

REGIONAL REPORT ON HIV/AIDS 2005



BUREAU FOR DEVELOPMENT POLICY AND THE REGIONAL BUREAU FOR LATIN AMERICA AND THE CARIBBEAN



SHIFTING PERSPECTIVES AND TAKING ACTION

UNDP'S RESPONSE TO HIV/AIDS IN
LATIN AMERICA AND THE CARIBBEAN

The Answer Lies Within

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Foreword



Elena Martinez



Shoji Nishimoto

Addressing HIV/AIDS has emerged as one of the most urgent development priorities for Latin America and the Caribbean. With over 2 million people currently living with HIV and the epidemic continuing to grow, it has already placed an enormous burden on the health care systems. Left unchecked, sectors such as tourism, agriculture, finance and trade will be severely impacted. The urgent need is to address HIV/AIDS in a way that empowers people to change their perceptions and take action-as individuals and in institutions and communities.

In the past few years, the Latin America and the Caribbean (LAC) region has seen a renewed commitment by UNDP, national governments, stakeholders and development partners in their efforts to address this complex challenge. A number of initiatives, including the Leadership for Results programme, have helped break the silence and denial surrounding HIV/AIDS. Vulnerable populations, including men who have sex with men and people living with HIV/AIDS have participated in formulating programmes and policies that inform the response, and underlying issues such as gender inequality, power relations, stigma and discrimination have been addressed.

UNDP's efforts have contributed to strengthening national responses in the region, forming strategic partnerships and generating a truly multi-sectoral response. However, a lot more needs to be done. UNDP is committed to creating an enabling environment that will halt and reverse the epidemic in the region on an urgent basis, in keeping with the commitment entered into by Heads of State and Government in the Millennium Declaration and the Millennium Development Goals (MDG), and the UN General Assembly Special Session (UNGASS) held in 2001. We will continue to address the governance challenges, enhance capacities among key leaders in every sector of society and forge strong partnerships. We will build capacities of national stakeholders to implement Global Fund financed grants. We will enable and support innovative programmes and initiatives that address the underlying factors driving the epidemic. We will scale up strategies and initiatives that are producing measurable results.

Since the UNGASS, much has been achieved in addressing HIV/AIDS in all regions of the world. This report looks at what UNDP has accomplished over the last few years in addressing HIV/AIDS in the Latin American and Caribbean region, through global and regional programmes, and as a cosponsor of UNAIDS. Our learning and our successes are a result of the hard work and perseverance of not only our staff but also that of our invaluable partners, without whom we cannot stage a strong response to the epidemic.

We hope that the many breakthrough initiatives described in this report will strengthen our collective resolve to continue working in this important area and that the inspiration they provide will help us achieve the MDG and the goals set by UNGASS.

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Introduction

In Latin America and the Caribbean, over 2 million people are currently living with HIV and the number of people affected by the epidemic continues to grow.

The Caribbean bears the highest prevalence rate of HIV/AIDS outside of Sub-Saharan Africa (UNAIDS, July 2004). People living with HIV/AIDS in the LAC region are primarily between the ages of 15 – 49, the most productive segment of the population.

In Latin America the epidemic is concentrated among populations at high risk of HIV infection – injecting drug users and men who have sex with men. The Caribbean epidemic is mainly heterosexual, and in many places it is concentrated among sex workers. But it is also spreading in the general population. (UNAIDS, July 2004).

There is an urgent need for a different approach to address the epidemic at all levels: not only by transforming the systems and structures that have been implemented to respond to the challenges of HIV/AIDS, but most importantly by looking at the underlying causes that fuel its spread in the region.

HIV appears to be spreading among segments of the population that have been systematically excluded from the planning and decision-making processes. It is clear that scaling up the response is going to require new partners and new ways of doing things to achieve a different set of results. Addressing stigma and discrimination, gender and power relations, poverty, violence against women, human rights, commercial sex, the needs of people living with HIV/AIDS of men who have sex with men and of mobile populations, and confronting the challenges within the tourism industry will be vital in developing an appropriate response to the epidemic. It is through this approach that all stakeholders will gain a deeper understanding of how denial and silence affect the spread of HIV/AIDS, and how the empowerment of vulnerable populations can make a vital difference in the response. It is in this context that the UN will be called to lead a response that requires a new kind of leadership and strong partnerships with all stakeholders to ensure results, sustainability and ownership of national responses. Post-UNGASS, where strategies were defined by governments, the UN system needed to redefine itself to support the new strategic directions. As a result, under UNDP's Strategic Results Framework (SRF) and Multi-Year Funding Framework (MYFF), a concrete strategic direction for the organization has been developed.

There is an urgent need for a different approach to address the epidemic at all levels.

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The Leadership for Results Programme encompasses the elements of this strategic direction, by creating an enabling environment, and strengthening capacity at national and regional levels. With its governance mandate, UNDP is well-positioned to make an impact on the development of HIV/AIDS policy and to promote leadership at all levels. UNDP has the competencies to build leadership for overcoming institutional inertia, generate innovative approaches and produce groundbreaking results that can halt and reverse the epidemic.

The Leadership for Results Programme is UNDP's contribution in the response to HIV/AIDS. This innovative and synergistic programme has generated over 50 major breakthrough initiatives, touching the lives of thousands directly and millions of people indirectly. Most importantly, this unique approach has placed people at the core of the HIV/AIDS response. It directly taps human potential and for the first time, UNDP is at the forefront of a response which is based on the philosophy that the answer lies within - within individuals, communities, governments, and institutions, rather than imposed from the outside.

The HIV/AIDS epidemic calls for innovative responses that strengthen systems and structures, address the underlying causes, and produce meaningful results.





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This is a new level of leadership and commitment for change in development practice in an effort to scale up the response to the HIV/AIDS epidemic. UNDP's unique approach generates individual and collective commitments for actions that meet the challenges of HIV/AIDS. It brings together leaders and stakeholders to examine the root causes behind the epidemic, including the individual values and beliefs that shape their behaviour and actions. It fosters an enabling environment in which stakeholders are empowered to act.

UNDP continues to provide a platform for building partnerships between key stakeholders who can work together to make a difference. UNDP promotes a multi-sectoral response and coalitions for action between governments, non-governmental organizations (NGOs), community-based organizations (CBOs), the private sector and faith-based organizations (FBOs). The result is the creation of a synergy that strengthens the response to HIV/AIDS and favours the achievement of other development goals. This initiative is a process, rather than a product.

This report is an overview of the important work UNDP has done in Latin America and the Caribbean over the past three years to address the complex challenges of the HIV/AIDS epidemic. It is not a definitive collation of all the innovative activities that are occurring across the region. It highlights some of the breakthrough results that are contributing to an effective national and regional response to HIV/AIDS.

I would like to extend a very special thank you to Elena Martinez whose leadership and vision has been an invaluable asset in challenging the underlying causes of HIV/AIDS in Latin America and the Caribbean.

UNDP's unique approach generates individual and collective commitments for actions that meet the challenges of HIV/AIDS.

Monica Sharma

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Overview

Latin America

More than 1.7 million people are living with HIV in Latin America today. In 2004, around 95,000 people died of AIDS, and 240,000 were newly infected. Among young people 15–24 years of age, an estimated 0.5 percent of women and 0.8 percent of men were living with HIV at the end of 2004.

The epidemic in Latin America is highly diverse in terms of prevalence and transmission. The Latin American countries with the highest HIV infections rates are on the Caribbean side of the continent and most transmissions in this area are caused by heterosexual contact. In Guyana, 2.5 percent of the adult population is living with HIV/AIDS. And in Honduras, Guatemala, and Belize, the HIV prevalence rate among adults in the general population ranges from 1 to 2.4 percent. In Mexico, Argentina, and Colombia however, prevalence rates are less than 1 percent and HIV is mainly affecting men who have sex with men and injecting drug users. In Brazil, the adult prevalence rate is also less than 1 percent, and the epidemic is spreading increasingly through heterosexual contact, although prevalence rates among men having sex with men and intravenous drug users are high (UNAIDS 2004).

The Latin American countries with the highest HIV infections rates are on the Caribbean side of the continent and most transmissions in this area are caused by heterosexual contact.

HIV/AIDS in Latin America

Adults age 15-49 with HIV/AIDS 2003	1,600,000
New HIV infections 2004	240,000
Adult HIV prevalence (%) 2004	0.6
Women age 15-49 with HIV/AIDS 2004	610,000
Children with HIV/AIDS 2003	25,000
AIDS orphans (ages 0-17) 2003	ND
AIDS deaths 2004	95,000



ND = No Data

Source: UNAIDS 2004 Report on the global AIDS Epidemic

In Latin America, the epidemic is increasingly affecting the poor, who lack the information and the resources to protect themselves.

