

PLANNING FOR ACTION

SECTION 2

Doing the Groundwork



SECTION 2

Doing the Groundwork

Prior to actually starting to write the strategic plan, there is quite a bit of groundwork that needs to be done, to ensure that we are building the plan on **solid foundations**. In the last section we used a model of house building to describe the strategic planning process – in this section we will address the foundations, bearers, and corner posts of the strategic plan. We will also look at dividing the house into rooms with a particular focus – the focus areas. All of this needs to be done before the rest of the house can be built.

The first chapter in this section describes Situation and Response Analysis. It defines both of these terms, and then describes a step-by-step process for conducting a Situation Analysis and a Response Analysis. Planning from a solid basis of social research, that analyses the existing situation in a country and its impact on HIV/AIDS/STI, as well as analysing national responses to the epidemic, is one of the key features of the strategic planning process.

The second chapter outlines areas of a HIV/AIDS response that need to be considered to ensure that any ensuing plan is broad and covers the wide range of issues that are important in a national response. These key areas have been developed from international experience, and need to be examined in light of the local situation of each Pacific Island country.

The third and final chapter of this section describes the corner posts and bearers of our strategic plan house. These components provide the framework for the rest of the house, and consist of best practice (local, regional and international); community values which in turn lead to guiding principles; and policy and legislation. This chapter defines these components, and outlines how to incorporate best practice, develop guiding principles and review policy and legislation as part of the strategic planning process.

At the end of this section there are summary pages highlighting key points from these three chapters. We will then be ready to move on to start writing the key elements of the plan – goals, objectives, strategies and activities – but we must complete the groundwork first.

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CHAPTER 4

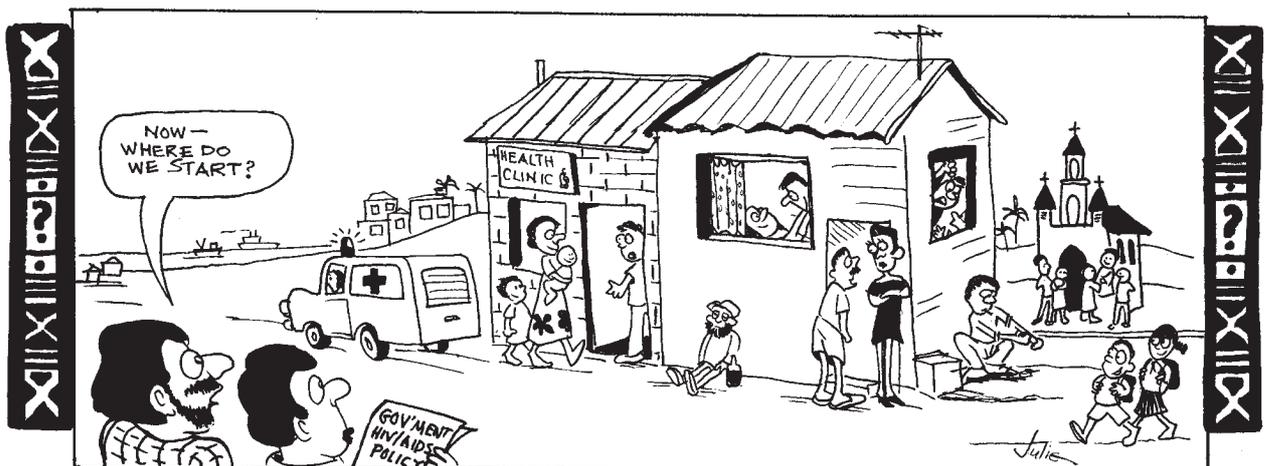
Situation Analysis and Response Analysis

4.1 What is a Situation Analysis?

A Situation Analysis (SA)

- identifies the most common means of HIV transmission in a community
- examines the social, religious, cultural, political and economic factors influencing HIV/STI transmission, and
- examines the ability of governments, organisations, families and individuals to respond.

It puts the epidemic in context, looks at who is vulnerable and tries to explain why.



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4.2 Why do we do it?

The rate of spread of HIV is deeply influenced by background factors – social, religious, cultural, political and economic issues – some of which may help to prevent new HIV infections, while others may increase the spread of HIV. Conducting a thorough assessment of the current situation in a given country allows planners to identify who is vulnerable and why. A good Situation Analysis also allows you to identify local obstacles to, and opportunities for, expanding the response.

This analysis of context helps to

- design strategies for prevention, and strengthen existing programs
 - design strategies for treatment and care, and strengthen existing services
 - set priorities for action
- that are most appropriate for that country.

4.3 What information is needed?

The situations in PICTs that impact on the spread of HIV are many and varied. In order to make description of these complex issues more manageable, it is useful to break up the Situation Analysis into different areas. Global and regional experience has identified many important areas to consider, summarised below:

SUGGESTED AREAS FOR INCLUSION

POPULATION ISSUES

Demography (population size by age, sex)

Migration and mobility (within a country and international travel)

Geography

HEALTH ISSUES

General health indicators (e.g. mortality, morbidity)

HIV/AIDS/STI situation

General health and sexual health services

Traditional healers

Traditional birth attendants (TBAs)

Condoms (availability/affordability/access)

Health promotion

SOCIAL ISSUES

Ethnic and cultural differences

Religion

Sexual behaviour

Drug and alcohol related behaviour

Gender differences

Status of young people

Marriage and family structures

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INDIVIDUAL FACTORS

Sex work

Men who have sex with men

Injecting drug use

Knowledge and skills about prevention

POLITICAL, LEGAL AND ECONOMIC ISSUES

Political system, including traditional government

Law and human rights issues

The economy – national and household

Policies and legislation

Advocacy

PREVENTION SERVICES

Ways of communicating and the media

Education system

HIV testing and counselling

PARTNERSHIPS

Role of NGOs/CBOs

Role of government

Churches

Unions and professional organisations

The private sector

Research institutions

Traditional groups

By asking questions about all of these areas, a lot of information about the context of HIV/AIDS/STI in a country can be collected. Not *all* of these topics will be equally relevant to the HIV epidemic in every country. There will also be important local issues that may not fit into the suggested categories, but which should be explored.

Whilst there are several important areas to explore, it is also important that doing the Situation Analysis fits within your resources – of both time and money. Remember that many things may have already been investigated in the country, and this should be built on rather than done all over again. The key component of a Situation Analysis is collecting and analysing this **existing information** to answer key questions about situations impacting on HIV in your country. Further investigation, such as interviews and surveys, may be needed. How extensive this further investigation is depends upon the resources available for the Situation Analysis.

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4.4 Who will do it?

Normally overall responsibility for HIV/AIDS policy lies with government, usually the Ministry of Health or in some cases the Office of the Prime Minister. Such government bodies may delegate the conduct of the Situation Analysis. For example in Tuvalu the National AIDS Committee who are answerable to the Ministry of Health, chose a Situation Analysis Working Party of seven people. In the Cook Islands, the Ministry of Health obtained the services of a local consultant to conduct the Situation Analysis.

