Why bother?

Global Health and AIDS: Fighting for justice and equity

A dialogue on cutting-edge issues and the way forward

REPORT FROM A SEMINAR IN OSLO JANUARY 13 2011

Norad

All cover photos: The Global Fund/John Rae

Introduction

Health is fundamental to development. Norad has been engaged in health from the start, and this year it is 25 years since Norway started working on HIV and AIDS.

The global AIDS response is at a turning point. Many countries and institutions are in the process of taking stock of the situation and deciding on the best way forward.

In planning the seminar "Why bother? Global Health and AIDS: Fighting for Justice and Equity", Norad wanted to provide an opportunity to do three things.

First, to open up for reflection on health and AIDS efforts over the past three decades or so.

Second, based on those experiences, to look into the future and come up with crisp, clear messages and directions for future action. To achieve this we encouraged panelists to be bold and more than 120 participants from all over the world to voice their questions, vision and experiences in the dialogue after each of our panel sessions.

And third, with Ambassador Sigrun Møgedal now retiring from the Ministry of Foreign Affairs, we thought this was a suitable occasion to gather colleagues from around the world and pay due tribute to her tireless efforts for global health.

We met at an auspicious time. Here in Norway, the Ministry of Foreign Affairs is in the process of preparing for the Parliament (Storting) a White Paper on Global Health. Also, the Global Strategy for Women's and Children's Health launched in September 2010 by the UN Secretary-General now needs to be implemented. We are also getting ready for the UN High Level Meeting on HIV/AIDS in June 2011 in New York. The outcomes of this meeting can help inform all of these processes.

At the same time, we were able to share music and dance as well as experiences and thoughts, underscoring the message that partnerships are key to progress. As Sigrun says at the end of this report:

"Global health and the aids response is about justice and equity. It takes more than technology and professions, finance and systems. It depends on people, on values and norms where decisions are made, and more attention to conversation and consultation among decision-makers, providers, interest groups and communities of people – at all levels."

I hope that this report will inspire reflection, discussion and action, to make sure we keep bothering!

Villa Kulild
Director-General
Norad

Five key take-home messages

A brief summary cannot do justice to the rich discussions and energy of the seminar. However, five key messages crystallised during the discussions, and we hope these will inspire actions as we continue to strive for improved health in a more just world:

1. **This is no time for complacency.** 33 million people are living with HIV, close to 9 million children die every year, and hundreds of thousands of women die of pregnancy-related complications. While we have made some progress, we need to redouble our efforts to increase health equity, alleviate suffering, and promote healthy people and communities.

2. **Global health, AIDS and development challenges need to be addressed together.** In a world of shared vulnerability we need to work much more closely together. At the global level, we need to pool our resources across initiatives and movements. At the country and community level, partnerships are needed to provide accessible, friendly services and support for all who need it. Actions to address emerging health threats such as non-communicable diseases (NCDs) and climate change need to be included and not implemented as stand-alone initiatives.

3. **Efforts need to be institutionally and financially sustainable.** Countries need to take the lead – setting priorities and designing appropriate strategies. A new kind of kind of capacity-building is needed. Donors have increased funding, but are now pulling back at a time when efforts need redoubling. Countries are stepping up and putting more money into health, but more is required. Commodity prices have been reduced but prices need to go further down for poor countries.

4. **Some immediate actions would yield great results.** It is possible to eliminate mother-to-child transmission of HIV. Funds should be spent where they are most needed and on interventions that work. Young people must be brought on board to bring energy and new ideas.

5. **The health system is a social enterprise.** We need to rethink health service provision in the light of lessons learnt from addressing HIV and AIDS, as well as providing primary health care. Health care provision starts in the comm unity. Church and religious networks are the largest global networks. Change will only come about through respectful dialogue. We need bridge builders that can connect diverse communities!

