

Introduction

1.1 Context

HIV/AIDS is an unprecedented global development challenge, and one that has already caused too much hardship, illness and death. To date, the epidemic has claimed the lives of 20 million people, and over 37 million worldwide are now living with HIV/AIDS.¹ In 2003, almost 5 million people became newly infected with HIV, the greatest number in any one year since the beginning of the epidemic.² AIDS is a crisis that is extraordinary in its scale. To stand any chance of effectively responding to the epidemic, we have to treat it both as an emergency and as a long-term development issue.³

Social, cultural, economic and legal factors exacerbate the spread of HIV and heighten the impact of HIV/AIDS. In almost all cases, poor and socially marginalised people are disproportionately vulnerable to HIV/AIDS and its consequences. The UN Millennium Declaration, and the goals it sets, highlight the interconnectedness between development goals and the need to address the causes of vulnerability to HIV/AIDS and its impacts, by alleviating poverty through sustainable development, the promotion of gender equality and access to education.⁴ The overwhelming burden of the epidemic is borne by developing countries, where the vast majority of the people most affected by, and vulnerable to, HIV/AIDS do not have access to even a basic set of HIV prevention, treatment, care and support services and programmes.⁵

1.2 Building on the global momentum

In recent years there has been growing momentum to address the global HIV/AIDS crisis, more so than at any other time in the course of the pandemic. The United Nations General Assembly Special Session on HIV/AIDS (UNGASS), held in June 2001, resulted in the unanimous adoption by member states of the Declaration of Commitment on HIV/AIDS that set time-bound targets against which governments and the UN itself may be held accountable.^{6,7} Non-government organisations (NGOs) are playing a critical role in advocating, at both national and international levels, for governments, UN agencies and others to take concrete action to make these commitments a reality.⁸

Financial resources are being more effectively mobilised in an effort to scale up proven strategies to address HIV/AIDS. Spending on HIV/AIDS in low- and middle-income countries increased from \$1 billion in 2000 to \$3.9 billion in 2002 and a projected \$6.1 billion in 2004.⁹ While this falls far short of the estimated \$12 billion needed by 2005, the progress made in resource mobilisation is encouraging.¹⁰

However, the life-saving benefits of antiretroviral (ARV) therapy have been experienced predominantly in industrialised countries, while millions of people in developing countries continue to die each year. Between 5 and 6 million people in developing countries urgently need access to ARVs.¹¹ NGOs have played a significant role in highlighting this fundamental inequity, bringing pressure to bear on governments, the UN system and pharmaceutical companies. While there are significant challenges in providing ARVs to large numbers of people in resource-limited settings, significant steps are now being taken in this direction. Drug prices have fallen in recent years, particularly in the wake of increased generic competition in the pharmaceutical sector. WHO and UNAIDS have launched a global initiative, 'Three by Five', which aims to provide ARV therapy to 3 million people with HIV/AIDS in developing countries by the end of 2005.¹²

1.3 Applying lessons learned to scaling up

Over the past 20 years, research and practice have generated an impressive body of knowledge about how to respond effectively to HIV/AIDS. While learning will continue, we must harness the current momentum. We must use what we already know to guide the allocation of resources and develop and sustain responses of sufficient scale to affect the dynamics of the epidemic (see section 3.10 Scaling up). We must concentrate our resources where they will make the most difference in slowing the spread of the epidemic and meeting the needs of people living with HIV/AIDS (PLHA) and affected communities. This requires HIV/AIDS-specific responses and the integration of HIV/AIDS within broader health programming, including sexual and reproductive health. It also requires HIV/AIDS to be mainstreamed within development and humanitarian programming to address the underlying causes of vulnerability to HIV infection and the complex consequences of HIV/AIDS.

The diverse range of NGOs now responding to HIV/AIDS – including development, humanitarian, sexual and reproductive health and human rights, as well as specialist HIV/AIDS NGOs – have a wealth of expertise and capacity that must be effectively tapped, resourced and coordinated in order to bring to scale the range of responses needed to have an effect on the course of the pandemic. This Code draws on the knowledge and experience gained over the past

20 years, documenting evidence-informed good practice principles to strengthen the work of the many different types of NGO now involved in the response.

1.4 Accountability and independence of NGOs

What do we mean by 'NGO'?