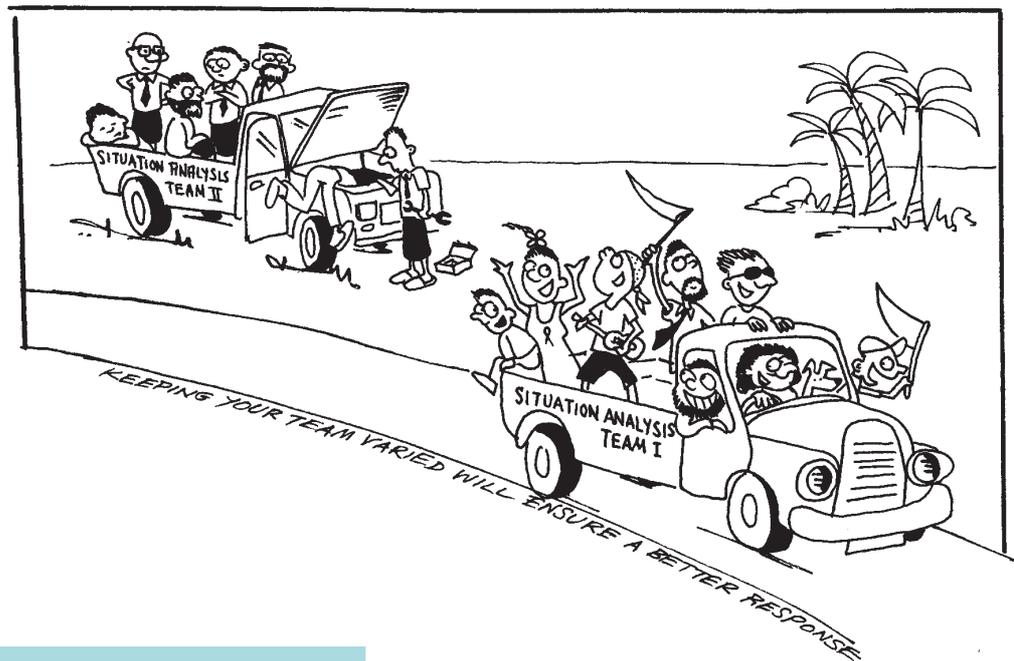
One of the most important initial preparatory tasks is the selection of the individual, or more often the team of people, who will conduct the Situation Analysis. Most often this team would be headed by the National AIDS Manager, or another representative from the National AIDS Committee, but this is not always the case. For example in Samoa the Situation Analysis team was headed by the Ministry of Women's Affairs and in Kiribati the HIV/AIDS Task Force Chairman was the head of the Seaman's Union.

Selection of the right people to conduct the Situation Analysis is crucial

Having experience in social research is very helpful. However someone who is a good listener; who is fair and able to think broadly about complex issues; and who understands the country's cultural traditions, taboos, history and politics would be extremely valuable to the Situation Analysis team – regardless of whether they have formal qualifications or prior research experience. It is also important that the Situation Analysis team can access different sectors of society. Therefore it would be helpful to include in the team a young person who can talk to their peers, and a senior person who can discuss the issue with traditional community leaders.

Putting all the information collected during the Situation Analysis together requires some basic computer skills, particularly in word processing. Ideally a member of the team would have these skills, but if not there will be local people that can help you.

CHAPTER 4 Situation Analysis and Response Analysis



THE SITUATION ANALYSIS TEAM

The key word here is team – everyone working towards the same goal. It is important to include in your team someone with social research skills or experience. It is also important to ensure you will have access to all sections of society (such as youth, traditional leaders and the Church). Experience has also shown that an energetic and enthusiastic leader to act as a driving force for the team makes an enormous difference to the quality of the Situation Analysis.

An example of a very successful team is the group who conducted the Situation Analysis in the Solomon Islands. This large team was made up of representatives from the Ministry of Health and Medical Services, the Ministry of National Planning and Development, the Ministry of Agriculture and National Fisheries, the School of Nursing and Human Studies, Save the Children Fund Australia, Federation of Solomon Island Youth, Honiara Town Council, Development Services Exchange, YCWA and the Central Hospital Medical Laboratory. A crucial factor in the success of this team was the dynamic leadership and commitment of National AIDS Manager, Mr. Ken Konare. Ken's willingness to engage others was instrumental in bringing a great many diverse organisations and individuals into the strategic planning process.

The issue of available time is crucial to consider when putting together a Situation Analysis team. In many PICTs, particularly the small countries, people working in HIV/AIDS often wear 'many hats'. When people have many different and competing commitments, including the need to travel frequently for their work, it may be very difficult for them to devote time to the Situation Analysis. This is important to consider when forming a Situation Analysis team – will these people have time to gather information, attend meetings and analyse the data collected?

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4.5 How do you do it?

Prior to actually starting the Situation Analysis, it is important to make some preparations to ensure that the process is as efficient as possible. In many countries it has been useful to have a multisectoral meeting to identify key local issues and decide which questions need to be answered, before the team starts to collect information. The team should be briefed on where information may be available; on current approaches used by the national AIDS program; and on current difficulties experienced by the program. In most countries there will already be quite a bit of information available. This should be used – there is no point in ‘reinventing the wheel’.

Steps to go through:

Preparation

- Plan the Situation Analysis by making a list of tasks to be done and the estimated cost. Identify local funds and resources available, and other sources of funds. It is also important to identify local protocols which may need to be followed.
- It may be necessary to provide some training for the Situation Analysis team on documentary review (refer to the appendix on social research methods).

Data collection

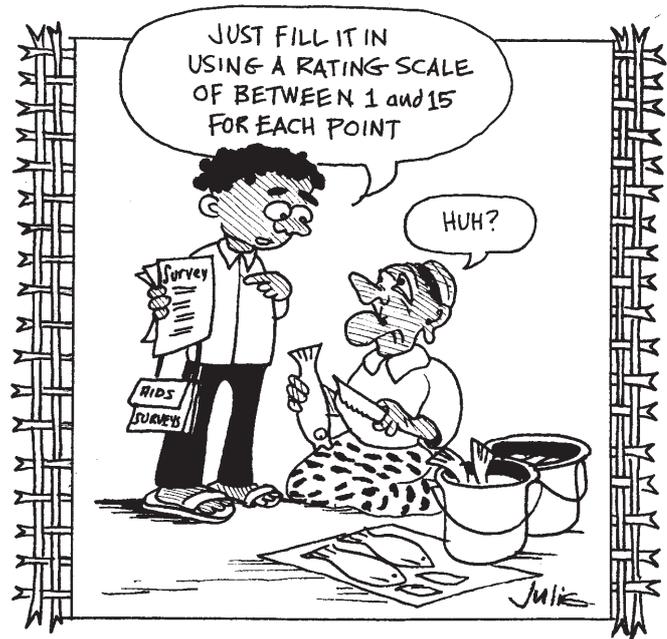
- One of the first tasks is to **collect** as many existing **documents** relevant to the HIV issue as possible. These may be government reports, such as census material and health department annual reports; reports from NGOs, for example the Red Cross, Seamen’s Union or National Council of Women; press articles; and any relevant documents produced by local Churches.
- Once existing information has been collected, the team then needs to identify what gaps exist in the information that is available. What **other** information is needed?

For tips on analysing existing information, please refer to the **documentary analysis** section of the appendix ‘*Hints for Social Research Methods*’.

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- The team also needs to decide what **methods** will be used to collect information that isn't currently available. Some of the different methods of data collection commonly used in Situation Analyses include interviews, focus group discussions, observation and questionnaires. These are discussed in more detail in the appendix '*Hints for Social Research Methods*'.
- It may be necessary to provide some **training** for the Situation Analysis team on social research methods. Local or outside resources to do this need to be identified.

- Develop appropriate tools for data collection, such as questionnaires or interview question guides (these are described in the appendix on social research methods).



- It is helpful to **divide responsibilities** into sectors. For example, if someone on the team is from the health department then he/she may be responsible for gathering, reading and summarising information relevant to that sector. A young person on the team may be responsible for gathering information from youth groups, schools and for interviewing their peers. This is usually a more efficient way of working than everyone trying to do everything. It is important to share and discuss information collected, as other team members will often be better able to see the gaps.