O V E R V I E W

There are several factors that play a decisive role in the spread of HIV across the region. It has been a challenge to implement condom use and safe sex practices because of prevailing socio-cultural and religious norms. Some countries such as Brazil, have been able to move beyond the status-quo and launch effective condom promotion campaigns. However, in some countries, the anti-condom stance has stymied education and information efforts, and condom use has remained low. In addition, because the practice of men having sex with men is illegal in many Latin American countries and a machismo culture pervades, men who have sex with men and bisexuals are often driven underground. This widespread denial of same-sex relationships and bisexuality increases the likelihood that individuals will engage in high-risk behaviour.

In Latin America, the epidemic is increasingly affecting the poor, who lack the information and the resources to protect themselves. As in other parts of the developing world, young people aged 15-24 are particularly vulnerable to HIV infection. There are an estimated 40 million children in Latin America who live and work on the street, many of whom are forced to engage in transactional and commercial sex to secure food, clothing, and shelter. Sex tourism is a rising problem in the region, and efforts are insufficient to protect these children.

The Caribbean

Outside of Africa, the Caribbean has the highest prevalence rates in the world. Many of the same factors contributing to the rapid spread of HIV through sub-Saharan Africa – extreme poverty, malnutrition, poor health care, and high rates of migration, also afflict the region. Haiti, the poorest country in the region, has the highest prevalence rate, with 5.6 percent of the adult population living with HIV/AIDS. The rate of the HIV infection in the Bahamas is 3 percent, and in the Dominican Republic, 1.7 percent of the adult population is HIV-positive. UNAIDS estimates that there are 380,000 adults and children living with HIV/AIDS in the Caribbean.

Official reports suggest that HIV in the Caribbean spreads predominantly through heterosexual transmission. However, transmission among men who have sex with men is an increasing source of infection (and likely underreported because of the legal prohibitions against it, and cultural stigma attached to sex between men). The role of men who have partners of both sexes, in the development of the epidemic is not well documented or understood. Injecting drug use is not a significant source of transmission in most countries, the exceptions being Bermuda, where over 40% of reported AIDS cases are due to injecting-drug-use transmission, and Puerto Rico. Parent-to-child transmission now accounts for about 6% of reported AIDS cases in the region.

HIV/AIDS in the Caribbean

Adults age 15-49 with HIV/AIDS 2003	410,000
New HIV infections 2004	53,000
Adult HIV prevalence (%) 2004	2.3
Women age 15-49 with HIV/AIDS 2004	210,000
Children with HIV/AIDS 2003	22,000
AIDS orphans (ages 0-17) 2003	ND
AIDS deaths 2004	36,000



ND = No Data

Source: UNAIDS 2004 Report on the global AIDS Epidemic

Several factors are fuelling the epidemic in this region. Social and economic pressures are forcing men and women into commercial sex work, often with tourists. There are traditional power imbalances that exacerbate women's risk and vulnerability; and migration between rural and urban areas is further facilitating the spread of HIV. Moreover, people living with HIV/AIDS are still highly stigmatized in the region and there is lack of adequate education and information on prevention and treatment methods. Sex, sexuality and HIV/AIDS are not openly discussed and the stigma and misunderstanding surrounding AIDS prevent people from disclosing their HIV status.

Recent initiatives suggest Latin American and Caribbean governments, and civil society are committed to halting the epidemic. With the mandate to address the governance issues surrounding HIV/AIDS, UNDP fostered a paradigm shift that transcended the medical vision of the epidemic to one that acknowledges the personal, social, political and cultural determinants. UNDP's Leadership for Results was launched to galvanize a multi-sectoral response to the epidemic in Latin America and the Caribbean. This groundbreaking initiative was implemented in six

People living with HIV/AIDS are still highly stigmatized in the region and there is lack of adequate education and information on prevention and treatment methods.



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Caribbean and seven Latin American countries. UNDP is also catalyzing national responses through support for the implementation of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) grants. Over the course of three years, these initiatives have had a significant effect in the region at a personal, institutional and national level.

It is estimated that more than 50 breakthrough initiatives resulting from the Leadership Development Programme have impacted the lives of 1 million people in the region; and over 3 million more have been indirectly affected. The results achieved in Latin America and the Caribbean are reflected in committed leadership, policy changes, better care and support for people living with HIV/AIDS, reduction of stigma and discrimination, and increased leadership and participation of people living with HIV/AIDS.

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"I have been given the opportunity to lead the Bureau of Gender Affairs HIV/AIDS Programme and have incorporated several aspects of the Leadership Development Programme into the programme. This position also allows me to train others and to have this methodology included in other programmes."

Nalita Gajadhar, Leadership Development Programme participant, Barbados

Leadership for Results: Empowering From Within

The UNGASS Declaration states that "strong leadership at all levels of society is essential for an effective response to the epidemic." There is growing evidence that failure to halt the HIV/AIDS epidemic will challenge meeting the Millennium Development Goals and undermine years of development. It is clear that an effective response will require a new and innovative kind of leadership in order to reverse the epidemic. The devastating effects of HIV/AIDS on development goals call for a substantive change from the traditional ways of doing things. It is a call for a strong commitment from every sector of society.

The Leadership for Results programme is UNDP's breakthrough contribution towards supporting a country's overall response to HIV/AIDS. The programme uses strategies and approaches that have a potential impact on all developmental issues beyond HIV/AIDS. It is a synergistic process that includes government, non-governmental organizations, civil society, faith-based organizations, people living with HIV/AIDS, the media, private sector, UNDP and UN sister agencies' staff.

O V E R V I E W

In a departure from traditional leadership for advocacy programmes that focus on improving the managerial capacities and styles of political and executive leaders, this initiative is a large scale, multi-dimensional, synergistic process that helps build national capacity by mobilizing a broad range of participants across sectors. It promotes decentralized responses that support community-level action to respond to the epidemic and produce measurable actions and sustainable results.

It is leadership that emanates from the self, rather than shaped by external factors. It is based on commitment to action, coupled with continuous learning and practice as opposed to a one-time effort. This involves the promotion of a deep transformation of norms, values and practices.

The principle of *'Empowering From Within'* is one that assumes that everyone has the potential to be a leader, and that transformation of self is imperative to fuel the transformation of structures and policies. People can be moved to positive action if they feel a sense of hope or have a stake in the future. UNDP's response to the epidemic is, therefore, aimed at enabling people to envision a better future for themselves, their organizations and their countries.

"The Leadership Development Programme exposed me to a number of people living with HIV, who became more than just a statistic. They were people with lives. It forced me to look at the challenges of this disease from a different perspective. My commitment to the education of people about the prevention of HIV has grown and I feel stronger."

Paola Caram, Leadership Development Programme participant, Dominican Republic

Under Leadership for Results, three core programmes were rolled out in Latin America and the Caribbean region:

- Leadership Development Programme (LDP);
- Community Capacity Enhancement (CCE);
- We Care Programme.



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Leadership Development Programme brings together leaders in each country for sessions that are conducted over the course of a year, during which they discuss the major factors influencing the spread of the epidemic in their country, and learn new strategies for taking action.

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Leadership Development Programme

UNDP assists governments, communities, civil society organizations and the private sector to develop capacity to address the underlying causes of the epidemic. It strengthens the capacity of communities for action, social mobilization and change, in order to generate breakthrough responses for reversing the course of the epidemic. The Leadership Development Programme aims to empower and enable individuals in their daily work, generating a new type of leadership and organizational culture. This translates into new levels of commitment, effectiveness and performance within and between organizations.

"This was an enjoyable and exciting week, which provided us with the opportunity to connect, learn together and continue with our growth and development. We explored new ways of collaborating for even greater results in the future."

Dr. Michael McElhenie, Leadership Development Programme Facilitator

Leadership Development Programme brings together leaders in each country for sessions that are conducted over the course of a year, during which they discuss the major factors influencing the spread of the epidemic in their country, and learn new strategies for taking action. These strategies are focused on self-assessment, self-reliance, and personal initiative. They foster a belief that the answer lies within each participant and that change is possible.

The Leadership Development Programme in the LAC region was a sequential process that included both Regional and Country-Level activities. Over a period of nine months, learning sessions and breakthrough initiatives were implemented as a systematic approach toward understanding the fundamental causes of the epidemic and generating an effective response.

The Leadership for Results initiative brought together about 150 leaders from all levels of society in Latin America and the Caribbean for Regional Leadership Development workshops, and more than 3,000 for Country-Level activities. The programme used value-based approaches to strengthen the performance skills and competencies of national stakeholders for scaling up the response to the epidemic.

A central aspect of the Leadership Development Programme is the Change Agents Programmes. This is a group of people who remain committed to the leadership development process for an effective response to HIV /AIDS. The programme was

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initiated at a regional meeting in Trinidad & Tobago with a total of 80 participants from Barbados, Dominican Republic, Guyana, Jamaica, Suriname, St. Kitts and Nevis and Trinidad & Tobago. A regional pool of carefully selected agents of change was trained in the first of a series of workshops in January 2003. These Change Agents in the region (ten individuals from each country) were trained to act as Leadership Development Programme resource experts in their country and region.

