EMPowerment for ADvocacy

The EMPAD Policy Framework for national advocacy by and with key populations

About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

Unless otherwise stated, the appearance of individuals in this publication gives no indication of either sexuality or HIV status.

Cover photos (clockwise L to R): A member of Gay and Lesbian Coalition of Kenya (GALCK). ©Nell Freeman for the Alliance A methadone programme at a mosque in Kuala Lumpur, Malaysia © Alliance Elena Raynaga of RedTraSex, the Latin America regional network for female sex workers. © Alliance

Contents

Introduction

The efforts of the International HIV/AIDS Alliance are guided by the principle that the people and communities most affected by HIV – herein referred to as key populations – should play a leadership role in the global response to the epidemic. For the 40-plus organisations that make up the Alliance, the involvement of key populations is more than a matter of principle. Time and again, experience has shown that the most successful HIV interventions are the ones developed in accordance with what the intended service recipients have identified as their priorities.

It is not enough for key populations to become involved in programme planning after funding has been allocated to civil society organisations at the national or community level. These actors are typically required to implement programmes that reflect priorities already determined by national leaders. Therefore it is essential for representatives of community-based organisations of key populations to directly engage with national leaders throughout the development and implementation of the policies that will guide HIV programming on the ground.

In some settings, established decision-makers strive to ensure that key population representatives have a voice in HIV policy processes, but in many settings, key populations must lobby persistently to be included. In response to this situation, the Alliance developed the EMPAD (Empowerment for Advocacy) Policy Framework.

The publication explains how civil society organisations and networks can use the EMPAD Policy Framework for:
- designing new advocacy and campaign programmes;
- developing advocacy-related funding proposals; and
- communicating advocacy work around key populations.

While EMPAD was formulated with national-level advocacy efforts in mind, its principles can be adapted easily to the regional and global levels.

The publication is divided into two parts: (1) an overview of the elements of the EMPAD Policy Framework, with brief case studies, and (2) a guide to online examples of how specific elements of the framework have informed advocacy activities worldwide.

> This tool is intended to support national-level advocacy as an element of HIV programmes designed with and for key populations.

When is the EMPAD Policy Framework useful? Some scenarios

- Advocating for structures and policy changes to improve access to health services and promote human rights, for example, when engaging with authorities in the formulation of National Strategic Plans on HIV.
- Providing technical support to strengthen civil society and key population participation in decision-making, for example, when planning how to support key population representatives in Country Coordinating Mechanisms (CCMs) of the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Ensuring that policies are shaped by evidence, and by the experiences of affected communities, for example, when collecting evidence and presenting reports to donors or governments, or when carrying out advocacy missions to key regional bodies such as the African Union or the European Union.
- Advocating for greater government transparency and accountability on HIV, health and human rights through a combination of national, regional and international advocacy activities around a specific policy process, for instance negotiations around the post-2015 development agenda.

Part 1 - The EMPAD Policy Framework

The ultimate purpose of the EMPAD Policy Framework is to help organisations of key populations achieve real change on behalf of their communities through strategically targeted advocacy efforts. The framework fosters change by positioning key populations to influence national HIV policies and programmes in ways that prioritise community needs.

The first step in using the EMPAD Policy Framework is to determine the desired impact of advocacy efforts. The framework identifies five high-level strategies that are intended to collectively achieve this broad advocacy goal, as shown in Figure 1.

Figure 1. The EMPAD Policy Framework

High-level strategies

HLS-1. Strengthen alliances and advocate in support of key populations and a shift in social perceptions

HLS-2. Increase the capacity of organisations of key populations to carry out advocacy

HLS-3. Engage in national policy processes

HLS-4. Link grassroots, national, regional and global advocacy

HLS-5. Promote knowledge-sharing among advocacy programmes and decision-makers

Desired impact (broad advocacy goal)

The high-level strategies serve as the basis for a "theory of change model" detailing the desired short-term, intermediate and long-term outcomes. In plain terms, the model is simply a diagram of what can be expected to happen over time as organisations work to achieve their advocacy goals. The EMPAD Theory of Change Model appears in Figure 2.

Figure 2. The Theory of Change Model for the EMPAD Policy Framework

High-level strategies

HLS-1.
Strengthen alliances and advocate in support of key populations and a shift in social perceptions

Coalition-building among civil society actors who have greater awareness of and expertise on KP issues

Full participation of KP organisations in civil society coalitions that are working to expand their base of supporters/allies

Broad spectrum of civil society actors opposes HIV stigma/discrimination and supports KP access to health and human rights

HLS-2.
Increase the capacity of organisations of key populations to carry out advocacy

KP-led advocacy structures are identified or created

KP organisations begin to articulate evidence-based advocacy messages and use reporting mechanisms to claim greater access to health

Capacity-building prepares KP organisations to engage with government, donors and international policy actors

HLS-3.
Engage in national policy processes perceptions

Coalitions begin to engage government structures in dialogue about rights-based responses to HIV

Coalitions secure multisectoral engagement on technical and political issues relating to KP and HIV while continuing to build capacity

KP organisations draw on enhanced organisational capacity to engage directly with national decision-makers

HLS-4.
Link grassroots, national, regional and global advocacy

KP organisations engage with donors in-country and participate in global advocacy

KP organisations fully integrated into joint civil society–public sector reporting and monitoring relevant to KP and HIV

HLS-5.
Promote knowledge-sharing among advocacy programmes and decision-makers

KP-affiliated organisations and coalitions initiate regional technical engagement on rights-based approaches to HIV

In-country, regional and global learning exchanges strengthen KP strategising efforts and diffuse advocacy best practices
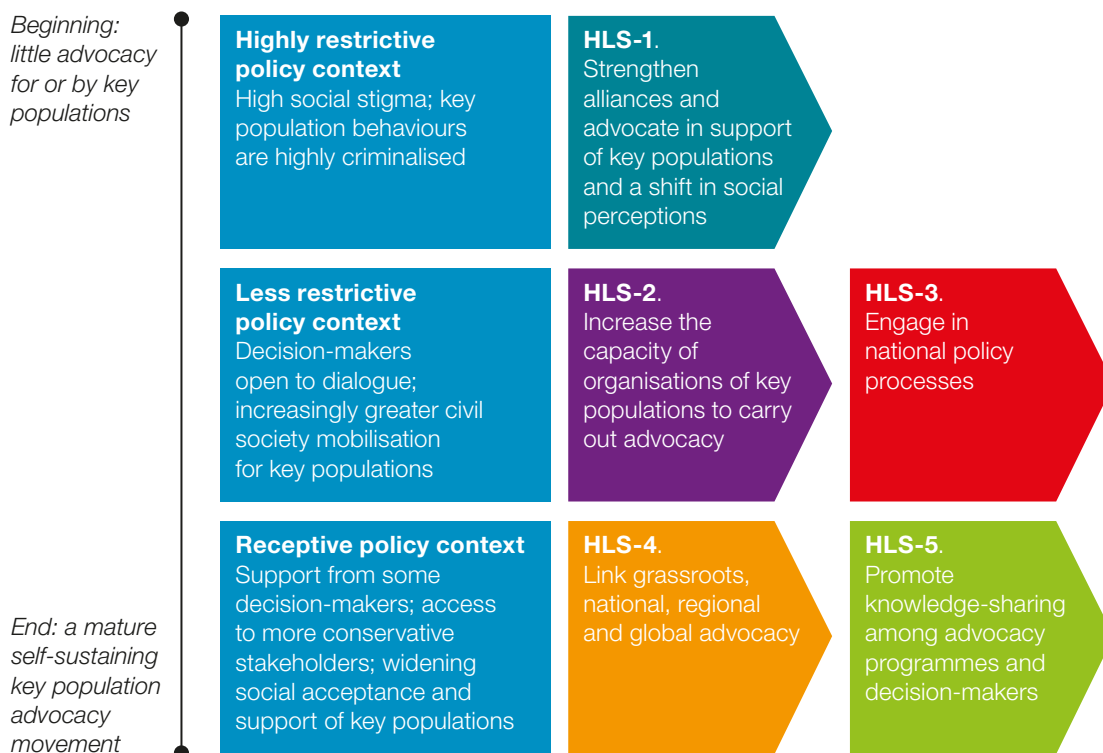
Desired impact