Paul Fife
Director, Division of Health and Aids
Norad

“Why bother?
Challenges and development in global health”

Erik Solheim, Minister of Environment and International Development

“We have achieved great results in the fight against AIDS, and we need to keep it up. There is no time for complacency.”

- The focus must always be on those whose lives are directly affected by disease and poverty, and on how to best assist people in the field. 30 million people have died from AIDS, more than have been killed in any war

- Going forward, it will be important to improve access to services and treatment by strengthening the whole health system, not building separate AIDS clinics.

- The pressure for more funding on a global scale has to be kept up, as the struggle to combat this disease still has a long way to go. Norway has signalled willingness to provide money for the global commitment on fighting HIV and AIDS, and this will remain a pressing issue for many years to come.

- We have to advocate and work for reduced prices on medication and make it available to everyone. Life expectancy and quality has changed fundamentally for millions of HIV-infected people since the early days of the pandemic, due to medical developments. The price is still unbearable to the majority of people in the world, though, with detrimental consequences for individuals and households who have to spend scarce resources on medication.

- We need to continue to work to reduce all kinds of prejudice holding back the fight against the HIV pandemic. Some barriers are cultural, such as anti-gay sentiments. This is unacceptable, and to address them, dialogue will be important. Cultures have always change and can continue to change and evolve.

“Working together for improved health and AIDS outcomes – challenges for the future”

Michel Sidibè, UNAIDS Executive Director

“Partnership is the way forward. We need to get AIDS out of isolation, enabling us to address key issues such as violence against women, shortcomings in the health sector, and lack of equity.”

- We need to link different movements, such as the cervical cancer movement, the HIV movement, the women’s movement etc, in order to achieve sustainable results. AIDS has to be seen as part of a context. This will enable us to focus on violence against women, the education sector, and other key issues.

- We need a prevention revolution! Efforts in this direction have to be dramatically intensified and restructured, and more funding made available.

- From crisis management to change management: As a global community, we need to pool our resources and overcome destructive competition, create a transparent system with democratic ownership and accountability. Well anchored institutions under competent leadership are important in this respect.

- We may have economic growth, but need equity: Many economies are growing, but without equity. Without redistribution many remain poor and without access to services even if the economy grows. Increased urbanisation poses yet a new challenge to provide services to new city dwellers. To achieve or vision we need equity and access for all.

- Vision of getting to zero: UNAIDS’ new strategy states that we will work for 0 new infections, 0 AIDS related deaths, and 0 discrimination. It is a dream, but we need heartfelt and ambitious visions, otherwise we will not get anywhere. Key strategies will be to focus on Human Rights, minorities, and most at risk populations.
- Prevention of mother-to-child transmission of HIV is a priority. There are 400,000 children born HIV positive in Africa every year, and 1/3 die before their first birthday. This is preventable.

- HIV and AIDS services should be linked to general health services. HIV and AIDS cannot and should not be treated in isolation.

- Stigma and discrimination: Sometimes it seems that we have ‘universal obstacles’ instead of universal access! We need to talk about how to create societies for inclusion, as opposed to the universal obstacles of stigma and discrimination including homophobic laws and the trend of criminalising injecting drug users.

Panel 1: *Back to basics: primary health care and universal access to public and social services – can we deliver this time?*

The first panel discussions addressed the relevance of former strategies in health and AIDS for current global challenges faced in achieving universal, equitable access to adequate quality services and care. Panelists were asked to address what went wrong, what went right, and what new strategies are needed.

The panel was moderated by *Paul Fife*, Director of the Division of Global Health and AIDS at Norad, and the panelists were *Srinath Reddy*, President, Public Health Foundation, India; *John Arne Røttingen*, Director, Norwegian Knowledge Centre for the Health Services, Norway; *Sheila Tlou*, Director, UNAIDS Regional Support Team for East and Southern Africa, South Africa; and *Miriam Were*, Uzima Foundation and GHWA Board member, Kenya.