This Change Agent Programme was followed by a full programme of in-country, one-week workshops. These workshops were co-facilitated by country change agents, who assisted in the facilitation of large and small group processes, and acted as mentors to initiate and sustain participants' inter-session action learning initiatives. They met regularly with participants to provide support, guidance and encouragement in achieving their goals in response to HIV/AIDS. Over 100 key leaders in each country participated in the Leadership Development Programme session to develop expert skills and capacities to act as transformational change agents in their country and region. This is of significant importance given the development of local capacity and the promotion of ownership to lead local multi-sectoral HIV/AIDS programmes.

"This training has forced me to review my leadership style and make indicative changes that will help me convene a collaborative work team that is motivated, inspired and confident in challenging the underlying factors that perpetuate the spread of HIV and AIDS in my country."

Rev. Patrick Cunningham, Leadership Development Programme participant, Jamaica

One of the most significant results of the programme was the establishment of the **Regional Council of UNDP Change Agents**. The Change Agents create a wider and more diverse base of local resources to build local capacity and take the work to even more people. For instance, about 85% of participants in the UNDP Leadership Development Programme expressed a strong commitment to continue working as a team and to expand the principles and methodology in order to mobilize community-based organizations, government and private sector.

Today, many of these Changes Agents have made career changes and are assuming key leadership positions in their country and in the region. For example, the National Director of the HIV/AIDS Programme in Barbados, who is also a UNDP Change Agent, was recently appointed the LAC representative on the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). This is significant



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considering that this position will allow the Coalition to facilitate networking and sharing of leadership best practices among country change teams. It will increase collaboration of country leaders and favour the integration of scaled-up action learning projects into national HIV/AIDS strategic plans and frameworks. This promises to be a far-reaching response that ensures visibility and sustainability of UNDP's Caribbean Leadership Development Programme.

"While we were challenged with limited financial resources, geographic distance, political instability and cultural barriers between people; over 500 Guyanese were touched directly by the projects in only a one-month period."

Lorna McPherson, *Change Agent, Guyana*

UNDP believes that halting the spread of the epidemic and reversing the trend requires breakthrough approaches that transform individuals and community norms and values.

Another key aspect of the Leadership Development Programme is the **Breakthrough Initiatives**. During the first session, participants identify and select organizational issues or opportunities that are not being effectively addressed as the focus of special initiatives they will conduct throughout the programme. These initiatives are also known as "Action Learning Projects." Participants are organized in "Action Learning Groups" and use their initiatives both as laboratories for trying out new ideas and methods learned from the sessions, and as vehicles for producing quantifiable results.

In intervals between the sessions and until the end of the programme, consultations take place within each Action Learning Group, during which members hone their leadership skills in initiative design and management, turning breakdowns into breakthroughs and in taking action to produce results. Through a group/interactive methodology, participants develop and implement projects. Most of these focused on prevention education, care and support for people living with HIV/AIDS, and strengthened parent/child relationship. By the end of the programme, 20 Action Learning Projects were implemented in the Caribbean and 15 in Latin America.

Community Capacity Enhancement

UNDP believes that halting the spread of the epidemic and reversing the trend requires breakthrough approaches that transform individuals and community norms and values. Because of the sensitivity and complexity of the numerous issues posed by HIV/AIDS, such as sex, shame, stigma, discrimination, silence and hopelessness, the solutions most likely to succeed are those rooted in people's daily interactions, attitudes and behaviour.

O V E R V I E W

The Community Capacity Enhancement methodology is based on the vision and recognition that communities have capacities to care, change and sustain hope in the midst of the HIV/AIDS epidemic. It speaks to the notion that local responses to the epidemic need to be based on the reality of existing social dynamics and the concerns of local communities.

Through Community Conversations, a diverse group of people—men and women, people living with HIV/AIDS, young and old, rich and poor, local NGOs, CBOs and leaders from faith-based organizations—come together to discuss and decide how to address HIV/AIDS in a context that is appropriate for their communities. This approach helps people think about how their behaviour and values affect people's lives. It allows for openness and different perspectives to be taken into account when decisions are made.

Community Conversations bridge gaps between local governments and their constituents. By enabling NGOs and CBOs to hold Community Conversations, UNDP provides an opportunity for these organizations to work more efficiently to generate a response to HIV/AIDS that integrates individual and collective concerns. This approach also provides an opportunity for community concerns and decisions to be integrated into national planning and implementation processes, which consequently contributes to democratization and good governance.

In February 2004, UNDP held a Regional Community Capacity Enhancement workshop in Tegucigalpa, Honduras. 70 community leaders from 10 countries were trained as facilitators to foster safe spaces where local community members could discuss 'taboo' issues openly. The workshop aimed at capacity enhancement for community-level action and decision-making.

"Before participating in this training, I didn't think I had a say about HIV in my community or in my country. Today I get to speak out and my ideas are being considered. This process has truly facilitated this journey."

Youth leader, Honduras

We Care Programme

For the past decade, UNDP has been committed to developing and implementing workplace programmes on HIV/AIDS that promote awareness and reduce vulnerability of UNDP staff and their dependants. In 2002, the **We Care Programme** was launched to provide innovative thinking and mobilization to facilitate dialogue among staff members and their dependants on HIV/AIDS issues. The programme



The Community Capacity Enhancement methodology is based on the vision and recognition that communities have capacities to care, change and sustain hope in the midst of the HIV/AIDS epidemic.



The We Care Programme has already yielded excellent results, reaching far beyond the UN.

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also sought to establish a work environment free of stigma and discrimination. It was designed to make staff aware of their rights, and to help provide full access to care, treatment and support.

The programme utilizes several approaches to enhance individual and institutional capacity to respond to the needs of UN families living with and/or affected by HIV/AIDS. By establishing a supportive environment guided by the UN HIV/AIDS Personnel Policy and the International Labour Organization Code of Practice, the programme seeks to address the prevention, treatment and support dimensions of HIV/AIDS. Special projects are conducted for spouses and children of staff members and personnel to secure sustainable individual and collective commitment and change.

The We Care Programme has already yielded excellent results, reaching far beyond the UN. The programme's scope and methodology have been utilized as a model to replicate HIV/AIDS workplace initiatives in several countries in the region. In Jamaica, for example, the Ministry of Labour and several private companies have received technical assistance in developing and implementing HIV/AIDS workplace programmes.

The success of the Leadership for Results initiative is the result of a true commitment to diverge from a vertical methodology that has characterized much of the work in HIV/AIDS in the region and create an enabling environment in which individuals, groups, organizations and government work together to develop responses to the challenges of the epidemic. Such responses are effective and sustainable because they are created and owned by the people themselves. People themselves become the protagonists of change.

Results and Accomplishments

An effective response to HIV/AIDS is going to require visionary leaders from all sectors of society.

By addressing the underlying causes of HIV/AIDS, Leadership for Results has inspired leaders in the region to generate changes in their personal, institutional and structural environment. Furthermore, this initiative has ensured sustainable results in the region, strengthened capacity and collaboration; and consequently increased a sense of ownership among stakeholders.

The Leadership for Results Programme, as implemented in Latin America and the Caribbean, has made measurable impact on the response to HIV/AIDS, particularly as it relates to: governance, stigma and discrimination, the tourism industry, gender and power relationships and care, treatment and involvement of people living with HIV/AIDS.

The following breakthrough initiatives and Action Learning Projects will demonstrate how several of these issues were addressed and supported through strategic partnerships among UNDP, country governments, NGOs, the private sector and other UN agencies. As stated earlier, about 50 breakthrough initiatives have impacted the lives of one million people in the region; and over three million more indirectly. In addition, there are ongoing processes and emerging initiatives that continue to challenge existing structures and policies.

Leadership for Results has begun to change the response to the HIV/AIDS epidemic in the region. In many Latin American and Caribbean countries including Dominican Republic, Haiti, Honduras and Ecuador, religious leaders are now implementing Leadership for Results principles in their communities to promote education and information on HIV/AIDS. Furthermore, for the first time, the Mexican government has appointed a person living with HIV/AIDS as head of the National Council for the Prevention of AIDS. These are indeed breakthroughs in a region where stigma and discrimination have prevailed for years.

By addressing the underlying causes of HIV/AIDS, Leadership for Results has inspired leaders in the region to generate changes in their personal, institutional and structural environment.

Meeting the Governance Challenge

Strengthening National Responses

The effectiveness of democratic governance depends on participation, accountability and transparency.

UNDP has sought to strengthen the political, economic and administrative capability of nations in the region to effectively and efficiently manage their response to the epidemic, and to ensure ownership and create sustainability. HIV/AIDS, gender inequalities, stigma and discrimination, poor access to drugs, poverty and unequal distribution of resources have challenged the core political, social and economic fabric of nations in the region.

With new and different stakeholders, along with strengthened capacity of leaders, UNDP has generated a multi-sectoral and multi-level response to the epidemic, while promoting greater national ownership.

