIDS.

Cases of Rights Violations among 30 People Living with HIV who Use Drugs in Nepal



Engaging Key Populations

In our work we promote the greater participation of key populations living with HIV in HIV related advocacy. Lesbian, gay, bisexual and transgender people, people who use drugs, and sex workers need to be involved to ensure that politics, policies, and implementation reflect community needs as well as human rights principles. We engage networks of people living with HIV around the world with advocacy tools, strategies and campaigns that promote the fulfilment of sexual and reproductive health and rights for key populations living with HIV.

Our key population programme is part of *Bridging the Gaps*, a multiyear project supported by the Dutch Ministry of Foreign Affairs. Our partners are the Global Forum on MSM & HIV (MSMGF), the Global Network of Sex Work Projects (NSWP), International Network of People Who Use Drugs (IN-PUD) and the International Treatment Preparedness Coalition (ITPC). ■

"Using our evidence gathering tools has made young people living with HIV enthusiastic for evidence based advocacy."



Youth Leadership and Participation in Kenya and Uganda

“We need evidence based advocacy. Ungrounded advocacy cannot create sustainable, significant changes, except by luck,” says one of the young people living with HIV from the Youth Leadership and Participation Programme in Kenya and Uganda. The Programme focuses on improving youth-led advocacy for the sexual and reproductive health and rights of young people with HIV.

The work done with STOP AIDS NOW! in the two countries is part of the ASK (Access, Services and Knowledge) programme developed and led by the Dutch Youth Empowerment Alliance.

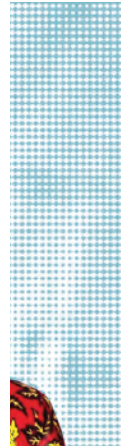
Using the Positive Health Dignity and Prevention (PHDP) policy and programme analysis framework and its corresponding operational research tool, young people living with HIV collect evidence, plan and implement advocacy as well as build partnerships.

A Sigma Research evaluation finds that partnerships between different organisations have been strengthened in the Pro-

gramme, even though communication hasn’t always been easy. Young people in Kenya and Uganda did find that agencies providing support for this programme at times lacked a connection to realities ‘on the ground’ in Kenya and Uganda.

The programme achieves its aim to improve the capacity of young people to advocate for and access better sexual and reproductive health and rights (SRHR) services. Programme setbacks include the long delay in starting the programme, due to the time required to gain ethical approval for the PHDP research, alongside initially limited capacity to lead research at the grassroots level.

The Youth Leadership and Participation Programme, with its evidence gathering tools, creates widespread enthusiasm for evidence based advocacy. As a result of the ASK programme and the use of PHDP, new and unanticipated SRHR initiatives emerged and new partnerships formed that will sustain work well beyond the duration of the ASK programme, says the evaluation. ■



"By 2020, 70% of people with HIV will be living in middle-income countries and this percentage is expected to increase."



Middle-income Countries Fear

Cuts in HIV Funding

“It is a real threat that people might no longer have access to quality HIV treatment or access to harm reduction services in Middle-Income Countries. Either because they have become too expensive or because they expect supply problems in government run service centres,” says Rachel Ong, Communications Focal Point of the Communities Delegation to the Board of the Global Fund to Fight AIDS, TB and Malaria, the world’s largest funding mechanism for HIV.

Donor countries funding the global HIV response are pulling out of middle-income countries. Feeling the impact of the global financial crisis, they are prioritising low-income countries, based on the idea that middle-income countries can afford to pay for their domestic HIV responses. As a result, the Global Fund is confronting dwindling resources. GNP+ tries to mitigate the impact of these changes for people with HIV and inform positive networks about what it means for our communities.

In support of our work towards the Communities Delegation to the Board of the Global Fund we lead communications and knowledge exchange initiatives, such as we-

binars and communiqués, to inform people living with HIV and their networks, capture their perspectives, and support them to engage in activism and watchdogging in relation to global HIV financing. In particular we have been raising awareness, along with other HIV advocates, around the serious difficulties with the Global Fund’s policy on funding for middle-income countries.

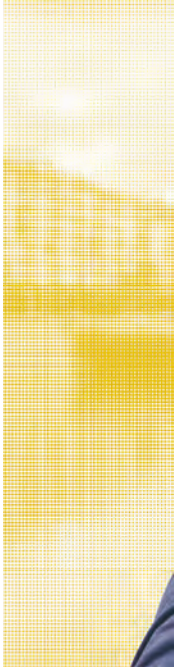
World Bank economic classifications do not take into account diseases burden. By 2020, 70% of people with HIV will be living in middle-income countries and this percentage is expected to increase. Yet middle-income countries are, by and large, unprepared.

There are large income-related inequalities in middle-income countries and health systems require out-of-pocket payments from users. People living with HIV in middle-income countries typically need to consume more health care and are therefore forced to spend more out of pocket for health care than people without HIV. It means health systems in middle-income countries are systematically biased against people living with HIV with lower incomes.

