



# Live the Promise

## HIV and AIDS campaign

### Framework for Action

# 2009-2012

The renewed HIV and AIDS Campaign of the Ecumenical Advocacy Alliance will focus on four goals:

- **Addressing the root causes of vulnerability to HIV**
- **Achieving Universal Access**
- **Eliminating stigma and discrimination**
- **Ensuring accountability and sufficient resources**

The Ecumenical Advocacy Alliance recognizes in its campaign that whom we involve, how we speak, and what we do must all be consistent with our faith that respects the dignity of everyone and seeks a more just, sustainable and peaceful world.

The Alliance's advocacy will uphold cross-cutting concerns which are incorporated in our actions:

- the meaningful involvement of people living with HIV
- a strong commitment to gender equality and women's human rights, underpinned by a gender analysis
- seeking, hearing, and integrating the voices of people from the regions and areas most impacted by HIV
- inclusion of and respect towards people who are marginalized in our societies.





## The Ecumenical Advocacy Alliance

The Ecumenical Advocacy Alliance (EAA) is a global network of churches, church-related agencies and Christian organizations seeking to live out faithfully our vision of being effective advocates for a just, peaceful and sustainable world. EAA member organizations have committed themselves to strengthening the churches collective life through:

“..ecumenical advocacy as a specific form of witness on political, economic, cultural and social issues by churches ... which aims to influence policies and practices of governments, international institutions, corporations and our own communities...”<sup>1</sup>

The EAA seeks to harness the collective energies of the churches and Christian organizations by focusing their advocacy efforts together in long-term campaigns on two selected priority issues. Since its founding in 2000, the EAA has focused its campaigns on HIV and AIDS and on global trade. At the EAA's assembly in November 2008, delegates determined that joint advocacy on HIV and AIDS should continue for the next four years. The other priority issue until 2012 will be food.

The EAA understands advocacy to encompass three different forms which often overlap:

- Awareness raising is directed more at the public than at decision-makers. In seeking to educate and make people aware of issues of injustice it is not necessarily intended to accomplish immediate or direct change. Rather it lays a foundation on which further advocacy can build.
- Campaigning happens in public and involves mobilization. In some cases campaigning may be focused on convincing decision makers at all levels, including in the church, to take certain actions. In others the focus may be the public at large in order to try and bring about attitudinal, behavioral and social change.
- Policy engagement entails working with decision makers, in particular at an international or national level, and often seeks to bring about change by offering expertise or proposing solutions rather than through overt pressure. This form of advocacy may be behind closed doors. It is usually long-term, highly flexible and can deal with great complexity.

The EAA believes the calling to engage in advocacy is not a task we take up when it is convenient, but is a fundamental requirement of living out our faith.

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Layout by Nicole Benz/EAA

Cover photo and photos on pages 2 (top), 4, 5, 6 (center), 8, 9, 10, 11 and 13 by Paul Jeffrey/EAA  
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# Preamble

## Advocacy on HIV and AIDS

Our Christian faith calls us to reach out with love to all of humanity creating an inclusive community of mutual support and love, enabling every person to “have life, and have it abundantly” (John 10:10). As Christians we are compelled by the love of Christ (2 Cor 5:14) to act within the world as ambassadors for Christ (2 Cor 5:20), and as such honor the dignity of every human being (Gen 1:27). As Christ’s ambassadors, our own voices and actions are the means to live out Jesus’ mission that every person enjoys abundant life. Yet, HIV remains a major challenge in fulfilling this calling.

UNAIDS and WHO statistics on HIV prevalence indicate that approximately 33 million people were living with HIV in 2007. In that year, approximately 2.7 million people were infected by HIV and another 2 million people died of AIDS- related illnesses. While the major burden of HIV remains in under-resourced, low-income countries, HIV continues to have a devastating impact on people living in middle- and high-income countries as well. Although there are signs that the global response is having a positive impact – a decrease in rates of transmission in some countries and an increase in access to treatment – there are still multiple factors which continue to limit greater progress in addressing the HIV pandemic and the impact it has on people’s lives include:

- stigma and discrimination;
- the vulnerability and marginalization of children; women; women and men involved in transactional sex whether by choice, circumstance or coercion; men who have sex with men; people who use drugs; transgender people; migrant laborers; refugees; people caught in conflict etc;
- the lack of access to universal prevention, treatment, care and support for people living with and affected by HIV;

- chronic hunger and malnutrition caused by systemic inequalities in production, distribution and consumption which increase vulnerability and decrease the effectiveness of treatment;
- the lack of awareness and commitment to human rights by governments that contributes to escalating incidences of HIV in certain countries; and
- the reality that many of the commitments for both funding and support promised by governments, churches, multilateral organizations and private industry have not been met.

