

HIV/AIDS CONSENSUS-BUILDING PROCESS REPORT

While HIV/AIDS is universally acknowledged as an historic scourge deserving of a global strategy, US policy advocates and care providers have so far been unable to create a common front in their response to the disease. In September 2005, Search for Common Ground - USA (Search-USA) launched a consensus process that brought together leading U.S.-based organizations involved in global HIV/AIDS prevention, treatment, care and human rights. Participants represented a broad range of opinions in this field and included secular and faith-based advocacy organizations and service providers. The overall vision of the project was to help transform the currently polarized environment in the HIV/AIDS community to one of increased trust and understanding that would enhance the potential for cooperation.

The objective of the process was to produce specific, long-term action steps that could be endorsed by the HIV/AIDS community at large, thereby breaking some of the deadlocks currently experienced among implementing organizations and policy-makers alike. Potential outputs included joint policy recommendations regarding the President's international HIV/AIDS programs and possible advocacy for those proposals; new partnerships for improving service delivery coordination; and agreement on guiding principles for addressing specific policy issues.

The process was endorsed by Senators Rick Santorum (R-PA) and Richard Durbin (D-IL). They served as honorary conveners and followed the process with interest. Funding was provided by the United Nations Foundation and the Open Society Institute.

Search for Common Ground is one of the leading international conflict resolution organizations with programs in seventeen countries. Search-USA is the division of SFCG that works in the United States, with a special focus on public policy issues. Search-USA brings diverse stakeholders together to build consensus solutions to important issues at the national and local level.

This report gives a brief summary of the consensus-building process, its benefits and its shortcomings based on a series of interviews of a representative sample of the participants in June 2006. It also outlines the area of common ground identified by the participants and their assessment of the current climate within the HIV/AIDS community as well as the opportunities for further dialogue and future breakthroughs.

Process Outline

Three meetings of a group of twenty to thirty participants took place between October 2005 and April 2006. Prior to each meeting, the Project Advisors, an ideologically balanced group from the main participating organizations, met to help set the agenda and the priorities for the larger group.

Based on the assessment conducted prior to the launch of the process, the **first meeting** established a list of issues that were deemed appropriate for a consensus-building process:

- Women's vulnerability to HIV/AIDS
- Outreach to high-risk groups
- Stigma and discrimination against those living with HIV/AIDS
- Implementation of the ABC prevention policy (place given to A B and C respectively)
- Demographic groups targeted by prevention messages
- Capacity building in host countries.

A number of issues were eliminated, either because participants felt they needed to be discussed in a different forum or because the issues were deemed not controversial enough to warrant such a process. Participants then agreed on a set of ground-rules for the process.

The **second meeting** focused on the implementation of the ABC prevention policy for married women and men. The Project Advisors had agreed that it was important to focus on the most urgent and difficult issue. Yet limit the discussion to the "easiest" target group that was often neglected as a result of the controversies about high-risk groups and youth.

The group was able to reach consensus on the following:

- HIV/AIDS is a behavioral issue, and a positive change in behavior will be the most powerful tool to prevent infection.
- Men have been neglected in prevention efforts and have been presented mostly as part of the problem rather than part of the solution, even though married men play an important leadership role in society. Prevention efforts should build on men as good role models as husbands and fathers.
- The concept of sexual responsibility may be a new framework that would help defuse some of the tensions and divisions created by the ABC strategy. This broader concept could be promoted by all agencies in the field and help them to align their approach. The emphasis would be more on asking communities what they understand sexual responsibility to be, rather than on offering prescriptive solutions.
- Married women should be able to make and implement decisions to protect themselves from HIV/AIDS. Prevention strategies for married women need to involve married men in order to be effective.
- Messages of prevention should be coordinated and prevention services should be widely available and able to co-exist in local communities (including possible referrals among those addressing the disease).
- Local and community leaders should have a significant say over what services are available and for whom.

The focus of the **third meeting** was to move towards concrete measures and action steps that could be taken by the group. There was however disagreement on how to best move forward, in particular whether to aim for policy recommendations in the form of a Senate Resolution (based on the 2004 Lancet Common Ground Statement on HIV/AIDS). The larger group chose instead to work on a more general document and on developing language that could accommodate the interests and principles of all participants. The ideas of the previous meeting such as the concept of “sexual responsibility”, the importance of local leadership, the role of men and gender inequality as it relates to HIV infection were reviewed and debated.

These disagreements on the way forward and a subsequent negative exchange of emails between some participants led a few people to leave the process, which affected the ideological balance of the group. After consultation with the Project Advisors and the rest of the participants, it was decided that the project should put on hold efforts to reach agreement on policy issues and focus instead its efforts on showcasing existing examples of collaboration on the ground. Two organizations took the lead in working on a joint OpEd that would give examples of “unlikely partnerships” and make a call for more positive coverage of the achievements of the HIV/AIDS community on the ground.

