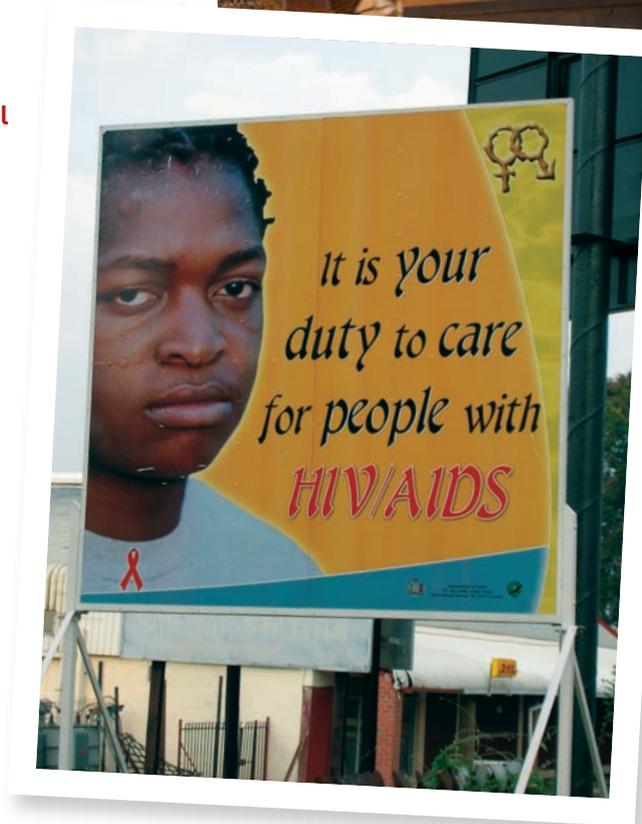


1. PRINCIPLES

VSO has established a set of principles that will guide and underpin all our HIV and AIDS work. These principles are relevant to all the themes outlined in the other key positions in this paper.

SUMMARY OF PRINCIPLES

- We work with a rights-based approach, which asserts the rights of people to access fundamental human rights.
- We believe in the full involvement of people living with HIV and AIDS as central in the response to the pandemic.
- We work in an inclusive manner, and aim to include vulnerable groups (including women, males who have sex with males, injecting drug users and sex workers) in our programmes.
- We believe inequalities between men and women both drive the pandemic and are reinforced by it, and aim to tackle inequality through our programmes and policy work.
- We always work to combat stigma and discrimination.
- We support the goal of universal access to prevention, treatment care and support by 2010.



A RIGHTS-BASED APPROACH

VSO envisages a world in which people are able to achieve their rights and are empowered to fulfil their potential. In order for VSO to follow a rights-based approach to HIV and AIDS, we work with individuals, families and communities, as well as governments to respect, protect and fulfil development obligations around HIV and AIDS as defined in human rights standards such as *The Universal Declaration of Human Rights* (1948), the *Convention on the Elimination of All Forms of Discrimination against Women* (1981), the *Paris Declaration on Greater Involvement of People Living with or Affected by HIV/AIDS* (1994) and the *UNGASS Declaration of Commitment on HIV/AIDS* (2001).

VSO's HIV and AIDS work reflects the four basic human rights principles of non-discrimination, participation, accountability and indivisibility. Our rights-based approach includes a focus on working with the poor, vulnerable, and disadvantaged populations to enable them to realise their rights. We aim to balance direct service delivery with our work to build partners' advocacy skills in HIV and AIDS. VSO will support people to demand their rights and take control of their needs in relation to HIV and AIDS prevention, treatment, care and support.

INCLUSION ¹

Ensuring our programmes are based on principles of access, inclusion and participation is central to the rights-based approach. In our HIV and AIDS work, we need to consider and understand the multiple factors, such as gender, age, sexuality, disability, ethnicity and socio-economic status, that shape people's lives and influence an individual's vulnerability to HIV and AIDS. There are specific groups of people who we must ensure be included in our programmes and responses. However, the principle of inclusion goes beyond simply targeting specific groups or individuals. Recognising the expertise of particular groups in addressing the problems that affect them, and enabling them to participate in and lead programme and advocacy work, is critical. This is increasingly being addressed through the principle of greater involvement of people living with HIV and AIDS (GIPA), but the inclusion of other specific vulnerable groups often lags behind.

Examples of vulnerable groups are:

- **Males who have sex with males:** Programmes need to respond to the specific circumstances and needs of males who have sex with males, and should enable this group to protect themselves from HIV infection. Advocacy efforts need to focus on reforming laws that discriminate against males who have sex with males and on addressing the stigma that increases their vulnerability to HIV and AIDS.
- **Sex workers and their clients:** Programmes, services and advocacy efforts need to address the needs and rights of sex workers and their clients. Strategies are required to promote an environment that supports the rights of sex workers to have access to prevention, treatment, care and support for HIV and other sexually transmitted infections (STIs).
- **People who inject drugs:** A comprehensive range of services and programmes is needed to respond effectively to the harms associated with injecting drug use. These should include education programmes that reduce the risk of HIV infection among those who inject drugs, and support for drug users to make choices to protect themselves and others.

Other vulnerable groups who should be included in our programmes are older people, children and young people, persons with disabilities, transgender people, prisoners and mobile populations.

