
24 November 2015

Dear Friends,

We hope you enjoy this month's edition of the Newsflash! World AIDS Day is coming up, and in light of that we are focusing our newsletter on HIV and AIDS. World AIDS Day has taken place on December 1st every year since 1988.

It provides an opportunity to draw attention to the HIV epidemic around the world. Many people choose to organise an event on or around December 1st, to raise awareness of HIV, to remember loved ones who have died, to show solidarity with people living with HIV, to celebrate survival and health, and to raise money for HIV and related causes. For many people the day is associated with the red ribbon, an instantly recognisable symbol. Wearing a red ribbon is a simple way to show your support, and there are also many other ways in which you can get involved. (For more information visit <http://bit.ly/1PRz9AI>)

As some of you may know, an important target has been achieved this year: this summer, the United Nations Programme on HIV and AIDS announced that the world has exceeded the AIDS targets of Millennium Development Goal (MDG) 6 and is on track to end the AIDS epidemic by 2030 as part of the Sustainable Development Goals (SDGs). This means that 15 million people are now receiving life-saving treatment, with many more expected to receive treatment in coming years. This World AIDS Day will be a time to celebrate the progress that has been made so far, to recognize and prepare for the challenges still ahead, and to help our communities address HIV and AIDS awareness, prevention, and treatment. Will your organization be marking World AIDS Day on December 1st? Do you address HIV and AIDS in your day-to-day work? If so, please feel free to send information, highlights, or photos to newsletter@firelightfoundation.org!

Sincerely,

The Firelight Team

(Article) Success in reaching '15 by '15 shows that we can end the AIDS epidemic

(Article) Engaging Men in Prevention and Care for HIV/AIDS in Africa: Neglect of Men in HIV Prevention and Treatment Campaigns

(Open for Proposals) The Stephen Lewis Foundation

(Open for Proposals) Opportunity Grants from AmplifyChange

Success in reaching '15 by 15' shows that we can end the AIDS epidemic

VANCOUVER, 19 July 2015—Following up on United Nations Secretary-General Ban Ki-moon's announcement on 14 July that the world had reached the target of providing antiretroviral therapy to 15 million people living with HIV, UNAIDS is releasing a new report that describes the factors that helped the world achieve the '15 by 15' target. Launched at the 8th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention in Vancouver, Canada, 15 by 15: A global target achieved describes how diverse stakeholders and constituencies united in a common global undertaking to save lives.

Lessons learned in the successful global push to provide antiretroviral therapy to 15 million people by 2015 provide a roadmap for ending the AIDS epidemic as a public health threat. As a central component of the effort to end the epidemic, the world has embraced a new target for antiretroviral therapy. By 2020: (a) 90% of all people living with HIV will know their HIV status, (b) 90% of all people with an HIV diagnosis will receive sustained antiretroviral therapy, and (c) 90% of all people receiving antiretroviral therapy will achieve viral suppression.

“This is the first time in the history of global health that we have reached a treatment target by the deadline,” said UNAIDS Executive Director, Michel Sidibé. “If anyone doubted this in the past, it is now clearer than ever that bold, ambitious targets drive global health progress. We now need to take what we have learned in the '15 by 15' movement and do what it takes to end the AIDS epidemic once and for all.”

Ingredients for success in the '15 by 15' movement:

The '15 by 15' target was adopted at a United Nations High Level Meeting in 2011, as part of the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS. The new UNAIDS report focuses on the years 2011-2015, describing what happened to make achievement of the goal possible. The report's key findings include the following:

- The world exhibited strong political commitment to the '15 by 15' target. Even as new challenges emerged, global leaders remained committed to the HIV treatment target. The commitment of political leaders has been matched and magnified by the engagement and leadership of communities affected by the epidemic.
- Funding for HIV testing and treatment services increased. Countries themselves significantly increased domestic allocations for HIV testing and treatment programmes, even as international partners, such as the United States President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria, provided essential assistance.
- Knowledge of HIV status substantially increased. In 2014, for the first time ever, more than half of all people living with HIV know their HIV status.
- Prices for antiretroviral regimens and key diagnostic tools continued to

decline. Generic competition in the pharmaceutical industry has helped ensure that prices for life-saving drugs are affordable.