Notes. KP = key population. Small arrows reflect the principle that activities and outcomes under one high-level strategy can impact on events relating to other high-level strategies.

The diagram in Figure 2 is useful for mapping the pathways through which change is expected to occur. It is also useful for identifying how plans may need to be modified over time. That is, as an advocacy initiative advances, decision-makers and other stakeholders may respond in unexpected ways; the model serves to highlight how unforeseen outcomes at one stage can have consequences for what takes place at later stages.

Using the Framework in different ways at different stages

The five high-level strategies are organised sequentially within the EMPAD framework to support an incremental approach to achieving change, with later strategies building on earlier ones. Different strategies may be emphasised at different stages of a long-term advocacy campaign in accordance with the changing external environment. In other words, civil society actors drawing on EMPAD can anticipate implementing the five strategies chronologically to some extent (Figure 3).

Figure 3. Implementing the EMPAD framework over time

Beginning: little advocacy for or by key populations

Highly restrictive policy context
High social stigma; key population behaviours are highly criminalised

HLS-1. Strengthen alliances and advocate in support of key populations and a shift in social perceptions

Less restrictive policy context
Decision-makers open to dialogue; increasingly greater civil society mobilisation for key populations

HLS-2. Increase the capacity of organisations of key populations to carry out advocacy

HLS-3. Engage in national policy processes

Receptive policy context
Support from some decision-makers; access to more conservative stakeholders; widening social acceptance and support of key populations

HLS-4. Link grassroots, national, regional and global advocacy

HLS-5. Promote knowledge-sharing among advocacy programmes and decision-makers

End: a mature self-sustaining key population advocacy movement

This is only a loose organising principle, however. In practice there is likely to be some fluidity in terms of how the different high-level strategies relate to different stages of the advocacy process. At any given time, it might be beneficial to combine strategies from across the EMPAD framework.

The High-level strategies

HLS-1. Strengthen alliances and advocate in support of key populations and a shift in social perceptions

High-level strategy 1 calls for interventions that contribute to:
- shifting social perceptions about key populations;
- reducing stigma and discrimination towards key populations; and
- advancing evidence-based messages about the need for key populations to have greater access to quality HIV services.

Examples:

Assessment of human rights, legal and policy context as it relates to HIV and key populations, including assessment of stakeholders to identify potential allies and opponents. Advocating effectively for the rights of key populations typically requires initial research to assess the HIV situation from a legal and policy perspective, and also to analyse factors that hinder or facilitate the access of key populations to HIV interventions or full achievement of their human rights. It is also essential to identify key advocacy stakeholders to determine possible partners, advocacy targets and potential threats to the advocacy objectives. These assessments serve to inform subsequent advocacy and campaign strategies, as well as providing evidence to present to decision-makers and other stakeholders.

Training of mainstream civil society organisations and their partners on diversity management, discrimination and human rights-based programming with key populations. Many civil society organisations and their partners working on HIV and other health issues require intensive sensitisation and training in human rights-based programming before they embark on advocacy for and with key populations. Internal stigma and discrimination are not uncommon and need to be addressed as part of an overall package of interventions to challenge stigma, discrimination and human rights violations.

Coalition-building with the involvement of organisations of key populations. Broad-based civil society coalitions are an important vehicle for challenging social perceptions about key populations and for engaging with decision-makers while key population organisations are being developed or strengthened (High-level Strategy 2). With suitable input from members of key population organisations, these coalitions can potentially represent the interests of key populations until national dialogue evolves to a point where key population organisations and networks can directly participate in decision-making processes (High-level Strategy 3). Furthermore, coalition-building can create a "safety net" to

protect organisations that would be more vulnerable to critics if they acted individually. Coalition-building is a gradual process, particularly in contexts where some HIV organisations and other civil society organisations may initially be reluctant to interact with representatives of key populations.

Advocating for improved monitoring and reporting systems for HIV programmes targeting key populations. A major barrier to advocacy for effective HIV responses to key populations is the lack of sound evidence on the nature of the HIV epidemic, particularly data on HIV incidence, prevalence, risk and vulnerability among key populations, including human rights-related barriers to accessing services. This gap can enable countries to deny the importance of serving key populations. Advocacy is often needed to encourage countries to implement adequate monitoring and reporting systems as part of the "Know Your Epidemic, Know Your Response" approach recommended by UNAIDS.

Mapping existing HIV and health services for key populations. Mapping existing services provides valuable background information that can be used for stakeholder engagement as well as in planning programme interventions. Mapping exercises should heavily involve representa¬tives of key population structures identified and supported under High-level Strategy 2.

Documenting the impact of changes in international, regional and national HIV funding. Changes in funders' priorities can significantly affect responses to the HIV-related needs of key populations. Documenting the impact of changes on key populations can inform the planning of advocacy interventions in important ways. For example, it can provide a basis for crafting advocacy messages and mapping out policy targets (High-level Strategy 3).

REDLACTRANS march to demand an end to transphobia in Latin America © Aldo Fernandez /REDLACTRANS/ Alliance

Case Study 1

Improving the response to MSM in Senegal

Although Senegal has one of the lowest HIV rates in sub-Saharan Africa, the HIV epidemic has disproportionately affected key populations, including men who have sex with men (MSM). HIV prevalence is more than 20% among Senegalese MSM. A restrictive social and political climate has hampered the response to the needs of this population. Same-sex relationships are often considered by judges as "unnatural acts", which are criminalised in Senegal, and people found to be violating the law can be sentenced to up to five years in prison.

In this context, *Alliance nationale contre le SIDA* (ANCS) made use of a study published by the US government-funded Horizons Project in 2002. The study highlighted the extreme levels of violence faced by MSM in Dakar: 43% had been raped at least once outside the family home and 37% said they had been forced to have sex in the last 12 months. Thirteen percent reported being raped by a policeman.