> ***"UNAIDS vision is for a world with Zero new infections, Zero discrimination, and Zero AIDS-related deaths. The strategy to achieve all these means reforming primary health care by revolutionising HIV prevention, catalysing the next phase of treatment, care and support ,and by advancing human rights and gender equality for the HIV and AIDS response."***
> *Sheila Tlou, UNAIDS Regional Support Team for Eastern and Southern Africa*

Key discussion outcomes:

Moving forward in a positive spiral for primary health care

- Primary Health Care (PHC) has rested on the 1978 Declaration of Alma Ata. Health policy debates have moved between project-type and system-based approaches, and between disease oriented versus people/community oriented-approaches. All approaches can be useful according to scope and context. While we are again focusing on PHC, we have learnt some good lessons from the past decades.
- We are moving from a physician, treatment, and facility-centred approach to a community based, inclusive approach. There is greater understanding that the health system is a social enterprise, and that health outcomes are shaped by social determinants such as inequity, gender inequality, and poverty.
- There is a greater understanding for looking at both the supply and the demand side of health care provision – and we need to keep the "care" in health care services. If services are unfriendly, people will not use them.
- Programmes for the poor often end up to be poor programmes. Universal health care is the new paradigm. We live in a global village.

Invest in learning systems

- We need to invest in health services research and in mechanisms for research utilisation. The goal is translation of learning into policy. Sustained and further developed systematic reviews are essential in this respect.
- Special attention should be dedicated to examining the tension between the global and national levels, e.g. through international initiatives like The Joint Action and Learning Initiative on National and Global Responsibilities for Health (JALI) [1].

Learning from the AIDS response

- The global health response is learning from the AIDS response. Lessons include focussing on human rights and gender equality, and the importance of participation of people infected and affected.

[1] http://www.section27.org.za/2010/11/23/jali/

> ***Programmes only for the poor are poor programmes, because the vulnerabilities are cross-sectioned."***
> *Srinath Reddy, President, Public Health Foundation, India*

- Technocrats have learned from activists that some of the assumptions used to plan health care may not be constant – for example, the technocrats early on modelled and said that HIV treatment would be too expensive for the developing world, while social movements managed to change key parameters through activism that led to substantial price reductions.
- There is a growing sense of universality and shared vulnerability in terms of HIV-transmission, especially in the South, and this acceptance should be reflected in health programmes and strategies.
- Traditional health care and community care have been perceived as "second rate", but the AIDS response has demonstrated that community care structures can be a key asset.
- Partnerships are key to an effective response – between donors and implementing countries, the global and the national level, those working on HIV and AIDS and the broader health care system, and between in-country actors to facilitate equity in access.

The national and the global: Who is accountable?

- There is a need to better understand where the global – national balance should be in terms of responsibilities, decision authority and normative power. When does the "global" kick in?
- We should consider establishing an independent commission on Global Governance for Health, modelled after some of the recent Lancet-commissions.
- Universal commitment is essential, and international leaders need to keep up the pressure on national autorities to implement their commitments, e.g. through the 5-year reporting system (UNGASS). There is however need for a "healthy communities movement", and assisting indigenous associations may be one approach to achieving this.
- There should be pressure on taking bold measures to address legal and structural barriers that increase vulnerability in the health system, and ensuring confidentiality and non —discrimination in health and public service settings.
- We need to continue investing in and supporting communities, including religious organisations in community mobilisation, reducing stigma and discrimination, creating demand for services as well as social protection at the community level.

Obstacles

Despite progress made, there are still obstacles to scaling up primary health care and delivery of services in many parts of the world. The most significant barriers are:

- Poor health infrastructure.
- Persistent funding shortages.
- Limited and poorly managed human resources.
- Weak procurement and supply management systems for drugs and diagnostics.
- Weak planning – health strategies without HIV will not succeed.