At the time of this report, a joint OpEd hasn’t been finalized but it has already generated constructive debates between and within the participating organizations and a new interest in publishing stories of collaboration and success on the ground. Parallel to the OpEd efforts, Search-USA conducted a series of interviews with participants to reflect on the process so far and explore the way forward. The results of the assessment were presented on June 23rd. This meeting coincided with the end of the first phase of funding and further funding will not be requested for the time being. Participants welcomed the results of the survey, emphasized the need for dialogue and the idea that this process, despite its premature closure, was a first step in the right direction and suggested that they continue to meet on an informal basis to continue to build relationships and explore possible collaboration.

Lessons Learned from the Process

Fourteen interviews were conducted over three weeks by the Project staff (out of a total of 30 organizations represented at the meetings). **89% of the interviewed participants reported that they had formed new relationships with other participants as a result of this process.** Although to different degree, 66% said that the process did broaden their perspective on alternate views and **all emphasized the importance of dialogue and expressed their commitment to continue their conversation,** in one form or another.

In terms of their assessment of the HIV/AIDS community at large, interviewed participants all agreed that there was **more common ground among them than people acknowledge.** They however also agreed that **some stakeholders have a vested interest in keeping the dialogue polarized.** Several individuals pointed to the **media as a source of instigation of disputes** or mischaracterizations and pointed to a **stark contrast between implementers in the field and advocates in Washington, DC.** They gave anecdotes of collaborative cross-references between faith-based and secular organizations but were unsure of the effect of policy disagreement on the

work on the ground. They however all agreed that the sometimes **very public disputes among stakeholders could discourage future support and funding.**

The loss of political support was seen as being a very real risk both at the national level (“The loss of support from the government, both in dollars and in words and deeds is a tremendous potential cost if the bickering continues.”) and at the international level (“The more we fight the less likely we are to be able to leverage money from other countries.”). Ultimately the cost of the current in-fighting was seen to be loss of life as a result of badly developed policy, confusion on the ground and disengagement from the public at large. Interviewed participants saw it as essential that the HIV/AIDS community stop “fighting each other instead of the disease” and demonstrate to funders and policy makers that they can “pull in the same direction”.

Interview participants also expressed their agreement on the following statements;

- The overall prevention of HIV/AIDS requires a comprehensive strategy that ranges from encouraging the delay or refrain from sexual activity to education about and availability of condoms.
- Prevention efforts should be based on realities on the ground and participation of local people in these efforts is integral to their success.
- Programs should be age-appropriate.
- It is important to work with all members of society in our programs.
- Orphans and vulnerable children should be especially protected and cared for.
- Voluntary counseling and testing should be encouraged and widely available.
- Life-saving drugs should be equally available to all.
- Men should be portrayed as catalysts for positive change.

Finally, they were asked to reflect on the process itself and provided useful feedback to the facilitation team. They had varied perspectives in terms of the appropriate timing of the process, the benefit of the congressional sponsorship and the respective roles of the Advisors and the facilitators. They expressed a need for a more structured and predictable process and a regret at the high participant turn-over. Even though not all of the participants’ expectations were met, they reported positive outcomes and a renewed commitment to dialogue.

Next Steps

An important conclusion that was drawn by many participants was the need to reach out to the media to showcase examples of success and cooperation on the ground. A united front among prominent HIV/AIDS organizations could prevent the over-dramatization that too often pits groups or individuals against one another. The entire community could be extremely well served by a joint efforts (such as the OpEd) and strategies.

Participants committed to continuing the dialogue. The conclusions drawn from the meeting should be revisited and developed into concrete proposals and recommendations. Specific initiatives of collaboration have already taken place among individual participants and existing forums and coalitions could be expanded to include a greater ideological diversity. Further dialogue should also continue on the issues such as OVCs or medical treatment that were

considered not controversial enough for this process. This would allow quick progress and would help build trust within the community.

It was agreed that these next steps would need to be initiated and driven by the participants themselves. Search-USA will remain available to offer facilitation support and a more formal dialogue may be resumed in the future at the request of the participants. The group urged project staff to circulate the lessons learned from this endeavor and present them as the beginning of an important and needed dialogue.

The facilitation team would like to thank the participants and supporters of this project for all the time and energy they invested in it and trusts that this process, even though it ended up being limited in time and scope, has planted seeds for a new spirit of collaboration.

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List of participating organizations

(attendance to at least one meeting – names in bold served as Advisors to the project)

Adventist Development and Relief Agency

Africare

American Jewish World Service

CARE

Catholic Relief Services

Center for Strategic and International Studies

Center for Health and Gender Equity

Christian Children's Fund

Christian Connections for International Health

Christian Medical Association

Circle of Concerned African Women Theologians

Family Health International

Foreign Mission Board of the National Baptist Convention

Global AIDS Alliance

Global Health Council

Guttmacher Institute

Harvard Center for Population and Development

JurisAIDS

Medical Institute for Sexual Health

National Association of Evangelicals

National Coalition of Pastors' Spouses

Open Society Institute

Pan-African Children's Fund/Save Africa's Children

Population Services International

Salvation Army

Samaritan's Purse

United Nations Foundation

UNAIDS

World Relief

World Vision