HLS-1.
Strengthen alliances and advocate in support of key populations and a shift in social perceptions

HLS-3.
Engage in national policy processes

HLS-2.
Increase the capacity of organisations of key populations to carry out advocacy

ANCS had been established in 1994 with a focus on HIV programme implementation, and gradually had evolved into a national resource for community-based organisations doing HIV-related work. ANCS recognised the Horizons Project findings as a potential catalyst for long-term advocacy on behalf of MSM. One of its first accomplishments was to win commitments from several NGOs and government institutions to increase their programming for MSM. A major breakthrough followed with the inclusion of MSM issues in the National AIDS Strategic Plan 2007-2011. This reflected the participation of MSM representatives in all major HIV decision-making bodies in Senegal, including the *Forum des Partenaires*, the National AIDS Council, and the Country Coordinating Mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

As a result of these activities, MSM became more visible in society and within the HIV response. ANCS supported the capacity-building efforts of eight MSM organisations to enable them to position themselves as effective recipients of Global Fund support.

Unfortunately this visibility also led to a public backlash against MSM – culminating in 2009 with the imprisonment of nine men in a high-profile case that attracted international condemna–tion. At this time, ANCS was forced to adjust its approach. ANCS joined with several other organisations to form a "crisis group," which sought to engage more effectively in coalition-building and behind-the-scenes advocacy. The group's efforts included outreach to social, political and religious leaders, the media and other key actors who were asked to support efforts to reduce violence against MSM.

HLS-3.
Engage in
national policy
processes

In 2003, ANCS helped form an informal network that evolved into the Observatoire de la Response au VIH/SIDA au Senegal (Watchdog of the Response to HIV in Senegal). ANCS and four other major national NGOs initially had come together to support the more systematic management of international HIV funds. Their collaboration led to the establishment of the Observatoire as a permanent monitor of Senegal's HIV response. In its efforts to provide recommendations that best target the epidemic nationally, the Observatoire routinely incorporates strategic inputs from representatives of MSM organisations, sex workers and other key populations.

Sex workers receive advice on safer sex and free condoms as they wait at the maternité polyclinique de Rufisque, Senegal © Nell Freeman for Alliance

HLS-2. Increase the capacity of organisations of key populations to undertake advocacy

High-level strategy 2 calls for interventions that contribute to:
- preparing key population organisations and networks to take a leadership role in the decision-making processes that affect the HIV response; and
- helping key population organisations advance human rights in their communities.

Examples:

Community mobilisation with an emphasis on identifying or facilitating the creation of key population organisations, networks and leaders.
The programmatic description of this component draws extensively from the Global Fund to Fight AIDS, Tuberculosis and Malaria's Community Systems Strengthening framework of working with, strengthening and facilitating the creation of community-based organisations of key populations and networks.

Advocacy training, planning, and monitoring and evaluation. A mapping of the positioning of stakeholders on key population issues is often carried out with representatives of organisations of key populations in preparation for strategic engagement with these actors. The mapping can also serve as a baseline study of the policy environment in the sense that information gathered at this stage can later be compared to the positioning of stakeholders after advocacy has taken place, providing a measure of the impact of advocacy efforts. Workshops can be organised for initial planning with national partners and key population representatives using training tools such as the Alliance's Measuring Up and Advocacy in Action. This methodology allows for the integration of advocacy-specific monitoring and evaluation indicators at the initial stages of planning for use throughout the project.

Training to prepare key population organisations and networks to highlight barriers to HIV services and document human rights violations, coupled with joint research activities that bring key population organisations together with national and international HIV and human rights organisations. The PLHIV Stigma Index provides a methodology for this documentation to be carried out by organisations of key populations themselves.

Training and technical support addressing funding opportunities.
Donor organisations that have the potential to provide important grants for key population activities often operate on the basis of complex policies and grant application requirements. One way to facilitate capacity-building among key population organisations is to engage in training and technical support activities focused on how to take advantage of specific donor opportunities.

Training and technical support to ensure that voices and perspectives

of key populations are heard, understood and widely communicated to affect change at a national level. This important category of activity takes various forms. Activities may contribute directly to the overall strengthening of key population organisations, or may take the form of more targeted interventions such as the training of community journalists who identify as members of key populations. Another intervention in this realm is the establishment of anti-stigma/anti-discrimination programmes managed by key population organisations.

Crisis response. A crucial intervention that key population organisations often provide in the context of advocacy is support to individuals subjected to violence and other human rights violations, which may escalate as a form of backlash against high-profile advocacy activities. For example, an outspoken transgender organisation observing reprisals against its members and other transgender people in the community may provide shelter and psychosocial support to affected individuals. Typically these activities have not been included in formal budgets and may need to be provided with very limited resources; it is important for civil society organisations and their partners to strengthen this aspect of key population advocacy with greater resources and technical support.

Strategic litigation to complement legal and human rights interventions. In some contexts, when the proper legal resources are available, strategic litigation can contribute indirectly to increasing the advocacy capacity of organisations of key populations. For example, litigating to overturn the convictions of people for violating laws against same-sex sexual behaviour might set the stage for the formation or strengthening of community-based organisations for MSM.

Nadia, a sex worker speaks at a focus group for survivors of physical and sexual violence, Morocco © Nell Freeman for the Alliance

HLS-3. Engage in national policy processes

During the early stages of national policy engagement, widely recognised civil society coalitions often take the lead in initiating a dialogue with decision-makers on behalf of key populations. Gradually, as key population organisations and networks develop the capacity to contribute more to the coalition's advocacy work (high-level strategy 2), representatives of key populations should be able to gain more direct access to national policy-makers.

National policy engagement usually begins at the technical level, focusing on access to healthcare services for key populations and targeting those responsible for healthcare policies. With sufficient progress, it becomes strategically important to involve additional public sectors while also fostering a political dialogue that more explicitly addresses the human rights of key populations

Examples:

National-level technical training on human rights-based responses to HIV. The Alliance and UNAIDS have developed a training guide on the introduction of human rights-based responses into National Strategic Plans on HIV and AIDS, with a practical methodology outlining the steps from conceptualisation through budgeting, implementation and evaluation. The training guide addresses how to communicate with decision-makers about HIV and human rights issues facing key populations. Workshops presenting this or a similar curriculum might be staged in collaboration with UNAIDS and representatives of a country's National AIDS Council and Ministry of Health. Workshops of this nature might also be useful for reaching other public-sector stakeholders such as ministries of the interior, justice, gender and social affairs.

National or provincial consensus meetings. The purpose of these meetings is for civil society stakeholders, including representatives of organisations of key populations, to jointly develop action plans with government health officials and representatives of other public sectors. The action plans should identify the steps that various actors commit to taking in order to help create a more enabling environment for key populations to access HIV services.

