

Non-State Actors and HIV

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What do we do?

Solutions

Policy & Advocacy

- ★ Policy Development and Implementation
- ★ Policy Analysis and Barriers
- ★ Legal and Regulatory
- ★ Advocacy and Coalition Building
- ★ Community Mobilization
- ★ Workplace Policy Development
- ★ Stigma and Discrimination
- ★ Gender Equity Promotion

Research and Strategic Information

- ★ Demographic Research
- ★ Qualitative Research
- ★ Quantitative Research
- ★ Operations Research
- ★ Surveys
- ★ Data Demand and Information Use (DDIU)
- ★ Program Monitoring
- ★ Program Evaluation
- ★ Surveillance

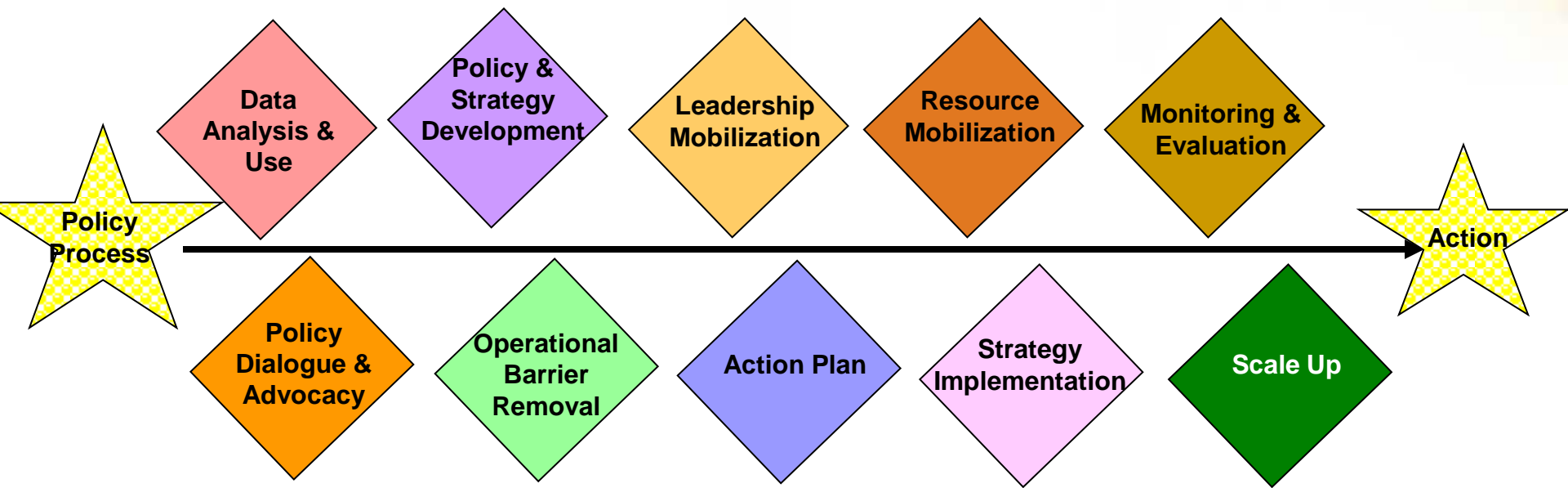
Health Markets & Private Sector Engagement

- ★ Public-Private Partnerships
- ★ Innovative Financing
- ★ Contraceptive Security / Commodities
- ★ Health Promotion and Behavior Change Communication
- ★ Market Analysis, Segmentation, and Growth
- ★ Product Marketing and Distribution
- ★ Supply Chain Management

