

Ecumenical Advocacy Alliance

**Plan of Action
The HIV/AIDS Campaign (2002-2004)**

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This document is designed to serve as a road map for participants in the Ecumenical Advocacy Alliance as they plan and carry out advocacy efforts on HIV/AIDS in the coming years. More tools will be provided, but here you have collected the goals and objectives that will guide us in this journey together.

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PREAMBLE

The Ecumenical Advocacy Alliance (EAA) is a broadly-based ecumenical network for international cooperation in advocacy on HIV/AIDS, with another priority being advocacy on global trade.

A growing number of churches and church-related organizations have joined the Alliance by committing themselves: *to speak out with one voice against injustice, to confront structures of power, practices and attitudes which deprive human beings of dignity, and to offer alternative visions based on the Gospel.*

This commitment grows out of the belief that silence is not an option for Christians. Nor is inaction. Injustice and suffering compel our advocacy in a world that desperately needs people of faith creatively working together for change. With this in mind, the Alliance is designed as an advocacy network to strengthen the prophetic voice and impact of ecumenical witness on the crucial social, political and economic issues of the day.

The Alliance has identified the HIV/AIDS pandemic as one of the gravest challenges to health and also to the prospects of social and economic development and global security. It is a particularly appropriate issue about which the churches should be concerned -- requiring prophets who are willing to see, hear and act outside the comfort of the known.

The dimensions of the HIV/AIDS pandemic are measured in alarming statistics. Since the first clinical evidence of AIDS was reported two decades ago, HIV/AIDS has spread to every corner of the world. Still rapidly growing, the epidemic is reversing development gains, robbing millions of their lives, widening the gap between rich and poor, and undermining social and economic security.

Currently, an estimated 36.1 million people are living with HIV. In 2000, about 5.3 million people around the world became infected, 600,000 of them children. Since the epidemic began, AIDS has killed 21.8 million people. In 2000 alone, AIDS claimed three million lives.

However, behind the statistics are the lives and stories of individual women, men and children, their families and their communities. Most of these stories tell of illness and death, the breakdown of family, community and society. But many also witness to inspiring acts of courage and commitment, revealing that the loss of life does not mean the loss of self, or the loss of love and care and what binds us together in a community of human persons.

This reality calls for the accompaniment and pastoral response of churches. Because all churches are either living with or affected by HIV/AIDS, and because HIV/AIDS touches on many fundamental teachings and practices of the church, this pandemic challenges the very essence of what it means to be the church and live out the love of Christ in the world.

Christians believe that all are created in the image of God and understand that the recognition of and respect for the dignity of each human person, regardless of circumstance, is the starting point for all our actions and responses. By protecting the rights of people living with HIV/AIDS and promoting an attitude of care and solidarity which rejects all forms of stigmatization and discrimination, their dignity as human beings is best protected.

In response to God's gracious and inclusive love for all of humanity, the church is called to model acceptance for all and ensure that all receive support and care. Certain vulnerable

people may be prone to high risk behavior (persons with drug dependencies, prisoners, refugees, migrant populations, internally displaced persons, men who have sex with men, sex workers of both sexes) require particular attention, compassion, trust, and accompaniment.

Being faithful to Jesus' own response to and care for women and the most vulnerable, churches understand that the particular risks to women and youth must be addressed through prevention, care and treatment. More fundamentally, the social, political and economic structures and systems which create their vulnerability must be challenged. Men and adolescent boys need to understand the relationship between men's behavior and the spread of HIV, accept the responsibility this brings, be encouraged to make a strong commitment to preventing the spread of HIV, and care for those affected.

In their prophetic role, churches should not be afraid to offer visible and strong social support for effective methods of prevention. Such actions should be taken with sensitivity to different customs and traditions, but open to challenging harmful beliefs, practices and traditions that increase the spread of HIV/AIDS.

Churches must continue to speak out against the causes and effects of poverty, and make HIV/AIDS visible as a poverty-related disease. Economic, social and political structures and systems, must be addressed within this context.

In their efforts, churches are prepared to work cooperatively with all people of good will in responding to HIV/AIDS. In particular, churches understand that governments at all levels have a primary responsibility to ensure and protect public health, and that this responsibility must be reflected in funding patterns and political will.