National or provincial multi-sectorial monitoring committees. These committees provide a mechanism for civil society and government representatives to jointly monitor barriers preventing key populations from accessing HIV services and achieving their human rights. The existence of a monitoring committee can also facilitate the inclusion of key populations in decision-making bodies such as National AIDS Councils and Country Coordinating Mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

> With sufficient progress, it becomes strategically important... fostering a political dialogue that more explicitly addresses the human rights of key populations.

Case Study 2

Addressing HIV in Latin America by advancing the rights of transgender people

Worldwide, transgender populations often have much higher HIV rates than the general adult population. These populations also appear to be vastly underserved by HIV prevention and treatment services in many countries – and filling the prevention and treatment void is much more than a programmatic challenge. Stigma, discrimination and violence drive many transgender people to the social margins and prevent them from realising their right to health and other human rights.

HLS-1.
Strengthen alliances and advocate in support of key populations and a shift in social perceptions

REDLACTRANS, the Latin American and Caribbean network of transgender people, was formed in 2005 to challenge the social exclusion and lack of representation of the transgender community in that region of the world. Recognising the links between transphobia and vulnerability to HIV, REDLACTRANS and the International HIV/AIDS Alliance formed a partnership in 2007.

HLS-2.
Increase the capacity of organisations of key populations to carry out advocacy

With financial and technical support from the Alliance, REDLACTRANS has gained an increasingly strong voice in national and regional policy arenas. One of its key accomplishments in relation to HIV has been to increase the participation of transgender people in decision-making bodies such as the Country Coordinating Mechanisms for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

As part of its advocacy strategy, REDLACTRANS tracks the achievements of the organisations in its network. REDLACTRANS worked with the Alliance to produce case studies on how REDLACTRANS partner organisations have promoted the rights of transgender people. An organisation in El Salvador, for example, created an innovative health centre specifically for transgender people. In Bolivia, the first national conference for transgender people led to the establishment of a formal national network that has fostered an unprecedented wave of leadership development and advocacy for transgender rights.

HLS-4.
Link grassroots, national, regional and global advocacy

In late 2012, REDLACTRANS acquired a powerful advocacy tool with the publication of *The night is another country*, a report co-developed by REDLACTRANS and the Alliance. The report documented shockingly high rates of violence against transgender human rights defenders in Latin America. The report was launched at a series of high-profile policy seminars in Brussels, Geneva, London and Washington DC in early 2013. These events constituted the first step in an advocacy campaign calling for national gender identity laws across Latin America.

HLS-2.
Increase the capacity of organisations of key populations to carry out advocacy

• REDLACTRANS also has introduced an innovative human rights monitoring mechanism: a secure online portal that is being used to document incidents of transphobia in 14 Latin American countries.

Transgender outreach worker Fabiana discusses an upcoming peer support meeting with a friend © Gideon Mendel for the Alliance

HLS-4. Link grassroots, national, regional and global advocacy

The EMPAD Policy Framework aims to ensure that there is a direct relationship between high-level policy-making and civil society advocacy and programming at the community level, where the empowerment of key population organisations and networks occurs. The strategic combination of grassroots, national, regional and global advocacy strengthens the base of support and increases the impact of policy work at all levels.

High-level strategy 4, in calling for linkages, builds on the accomplishments of the preceding high-level strategies: it guides advocacy efforts in a social and political climate that has shifted to become more sensitive to the needs of key populations (HLS-1), with these efforts led by key population organisations that have increased their capacity to participate in advocacy coalitions (HLS-2) and are engaging in national policy processes (HLS-3). At this stage, advocates have likely developed robust channels of communication not only with decision-makers but also with influential figures such as social and religious leaders, journalists and celebrities.

Priorities under high-level strategy 4 include:

- reaching out to less likely allies, such as traditional leaders and conservative journalists; and
- embarking on more public campaign activities linking grassroots mobilisation with national, regional and international advocacy.

Examples:

Collating evidence on barriers to appropriate HIV services for key populations, including human rights violations, in order to influence the policies of regional and international donors. Donors often make crucial decisions about how to distribute their funding long before they issue calls for grant proposals. Thus it is useful to engage these stakeholders in a long-term dialogue about the documented needs of key populations, and about how funding programmes should be structured to address these needs. Evidence generated during the implementation of advocacy work at the community and national levels can feed into regional and global policy processes that greatly influence donors in this regard.

Grassroots mobilisation for advocacy and campaigning. The Alliance model of supporting community-based responses to HIV includes mobilisation of advocacy and campaign work at the grassroots level to achieve policy change at the local government level. When the policy context is conducive, local advocacy can be complemented with public campaigns. Policy tools such as coalitions' use of local-level champions and local media campaigns can also be combined to strengthen grassroots mobilisation in support of key populations.

Strategic engagement in global and national campaigns in support of key population advocacy and crisis response. Often regional and global campaigns can be used to complement and reinforce the in-country advocacy work carried out by key population organisations. This is also a way of combining efforts and sharing knowledge. Actions may include joint engagement in donor activities, including those involving the Global Fund and UNAIDS; engagement in global civil society-led campaigns such as Support Don't Punish, which aims to raise awareness of the harms caused by the criminalization of people who use drugs, and the Here I Am Campaign, which calls for a fully funded Global Fund to Fight AIDS, TB and Malaria (Global Fund); and participation in Avaaz, All Out and other social movements that have run successful global web campaigns against homophobia. In addition, global key population networks such as the Global Forum on MSM and the International Treatment Preparedness Coalition (ITPC) have extensive email listservs which can be used to raise issues and share knowledge.
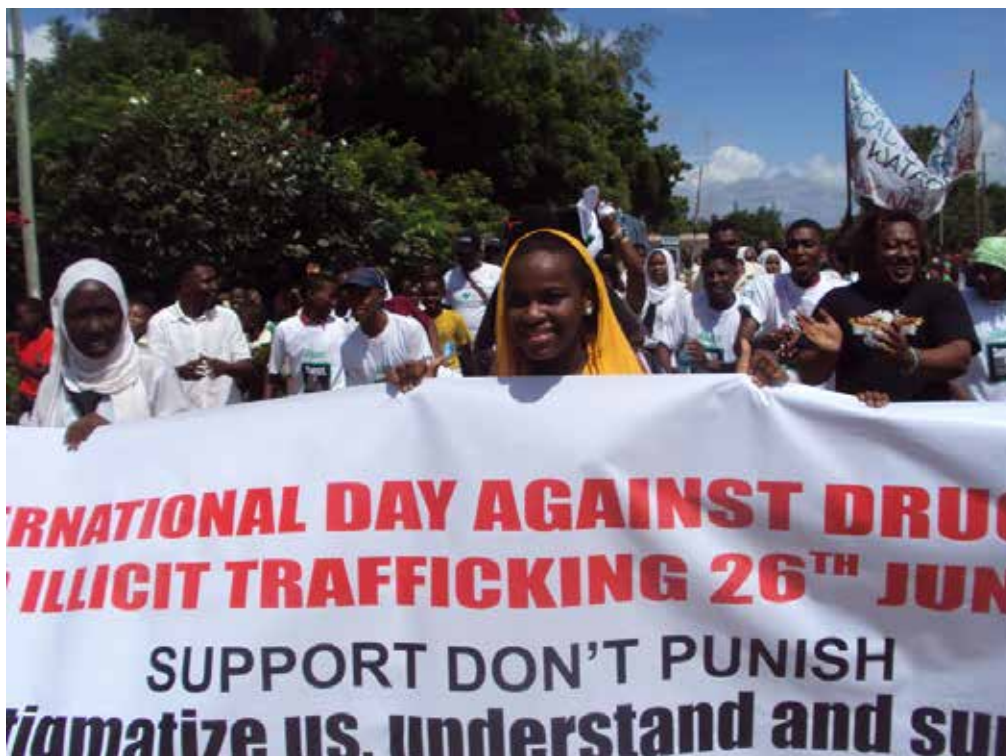
In Kenya, staff at the KANCO-Watamu drop-in centre joined in a celebratory march with other partner organisations from the Alliance-led Community Action on Harm Reduction programme working in Malinda District.