> ***There are some interventions from decades ago that have been very good and useful. In Kenya, the impact of the decentralised structures set up through rural health education centres supported by Norad in the 1980s are still felt today."***
> *Miriam Were, Uzima Foundation and GHWA Board member, Kenya*

Panel 2: *Health and AIDS diplomacy: status and future for bridging social movements, national ownership and global governance for health.*

The second panel discussions focused on the changing role of health and AIDS diplomacy. Political decisions are no longer just made between states. Social movements, multilateral institutions, and public-private partnerships play a key role in shaping global health governance. Panellists were asked how global diplomacy and policies on the one hand, and health professionals on the other, could better meet country-specific challenges in health and HIV/AIDS.

The panel was moderated by *Bjørn Skogmo*, Ambassador, Special Adviser, Department for UN, Peace and Humanitarian Affairs, Ministry of Foreign Affairs; and the panelists were *Ilona Kickbusch*, Director, Global Health Programme, Graduate Institute of International and Development Studies, Geneva; *Julian Lob-Levyt*, Managing Director Europe, Development Alternatives International; *Kevin Moody*, International Coordinator/CEO, Global Network of People Living with HIV (GNP+); and *Bernhard Schwartländer*, Director, Evidence, Strategy and Results, UNAIDS.

> ***HIV and AIDS changed global health diplomacy! It brought health into the arena of foreign policy and into the security discourse, and brought new actors into the diplomatic arena.***
>
> ***Health is too important to leave to the health experts.***
> *Ilona Kickbusch, Director, Global Health Programme*

Key discussion outcomes:

New world order in health

- The traditional world divide into developing and developed countries is no longer valid. New countries are entering the debate as partners and donors. Social movements and other actors both provide alternative arenas for health governance debate and participate and shape the agenda. Health is now on the agenda of the Security Council, the World Economic Forum, the G20, the G77
- A sense of shared vulnerability, not just to HIV, but also to other pandemics, indicates that health issues indeed are global, beyond the sovereign domain of any single country and even beyond the arenas of international negotiations unless inclusive.
- The failures of primary health care were not because the concept was wrong, but resulted from lack of political will and leadership.

> ***People do not make decisions on condom use in the doctor's office.***
> *Kevin Moody, International Coordinator/CEO, Global Network of People Living with HIV (GNP+)*

AIDS as a political revolution

- AIDS brought about a whole new paradigm in the notion and architecture of global governance for health, and health diplomacy has brought innovation in international co-operation.
- The AIDS pandemic has stimulated institutional and financing innovation, for example – the UNAIDS Joint Programme, the Global Fund to fight AIDS, Tuberculosis and Malaria (GFTAM), and UNITAID.

- HIV heralded a political revolution in health – it changed everything, including:
  - Taking health into the arena of foreign policy, and including health in the security discourse.
  - A sense of joint vulnerability to infection, driven by social movements spearheaded by gay- then women's rights, and a greater understanding of the informal health system.
  - Health became divisible, focus on individual diseases facilitated progress but also fragmentation.

> ***Young people are important as they can bring catalytic energy for social change.***
> *Bernhard Schwartländer, Director, Evidence, Strategy and Results, UNAIDS.*

Redefining partnerships

- Traditional 'donors' and implementing countries are still struggling to redefine partnerships. The current stress on accountability to donors has the potential to undermine national ownership on the part of implementing countries. Going forward, we need to invest in strengthening national management structures and processes.
- Policies and programmes need to be sensitive to the tension between the rights of the individual to be protected versus public health considerations.
- Civil Society Organisations (CSOs) are key in providing adequate strategies for popular education on prevention, stigma and discrimination.
- We need to facilitate a diversity of civil society organisations. There is a growing tendency to channel funding to bigger mechanisms such as Trust Funds, making funding less accessible to Civil Society Organisations (CSOs), in particular indigenous CSOs.
- Donors need to cater for advocacy efforts. Application processes are increasingly complicated and consuming. Bigger funding mechanisms drive CSOs into service delivery mode, leaving no time for the watch-dog function or advocacy.