It is necessary, however, for these understandings and the responses they stimulate to be coherent, concrete and coordinated. To this end the Ecumenical Advocacy Alliance (EAA) has agreed on the following goals and objectives for this global campaign (2002-2004) as a part of the ecumenical response to HIV/AIDS. These goals have been formulated with the intention that all churches and church-related organizations, of whatever size and at whatever level, can take up this task. In so doing, all are able to contribute to a network of shared experience, common understanding, and coordinated action.

As people of faith we take up this task for Jesus sake, who died and rose again that all might have life.

HIV/AIDS Campaign Goals and Objectives

The following are the goals and objectives which have been adopted for the HIV/AIDS campaign of the Ecumenical Advocacy Alliance. This three-year campaign will be launched in events around the world at the time of World AIDS Day (1 December 2001) with the theme: I care...Do you? The Churches say YES!

GOAL I: The Ecumenical Advocacy Alliance and its participants will advocate to urge churches to work for the dignity and rights of people living with HIV/AIDS and for an attitude of care and solidarity that rejects all forms of stigmatization and discrimination.

OBJECTIVES:

- A. Develop and share experiences, policies, strategies and educational resources that facilitate open discussion on issues related to HIV/AIDS;
- B. Affirm and value the participation of people living with and affected by HIV/AIDS in all church activities and programs;
- C. Become welcoming communities of care for people living with and affected by HIV/AIDS;
- D. Overcome gender inequalities and discrimination, and foster the active participation of women in developing and planning activities related to HIV/AIDS;
- E. Develop strategies and mobilize constituencies to advocate for more just and effective public policies of governments, international organizations and institutions.

GOAL II: The Ecumenical Advocacy Alliance and its participants will advocate to promote HIV/AIDS prevention activities that address root causes of vulnerability.

OBJECTIVES:

- A. Break the silence that surrounds issues of sex, sexuality, and sexual relationships;
- B. Support effective methods to prevent the transmission of HIV/AIDS;
- C. Challenge harmful practices and traditions that enable the spread of HIV/AIDS and reaffirm positive practices directed at preventing HIV transmission;
- D. Work toward the elimination of double standards and male dominance that contribute greatly to women's vulnerability to HIV infection;
- E. Understand and address the factors that make children and youth vulnerable to HIV/AIDS, with particular attention to orphans and other children in especially difficult circumstances;
- F. Understand and address the HIV/AIDS pandemic in the context of poverty and inequitable access to employment at a living wage, economic development opportunities, food security, adequate nutrition, health services, and education.

GOAL III: The Ecumenical Advocacy Alliance and its participants will advocate to mobilize resources to prevent HIV/AIDS and for care and treatment of people living with and affected by HIV/AIDS.

OBJECTIVES:

- A. Urge all governments to dedicate increased and sufficient funds to fulfill their responsibility to respond to the HIV/AIDS crisis;
- B. Raise and share significant financial and human resources among churches and church-related organizations, at all levels, to better respond to the challenge of HIV/AIDS;
- C. Ensure that the UN Global AIDS Fund is adequately funded with new resources without jeopardizing development funding;
- D. Ensure that the Global AIDS Fund is managed and implemented with transparency, accountability and the participation of civil society (which includes faith-based organizations) and is used with maximum benefit for community-based programs;
- E. Urge wealthier countries, in keeping with UN targets for development aid, to make significant increases in the net resources available for development aid and debt cancellation, and to specify that these funds be used for poverty reduction and multi-sectoral HIV/AIDS response.

GOAL IV: The Ecumenical Advocacy Alliance and its participants will advocate to increase access to care and treatment for people living with and affected by HIV/AIDS.

OBJECTIVES:

- A. Strengthen the capacity of local communities to address the social, cultural, economic, emotional, and spiritual impact of HIV/AIDS;
- B. Strengthen and expand existing health services, infrastructure and human capacity to make the appropriate utilization of available therapies possible;
- C. Influence governments and pharmaceutical companies to implement policies allowing increased access to life-prolonging therapies, including treatment of opportunistic infections and anti-retroviral (ARVs) drugs;
- D. Increase availability of health services for women and provide access to effective means for prevention of "mother-to-child" transmission of HIV.