In many middle-income countries people from key populations face discrimination, criminalisation, neglect, abuse and even violence. As a result, people from key populations avoid seeking services. Unless enabling policy, legal and regulatory environments are created, implemented and sustained in these countries, the HIV responses will not meet the HIV related needs of people from key populations. Furthermore, that a country has moved up in income status is no indication of its willingness or ability to invest more of its domestic funds in HIV programmes and services. ►

GNP+ and The Global Fund

We have been involved with the Global Fund before its foundation. At the UN Special Session in 2001, GNP+ was one of the civil society organisations that advocated for the Fund’s establishment. Over the years, we have contributed in different ways to the Global Fund, fulfilling different functions in the Communities Delegation and writing a handbook for involvement of people living with HIV in Country Coordinating Mechanisms. A current GNP+ staff member is the Alternate Board Member of the Communities Delegation to the Global Fund Board.



► Making the Global Fund Work for All

“The Fund paid for my first HIV treatment,” says Rico Gustav, Community Development Manager of GNP+, “Without the Global Fund I would be dead – I know many other people with HIV who feel the same.” The Global Fund is currently supporting 8.1 million people with HIV with treatment, and these numbers are to grow in a rapidly changing international political environment.

With UNAIDS global targets to get to 90% of people with HIV diagnosed and on treatment, the International Community aims to stop the growth of the HIV epidemic. The Global Fund will be instrumental in achieving this. There is an urgent need for the Global Fund to step up its efforts, at the same time the development landscape is changing rapidly.

For many countries, economic growth is uncertain, different global issues such as climate change and refugee streams compete for limited resources, and at the same time, the impact of treatment on HIV prevention provides a window of opportunity to reduce incidence, and ultimately prevalence, dramatically. To be prepared, the Global Fund is developing a Strategy for its next cycle (2017-2022).

“GNP+ is in a good position to bring the voices of people living with HIV into the strategy development process,” says Rico Gustav. “I feel strongly about the possibility of the Global Fund with all its purchasing power to shape the market and ensure access to affordable medicines for all countries in need. Affordable treatment is a condition for the Fund to be able to increase its support to countries scaling up HIV services.” ■

Getting Swaziland Ready to End HIV

"HIV is a national security issue for Swaziland. Our small country has the highest percentage of people living with HIV worldwide, and we need bold and brave interventions," says Gavin Khumalo, Secretary of the Community Advisory Board hosted by the Swaziland network of people living with HIV, SWANNEPHA. Thanks to such interventions the Country has the highest annual HIV testing rate ever and has near nationwide access to antiretroviral therapy.

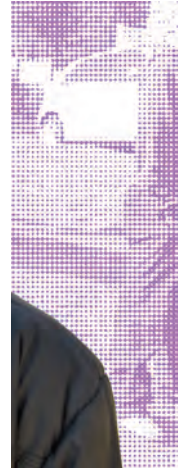
Science shows how HIV treatment not only saves lives, but also works to prevent HIV transmission. GNP+ works on the MaxART programme, supported by STOP AIDS NOW!, since it started in 2011. MaxART means to maximise HIV testing and treatment in Swaziland.

Early Access to ART for All is a demonstration project which offers HIV treatment to all people with HIV, regardless of CD4-count or stage of disease in Swaziland's government-managed health system. A follow up of the first phase of the MaxART programme, the study informs HIV programmes in Swaziland and other high-burden countries struggling to contain their HIV epidemics.



We support SWANNEPHA to ensure the Early Access project is conducted with respect for the rights of people living with and affected by HIV. Together, we involve communities in the study by establishing a Community Advisory Board. To do its task well, the Advisory Board receives training on the link between HIV and human rights, research ethics and treatment literacy. In turn, the Advisory Board members educate health care workers about the rights of people living with HIV.

"Knowledge of human rights and treatment literacy is essential for the success of the Early Access study, and for the Advisory Board to assess whether rights are respected or violated," explains Saima Jiwan, Network



Support Officer at GNP+. "Surprisingly, the trainings also bring to light how people in communities lack basic HIV information and treatment literacy." Essential information to increase HIV awareness.

People living with HIV in the communities admit they like the idea of enrolling in an early treatment project, but they also express worries about stock outs and treatment interruptions. One young man admits "Yes, I am living with HIV, and I see the benefits of HIV treatment, but what if the drugs run out?" ■

Fighting Stigma with Evidence

“We are not professional researchers, but we are experts on HIV and on what it is like to live with HIV,” explains Peter Nweke of NEPWHAN, the Network of People with HIV in Nigeria: “With our research we were able to show there is a lot of stigma against people with HIV in the communities.”

The People Living with HIV Stigma Index is the largest programme of the movement of people living with HIV. There are now over 70 countries using the HIV Stigma Index, more than 1,400 people living with HIV have been trained as interviewers, and over 70,000 people with HIV have been interviewed.

The Index is led by people living with HIV and delivers data and information on issues from the perspective of people with HIV. The results are used in evidence driven advocacy at all levels of the HIV response. They guide and inform changes to HIV service delivery, and inform national legislation and treatment policy.

