Jason Taylor Wright is the US Director of a unique global alliance with the goal of ending AIDS though community action. Here, he shares details of the Alliance’s collective determination to help prevent the spread of HIV, respond to the challenges of AIDS and build healthier communities.

How is the International HIV/AIDS Alliance best described?

We are an innovative alliance of 40 nationally-based, independent civil society organisations that we call Linking Organisations (based on a Charter and Linking Agreement), as well as six regional Technical Support Hubs. We have a UK-based secretariat with offices in Washington, Brussels and Geneva.

The Alliance is united in one mission: to work with communities through local, national and global action on HIV, health and human rights. We are committed to joint action that will lead to our vision – a world without AIDS. Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access to HIV information and the services they need for a healthy life.

Can you provide a synopsis of the Alliance’s origins?

The Alliance is now celebrating its 20th anniversary. In 1991, a group of donor agencies and international organisations began a series of discussions about how to give more support to community groups in developing countries that were carrying out work on HIV. These discussions recognised that, at that time, almost all official development assistance (ODA) for HIV went to national governments for information and education, with almost no resources going to community groups for home and family care. This resulted in the creation of the International Alliance Supporting Community Action on AIDS in 1993, which was later renamed the International HIV/AIDS Alliance, as a mechanism to transfer funds from donors to NGOs.

United against AIDS

The International HIV/AIDS Alliance’s current strategy is entitled ‘HIV, health, and rights: Sustaining community action’. It encompasses four responses:

**INCREASE ACCESS TO HIV AND HEALTH PROGRAMMES**

- Increase the coverage, scope and quality of HIV and health programmes
- Deliver programmes that prevent HIV infection, increase access to HIV testing and counselling, provide care and support, and improve access and adherence to antiretroviral treatment (ART)
- Respond to new HIV prevention technologies as part of a combination approach to HIV prevention
- Integrate HIV programmes into national and state health systems and programmes, with a particular focus on integrating HIV prevention and care into sexual and reproductive health (SRH) and tuberculosis (TB) services
- Advocate for HIV prevention, care, and treatment programmes provided by other sectors to be friendly and accessible for key populations, and work closely with community organisations and networks to ensure strong coordination, case management, and a continuum of care
- Work to create an enabling social and legal environment, concentrating efforts in countries where the Alliance can have the greatest impact

**SUPPORT COMMUNITY-BASED ORGANISATIONS (CBOs) TO BE CONNECTED AND EFFECTIVE ELEMENTS OF HEALTH SYSTEMS**

- Support CBOs with technical and financial resources to build their leadership and programmatic capacity to enable them to work effectively with government, the private sector, and other organisations active in health and human rights
- Go beyond an emphasis on strengthening individual organisations to a focus on community and health systems strengthening
- Develop and test new models in different contexts so that wherever the Alliance works, strong community-based organisations will address the HIV and health needs of their communities by working as part of a wider system

**ADVOCATE FOR HIV, HEALTH AND RIGHTS**

- Advocate for structural and political changes that will improve access to, and availability, affordability and quality of, health services and promote human rights
- Focus advocacy against the criminalisation of HIV transmission and sex between men, sex work and drug use because these laws undermine effective HIV programming and violate the human rights of the people the Alliance supports
Involving youth in the fight

On World AIDS Day 2013, in addition to the activities of individual Linking Organisations, the Alliance highlighted the urgent need to prioritise and involve young people in efforts to tackle HIV.

THE SECRETARIAT NOTED:

- More than 2,400 young people become infected every day.
- Young people account for 40% of all new HIV infections.
- 5 million young people aged between 15 and 24 years are living with HIV.

THE ALLIANCE IDENTIFIED FACTORS THAT PREVENT YOUNG PEOPLE FROM ACCESSING SRH SERVICES:

- Lack of knowledge
- Gender inequalities
- Cultural norms
- Stigma and discrimination
- Limited youth-tailored interventions
- Attitudes of service providers

Alliance Senior Advisor on SRH, Helen Parry stated:

"Many young people do not have the information or means to protect themselves from HIV. Denying them knowledge and access to services is jeopardising their future. If we fail to reach young people who are most affected by HIV, including those actually living with the virus and those who are particularly vulnerable and marginalised, we will never get new infections under control. The current generation of young people is the first never to have known a world without AIDS. We're 30 years into the epidemic now and young people living with HIV continue to face discrimination and exclusion on a daily basis. Protecting, respecting and promoting their human rights, including their sexual and reproductive rights, is critical."

Reaching out

IN 2012, THE ALLIANCE REACHED 4.7 MILLION PEOPLE (2.7 MILLION IN AFRICA) INCLUDING:

- 4.1 million people were reached with prevention services.
- 984,000 people received SRH services.
- 596,000 people accessed voluntary counselling and testing (VCT) services.
- 74,000 pregnant women living with HIV received services to prevent mother-to-child transmission (MTCT).
- 10 Linking Organisations contributed at least 10% to a national HIV target.
- 596,000 people were reached with prevention services.