Going forward: the next political revolution in health

- Learning from what we have achieved, we now need the next political revolution in health, one which promotes a global movement around social responsibility and notion of rights to Universal Access, linking millennium development goals and primary health care.
- The world view must broaden from the simplistic, dual (North-South) view to one which is multi-polar, and in which the "BRICs" (Brazil, Russia, India, and China) and others such as the G20 and G77 have significant influence and responsibility.
- We need to recognise that Universal Access is not possible without the involvement of civil society, and that national ownership and in-country resource mobilisation is the only way forward in a global context of limited resources.
- Expansion of access requires moving into community settings in partnership with Faith-Based Organisations, traditional healers, and People Living with HIV/AIDS. The right kind of capacity building is critical, and networks are crucial in building integrated services closer to people's homes.
- • To achieve universal coverage within countries, the lobby efforts of civil society is as important as service delivery capacity. Such lobby efforts need funding, which is increasingly difficult to access.

> ***There are no magic bullets. We need to focus on systems and horizontal learning, not least through South-South learning and development.***
> *Julian Lob-Levyt, Managing Director Europe, Development Alternatives International*

Panel 3: *Faith and religion: asset for action and cause for concern – what does it take to release the positive energy for equity and social justice?*

Faith and faith-based organisations play key roles in the lives of individuals as well as in the more institutional response to health challenges in general and AIDS in particular. The third panel examined the role of religion and faith-based organisations in promoting human dignity, equity and solidarity more broadly.

The panel was moderated by Sissel Hodne Steen, Minister Counsellor, Permanent Mission of Norway in Geneva; and the panellists were Trond Bakkevig, Convener of the Council of Religious Institutions of the Holy Land; Nyaradzayi Gumbonzvanda, General Secretary, Young Women's Christian Association; Mubashar Sheikh, Executive Secretary, Global Health Workforce Alliance; and Marijke Wijnrocks, AIDS Ambassador, The Netherlands.

Key discussion outcomes:

Faith based networks – powerful communicators

- Churches and other religious networks are the largest global networks. They have enormous reach, and are probably superior to all human networks in terms of potential for information spreading and social mobilisation.
- Religious networks can be mobilised for good or for bad. The outcome depends on the values that these networks have. Good leadership is therefore central to ensuring that sound values underpin their work and their messages.

> ***"I am pleased to see that the High Level meeting on HIV that will be held in June of this year will provide space for religion. And I also believe that religious leaders should be part of the prevention revolution that UNAIDS is promoting, along with political and community leaders. We also need people who understand both arenas and can act as a bridge between them.***
> *Marijke Wijnrocks, AIDS Ambassador*

Religion and health: opportunities and challenges

- The role of religion is becoming increasingly important in the context of health, both globally and locally.
- There are numerous experiences that show that some of the most effective agents for behaviour change at community level are religious leaders or faith based groups, hence the great emphasis of many HIV programmes on involving them in behaviour change communication and care activities.
- Religious leaders can be key to change deep-rooted cultural practices. Religion can also be a negative factor, for example when religious leaders condone the practice of Female Genital Mutilation (FGM), disallow vaccines or discourage the use of contraception.

The changing role and influence of FBOs in the era of HIV

- With HIV treatment, the extensive network of church hospitals and other faith-based service delivery institutions have become major recipients of funds.
- This changes the relationship between governments and FBOs. There is a need to redefine these relationships and the be clear about lines of accountability

Bridges and connections

- If we want to get the best of both the faith based and the public sectors we need processes to link the two worlds. To create a 'tipping point' in the fight against HIV, we need people who are knowledgeable, persuasive, and who are connectors.
- Faith based organisations need to be available to meet young people's needs, which centre around advice for young people living with HIV and credible information on issues such as vertical transmission and protection.