- **Appointments** will need to be **organised** for field visits, interviews and group discussions. Venues and transport also need to be arranged, and the process negotiated with community leaders.
- It is important to access a **variety of local experts and resources**. For example, only talking to one ethnic or religious group may give a biased picture of the situation. By consulting widely, the team will ensure that the behaviours and situations that impact on HIV risk are described for all sections of society. This includes accessing outer island communities as much as possible.

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Data analysis

- There needs to be regular meetings of the team to start the process of data analysis, and make sure that there are no obvious gaps in the information being collected. **Information** gathered by different team members should be compared and **contrasted**. If there are inconsistencies in responses, it will be important to think about the reasons why this is so. For example, older women may report that females do not drink alcohol in that society while information from youth suggests that young women do. Perhaps the situation has changed in recent years, with young women currently drinking in secret.
- It is also important to **compare information gathered using different methods**. Sometimes people will give very different responses when you ask them a question one on one, than when you ask the same question in front of a group.
- The different methods of collecting information that have been successfully used in PICTs are discussed in more detail in the appendix '*Hints for Social Research Methods*'. It is not necessary to use every method. Rather **look at what is practical and likely to be successful in your country**. For example, in some of the smaller island countries focus group discussions have not worked well, because everyone knows everyone else and the traditional community structure limits how openly people are able to speak in front of each other. In other PICTs, focus group discussions have worked very well.

Report writing

- **Compiling all the information into one written report** can be a time consuming task. However, it may be best if **one person takes responsibility** for this to ensure that the style of writing is consistent. Then the team can review and comment upon the report before it is circulated to others.

Constraints

It is important to remember that a Situation Analysis is the first step in the longer process of strategic planning. Whilst it is a crucial part of the process, conducting a Situation Analysis should not be a huge research thesis – you would not want to spend your entire strategic planning budget on just the first step!

It should also be remembered that it is possible to collect too much information – and then get lost in all the data that has been collected. The final document needs to not be too intimidating or it will not be used in the building of the strategic plan. A final constraint experienced in many countries is that of staff turnover. This is one reason why the **team approach** is recommended – to lessen the impact if someone involved in the Situation Analysis leaves.

CHAPTER 4 Situation Analysis and Response Analysis

4.6 The next step – Response Analysis

Having analysed the current situation in a country as it impacts on HIV/AIDS and STIs, the next step in the strategic planning process is to analyse what responses have been made to this situation in the past, and what the current HIV/AIDS and STI response involves.

4.7 What is a Response Analysis?

It reviews the response of all sectors of society, from government-led programs to those generated by NGOs, community groups and private companies. It examines whether responses are appropriate to the situation; looks at gaps in a country's responses; and tries to explain why they exist. It analyses why various initiatives are working well and others are weak.

4.8 Why conduct a Response Analysis?

It is important to find out

- what is working and should be continued or expanded
- what is not working and needs a new approach
- what is no longer relevant and should be dropped; and
- what has not been addressed at all.

It is important that the Response Analysis is not just a checklist of everything that has been done in a country. It is more useful to think about what has worked, to think about what has not worked, and to then try to identify some of the possible reasons why.

Identifying existing responses in policy and legislation

Identifying existing policies and legislation that impact on a nation's response to HIV/AIDS/STI is an important part of the Situation and Response Analysis. Policies and laws that need review and updating to incorporate HIV/AIDS, as well as those which do not exist at all, should also be identified. Policy and legislation are corner posts of the strategic plan, providing a framework for the national response.

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POLICY AND LEGISLATION

A policy can be either a written or unwritten (understood) set of guidelines, which forms a framework to guide decision making in an organisation or government. Good policies should create consistent and effective ways of dealing with HIV and STIs across the country. Part of the Situation and Response Analysis is to identify existing policies that affect HIV/AIDS/STI, and to identify areas where policies are missing or need updating.

The legislation of a country is the laws that are upheld by the judiciary (police and courts). Both domestic and international laws affect responses to HIV/AIDS/STI. Domestic laws are grounded in a country's Constitution and cover national issues such as public health and infectious diseases, immigration and the military. International

law also impacts upon responses to HIV/AIDS/STI. Many Pacific Island Countries and Territories have ratified international human rights conventions such as the Convention on the Rights of the Child (CRC), and the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). Countries that have ratified the CRC and CEDAW have to consider specific obligations related to these conventions when planning their response to HIV.

Policy and legislation are discussed in more detail in Chapter 6 – Corner posts of the Strategic Plan. By referring to the information in Chapter 6, the Situation and Response Analysis team can identify gaps in the country's policies and legislation as relevant to HIV/AIDS and STI.

4.9 Where should we focus?

There are several key areas for consideration when reviewing responses to HIV/AIDS and STI in a particular country. These key areas have been identified by UNAIDS and others, who have gained experience in responding to the HIV/AIDS pandemic over the last twenty years. The Response Analysis should review existing and past efforts, ensuring that the following key areas are addressed:

1. Support and care for people living with HIV/AIDS (PLWHA) and their families
2. Reduction of vulnerability in specific groups and the promotion of safer sexual behaviour
3. Prevention and control of sexually transmitted infections (STIs)
4. Provision of safe blood and safe blood products (and safe disposal)
5. Reducing the harm associated with injecting drug use, alcohol and other drugs
6. Human rights
7. Co-ordination of the multisectoral response.

See Chapter 5 for further information about these key areas.

4.10 How do you do it?

In a similar way to the Situation Analysis, preparation at the start of a Response Analysis will make the process much more efficient. There have been responses to HIV/AIDS/STI made in all Pacific Island Countries and Territories. Many activities are current and ongoing. However, often organisations do not know what other groups are doing. Therefore bringing everyone involved in the response together is a useful starting point. Bringing everyone together has the added advantage of pooling organisational memory. There may be individuals who can remember things about past programs, and why they succeeded or failed, that will provide valuable lessons for future activities.

Steps to go through

The steps involved in a Response Analysis mirror those of a Situation Analysis – preparation, data collection, data analysis and report writing.

Preparation includes organising an initial meeting of people who are currently involved in the response, and those who have been involved in the past. During this meeting arrangements can be made for members of the team to conduct follow up interviews and collect documents from various organisations. Usually members of the Situation Analysis team would also conduct the Response Analysis, but there may be other people who would be particularly helpful to have on the Response Analysis team – for example people in the country who are living with HIV/AIDS, or legal personnel.

Data collection includes gathering documents, and conducting interviews or focus group discussions. Documents to be collected include any evaluations that have been conducted of a project that has contributed to the HIV response.

Evaluations are often made (or required) by donors, to identify lessons learned from projects that can be incorporated into future work. These lessons will also be valuable to the planning of an overall national HIV response. Lessons learned include the identification of obstacles or missed opportunities. For example if a program exists but is not succeeding, the Response Analysis team will consider whether this is because of opposition from an important interest group, or because it is not technologically sound, or because resources have not been identified and mobilised to support the program.

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Interviews and focus group discussions may shed further light on why some programs have been more successful than others. They may also reveal gaps in the current response. It is particularly important when examining national responses, that the people most directly affected by these responses – people living with and affected by HIV/AIDS – have the opportunity to express their views on the relevance, successes and weaknesses of the response to date.

Analysis of responses involves comparing the lessons emerging from different initiatives around the country. A Response Analysis should go beyond listing programs and whether they have met their objectives, but rather examine programs in light of their relevance to the current situation, and identify reasons behind the strengths and weaknesses of the various responses made to HIV/AIDS/STI.

