



Community Forum Statement:

“The change we want to see...”

Caroline Thomas (Indonesia) & Gurmit Singh (Singapore)

We, the communities of People Living with and affected by HIV, representing Women and Lesbians, Drug users, Youth, Sex workers, Men who have sex with men, faith groups, and Migrants organized and conducted 8 separate community forums on 7th and 8th August, to consolidate our learning and take stock of progress as we prepared for the 9th ICAAP.

More than 1200 of us actively participated in discussions to deepen our understanding and share our knowledge, drawing upon our skills experiences, and expertise as Community Leaders. Such a high turnout is unprecedented, and illustrates how all of us remain committed to the ambitious task we have set ourselves - to reclaim our lives and confront the challenges facing us.

We came together to reflect upon and raise our awareness of what has changed since 2007. While we were pleased to note that progress has been made since the UNGASS, realizing Universal Access and the Millennium Development Goals remain elusive.

What is the change we want to see?

Do we want to look back two years from now and see no change? Worse, do we want to see an ever-increasing number of vulnerable persons-at-risk getting infected because ‘they’ are simply not a priority? Do we want to see sex workers, and drug users thrown mercilessly into prison without access to health care, needle exchange, prevention and treatment?

Do you often hear of the high economic growth rates, or the increasing standards of living in Asia and the Pacific? Yes we cannot hear enough of success. What is it that we do not hear enough of? We do not hear enough of the growing concentrated epidemics among MSM and transgenders. Denial of the crisis flourishes. One can see that. We do not speak enough of the failures.

We in the community see something different.

We in the community look at Asia and the Pacific differently.

What is the change we want to see?

Here is the change we decided we want to see and to bring about.

We want our communities to have support from the governments we elect.

We want our communities to have the rights to health that others have.

We want everyone to earn enough so that everyone can make the right choice for their health and that of their families.

And after that, it's none of your business who we sleep with, or what work we choose to do, or how we live our lives and realize our dreams.

You don't know more about how to take care of our communities' health than we do.

We want strong, vibrant, healthy communities responding to HIV. We want strong community health systems built on the undeniable scientific evidence that exists, and based on the principles of universal human rights for all.

We are not doing enough if we want this change, not nearly enough, and we need to start this change today.

What can we do to make this change happen?

1. If we want migrant workers to access health care, let's implement what the International Task Team on HIV related Travel Restrictions has affirmed – that migration is not a risk factor of HIV transmission, and abolish mandatory testing at our borders
2. If we want to ensure vulnerable populations can access services they have a right to, let's review and reform harmful

- obsolete legislation that criminalizes the behaviours of drug users and Men who have sex with men and sex workers.
3. If we want to ensure our communities stay strong for the future, let's enable women and youth to access, to design, and to program comprehensive sexual and reproductive health services.
 4. If drug users are to access harm reduction services equitably, let's stop with one-off projects, and integrate harm reduction as an essential core component of sustained health programs.
 5. If we are serious about addressing the needs of sex workers, then let's acknowledge that sex work is work - for males, females, transgender, people living with HIV, and people who use drugs; let's repeal the USAID restriction called The Pledge, and remove all laws, policies, and practices that block effective responses to AIDS, as the UN Secretary General has called for.
 6. If we want strong community participation, let's provide sustainable core funding for organizations led by all key affected populations, including youth.
 7. If we want religion to be an asset and not an obstacle, let's strengthen the role and prominence of faith-based initiatives as our allies in fighting stigma.
 8. If we truly wish GIPA to be a reality, then let GIPA also include Greater Involvement of Youth Living with AIDS, and also mean Greater *Investment* in the people affected by AIDS

Let us lead, and support us so we can reach our potential to effect change. After all, there is no manual for learning by doing and leading by example. All of us expect leaders to face up to the challenge in their own way, in their own time. Fortunately for all of us who are community leaders, we have all of you - strategists, analysts, scientists, policy makers and managers - as our guides and our advisers. Let us lead, and support us, so we can reach our potential.

We belong to the communities we create. And life would not be worth living if we did not belong. We are the communities we speak for and we can do better and we will do better, by learning together, through

effective partnerships, because we are not doing nearly enough, and we must do better.