Key Dates

2001	Opportunity	Activity	Who
October	W. Bank/IMF annual meetings		
25-28 November	WCC convened meeting in Nairobi of African churches and ecumenical agencies		Church leaders, heads of agencies and WCC staff
1 December	World AIDS Day	Grassroots launch of the campaign in the churches	Participants
2 December	Sunday following World AIDS Day	Grassroots launch of the campaign in the churches	Participants

2002	Opportunity	Activity	Who
9-11 May		HIV/AIDS Strategy Group meeting, Geneva	HIV/AIDS Strategy Group Staff
7-12 July	World AIDS Conference	World AIDS Conference	
September	W. Bank/IMF annual meetings		
30 September – 1 October		HIV/AIDS Strategy Group meeting, Geneva	HIV/AIDS Strategy Group Staff
October	W. Bank/IMF annual meetings		
1 December	World AIDS Day		

2003	Opportunity	Activity	Who
Early		Ecumenical Advocacy Alliance Consultation on the HIV/AIDS Campaign	Alliance participants

How We Will Work

Participants

The work of the Alliance – advocacy efforts to achieve the goals and objectives of this campaign – will be led by Alliance participating churches and church-related organizations in their own context. All are encouraged to take up all of the parts of this campaign, however it is naturally expected that strategies will be adapted to each local situation. All who participate in the Alliance have committed themselves to working together in this common campaign, but it is recognized that all will not engage in this work in the same way or with the same resources.

This Plan of Action is designed to provide a framework or road map for these efforts. By focusing our efforts around specific goals and objectives, we have the opportunity to be more effective and to learn from and strengthen each other's work.

Local, national, regional and global strategies

Alliance participants range from small local organizations to worldwide communions, ecumenical bodies and international non-governmental organizations. All will find opportunity to contribute to the achievement of this campaign's goals.

Churches and organizations can take up this work on their own, but are also encouraged to link up and work with other Alliance participants at a national or regional level -- thinking and working creatively to adapt or create strategies that will most effectively in each context. The Alliance will continue to provide suggested strategies, ensure that participants can learn from one another's experience, and will, on certain occasions call for and facilitate global action on certain points.

Strategic partnerships

Participants are encouraged to seek out opportunities to work with others who share the goals of the Alliance. By working together, we can often be more effective. At the same time, the unique voice of the Alliance as one which comes from the churches is something to be promoted and should always be clearly visible.

Communication

The Alliance staff will play an important role in enabling communication with Alliance participants to ensure that all have the information they need. In addition, the Alliance web site will provide a dynamic tool for participants to access resource materials, learn from one another, discuss and strategize with other participants.

Speaking for the Alliance

Alliance participants are not able to speak on behalf of the entire Alliance or its members. This is a role for the Ecumenical Advocacy Committee. However, there are many ways in which the views of the Alliance can be expressed and participants will most often speak together from their own churches and organizations with reference to their role in the Alliance.

Resources

The Alliance will provide its participants and the public with a wealth of resource materials to support the work on HIV/AIDS and global trade. Most of these will be made available through

the Alliance website. The Alliance is not a “grant-making” organization and will not be providing funding to its participants or others for their work.

Strategy Group

The HIV/AIDS campaign is directed by a thirteen-member Strategy Group made up of Alliance participants with particular expertise and experience. Throughout the campaign they will develop strategies, monitor the implementation of the campaign, communicate with participants, adjust planning as needed, and evaluate the results.

Ecumenical Advocacy Committee

The Ecumenical Advocacy Committee has overall responsibility for the work of the Alliance, monitors the work of the Strategy Groups, and is authorized to speak on behalf of the Alliance. This ten person committee was elected from among Alliance participants at the Founding Meeting.

Alliance Office

The Alliance office is based in Geneva, Switzerland and is made up of two-and-a-half staff persons. The office’s role is one of facilitation and enabling the work of Alliance participants.

Join us

Churches and church-related organizations that share the guiding principles of the Alliance are invited to join us. The process to join is quite simple and details can be found on the web site.

Suggested Strategies for the HIV/AIDS Campaign

The following is are some suggested strategies for the work of Alliance participants to achieve our campaign's common goals and objectives. All are encouraged to adapt strategies to their local context, develop new strategies, and share your ideas and experience throughout the Alliance.

GOAL I: The Ecumenical Advocacy Alliance and its participants will advocate to urge churches to work for the dignity and rights of people living with HIV/AIDS and for an attitude of care and solidarity that rejects all forms of stigmatization and discrimination.