“UNDP’s LDP change agents are now members of an HIV/AIDS Substance Abuse Commission that develops policy to support the coordination of Tobago’s response to HIV/AIDS. This commission is now part of the National Coordinating Committee which is managed by the Prime Minister”

Claudia Groome-Duke, Department of Gender, Trinidad & Tobago

Leadership for Results has secured important actions at country and regional levels. It has enabled the inclusion of new stakeholders to lead the response to HIV/AIDS. In the Dominican Republic and Colombia, representatives from 20 ministries have been trained in Leadership Development and as Change Agents, including the Tourism Department, the Department of Women’s Affairs, Ministry of Education, Ministry of Health, Ministry of Finance Coordination, the Ministry of Labour, the Armed Forces and the National Police, and the AIDS Presidential Council in countries that do not have a Ministry of Health or Education, such as Colombia.

The Leadership Development Programme has been important in decentralizing the work of the Ministry of Health. With new and different stakeholders, along with strengthened capacity of leaders, UNDP has generated a multi-sectoral and multi-level response to the epidemic, while promoting greater national ownership.

In Barbados and St. Kitts, through an Action Learning Project called “Team Education,” the Leadership Development Programme enhanced the institutional capacity of the Ministry of Education by integrating transformative methodologies into the Health and Family Life Education curricula reform. The team, which comprised nine persons, has grown to 150 people, including staff of the Ministry of Education, activists and community leaders in both countries. This is important given the potential for this curriculum to reach other sectors of society and impact thousands of people for effective action in their personal and professional lives, particularly in response to HIV/AIDS.

MEETING THE GOVERNANCE CHALLENGE:
STRENGTHENING NATIONAL RESPONSES

The technical director of the National AIDS Programme (NAP) in Trinidad and Tobago is a former Leadership Development Programme participant. His learning from the LDP has resulted in the integration of a multi-sectoral approach into NAP. Along these lines, an assessment of human rights issues and HIV/AIDS was carried out during 2004 with the full support of the UNDP Country Office. This approach will empower people living with HIV/AIDS to work on policy development issues as well as strengthen prevention programmes in the country. In 2005, a workshop on HIV and development will be conducted to assist programme managers, activists and leaders to assess and redesign their policies and programmes on HIV/AIDS. The UNDP Country Office is playing an important role in implementing this approach.

As a consequence of the Leadership Development Programme in the Dominican Republic, the government and the UNDP Country Office designed a Decentralization Programme on HIV/AIDS. It will cover ten municipalities and is expected to be implemented in partnership with UNICEF.

This approach will empower people living with HIV/AIDS to work on policy development issues as well as strengthen prevention programmes in the country.



Participants at the Honduras CCM meeting

MEETING THE GOVERNANCE CHALLENGE:
STRENGTHENING NATIONAL RESPONSES

As a result of the programme, the government of Bolivia requested UNDP's assistance in designing a national legislation on HIV/AIDS. UNDP's role was mainly to assist the government in moving away from traditional models of penalization, to the protective function of laws that promote human rights. UNDP Change Agents also organized regional meetings with NGOs, governments and civil society leaders to discuss ways to integrate LDP methodologies into the design and implementation of Global Fund proposals. The meetings resulted in forging strong partnerships between various stakeholders.

"At a personal level, I have always believed that people can't engage meaningfully with the HIV/AIDS epidemic until they move from purely medical and academic involvement, to an understanding of the emotional and personal issues involved"

Dr. O'Toole, Leadership Development Programme participant, Guyana.

It enhanced their understanding of the factors fuelling the epidemic and showed what could be done to help rebuild the region's social, political and economic fabric after years of devastation by the disease.

The Leadership Development Programme methodology was also used to train Global Fund members in Argentina, Dominican Republic, Panama, Cuba, Haiti, El Salvador and Honduras. It enhanced their understanding of the factors fuelling the epidemic and showed what could be done to help rebuild the region's social, political and economic fabric after years of devastation by the disease.

In Guatemala, Action Learning Groups worked with men who have sex with men and clients of commercial sex workers to advocate that the Ministry of Health include them in the national health agenda as a priority. One health official stated that Leadership for Results emerged as a solid platform where vulnerable groups, particularly those that have been systematically removed from the decision-making processes, have been empowered to create innovative approaches to halt and reverse the spread of HIV/AIDS.

Change Agents in Jamaica and the Dominican Republic led a national initiative through the Ministries of Health to build the capacity of health care and social service providers, improve adherence to treatment regimens and provide comprehensive services to people living with HIV/AIDS. UNDP set the platform for a shift in attitude toward the delivery of health care services to people living with HIV/AIDS. This group became partners in the treatment process, rather than recipients of knowledge and information imposed by 'an expert'. This shift is important given its possibility to generate in people living with HIV/AIDS a sense of ownership and sustainability of their care, treatment and well-being.

MEETING THE GOVERNANCE CHALLENGE:
STRENGTHENING NATIONAL RESPONSES

In the Dominican Republic, the programme promoted the implementation of a Network of Educational Recruits in the prevention of sexually transmitted disease (STD) and HIV/AIDS in the Armed Forces and National Police Department. The project educates army recruits and police officers to modify behaviour that might turn into HIV/AIDS risk factors. It is integrated into a health promotion and health-seeking behaviour and attitude programme. This breakthrough initiative fostered awareness and a commitment among men in preventing the spread of HIV/AIDS. It is a successful partnership between the Armed Forces and the Police Department that builds national capacity, with far-reaching effects on the officers' families, the community at large and the Caribbean region as a whole. Funded by the UNAIDS Secretariat, the project has reached over 3,500 persons and will potentially impact more than 35,000 people.

El Salvador utilized the Leadership Development Programme platform to promote, organize and carry out the first National Congress on AIDS. The congress was a forum to discuss the government's challenges in addressing the HIV/AIDS epidemic, and promoted Leadership for Results as an effective and efficient response to the epidemic.

In addition, Change Agents designed and implemented a programme reaching 70 local leaders using models, concepts and distinctions of transformative leadership, including concepts of emotional intelligence, conversations for leadership, and designing breakthrough initiatives.

It is a successful partnership between the Armed Forces and the Police Department that builds national capacity, with far-reaching effects on the officers' families, the community at large and the Caribbean region as a whole.





Through its support to Global Fund-financed projects, UNDP is precipitating long-term partnerships between government and civil society and multi-sectoral national HIV/AIDS responses that promote and protect the rights of people living with HIV/AIDS.

The Global Fund to Fight AIDS Tuberculosis and Malaria

Established in 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria is a public-private initiative designed to bring additional financing to these global challenges.

UNDP plays an important role in countries that receive GFATM grants. Through its extensive network of country offices, UNDP supports proposal development and contributes substantially to their implementation. In addition, UNDP builds capacity of Principal Recipients and other local implementing partners.

In exceptional circumstances, UNDP has assumed Principal Recipient responsibilities for implementation results and financial accountability. UNDP is currently Principal Recipient in 26 countries, six of which are in the Latin American and Caribbean region, namely Argentina, Cuba, El Salvador, Haiti, Honduras and Panama. Generally, this arrangement is of limited duration to allow UNDP to provide the capacity building support to one or more local Principal Recipient candidates prior to their assuming full responsibility. For example, in Haiti, UNDP shared the role of Principal Recipient for the HIV/AIDS grant with a national entity, Fondation SOGEBANK. After almost two years, UNDP has successfully built the capacity of this national Principal Recipient and will be handing over full responsibilities of management of the grant to Fondation SOGEBANK in the coming months. Similar exit strategies are currently being executed in El Salvador and Honduras.

Through its support to Global Fund-financed projects, UNDP is precipitating long-term partnerships between government and civil society and multi-sectoral national HIV/AIDS responses that promote and protect the rights of people living with HIV/AIDS. As a result of UNDP's role as Principal Recipient in Honduras, the number of patients with access to antiretroviral (ARV) treatment has increased tenfold from 300 persons in April 2003, to 3,000 in 2004. This scale up involved hiring and training personnel for the Ministry of Health and the purchase of ARV medication and equipment. Today, the Ministry of Health has 12 treatment centres, and more are being planned.

There has also been progress in prevention programmes and respect for the human rights of people living with HIV/AIDS. In August 2004, the Honduran government granted legal recognition to three organizations that focus on the human rights of gay persons and prevention of HIV, making Honduras one of the few countries in Latin America to have officially recognized the work of such organizations. Recognition came after a 10-year struggle by these groups for legal status and was largely due to advocacy work by Country Coordinating Mechanism (CCM) members.

In other countries, such as Barbados, Costa Rica, Dominican Republic, Ecuador, Guatemala, Guyana, Jamaica, Paraguay and Suriname, UNDP has supported

proposal submissions to the GFATM and, in some cases, has been asked by government and the GFATM Country Coordinating Mechanisms to provide more substantial capacity development support in implementation.

UNDP's Initiative to Strengthen GFATM Country Coordinating Mechanisms and National HIV/AIDS Responses

In June 2004, the first regional Leadership Development Programme for the CCMs of Latin America and the Caribbean was launched. This programme comprised two sessions, the latter of which was held at the end of September 2004.