The conclusions drawn by the Response Analysis team also have to be drawn together into a **written report**. Tables listing activities, obstacles, opportunities, strengths and weaknesses of programs in each of the suggested areas of focus (as outlined on page 58) is one way to do this. As with the Situation Analysis, it may be useful to have one person responsible for the final report to ensure consistency of style.

4.11 How do we use all this information?

The most important step in the Situation and Response Analysis is the actual analysis! The key skill of analysis has been outlined in Chapter 3. Analysis means not just describing situations, but rather the team should assess their importance for the HIV epidemic. For example, for each background factor identified the team should discuss if the factor increases vulnerability to HIV; how important it is in that particular country; whether there are obstacles or opportunities for addressing that situation; and where change is most likely to be possible. It is the analysis of the current situation and the responses to it that forms the basis of the strategic plan.

Tables can be a useful way to conduct this analysis, and to also summarise all the information gathered into a report that is easy to use. Pages and pages of text are often hard for people to read and take in. A Situation and Response Analysis that is a large, intimidating document will just sit on the shelf gathering dust – but all this information needs to be used for planning a strong response to HIV/AIDS/STI!

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Below is an example from the Solomon Islands showing how tables are a user-friendly way of summarising, and clearly presenting information, for reference when drafting the strategic plan. The recent Situation and Response Analysis conducted in the Solomon Islands was very thorough, detailed and also very long. To make this document easier for people to use and absorb, the Situation Analysis team produced a summary matrix of needs, opportunities and obstacles. This summary matrix listed issues (and included a page reference to the original Situation Analysis document), factors inhibiting and factors enhancing the spread of HIV/AIDS. Part of this summary matrix is shown below:

Issue and page reference in original Situation Analysis	Factors inhibiting spread of HIV/AIDS	Factors enhancing spread of HIV/AIDS
Commercial Sex Workers (SW) p. 15	<ul style="list-style-type: none"> • established networks that can increase education and condom distribution • sex workers own desire to protect themselves, their health and their future 	<ul style="list-style-type: none"> • lack of knowledge on sexual and reproductive health • prostitution is illegal (making access difficult) • workers have difficulty in negotiating safe sex • negative attitudes towards condoms (clients too) • condoms difficult to access

The team used the same process to present findings from the Response Analysis:

Issue in Response Analysis	Responses inhibiting spread of HIV/AIDS	Gaps in responses to HIV/AIDS and STI
Commercial Sex Workers (SW)	<ul style="list-style-type: none"> • in 1998 there was one workshop held by the MOH for 15 commercial sex workers • one SW was coming for condoms from the clinic, but this has stopped • there is NZODA funding for a program to increase SW knowledge on STI/HIV, reproductive and sexual health and condom distribution in Honiara for 2000-2002 • relationships have been developed between STI coordinator, Sisters of the Church and sex workers 	<ul style="list-style-type: none"> • there is a lack of ongoing programs to increase knowledge of sex workers on sexual health, and their ability to negotiate safe sex and condom use • lack of condom distribution to SW • lack of appropriate IEC materials • lack of SW peer educators within networks • lack of economic opportunities • difficult to access STI treatment and contact tracing because of health worker's attitudes

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With the data summarised like this, it was then straightforward for the Solomon Islands National AIDS Coordinating Committee to use this information as the basis of the section of the strategic plan addressing the needs of sex workers. The objectives and strategies, which were developed for that section of the plan, are shown below:

GOAL:

To reduce the vulnerability of sex workers to STI/HIV infection and to promote safer sexual behaviours

PRIORITY GROUP:

Sex workers

OBJECTIVES:

1. To increase the knowledge of sex workers about STI/HIV/AIDS, and sexual and reproductive health
2. To improve access to condoms and STI treatment
3. To promote protected sex for sex workers
4. To promote alternative employment opportunities for sex workers
5. To increase life skill training for sex workers

STRATEGIES:

- education and training on life skills
- research
- peer and volunteer educators
- promotion of condoms
- legal review
- income generating and small loan schemes
- training for sex workers on sexual and reproductive health
- IEC materials

p.14 – 15, Solomon Island's 1st National Multisectoral Strategic Plan, Ministry of Health and Medical Services, Solomon Islands, August 2000.

This example shows how a thorough analysis of the current HIV/AIDS situation, and of the responses that have been made to it, are fundamental in the development of a strategic plan that appropriately addresses local needs, obstacles and opportunities. All these steps are necessary, as shown in the planning cycle illustration on page 21.

CHAPTER 5

Key areas of the response

5.1 What are the key areas that must be included in an expanded response to HIV/AIDS and STI?

Each country will have different priorities for a national response. The Situation Analysis will have identified the most important factors that fuel (or will potentially fuel) the HIV/AIDS epidemic in the country. The Response Analysis will also have highlighted areas that need attention in the new strategic plan.

Whilst each country will identify different priorities, international experience over the last twenty years has shown that there are several key areas that should be considered. In no particular order of importance, these key areas include:

1. Treatment, care and support for people living with HIV/AIDS (PLWHA) and their families

In many countries there is a strong tradition of caring for people who are unwell at home. Family obligations make home-based care of the sick the norm in most PICTs. Family members and community members will usually provide the bulk of care and support for PLWHA as well. As HIV has social, economic, psychological and health consequences for people living with HIV, families with HIV may need a wide range of support, and their needs will change over time.

These needs may involve: nursing care; training in universal precautions and infection control; counselling; social support (for example, help to reduce stigma and family fears of the PLWHA, or support for children when the parent(s) are ill); credit programs; legal aid; and workplace support to allow the PLWHA to continue working as long as possible. These needs must be met to allow the PLWHA and their family to make choices about the future, and to maintain the best quality of life possible for the entire family unit.

SECTION 2 Doing the Groundwork**2. Reducing the vulnerability of specific groups and the promotion of safer sexual behaviour**

When discussing the ‘vulnerability’ of specific groups, we mean the factors that make it more difficult for some population groups to protect themselves against HIV infection. Some groups are especially vulnerable to HIV because of their marginalised position in society. People who have reduced access to HIV information (such as poor or illiterate people or those living in particularly remote areas), limited resources, or whose job or position may expose them to high HIV risk (such as sex workers, migrant labourers, or seafarers), are more vulnerable than the general population. Some other population groups have limited power to protect themselves sexually – such as women and young girls; young people in general; and prisoners.

Programs and interventions in this area may attempt to address the background reasons for the vulnerability of particular groups (such as addressing alcohol abuse in ports). Other programs increase people’s capacity to protect themselves (for example, by teaching young people skills to negotiate safer sex). Interventions may also attempt to strengthen legal protection for vulnerable groups (for example, by tightening the laws against sexual abuse of women).



CHAPTER 5 Key areas of the response

3. Preventing and controlling Sexually Transmitted Infections (STIs)

Control of STIs and HIV are closely linked. It is well established that effective, early treatment of STI reduces HIV risk. Interventions to reduce STIs may include education on safer sex; improvement of treatment seeking behaviour; involvement of partners in treatment; **syndromic management*** of STIs and condom distribution. Special efforts may be necessary to reach the vulnerable groups described above.

4. Provision of safe blood supplies

In the area of blood safety it is essential that blood is available from a low risk population that donates blood voluntarily and without payment. Mechanisms should also be in place to ensure that blood and blood products are screened for safety. Even with screening, there will *always* be some risk associated with blood transfusions because of the window period, when a person who is infected with HIV may test negative (see Chapter 1). Therefore, in all hospital situations blood transfusions should be given only when absolutely necessary. Mechanisms for safe handling and disposal of blood and blood products also need to be in place.