Case Study 3

A regional platform for training national stakeholders on rights-based programming

Since 2011, HIV organisations, key population organisations and other civil society representatives in several regions have engaged at the highest level with ministries of health and national AIDS commissions as part of a UNAIDS project implemented with technical support from the International HIV/AIDS Alliance. The purpose of this initiative is to help national stakeholders integrate human rights concerns into national strategic plans on HIV (NSPs) in meaningful ways.

HLS-3.
Engage in national policy processes

The core project had three major components: the analysis of how human rights-based responses are integrated into the NSPs of more than 35 countries; the development of training materials tailored to regional contexts; and the convening of three regional workshops in late 2011 (East and Southern Africa; the Middle East and North Africa; and the Asia/Pacific region). Participants from 35 countries attended the workshops to share experiences, build knowledge and skills, and identify challenges and opportunities for better integrating human rights and gender equality into NSPs. Participants included officials from ministries of health, gender and justice; national AIDS programme managers; civil society representatives, including members of key population organisations; and United Nations staff.

HLS-2.
Increase the capacity of organisations of key populations to carry out advocacy

The workshops focused largely on the role of key government officials concerned with the HIV response at the highest technical level. The workshops were participatory and were organised around the national strategic planning cycle. Participants learned how human rights can be included in practical ways in the situation and response analyses, programmatic activities, budgets, and monitoring and evaluation framework of NSPs.

HLS-5.
Promote knowledge-sharing among advocacy programmes and decision-makers

The participatory and regional nature of the workshops encouraged government representatives to be receptive to discussing pertinent human rights issues openly with members of key affected populations in attendance. The workshops were also an important experiential learning opportunity for key population participants who wanted to develop the advocacy capacity of their organisations.

HLS-4.
Link grassroots, national, regional and global advocacy

Staging the workshops as regional events furthermore encouraged cross-country exchanges among groups of stakeholders. For example, ministry of health officials from multiple countries were able to share their experiences and insights with each other. Networking among key population participants from different countries was an especially rich element of the workshops, and gave representatives of key populations

the opportunity to relate their organisations' grassroots concerns to advocacy priorities at the national and regional levels.

HLS-3.
Engage in national policy processes

A significant outcome of the 2011 workshops was the development of country action plans drawn up by the workshop participants themselves. The purpose of these plans was to guide the greater integration of human rights into NSPs based on country-specific priorities and circumstances. The project report Making it work: lessons learnt from three regional workshops to integrate human rights into national HIV strategic plans describes the numerous positive outcomes of the workshops, including new collaborations between government and civil society stakeholders.

© Gideon Mendel for the Alliance

HLS-5. Promote knowledge-sharing among advocacy programmes and decision-makers

The exchange of expertise and lessons learned at the national, regional and international levels is essential to improve programmes and maximise the impact of advocacy efforts addressing the HIV-related needs of key populations. This high-level strategy encompasses both the sharing of knowledge on an interpersonal level and the publicising of examples of good practices by civil society organisations and other stakeholders. Knowledge-sharing can take place among advocacy programmes as well as among the larger bodies of stakeholders involved in policy-making, including government officials and funders.

Examples:

High-level regional training and dialogue on human rights-based responses to HIV in National Strategic Plans on HIV (see case study 3). One of the first steps in stakeholder engagement is engaging with decision-makers at a technical level, focusing on the ways in which the effectiveness of the national response to HIV is undermined by a lack of targeted and adequate HIV interventions for key populations. Convening stakeholders at the regional level, for example, by engaging National Aids Commission coordinators and HIV focal points in related ministries and public institutions in regional training workshops on human rights-based responses to HIV, can facilitate open dialogue among decision-makers from neighbouring countries.

Good practice forums for promoting key population access to HIV services. A good practice forum is useful for bringing together government authorities and civil society representatives, including representatives of organisations of key populations, during the later stages of a major multi-stakeholder project. The event provides an opportunity for stakeholders to share good practices as well as reach a consensus regarding gaps and next steps at the national and regional levels.

Knowledge-sharing and technical exchanges. Key population organisations as well as their civil society allies benefit from the exchange of advocacy expertise regionally and globally. This "horizontal learning" can take many forms, such as site visits among members of organisations working in different provinces, countries or regions of the world; side events at regional and international conferences; and Internet-based communications.
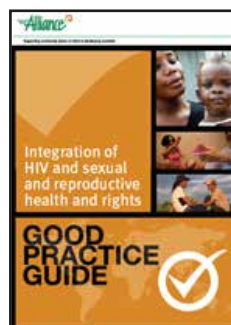
> The exchange of expertise and lessons learned... is essential to improve programmes and maximise the impact of advocacy efforts.

Additional Resources

Advocacy in action: a toolkit to support NGOs and CBOs responding to HIV/AIDS (English). International HIV/AIDS Alliance, 2002.
http://www.aidsalliance.org/Publicationsdetails.aspx?Id=142

Good practice guide: integration of HIV and sexual and reproductive health and human rights (English, French, Spanish). International HIV/AIDS Alliance, 2011.
http://www.aidsalliance.org/publicationsdetails.aspx?id=507
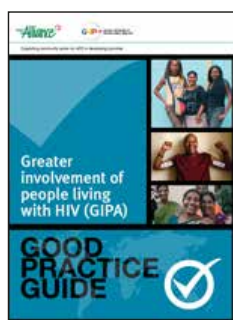
Good practice guide: greater involvement of people with HIV (GIPA) (English). International HIV/AIDS Alliance, 2010.

http://www.aidsalliance.org/publicationsdetails.aspx?id=464

Making it work: lessons learnt from three regional workshops to integrate human rights into national HIV strategic plans (English). International HIV/AIDS Alliance, 2012.
http://www.aidsalliance.org/publicationsdetails.aspx?id=90616
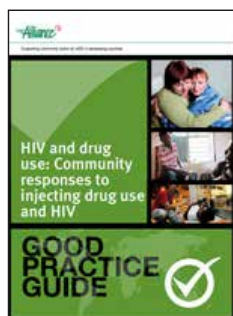
Good practice guide: HIV and drug use: community responses to injecting drug use and HIV (Arabic, Chinese, English). International HIV/AIDS Alliance, 2010.
http://www.aidsalliance.org/publicationsdetails.aspx?id=454
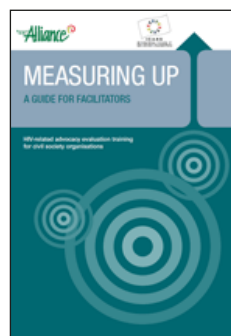
Measuring up: HIV-related advocacy evaluation training pack (guides for facilitators and learners) (English). International HIV/AIDS Alliance, 2010.

http://www.aidsalliance.org/publicationsdetails.aspx?id=477

Image not Available

Good practice guide: HIV and human rights (English). International HIV/AIDS Alliance and ARASA, 2014 (forthcoming).