The way forward: dialogue

- Change will only come about through dialogue, where all parties respect each other. There is a need for a platform of theological and value based discussion among the faith based leaders, across faiths and religions.
- Rights of and respect for lesbian, homosexual, bisexual and transgender persons is currently one of the most difficult challenges to the whole religious world. This is an issue of importance to HIV-related work on many levels, and deserves persistent focus and wise strategies for dialogue in the years to come.
- We need boldness to have competent faith based institutions able and willing to advice women, men and young people on HIV and AIDS. Faith institutions should transform to promote women leadership and an equitable relationship between the genders and between generations.

Reflections and take-home messages

In the final panel the contributors had been asked to provide a few key messages that they had picked up during the day, bringing out the energy of the discussions and pointing to actionable ways forward.

The panellists were *Paul Fife*, Director, Global Health and AIDS Department, Norad; *Kjersti Koffeld*, Programme Adviser, Norwegian Students' and Academics' International Assistance Fund; *Carole Presern*, Managing Director Special Projects, GAVI Alliance Secretariat; *Alan Whiteside*, Director, Health Economics & HIV/AIDS Research Division, University of KwaZulu-Natal; *Sigrun Møgedal*, Ambassador.

Global leadership: creating a constituency for change

- It is time for a new debate, where shared vulnerability, shared values and shared responsibility set the scene for a new approach of working together for health. We are not likely to succeed with the current model.
- We now need to find tools, funds and common ground for bold, comprehensive analysis of success stories and failures in the field, and build a constituency and political demand for change.
- A new model needs to create broad partnerships and engage parliaments and opinion leaders, communities of faith at local, national and global level, as well as to put young leaders in the front seat of social movements for change.
- Combating stigma and discrimination, and promoting attitudinal change and prevention further spread of the virus should be on the top list of the agenda for all parties involved locally, nationally and globally.

The AIDS experience provides an example for learning

- AIDS is a symbol of universal vulnerability and obvious mutual interest, spurring joint approaches to complex health issues in modern times.
- AIDS has catalysed a global social movement, paving way for new ways of dealing with pandemics and health.

Youth – the key to change

- Young people are routinely disregarded when policies are drafted and budgets drawn, despite being the ones that are the hardest hit by HIV and AIDS, and with the greatest risk for contracting HIV.
- Need to open up political processes for active youth-participation, give young people a chance to give input, and give time to prepare. This is an effective way of bridging the gap to the social movements, preferably by using already existing networks, rather than creating new ones.
- Be bold in supporting youth-led initiatives, also with funding.
- Young leaders are a great asset when creating a constituency for change, as they are able to navigate in a new world of communication, competing messages and complexity and full of energy to face the future.

Religion – great achievements and great potential

- The normative potential of faith based organisations is invaluable, to be mobilised for the benefit or detriment of HIV/AIDS, depending on the values these networks have.
- Building strong alliances and open dialogue with religious leaders at all levels is therefore central to ensuring that good values underpin their work and their messages.

Resources – a question of time and money

- Resources are limited, not just in terms of financial resources, but also when it comes to human resources and time, and must therefore be used as efficiently as possible.
- Increasingly high accountability- and reporting standards are being demanded from countries receiving international development assistance is taking a heavy toll on the human resources and time spent in developing countries, and represents a trend we need to address and be aware of, striking a better balance between accountability to donors and country ownership.
- Available financial resources do not meet current demand. The international community has increased funding for health and AIDS, but can do more and spend its investments in a more efficient manner. The current drive towards increased domestic fundraising in implementing countries is positive and should be encouraged to increase.

Sigrun's Words of Wisdom

The symposium came out with a powerful and consistent message from many voices and different perspectives:

Global health and the aids response is about justice and equity. It takes more than technology and professions, finance and systems. It depends on people, on values and norms where decisions are made, and more attention to conversation and consultation among decision-makers, providers, interest groups and communities of people – at all levels.