UNDP's intention in offering this pilot programme was to build personal and organizational capacity within the CCMs to lead in halting and reversing the incidence of HIV/AIDS, tuberculosis and malaria. The programme focused on the following key challenges for CCMs:

- Ensuring linkages and consistency between Global Fund assistance and other development and health assistance programmes and bodies (such as National AIDS Commissions) in support of national priorities, such as Poverty Reduction Strategies or Sector-Wide Approaches
- Acknowledging the importance of and building sustainable partnerships for results in the national response to the epidemics
- Understanding the underlying causes of the HIV/AIDS epidemic and promoting dialogue, proposals and action that reflect this
- Increasing effectiveness in policy making and institutional delivery by transforming the environment and ways of doing business
- Ensuring individual and collective accountabilities for GFATM-financed projects by improving competencies in leadership.

More than 75 key leaders who are members of the CCMs in the region attended this programme. This included representation from CCMs in countries where UNDP is Principal Recipient (Argentina, Cuba, El Salvador, Honduras and Panama) as well as countries where UNDP hopes to provide significant capacity development support to GFATM grants in implementation (Dominican Republic and Ecuador).

As part of the programme, each country CCM set clear three-month and 12-month goals to increase the effective functioning of their CCM. This is followed by an evaluation of the following key outputs and outcomes:

- Leadership Development Programme methodologies and concepts were mainstreamed into the CCMs institutional settings in seven countries.
- Country CCM functioning was assessed and steps were identified to improve management and performance. After the LDP, 84 percent of participating members agreed that their CCM was functioning better but still needed some improvements.
- After the LDP, 98 percent of participating members noted positive changes in leadership skills.
- As a result of the LDP, almost half (47 percent) stated that they had greater understanding regarding the spread and the underlying factors fuelling the HIV epidemic.
- A national network on HIV/AIDS aimed at reaching university students was developed.
- A Regional Community of Practice for people living with HIV/AIDS was established.
- A Regional Community of Practice of Religious Leaders working to address religious matters and HIV/AIDS was established.



Creating Awareness and Addressing Stigma and Discrimination

Stigma and discrimination are some of the most pressing issues in Latin America and the Caribbean.

For people living with HIV/AIDS in this region, fear of rejection prevents them from seeking medical help and support services. The perceived threat of stigmatization stops people at risk from getting tested, thus increasing the risk of transmission.

All over the world, and especially in Latin America and the Caribbean, stigma and discrimination have systematically played to, and reinforced existing prejudices and anxieties about homosexuality and bisexuality, about commercial sex workers and sex work, and about injecting drug use. Understanding these links is vital if societies are to develop effective responses. HIV/AIDS related stigma is something that resides in the minds of individuals; it is a social product with deep societal origins. Therefore, tackling stigma and discrimination calls for strong, deep measures that reach underlying structures and root causes.

Leadership for Results brought about an overwhelming number of breakthrough initiatives and Action Learning Projects that responded to an emerging social climate of acceptance, integration and empowerment of people living with HIV/AIDS. The transformative experience began during the Regional Leadership Development Programme and in-country Community Capacity Enhancement programmes. For many participants it was their first time sitting in a room, sharing, exchanging, negotiating, creating and recreating knowledge and information with people from all walks of life.

The perceived threat of stigmatization stops people at risk from getting tested, thus increasing the risk of transmission.

“Meeting and interacting with PLWHA, sex workers and homosexuals has expanded my mental and emotional perceptions that were previously fuelled by fear and ignorance, to include perceptions currently fuelled by knowledge and acceptance.”

Marlene Liburd, Leadership Development Programme participant, St. Kitts

The Regional Red Cross Office in Central America, based in El Salvador, held an introductory Community Capacity Enhancement programme during which it duplicated the most important components of the CCE methodologies to train over 120 youth leaders from the “Youth Red Cross Organization” of Central America. The workshop was facilitated by two UNDP Change Agents. Youth leaders, with their influence over their peers, reached out with important messages about sex, sexuality and prevention methods.

CREATING AWARENESS AND ADDRESSING STIGMA AND DISCRIMINATION

Other initiatives were designed and implemented to address the issue of different sexual orientations directly. In Barbados, one group implemented an initiative called 'Multi-Choice: The Final Equation'. It was a series of leadership development training courses aimed at changing people's attitudes and misconceptions about homosexuality and bisexuality. This is particularly important because a voice was finally given to an issue that had remained silent in this country.

Another successful initiative was the 'HIV Awareness for Basic School Principals' in Jamaica. Change Agents had an opportunity to practice their skills in teaching core modules on leadership development. The initiative was an education, sensitization and mobilization effort to reduce stigma and discrimination in school settings. A total of 25 basic school principals participated in a two-day training and awareness building workshop on HIV/AIDS. The Change Agents later held three more workshops for 25 persons in other schools and remain strongly committed to the methodology. Local Change Agents have already reached 350 national stakeholders, who will eventually impact generations of teachers, students and parents.

"In our work with the prison population, we found that understanding the political hierarchy and integrating key gatekeepers is very important. We also learned that commitment and the capacity to influence others were important factors to consider when devising actions learning projects. As leaders, we learned to be more democratic in our decision processes, more flexible, patient and open-minded."

Ionie Whorms, Change Agent, Jamaica

In Trinidad and Tobago, 'Project Hope' was designed to provide youth with tools to engage in creative thinking and personal decision-making on HIV/AIDS, and to promote the use of the 'Hope' concept in communication strategies for people living with HIV/AIDS. Using LDP tools, the project allowed members of national youth organizations to assume leadership responsibilities in their communities and to utilize the platform of grassroots organizations to demand actions on HIV/AIDS. Furthermore, the programme has led young people living with HIV/AIDS to assume key leadership positions in prevention-related and peer education programmes. The project has reached 400 youth activists and young leaders, and has the potential to reach an additional 70,000.

The LDP methodology has also been effective in reaching adolescents and young adults throughout the region. HIV/AIDS prevention education and information have been disseminated through 13 new initiatives in Barbados, Guyana, Trinidad and Tobago, Jamaica, Dominican Republic, El Salvador and Guatemala. Regarded as



The initiative was an education, sensitization and mobilization effort to reduce stigma and discrimination in school settings.



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one of the most innovative and challenging Action Learning Projects, a team of Change Agents in Jamaica developed and implemented '*Operation Homeward Bound*'. It is an HIV/AIDS education and information initiative tailored to staff and inmates in the country's correctional institutions. So far more than 1,600 people have received training. The goal is to increase awareness of STDs and HIV/AIDS among inmates and staff of correctional facilities, while simultaneously reducing stigma and discrimination.

"I really hope that the continuation of Leadership Development Programme in our country will help the national response to HIV/AIDS rocket towards a level that we have never seen before. I can foresee a vision that it will be a phenomenal change in the way people operate in Guyana, not only in response to HIV, but to relating to each other on a deeper, much more meaningful sense."

Dmitri Nicholson, Leadership Development Programme Participant, Youth Challenge, Guyana

These initiatives were unique in that they brought together two divergent groups under a participatory methodology that not only promoted ownership of the learning process, but most importantly fostered leadership capabilities.

LDP methodologies were also brought into school settings and youth organizations. They include '*Sex, Sexuality and Primary School Students*' in Jamaica; and '*HIV/AIDS Awareness in Schools*' in Guyana. A series of participatory and interactive meetings/trainings were organized with teachers and students, allowing for open discussions on HIV/AIDS, sexuality and substance abuse. These initiatives were unique in that they brought together two divergent groups under a participatory methodology that not only promoted ownership of the learning process, but most importantly fostered leadership capabilities. The project directly impacted 100 participants in Guyana and 120 in Jamaica, but will potentially reach more than 300,000 people in both countries. Teachers and students became partners in developing a collective response to the challenges of HIV/AIDS in those countries.

Furthermore, because of the reach and impact of several of these projects; they continue to be strengthened by the committed action of individuals, and UNDP to promote continuity and sustainability. For example, in Guyana the Hope Foundation continues to organize a youth camp, where over 100 campers, facilitators, and counsellors stay together for the purpose of promoting positive behaviour, healthy lifestyles and adolescent rights. Also, the '*Dare to Change*' initiative continues to use the LDP's methodology to build capacity of NGOs, other Change Agents, and private industries on HIV/AIDS awareness and sensitization. Though initially implemented to reach 24 people, the project intends to impact over 200 people indirectly.

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More than 50 youth activists are implementing LDP tools to research the emotional powerlessness of youth. About 30 participants in Guyana initiated a youth organization called 'Future Club 2003' that is conducting Leadership Development Programme for its members. Over 300 youth leaders have been reached and it is anticipated that the initiative will potentially impact more than 4,500 people. This project has far-reaching potential because it is attracting youth leaders to inform national HIV/AIDS initiatives that respond to the epidemic from their perspective.

Other national and regional initiatives spearheaded by Leadership Development Programme have also helped to reduce stigma and discrimination towards commercial sex workers and men who have sex with men. Through ongoing leadership capacity development and Community Capacity Enhancement, the civil society and the government have standardized and strengthened their partnership. This has resulted in specific health programmes-coordinated by the Department of Health-aimed at men who have sex with men in Bolivia, Colombia, Jamaica and Trinidad and Tobago. Today, these health programmes include previously marginalized groups. Most recently in Colombia, a person living with HIV/AIDS was appointed head of the National Council for the Prevention of AIDS.