Working together with national networks and partners, such as the regional hubs of UN-

AIDS, the research continues to grow and new partnerships continue to develop. Nigeria is one of the countries that completed the HIV Stigma Index research for the second time. In the Ukraine, the All Ukrainian Network of People with HIV and AIDS used the Index for a third time. In countries where the Index has been repeated we can start comparing levels of reported stigma.

We embarked on an evaluation of the Stigma Index, with help of the Population Council’s Project SOAR. Funded by USAID, sampling, implementation and sensitivity to data collection on key populations, etc. being analysed.

The Index is steered by an international partnership of GNP+, ICW, UNAIDS and our new research partner, the Amsterdam Institute for Global Health and Development. GNP+ is not involved in every single Stigma Index, but in its role as host for the Project, provides technical support to research teams worldwide. ■

Nigeria

In Nigeria the Stigma Index is implemented for the second time. Results show women experience most stigma in the family, and men experience most stigma at work. While there is an anti-discrimination law, people with HIV do not typically seek legal redress.

Congo-Brazzaville, Cameroon, Chad and Central African Republic

The regional HIV prevention project *Projet Prévention VIH/SIDA en Afrique Centrale*, supports the Stigma Index in four countries. In Cameroon, a major research finding is how people living with HIV stigmatise each other.

In Congo-Brazzaville the Stigma Index results show a quarter of the women with HIV face psychological mistreatment from their partners. Self-stigma, shame and guilt are high, and as a result many people stay away from public places, including social events, and even health centres.

Netherlands

The research methods of the Stigma Index are used in Positive Voices, a peer-led research that interviewed 468 people living with HIV in the Netherlands.

Belarus, Estonia, Germany, Greece, Poland and Portugal

Six countries in the WHO European region use the results of the Stigma Index to address barriers to HIV testing services and care in a three-year project, "Optimising testing and linkage to care for HIV across Europe". This is co-funded by the 2nd Health Programme of the European Union.

Fiji, South Sudan, Saudi Arabia

Stigma Index research was launched in South Sudan, Fiji and Saudi Arabia. It is Fiji's second implementation.

Promoting Lessons Learnt and Sharing Between Partners

In Zimbabwe during the international conference on AIDS in Africa, ICASA 2015, GNP+ organise a special satellite session on how to use the Stigma Index for advocacy. Networks from Malawi, Nigeria, South Africa, Zambia and Zimbabwe, as well as global and regional partners such as ARASA (Namibia), ICW-Global (Kenya) and UNAIDS discuss their experiences of implementing the Stigma Index.

South Africa

The largest ever HIV stigma Index study has taken place in South Africa. Over 10,000 people living with HIV were interviewed. One third reports having been discriminated against in their communities. Forty percent reports anti-conception is obligatory for people with HIV in order to receive HIV treatment. Seven percent of women with HIV underwent forced or coerced sterilisation. People with HIV who also have TB are even more stigmatised.

Networks of People Living with HIV Are Necessary because...



they are a good example of a community based movement, uniting around human rights and access to vital treatment. They are a strong example for the development of networks of other key affected communities.

Anton Basenko,
Senior Programme Officer, Alliance
for Public Health, Ukraine

research shows that stigma is still a major barrier to accessing care, treatment, and prevention services, as well as deeply affects one's quality of life. Networks provide support to individuals dealing with stigma and create a unified voice to forcefully confront stigma and discrimination.

Julie Pulerwitz,
Director, Project SOAR, Social
and Operational Research,
HIV/AIDS, Population Council



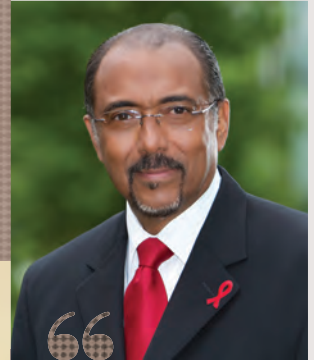
we have the experience, the love and the hope needed to end the epidemic

Gracia Violeta Ross Quiroga,
Bolivian Network of
People Living with HIV,
Communities Delegation
to UNAIDS



they look at you like a person. People living with HIV still value the family approach system and really address the psycho-social aspect of living with HIV

Annah Sango,
Young Leader, Women
Deliver Young Leaders
Program Zimbabwe



they are the collective voice of the people most affected by the epidemic. People living with HIV are stronger if they stand together — they are the driving force for equity and urgency in the global AIDS response. Ending AIDS by 2030 will require the strength of networks in demanding full inclusion and greater access to HIV services, rights and dignity.

Michel Sidibé,
Executive Director UNAIDS

Our Realities

Our Needs

"Adolescents are often idealised as treatment models who need only ARVs," says Musah Lumumba of Y+, the global network of young people living with HIV. "However, it's time for people to realise that adolescents living with HIV are human beings beyond their HIV positive status."