For convenience, we use the term NGO to encompass the wide range of organisations that can be characterised as 'not for profit' and 'non-government'. This includes Community-Based Organisations (CBOs), Faith-Based Organisations (FBOs) and organisations of affected communities, including people living with HIV/AIDS, sex workers and women's groups, among many others, who are active in the HIV/AIDS response (see also section 1.6 Who the Code is for).

What do we mean by 'affected communities'?

The term is used to encompass the range of people affected by HIV/AIDS – people at particular risk of HIV infection and those who bear a disproportionate burden of the impact of HIV/AIDS. This varies from country to country, depending on the nature of the epidemic concerned (see also section 2.5 Cross-cutting issues: addressing population vulnerability).

Communities must be an integral part of what NGOs are and what we do. A genuine commitment to the involvement of PLHA and affected communities in responding to HIV/AIDS is not simply the expression of a commitment to ensure that communities have control over their own health. Rather, it acknowledges that the experience of individuals and communities is an essential ingredient in effective community response to the challenges of HIV/AIDS. It is at the level of individuals and communities that HIV infection occurs and the impacts of HIV/AIDS are felt. It is communities themselves that take up the challenges posed by HIV/AIDS and work to find appropriate solutions. When efforts to respond to HIV/AIDS are grounded in the lived experiences of those affected, they are far more likely to address the many factors that shape HIV risk, HIV transmission and the experience of living with HIV/AIDS.

NGOs take an active role in advocating for the accountability of governments, private and public sector agencies and others. We too must be accountable to the communities we are part of, work with, represent and serve. Accountability, transparency and effective stewardship of resources are crucial. This is vital to our credibility, both with the communities we work with and with the agencies that provide the necessary resources for our work. Accountability to, and a demonstrated involvement of, communities strengthens the legitimacy of our advocacy voice. This imperative is further highlighted as more resources become available. We need to ensure that donors do not influence our priorities in ways that are inconsistent with our stated missions and goals. We must protect and maintain the right to independently determine our own priorities in line with the needs and aspirations of the communities we serve.

1.5 Fostering partnerships

In every country, the complexities of HIV/AIDS exceed the capability of any single sector. The pandemic demands mobilisation and collaboration at community, national and international levels. It requires HIV-specific responses and responses that address the causes of vulnerability to HIV/AIDS and its impacts. It also requires greater coherence, coordination and consistency between sectors.¹³ Multi-sectoral partnerships are essential for an effective response. Government, civil society (including NGOs) and the private and public sectors must all play their part. We need to ensure that we complement each other's strategies and actively collaborate, while respecting each other's independence and acknowledging differences. Transparency, critical thinking, learning and sharing are essential elements of successful partnerships.

1.6 About the Code

What the Code is for

The Code provides a shared vision of principles for good practice in our programming and advocacy that can guide our work, and to which we can commit and be held accountable.

Since the mid- to late 1990s, there has been a considerable increase in the number and range of NGOs involved in responding to the multiple challenges presented by HIV/AIDS: NGOs undertaking HIV/AIDS work; NGOs integrating HIV/AIDS-specific interventions within other health programming, such as sexual and reproductive health and child and maternal health

programmes; and NGOs mainstreaming HIV/AIDS within development, human rights and humanitarian programming. There have also been significant changes in the global funding environment, particularly in ensuring that the lessons learned over the past 20 years are used to guide the allocation of resources in scaling up responses to HIV/AIDS.

These changes both support and complicate the process of expanding the scale and impact of NGO programmes, which is so urgently needed. The proliferation of NGOs and programmes has, at times, occurred at the expense of accountability and quality programming, and has led to fragmentation of the NGO ‘voice’ in the HIV/AIDS response. The purpose of the Code is to address these new challenges by:

- outlining and building wider commitment to principles and practices, informed by evidence, that underscore successful NGO responses to HIV/AIDS
- assisting ‘Supporting NGOs’ to improve the quality and cohesiveness of our work and our accountability to our partners and beneficiary communities
- fostering greater collaboration between the variety of ‘Supporting NGOs’ now actively engaged in responding to the HIV/AIDS pandemic, and
- renewing the ‘voice’ of NGOs responding to HIV/AIDS by enabling us to commit to a shared vision of good practice in our programming and advocacy.

The Code of Good Practice provides guidance to Supporting NGOs in their work with their NGO partners (see below, Who the code is for). The principles set out in the Code can be used to guide:

- organisational planning
- the development, implementation and evaluation of programmes, including advocacy programmes
- advocacy efforts to ensure effective scaling-up of our responses to HIV/AIDS
- allocation of resources based on the principles it outlines, and
- advocacy efforts to ensure that the essential range of programmes is available where they are needed.