Link Up

With the aim of improving the SRH and rights of more than 1 million young people living with, and affected by, HIV in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda, the Alliance, with its partners (ATHENA Network, GYCA, Marie Stopes International, Population Council and STOP AIDS NOW), is implementing the ambitious three-year, US $44 million Link Up Project, funded by the Dutch Ministry of Foreign Affairs.

THE PROJECT RECOGNISES THAT YOUNG PEOPLE REMAIN AT THE CENTER OF THE HIV EPIDEMIC AND THEY HAVE THE POWER, THROUGH THEIR LEADERSHIP, TO HELP BRING AN END TO AIDS. IT WILL:

- Provide comprehensive education on SRH
- Build the skills and knowledge of civil society, ministries of health, and governments to deliver improved services which young people feel safe and comfortable accessing
- Promote and protect the needs and rights of young people affected by HIV in their own national contexts
- Gather evidence around what works when integrating SRH and HIV services to inform the development of new services.
An important negotiation

Alliance Ukraine Executive Director, Andriy Klepikov stated:

"We have managed to overcome the key obstacle when it comes to accessing Hepatitis C treatment – the price. This project should now become a catalyst for change in Ukraine and the wider region. We are delighted to announce this partnership, which brings together the international donor community, NGO and private sectors, as well as government and patient organisations in a promising new collaboration."

What’s Preventing Prevention?

THE CAMPAIGN ENABLES BOTH THE ALLIANCE’S LINKING ORGANISATIONS AND OTHER ORGANISATIONS TO IMPROVE THEIR ADVOCACY FOR A BETTER HIV RESPONSE AT LOCAL AND NATIONAL LEVELS. IN PARTICULAR, THE CAMPAIGN CALLS FOR:

- All national HIV/AIDS plans to adopt the principles of a human rights-based approach and be fully funded
- Laws that protect key populations from human rights violations, discrimination, and lack of access to HIV services
- A fully-funded Global Fund as a key actor in fighting HIV and promoting the human rights of those affected by HIV
- The participation of communities at higher risk of HIV in decision making around HIV prevention programmes, including on all Global Fund Country Coordination Mechanisms (CCMs) and in outlining national HIV/AIDS plans

Broad engagement with Global Fund

THE ALLIANCE HAS BEEN REPRESENTED ON THE FOLLOWING BOARD DELEGATIONS:

Developed Country NGO Delegation:
- Executive Director, Alvaro Bermejo (most recent Board Member)
- US Director, Jason Wright

Developing Country NGO Delegation:
- Kenya AIDS NGOs Consortium (KANCO) Executive Director, Allan Ragi
- Alliance Ukraine Executive Director, Andriy Klepikov

Communities Delegation:
- Associate Director, Africa, Shaun Mellors (most recent Board Member)
- Latin America and Caribbean Regional Representative, Javier Hourcade Beilocq

For every two people treated for HIV, five more are newly infected. To attempt to address these silos, the Alliance has launched the ‘What’s preventing prevention?’ campaign. What impact do you hope this will have in the medium to long term?

HIV prevention programmes targeted at communities who are at higher risk for HIV can only be effective if the services they provide are accessible and suitable for the groups they are intended to reach. However, these communities are often excluded from decisions that affect them. Few donors and governments include representatives from these communities in discussions about their strategies or in the delivery and evaluation of their HIV programmes.

The Alliance launched the ‘What’s Preventing Prevention?’ campaign, calling on donors and governments to guarantee a more effective HIV prevention response that enables those at higher risk of HIV to access prevention services and realise their rights.

Are there tangible examples of where the Alliance, through its Linking Organisations, has influenced national policy changes over the past 24 months?

In 2010-12, the Alliance reached 12,000 decision makers through policy activities at local, national and international level and 9,300 law enforcers, health professionals and local officials in 17 countries.

In 2012, 81 per cent of our Linking Organisations participated in national-level advocacy. A tangible example is the September 2013 announcement by the International HIV/AIDS Alliance in Ukraine (Alliance Ukraine) that it had negotiated a reduction in the price of pegylated interferon and ribavirin from $13,200 to $5,000 with the pharmaceutical company MSD to treat Hepatitis C. The price reduction will allow Alliance Ukraine to treat 100 people living with HIV and Hepatitis C.

Hepatitis C kills 350,000 people around the world per year. Ukraine has the highest Hepatitis C prevalence in Europe with as many as 1.2 million infected people.

Finally, could you outline what your role at the Alliance entails?

As the US Director, my portfolio includes policy and advocacy, resource mobilisation, project management, and the Global Fund. I had served as the Liaison from the US Agency for International Development (USAID) to the Global Fund for many years until I joined the Alliance in late 2011. I now help to coordinate the engagement of the Alliance with the Fund.