OBJECTIVES	SUGGESTED STRATEGIES
A. Develop and share experiences, policies, strategies and educational resources that facilitate open discussion on issues related to HIV/AIDS.	<ol style="list-style-type: none"> 1. Organize educational seminars and workshops training for clergy and other church personnel and volunteers; 2. Encourage the development, adaptation, and sharing of HIV/AIDS-related educational materials, curricula, policies, etc., among church-based structures and organisations at all levels.
B. Affirm and value the participation of people living with and affected by HIV/AIDS in all church activities and programs.	<ol style="list-style-type: none"> 1. Actively create space for people living with HIV/AIDS to join in Church programmes and worship as full participants, decision-makers, and facilitators.
C. Become welcoming communities of care for people living with and affected by HIV/AIDS.	<ol style="list-style-type: none"> 1. Promote non-discriminatory employment policies within churches and church related organizations; 2. Support the organization of self-help groups for people living with HIV/AIDS; 3. Speak about HIV/AIDS in both prayers and preaching.
D. Overcome gender inequalities and discrimination, and foster the active participation of women in developing and planning activities related to HIV/AIDS.	<ol style="list-style-type: none"> 1. Develop policies to include women in all aspects of church life; 2. Include both women and men in decisions about planning and implementing discussions about gender issues.
E. Develop strategies and mobilize constituencies to advocate for more just and effective public policies of governments, international organizations and institutions.	<ol style="list-style-type: none"> 1. Organize training in advocacy skills at all levels of church communities; 2. Encourage collaboration between churches and other HIV/AIDS advocacy groups; 3. Mobilize leaders and members of churches to openly discuss HIV/AIDS issues in the mass media.

GOAL II: *The Ecumenical Advocacy Alliance and its participants will advocate to promote HIV/AIDS prevention activities that address root causes of vulnerability.*

OBJECTIVES	SUGGESTED STRATEGIES
<p>A. Break the silence that surrounds issues of sex, sexuality, and sexual relationships.</p>	<ol style="list-style-type: none"> 1. Assist people to reflect on and to communicate about these issues in local languages and cultures; 2. Encourage the development, adaptation, and sharing of educational programmes on sexuality and human relationships for different age groups; 3. Promote theological reflection on sexuality.
<p>B. Support effective methods to prevent the transmission of HIV/AIDS.</p>	<ol style="list-style-type: none"> 1. Advocate for the creation of referral systems among church-based structures and organisations for the provision of comprehensive HIV/AIDS prevention, care and support. These services should be developed in consultation with non-governmental organisations (NGOs), faith-based organizations, health and other service providers, as well as with networks of people living with and affected by HIV/AIDS; 2. Promote behavioural changes in vulnerable groups by increasing awareness of the consequences of drug use, HIV/AIDS and sexually transmitted infections (STIs) as well as of methods to prevent their spread; 3. Provide the necessary information, skills, materials, and support for the priests and members of congregations involved in HIV prevention efforts; 4. Promote the exchange of ideas and training for community-based prevention and care programmes by sponsoring conferences and symposia, as well as by forming “inter-faith alliances” both at local, national, regional, and global levels; 5. Promote the development and implementation of comprehensive sex education programmes, including those specifically targeting youth, that give accurate information and practical skills concerning effective methods to prevent the transmission of HIV.

OBJECTIVES	SUGGESTED STRATEGIES
<p>C. Challenge harmful practices and traditions that enable the spread of HIV/AIDS and reaffirm positive practices directed at preventing HIV transmission.</p>	<ol style="list-style-type: none"> 1. Assist local communities to identify harmful practices and ways to avoid them; 2. Facilitate open discussion about gender related traditions that may increase the vulnerability of women and girls (e.g. wife inheritance or traditional gender roles); 3. Integrate HIV/AIDS education in adolescent 'rites of passage'; 4. Promote the development and sharing of resource materials promoting positive practices that assist in preventing HIV transmission; 5. Encourage religious institutions to strengthen life-skills training for HIV/AIDS education in schools operated by their congregations; 6. Advocate for a socially and legally supportive environment by working with communities to change social norms and with policy-makers and law-enforcers to address legal issues 7. Develop and share the ethical norms for responsible behavior among all people – both those living with HIV/AIDS and others – to prevent the further spread of infection, to avoid rejection, stigma, and discrimination against those directly affected by HIV/AIDS, 8. Use mass media or poster campaigns to address practices or traditions that enable the spread of HIV, and to initiate discussion about them.
<p>D. Work toward the elimination of double standards and male dominance that contribute greatly to women's vulnerability to HIV infection.</p>	<ol style="list-style-type: none"> 1. Facilitate open discussion among men and women about gender roles, expectations, and behavior that could increase women's vulnerability to HIV; 2. Secure greater participation of women in civil society activities, including those that are church-related, by developing and sharing policies, standards and practices for such involvement, at all levels;