This Framework for Action on HIV and AIDS calls members of the Ecumenical Advocacy Alliance (EAA) to new and renewed commitment, action and solidarity in response to the pandemic. Since 2000, the EAA has campaigned vigorously on HIV and AIDS and great strides have been made. For example, the engagement of religious leaders and communities on issues such as stigma and discrimination and in the scale up of HIV prevention, treatment, care and support. The focus on access to medicines for all, particularly for children, has intensified attention to treatment for the most vulnerable. In addition, the visibility and respect for the faith-based response to the HIV pandemic have been due largely to coordinated efforts through the EAA at the last three International AIDS Conferences, notably through Ecumenical Pre-Conferences.

The goals, objectives and strategies in this revised framework reflect the commitment and actions of the EAA and its members, working together and individually. Through this continued focus on HIV and AIDS, the EAA and its members, working with other faith-based organizations and civil society at-large, deepen its advocacy, develop resources, strengthen leadership, build capacity and facilitate collaboration in our efforts to turn the tide on HIV and AIDS.



## Some specific strategies

- 1 a: Promote dialogue among human rights experts, theologians and ethicists on the common values underlying human rights law and practices and Christian faith tradition and to develop practical strategies to reduce vulnerabilities to HIV.
- 1 b: Collaborate with civil society on advocacy actions that promote human rights of people living with, affected by or vulnerable to HIV.
- 1 c: Commit to the meaningful involvement in our advocacy efforts of persons living with or affected by HIV as well as other marginalized people.
- 1 d: Analyze and disseminate practices that aim to eliminate the root causes of vulnerability through harmful practices, gender inequity, violence against women and children.
- 1 e: Collaborate with UNAIDS and other organizations to address criminalization of HIV and develop a faith-based response.

# Goal 1: Addressing the Root Causes of Vulnerability to HIV



The Ecumenical Advocacy Alliance and its members uphold the value, life and dignity of all persons and call for actions that address the root causes of vulnerability to HIV infection and the impacts caused by this pandemic.

### Objective 1.1:

Highlight the religious values that support internationally accepted human rights and collaborate with civil society to ensure the protection of the human rights of all persons.

### Objective 1.2:

Challenge practices and traditions, including domestic-violence, cultural and religious ones, which place people at risk of infection and enable the spread of HIV, and reaffirm positive practices and leadership that is directed at preventing HIV transmission that supports people living with HIV and AIDS.

### Objective 1.3:

Call for actions that support male involvement and male responsibility working towards ending gender-based and sexual violence experienced by many women, children and men, which makes them more vulnerable to HIV infection.

### Objective 1.4:

Call for actions that address the factors that make children and youth vulnerable to HIV, with particular attention to orphans and other children in especially difficult circumstances. And, promote the leadership and participation of young people.



**Objective 1.5:**

Understand and address the unjust religious, societal, economic and political contexts which make people vulnerable to HIV and AIDS including violence, poverty, involuntary migration, conflicts, political instability, criminalization of HIV transmission, food insecurity and lack of access to health care, education, inheritance rights and living wages.

**Objective 1.6:**

Challenge churches and society to build inclusive communities by welcoming and supporting traditionally marginalized people who are particularly vulnerable to HIV infection such as persons with disabilities, persons using drugs, prisoners, men who have sex with men, transgendered and persons involved in or exploited through transactional sex among both sexes.

**Objective 1.7:**

Challenge government regulations that restrict people living with HIV from traveling into or through their countries. Assist people of faith to understand the issues around HIV-related travel restrictions and to take action.

- 1 f: Advocate for inclusion of skills building programs for religious leaders and communities that address cultural traditions and taboos that can put particularly women at risk (e.g. early marriage; multiple, concurrent partners; sexual cleansing; female genital mutilation).
- 1 g: Encourage church-related and faith based organizations not to hold HIV-related international meetings or conferences in countries with HIV-related travel restrictions.
- 1 h: Collaborate with civil society in advocating with governments of countries that have HIV-related travel restrictions against people living with HIV.