Young people living with HIV in five African countries have taken their destiny in their own hands. Together with the Uganda Youth Coalition on Adolescent HIV and sexual and reproductive health needs and rights (SRHR) (CYSRA-Uganda), with funding from UNFPA, we support youth advocacy in Cameroon, Kenya, Malawi, Swaziland and Zimbabwe. In the Our Realities Our Needs programme young people living with HIV advocate for national HIV and SRH plans to include overt attention to their sexual and reproductive health needs and rights.

In Zimbabwe advocacy by HIV positive youth of ZYP+ resulted in the allocation of a seat for a youth representative at the Country Coordinating Mechanism. Part of the Global Fund's HIV funding in the Country is now directed at youth-led interventions. Similarly, in Swaziland, the Swazi Network of Young Peo-



ple Living with HIV (SNYP+) has been asked to join the National SRHR Consortium. In Kenya, NEPHAK joined national HIV and SRH working groups influential on national strategic plans.

The Positive Health, Dignity and Prevention framework plays an important role in supporting young people with HIV. Through the GNP+ Positive Health, Dignity and Prevention Survey, we have been able to better map the needs of young people living with HIV and act on them.

While the sexual and reproductive health and rights needs of young people living with HIV are diverse, some commonalities include accessible and quality HIV treatment, access to contraception, safe abortion, antenatal

About Y+

Y+ has grown from a virtual network of young people living with HIV into a strong structure with geographic and gender representation of young people living with HIV. To retain knowledge, young advocates provide mentorship to new Y+ members. Y+ has different national and regional chapters and close links to initiatives such as the HIV Young Leadership Fund, the PACT, and the Adolescent Treatment Coalition, amongst others.

care, cervical cancer screening and immunisation, screening for sexually transmitted infections as well as respect for sexual diversity and orientation, amongst other issues.

Y+ Fellowship Programme

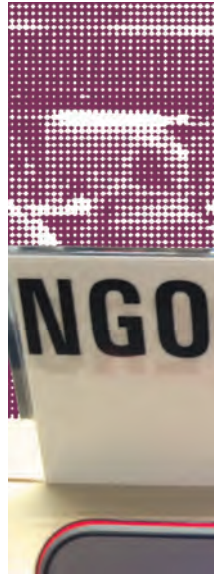
Mapping the needs of young people living with HIV has shown young people have a strong desire to learn and grow. Y+ earlier organised the Y+ Leadership Initiative, which enables young people with HIV to learn from peers. New is the Y+ fellowship programme, set up by GNP+ and the International HIV/AIDS Alliance. Y+ Steering Committee member, Cédric Nininahazwe from Burundi, was the first Y+ fellow. ■

Involvement Essential but Funding Missing

The lived experience of people living with HIV is a vital input to policy and programming,” said Suzette Moses-Burton, Executive Director of GNP+ at the 37th meeting of the UNAIDS Programme Coordinating Board. The new UNAIDS strategy was presented at the meeting, and includes a strong reference to the GIPA principle, the principle of the greater involvement of people living with HIV.

There is great value in involving people living with HIV and their communities in the HIV response. Ms. Moses-Burton: “When communities are proactively involved in catering for their own well-being and in responding to the epidemic, they can ensure policies and interventions are relevant, acceptable, effective and sustainable.”

Representatives from NGO organisations at the Board meeting put the finger on the sore point that was not being addressed. Globally, HIV funding is going down, and the already scandalously low funding for community organisations has gone down even more and faster. NGO representatives handed out toy elephants to emphasise that the question of funding for community organisations was the so called elephant in the room. ■



What People-centred Health Care Means for People Living with HIV

For people with HIV access to HIV treatment is the highest priority, but it should be part of a holistic care system. That is the main conclusion from a large scale survey on HIV services among hundreds of people with HIV.

In 2015 the World Health Organization released an update of their consolidated guidelines on the use of antiretroviral medications (ARVs). GNP+ contributes to the guidelines through a large WHO supported consultation process.

We organised a study on the values and preferences of people living with HIV in relation to the quality of HIV services. Over 600 people with HIV from all over the world told us the element of HIV services they find most important. Access to HIV treatment tops the list. However, when we asked participants to define “people-centred care” it became clear the priority people living with HIV place on access to treatment needs to be seen in context.

Paradigm Shift

According to the WHO people-centred health care requires a major shift in thinking for patients, health practitioners and for health sys-

tems in general. For many the implications of people-centred health care remain unclear. In people-centred health care people have the right and duty to participate in making decisions about their health care. Not only in issues of treatment and management, but also in broader issues of health care planning and implementation.

For people with HIV people-centred health care means that it is easy accessible, of good quality, humane, respectful and dignified. Respondents to our survey feel care should be coordinated, and services should be integrated. They are looking for a partnership between the health worker and the user. This includes having access to their own medical records and test results in order to self-manage and self-direct their care.

Putting People First

Respondents to the survey are clear: “Access to treatment is our highest priority!” However, they also warn of the medicalisation of the HIV response, now that HIV treatment is used for prevention as well as to arrest the virus.