Part 2 - Examples of the EMPAD high-level strategies in action

The EMPAD Policy Framework embodies lessons learned from a large body of advocacy work the partners and allies of the International HIV/AIDS Alliance (the Alliance) partners have carried out in many countries worldwide. The following table provides a guide to online resources that illustrate specific elements of the Framework. It is organised to correspond to the examples of activities highlighted under each of the high-level strategies introduced in Part 1. To access the online resources click on the links contained within the PDF version of the publication available at www.aidsalliance.org

HLS-1. Strengthen alliances and advocate in support of key populations and a shift in social perceptions	
Activity	*Advocacy experiences*
Assessment of human rights, legal and policy context as it relates to HIV and key populations, including assessment of stakeholders to identify potential allies and opponents.	In 2002, the USAID funded Horizons Project published ground-breaking research documenting the extent to which same-sex relationships were prevalent in Senegal.[1] The presentation of the study (**http://www.popcouncil. org/pdfs/horizons/msmsenegal.pdf**) produced by the Population Council to the Senegalese Government paved the way for an unprecedented close collaboration between the Senegalese NGO Alliance *nationale contre le SIDA*, other civil society actors not previously concerned with HIV, and the government in regard to issues facing key populations. An example of reporting of the wider human rights context of a particular key population is the REDLACTRANS/Alliance report. **[The night is another country: impunity and violence against transgender human rights defenders in Latin America - http://www.aidsalliance.org/publicationsdetails. aspx?id=90623]** (see case study 2, page 15). The report was launched in Geneva, Brussels, Washington, London and regionally in early 2013 as part of the "Just Like You" campaign for transgender acceptance. The report helped advance gender identity laws and secure broader protection for transgender people across Latin America and the Caribbean.

1   This ground-breaking research documented the extent to which same-sex relationships are prevalent in Senegal. The study highlighted the extreme levels of violence faced by MSM in Dakar: 43% had been raped at least once outside of the family home and 37% said they had been forced to have sex in the last 12 months. Thirteen percent reported being raped by a policeman.

...continued

Training of mainstream civil society organisations and their partners on diversity management, discrimination and human rights-based programming with key populations.	A number of organisations have conducted trainings using the Alliance's Understanding and Challenging HIV Stigma: Toolkit for Action, which includes a module on stigma and men who have sex with men. A related publication produced by the Alliance-coordinated, USAID funded Middle East and North Africa Programme, Understanding and Challenging HIV Stigma in the MENA Region: Toolkit for Action, includes chapters that address sex work, MSM and gender identity/expression. The Vida Digna ("life with dignity") programme in Mexico, funded by the Positive Action programme of Viiv Healthcare addresses the high levels of stigma, discrimination and violence faced by key populations in the region. The programme was designed by *Colectivo Sol* and by ViiV Healthcare's Positive Action programme. Achievements include building the capacity of 15 community organisations and bringing about policy and programme changes that contributed to a reduction in stigma and discrimination. The project subsequently was adapted by *Atlacatl Vivo Positivo* in El Salvador. The increased visibility provided by the programme has helped key population organisations to advocate and lobby successfully for their rights. For example, two *Vida Digna* partner organisations participated in the drafting of a new law on sexual and reproductive health rights in El Salvador to ensure that the rights of transgender women are addressed.
Coalition-building with the involvement of organisations of key populations.	In Uganda, a UKaid supported project to improve HIV-related maternal, child and newborn health (MNCH) set up the Maternal Health Coalition which brought together a broad range of civil society stakeholders, including numerous grassroots organisations, to demand improvements in the delivery of maternal healthcare at all levels of the system. In less than a year, the campaign achieved a significant increase in the national health budget, including a specific allocation for maternal health for the first time. At the global level, the Alliance initiated the 'What's Preventing Prevention?' campaign to press donors and governments to guarantee a more effective HIV prevention response which enables those at higher risk of HIV to access prevention services and programmes.

...continued

Advocating for improved monitoring and reporting systems for HIV programmes targeting key populations.	The International HIV/AIDS Alliance in Ukraine (Alliance Ukraine) spent years advocating for an improved HIV monitoring, evaluation and reporting system for the country, arguing that the national response to HIV did not have robust systems in place to assess the epidemic and to monitor and evaluate the response among MSM, sex workers and people who use drugs – the populations among whom the epidemic is concentrated. Alliance Ukraine itself developed a state-of-the-art monitoring, evaluation and reporting system that was eventually transferred to the Ukrainian authorities, and is now used as the official monitoring and evaluation framework for the national HIV response.
Mapping existing HIV and health services for key populations.	A mapping of existing services providers is key background information which can be used for stakeholder engagement as well as for planning programme interventions. Mapping can be more useful when carried out as part of a wider participatory assessment exercise, such as what is described in the Alliance's All Together Now! community mobilisation toolkit.
Documenting the impact of changes in international, regional and national HIV funding.	An example of how the Alliance undertakes such documentation for use in international and national advocacy is the "Don't Stop Now" reports describing the on-the-ground impact of the Global Fund to Fight AIDS, TB and Malaria's decision to cancel Round 11 in late 2011. Don't stop now: how underfunding the Global Fund impacts on the HIV response analysed the impact of the funding crisis and new ineligibility criteria on South Sudan, Zambia, Zimbabwe, Bolivia and Bangladesh. HIV, drug use and the Global Fund: don't stop now! focused on the impact of the funding crisis on harm reduction programmes, particularly in China and Vietnam. NGOs have used these reports in their national policy work in South Sudan, Zambia, Zimbabwe, Burkina Faso, Bangladesh, Ukraine, China, Vietnam and other countries.