OBJECTIVES	SUGGESTED STRATEGIES
	<ol style="list-style-type: none"> 3. Facilitate educational activities targeted at young boys, with the aim of promoting gender balance and mutual respect and of openly addressing such issues as expectations regarding masculinity and sexuality; 4. Address the rights of women within marriage and in society in general. This should include the rights of women related to the exercise of sexuality. 5. Advocate for more female control over household income so that women could benefit more from access to health care and education; 6. Encourage the development of programs that seek to relieve women from the burden of caring for sick family members and ensure that sick women have access to necessary care and treatment.
<p>E. Understand and address the factors that make children and youth vulnerable to HIV/AIDS, with particular attention to orphans and other children in especially difficult circumstances.</p>	<ol style="list-style-type: none"> 1. Promote a realistic assessment of the main causes for HIV transmission within their local cultural, social, and economic contexts; 2. Ensure equitable educational opportunities for orphans and other specially vulnerable children; 3. Encourage and support the youth themselves to develop and implement HIV prevention programs directed at children and youth; 4. Help youth to identify suitable employment opportunities and advocate for safe and fair working conditions for young people; 5. Ensure access to basic health services for orphans and child-headed households through mobile clinics, etc. 6. Promote development of programs among peer educators to increase among young people knowledge about sexuality and risk behaviors; 7. Support the involvement of priests, pastors, and other leaders of faith communities in HIV prevention programs for youth;

OBJECTIVES	SUGGESTED STRATEGIES
	<p>8. Promote the initiation of HIV/AIDS prevention and health promotion programs children at an early age, and certainly before the onset of sexual activity.</p>
<p>F. Understand and address the HIV/AIDS pandemic in the context of poverty and inequitable access to employment at a living wage, economic development opportunities, food security, adequate nutrition, health services, and education.</p>	<ol style="list-style-type: none"> 1. Support the provision of additional food supplies to families affected by HIV/AIDS; 2. Encourage the sharing of financial and material resources with the most marginalized families, such as child-headed households or families severely affected by HIV/AIDS; 3. Secure access to formal basic education for children in HIV/AIDS-affected households, and/or develop and implement other basic education activities through churches or other local institutions; 4. Promote the establishment of mobile health clinics and counseling services that specifically target the most needy families; 5. Advocate for the provision of care and support, including medication, nutrition, shelter, employment, psycho-social and spiritual support; 6. Advocate for debt cancellation; 7. Advocate for increased development assistance being spent on social sectors and targeted poverty reduction, some countries may want to use the target of 0.7% GDP; 8. Facilitate possibilities and structures in churches and other faith communities so that those affected by HIV/AIDS could dialogue, share experiences and problems, and receive needed resources and information.

GOAL III: *The Ecumenical Advocacy Alliance and its participants will advocate to mobilize resources to prevent HIV/AIDS and for care and treatment of people living with and affected by HIV/AIDS.*

OBJECTIVES	SUGGESTED STRATEGIES
<p>A. Urge all governments to dedicate increased and sufficient funds to fulfill their responsibility to respond to the HIV/AIDS crisis</p>	<ol style="list-style-type: none"> 1. Promote analysis, at the country level, to monitor financial commitments and contributions of governments to HIV/AIDS-related work. This would also necessitate working closely with other civil society groups that are active in monitoring government actions; 2. Coordinate campaigns to ensure that Governments increase their financial commitments and honor them. This could include: signature campaigns, advocacy aimed at parliamentarians and political leaders, endorsement by opinion leaders and celebrities, and dissemination of information through the networks of members.
<p>B. Raise and share significant financial and human resources among churches and church-related organizations, at all levels, to better respond to the challenge of HIV/AIDS;</p>	<ol style="list-style-type: none"> 1. Dedicate specific Sundays or a week in the year of the Church calendar for mobilizing resources from congregations for work in HIV/AIDS; 2. Urges churches and related organizations to evaluate their work in HIV/AIDS and their policies related to the issue. Ensure that members are able to develop and implement clear strategies and interventions and that human and financial resources are dedicated to coordinate and facilitate their respective churches HIV/AIDS responses; 3. Develop practical regional and local networks and programs where churches can share experiences and resources related to HIV/AIDS activities; 4. Foster regional and international partnerships and twinning programs to promote and accelerate exchange and sharing of resources.