Country Presence



POLICY to ACTION



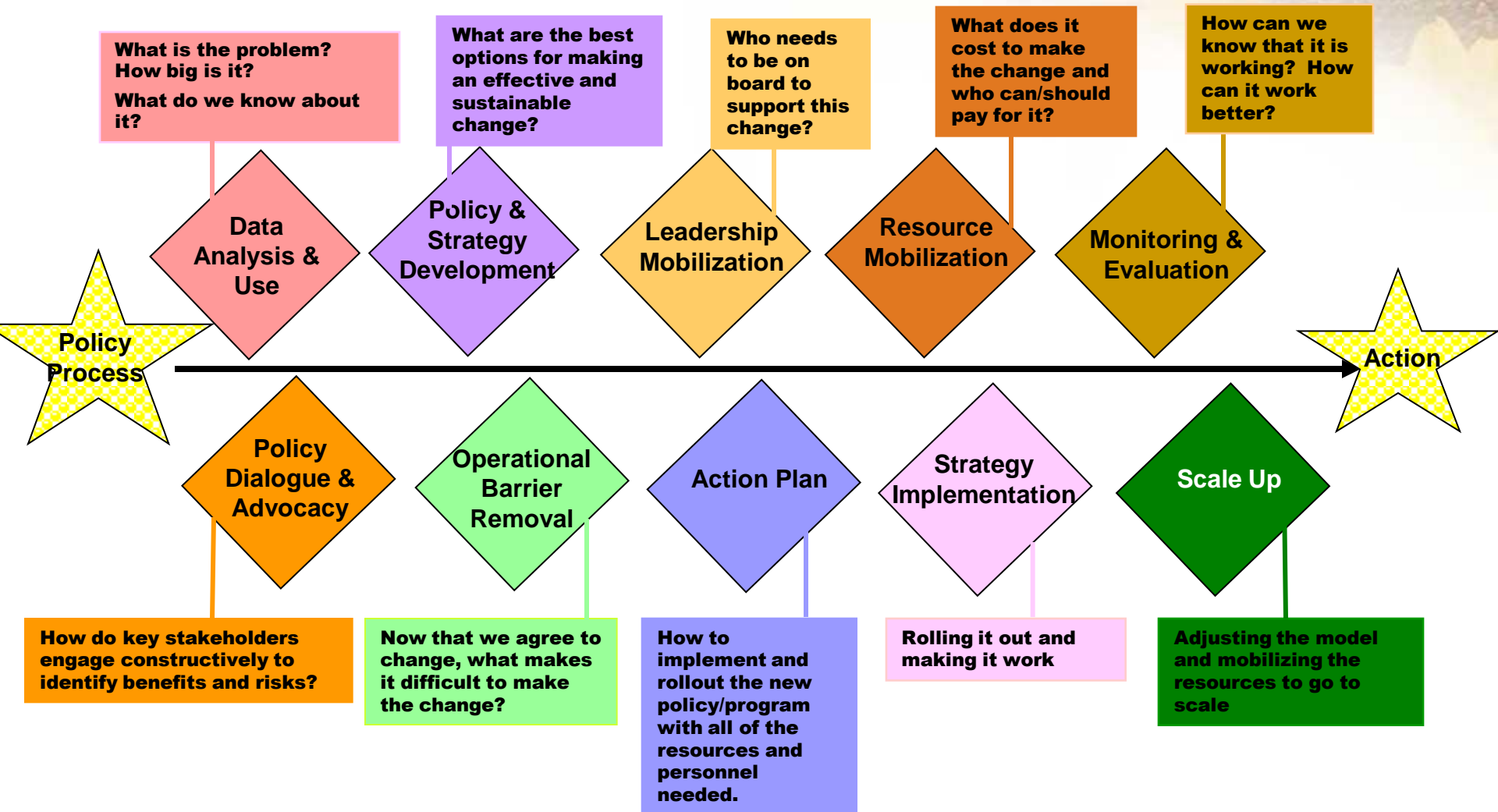
The many faces of non-state actors



- **Champions:** Advocating and organizing on behalf of the most vulnerable and specific communities—the people who deserve service
- **Service Providers:** Reaching communities and providing services where the public system cannot
- **Advisors in governance:** Supporting effective and equitable resource allocation
- **Networks:** Building mutual support in communities, and applying political pressure at policy level
- **Private sector partners:** Investing in health in the workplace, as business coalitions, donors and investors
- **Faith based partners:** Harnessing voluntary care and support
- **Researchers and Educators:** Providing the evidence and the capacity

POLICY to ACTION

(for dummies)



A long little story about engagement: Dominican Republic 1988 to present

- 1984: 1st AIDS case diagnosed
- 1988: PROCETS adds HIV/AIDS to its mission
 - 5 NGOs present to work on CSW-MSM-youth prevention
 - Blood banking and Laboratory focus
- 1992: 13 NGOs active, form national Coalition on HIV/AIDS
- 1996: First HIV+ support groups form, one MD provider
- 1997: First national CSW Congress held in capital, MODEMU formed
- 1997: First public hospital has quarantined HIV/AIDS room
- 2000: Private Pharma begins production of generic ARTs
- 2001: National HIV/AIDS Law established, mandates access/treatment/rights
- 2002: PEPFAR and GF take 5 yr. funding from \$13M to \$130M overnight
- 2003-present: Glutted funding, factions and dissent, but systems working
 - 85 public sites for care and treatment and 10,000 on ARV
 - 100+ NGOs providing comprehensive continuum of services
 - Projections go from up to 15 % seroprevalence to holding at 2% general population



Thank you!