

# ADVOCACY GUIDE: HIV/AIDS PREVENTION AMONG INJECTING DRUG USERS







### WHO Library Cataloguing-in-Publication Data

World Health Organization.

Advocacy guide: HIV/AIDS prevention among injecting users: workshop manual / World Health Organization, UNAIDS.

HIV infections - prevention and control
 Acquired immunodeficiency
 Substance abuse, Intravenous
 Health promotion - methods
 Manuals
 I.UNAIDS II.Title.

ISBN 92 4 159182 X

(NLM classification: WC 503.6)

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Printed in Switzerland

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## **ACKNOWLEDGEMENTS**

This manual was prepared by the International Harm Reduction Association (IHRA) and written by Dave Burrows, Consultant on HIV/AIDS and injecting drug use issues, Sydney, Australia. The following people edited the document: Andrew Ball, Monica Beg, Gundo Weiler, Richard Steen and Isabelle de Zoysa, Department of HIV/AIDS, WHO; Karl-Lorenz Dehne and Christian Kroll, Vienna Office, UNAIDS; and Moruf Adelekan and Chris van der Burgh, UNODC.

A Technical Reference Group was established to assist in preparing this guide by commenting on various drafts and providing information, case studies and exercises. WHO, UNAIDS and UNODC acknowledge the contributions from and thank the members of this group: Larisa Badrieva, Anindya Chatterjee, Miguel de Andres, Karl Dehne, Martin Donoghoe, Jimmy Dorabjee, Chris Fitch, Tatiana Hicarova, Silvia Inchaurraga, Konstantin Ledezhetev, Annie Madden, Peter Markelov, Victor Marti, Palani Narayanan, Bill O'Loughlin, Sujata Rana, Gennady Roshchupkin, Timothy Ross, Sebastian Schmidt-Kaehler, Mukta Sharma, Komdon Singh and Emilis Subata.

WHO acknowledges the generous contribution of the Australian Agency for International Development (AusAID) to the development of this guide.

# INTRODUCTION

## WHY THIS GUIDE?

he World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Office on Drugs and Crime (UNODC) developed this guide jointly based on a wealth of experiences by individuals, institutions and nongovernmental and international organizations on the role of advocacy in establishing HIV/AIDS prevention and care programmes for injecting drug users (IDUs). It builds on several publications on general advocacy and specific advocacy programmes for HIV/AIDS, which are referred to Chapter 13.

HIV/AIDS among IDUs remains a neglected issue. Although policy-makers, programme planners at the community and national levels and international donors have paid increasing attention to HIV/AIDS in recent years, the specific epidemics of HIV/AIDS among IDUs and the response needed have attracted much less attention and funding. Efforts have been made within the United Nations to harmonize policies on global drug control and HIV/AIDS prevention and to build interagency collaborative mechanisms; however, country-level capacity to address HIV/AIDS among IDUs remains low. Prevention services remain extremely limited in most places. Care and support services frequently remain unavailable for IDUs and are not tailored to their specific needs, even where programming and funding for HIV/AIDS prevention has considerably expanded otherwise. A review of country responses in 2002 noted that IDUs tend to be excluded from highly active antiretroviral therapy, and often even from basic primary care, almost everywhere. An extra effort is therefore necessary to promote equal HIV/AIDS prevention and care among IDUs.

The purpose of this guide is to provide a wide audience with a systematic approach to such advocacy, which could be replicated and adapted to various cultural, economic and political circumstances. Part 1 outlines the general principles of advocacy for HIV/AIDS prevention and care for IDUs. This is followed by Part 2, a step-by-step process of establishing advocacy groups with specific goals; situation analysis; strategy development, including analysis of stakeholder and advocacy audiences; and implementation of action.

Part 3 contains descriptions of a wide range of tools and methods for achieving advocacy goals. It provides examples of their use in various country settings. Part 4 provides the most frequently used arguments related to HIV/AIDS prevention among IDUs and useful resources.

Not all advocacy methods work similarly in every social and political context; these methods should be adapted to the specific social, cultural and political circumstances in which they will be used. Most methods described here could be used, after such an adaptation, at the community, district and national levels, and even in the inter-country context, such as at the regional and global levels. They should be used at these various levels in parallel. Advocacy at the various levels interacts: for example, work at the national level affects the community level and vice versa, and policy changes at the global or regional level are often followed by national revisions in policies and practices.

A multi-level approach requires a combination of methods to be most effective. For example, the best assessment is useless if the results are not properly packaged and made available to the various target audiences. All methods presented here and how best to combine these methods should therefore be considered to achieve each specific advocacy objective.

Many advocacy success stories related to HIV/AIDS prevention among IDUs have not used the systematic approach outlined here. If a group of people is well versed in advocacy on other issues and has access to influential individuals and groups, they will often not need to follow every single step in this guide but will be concerned with maintaining what has already been achieved. Other advocates may be less experienced or operating in societal contexts where advocacy is unusual or where there is little knowledge of, or interest in, issues around HIV/AIDS and injecting drug use. They may find that closely following the steps outlined in this guide can lead to some early success, which can then lead to greater confidence and further advocacy work.

The guide is, therefore, designed for individuals, groups, institutions and organizations throughout the world concerned about HIV/AIDS among IDUs that want to establish and maintain an environment in which HIV/AIDS prevention among IDUs can be implemented effectively. Depending on the local situation, these may include health professionals, lawyers, judges, politicians, public servants, prison officials, drug users and their families, former drug users, journalists and other people in the mass media, national and international nongovernmental and intergovernmental organizations and funding organizations. This guide is for use by any member of these groups or anyone else interested in ensuring that HIV/AIDS among IDUs is successfully addressed.

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