The global health arena is crowded, with structures and processes that are not offering the opportunities to discover and respond to interconnectedness and interdependence in our new "global village". This fragmentation also affects local decision making and actions for health. Increasingly there are questions about top-down processes from the global to the local. There is a new realization of the need to find consultative platforms for national and local choices for health and aids, debating what is right and contributing to choices and priorities, informed by what works.

The seminar highlighted the richness in diversity and at the same time the energy and interest in bringing the pieces of insights, experience and opportunity together across divides, whether professional, structural or value based.

Building from the local to the national and the global, making the global responsive to the local, and in ways that make the values, energies and insights of people the foundation for shared values and shared responsibility in the global village, has the potential for overcoming the current fragmentation and the false assumption that global health and aids is only about fixing donor funding and technology.

There were strong messages about the need for leadership in making this happen. Not just ministerial leadership or technical leadership, but leadership that is about values, consultation and accountability. Leadership that creates space for dialogue and for new insights and ideas.

"No shortcuts to progress" was an old sentence that came to mind as the panels reflected over where we come from and what may be the way forward. There is a lot to learn and build on, both in primary health care, the achievements and limitations of the aids response, and from faith based services. Knowledge that has been won the hard way, step by step. Taking this body of knowledge and bringing it together with new ideas, has better value and chance to succeed than to start fresh on recycling old ideas in new forms and packages. Innovation does not mean rejection of the past – in that sense there is no shortcut to progress. But innovation must mean openness to change and new opportunities. It is when it comes to inclusion, participation and ownership of choice – accountability, demand and trust that it will not work with shortcuts.

It was amazing to note how the message from the seminar is globally relevant, not only applicable to the “developing world” dependent on donor funding and external support. The way the discussion underlined the need to find a new paradigm for collaboration across borders reflects this.

The seminar raised questions about the traditional system of development assistance and whether it needs to be replaced. This is a signal that time is approaching for a new debate, where shared vulnerability, shared values and shared responsibility sets the scene for a new approach of working together for health. We are not likely to succeed with the current model.

Change is always painful and difficult and meets systemic and structural resistance. There is a need to build a constituency for change and a political demand for change. It will need to engage parliaments and opinion leaders. It will have to include the communities of faith at local, national and global level. And may be more than anything, it will need to engage young leaders, able to navigate in a new world of communication, competing messages and complexity and full of energy to face the future.

This is why we shall continue to bother – and where struggling for health achievements in the deepest sense has to do with dignity, social justice and equity.

Why bother? Global Health and AIDS: Fighting for justice and equity

A dialogue on cutting-edge issues and the way forward

Date: 13 January 2011

Venue: Gamle Logen, Grev Wedels Plass 2, Oslo

Programme

08.30 Coffee and registration (all to be seated by 08.50)

08.50 Opening session

Welcome: Villa Kulild, Director General, Norad

Key note speakers:

Minister of Environment and International Development, Erik Solheim: "Why bother? Challenges and development in global health"

UNAIDS Executive Director Michel Sidibè: "Working together for improved health and AIDS outcomes – challenges for the future"

09.30 Panel 1: Back to basics: primary health care and universal access to public and social services – can we deliver this time?

Moderator: Paul Fife, Norad

Panellists:

Srinath Reddy, President, Public Health Foundation, India

John Arne Røttingen, Director, Norwegian Knowledge Centre for the Health Services

Sheila Tlou, Director, UNAIDS Regional Support Team for East and Southern Africa, Johannesburg

Miriam Were, Uzima Foundation and GHWA Board member, Kenya

10.45 Coffee/tea break

11.15 Panel 2: Health and AIDS diplomacy: status and future for bridging social movements, national ownership and global governance for health.

Moderator: Bjørn Skogmo, MfA

Panellists:

Ilona Kickbusch, Director, Global Health Programme, Graduate Institute of International and Development Studies, Geneva

Julian Lob-Levyt, Managing Director Europe, Development Alternatives International

Kevin Moody, International Coordinator/CEO, Global Network of People Living with HIV (GNP+)

Bernhard Schwartlander, Director, Evidence, Strategy and Results, UNAIDS

12.30 Lunch

13.30 Queendom

14.00 Panel 3: Faith and religion: asset for action and cause for concern – what does it take to release the positive energy for equity and social justice?