In the Dominican Republic, a programme was implemented to enhance the quality of life for people living with HIV/AIDS. The project is currently managed by UNDP Change Agents. It is implemented throughout the country and reaches 1,200 people living with HIV/AIDS and their loved ones. The project uses mainly methodologies to promote transformative leadership at the local level for people living with HIV/AIDS, while addressing stigma and discrimination. It is estimated that this project will indirectly impact more than 6,000 people.

"After the Leadership Development Programme I completely altered my organization's HIV/AIDS sensitivity training to include aspects of emotional intelligence, to be more interactive and to provide opportunities for action learning."

Deborah Williams, Leadership Development Programme participant, Trinidad & Tobago

Change Agents in several countries, including commercial sex workers and homosexual men and women, have partnered with networks of organizations and governmental agencies to provide preventive education, information and services. An initiative called 'Join Heart and Hands' was carried out in the Dominican Republic. The project is aimed at establishing a national network of youth who

Through ongoing leadership capacity development and Community Capacity Enhancement, the civil society and the government have standardized and strengthened their partnership.

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are sensitized about HIV/AIDS and its social and economic impact on society. It focuses on awareness raising and risk reduction behaviour among this population. The project is reaching youths at all levels and has already succeeded in mobilizing secondary and university students in the country.

During the Regional Leadership Development Programme in Trinidad and Tobago, several breakthrough initiatives were developed to introduce prevention education and information in schools and youth organizations. *'Phoenix Arising'* in Barbados, *'Youth Education Project'* in Trinidad and Tobago, *'Social Empowerment'* in the Dominican Republic, and *'Join Heart'* in El Salvador are just a few of the Action Learning Projects targeting children and adolescents. By utilizing LDP principles, these projects are equipping children and adolescents with skills, knowledge and information on HIV/AIDS to ensure informed decision-making and positive health promotion.

Commercial sex workers and men who have sex with men who participated in the training regarded the Leadership Development Programme as an outstanding innovation that for the first time acknowledged them as important stakeholders in scaling up the response to HIV/AIDS in the region. For example, during the Honduras workshop, the delegation from El Salvador seemed convinced that public baths (where men-to-men sex tends to occur) were infection hotbeds and that the government should forbid such activities. On the other hand, the delegation from Mexico said that public baths constituted an extraordinary space for preventive actions. This kind of discussion and open dialogue in a safe and supportive environment are an important vehicle for promoting awareness, education and transformation within individuals to achieve significant policy and structural shifts.

During this same programme in Honduras, the delegation from Jamaica expressed discomfort in understanding and accepting open demonstrations of affection among people of the same sex. Although some participants suggested that such demonstrations should be private, they said they respected these people and were able to work with them in teams, in a spirit of mutual support. Most importantly, they went back home with a different understanding of sexual diversity which, as they themselves pointed out, though not accepted in Jamaica, should be taken into consideration when devising HIV/AIDS prevention education and information programmes.

In a region where language is a visible expression of the diversity of its population, UNDP provided key support and capacity building to acknowledge the transformative value of language. Leadership development strongly conveyed the importance of using non-stigmatizing and sensitive language in responding to the challenges of HIV/AIDS. Words have a specific weight on what they convey, and reflect people's attitudes and perspectives. Therefore words leading to stigma and

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discrimination should be eliminated since they can create a barrier against the exchange of ideas. A breakthrough moment that illustrates this came during a Leadership Development Programme in Trinidad and Tobago. A participant from Jamaica admitted publicly that the words frequently used to refer to same-sex relationships were perpetuating a system that is punitive and discriminatory. This generated a debate that concluded with a commitment from participants to remain cognizant of the transformative power of language, and to incorporate language in their personal and professional life that is inclusive, rather than excluding; and empowering, rather than disabling.

The transformative power of language was extensively discussed during the regional and in-country leadership development workshops. It was a central component in the development and implementation of HIV/AIDS arts and media projects. The Regional Coalition of Change Agents is currently creating an Arts and Media initiative for the region depicting women, men, youth groups and people living with HIV/AIDS supporting prevention, care and education efforts on HIV and AIDS. This initiative will be empowered by language that raises awareness and encourages openness and inclusiveness.

The transformative power of language was extensively discussed during the regional and in-country leadership development workshops.



LDP participants
in Honduras

Strategic Partnerships for a Multi-sectoral Response

UNDP has forged strategic partnerships with various important networks in the region.

Several leadership development programmes were implemented with the Caribbean Regional Network of people living with HIV/AIDS to ensure that the needs and priorities of persons living with and affected by HIV are at the centre of the regional response, and to promote ownership and sustainability in the scaling up of Leadership Development Programme. A partnership was also established with the Caribbean Health Research Council for promotion and coordination of health research in the Caribbean, and to provide knowledge, analysis and information to influence actions at country and regional levels. UNDP has partnered with the Caribbean Coalition of National AIDS Programme Coordinators to promote collaboration and share resources and skills in building national capacity.

“Through our change agents teams we were able to reach into the private sector. We partnered with a sugar corporation called GUYSUCO; the largest employer in Guyana to implement a HIV/AIDS workplace information-education initiative”

Dmitri Nicholson, Youth Challenge, Guyana

UNDP has partnered with the Caribbean Coalition of National AIDS Programme Coordinators to promote collaboration and share resources and skills in building national capacity.

In 2004, about 110 people participated in a regional Leadership Development Programme in Venezuela for the Latin America and the Caribbean Civil Society Organizations meeting. Participants from Argentina, El Salvador, Honduras, Cuba, Costa Rica, Nicaragua, Colombia, Chile, Brazil, Paraguay, Dominican Republic, Ecuador, Guatemala, Peru, Mexico, Bolivia, Canada, Uruguay and Venezuela, learned new concepts, tools and transformational leadership practices. The goal of the meeting was to promote formal linkages and collaboration of people living with HIV/AIDS and organizations with national and regional movements dealing with sexual health and reproductive rights. As a result, two regional HIV networks emerged: The Central American Network of Gay Organizations and The Regional Network of Transgender Organizations. This network organized and carried out the first Latin American meeting for transgender population. More than 70 regional leaders have committed to supporting the integration of these networks in their national responses to HIV/AIDS.

The Change Agent teams from the Caribbean also reached out to form strategic alliances with the private sector. In Guyana, workplace education programmes reached 18,000 workers of GUYSUCO, a sugar company. The employees in turn empowered many others with their information about prevention and care.

Exploring HIV/AIDS and Tourism

Exploring the impact of commercial sex-work on HIV/AIDS reveals a gendered distribution of power that is fuelling the spread of the epidemic, particularly in a region where most of the economy is stimulated by the tourism industry.

Poverty, economic disparity and migration are forcing women and men into commercial sex work, often with tourists. Since sex between men is highly stigmatized in LAC region, some men turn to sex work as a way to find male partners.

The exotic image of Caribbean and Latin American people and the inherent anonymity of sex tourism attract men and women from all over the world to the region. Depictions of the Caribbean as a place to fulfil fantasies and evade negative repercussions draw tourists to the region. The interaction between the well-to-do tourist, seen as a financial resource, and local people is largely dictated by economic dependence and necessity. Typically, the desires of the tourist are prioritized, which results in limited negotiating power for commercial sex workers, particularly women and girls. At the same time, Caribbean countries, whose economies rely heavily on tourism revenue, fear that initiating HIV/AIDS public information campaigns or prevention efforts will dampen tourism in the region.

Stigmatization and the illegal nature of sex work prevent commercial sex workers, particularly women, from seeking protection from abusive clients or bar and brothel owners.

In Latin America and the Caribbean, the absence of regulation in the sex industry and an unwillingness to legitimize commercial sex as a form of 'labour', has resulted in a lack of response from the health sector, police and social services to the needs of commercial sex workers. Thus, health information and services are often out of the reach of this crucial group.

In Continental Latin America, particularly Central America, studies indicate high rates of child sex tourism. Children who lack support networks; food, shelter and money may resort to or be forced into commercial sex. The power adults have over children is compounded by their greater physical strength, the social pressure on children to obey their elders or children's own need for financial and emotional security. Girls are usually unaware of their increased biological vulnerability to HIV/AIDS and STDs, have less access to knowledge regarding safe sex, and have little power to negotiate condom use.



In Latin America and the Caribbean, the absence of regulation in the sex industry and an unwillingness to legitimize commercial sex as a form of 'labour', has resulted in a lack of response from the health sector, police and social services to the needs of commercial sex workers.

Leaders from this sector left with a commitment to increase collaboration and change policies in response to the link between HIV/AIDS and tourism.