HLS-2. Increase the capacity of organisations of key populations to carry out advocacy

Activity	Advocacy experiences
Community mobilisation with an emphasis on identifying or facilitating the creation of key population organisations, networks and leaders.	In North Africa and the Middle East, NGOs and community-based organisations have housed MSM programmes that act as de-facto organisations or networks although they cannot be registered as such. These structures offer institutional protection for these groups, enabling them to operate more freely. The arrangement also facilitates the transfer of advocacy and programming expertise through the sharing of good practice between MSM groups and their "hosting" organisations, for example in relation to monitoring and evaluation. The Vietnam Civil Society Partnership Platform on AIDS (VCSPA) aims to unite Vietnamese civil society to meaningfully and effectively participate in the national response to HIV and tuberculosis. One of the strengths of VSCPA is its large and varied membership with equal representation of vulnerable populations in a very difficult policy context of criminalisation and discrimination. The Vietnamese NGO Supporting Community Development Initiatives acts as an intermediary with authorities to protect and expand the policy space available for VCSPA to begin to engage with decision-makers.
Advocacy training, planning, and monitoring and evaluation.	The Alliance's "Measuring Up" training pack has been successfully used in both planning and evaluating community mobilisation advocacy work on the prevention of mother-to-child HIV transmission in Kenya, Uganda, Zambia and South Sudan. This work has had an important impact on maternal and child health policies at both local and national levels in all four countries.
Training to prepare key population organisations and networks to highlight barriers to HIV services and document human rights violations, coupled with joint research activities that bring key population organisations together with national and international HIV and human rights organisations.	The Alliance and REDLACTRANS, the Latin American and Caribbean network of transgender people, have collaborated to develop case studies on how REDLACTRANS partner organisations have successfully advocated for their rights and have been integrated into Global Fund Country Coordinating Mechanisms and other decision-making spaces previously closed to them. The Ecuador case study highlights the efforts of Silueta X, an Ecuadorian NGO, to study the factors that influence HIV transmission and discrimination among transgender women.

...continued

Training and technical support addressing funding opportunities.	Alliance Community Health Initiatives (formerly Alliance South Sudan) used a joint advocacy model to undertake national, regional and international advocacy training, contributing to a scale-up of the resources available for prevention of mother-to-child transmission services. The model included in-country joint research and training for Alliance South Sudan and partner organisations on international donors' processes and guidelines, as well as joint advocacy both in South Sudan and in European capitals, the latter in collaboration with South Sudanese health officials.
Training and technical support to ensure that voices and perspectives of key populations are heard, understood and widely communicated to affect change at a national level.	The Key Correspondent "citizen journalist" programme aims to influence HIV and broader health policy, programming and financing at a local, national and international level. It has a particular focus on representatives from marginalised groups most at risk of HIV and people living with HIV, to report the HIV, health and human rights stories that matter to them. The programme is supported by the Alliance, which assists the network with mentoring, training and opportunities to be more widely heard. Since 2005, the Alliance has provided strategic support for REDTRASEX, the regional network of sex workers in Latin America and the Caribbean, to build its capacity, the quality of its work and its credibility. The network has been successful at improving the visibility of sex worker organisations: REDTRASEX representatives now sit on 11 Global Fund Country Coordinating Mechanisms across Latin America.
Crisis Response.	India HIV/AIDS Alliance runs Core Advocacy Groups (CAGs) in Andhra Pradesh and Manipur. CAGs consist primarily of community members and are supported by the staff of community-based organisations and by a lawyer. They aim to resolve community issues through Crisis Response Teams (CRTs), which engage in collective advocacy at the community level to address violence and harassment against key populations. CRTs also challenge perceptions of marginalised communities as "immoral," recognising that such perceptions often lead to human rights violations. CRTs have been able to respond effectively to several cases of harassment and violence and have contributed to increased access to services for key populations.

...continued

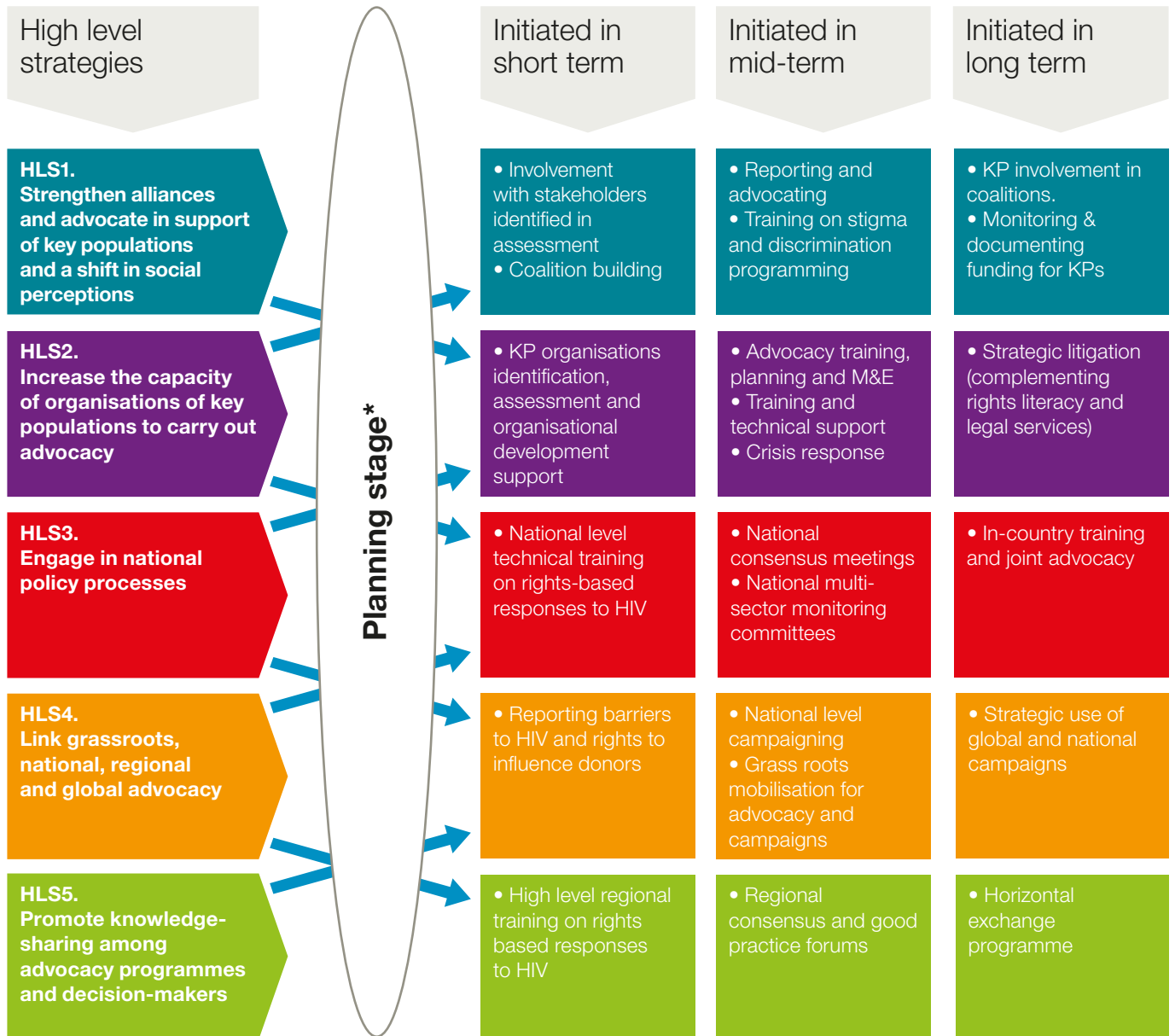|	
Strategic litigation to complement legal and human rights interventions.	In 2000, the executive director of Atlacatl Vivo Positivo in El Salvador, along with 26 other people living with HIV, took a petition to the Inter-American Commission on Human Rights to demand that the Government of El Salvador provide triple-combination therapy to people who need treatment for HIV. As a result, the Government of El Salvador took steps to procure and provide better HIV treatment. This set a precedent for other countries in the region and resulted in the Government of El Salvador supporting the efforts of civil society organisations working on HIV.

