

# Annex I Programme

- 0900 Welcome and introductions  
Background to Conference  
Overview address:  
HIV/AIDS in Commonwealth countries – identifying the problems and short-comings that need to be addressed  
Dr Peter Piot, UNAIDS  
Questions and discussion
- 1030 Panel presentation 1 – Making it happen:  
Chairperson: Peter Busse, South Africa  
AIDS in Asia – Breaking down Barriers to a multi-sectoral approach  
Dennis Altman, Co-Chair, ICAAP6  
Taking a multi-sectoral approach – a national level response from an NGO perspective  
Marina Mahathir, Malaysian AIDS Council  
Promoting a multi-sectoral approach from the community level upwards  
Janey Parris, Chief Programme Officer, Commonwealth Secretariat
- 1130 Special Foci –  
Working with young people  
Leroy Serapio, Toco Youth and Sexuality Project, Trinidad and Tobago  
Bringing in vulnerable groups  
Anjali Gopalan, Executive Director, Naz Foundation (India) Trust

- 1200 Panel presentation 2 – Involving business and labour:  
Role of the business sector – how can they be involved?  
Vikki Ehrich, GlaxoSmithKline  
Labour’s response and involvement  
Theo Steele, Campaigns Co-ordinator of the Congress of  
South African Trade Unions (COSATU)
- 1400 Panel presentation 3 – Involving the social sector and the judiciary  
Health  
Dr Raj Karim, Regional Director for Asia and Pacific,  
International Planned Parenthood Federation  
Education – the role the higher education sector can play  
Adeeba bte Kamarulzaman, Head, Infectious Diseases  
Unit, University Malaya Medical Centre, Malaysia  
Judiciary  
Anand Grover, Project Director, Lawyers Collective  
HIV/AIDS Unit, New Delhi, India
- 1500 Working in groups
- 1600 Report back – A Call to Action to CHOGM  
Closing remarks  
Hon Dr Neal Blewett, former Federal Minister of Health  
and former Australian High Commissioner to the  
United Kingdom
- 1700 Close of conference, followed immediately by a reception for the  
presentation of the Commonwealth Awards for action on  
HIV/AIDS

## Annex II

### Participants list

Raju Ahmed	Tree Foundation Ltd, India
Prof Dennis Altman	La Trobe University & AIDS Society Asia and the Pacific
Colin Ball	Director, Commonwealth Foundation
Dr John Ballard	Australian National University
Prof Graeme Barnes	Commonwealth Association of Paediatric Gastroenterology and Nutrition (CAPGAN)
Mark Bebbington	Australian Federation of AIDS Organisations
John Bell	Commonwealth Pharmaceutical Association (CPA)
Hon Dr Neal Blewett	former Australian Federal Minister of Health
Dr Adeeba bte Kamarulzaman	University Malaya Medical Centre, Malaysia
Peter Busse	Centre for the Study of AIDS, University of Pretoria, South Africa
Manju Chatani	Positive Art, South Africa
David Clement	Labour and Society International
Jeanette Conway	Commonwealth Organisation for Social Work, (COSW), Australian Social Work Association
Ken Davis	APHEDA, Australia
M J de Jager	Ministry of Basic Education, Sport and Culture, Namibia

Prof John Dwyer	AIDS Society of Asia and the Pacific
Vicki Ehrich	GlaxoSmithKline, Commonwealth Business Council
Dorothy Garland	Association of Commonwealth Universities (ACU)
Anjali Gopalan	Naz Foundation, India
Anand Grover	Lawyers Collective HIV / AIDS Unit, India
Ian Grubb	International AIDS Vaccine Initiative (IAVI)
Andrew Grulich	Australasian Society for HIV Medicine
Marianne Haslegrave	Convenor, <i>Para55</i> Group, Commonwealth Medical Association Trust (Commat)
Dr John Havard	Commonwealth Medical Association (CMA)
Claire Hoffman	International Planned Parenthood Federation (IPPF)
Dr Raj Karim	Commonwealth Group of Family Planning Organizations (CGFPO)
Loini Katoma	Permanent Secretary, Ministry of Basic Education, Sport and Culture, Namibia
Eileen Kelly	Family Planning Association, New Zealand
Mike Kelly	Victorian AIDS Council, Australia
Paul Lehman	Department of Health and Aged Care, Victoria, Australia