UNDP's Leadership Development Programme was extremely successful in securing the participation of representatives from the Ministry of Tourism and the private sector of several countries. Their participation was substantive in planning and implementing the HIV/AIDS regional response. Leaders from this sector left with a commitment to increase collaboration and change policies in response to the link between HIV/AIDS and tourism. Tourism ministries joined with Children and Women's Affairs ministries to identify and promote effective responses to reducing the HIV/AIDS impact.

In addition, the Regional Council of Change Agents is strongly committed to promoting an initiative to oppose violence and sexual exploitation of young girls. They are currently working to develop groups of male and female youths who will become advocates against sexual exploitation. This is particularly significant because there is a clear understanding that lack of leadership and political decisiveness on HIV/AIDS will significantly threaten the economic health of the region, its people and consequently the tourism industry. A region plagued by health, social and political challenges will end up alienating visitors to the area. A multi-sectoral commitment and leadership will help ensure regional ownership by continuously stimulating, guiding and supporting the response to HIV/AIDS.



Gender, Power Relations and HIV/AIDS

The social construction of femininity in Latin America and the Caribbean endangers women's health and acts as an obstacle for women who are trying to attain knowledge about their reproductive and sexual health, their bodies, pregnancy, childbirth, contraception, reproductive complications and sexually transmitted diseases, including HIV and AIDS.

The expectation that women will be virgins until marriage and the stigma that is attached to women who are sexually active before marriage often prevents them from accessing health services and information. This lack of information is devastating to the health of both women and men, given data that show that men and women in the region become sexually active in their early teens. In a study conducted in Brazil, 36 percent of women reported having had intercourse by the age of 13. Adolescence is a crucial time during which information about sex and sexuality can be most useful to both sexes.

Cultural taboos that prevent discussion of sex in schools, churches, clinics and other fora endanger girls, boys, women and men's health. Cultures that support the femininity/masculinity dichotomy inhibit adult women's ability to discuss issues such as extramarital partners, use of barrier methods/protection, timing and safety of sexual contact, access to necessary health services, and their own sexual pleasure with their male partners.

The belief that women have sex solely for reproductive purposes while men need sexual release also creates obstacles for HIV/AIDS prevention programmes that promote female negotiation with their partners. The outcomes of decisions in heterosexual relationships frequently leave the female partner with less power and increase their vulnerability to contracting sexually transmitted infections, including HIV/AIDS.

Social constructions of masculinity and femininity can also be contributory risk factors for HIV/AIDS. Research indicates that economically vulnerable women are less likely to terminate a potentially dangerous relationship and less likely to have access to information regarding HIV/AIDS. Studies on violence in the Latin America and Caribbean region indicate that the power and control implicit in the social construction of masculinity places women at risk of HIV infection.

Violence is manifested in several forms, including physical, sexual and psychological abuse. These forms of violence are more frequently manifested



Research indicates that economically vulnerable women are less likely to terminate a potentially dangerous relationship and less likely to have access to information regarding HIV/AIDS.



Honduras

Several breakthrough initiatives emerged in the region to give women an equal voice and platform in defining their role in eliminating existing social inequalities essential to halting the epidemic.

concurrently rather than independently. It is the interplay of these forms of violence and fear that act to suppress women's power and enhance their risk of contracting HIV. Violence is inflicted at the family, the community and state level.

The commitment to address gender issues in the response to reverse the spread of HIV/AIDS has been at the centre of UNDP initiatives in the region. Several breakthrough initiatives emerged in the region to give women an equal voice and platform in defining their role in eliminating existing social inequalities essential to halting the epidemic. During the Leadership Development Programmes and CCE workshops, the specific needs and issues of women were emphasized and supported.

Honduras, Colombia and El Salvador have carried out their own CCE workshops focusing primarily on women's issues. The workshops have reached about 250 community leaders. One of the most successful initiatives was a 'Social Empowerment Programme' implemented in the Dominican Republic by a group of women. Through leadership capacity development, the women were empowered to participate in local and national responses to HIV/AIDS. The programme was implemented in eight municipalities and reached over 2,400 women leaders. It is expected to impact more than 24,000 people indirectly. The group is currently working on a female agenda in response to the epidemic in the country.

UNDP continues to provide technical support and capacity building to several community-based organizations in the region that are working to address the vulnerability of women and adolescents. In Bolivia, an organization that focuses solely on the issues of women living with HIV/AIDS has developed a training series under the Leadership Development Programme participatory methodology. The courses are designed to raise awareness of the growing impact of HIV/AIDS on women, the role of gender and sexuality in the debate on HIV/AIDS prevention and care.

This initiative was eventually expanded throughout the region, and in June 2002 the first Coalition Meeting of Women Living with HIV/AIDS was organized. Representatives from 10 countries presented a Declaration of South American Women on HIV and AIDS. The Declaration identified the key issues affecting women and HIV/AIDS to inform national HIV and AIDS initiative policies and strategic planning.

In Honduras, Ecuador and the Dominican Republic, participants at the Change Agents workshops and the Community Capacity Enhancement programme implemented three action learning projects to challenge violence and exploitation of women and young girls. One group in Honduras conducted workshops on

preventive education, sexual and reproductive health, STDs and HIV/AIDS. A second group in Ecuador promoted the principles of Emotional Intelligence to inform counselling, case management and other social support programmes for women and children. And the group in the Dominican Republic worked with local NGOs to raise awareness of the socio-cultural forces and constraints that undermine a coherent and comprehensive response to HIV/AIDS. Though these projects directly impacted approximately 100 people in each country, they will have an indirect impact that will reach approximately 25,000 people.

UNDP's Community Capacity Enhancement programme has also provided an environment that promotes community participation. During these meetings, women and men have discovered and openly discussed common constraints resulting from the lack of information, poor decision-making and sexual ignorance. As a result, people clearly understood that an HIV/AIDS initiative in the region would not succeed unless it was promoted as a joint response between women and men.

"As long as I am involved in the fight against HIV/AIDS, I will be determined to make the issues of women heard in my country."

Leadership Development Programme participant, Bolivia

The *'Dare to Dream'* project in Barbados is an important breakthrough initiative that exemplifies the commitment to a joint response. The project promotes open communication workshops for men to explore fatherhood, their role in their family and community. During these conversations, men spoke of the challenges and struggle with alcohol and drugs. They explored new approaches in taking responsibility for their actions, resolving conflict, and changing behaviour and attitudes. Local change agents conducted several workshops, reaching about 870 men and indirectly impacting over 40,000 people.



UNDP's Community Capacity Enhancement programme has also provided an environment that promotes community participation.

Faith in Action:

The Role of Faith-Based Organizations in Addressing HIV/AIDS

Until 10 years or so ago, faith-based organizations remained silent about the severe challenges posed by the pandemic in their communities.

Their position was that HIV/AIDS was the disease of homosexuals and lesbians who needed to seek counselling to change their unnatural behaviour. Recently, there has been significant interest on the part of both multilateral and governmental agencies to increase the role of faith-based/religious organizations in mobilizing HIV/AIDS prevention efforts, as well as in providing care and support services.

In laying out the principles and elements necessary for a coordinated and effective global AIDS response, the UNAIDS Global Strategy Framework on HIV/AIDS calls for “partnerships of key social groups, government service providers, non-governmental organizations, community-based groups and religious organizations.” Religious organizations have long delivered social, educational and health services in many countries. Today it is clear that FBOs have a number of assets that make them critical partners in the response to HIV/AIDS. FBOs have the infrastructure and audience base that can be used for implementing policies, as well as in delivering and scaling up services. Furthermore, they have the ability to mobilize at a grass-roots level because of their credibility and status.

Several religious leaders participated in Leadership Development Programmes and became Change Agents throughout the region. They began using leadership development tools and created new information resources on HIV/AIDS. In Cuba, a groundbreaking event took place during a regional leadership development programme. Religious leaders from Dominican Republic, Panama, El Salvador, Honduras, Jamaica and Ecuador requested UNDP’s technical assistance and capacity enhancement to launch a Community of Practice on Religious Leaders in the Latin America and the Caribbean Region. The initiative aims to cement the basis for policy dialogue and decision-making that will ultimately lead to improved prevention efforts, expand the care, support and treatment of persons living with HIV/AIDS and others affected by the disease. The project has the potential to reach over 13,000 in each country.

The project is UNDP’s contribution in supporting an integral leadership development programme focused on religious leaders: Pastors of Protestant churches, Catholic priests and nuns and religious community activists working in the area of HIV/AIDS and development issues at the country level.

Religious organizations have long delivered social, educational and health services in many countries.

FAITH IN ACTION: THE ROLE OF FAITH-BASED ORGANIZATIONS IN ADDRESSING HIV/AIDS

It is anticipated that the initiative will also be of significance to FBOs working in HIV/AIDS, as it will enable them to have greater insight into how they can collaborate, contribute and provide leadership. The hope is that the lessons learned will spur and inform future responses of FBOs in meeting the challenges of the epidemic.

In Haiti an Action Learning Group met over 30 priests to discuss the issues of stigma and taboo within the church and their impact on the epidemic. As a result, some religious leaders have begun to modify their positions on condom use, which has been strictly prohibited for many years.