HLS-3. Engage in national policy processes

Activity	Advocacy experiences
National or provincial consensus meetings.	The Alliance-coordinated Middle East and North Africa (MENA) MSM project is implemented by NGO partners in Algeria, Morocco, Lebanon and Tunisia. A gradual engagement process with major stakeholders in all four countries culminated in the Beirut Regional Consensus Meeting (May 2011), the MENA region's first-ever meeting between government officials and civil society to discuss access to HIV services by MSM. Importantly, this meeting included MSM representatives. The meeting concluded with a civil society statement of collaboration with governments and with national action plans to advance MSM access to HIV services.
National or provincial multi-sectoral monitoring committees.	The observatory project in Bolivia, coordinated by *Instituto para el Desarrollo Humano*, collects information on cases of human rights violations and inadequate treatment of key populations by public services. It also monitors public policies. It is run by key population groups and brings together almost 20 organisations at the national level. Evidence is presented to an Ombudsman to enforce compliance with legislation; the project also pressures the government to change discriminatory laws while holding government officials accountable to their duties. One of the project's most significant achievements was the passage of Resolution 0668 by the Ministry of Health and Sports, which made it mandatory for health programmes and services to provide comprehensive health care and to show respect for the dignity and rights of key populations.

HLS-4. Link grassroots, national, regional and global advocacy

Activity	Advocacy experiences
Collating evidence on barriers to appropriate HIV services for key populations, including human rights violations, in order to influence the policies of regional and international donors.	The Alliance and partner NGOs carried out a successful three-year campaign against discriminatory legislation criminalising key populations and hindering the HIV response across the Commonwealth. The campaign began with the launch of a ground-breaking report, Enabling legal environments for effective HIV responses, documenting these legislative barriers and culminated in a campaign action ahead of the Commonwealth Ministries of Foreign Affairs meeting in September 2012. All Commonwealth member states committed to "taking steps to repeal discriminatory legislation hindering the HIV response".
Grassroots mobilisation for advocacy and campaigning.	Community Health Alliance Uganda's community campaign for maternal health in Uganda (see example under HLS-1) was deeply rooted at the community level, with community-based organisations carrying out street campaigning and lobbying local government. The main objective of the campaign was to bring about change at the first levels of primary health care for women, demanding the creation of health commissioners at local government level.
Strategic engagement in global and national campaigns in support of key population advocacy and crisis response.	Support don't punish, a global campaign co-launched by a number of NGOs including the Alliance, aims to change laws and policies which impede access to harm reduction interventions, and to promote respect for the human rights of people who use drugs. On the first Day of Action on 26 June 2013, NGOs in more than 40 cities worldwide organised campaign actions with partners among civil society and authorities to advance policy reform. The Alliance's What's Preventing Prevention? (WPP) Campaign calls on donors and governments to guarantee a more effective HIV prevention response that enables key populations to access prevention services and programmes, take part in the design and implementation of such programmes and realise their human rights. The WPP Campaign provides the structure to link national and regional advocacy efforts and intelligence with global campaigns. For example, the Campaign has been used by Alliance South Sudan to engage directly with donors and authorities on maternal, newborn and child health; by Alliance nationale contre le SIDA (ANS-CI) in Cote d'Ivoire for the provision of antiretroviral therapy; and by a Ugandan NGO to help LGBTI groups oppose the criminalisation of homosexuality.

HLS-5. Promote knowledge-sharing among advocacy programmes and decision-makers

Activity	Advocacy experiences
Good practice forums for promoting key population access to HIV services.	The Alliance-coordinated Middle East and North Africa (MENA) MSM project mentioned in HLS-3, included a plan of engagement with government officials and bodies, culminated in 2011 with a regional consensus meeting which included for the first time officials from ministries of health, interior, justice, civil society, MSM and LGBTI organisations to discuss access to health for MSM. Participants agreed on a 10-point plan to be developed by governments and civil society to foster such access.
Knowledge-sharing and technical exchanges.	The Alliance's Horizontal Learning Exchange scheme provides opportunities for mutual sharing, learning and partnership among Alliance linking organisations. A visit of up to a week then takes place from one organisation to another, providing the opportunity for knowledge sharing on a specific set of issues. The learning captured from every Horizontal Learning Exchange is documented and shared throughout the Alliance for wider programmatic learning. Alliance-affiliated organisations also receive technical support on advocacy from the Alliance's Regional Technical Support Hubs and benefit from the Alliance's other knowledge-sharing mechanisms, including an on-line intranet, INSPIRE.

Figure 4. Examples of interventions contributing to EMPAD's model theory of change

High level strategies	Planning stage*	Initiated in short term	Initiated in mid-term	Initiated in long term
HLS1. **Strengthen alliances and advocate in support of key populations and a shift in social perceptions**		• Involvement with stakeholders identified in assessment • Coalition building	• Reporting and advocating • Training on stigma and discrimination programming	• KP involvement in coalitions. • Monitoring & documenting funding for KPs
HLS2. **Increase the capacity of organisations of key populations to carry out advocacy**		• KP organisations identification, assessment and organisational development support	• Advocacy training, planning and M&E • Training and technical support • Crisis response	• Strategic litigation (complementing rights literacy and legal services)
HLS3. **Engage in national policy processes**		• National level technical training on rights-based responses to HIV	• National consensus meetings • National multi-sector monitoring committees	• In-country training and joint advocacy
HLS4. **Link grassroots, national, regional and global advocacy**		• Reporting barriers to HIV and rights to influence donors	• National level campaigning • Grass roots mobilisation for advocacy and campaigns	• Strategic use of global and national campaigns
HLS5. **Promote knowledge-sharing among advocacy programmes and decision-makers**		• High level regional training on rights based responses to HIV	• Regional consensus and good practice forums	• Horizontal exchange programme

★ Sensitisation training for NGOs and partners on rights-based programming with KPs

★ Human rights, policy environment and stakeholders assessment

★ Mapping of HIV and health services for KPs

★ Advocacy training, planning and M&E

www.aidsalliance.org

The EMPAD Policy
Framework is intended
to support national-level
advocacy as an element of
HIV programmes designed
with and for key populations.