## Goal 2: Achieving Universal Access



The Ecumenical Advocacy Alliance and its members advocate for Universal Access by 2010 to comprehensive interventions for HIV prevention, treatment, care and support.

### Objective 2.1:

Promote and engage in comprehensive and evidence-informed prevention, treatment, care and support strategies and activities which also address the root causes of vulnerability. This includes support and promotion of the UNAIDS HIV Prevention framework's<sup>2</sup> ultimate aim to achieve universal access to HIV prevention and treatment.

### Objective 2.2:

Advocate for comprehensive treatment for all people living with HIV and promote necessary health system strengthening to serve all in need.

### Objective 2.3:

Advocate for a full range of available and sustainable diagnostic, treatment and service options for children of all ages.

### Objective 2.4:

Promote the expansion of evidence-informed, comprehensive and sustainable HIV-related care and support and advocate for related and critical community systems strengthening.

### Objective 2.5:

Promote the inclusion of education on substance abuse, sexuality and gender in curricula of schools, church-related agencies and religious training institutions.

### Objective 2.6:

Facilitate and promote ongoing theological and ethical dialogue that underpins the principles and necessity of comprehensive Universal Access.

## Some specific strategies

- 2 a: Break the silence and misconceptions that surround issues of sex, sexuality, and sexual relationships, for more effective prevention of sexually-transmitted infections including HIV.
- 2 b: Support all evidence-informed methods to prevent HIV transmission, promotion of voluntary testing and counseling as part of comprehensive treatment, and the use of treatment as prevention, documenting and sharing evidence-informed faith-based approaches to prevention.
- 2 c: Promote and facilitate ongoing dialogue among theologians and ethicists on the evolving challenges and responses to the HIV pandemic, including periodic global consultations and sharing of relevant theological resources.
- 2 d: Collaborate intentionally with other partners and agencies (e.g. networks of people living with HIV, the Global Fund to Fight AIDS, TB and Malaria, UNAIDS, aids2031 Initiative, International Health Partnership) to work on HIV prevention and to address selected obstacles to achieving universal access.
- 2 e: Encourage social protection and alternative care options for orphans and vulnerable children, including following up on selected recommendations of the Joint Learning Initiative on Children and AIDS (JLICA).
- 2 f: Influence pharmaceutical companies to implement policies and practices that ensure access to affordable and sustainable diagnostics and life-prolonging therapies, including treatment of opportunistic and co-infections, and ARVs (TRIPS/patent pool), and promote and implement the Prescription for Life action to increase antiretroviral options for children.
- 2 g: Promote continuum of care; health systems strengthening; human capacity development; expansion of existing health service infrastructure; and greater integration of faith-based health organizations and systems with national and international health planning, implementation, monitoring and evaluation, reporting and funding of national responses, encouraging treatment literacy to make possible the appropriate and effective utilization of available therapies.
- 2 h: Promote increased health care for women and children and provide access to effective means for prevention of “vertical” (also known as “mother-to-child”) transmission of HIV.
- 2 i: Influence governments and work with the private sector and civil society to formulate and implement policies that recognize the right to universal access to treatment, including treatment of opportunistic and co-infections and fully-funded scale up of treatment interventions.
- 2 j: Work with networks of people living with HIV to advocate for and encourage positive living<sup>3</sup>.
- 2 k: Encourage initiatives to strengthen income generation, microfinance and food sustainability initiatives for vulnerable families.
- 2 l: Collaborate with the EAA Food Campaign on food security and nutrition.
- 2 m: Encourage initiatives providing care for caregivers that support the continuum of care being offered by communities, especially women and girls, and seek to fully embrace caregivers in church communities.



## Goal 3: Eliminating stigma and discrimination

The Ecumenical Advocacy Alliance and its members advocate as, with and for people living with and affected by HIV—for human dignity and rights and for an attitude of care, inclusion and solidarity that eliminates all forms of stigmatization and discrimination.

### Some specific strategies

- 3 a: Develop and share tools and resources for assessing and increasing HIV competency.
- 3 b: Develop and share experiences, policies, strategies and educational resources.
- 3 c: Facilitate open discussion on issues related to HIV that breaks the silence and dispels stigma.
- 3 d: Promote care of people living with HIV and AIDS as a responsibility of both women and men as a way of combating stigma.
- 3 e: Continue to build on available resources that promote awareness.
- 3 f: Build a network of theologians, including the utilization of existing networks, to provide theological and ethical reflection and educational resources for gender equality and inclusion for use in faith communities, schools and religious training institutions.

