

SENAP F2F Health, Nairobi April 9th to 11th 2019

Reporting part 4: HIV and AIDS mainstreaming

Specific objective:

This specific session on HIV mainstreaming aims to improve SDC's impact in addressing the HIV/AIDS epidemic in its internal and external spheres, by:

- Sharing and discussing experiences from the COOFs
- Following up on the webinar's discussion on male vulnerabilities, unmet needs, stigma and engagement
- Identifying gaps and concrete actions to improve HIV competences at COOF level.

Introduction

Viviane Hasselmann, SENAP health advisor at HQ

- Mainstreaming HIV is a priority in the SENAP division, and should be done across all sectors of intervention; and not only by Focal Points. It is the responsibility of the whole cooperation office.
- SDC mandated the Swiss TPH to perform a first analysis on community HIV competencies among the COOFs in Harare, TZ and MOZ: Huge variation between different embassies in activities, knowledge, tools, and documents produced> but nobody specifically engaged in male engagement and stigma.
- Until now the global HIV response was mostly focusing on woman and girls (because of their biological vulnerabilities) > shift is moving, but SDC has to follow. The fight against HIV is not going to work if about 50% of the population is not addressed.
- Male vulnerability: Access to HIV services is easier for woman as they go to dedicated SRHR care, but males have no easy entry point in the health system. In addition, most of the nurses are female making counselling and testing more difficult for the males.

See Swiss TPH complete analysis report in annex 4.1.

- At the global level, Switzerland requests for HIV responses grounded on human rights and gender equality principles. Switzerland advocates for continued strong participation of HIV positive people, and at risk populations in policy and programmatic decisions making and implementation, be it at global level (i.e. UNAIDS board meeting) but also at local level.
- HIV is highly political. Slow progress in HIV response including stagnation of new infections is mainly due to **human rights violation, gender inequality and criminalization** of activities that fuel the epidemic.
- **To address the epidemic successfully, it needs a political and not simply and a technical and medical response!** Thus the COOFs and embassies have a great role to play in the policy dialogue at local and national level.

Experiences sharing from Mozambique

Helder Ntimane, NPO health

- At the Embassy, change from a single HIV focal point to a HIV focal team (including Head of Cooperation, head of health domain and an program assistant). The Head of Cooperation supported by the program assistant are in charge of coordinating all the HIV mainstreaming within the internal sphere. Whereas the head of health domain responds for the external sphere.
- In 2013 HIV meeting in Pretoria: Until then convinced there is no HIV policy (back from 2007)
- In 2015: review policy, but they had to know **what the HIV situation is in-house**
An external consultant did a baseline study with a questionnaire, including NCD and body mass index. Therefore they have a baseline now. Below some key results:

- Overall 50 participants and 83% of all HIV staff in the study
- 22% of participants were exposed to risk, by having sex with 2-3 partners in the last 12 months. And 40% of them did not use a condom
- stigma: ¼ of participants is not willing to work with a colleague that has HIV/AIDS
- risk factors NCD: 50% of woman and 25% of men were overweight, 20% of men were obese > majority of population in these groups
- 20% of all staff realized they drink and consume high sugar drinks and foods > risk factors for chronic disease;
- 18% had high blood pressure,
- But potential and willingness to change >> 76% would eat veggies and engage in physical exercise. Suggesting that with some incentives, there is potential for change.

=> Therefore not only HIV, but HIV and wellbeing policy (3 years plan with an end line study, started in 2018)

Products elaborated in 2018 (awareness activities):

- Brochure with an didactic quiz bar on 7 themes > winner gets a one month voucher to access a gym in Maputo
- every Friday HIV day (colleagues wear red shirts on a voluntary basis)
- 2-3 key awareness events per year involving the whole staff (and sometimes family members). Normally joint gender, HIV and well-being events.
- Budget for this activities is coming from a partial action (HIV and gender): 15'000 dollar (only for the HIV component)

See all leaflets, KABP study report and the "HIV and health promotion work place policy" in annex 4.2.

Discussion in 3 groups

All participants

Group 1 on male stigma and engagement in HIV response

a. What are key gaps in male engagements?

- Health response is not adapted to the needs of men
- The perception that the public has on the needs/situation of men is not correct; they do not support the HIV health response for men as they are seen to be empowered enough or as the perpetrators of the problem
- Data produced is skewed towards women and children. They don't show the mortality and morbidity experienced by men

b. What are the concrete actions to address them?

- An analysis on the needs of men and their context is needed to understand the situation better
- Men are being forgotten on gender work. Toxic masculinity must be addressed
- Toxic masculinity: believes, attitude > men's are strong, don't cry, don't get tested and don't use condoms
- Make health service provision men-friendly
- Eventually promote self-testing at the office? (issue of psychological support and counselling) >> find peer-group support.

c. What do you need to strengthen in the COOF's response?