OBJECTIVES	SUGGESTED STRATEGIES
<p>C. Ensure that the UN Global AIDS and Health Fund is adequately funded with new resources without jeopardizing development funding.</p>	<ol style="list-style-type: none"> 1. Network with partners in each country to monitor the level of government support and to analyze whether such support is from new sources of funding. Compare these findings with data from other countries and publicize this information through available networks and instruments; 2. Advocate with regional political leaders and decision-makers to enhance government contributions to the fund; 3. Network with the UN agencies in each country and church leaders to lend public support for the resource mobilization.
<p>D. Ensure that the Global AIDS and Health Fund is managed and implemented with transparency, accountability and the participation of civil society (which includes faith-based organizations) and is used with maximum benefit for community-based programs.</p>	<ol style="list-style-type: none"> 1. Ensure the representation of civil society leaders in relevant structures of the Fund at all levels; 2. Press for the public availability of regular and clear reporting that discloses how funds are spent; 3. Encourage churches and related organizations to work with other civil society groups in each country to monitor the benefit and effectiveness of the resources mobilized through the Fund; 4. Network with partners in different countries to compare experiences and findings regarding the Fund, and to communicate regional and global perspectives of the Fund's effectiveness.
<p>E. Urge wealthier countries, in keeping with UN targets for development aid, to make significant increases in the net resources available for development aid and debt cancellation, and to specify that these funds be used for poverty reduction and a multi-sectoral HIV/AIDS response.</p>	<ol style="list-style-type: none"> 1. Identify partners in wealthier countries to publicize, in their regions, information which reveals : proportion of the country's GNP that is designated for development aid abroad, compare these contributions with those of other wealthy nations, compare these figures with other expenses such as 'defense expenditure' and illustrate the contribution in the form of per-capita contributions per annum; 2. Coordinate public campaigns to urge governments for a massive increase in financial commitments to regions affected by the pandemic;

OBJECTIVES	SUGGESTED STRATEGIES
	<ol style="list-style-type: none"> 3. Network with other civil society groups such as 'Jubilee 2000' to ensure that the resource mobilization is done in the purview of debt cancellation in order to assure real gains within developing countries as a result of any increased flow of resources; 4. Work with civil society groups to monitor the flow of resources gained from debt relief, with special regard for the sectors, which make a difference in the battle against the HIV pandemic.

GOAL IV: *The Ecumenical Advocacy Alliance and its participants will advocate to increase access to care and treatment for people living with and affected by HIV/AIDS.*

OBJECTIVES	SUGGESTED STRATEGIES
<p>A. Strengthen the capacity of local communities to address the social, cultural, economic, emotional, and spiritual impact of HIV/AIDS.</p>	<ol style="list-style-type: none"> 1. Educate and inform local communities about their enormous potential to provide comprehensive support and care for people living with and affected by HIV/AIDS; 2. Provide training opportunities for members of congregations and local communities to increase their capacity in the provision of health, education, home care services, counseling, and spiritual support.
<p>B. Strengthen and expand existing health services, infrastructure and human capacity to make possible the appropriate utilization of available therapies</p>	<ol style="list-style-type: none"> 1. Hold governments accountable to fulfill their responsibilities and to keep international obligations regarding the maintenance and expansion of health services and the allocation of an appropriate share of GDP for health care services; 2. Support existing church-related health services to increase their capacity for active involvement in care and treatment of people living with HIV/AIDS.

OBJECTIVES	SUGGESTED STRATEGIES
<p>C. Influence governments and pharmaceutical companies to implement policies allowing increased access to life-prolonging therapies, including treatment of opportunistic infections and anti-retroviral (ARVs) drugs.</p>	<ol style="list-style-type: none"> 1. Organize public campaigns to put pressure on governments and pharmaceutical companies to make existing treatment opportunities available for all people in need; 2. Cooperate with other international organizations, NGOs and the media to launch campaigns that inform the public in the North and the South about current inequities in access to HIV prevention and treatment and the ensuing tragic consequences for millions of people.
<p>D. Increase availability of health services for women and provide access to effective means for prevention of "mother-to-child" transmission of HIV.</p>	<ol style="list-style-type: none"> 1. Inform governments, churches and other organizations involved in sponsoring and operating health services about current options to prevent the transmission of HIV from an HIV-infected pregnant woman to her child; 2. Use advocacy instruments such as petitions, media campaigns etc. to demand the implementation of programs that can help to prevent HIV infection in children.