#### **Objective 3.1:**

Build HIV competency, especially in the faith community, that works to eliminate stigma and discrimination.

#### **Objective 3.2:**

Encourage churches and faith-based organizations to be welcoming, inclusive communities of care and support for people living with and affected by HIV, particularly those marginalized by society.

#### **Objective 3.3:**

Affirm and advocate for the participation, rights to employment and leadership of all people living with and affected by HIV throughout church and community activities and programs.

#### **Objective 3.4:**

Work to eliminate gender inequalities and discrimination.

#### **Objective 3.5:**

Promote the leadership and participation of women and young people (young women and men) in decision making in all aspects of activities and programs related to HIV.



**Objective 3.6:**

Strengthen advocacy by religious leaders and highlight model actions that promote equality and non-discrimination related to HIV, both within faith communities and organizational structures, and within the wider society.

**Objective 3.7:**

Equip religious leaders and faith-based organizations to engage in theological reflections on sexuality, gender and HIV prevention.

**Objective 3.8:**

Encourage, resource and support religious leaders and faith communities to take public stands against HIV-related stigma and discrimination and for the rights and value of all people living with HIV as well as those most vulnerable to HIV infection.

3 g: Provide a platform and create opportunities for religious leaders and faith communities take a stand on HIV and AIDS related stigma and discrimination [e.g., the high level religious leaders meeting in late 2009 or early 2010].

3 h: Identify, adapt and share media guides to assist religious leaders and faith communities for effective use of the media.



## Goal 4: Ensuring Accountability and Sufficient Resources

The Ecumenical Advocacy Alliance and its members advocate that governments, churches, multilateral organizations and private industry deliver upon the commitments they have made in the response to HIV and AIDS, including mobilizing the resources necessary to implement these commitments.

### Some specific strategies

- 4 a: Advocate for the elimination of harmful policies dictated by the World Bank and IMF through structural adjustments policies which are not allowing Southern governments to subsidize social sectors, including health systems strengthening.
- 4 b: Track commitments (statements and financial) of churches and faith-based organizations and translate them into evidence-based tools for advocacy efforts.
- 4 c: Promote and support nominations from faith-based organizations for membership on global, regional and national governance bodies dealing with HIV and related issues.
- 4 d: Monitor the Global Fund and other funding processes to identify key issues for advocacy.

#### Objective 4.1:

Urge the mutual accountability of religious leaders, churches and church-related institutions to statements and commitments that have been made.

#### Objective 4.2:

Advocate that church and church-related organizations raise and share significant financial and human resources to better respond to HIV and AIDS.

#### Objective 4.3:

Monitor and advocate the fulfillment by governments of their commitments set out in the UNGASS Declaration of Commitment on HIV/AIDS<sup>4</sup> and the Millennium Development Goal<sup>5</sup>.

#### Objective 4.4:

Urge national governments and bi- and multilateral institutions to increase and fulfill their financial commitments to HIV and AIDS both nationally and internationally.



#### Objective 4.5:

Work to ensure that the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other major international funding initiatives, are managed and implemented with transparency, accountability and participation from civil society (including the fair consideration and allocation of resources to faith-based organizations) and are used with maximum benefit for local communities.

#### Endnotes

1. Covenant for Action, Ecumenical Advocacy Alliance, December 2000
2. 2005 UNAIDS HIV Prevention Framework: [http://data.unaids.org/publications/irc-pub06/jc1165-intensif\\_hiv-newstyle\\_en.pdf](http://data.unaids.org/publications/irc-pub06/jc1165-intensif_hiv-newstyle_en.pdf)
3. A lifestyle adopted by a person living with HIV in order to live life as fully as possible while slowing progression of the disease.
4. Five-year review of the UN General Assembly Special Session on HIV/AIDS: Final Political Declaration <http://www.un.org/ga/aidsmeeting2006/declaration.htm>
5. Millennium Development Goal 6: Combat HIV/AIDS, malaria and other diseases <http://www.undp.org/mdg/goal6.shtml>