Moderator: Sissel Hodne Steen, MfA

Panellists:

Trond Bakkevig, Convener of the Council of Religious Institutions of the Holy Land

Nyaradzayi Gumbonzvanda, General Secretary, YWCA

Mubashar Sheikh, Executive Secretary, GHWA

Marijke Wijnrocks, AIDS Ambassador, The Netherlands

15:15 Reflections and take-home messages: Paul Fife, Director, Global Health and AIDS Department, Norad; Kjersti Koffeld, Programme Adviser, Norwegian Students' and Academics' International Assistance Fund; Carole Presern, Managing Director Special Projects, GAVI Alliance Secretariat; Alan Whiteside, Director, Health Economics & HIV/AIDS Research Division, University of KwaZulu-Natal; Sigrun Møgedal, Ambassador.

16.00 Cocktail reception for Sigrun Møgedal

18:00 End

Annex 2: Speakers and resource persons

Trond Bakkevig, Rev. Dr. & Canon, Dean of Vestre Aker, Oslo and Convener of the Council of Religious Institutions of the Holy Land: http://www.crihl.org/

Paul Fife, Director, Division of Global Health and AIDS, Norad: http://www.norad.no

Nyaradzayi Gumbonzvanda, General Secretary, YWCA: http://www.ywca.org/

Ilona Kickbusch, Director, Global Health Programme, Graduate Institute of International and Development Studies, Geneva: http://graduateinstitute.ch/globalhealth

Villa Kulild, Director General, Norad: http://www.norad.no

Kjersti Koffeld, Programme Adviser, Norwegian Students' and Academics' International Assistance Fund: http://saih.no/

Julian Lob-Levyt, Managing Director Europe, Development Alternatives International: http://www.dai.com/

Kevin Moody, International Coordinator/CEO, Global Network of People Living with HIV (GNP+)

Sigrun Møgedal, Ambassador: http://www.gnpplus.net/

Carole Presern, Managing Director Special Projects, GAVI Alliance Secretariat: http://www.gavialliance.org

Srinath Reddy, President, Public Health Foundation, India: http://www.phfi.org/

John Arne Røttingen, Director, Norwegian Knowledge Centre for the Health Services: http://www.kunnskapssenteret.no/

Bernhard Schwartlander, Director, Evidence, Strategy and Results, UNAIDS: http://www.unaids.org

Mubashar Sheikh, Executive Secretary, Global Health Workforce Alliance: http://www.who.int/workforcealliance/en/

Michel Sidibè, UNAIDS Executive Director: http://www.unaids.org

Bjørn Skogmo, Ambassador, Special Adviser, Department for UN, Peace and Humanitarian Affairs, Ministry of Foreign Affairs: http://www.regjeringen.no/nb/dep/ud

Erik Solheim, Minister of Environment and International Development, Ministry of Foreign Affairs: http://www.regjeringen.no/nb/dep/ud

Sissel Hodne Steen, Minister Counsellor, Permanent Mission of Norway in Geneva: http://www.norway-geneva.org/

Sheila Tlou, Director, UNAIDS Regional Support Team for East and Southern Africa, Johannesburg: http://www.unaidsrstesa.org/

Miriam Were, Uzima Foundation and GHWA Board member, Kenya: http://uzimafoundation.org/

Alan Whiteside, Director, Health Economics & HIV/AIDS Research Division, University of KwaZulu-Natal: http://www.heard.org.za/

Marijke Wijnrocks, AIDS Ambassador, The Netherlands: http://www.minbuza.nl/en/home

Photo: Lars Grønseth, Norad.

Villa Kulild, Michel Sidibè, and Sigrun Møgedal at the seminar in Oslo 13 January 2011.

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