Matt Leverett	Macfarlane Burnet Centre, Melbourne, Australia
Maureen Lockhart	Local organizer and La Trobe University, Australia
Marina Mahathir	Malaysian AIDS Council
Lance Martin	Commonwealth Associations of Magistrates and Judges
Dr Alison McIntosh	Australian Reproductive Health Alliance
Shoki Motlatle	Telkom, South Africa
Prof Tony Nelson	Commonwealth Association of Paediatric Gastroenterology and Nutrition (CAPGAN)
Claudia Otterman	Telkom, South Africa
Janey Parris	Health Department, Commonwealth Secretariat
Dr Peter Piot	Executive Director, UNAIDS
Kerry Price	New Zealand AIDS Foundation
Andy Quan	Australian Federation of AIDS Organizations
Allan G Ragi	Kenya AIDS NGO Consortium
Shaleen Rakesh	Naz Foundation, India
Ashok Rau	Freedom Foundation, India
Geeta Savant	Naz Foundation, India
Leroy Serapio	Toco Youth and Sexuality Project
Dr Sekai Shand	World Vision, Australia
Gunjan Sharma	Naz Foundation, India
Jeffrey Sheather	Albion Street Centre, Melbourne, Australia

Matt Soeberg	New Zealand AIDS Foundation
Theo Steele	Commonwealth Trade Union Council (CTUC), Congress of South African Trade Unions
Dr Ganesh Supramaniam	Commonwealth Association for Mental Handicap and Developmental Disabilities (CAMHADD)
Salaseini Tupou	AIDS Task Force of Fiji
Alex Turner	Australian Federation of AIDS Organizations
Roshan Uyanwatte	AIDSline Sri Lanka
Cathy Vaughan	Macfarlane Burnet Centre, Melbourne, Australia
Geetha Venugopai	Indian Network for People Living with HIV / AIDS
Robert Verebasaga	AIDS Task Force of Fiji
Christopher Wheeler	Standard Chartered Bank, United Kingdom

# Annex III

## Background paper

### 1 Introduction

The Commonwealth Heads of Government made a strong commitment to HIV/AIDS in Paragraph 55 of the Durban Communiqué of the 1999 Commonwealth Heads of Government Meeting.

A Think Tank on *A Multi-Sectoral Approach to Combating HIV/AIDS in Commonwealth Countries* was held at Marlborough House on 19-20 July 2001. It brought together representatives from the Commonwealth Secretariat and Commonwealth Foundation, and from both governmental and non-government organisations, to develop a shared understanding of what is meant by a multi-sectoral response; to consider what contribution the Commonwealth can make towards it; and to identify strategies for further consideration

The following definition of a multi-sectoral response to HIV/AIDS was adopted:

*A multi-sectoral response for the purpose of the Commonwealth means involving all sectors of society – governments, business, civil society organisations, communities and people living with HIV/AIDS – at all levels – pan-Commonwealth, national and community – to deal with the causes and impact of the HIV/AIDS epidemic. Such a response requires action to engender political will, leadership and co-ordination, to develop and sustain new partnerships and ways of working, and to strengthen the capacity of all sectors to make an effective contribution.*

## 2 Key principles

The following principles were identified as key principles for a multi-sectoral response:

- HIV/AIDS is not just a health issue as it affects every aspect of life and demands a response from all sectors of society;
- The response must be dynamic and take account of both private and public sectors;
- The pattern of HIV transmission and the stage that the epidemic has reached will vary from region to region and country to country, depending upon underlying social, economic political and cultural policies;
- The response must take account of competing priorities which will always be present;
- Poor health, gender, and poverty play an important role in determining vulnerability and susceptibility to infection by HIV/AIDS. Action must be taken by all sectors in society to reduce the special vulnerability of young women by providing them with a safe and supportive environment in the home; at school and at the workplace, particularly when they when working with men;
- The response must involve all sectors of government with each sector taking responsibility for pre-determined aspects of the overall response and using its own resources;
- The response must also involve many sectors outside government including business, civil society, NGOs and communities, with full recognition being given during the development of the response to activities that they are already carrying out, which should be built upon;

- Strong leadership is a prerequisite for the formulation of policy, co-ordination and resource mobilization in developing the response, and governments must assume the responsibility for creating the necessary political will for this to happen;
- In developing its own plans each sector, especially those that have traditionally held responsibility for specific areas such as Ministries of Health, must be prepared to relinquish them or to share them with other sectors where it can be shown to be necessary;
- New ways must be found of working with both existing and new partners, particularly partnerships with and between government departments responsible for different sectors, and with and between them and the business sector and civil society;
- Capacity building and resource mobilisation is essential for all sectors at all levels in order to enable them to participate fully and to ensure effective co-ordination. Management capacity is especially important within the public sector. Effective partnerships and co-ordination require good communications;
- Accountability must be clear and effective if commitments are to be translated into actions;
- Clear guidance must be given to countries about the development, implementation, monitoring and evaluation of a multi-sectoral approach.