5. Reducing the harm associated with injecting drug use, alcohol and other drugs

Harm reduction, which aims to prevent the harmful consequences of drug use, is an approach to the prevention of HIV infection through injecting drug use that has been implemented in different ways throughout the world**. An example of a harm reduction strategy that aims to prevent HIV transmission through the injection of drugs would be programs that distribute free, clean needles and syringes to drug users. Other strategies

* There are limitations in applying syndromic management to STIs, particularly when diagnosing STIs in women. It has been found that the WHO algorithms for vaginal discharge are not suitable for use as a screening tool for case detection in areas where prevalence is low. Effective use of syndromic management requires extensive training of health workers and consistent supply of drugs used in treatment. For further information about syndromic management of STIs, refer to the WHO website www.who.int

** *Manual for Reducing Drug Related Harm in Asia*, The Centre for Harm Reduction, Macfarlane Burnet Centre for Medical Research and Asian Harm Reduction Network.

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include counselling and assisting drug users with medication (such as methadone) that takes away their craving for the drugs (called ‘drug substitution’). These strategies may need to be considered. Advocacy and legal reform may be needed in countries to change laws that perpetuate the problem of IV drug use. **Harm reduction principles can also be applied to alcohol.** Alcohol abuse must be considered in a response aiming to prevent HIV transmission, because of the link between alcohol use and risky sexual behaviour. The risks associated with alcohol have been described in situation analyses from several Pacific Island countries.

6. Human rights

Human rights issues which need to be addressed include:

- ensuring that all people in the country have access to HIV information, education, and services;
- that people with HIV can take part in normal life and are not discriminated against;
- that one’s HIV status is kept **confidential**; and
- that no one is tested against his/her will.

Policy and legislation need to be reviewed to ensure that the rights of people living with HIV/AIDS, the rights of their families, and the rights of the community are protected.

HUMAN RIGHTS, HIV/AIDS AND WOMEN IN SAMOA

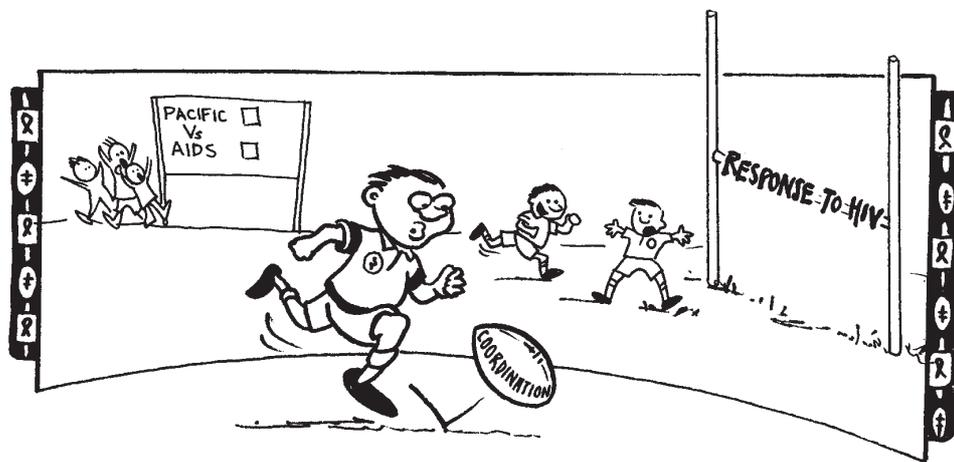
In Samoa, the Ministry of Women’s Affairs (MOWA) has taken the lead in responding to the impact of HIV/AIDS on women and their families. The human rights of women living with HIV/AIDS, and the rights of their families, was seen as a high priority in the development of the MOWA’s Strategic Plan.

An important goal of the Strategic Plan in response to the impact of HIV/AIDS on Women, was to ‘protect the human rights of all women living in Samoa, including those living with HIV/AIDS’. The Samoan government has ratified both the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC), and the MOWA has been designated the focal point by government for these conventions. Therefore one of the objectives developed to meet the goal of protecting the human rights of women living with HIV/AIDS, was to raise community awareness of the importance of these international conventions and how the obligations raised by these conventions affect Samoan society.

CHAPTER 5 Key areas of the response

7. Co coordinating the multisectoral response

The involvement of many sectors in the HIV/AIDS response is vital to a good strategic plan. This requires a significant degree of coordination to ensure that different government ministries, NGOs, Churches and the private sector are able to work together efficiently and effectively – and to ensure ongoing communication between the designated national focal point for HIV/AIDS and those actually implementing and affected by the response. Coordination is also required to monitor and evaluate both the plan and the epidemic, and to ensure sufficient resources are mobilised to support the response.



5.2 Cross cutting issues in the response

There are several other issues that cut across several areas of an effective response to HIV/AIDS and STI. These include:

- Surveillance
- Behavioural monitoring (BSS – Behavioural surveillance studies)
- Research
- Voluntary counselling and testing
- Gender considerations

These issues may form part of the response to care and support needs, to STI prevention and control, or to promoting safer sexual behaviour – in fact these issues may need to be addressed to ensure an effective response in any of the key areas. Development and implementation of surveillance, research and testing systems requires considerable coordination to ensure effective implementation by organisations working across various areas of the response. Coordination is required to prevent unnecessary duplication of services, and to ensure activities are working towards achieving the same overall aim.

SECTION 2 Doing the Groundwork

Gender considerations cut across all of the key areas listed in this chapter. Strategies to respond to HIV/AIDS and STI must identify and address the social, economic and power relations between women and men, among men, and among women. Gender must be considered when developing responses in any of the key areas by asking the question “is the planned response going to address the needs of both men and women?” For example, are there differences in the ability of men and women to seek treatment for STIs? To access information about HIV/STIs? To access condoms to protect themselves from HIV/STIs? Whilst in most Pacific Islands Countries and Territories more men than women have become infected with HIV, this situation is likely to change. Women around the world are considered more vulnerable to HIV/STI, for both physiological and socio-cultural reasons. For more information about gender-based responses to HIV/AIDS, *Facing the challenges of HIV/AIDS/STDs: a gender based response*, 1998, Royal Tropical Institute, SAFAIDS and UNAIDS, is a useful reference. The UNAIDS website also has a lot of information about gender considerations.

Not all PICTs will include every one of these key/focus areas as a priority. For example in many PICTs, injecting drug use is rare, and if this is the case it may not be necessary to devote a large amount of time and energy to promoting safe drug injecting behaviour. These key areas have been developed from international **best practice**, and are to serve as a guide to developing the unique national plan of each country.

CHAPTER 6

Corner posts of the Strategic Plan:

Best Practice; Community Values and Guiding Principles; Policy and Legislation

6.1 What is Best Practice?

Best Practice is the continuous process of learning, feedback, reflection and analysis of what works and how well it works, what does not work, and why. Drawing on practical experience from countries around the world, effective approaches, policies, strategies and technologies are identified as 'best practice'. Areas where best practice policies, strategies and projects have been identified include condom promotion, voluntary HIV counselling and testing, helping HIV-positive mothers to have healthy babies, and preventing HIV in mobile populations and other at-risk population groups.

There are several examples of 'best practice' from the Pacific region. Peer education has been strongly advocated by UNAIDS as a way of effecting change in knowledge, attitudes and behaviours. The principles of peer education have been successfully adapted in several PICTs, to address the needs of very different groups. Some examples include the 'Youth to Youth' project in the Marshall Islands, and 'Friends talk to friends' with married women in the Solomon Islands. The AIDS Task Force of Fiji focus on HIV/AIDS/STI peer education and have a network in the region. The SPC Seafarers Project has then integrated this local expertise into their programs run through organisations such as Sautiamai Catholic Services in Samoa, the Kiribati Red Cross and the Vanuatu Young People's Population. Other best practices from the Pacific region include Vanuatu's Wan Smolbag theatre using traditional dramas and story telling as methods of disseminating information about HIV/AIDS.