- 4 e: Encourage members to collaborate with already existing advocacy efforts around accountability and resource mobilization.
- 4 f: Advocate for capacity building among faith-based organizations to mobilize resources specific to HIV.
- 4 g: Advocate for increased funding from the G8 and G20 countries for the global response to HIV.
- 4 h: Monitor preparations for UN General Assembly Special Session on HIV/AIDS (UNGASS) 2011, including, among other actions, advocating with governments to include faith-based leaders as part of their national delegations.
- 4 i: Advocate for national government responsibility in relation to human rights obligations for health systems accessible for all as a precondition to HIV response.
- 4 j: Strengthen and promote faith-based participation in the World AIDS Campaign and UNAIDS.
- 4 k: Encourage members to collaborate with key actors in developing appropriate strategies in relation to the 2010 and 2015 MDG Summits and the International AIDS Conferences.
- 4 l: Advocate for the full funding of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other funding mechanisms (including innovative funding mechanisms) with new resources, without jeopardizing other development funding.

## UNAIDS Principles of Effective HIV Prevention:

- All HIV prevention efforts/ programmes must have as their fundamental basis the promotion, protection and respect of human rights including gender equality.
- HIV prevention programmes must be differentiated and locally-adapted to relevant epidemiological, economic, social and cultural contexts in which they are implanted.
- HIV prevention actions must be evidence-informed, based on what is known and proven to be effective and investment to expand the evidence base should be strengthened.
- HIV prevention programmes must be comprehensive in scope, using the full range of policy and programmatic interventions known to be effective.
- HIV prevention is for life; therefore, both delivery of existing interventions as well as research and development of new technologies require a long-term and sustained effort, recognizing that results will only be seen over the longer term and need to be maintained.
- HIV prevention programming must be at a coverage, scale and intensity that are enough to make a critical difference.
- Community participation of those for whom HIV prevention programmes are planned is critical for their impact.

Source: [www.unaids.org/en/KnowledgeCentre/Resources/PolicyGuidance/UmbrellaPolicies](http://www.unaids.org/en/KnowledgeCentre/Resources/PolicyGuidance/UmbrellaPolicies)

# How We Will Work

## Members

The work of the EAA will be led by the churches and Christian organizations who are members of the Alliance. EAA members have committed themselves to working together to confront injustice, strengthening the collective action of churches and their members, church-related agencies, and other Christian organizations. In this HIV and AIDS Campaign, EAA members will join together to:

- promote approaches to political, economic, structural, social and cultural issues around HIV and AIDS based on a shared commitment to the Gospel and concern for those people who suffer from injustice.
- confront unjust structures, practices and attitudes related to HIV and AIDS and offer alternative visions and strategies, based on the analysis and engagement of the people affected.
- raise awareness within our own churches, schools, communities, constituencies and the public at large on issues of common concern around HIV and AIDS, and mobilize support for specific campaigns or collective actions as proposed by the HIV and AIDS strategy group.
- share information with one another, provide resources, and contribute actively and creatively in implementing common approaches in the HIV and AIDS campaign at the local, national and international levels.
- continue to reflect theologically on this work.

EAA members range from small local organizations, to national church alliances and agencies, to worldwide communions, ecumenical bodies and international non-governmental organizations. Members bring a diversity of perspectives, expertise and experience: in region, in size, in denomination, in closeness to decision makers and to grassroots communities. Through sharing our strengths we can enhance and broaden our own capacity, and increase our collective impact in advocacy.

## Implementing the Framework

This Framework for Action is designed to provide a framework or “road map” for the shared advocacy of EAA members in this campaign. The strategies reflect actions that could be taken by members collectively through the EAA or through the leadership of one or more member organizations. 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.

All members will find opportunity to contribute to achieving the goals of this campaign. Members are encouraged to take action on the campaign in its entirety; however it is acknowledged that strategies will be adapted to each local situation and it is recognized that it is not possible for all to engage in this work in the same way or with the same resources.

### *Policy engagement, campaigning, awareness raising*

Members may wish to engage in advocacy work arising from the goals, objectives and strategies of the HIV and AIDS campaign framework in any or all of the three forms of advocacy: policy engagement, campaigning and awareness raising.

In awareness raising members can strengthen each other’s capacity and work by sharing research and popular education materials related to the goals and objectives of the HIV and AIDS campaign that are already produced by members. If there is a need for a resource on a topic that is not currently met through existing publications, several members may wish to use the EAA to facilitate joint development of a new resource. Through EAA communication tools, members may also wish to share or access expertise, experience and ideas on new ways and new technologies for raising awareness on the issues of the campaign. Connections between members can also be used to initiate speaking tours and exposure visits.