The following case study illustrates some of the key principles in taking a multi-sectoral response:

*Case study: Planning a multi-sectoral response in northern Zambia*

*The following principles guided a multi-sectoral task force, involving representatives from the health, education, agricultural, social welfare, NGO, and community sectors, in developing an HIV/AIDS intervention plan for an area in northern Zambia:*

- HIV/AIDS is a long term, devastating, complex and surprising issue. There is no quick solution; the impact of the epidemic will be felt for several generations; the outcomes are unclear; and it is not possible to predict the effect of interventions, for example, there has been limited uptake of ARV by pregnant women in some areas, because the stigma associated with HIV/AIDS has not been addressed.
- HIV/AIDS must be seen in context. High rates of heterosexual transmission of HIV must be seen in the context of poor health, malnutrition, untreated STIs, malaria. Focusing on behaviour change alone is, therefore, insufficient.
- HIV/AIDS is not just a health issue. Interventions must take an integrated approach that encompasses health, education, gender and poverty.
- HIV/AIDS is larger than any one sector within government or outside government. It must be addressed by other sectors, such as social services, water, and education. HIV/AIDS is also bigger than government. It must involve a response at community and individual levels, and government should provide the framework for action.
- Sectoral plans must accord with National Strategic Plans.

## 3 Developing a framework for a multi-sectoral approach

### 3.1 At the pan-Commonwealth level:

- Key **actors** include: Commonwealth Foundation and Secretariat, and their international partners such as UN and regional agencies; the Commonwealth Business Council and the Global Business Council; Commonwealth Associations, and international NGOs concerned with development, health, education, youth and women.

Pan Commonwealth bodies with a special remit for HIV/AIDS include the *Inter Divisional Steering Group* set up within the Commonwealth Secretariat to encourage all its Divisions to participate in the response to HIV/AIDS; the Para 55 Group established by pan-Commonwealth NGOs (mainly the professional associations) to follow up paragraph 55 of the Communiqué issued by CHOGM in Durban, and *Commonwealth Action on AIDS*, which is a joint co-ordinating committee.

- Key **sectors** include: all sectors of business and of civil society; the various policy and technical divisions of the Commonwealth Secretariat; and the office of the Secretary-General.
- Key **resources** include: the mandate, prestige and influence of the Commonwealth, as well as its various sources of funding, such as the CFTC; the skills, marketing, networks and human resources of business; and the influence and networks of Commonwealth Associations.

### 3.2 At the national level

- Key **actors** include: heads of government, ministers and MPs, local government leaders, civil servants at central and local levels; business chief executives, managing directors and boards of directors; leadership of universities, trades unions, professional associations, women's and youth organisations and NGOs, religious and traditional political leaders, PLWHA and those suffering from or otherwise affected by HIV/AIDS.
- Key **sectors** include: government ministries responsible for health, education, social welfare, water and sanitation, finance, commerce, labour, industry, gender, transport, agriculture and defence; insurance, banking, construction, pharmaceuticals, mining and other private sector companies; small and medium enterprises, and micro finance institutions; NGOs and charitable organisations, professional associations, religious organisations, PLWHA organisations, groups of traditional healers, and the media.
- Key **resources** include: physical infrastructure, funds, and human resources.

### 3.3 At the community level

- Key actors include: local government officials, local chiefs and community leaders, health and social welfare workers, and local politicians; commercial farmers, traders, retailers, pharmacies, and manufacturers; religious and community leaders, teachers, parents and grandparents, trades unions, community organisations, community media, AIDS service organisations, formal and informal sector workers, subsistence farmers, community volunteers, traditional healers, and prominent individuals such as sportspersons and musicians.

It is important to recognise that the key actors will be different in different communities. International donors and NGOs also influence their communities in many countries.

- Key **sectors** include: health, education, transport, industry, trade, agriculture, justice; mining, retailing; cultural organisations, and professional associations.
- Key **resources** include: primary health centres, schools and other government facilities; funds, commodities such as condoms and drugs; human resources including trained professionals, volunteers, community leadership, media and workplaces; community groups; and families including extended families.