“It is important that the person be seen first, next the HIV,” according to one respondent.

To implement the WHO Guidelines, the needs of both the individual and the community should be taken into account. Health care needs to see the person before the condition, but it also needs to take the social determinants of health into account and create linkages with services in the communities that can address them. As such, treatment has to be part of a holistic and rights based system of HIV service delivery: people-centred health care may just fit that bill. ■

WHO Guidelines: What's New?

The most important new recommendations in the updated WHO Guidelines are that all people with HIV should be on HIV treatment regardless of CD4 count and that oral pre-exposure prophylaxis (PrEP) should be used to prevent HIV transmission among all people at substantial risk from acquiring HIV. These are important steps towards universal access. Earlier PrEP was only recommended for men who have sex with men, and HIV treatment was only for those living with HIV with a CD4 cell count below 500.



"People living with HIV need to drive their own advocacy agenda, instead of following the agenda of others."

Engaging Communities in the Global Fund

The new funding model of the Global Fund is complex” explains Irene Keizer, Manager Policy and Grants at Aids Fonds, the Financial Management Agency of the Robert Carr Civil Society Networks Fund, “which is why we support leading civil society organisations to strengthen community engagement in the New Funding Model processes of the Global Fund.” GNP+ is lead partner in the Positive Network Consortium which aims to increase this engagement.

There is great mutual dependency between the Global Fund and civil society. Over the years different networks of people living with HIV are primary beneficiaries of funding for their country’s HIV response – with mixed success. The Fund is aware how it needs civil society to support and strengthen national HIV programmes.

With support from the Robert Carr Network Fund, the Positive Network Consortium trains its regional members on the Global Fund New Funding Model. These train national networks of people with

HIV in 16 countries in Asia, Caribbean and Eastern Europe and Central Asia. We look for opportunities to improve community engagement, and we identify risks that can lead to communities being left behind.

One often cited risk is when communities and key populations are involved at the eleventh hour. As a result they are marginalised because they do not have enough time and space to advocate for their issues and influence national processes. The Positive Network Consortium increases opportunities for communities and key population groups to design and organise advocacy meetings with national stakeholders to drive their advocacy agenda, instead of following the agenda of others.

Communities look at their own functioning too. Lack of coordination and engagement among communities and key population groups weakens the advocacy agenda. GNP+ supports the creation of communication platforms to ensure regular interactions with key population groups. ■



Robert Carr Network Fund

GNP+ receives funding from the Robert Carr Civil Society Networks Fund (RCNF). The Fund enables global and regional civil society networks to scale-up access to prevention, treatment, care and support and to protect the rights of inadequately served populations. Robert Carr is an eloquent Jamaican HIV activist who passed away in 2011. In 2014 the RCNF and Global Fund entered into a partnership to strengthen the capacity of organisations and communities of key populations to engage in, and mobilise around, the new funding model.

GNP+ is lead partner in the Positive Network Consortium – a group of regional networks which implements projects to strengthen the role of networks of people living with HIV at the country level. The Positive Network Consortium consists of GNP+, Asia Pacific Network of People Living with HIV (APN+), Caribbean Network of People Living with HIV (CRN+) and the Eastern Europe and Central Asia Union of People Living with HIV (ECUO). Under RNCF Network Capacity Building PNC+ leads advocacy on HIV co-morbidities and resource mobilisation, and supports engagement in national concept note processes.

New in 2015



Positive Health, Dignity and Prevention in Malawi: Findings and Recommendations from Studies Led by People Living with HIV

MANET+ released the results of the GNP+ supported Positive Health, Dignity and Prevention survey. The findings describe the experiences of people living with HIV in the context of the national scale up of HIV testing, care and treatment. It analyses national laws and policies, the human rights situation, economic and social rights, and the health and wellbeing of people living with HIV in the country. There is special attention for the sexual and reproductive health and rights of sex workers living with HIV.

Find these publications at:
www.gnplus.net/resources/



Respecting Human Rights in the Implementation of the VCT@WORK Initiative: Operational Guidelines

GNP+ in conjunction with the International Labour Organisation launched new guidelines to implementing Voluntary Confidential Counselling and Testing in the workplace. The guidelines were developed with guidance from country-level consultations with networks of people living with HIV in India, Nigeria and South- Africa, the three countries in the world with the highest number of people living with HIV. Access to counseling and testing is part of a comprehensive workplace response to HIV.



Early Infant Diagnosis: Understanding the Perceptions, Values and Preferences of Women Living with HIV in Kenya, Namibia and Nigeria

Together with the International Community of Women Living with HIV (ICW) we explored what women living with HIV think about the World Health Organization (WHO) recommendation of testing babies within the first 4–6 weeks of life. To inform new guidelines we need to understand what helps or hinders follow-up testing. Women in all three countries report that adequate information and counseling is not provided systematically and that vertical transmission programmes have failed to address stigma, discrimination and rights violations in healthcare settings.