In campaigning, members may wish to mobilize together in joint actions arising from the Framework for Action. Such actions may be as loosely or closely cooperative as members choose. Some actions may be taken in intentional solidarity with other members around the world and sharing an overall theme or target and perhaps a date, but being otherwise very much developed by each member to their own local context and organizational priorities. Others actions may involve much closer cooperation in developing messages, resources, action ideas and media work.

If members are working on a particular issue related to the goals and objectives of the HIV and AIDS campaign, and for which they wish to raise global support, they can use EAA email ‘action alerts’ to reach out to the EAA network and call for action. Through the campaign newsletter and other communication tools members are able to update each other on campaigns and actions: sharing information on key developments that could be of significance elsewhere, informing each other of plans, publicizing new initiatives, providing motivation through news of successes and offering lessons learned from experience.

As with awareness raising, members may wish to share resources aimed at mobilization or cooperate in development of new materials and to benefit from expertise, new ideas and tools for campaigning. Where possible, resources should be shared in a timely manner, allowing members to distribute them to their churches and networks.

In policy engagement, pooling of expertise and experience can greatly reinforce members’ effectiveness, as can bringing together the representatives of multiple constituencies. Members can use the EAA to coordinate message and approach between policy engagement work on an issue in various different fora.

The EAA has been successful in getting members’ representatives placed in decision making fora in UN structures and other institutions, which might not have been accessible for members acting alone. These representatives are then able to strengthen the capacity of all members on policy engagement by voicing issues of concern to members and reporting back.



## *Local, national, regional and global strategies*

Members may wish to initiate local and national advocacy work on HIV and AIDS issues as a result of the EAA campaign, taking a lead from the goals, objective and strategies of the Framework for Action. They may also choose to cast existing advocacy work and actions as a part of the wider EAA campaign, undertaken in solidarity with churches around the world and benefiting from resources, expertise and inspiration from other EAA members. Members however do always remain free to maintain separate advocacy work on HIV and AIDS outside of the EAA campaign.

Members can take up advocacy work in the campaign on their own, but also are encouraged to link and work with other EAA members at a national or regional level – thinking and working creatively to adapt or create strategies that will be most effective in each context. Members may also wish to seek opportunities to hold national or regional EAA meetings, possibly taking advantage of other events to combine with such a meeting.

At a global level, the HIV and AIDS campaign strategy group will take a lead in proposed strategies and actions for shared advocacy work, building on the involvement, advice, and feedback of EAA members. EAA members are encouraged to communicate with strategy group members and the strategy group can also facilitate the establishment of EAA working groups on a particular issue. When an international event of significance to the EAA HIV and AIDS campaign is being held in a country, members in that country may choose to take a lead in enabling advocacy work around the event. At international events, EAA members have in the past sometimes chosen to pool resources for a shared exhibition space, all benefiting from the increased visibility.



## *Strategic partnerships*

Members are encouraged to seek opportunities to work with others who share the goals of the EAA. By working together, we often can be more effective. At the same time the EAA has a unique voice coming from the churches and we always try to make this heard.

## **Communication**

The EAA Coordinating Office plays an important role in enabling communication with EAA members to ensure that all have the information they need. Members are strongly encouraged to contribute information and resources (e.g. policy, theological, liturgical, popular, photography) through the EAA Coordinating Office for the benefit of all Alliance members.

### *Communication tools*

The EAA Coordinating Office maintains an email distribution list for the HIV and AIDS campaign, which, as of early 2009, reaches over 3000 subscribers. Many subscribers will pass messages on again to their own networks. This distribution list is used to circulate bulletins and action alerts.

Bulletins are circulated several times a year and contain news and updates on the EAA campaign and members' advocacy work. Members are encouraged to contribute articles about their work and to tell the Coordinating Office about any new resources they have produced, which can be highlighted in the 'resources' section.

Action alerts are sent as the need arises, and call for action on particular matter related to the goals and objectives of the HIV and AIDS campaign. Members are encouraged to make use of this tool to multiply the impact in their work, on occasions when global action is possible. By its nature, this tool is often used for crisis situations that could not have been predicted, however when possible this tool is most effective if the alert can be sent far enough in advance to allow recipients time to react.

The EAA can host email listserves to facilitate ecumenical communication in preparation for an event or around an issue.