- The efficiency and quality of HIV treatment programmes have improved. Per-patient treatment costs in U.S.-supported programmes have fallen by 70%.
- Innovative service delivery models have enhanced the reach and impact of treatment programmes. Across the world, innovative service models, many of them community-driven, are showing how to expand treatment access while saving money.
- HIV-related stigma has declined. As HIV treatment is brought to scale, studies show that discriminatory attitudes towards people living with HIV decline.

Leveraging the '15 to 15' success to achieve the 90-90-90 target:

The essential lessons from '15 by 15' are immediately valuable for global efforts to lay the foundation to end the AIDS epidemic as a public health threat by 2030. Achievement of the 90-90-90 target, along with ambitious new targets for primary HIV prevention and non-discrimination, would reduce the number of new HIV infections by 89% by 2030 and the number of AIDS-related deaths by 81%.

“We have no time to waste, as the next five years represent a brief window of opportunity,” said Mr Sidibé. “We need to put the lessons we have learned from '15 by 15' to use to 'fast-track' the AIDS response and achieve the 90-90-90 target.”

The new report outlines emerging challenges that the AIDS response must face as it works to achieve the 90-90-90 target. These include uncertainties regarding the financial sustainability of HIV treatment scale-up and market dynamics that potentially imperil the future affordability of the second- and third-line antiretroviral regimens that more and more people living with HIV will need.

To meet these challenges, the new report outlines strategic actions that the world needs to take. Political commitment to end the epidemic will be essential, as will concerted efforts to engage and empower communities to deliver HIV testing and treatment services. New investments will be needed, especially as spending towards ambitious new prevention, treatment and non-discrimination targets yield US\$ 17 in savings for every US\$ 1 invested. Immediate actions are needed to ensure a robust, uninterrupted supply of affordable medicines, including building local manufacturing capacity in sub-Saharan Africa. In addition, structural barriers to service access, including those caused by punitive laws and policies, must be removed.

For more information about UNAIDS, please visit this URL: <http://bit.ly/1RQmfpC>

Engaging Men in Prevention and Care for HIV/AIDS in Africa: Neglect of Men in HIV Prevention and Treatment Campaigns (Excerpt)

In the last half-decade, there has been discussion over the need to actively engage men

in sub-Saharan Africa in HIV prevention campaigns. Several randomized trials in South Africa have examined interventions aimed at male behavior change. Further work has come from the social science disciplines, where researchers and gender advocates have created gender-focused HIV prevention frameworks and contextualized the role of men in contributing to the epidemic. Although much of this work has examined attitudes and behaviors, there is emerging recognition from a number of epidemiological sources that men in sub-Saharan Africa face important challenges in terms of HIV vulnerability, engagement and retention in care, and access to anti-retroviral treatment (ART) that affect mortality. Taken together, the evidence indicates that men are under-represented in HIV testing, treatment, and care, and this likely has a direct impact on outcomes of care.

While public health efforts have been aimed at women, particularly child-bearing women (e.g., HIV testing, care, and treatment opportunities provided through antenatal care services), scale-up efforts are hindered by the differences in health-seeking behaviors between men and women. For instance, sickness may be seen as a sign of weakness for many men, and this perception has resulted in a reluctance of care-seeking among men. There is also evidence indicating that men may feel that they have been caught at their hidden sexual behaviors and so they avoid HIV testing. Additionally, employment-related migration will keep men away from their partner and families for long time periods, and this absence may make them more vulnerable to HIV infection due to sexual exposure, drug and alcohol use, and delinkages with local health services. The reality that men are less likely to seek health care is intimately linked to perceptions of masculinity, and is generally considered to be part of the same phenomenon that drives multiple partnering, violence against women, substance use, and homophobia among men.