Key Populations Engagement Tool

This tool supports networks of people living with HIV to reflect on and strengthen levels of engagement with four key communities particularly affected and impacted by HIV. It focuses specifically on the communities of MSM, transgender people, people who use drugs and sex workers. The tool aims to provide a process through which levels of engagement and representation of these communities in national networks can be assessed, gaps identified and steps taken to strengthen engagement.



Building a Safe House on Firm Ground: Key Findings from a Global Survey on SRH and Human Rights of Women Living with HIV

GNP+ is one of the partners in the global stakeholder consultation to inform the new WHO guidelines. The largest ever international survey on the sexual and reproductive health and human rights of women living with HIV was designed, led and conducted by women living with HIV. The results show to improve the position of women living with HIV we need to commit to safety, support and respect for all women at all times.



Community Guides for Key Populations and Adolescents

Driving the HIV Response is a guide to support communities to get involved in implementing the WHO Consolidated Guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. We added two new chapters by releasing Community Guides on HIV and Key Populations, and HIV and Adolescents. The Guides inform key populations and adolescents on what WHO recommends for them and what it means on a national level.



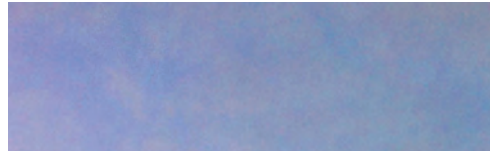
Speaking Out: Personal Testimonies of Rights Violations Experienced by Sex Workers in Kenya

Human Rights Count! - our tool for evidence based advocacy is now also available to document human rights violations against key populations living with HIV. In Kenya we piloted the Human Rights Count for sex workers living with HIV. The report *Speaking Out* relates the experiences of these women and reveals a disturbing pattern of violations of the rights of sex workers to health-care and equality before the law. ■

Supporting the Future

"As we honor those we have lost, we mobilise people living with HIV from all walks of life to demand a sustainable AIDS response—one that funds health care, promotes human rights for all, and engages us fully and meaningfully," says Suzette Moses-Burton, Executive Director of GNP+. At the annual International AIDS Candlelight Memorial communities appeal to support the future of the global HIV response.

Every third Sunday of May, the Candlelight Memorial brings together people living with and affected by HIV in over one-hundred events worldwide to remember our loved ones. It is one of the oldest community led HIV mobilisation campaigns and has been taking place every year since 1983. ■



INTERNATIONAL
AIDS
CANDLELIGHT MEMORIAL

17 May 2015

Unite to demand a sustainable
AIDS response

**Supporting
the future**

Join communities around
the world in the largest
grassroots movement to
end the AIDS epidemic

TO BECOME A COORDINATOR OR FIND A MEMORIAL NEAR YOU, VISIT:
www.candlelightmemorial.org
https://www.facebook.com/CandlelightMemorial

Coordinated by the Global Network
of People Living with HIV

GNP+ GLOBAL NETWORK OF
PEOPLE LIVING WITH HIV

Shaping Markets for HIV Treatment

“UNITAID is an innovative global health initiative. It works as a catalyst to reshape the landscape to generate affordable access for effective HIV treatment including commodities,” says John Rock, a global HIV activist and part of the UNITAID Communities delegation. “As one who has always been critical of the negative impact of Intellectual Property regulations on treatment access, I am happy, based on evidence, reason and humanity, to help tear down these barriers in order to provide affordable access for all people everywhere.”

GNP+ hosts the Communities Delegation to the Board of UNITAID. The Liaison Officer is based in our office in Cape Town, South Africa, since early 2015.

We subscribe to UNITAID’s mission to seek faster, cheaper and better ways to prevent and treat HIV, TB and Malaria. The multipronged method of shaping markets, adapting the intellectual property model, and reducing market inefficiencies and the cost of medicines means that many more opportunities for access to treatment. And indeed UNITAID has contributed to reducing costs for HIV treatment by 99%.



Aside from reducing the prices for treatment, prevention and diagnostic products, the Organisation also helps to improve their quality and accessibility through market-focused thinking. Over half of UNITAID’s funds are raised through the ‘air ticket levy’, a small addition to the cost of a flight ticket. The solidarity levy has been implemented by ten countries so far: Cameroon, Chile, Congo, France, Guinea, Madagascar, Mali, Mauritius, Niger and the Republic of Korea. Norway allocates part of its tax on CO2 emissions to UNITAID.

UNITAID’s steady funding enables it to make agreements with the pharmaceutical industry to guarantee high volume purchases over a long-term period, thereby bringing prices down. When demand is low, but need is significant, UNITAID is able to use its contracts as incentives for new research and development. In addition, the Organisation is able to fill a knowledge gap with pharma to improve market forecasting around treatment and diagnostics needs. ■

Who We Are

Governance

As a network dedicated to collective and individual emancipation and self-determination, GNP+ supports people living with HIV to organise and improve their lives with HIV. Professionals in our International Secretariat are under guidance and oversight of an international board made up exclusively of people living with HIV. During the year a programming vision process was initiated, which is scheduled to complete mid-2016.