VSO's approaches to inclusion include:

- mainstreaming HIV and AIDS in our programmes so our analysis of each situation takes the rights of groups vulnerable to HIV and AIDS into account
- developing programmes in a participatory manner, to ensure the rights of particular groups are met
- instituting strong organisational policies, such as the workplace policy, inclusion policy and equal opportunities policy, which aim to ensure the rights of all individuals are protected
- supporting any advocacy activity in the countries in which VSO works that aims to reduce the stigma and discrimination experienced by any vulnerable group, and/or that will ensure greater protection for group members from violence, harassment, intimidation and exploitation.

INEQUALITY BETWEEN MEN AND WOMEN ²

- To address the HIV and AIDS pandemic effectively, we must address the inequalities between men and women. These inequalities are a major driver of the pandemic, and considerably increase women's likelihood of becoming infected with HIV. They also account for the increasing burden of care falling on women and girls.
- Inequality between men and women decreases women and girls' power, voices and choices, leaving them more vulnerable to infection. It also impacts on women and girls' ability to access and adhere to treatment, and access care and support regimes.
- Harmful traditional practices in some societies increase women and girls' vulnerability to HIV and AIDS. These include female genital mutilation, polygamy, widow cleansing and wife inheritance. Family law, including property and inheritance rights, can render women economically dependent on male members of the family.
- To place gender at the centre of our response, our HIV and AIDS interventions must include VSO's three-pronged approach to HIV and AIDS, in which the immediate burden on women is decreased; work towards the longer-term aim of equality and empowerment continues; and men and boys are supported to have a greater involvement in the response.
- Gender inequality does not always just refer to women. We need to recognise that other vulnerable groups – for example males who have sex with males, male sex workers and transgender people – are often left out of responses to HIV and AIDS and we must address this issue wherever possible.

"Strategically, women must be at the centre of the response to HIV and AIDS; tactically, men have to be involved to address both HIV and AIDS and gender inequalities." Rakhi Sarkar, VSO India ³

¹ Please see Position 6: Greater involvement of people living with HIV and AIDS (GIPA) for more detail.

² Please see Position 3: HIV and AIDS and gender for more detail.

³ VSO (2003) *Gendering AIDS: Women, Men, Empowerment, Mobilisation*, p5

STIGMA AND DISCRIMINATION

HIV and AIDS-related stigma and discrimination remain enormous barriers to fighting the HIV and AIDS pandemic effectively. Stigma is generally defined as a negative social label that disgraces, shames and blames a person seen to have a certain attribute, such as being HIV positive. When this attitude manifests itself in overt acts, which are harmful to the person, we call this discrimination.⁴

Fear of discrimination often prevents people from being tested for HIV, seeking treatment, disclosing their HIV status or getting care or support. Internalising the fear, blame and shame that stigma causes also has a negative impact on those living with HIV and AIDS.

The best way to address stigma and discrimination is through the rights-based approach described above – in particular, by ensuring the needs of people infected and affected by HIV and AIDS are placed in the context of universal human rights that can be claimed, asserted and measured.

Ways of challenging stigma and discrimination include:

- showing real commitment to the involvement of people living with HIV and AIDS in the response to the pandemic
- addressing gender inequalities
- helping communities identify and address stigma within the community
- creating spaces where people can share experiences and fears openly.



UNIVERSAL ACCESS TO PREVENTION, TREATMENT, CARE AND SUPPORT

This is the key framework within which access to services is provided. G8 leaders agreed at the Gleneagles Summit in 2005 to “develop and implement a package for HIV prevention, treatment and care” and to “as close as possible provide universal access for all who need it by 2010”⁵. In 2005, UNAIDS was tasked with facilitating the scale-up of “HIV prevention, treatment, care and support with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it.”⁶

There have been varied interpretations of the definition and, therefore, implications of this commitment to universal access. VSO calls for a **comprehensive approach to universal access to prevention, treatment, care and support**. This means that everybody should have access to all of the information and services related to this. It means that comprehensive, evidence-based HIV prevention information and services must be

⁴ RAISA conference report (2005) *You don't belong here: Fear, blame and shame around HIV and AIDS*, p6

⁵ G8 (2005) Gleneagles Communiqué on Africa, Climate Change, Energy and Sustainable Development. paragraph 18d

⁶ United Nations General Assembly resolution adopted on 23 December 2005

universally available; that treatment should be provided for everybody living with HIV and AIDS; and that care and support is provided to all people living with HIV and AIDS, as well as those communities affected by HIV and AIDS.

Treatment and prevention are high on the international agenda (although there is a long way to go before access is universal), but care and support receive less attention. VSO needs to ensure we emphasise care and support as an important and equal part of universal access. Support (legal, financial, emotional, and physical) for people living with HIV and AIDS and their carers is an essential component of universal access. We need to emphasise equitable access. This must include a thorough gender analysis and gender disaggregation of data as well as ensuring that vulnerable groups such as sex workers, males who have sex with males, transgender people, injecting drug users, prisoners and migrants have equitable access to HIV and AIDS information and services.

For more information, see Position 4: Caring for the Carers and Position 7: HIV prevention.

RESOURCES

- G8 (2005) *Gleneagles Communiqué on Africa, Climate Change, Energy and Sustainable Development*
- UNAIDS (2006) *Scaling up towards universal access*
- VSO (2007) *Policy Brief: Gender, Power and HIV Prevention*
- VSO (2006) *Policy Brief: Reducing the Burden of HIV and AIDS Care on Women and Girls*

LANGUAGE

- VSO defines 'universal access' as comprehensive access to prevention, treatment, care and support information and services for all.



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