Tuning In:

Using the Media to Promote HIV/AIDS Prevention

With the inclusion of new stakeholders and innovative leadership in the region, UNDP has revamped its Arts and Media Initiative in addressing the challenges of the HIV/AIDS epidemic.

New voices have joined to break the silence on stigma, discrimination and misinformation and to incorporate HIV/AIDS issues within the framework of government, institutions and community life.

Amid an enabling environment for UNDP's commitment to advocacy and communication to address HIV/AIDS, a group of change agents in Trinidad and Tobago adopted a new media initiative that incorporates fresh images, metaphors and icons of HIV/AIDS. The initiative is leading the change in attitude and behaviour toward the epidemic; promoting advocacy to ensure that policy makers and opinion leaders approach the epidemic seriously; and influencing positive social responses to address stigma and discrimination.

A proposal written by a UNDP change agent for an Arts and Media programme in Barbados is under discussion among national stakeholders and awaiting financial resources for its implementation. Change Agents in Trinidad and Tobago were able to mount a small-scale catalytic project in composing and arranging a Calypso. Using a language and rhythm that people can easily relate to, they were successful in changing misconceptions about HIV/AIDS. The song routine 'Zero Horn' (Horn being slang for cheating on your primary partner) quickly became extremely popular and is expected to reach a multitude of people when it becomes the centrepiece of the larger, comprehensive Arts and Media project.

New voices have joined to break the silence on stigma, discrimination and misinformation and to incorporate HIV/AIDS issues within the framework of government, institutions and community life.

UNDP Workplace Initiative

UNDP has made important strides in reversing the course and effect of the epidemic among its staff.

It is precisely the commitment to promote change from within that has made UNDP a trusted partner and a strategic leader in addressing HIV/AIDS.

The *We Care* initiative has been established in 22 country offices worldwide to promote an environment free of stigma and discrimination. Latin American and Caribbean countries like Jamaica, Honduras, Suriname and Trinidad and Tobago have taken the lead in supporting the UN Personnel Policy on HIV/AIDS in the workplace. The initiative seeks to ensure the rights of staff members or relatives living with HIV/AIDS, establish an environment that is supportive and conducive to addressing HIV/AIDS in the workplace, and secure adequate care, support and treatment.

In Trinidad and Tobago, the project utilized a range of approaches, including staff training sessions, interactive role playing, collation and dissemination of relevant data and contests (poetry, calypso and painting) around the theme of HIV and AIDS. The strategies addressed both the preventative, treatment and support dimensions of the disease. Age-relevant and specific/special programs were conducted for the children of staff members and personnel. Reaching this group was particularly important given the fact that the incidence of HIV/AIDS is highest among young adults both in Trinidad and Tobago. Spouses of staff members were also involved in project activities and were trained in peer counselling and extending the scope of support.

In Jamaica, several interactive/participatory meetings were held with the staff to discuss implementation of the UN HIV/AIDS Personnel Policy, to improve management of confidential medical data in order to protect staff members' privacy, and to enhance knowledge on insurance coverage for various categories of staff. All staff members were given a list of local services and resources.

Due to the success of the *We Care* Initiative in Jamaica, the government sought UNDP's expertise in implementing a similar programme for staff members of the Ministry of Labour, Social Security, Jamaica Employees Federation and for private-sector companies.

In Honduras and Suriname, learning sessions were organized on different aspects of HIV/AIDS. Through audiovisual and other materials and interactive sessions, staff members and their families received information on prevention measures, risks and vulnerability. These Country Offices also compiled and disseminated a comprehensive resource information package to staff and their families.

The *We Care* initiative has been established in 22 country offices worldwide to promote an environment free of stigma and discrimination.



We Care Programme Kit

Scaling Up and Sustainability

Leadership for Results generated a collective leadership response from stakeholders and leaders that represent the region's diversity.

Through Leadership Development Programmes, Community Capacity Enhancement meetings and the creation of the first Council of Change Agents in Latin America and the Caribbean, this initiative has fostered open dialogues, as well as individual and collective commitments to take actions to bring results.

Today, Leadership for Results is locally owned. Individuals, government and organizations have shown unyielding commitment and leadership. The next step is for these countries and their emerging leaders to sustain the momentum and scale up the response with innovative approaches, including through GFATM-financed grants.

Women, people living with HIV/AIDS and disenfranchised segments of the population, such as -men who have sex with men, and commercial sex workers, along with the government, faith-based organizations and international consortia, will be called to scale up their actions and leadership. By using the Leadership Development Programme and Community Capacity Enhancement methodologies, they will be able to address other development goals that are directly or indirectly intertwined with reversing the HIV/AIDS epidemic.

Looking ahead, it has become increasingly apparent that the region has a significant opportunity to scale up country responses to AIDS. This scaling up will involve major challenges, such as strengthening leadership for better governance and management of resources, improving both health and monitoring –and evaluation systems, facilitating the availability and use of strategic information, and ensuring efficient cooperation between partners.

We are hopeful that the foundation has been laid, new mindsets have emerged and breakthrough results have been achieved. In the words of Sopranius Young who has begun his own journey to social mobilization...

“...my wife Alana was an avid participant of the Leadership for Results initiative that began in 2001. She was trained as a Change Agent. As a women living with HIV/AIDS, she was elated to be given the opportunity to bring her personal experience along with her skills and competencies to the collective response to a disease that was slowly and silently cheating her from her dreams. Over the course of the years, I witnessed her passion, inner strength and commitment as she used her voice and a national platform she created to speak out against stigma and discrimination. A year and a half ago, Alana passed away, but her strength and legacy remains. Through the “Alana Charles Foundation,” I have recommitted my life to join efforts with others to ensure that Alana’s voice and commitment will go on forever in the fight against HIV/ AIDS.”

Sopranius Young

Today, Leadership for Results is locally owned. Individuals, government and organizations have shown unyielding commitment and leadership.

Conclusion

One of the findings of the report “HIV/AIDS Initiatives in the Caribbean Region, Areas of Strategic Support” was that national responses needed to be intensified to ensure that political and social commitment, national awareness, and institutional capacity are enhanced, guided by the principles of participation, gender equality, and human rights.

These critical elements participate in fostering a multi-sectoral partnership that addresses allocation of financial resources, prevention issues, access to care and treatment, impact mitigation, leadership, as well as legislation that protect the rights of individuals and vulnerable groups.

Over the past three years, UNDP has directed its efforts at the regional and country levels towards advocacy and policy dialogue, strong leadership at all levels, promotion of non-discrimination practices, and coalition building between governments, civil society organizations, and associations of people living with HIV/AIDS. Initiatives were successfully implemented to address information dissemination, knowledge sharing, stigma, gender and power relations, and care and treatment issues. Policy advisory services that review the impact of HIV/AIDS



C O N C L U S I O N

on human development and poverty reduction were offered. Mainstreaming HIV/AIDS into poverty reduction strategies and national development plans was also one of the priority activities. As a result, strong partnerships across sectors have emerged. They include the creation of networks of leaders who helped lay a solid foundation for their countries to realize the Millennium Development Goals, particularly MDG 6 – to halt and begin to reverse the spread of HIV/AIDS by 2015. Men who have sex with men and people living with HIV/AIDS have become fully empowered to take control of their lives and are part of the process of policy and programme formulation. The governance challenge of HIV/AIDS is being met.

By improving governance and developing capacity, by transforming individuals and energizing institutions, the Latin America and the Caribbean Region has achieved many results. However, to be at the forefront of the response to HIV/AIDS, it needs to further consolidate and scale up its accomplishments. Formation of new and sustainable partnerships across borders with government institutions, civil society, the private sector, media, and international organizations will foster greater action. In addition, vibrant policy dialogue on the socio-economic dimensions of HIV/AIDS and unprecedented sharing of knowledge, lessons and best practices will arise thanks to national and local capacity building initiatives.

“RBLAC is encouraged by the many breakthrough initiatives we have undertaken over the past few years with our many partners in the Caribbean and Latin America in the response to HIV and AIDS. Clearly a lot more needs to be done if we are to achieve the MDG of halting and reversing the spread of HIV/AIDS. RBLAC is committed to continuing these efforts into the future especially in the areas of building community and civil society capacities, reducing stigma and discrimination, and strengthening institutional capacities to develop and implement response programmes”.

Thomas Gittens, Programme Advisor, LAC Region

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UNDP is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build better lives. UNDP is on the ground in 166 countries, working with them on their own solutions to global and national development challenges. As they develop local capacity, they draw on the people of UNDP and its wide range of partners.

World leaders have pledged to achieve the Millennium Development Goals, including the overarching goal of cutting poverty in half by 2015. UNDP's network links and coordinates global and national efforts to reach these Goals. The organization's focus is on helping countries build and share solutions to the challenges of:

- Democratic Governance
- Poverty Reduction
- Crisis Prevention and Recovery
- Energy and Environment
- HIV/AIDS

UNDP helps developing countries attract and use aid effectively. In all its activities, UNDP encourages the protection of human rights and the empowerment of women.



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