SECTION 2 Doing the Groundwork

Best Practice does **not** mean the adoption or implementation of exactly the same policies, strategies, programs or activities as other countries. HIV/AIDS work is set in a context, which will have similarities to other places, but is never exactly the same. However, lessons can be learned from other places. Whilst programs that have been described as best practice in another country may not be applicable to the local situation, the principles behind the program often are.

Best Practice is putting into action the simple saying:

‘Don’t reinvent the wheel’.

Learn and improve and adapt the experience of others to address your unique situation.

Taking the lessons learnt from others and then working to address our unique set of cultural and social issues, means we are able to learn from worldwide experience but still meet the particular needs of our community to develop the most effective programs possible.

UNAIDS has developed a series of best practice publications that can be accessed via the internet (www.unaids.org). Subjects covered are many and varied, including:

- Children and young people
- Access to care, support and treatment
- Epidemiology
- Prevention
- Human rights, ethics and gender
- Economics and development
- HIV notification and reporting
- Impact on health systems
- NGOs and networks
- Voluntary counselling and testing
- Community mobilisation
- HIV in the workplace
- Mother-to-child-transmission
- Persons living with HIV/AIDS
- Mobile populations
- Vaccines
- Role of religious organisations
- Responses at different levels
- Responses by different sectors
- Response support activities

CHAPTER 6 Corner posts of the Strategic Plan

6.2 What are Community Values?

Community values underpin all interactions within cultures, communities and societies. Community values are beliefs about what constitutes acceptable (good) and unacceptable (bad) behaviours. These values can be enshrined in law (statutes), tradition, culture, religious beliefs and practices. Community values may evolve because ‘we have always done it like this’. Some of these values are espoused as ‘public morality’ and others seen as personal morals, values or standards. Most people will know these values, teach them to younger generations and use them as standards to judge other people’s behaviour; however they may or may not adhere to them themselves (‘double standards’).

Some examples of community values that have been raised in different workshops from countries throughout the Pacific region are:

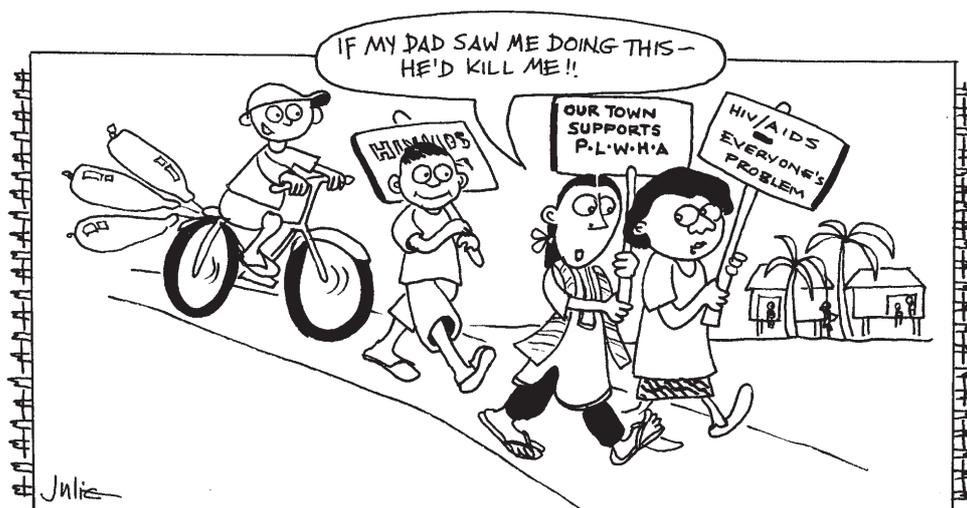
- There are no secrets in our community
- Family members look out for each other
- Disease is the punishment for sin
- Christian ethic of love for each other
- Young people are not sexually active
- Everyone is honest and moral

Participants at the workshops highlighted that not everyone in the community would agree with these values, or adhere to them themselves.

Community values have a major influence on behaviours and attitudes. What we must remember is that community values are not absolute and are always subject to change. They change over time, in response to political and social upheavals and as a consequence of scientific discovery and technology. Changes in the values of a community can affect and change the response to HIV/AIDS in that community.

Not all individuals in a community subscribe to the community values of the majority. This is important to keep in mind when developing a strategic plan built on the values of the community. How are you going to ensure that the plan does not exclude

those members of the community who disagree with some of the values that the majority of the community hold? Societies are not homogenous, and there will be different sets of values held by different groups within the one country. Any national strategic plan must reflect this range of community values.



SECTION 2 Doing the Groundwork

Community values can be helpful or harmful in responding to HIV and STIs. If they are helpful then they are ‘opportunities’ or ‘enablers’ for developing effective responses. This is because people are more likely to act in accordance with what is already familiar and acceptable. If community values are harmful to the HIV response then they are ‘obstacles’, and strategies must be developed to overcome them. Sometimes it is important to encourage change – to challenge the values of a community in a positive way to ensure community values reflect the contemporary situation and support effective responses to **new issues** in a community such as HIV/AIDS.

6.3 What are Guiding Principles?

Guiding principles are the moral and ethical values that form the basis of a strategic plan. These principles are mutually agreed through debate and discussion and will form the philosophical base against which Goals, Objectives, Strategies and Activities (refer to Section 3) are tested. Best practice from other places can be a good guide for developing guiding principles, but guiding principles from outside should not be adopted without community debate of their appropriateness for your particular setting. Debate is necessary to create ownership of, and responsibility for, the direction of the strategic plan.

To develop appropriate guiding principles communities will need to look to their moral and ethical values, and at what is ‘best practice’ locally and overseas in preventing HIV and STI. Some examples of the way community values can be built on to develop guiding principles in different PICTs are:

- Cook Island values of support and caring were the basis of the guiding principle ‘All persons have the right to easy access to knowledge, counselling and treatment of HIV/STIs and the means to prevent transmission (condoms)’.
- Tuvaluan community values of ‘parental and family respect’ led to the guiding principle ‘Parents should be encouraged to take the initiative in sharing information about HIV/AIDS and STI with their children’.
- The community value placed on funeral practices in the Solomon Islands was built on to form the guiding principle, ‘There should be no discrimination against PLWHA in life or death. People should not die alone, and burial rights should be observed and respected for all, irrespective of HIV status’.

The guiding principles of a plan support more specific policies in areas such as accessing condoms, blood supply, pregnancy and HIV, informed consent, and so on. Guiding principles can also be enshrined in legislation to ensure that the rights of people are protected.

CHAPTER 6 Corner posts of the Strategic Plan

6.4 What is Policy?

A **policy** is generally a written framework to guide sound decision-making in an organisation. It is a statement of intended actions or procedures in response to certain situations and issues. Sometimes there is an unwritten policy that is part of an organisation's culture and may differ from the written policy, or may have arisen due to the lack of a written policy.

HIV challenges us to think and act in new ways, which may require new policies, to deal with emerging situations. It is important that policies assist in dealing with HIV and STIs consistently and effectively across the community. Without policies various sectors and organisations may make decisions and take actions that are contradictory or follow inferior practices.