**Important points to be noted in developing frameworks at appropriate levels include the following:**

- National strategic plans must be appropriate and involve meaningful participation.
- Actions taken outside national policy frameworks can cause problems.
- In many countries a significant proportion of the population is employed in agriculture and should be included in the plan.
- Whilst the plan must focus on poor and vulnerable groups, women and youth must also be viewed as resources.
- At community level the views of decision makers must be taken into account.
- There should be greater involvement of the private sector, which has so far played a limited role in many countries.

- Positive strategies and solutions must be emphasised in developing plans.

## **4 Strategic advantages of the Commonwealth**

The Commonwealth has:

- A common heritage, language, legal system, together with common principles and values;
- Common problems;
- A mandate to work with both governments and NGOs;
- An extensive network of NGOs;
- A non- political image and supporting environment that favours dialogue and advances issues;
- Opportunities to influence and advocate measures through Ministerial meetings such as CHOGM and Commonwealth Health Ministers Meetings;
- The potential to work at all levels;
- Experience in broking partnerships;
- Expertise in providing training and technical support through the Management Training Services divisions and technical divisions of the Secretariat;
- Opportunities to exchange experience of best practices and to share them;
- Ability to work at community level through the strong links of Commonwealth organizations with the grass roots and the People's Commonwealth.

## **5 Inherent weaknesses in the Commonwealth**

The inherent weaknesses in the Commonwealth are:

- No specific focal point within the Secretariat for HIV/AIDS;
- Inadequate funding;

- Inadequate representation of some important organizations eg the Business Council and over representation of others eg health professional associations;
- Inadequate representation at community level of civil society organisations and representatives of the 'People's Commonwealth' on the governing body of the Commonwealth Foundation;
- Limited direct links with communities, especially with HIV positive individuals or groups;
- Continuing reluctance or refusal of some governments to involve civil society, including NGOs in their plans and to ignore their views, whereas many NGOs are better informed than their governments about the HIV / AIDS situation and the strategies needed to deal with it;
- Insufficient focus on what is happening at 'grass roots' level;
- Insufficient direction of Commonwealth training and technical support activities for strengthening capacity at community level.

## **6 Key questions to address**

- How can the Commonwealth generate the political will and leadership to promote wider involvement in developing a multi-sectoral response?
- How can a multi-sectoral response be incorporated into Commonwealth planning processes?
- What role should be played by the different Commonwealth organizations?

- How can it be ensured that all sectors see the relevance of their inputs and that meaningful participation by different sectors is promoted at all levels?
- How can collaboration and information sharing be promoted both across and within sectors?
- How should the Commonwealth work with external partners?
- What action should be taken to develop the capacity for a multi-sectoral response, and what steps should be taken to measure its effectiveness?

## **7 Recommendations for action**

The Multi-Sectoral Plan of Action should:

- provide support for a co-ordinated initiative involving national governments, the Commonwealth Secretariat, the Commonwealth Foundation, the Para55 group, Commonwealth Business Council and Trade Union Council, the Commonwealth of Learning, Commonwealth associations and communities;
- capitalise on the existing mandate and infrastructure of the Commonwealth including its existing mechanisms for collaboration and partnerships;
- build on the Commonwealth's existing focus on gender, youth and people-centered development;
- exploit the Commonwealth's experience in advocacy, brokerage and catalysing activities;
- utilise its expertise in technical advice, training, information-sharing and networking;
- develop as a priority, and with the involvement of all sectors at all levels, principles that are practical and can be applied widely;

- ensure that there is the necessary capacity to put those principles into action;
- harness the Commonwealth's ability to work at all levels and to maintain a balance between a 'top down' and a 'bottom up' approach;
- introduce effective accountability at all levels by those who are responsible;
- ensure that the most vulnerable groups are empowered so that they can play a meaningful role in a multi-sectoral approach.

More specifically the Commonwealth should:

- establish a dedicated HIV/AIDS desk or division within the Secretary General's office;
- promote collaboration between government, business and civil society organisations at international, national and community level;
- identify new ways of working with, and strengthening the roles of, the Commonwealth's business, trades union, professional, educational, women's, youth and media organizations;
- expand the membership of the Para55 Group to include organisations working with youth, gender and related issues;
- encourage the Commonwealth Foundation to integrate its people-centered, development into a multi-sectoral response;
- encourage the Commonwealth Business Council and the Commonwealth of Learning to play a more active role in developing a multi-sectoral response;
- review ways in which HIV/AIDS can be mainstreamed within the Commonwealth's own organisations and ensure that best practices are applied.