There is now also a growing appreciation that the HIV/AIDS epidemic in Africa is driven by complex and poorly understood sexual dynamics that include, among others, concurrent partner relationships and multiple partner relationships involving both males and females. The available evidence indicates that infection is equally balanced between males and females in most heterosexual settings.

Failing to engage men in HIV prevention and treatment may also have an impact on household family income. In Africa, men are typically the larger income-generators, often engaged in employment outside of the home, whereas women are more likely to be engaged in economic activities closer to home as well as child caring. If the head male member contracts HIV and does not receive the appropriate care, ill health or death of this individual can severely impact household family income.

While our discussion here is predominantly focused on heterosexual men, we cannot ignore that men who have sex with other men (MSM) are one of the most difficult groups to target in prevention and treatment campaigns in Africa. Data on the magnitude of MSM or the prevalence of HIV in this population are sparse. The recent

crackdown on MSM in Uganda, where the government petitioned a law before parliament to make MSM sexual activities illegal, potentially punishable by death for those who are HIV positive, demonstrates that certain male groups require specific care and support. The law, largely condemned around the world, also placed pressure on HIV/AIDS service providers, as anyone, including organizations, aware of homosexual activity and failing to report the act could be punished with up to three years of imprisonment. With the popular support the bill has received, HIV/AIDS service organizations have been challenged to provide strong advice to their employees on how to treat MSM patients. Similar legal and cultural oppression of MSM occurs in other African countries.

To read the full study “Engaging Men in Prevention and Care for HIV/AIDS in Africa”, please visit this URL: <http://bit.ly/1I4Mkrj>

(Open for Proposals) The Stephen Lewis Foundation- No Deadline

The Stephen Lewis Foundation was created with the express purpose of putting money directly in the hands of community-based organizations working on the frontlines of the AIDS pandemic in Africa. The foundation funds community-based organizations in the 15 countries that have been hardest hit by the AIDS pandemic in Africa, including Botswana, Democratic Republic of the Congo, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

From home-based care to grandmother support and orphan care, from feeding programmes to music and art therapy, grassroots organizations are driving the response to the AIDS pandemic in ways that are innovative, sophisticated and impactful. The Foundation receives a high volume of proposals for partnership every month. We know that every proposal for collaboration that comes our way takes time and effort and represents a community committed to turning the tide of HIV and AIDS across Africa.

Please email your proposals to proposals@stephenlewisfoundation.org.

No deadline. For more information please visit this URL: <http://bit.ly/1MHyTQ9>

(Open for Proposals) Opportunity Grants from AmplifyChange- No Deadline

AmplifyChange can consider a wide range of activities for support with an Opportunity Grant. Your activities should clearly contribute in some way to the priority themes of AmplifyChange. The five priority themes are ending unsafe abortion, sexual health of young people, gender-based violence, stigma and discrimination, and access for the

marginalized and vulnerable.

Your application should make clear what your objective is – that is, the change you are seeking to contribute to bringing about within your own specific SRHR policy context. Your application should explain what you will do, the activities you will undertake, to make it happen. Any organisation in an eligible country (most countries in Africa are eligible) can apply for an Opportunity Grant. Opportunity grants are especially intended for smaller, community-based groups that need some support for the activities they would like to implement. More established groups that want to try a new idea are also welcome to apply, but we particularly encourage more established groups to help smaller groups apply. Applications are available online, or as Microsoft Word documents. Funding maximum: 10,00 Euros

No deadline. For more information please visit this URL: <http://bit.ly/1NYWM9j>
(Item 5) Title

As part of the Firelight Foundation's Capacity Building Program, Firelight provides "Newsflashes" to share relevant resources and information with our active grantee-partners via weekly emails and via post on a monthly basis. We hope that by facilitating access to information for grassroots, community-focused organizations, programming for children and families, as well as organizational development, is enhanced. Past editions of the Firelight Newsflash can be found on our website:

<http://www.firelightfoundation.org/resources/newsflash>

We welcome your comments, feedback and ideas for upcoming Newsflashes at newsletter@firelightfoundation.org

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