Policies need to be based on:

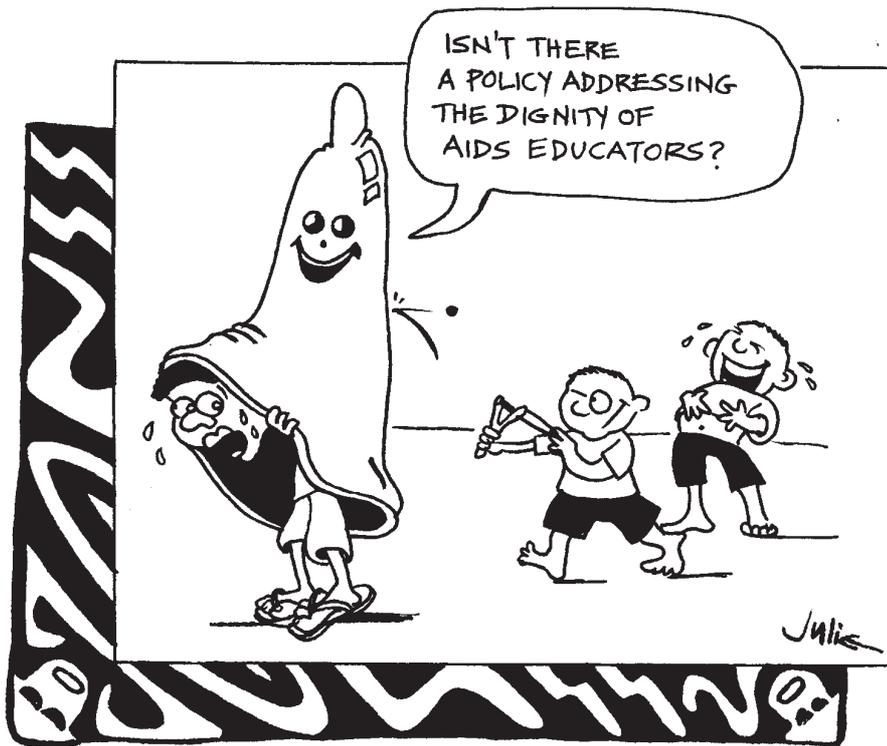
- knowledge and understanding of community values and attitudes
- knowledge, understanding and the appropriateness of 'best practice' in responding to HIV/AIDS/STI.

It is important that policies are developed in consultation with the community for whom they are intended or who will be affected by them. For example, policies affecting young people should be developed through a collaborative effort of parents, teachers and young people – all participating in reaching an understanding.

Understanding community values and attitudes is also important because they can support effective policy development. For example, the community value that encourages family support for ill people can be used as the basis for a policy supporting home care for people living with HIV. However, community values can conflict with best practice. For example a community value that discussing sex is unacceptable could conflict with sharing information on safe sex and condoms. In such cases, policies need to address the potential obstacles these community values may pose to an effective HIV response.

Usually Public Health policies are already applicable. Existing policies should not be ignored, but rather built upon. However HIV/AIDS poses new challenges to communities, and therefore existing policies may need to be reviewed or expanded to cover the many new issues associated with HIV.

SECTION 2 Doing the Groundwork



An overall HIV policy could include:

HIV testing

- addressing issues such as voluntary testing; informed consent; pre and post test counselling; confidentiality of results; and partner notification

Health Care

- covering aspects of the response such as access to treatments and support; access to appropriate medications; universal precautions for infection control with blood and body fluids; safe disposal of waste products and equipment; testing of blood products; pregnant women and HIV/STIs; referral, discharge, home care and support; and traditional medicine

Public Health

- surveillance; notification of infectious diseases; security of data bases; access to means of preventing infection; and migration and tourism

Counselling

- counselling before and after HIV testing; counselling for those affected by HIV/AIDS; bereavement counselling; and family support

Research

- ethics and informed consent; dissemination of results; and intellectual property

Education

- access to appropriate and correct information; health care workers to have appropriate training; and media responsibilities

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Legal and human rights

- mandatory testing; informed consent; discrimination issues for PLWHA; persons charged with sexual assault; wilful transmission of HIV and STIs; and freedom of assembly, movement and travel

Employment

- right to employment; right to housing; and unfair dismissal

Prisoners

- compulsory testing; voluntary and forced segregation of prisoners with HIV; and access to condoms

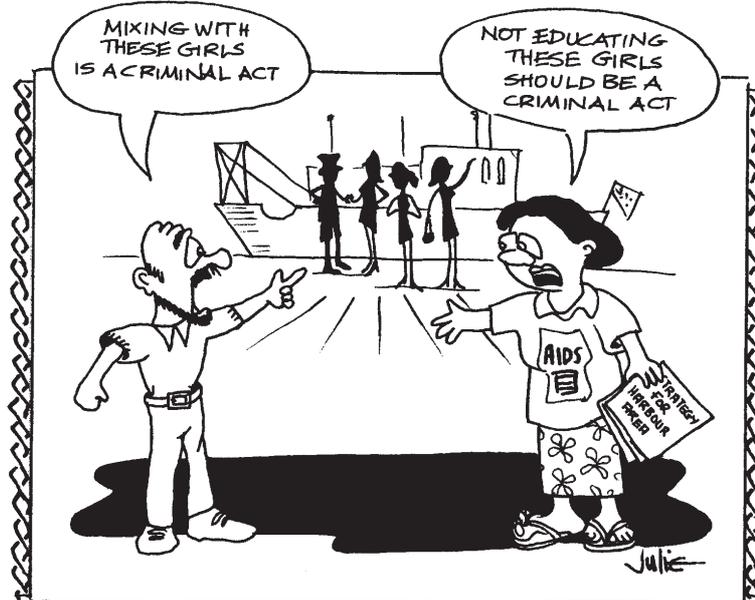
It is **not** necessary to develop new and separate policies for all these areas. Policies will already exist for many of the issues listed above, others will simply need revision to include HIV/AIDS. Many PICTs developed Medium Term Plans to respond to HIV/AIDS in conjunction with the Global Program on AIDS – the forerunner to UNAIDS – addressing the issues listed above. This list is intended to give an overview of the many areas that HIV/AIDS impacts upon, and to guide policy review. It is not intended to create an unrealistic amount of work for those developing a strategic plan! The strategic plan may simply identify the policies that need to be developed or changed.

6.5 The Law and HIV/AIDS

The role of the law in an epidemic such as HIV/AIDS may not be immediately apparent. Most obviously, the law can be viewed as a set of rules made by parliament or the courts defining what is allowed and not allowed in a society. The law can affect the individual by making particular acts illegal. However, more broadly the law has a role to play in defining what the broader moral, cultural and social boundaries in a society are. Although the law is influenced by community attitudes, it also has a role in shaping or reinforcing those attitudes. For example, the impact of laws that make commercial sex work illegal can be seen on more than one level. On the individual level, such laws affect the security and freedom of the individual sex worker. On a societal or community level these laws have the effect of driving sex work underground, making it more difficult for health education or prevention and treatment activities to occur than otherwise might be the case. This example illustrates how the law is an important consideration in any HIV/AIDS work.

We would like to acknowledge Douglas Orr (IDSS) for the contribution on law and HIV/AIDS.

SECTION 2 Doing the Groundwork



Responses to the epidemic may require the support of strategic changes in domestic laws. How this can occur will vary from country to country. In some cases, domestic laws exist that provide the framework for action around HIV/AIDS issues. Some countries have a *Bill of Rights* that provide a legal framework for the protection of individual rights. In other countries specific legislation may be accessed such as labour or employment laws that prevent discrimination. In the absence of relevant domestic laws, the international human rights framework provides a good starting point for action.

Human Rights relevant to HIV/AIDS

This section has been adapted from *The UNAIDS Guide to United Nations Human Rights Machinery*. The human rights which are most relevant to HIV/AIDS are:

- Non discrimination and equality before the law
- Life
- Health
- Liberty and security of the person
- Freedom of expression
- Freedom of movement
- Privacy
- To marry and found a family
- Education
- Work
- An adequate standard of living
- Social security, assistance and welfare

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- To seek and enjoy asylum
- To share in scientific advancement and its benefits
- To participate in public and cultural life.