We want to see these changes by the next time we meet. We have the levers of change at our disposal. We are optimistic that the old paradigm of building capacities will transform into a new one of empowerment, driven and directed by strong networks of people living with, at risk of, and affected by HIV. And if these changes are not implemented, we want answers the next time we meet.

And there's more we can do to realize change from within. Firstly, we are communities committed to renewal. Communities led by the unflagging determination of people who are mentoring and nurturing the next generation to lead. Leaders like Vince Crisostomo, the coordinator of the 7 Sisters coalition.

Secondly, we are communities who transform buzzwords like transparency and accountability into action, by committing to starting with being transparent and accountable ourselves. We are the change we want to see.

Thirdly, yes, it is time to challenge unjust laws, and change systems. And, in doing this work, let our donors fund local communities and their national supporters to live our own ideals, face our own reality, look at our own options and seek out our own solutions. If these mirror Northern advocacy and educational practices, that is great - but the choice to do so should be made by Southern communities' own free will, not imposed. Rich indigenous knowledge can and shall speak to power - this is also the change we want to see.

To this end, we commit to becoming reflexive about our work, to appraising what works and what doesn't, to implementing checks and balances, and to maximizing our skills and expertise so that we can achieve the greatest impact while delivering value for money in our cities, our towns, our provinces, and our villages.

Because, in a time of financial crisis, we remind you - HIV is not in recession.

We have taken up the call to service, using our lived experience, fighting for our rights, and improving ourselves continuously. Never stop providing us the opportunities to become better at serving those we lead to produce high levels of impact for disadvantaged communities. The most important variable in making a difference is the community Leader. It is community Leaders' personal history, their aspirations, their authority, their talk, their relations to social and political leaders, and their actual ways of inducting their at-risk communities into specific Positive Living practices that change deficit discourses of victimhood that most affect social and economic outcomes. The impact on the lives of people living with HIV-risk is enhanced where community Leaders design and deliver meaningful programmes, working with the existing cultural resources in their community, and making explicit the target public health and human rights knowledge and strategies. Support your community leaders to see through and enact the changes you wish to see.

Indeed, why stop there? For the larger change we wish to see is in the global architecture within which we operate. Let us have reciprocal mentoring from the South to the North, because the world looks very different when turned on its head. Because achieving Universal Access implies a health financing mechanism, and a global health agenda and strategy based on a universal perspective and mindset, rather than on narrow vested interests. Because we need to learn to learn from East to West, because logic is not the preserve of the European. The change we wish to see is the end of our life-value being measured through log-frames, using input and output indicators, because technical logic is only valid onto itself, not to us as human beings. Let's take the example of accessing resources through the Global Fund's Country Coordinating Mechanisms to provide prevention, treatment, care and support services. Now, should such processes be constructed by technical bureaucrats in Geneva, or by those with the lived experience and ability to fight AIDS in their communities? Mere tinkering with functional processes does not work and never has, so why put up with it when there's a better way forward? Let's strengthen communities by allowing us to use our capabilities to change the bigger picture and paint our very own beautiful canvas.

Let us be bold, let us adopt the courage, and take the risks to innovate as the community always does, each and every day to find equitable universal solutions that transcend barriers of the mind, going beyond resource gaps. Because denial of learning and sharing destroys value when we can add value. Thus, the added value of community based research to creating a new science of public health is also a change we want to see.

Ladies and Gentlemen: On behalf of the communities we serve, we commend you for your commitment and contribution to the AIDS response.

Bapak dan Ibu: Dengan mengatasnamakan komunitas yang kami layani, kami meminta komitmen dan kontribusi dari semua untuk menanggulangi AIDS.

Komunitas yang merupakan bagian yang kuat dan penting dari ICAAP telah memberikan program-program kami bagi yang mau belajar dan berbagi dengan kami.

Kami berharap kita semua dapat memiliki pengalaman belajar yang produktif dalam beberapa hari ke depan.

The communities, a strong and integral part of ICAAP, have put on a fabulous programme for you to come learn and share together, with us, and from us. Join us to start working on the changes we want to see.

We wish all of you a productive and enriching learning experience in the days ahead.

Welcome. Selamat datang. Welcome to the 9th ICAAP.
Thank you. Terima kasih.

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