The EAA website at [www.e-alliance.ch](http://www.e-alliance.ch) contains a wealth of information, news and resources on the campaign. Members are encouraged to send news and press

releases on their advocacy work on HIV and AIDS, which can be highlighted on the site. The site has a calendar and members are encouraged to send information on planned events which can be added to this. The EAA's own publications can be downloaded from the website or, in most cases, hardcopies can be ordered via the website.

The website includes a resource library of materials related to advocacy and to the EAA's two campaigns, which can be searched or browsed by subject. Members are encouraged to contribute their own publications to the resource library. New resources from members can also be featured elsewhere on the website.

There is a password protected area of the website for members where further resources are available. These include contact lists for the HIV and AIDS strategy group and for the people in member organizations who act as primary contacts for the EAA HIV and AIDS campaign.

EAA member organizations are strongly encouraged to place links on their websites to the EAA and to the campaigns in which they actively participate.

Other web-based collaboration tools will be used to increase participation and joint planning.

### *Language*

The working language of the EAA is English, although where possible, translations of key resources into at least Spanish and French will be made. EAA members are encouraged to aid in the dissemination of information about the EAA's work by translating materials into other languages.

### *Mailings*

The EAA also shares hardcopies of resources. This remains of great value to many members, especially those with limited internet access. All members receive copies of the EAA's own publications. On occasion, materials produced by members and other partner organizations that are of particular value to the HIV and AIDS campaign are posted to members. The Coordinating Office is also able to supply mailing addresses to members who wish to share hardcopies of their publications within the EAA network. Members who wish to extend the audience for their publications in this way are encouraged to contact the Coordinating Office.

### *Speaking for the Alliance*

Members speaking out publicly on an EAA campaign issue through, for instance, a press release or statement, will most often speak from their own churches and organizations, making reference to their participation in the EAA. Members should feel free to adapt and use press releases issued by the EAA in their own networks.

Members however are not able to speak on behalf of the EAA. The Board of Directors, Strategy Groups, and Coordinator/Executive Director have particular roles in determining when and how the EAA speaks on its campaign issues, and can designate EAA representatives for particular events and actions that will help further our campaign goals and objectives.

More information can be found in the policy, "Who Speaks for the Alliance" available in the members' area of the website.



## Strategy Group

The HIV and AIDS campaign is directed by a 16-member Strategy Group composed of Alliance members with particular expertise and experience. Throughout the campaign they will develop strategies, monitor the implementation of the campaign, communicate with members, adjust planning as needed, and evaluate the results.

## Board of Directors

The Board of Directors of the EAA 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 12 person board includes nine members elected from among EAA members at its Assembly, a representative from each strategy group, and the EAA Executive Director.

## EAA Coordinating Office

The EAA Coordinating Office is based in Geneva, Switzerland. The Coordinating Office's role is one of facilitation, enabling the work of Alliance members.

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## Join us

Churches and Christian 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: [www.e-alliance.ch](http://www.e-alliance.ch). At the same address you may also subscribe to the HIV and AIDS campaign bulletins and actions alerts and download or order resource materials.

**[www.e-alliance.ch](http://www.e-alliance.ch)**

## The members of the Strategy Group are:

- Rev. Christo Greyling, World Vision International
- Rev. Gunilla Hallonsten, Church of Sweden
- Mr. Tapiwanshe Hoto, Christian Aid
- Mr. Natesan Joshua Jayaseelan, Madras Christian Council of Social Service (MCCSS)
- Rev. Riitta Laakio, Finnish Evangelical Lutheran Mission (FELM)
- Ms. Luz Stella Losada, MAP International (Medical Assistance Programs)
- Rev. JP Mokgethi-Heath, INERELA+ International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
- Dr. Erlinda Nable Senturias, Christian Conference of Asia
- Ms. Deirdre Ni Cheallaigh, Trócaire
- Ms. Karen Plater, The Presbyterian Church in Canada
- Rev. Michael Schuenemeyer, United Church of Christ HIV and AIDS Network
- Dr. Elisabeth Schüle, German Institute for Medical Mission (Difäm)
- Ms. Constance Shumba, World YWCA
- Ms. Karen Sichinga, Churches Health Association of Zambia
- Dr. Carl C. Stecker, Catholic Relief Services
- Dr. Sonja Weinreich, EED

## Advisors

- Dr. Christoph Benn, The Global Fund to Fight AIDS, Tuberculosis and Malaria
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