In addition the rights of the child and the rights of women are addressed in specific human rights conventions. These two international conventions are:

- the Convention on the Rights of the Child (CRC)
- the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)

Countries who have ratified these Conventions have an obligation to observe them. However, not all Constitutions readily embrace the inclusion of such international obligations to influence judicial rulings on domestic legal matters.

Reducing vulnerability to infection by HIV

The Law has a role to play in reducing the vulnerability of a community to HIV infection.

Legislation may need to be reviewed to ensure protection of the following rights:

- The right to non-discrimination and equality before the law, so that people are not mistreated on the basis of their actual or presumed HIV status or because they belong to a marginalised group.
- The right to privacy, so that people are protected from mandatory testing or that HIV status is kept confidential.
- The right to education and information.
- The right to health, so that people can access services for health care and prevention, including STIs, condoms etc.

Ensuring legal protection of these rights for individuals is a prevention intervention, reducing the vulnerability to HIV infection of the whole community.

SECTION 2 Doing the Groundwork

Reducing the impact of HIV/AIDS

Certain rights can help those living with or otherwise affected by HIV/AIDS to maintain their health, employment, standard of living and quality of life.

These rights are:

- The right to non-discrimination before the law.
- The right to liberty – to be protected against imprisonment, segregation or isolation imposed solely because of HIV status.
- The right to health – not to be denied health care and treatment.
- The right to education – not to be dismissed from school on the basis of HIV status.
- The right to work – not to be excluded from recruitment because of HIV status.
- The right to marry and found a family.
- The right to social security, assistance and welfare.
- The right to freedom of movement – not to be subject to travel restrictions on the basis of HIV status.
- The right to seek and enjoy asylum if HIV positive.

The international guidelines on HIV/AIDS and Human Rights

In September 1996, the Second International Convention on HIV/AIDS and Human Rights was convened by UNAIDS and the Office of the UN High Commissioner for Human Rights. The convention developed the *International Guidelines on HIV/AIDS and Human Rights*. They were welcomed in 1997 by resolutions of the Commission on Human Rights and the Sub-Commission on the Prevention of Discrimination and Protection of Minorities. The Guidelines clarify the obligations contained in human rights instruments (the source of the rights described in the sections above) such as:

- The United Nations Charter
- The Universal Declaration of Human Rights
- The International Covenant on Economic, Social and Cultural Rights
- The International Covenant on Civil and Political Rights
- The Convention on the Elimination of All Forms of Racial Discrimination
- The Convention on the Rights of the Child

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The 12 Guidelines are aimed at governments. They provide benchmarks to implement and measure performance in developing a rights-based approach to the epidemic. UNAIDS has produced a *Handbook for Legislators on HIV/AIDS, Law and Human Rights*. This provides very useful guidance for parliamentarians and other elected officials to promote and enact laws, or undertake law reform, to support an effective response to the epidemic. It is available in both English and French on the UNAIDS website at: www.unaids.org/publications/documents/human/index.html#ethics

Another useful publication, produced by the International Council of AIDS Service Organisations (ICASO) is *An Advocate's Guide to the International Guidelines on HIV/AIDS and Human Rights*. This publication is aimed at NGOs and community groups wishing to do advocacy work for HIV/AIDS legal reform on the basis of the international human rights framework. It can be downloaded from the internet at: www.icaso.org/actionpack.html

Identifying domestic legislation that may impact upon the HIV/AIDS/STI response is an important part of strategic planning. It is important to identify existing legislation that may hinder the response, in order to be able to plan strategies that address this situation. If you identify legislation that will negatively impact on the activities you have included in your strategic plan, it will be important to include advocacy as a strategy in the plan as well. Advocacy of governments, politicians and other decision makers for change in the law has been an important aspect of many strategic plans developed throughout the Pacific region.

It is also important that national legal personnel are involved in strategic planning, to ensure that all the team are aware of national policy and legislation, and can make the most of the opportunities that this may raise.

OVERHEAD

What is a Situation Analysis?

- A Situation Analysis (SA) examines
- the social, religious, cultural, political and economic factors influencing HIV/STI transmission, and
 - the ability of governments, organisations, families and individuals to respond.
- It puts the epidemic in context, looks at who is vulnerable and tries to explain why.

- This helps to
- design strategies for prevention, and strengthen existing programs
 - design strategies for treatment and care, and strengthen existing services
 - set priorities for action that are most appropriate for that country.

Suggested areas for inclusion in a Situation Analysis:

- Population issues
- Prevention services
- Health issues
- Partnerships
- Social issues
- Political, legal and economic issues
- Individual factors

Steps to go through in the Situation Analysis:

- Preparation
- Data collection
- Data analysis
- Report writing

OVERHEAD

What is a Response Analysis?

- A Response Analysis (RA)
- Reviews the response from all sectors of society
 - Examines whether responses are appropriate to the situation
 - Looks for gaps in the response and tries to explain why they exist
 - Analyses why some programs work well and others do not

It is important to find out

- what is working and should be continued or expanded
- what is not working and needs a new approach
- what is no longer relevant and should be dropped; and
- what has not been addressed at all.

The same steps that are required for a Situation Analysis are also necessary for the Response Analysis (preparation, data collection, data analysis, report writing).

The key areas of a response to be considered are:

- care and support for people living with and affected by HIV/AIDS
- reducing the vulnerability of specific groups, and promoting safer sexual behaviour
- prevention and control of sexually transmitted infections
- ensuring provision of safe blood supplies
- reducing the harm associated with drugs and alcohol
- human rights
- coordination of the multisectoral response

OVERHEAD

What is Best Practice?

- Best Practice is the continuous process of learning, feedback, reflection and analysis of what works and how well it works, what does not work, and why. Best practice draws on practical experience from countries around the world.
- It is putting into action 'don't reinvent the wheel'.
- Best practice means learning and improving and adapting the experience of others.

What are Community Values?

- Community values are beliefs about what constitutes acceptable (good) and unacceptable (bad) behaviours
- Community values can be helpful or harmful in responding to HIV and STIs. If they are helpful then they are 'opportunities' or 'enablers' for developing effective responses, if they are harmful then they are 'obstacles' to be overcome by strategies in the response
- Community values are built upon to develop guiding principles.

What are Guiding Principles?

- Guiding principles are the moral and ethical values that form the basis of a strategic plan. These principles are mutually agreed through debate and discussion
- Guiding principles are derived from community values and the lessons of best practice

OVERHEAD

What is Policy?

- A policy is generally a written framework to guide sound decision-making in an organisation
- Policies assist in dealing with HIV and STIs consistently and effectively across the community

Many policies will already exist. They may simply need to be reviewed to incorporate issues associated with HIV/AIDS. Policy areas that may need review or development include:

- | | |
|-----------------|---------------|
| → HIV testing | → Health care |
| → Employment | → Counselling |
| → Public health | → Prisoners |
| → Research | → Education |
| → Human rights | |

What is Legislation?

- Legislation refers to the laws and statutes that exist for good governance. Laws in a wide range of areas can impact upon the HIV/AIDS/STI response.

International conventions which impact upon the HIV/AIDS response include the Universal Declaration of Human Rights, the Convention on the Rights of the Child and the Convention on the Elimination of all forms of Discrimination Against Women.

Domestic law also impacts on the HIV/AIDS/STI response and may need review or amendment in the longer term.



SECTION 2 Doing the Groundwork