- SDC's work needs to be male focused
- Conduct studies to understand the situation better and devise strategies to address it
- Establish HIV focal points in all SDC offices, including management and men.
- Link HIV to gender mainstreaming activities
- Management leadership
- Confidentiality rules from HR/Admin staff
- Inequity between expats and local staff regarding HIV mainstreaming activities (including awareness campaign)

Group 2 on SDC mainstreaming HIV

- a. What is good / not good / outdated / missing?
- Useful to have a toolkit but needs to be updated
 - Not good: heteronormative approach with less focus on risk groups.
 - Good: To be able to use/read single chapter individually (and no need to read the whole toolkit through, just pick what you need)
- b. How would you improve it to make it more useful for you?
- Need to have a chapter focusing on male and boys, integration of mainstreaming NCDs and wellbeing in the toolkit.
 - Maybe have like a check list to be used when we do field visit with partners: Minimum standards for HIV mainstreaming activities in any programme/project (a one-pager). To share with partners.
 - Collect docs and flyers from partners before updating/creating new things. Use what already exists and is working.
 - Analysis work on the context (what is the situation per geographical region)
- c. What new or better support tools would you suggest?
- Checklist (minimum standard, 1 pager) > distribute to partners
 - collect document from partners from the field and see what already exists

Group 3 on addressing other health risk factors

- a. Which other wellbeing topics could be addressed through our HIV mainstreaming activities?

- HIV opportunistic diseases, TB, Hepatitis, NCDs, STDs,
- Physical activity promotion, psychosocial support, Nutrition counselling
- Regular free medical checkups / Body mass index measurements

- b. Should we integrate other risk prevention measures? If yes, which ones?

Yes!

- Awareness raising
- Promotion of better health in the working place (physical exercise promotion, regular free medical checkups, etc.)
- Institutionalizing staff association in all SENAP COOFs to look into all issues pertaining to staff and local staff in particular wellbeing (e.g. Look into issues of health insurance, work environment, etc. on a regular basis, etc.).

- c. What would you need to make this to happen?

- Need be initiated by Human Resource/ Admin as part of the Focal Point Team, the Health NPO being just an technical expert
- Institutionalize staff association (work place wellbeing, NCDs prevention, etc.)
- Every COOF to draft the Wellbeing and HIV mainstreaming policy
- Sharing of information/documents among COOFs
- Budget. Need of minimal budget for these activities to take place: though health is an individual responsibility, we recognize that it is as well the employer responsibility to promote health wellbeing of its employers and a good working environment.
- Should focus more on HIV prevention measures than HIV treatment activities.
- HIV mainstreaming objectives do not appear in the country strategies nor in the logframe > so seemed not important for people.

Proposed next steps

Topic	Action	In charge	Frequency/deadline
Knowledge and technical support	Analysis on the needs of men depending on the context or on any specific aspects of HIV mainstreaming intervention (on request from COOFs)	Back Stopping Mandate (BSM)	once
	Summarize and share international reports and articles	BSM	2 times a year
	Update SDC toolkit (according to comments above)	BSM	once
	World AIDS Day awareness campaign	Focal point team in the respective COOF/support BSM	Once a year
	Exchange internal documents and tools between COOFs	Viviane (through the CoP on the shareweb)	As often as possible and relevant
Operational	All the COOFs to identify HIV mainstreaming focal team, include <ul style="list-style-type: none"> - Management and male staff - Resource/ Admin staff Confidentiality rules from HR/Admin staff must be ensured	COOFs management (missing regions Great Lakes and Horn of Africa)	ASAP
	Every COOF to draft a Wellbeing and HIV mainstreaming policy: <ul style="list-style-type: none"> - Address other wellbeing topics through HIV mainstreaming activities - Focus on health promotion in the working place - Link HIV to gender mainstreaming activities 	COOFs management	Once and then update every 4-5 years
	Formulate HIV mainstreaming objectives in country strategies Report results in annual report		Once year (annual planning)
	Allocate budget for HIV/wellbeing activities or gender & HIV mainstreaming activities within the COOF/embassy		Once year (annual planning)

Concrete immediate action:

Viviane to contact HIV focal teams of each COOF/Embassy to identify **one specific objective per COOF** (per year)

Following the results, Viviane to elaborate a Back Stopping Mandate (BSM) for:

- Knowledge sharing and tailored technical support to the COOFs
- Support to the World AIDS Day 2019
- Update the SDC HIV&AIDS toolkit

BSM to be started in June 2019 for 1 year (ca. 10 working days at disposal) >> check with the Global Programme Health

Plan a follow up webinar in November 2019

Plan a MTR mid 2020