



# Greater Involvement of People living with HIV and AIDS (GIPA)

The United Nation's new Sustainable Development Goals have set the ambitious target of ending AIDS by 2030. To achieve this, UNAIDS has created the 90-90-90 treatment strategy which states “the only way to achieve this is through approaches grounded in principles of human rights, mutual respect and inclusion.” The greater involvement of people living with HIV and AIDS (GIPA) principle needs to be re-examined as a critical component of this strategy.

GIPA is a principle that aims to realise the rights of people living with HIV and AIDS by promoting their **active and meaningful participation** in the design, development, implementation, monitoring and evaluation of all policies and programmes that affect them.

## SOCIAL MOVEMENTS

The idea started and grew from the social movements and ‘AIDS activism’ of the 1980s. Led by communities most affected – people living with HIV in Denver in 1983 and later, organisations like the Treatment Action Campaign – these movements gave voice to the concept of “**nothing about us without us**”.

The GIPA Principle was formalised at the 1994 Paris AIDS Summit when 42 countries agreed to “support a greater involvement of people living with HIV at all levels.” A commitment to the GIPA principle now forms part of international declarations on human

rights and is highlighted in many international declarations and guidelines, including as a guiding principle in our own National Strategic Plan.

## PARTICIPATORY

GIPA is a commitment to work in a participatory way with people living with HIV in all aspects of the HIV response. It is a **rights-based approach** which is now widely recognised as good practice in programming and policy. Crucially, the GIPA principle also encompasses a commitment to:

*“Strengthen the capacity and coordination of networks of people living with HIV/AIDS and community-based organisations.”*

– The Paris Declaration (1994)

Because the burden and stigma of HIV tends to disproportionately affect **women, young people and marginalised populations** – they are a central component of the GIPA principle.

## BENEFITS

Over time, the use of GIPA has demonstrated many benefits:

- It enhances the **effectiveness** of programmes and policies by making them more inclusive and responsive.
- It creates **stronger community systems** and a better local response to HIV.
- It promotes the **self-determination** and **personal development** of people living with HIV.
- It demolishes myths and misconceptions about HIV and AIDS, helping to **reduce stigma**.

*“GIPA does not require disclosing one’s HIV status to the public. GIPA is about ‘meaningful involvement’, not tokenistic participation.”*

– UNAIDS Policy Brief on GIPA (2007)

## IMPLEMENTING GIPA

In South Africa, HIV and AIDS is an issue that cuts across health and socio-economic development, affecting all parts of our society. We must therefore also include communities and groups affected by HIV, as well as people living with HIV and AIDS, in our approach to implementing GIPA.

There are a number of practical ways to involve people and affected communities in the AIDS response. These include:

- Policy-making, such as the involvement of civil society sectors in the development of the NSP.
- Programme development & implementation.
- Treatment roll-out – employing peer educators and adherence support clubs, for example.
- Public campaigns where people can tell their stories.
- Encouraging and supporting people to live positively and take control of their own treatment and care.
- Advocacy and social mobilisation on law reform, research and trials, resource mobilisation for networks of people living with HIV and for the broader response.
- Leadership and support, networking and sharing – things like HIV support groups, networks and platforms that encourage

people to share their experiences and promote dialogue.

Organisations, community groups and networks of people living with HIV are central to the achievement of GIPA but they face many challenges including weak management, low skill levels, lack of funding, difficulties in representing the diversity of people living with HIV and poor monitoring, evaluation and documenting processes and tools.

## NACOSA’s APPROACH

NACOSA played a central role in the development of the first National Plan for HIV in 1991 and has since convened a number of Masibambisane (‘we come together’) summits for affected people and communities.

Our network of member organisations are central to our operations and provide a mandate for participation in national and local planning and development. With a rights-based approach since the outset, NACOSA draws together organisations, community groups and local service providers so that people living with HIV and their families, employers, carers and communities are involved in the development of plans and policies that affect them. We place a special focus on the inclusion of women, young people and marginalised groups.

NACOSA works to develop strong community systems, support networks and build the capacity of organisations and community groups to overcome some of the barriers to the greater involvement of people living with HIV.

## REFERENCES

1. UNAIDS (2007), [Policy Brief: The Greater Involvement of People Living with HIV \(GIPA\)](#)
2. International HIV/AIDS Alliance (2010), [Good Practice Guide: Greater Involvement of People Living with HIV \(GIPA\)](#)
3. Paris AIDS Summit (1994), [The Paris Declaration](#)

---

## NACOSA

3rd Floor, East Tower | Century Boulevard | Century City  
PO Box 33 | Century City | 7446 | Cape Town  
t. 021 552 0804 | f. 021 552 7742 | e. [info@nacosa.org.za](mailto:info@nacosa.org.za)  
Health & Welfare SETA Accredited | Level 2 B-BBEE Entity (125% recognition) | VAT registered: 484 024 0990  
NPO 017-145 | PBO 18/11/13/1602

[Nacosa.org.za](http://Nacosa.org.za)