What the Code is not

Given the diversity of epidemics around the world, the Code is not intended to be a detailed practice manual. This would be a far larger task, and would be extremely difficult to achieve in a manner appropriate to all the different types of epidemic. It does, however, outline the main population groups that are vulnerable in different contexts (see section 2.5 Cross-cutting issues: addressing population vulnerability). It is envisaged that signatory NGOs will apply the Code in different ways, such as developing training modules with partner NGOs or member organisations, or using the principles it contains to develop indicators appropriate for the context in which they work, which can then be used when developing, implementing and evaluating specific programmes. The value of the Code will depend upon how these principles are applied by signatory NGOs over time, in line with the nature of each country’s epidemic and context.

Who the Code is for

‘Supporting NGOs’

The scale and complexity of the global pandemic mean that there are large numbers and a great diversity of NGOs working in HIV/AIDS. The Code addresses this diverse range of NGOs – including those engaged in HIV/AIDS, development, humanitarian, sexual and reproductive health, and human rights work. In particular, it is written for and designed to assist NGOs that provide other NGOs implementing programmes in-country with any of the following: technical support; financial support; capacity development and/or advocacy support.

We refer to this target audience as ‘Supporting NGOs’, and they are likely to be national or international NGOs.

Many of the principles set out in the Code can be applied to the work of Supporting NGOs with their NGO partners in-country. Partner NGOs can use the Code to hold signatory Supporting NGOs, with whom they work, accountable, while both types of NGO can use the Code as a common tool in guiding their collaborative work.

Any NGO that supports the aims of the Code

The Code can also be used to support the work of any NGO responding to HIV/AIDS. Any NGO responding to HIV/AIDS may become a signatory if it endorses the principles contained in the Code.

Scope of implementation

The Code is aspirational. It sets out good practice principles, rather than minimum standards, which we can work towards implementing over time. Signatory NGOs have endorsed all the principles in the Code. However, not all the programming principles in Chapter 4 are applicable to all Supporting NGOs. For example, some will be relevant to development NGOs and others to NGOs working in HIV prevention or treatment, care and support. Signatory NGOs will work to implement the programming principles in the Code relevant to their own work (see sections 5.1 ‘Signing on’ to the Code and 5.2 Implementation of the Code).

Notes

- 1 *2004 Report on the Global AIDS Epidemic*, Joint United Nations Programme on HIV/AIDS (UNAIDS), p.13. www.unaids.org/bangkok2004/report.html
- 2 *ibid.*, *Executive summary – Global Overview*.
- 3 *ibid.*, p.13.
- 4 UN Millennium Declaration, Resolution adopted by the General Assembly, 55th Session, 8 September 2000, A/RES/55/2. An overview of the Millennium Development Goals is available at www.un.org/millennium-goals
- 5 Ninety-five per cent of people with HIV/AIDS live in developing countries. *A Commitment to Action for Expanding Access to HIV/AIDS Treatment*, International HIV Treatment Access Coalition, December 2002. Globally, fewer than one in five people at risk of infection has access to basic prevention services. *Access to HIV Prevention: Closing the Gap*, Global Prevention Working Group, May 2003, p.2. www.kff.org/hivaids/200305-index.cfm
- 6 Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session on HIV/AIDS (UNGASS), 25-27 June 2001. www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html
- 7 *Report of the Secretary General on Progress Towards Implementation of the Declaration of Commitment on HIV/AIDS*, United National General Assembly, August 2002, A/57/227.
- 8 *Stories from the Front Lines: Experiences and Lessons Learned in the First Two Years of Advocacy around the Declaration of Commitment*, International Council of AIDS Service Organisations (ICASO), September 2003.
- 9 Steinbrook, R., *After Bangkok – Expanding the Global Response to AIDS*, New England Journal of Medicine, 351;8, p.738. www.nejm.org
- 10 *2004 Report on the Global AIDS Epidemic*, UNAIDS, p.132.
- 11 *ibid.*, p.101.
- 12 *Treating 3 million by 2005 – Making it Happen*, WHO, December 2003. www.who.int/3by5/en
- 13 The UNAIDS framework known as the ‘Three Ones’ aims to achieve this. The Three Ones provide that national responses have one agreed HIV/AIDS action framework, one national AIDS coordinating authority with a broad multi-sectoral mandate, and one agreed country-level monitoring and evaluation system.