GNP+ works closely with national and regional networks of people living with HIV in Africa, Asia-Pacific, the Caribbean, Europe, Latin America and North America. Each regional network nominates two representatives to the Board of GNP+, one male and one female. In addition five seats are reserved for people living with HIV from key population networks and key partners. Board members serve a renewable two-year term.

On the 1st of December 2015 the following people were serving on the GNP+ Board.

Executive Committee

Ms. Cecilia Chung (Co-chair, USA)
Mr. Jaime Luna (Co-chair, Panama)
Mr. Arthur Lim (Treasurer, Singapore)

Francophone Africa

Mr. Nicolas Ritter (Mauritius)
Mr. Mamadou Sawadogo (Burkina Faso)
Mr. Tita Isaac (Regional Coordinator, Cameroon)

Anglophone Africa

Ms. Bertha Sefu (Malawi)
Mr. Joe Muriuki (Regional Coordinator, Kenya)

Asia-Pacific

Mr. Martin Choo (Malaysia)
Ms. Joanna Radini (Fiji Islands)
Mr. Shiba Phuralaitpam (Regional Coordinator, Thailand)

Caribbean

Mr. Winfield Tannis-Abbott (St Vincent and the Grenadines)
Ms. Patricia Eloise Phillips (Barbados)
Ms. Falcia Adams (Regional Coordinator, Trinidad and Tobago)

Europe

Ms. Anna Zakowicz (Lithuania)

Latin America

Ms. Erika Castellanos (Belize)
Mr. Odir Miranda (Regional Coordinator, El Salvador)

North America

Mr. Christian Hui (Canada)

GNP+ Secretariat

Ms. Suzette Moses-Burton (Executive Director)

Key Population Representatives

ITPC – Mr. James Kayo (Cameroon)
Y+ – Mr. Jaime Luna (Panama)
INPUD – Mr. Edo Agustian (Indonesia)
ICW – Ms. Monisola Ajiboye (Nigeria)
NSWP – Ms. Phelister Abdalla (Kenya).

Our Staff

The daily work of GNP+ happens in our offices in Amsterdam and Cape Town. Staff manage GNP+ programmes, support community networks and evidence gathering tools, and formulate joint advocacy with other stakeholders. We have an internship programme to optimise learning and career options for students and recent graduates. In addition, we work with a pool of deeply committed and skilled volunteers who contribute to translation, data entry and manipulation, communications, and other services.

During the year the Key Populations Officer left and a replacement was hired. We also hired a Network Support Officer, a new position to support the Community Development Team.

On the 1st of December 2015 the GNP+ Secretariat consisted of following staff.

Management

Executive Director – **Suzette Moses-Burton**

Global Advocacy

Global Advocacy Manager – **Rhon Reynolds**
Key Populations Officer – **Coco Jervis**

Global Knowledge Management

Knowledge Management Manager – **Jennifer Bushee**
Programme Officer – **Julian Hows**
External Relations and Communications Officer – **Victoria Clarke**
Communications Intern – **Robin Irwin**

Global Community Development

Community Development Manager – **Rico Gustav**
Network Support Officer – **Saima Jiwan** (Cape Town)
UNITAID Liaison Officer – **Wim Vandeveld** (Cape Town)

Finance and Administration

Finance and Administration Manager – **Octavia Mihalcea**
Office Manager and Executive Assistant – **Soraya Ramautar**
Human Resources, Finance and Administration Officer – **Rick Jones**
Bookkeeper – **Arnaud Otten**

Financial Statements

2015

Upgrading for The Future: Financial Systems and Partnerships

The GNP+ narrative and financial reports have been developed in accordance with the revised Directive 650 for fundraising institutions issued by the Dutch Council for Reporting. This directive aims at increasing clarity and transparency in the manner in which fundraising institutions report on their revenues and expenditures. 2015 is the seventh year in which GNP+ reports have been made in accordance with this directive.

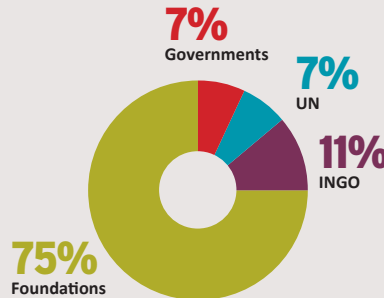
GNP+ undertakes partnerships with donors who provide support to its programmes. GNP+ values the experiences donors have gained by working with their partners and grantees. To avoid conflicts of interest associated with donors serving as partners, GNP+ insists on formalised contracts, memoranda of understanding, or letters of agreement that clearly define the relationship and the roles and responsibilities of each party.

GNP+ uses a format for budgeting and reporting in which core expenditures are allocated to specific goals, platforms and activities. Through this budget allocation system, the total core expenditures are divided by the total annual hours available for staff members. This average hourly rate is used in the estimation of the costs of programme staff and management based on the number of hours spent on a specific activity. Within the GNP+ budget, all core expenses are allocated.

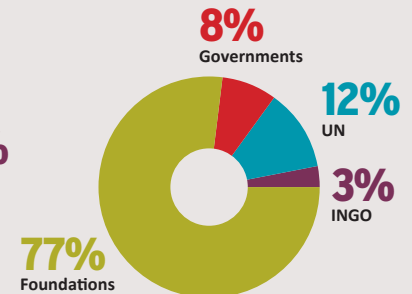
There are hours not directly related to programme activities, like general management and administration, other organisational activities and resource mobilisation. Through the general budget allocation, these expenditures are allocated to specific goals, platforms and activities as well.

Sources of Support and Revenues

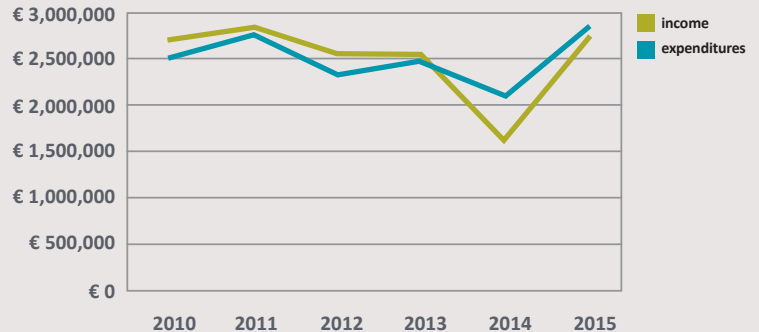
2014



2015

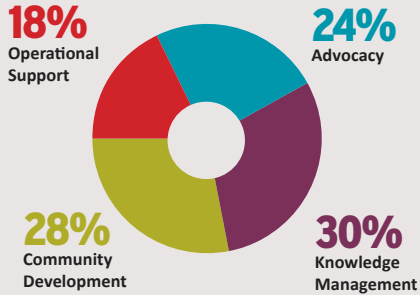


Statement of Revenues and Expenditures

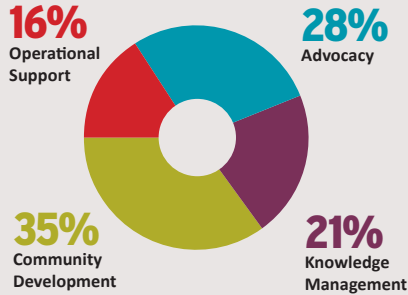


Budget Versus Actuals 2015

Budget 2015

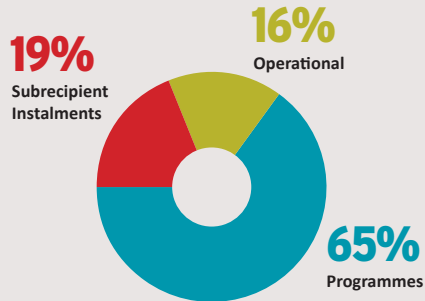


Actuals 2015

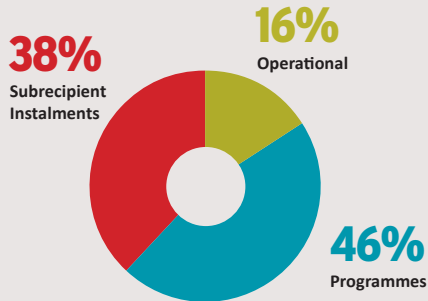


How GNP+ Uses its Funds

Expenditure type 2014



Expenditure type 2015



We Like to Thank Our Donors for Their Support During 2015



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2015 in tweets



From research to action! **#PLHIV** have inputted in the **Zambian constitution** using **#HIVstigma Index #ICASA @ZNPplus**



Thanks for setting the example! **@MagicJohnson**: In **@CharlieSheen** breaking his silence, I hope he joins me in educating the world about HIV.



#EmbBirx @PEPFAR Funding for civil society is the elephant in the room. CS plays critical role! **#PCB37 #UNAIDSPCB**



In solidarity with our partners **@GlobalSexWork** and **@MSMGF** we support decriminalisation of consensual adult sex work.



@seanstrub at **#aidsimpact2015** "Why is it that the biomedical is advancing but the **#hiv #stigma** persists?"



#Argentina pays around 30 times more than some countries for **#Truvada**. **@ITPCglobal**



Dutch Minister for Int. Development Lilliane Ploumen says: "Every day 13 more people are affected by **#HIV**, most of them are girls"



Protest at **@ViiVHC** for access to **#ARV #Dolutegravir** in ALL Africa **#ICASA**



Separate services for **#HIV** and **#TB**: cost inefficient and missed opportunities to keep PLHIV in continuum of care.



#TB is main cause of death for 1/4 of people with **#HIV**. Ask your national **#health** ministry to work with **#PLHIV** communities.



Protecting human rights in the VCT@Work for **#HIV**: a new GNP+/ILO publication. How to implement key principles.