

Quality Action

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Quality Action
Improving HIV Prevention in Europe

Tool: Shift

PROGRAM: prevention interventions aimed at MSM community organizations implemented by member of the Comitè 1r de desembre (C1D)

Introduction

Some of the 24 NGO that currently integrate the C1D have prevention programs or are especially geared to prevention in the MSM population. In 2013 C1D, as a platform of NGO, began working together in the analysis of these programs and strategies through a study based, in its initial phase, on focus groups among technical and directives persons of the NGO about reconfigurations in the field of HIV from the emergence of new prevention technologies aimed at MSM.

The tool is presented as an opportunity to continue this work. With the selected tool we were looking to create spaces and discourses to deepen the concepts related to HIV, MSM, the model of care or new prevention technologies and, consequently, generate common action strategies.

Objectives:

- To create a meeting and reflection point between the six organizations selected to make use of the tool.
- To delve into concepts related to HIV, MSM population, assistance model, new technology in prevention and same portfolio as the C1D
- To make possible a unitary position in front of prevention strategies and health promotions prevailing in Catalonia.
- To create proposals to improve the assistance model in Catalonian territory.
- To provide tools to the committee's entities in order to improve their actions and prevention program, assistance and MSM's health promotion.

Results

- Delved into the considered subjects.
- Created a working force about MSM on C1D formed by representatives of the 7 organization members (Assexora'TGN, Associació Antisida de Lleida, Creació Positiva, Gais Positius, gTt, SIDA STUDI and Stop Sida), which meets regularly to generate consensus and bring together proposals to improve prevention and assistance.
- Worked on a document (in progress) of unitary position in front of different subjects related to prevention and MSM population, which will be presented in the first trimester of 2015 and will be validated by all C1D entities and spread to general population and politics.



Conclusions

First of all, we think is essential to consider HIV prevention within sex health promotion. This focus implies guarantee the person global wellbeing, his/her autonomy and capacity in decisions making in his/her cure, real and universal access to resources and defense of sexual rights.

There are epidemiologic data showing HIV incidence among MSM. In spite of this, is necessary to supplement this data with analysis elements that allow us to know objectively social, structural and economic determinants that condition this incidence. An effective and quality response must address these factors.

There are specific resources directed to reduce HIV incidence among MSM. In spite of this, these resources are clearly insufficient and its distribution doesn't fit objective criteria based on results. Besides, they produce a model of annual funding unsustainable that prevents the design of high-quality programs.

There are policies to answer HIV incidence among MSM. In spite of this, these policies start mostly from a biomedical model and don't indulge the necessity of an integral answer nor intrinsic diversity of MSM concept. These policies need to acknowledge the importance to address homophobia and the stigma associated with the response to HIV. Highlight also the state laws such as RD16/2012 and its implementation in Catalonia through "instruction" still has discriminatory practice that don't allow sex health assistance because it makes difficult the universal access to health assistance.

There is an evaluation of the programs addressed to reduce HIV incidence among MSM. In spite of this, it's an evaluation that prioritizes quantitative data and limits improvement introduction directly linked to quality and impact of the interventions.

In order to answer co-ordinately and with a community perspective these organizations have built a task force inside C1D that will allow improving inside program coordination related to MSM in Catalonia and share strategies and methodologies. On the other hand, this task force will have a clear purpose to achieve the necessary policy incidence in order to solve the actual limitations detected in HIV epidemiology in MSM.

"At national level in Spain, we have had four experiences in tool implementation: the NGOs Committee 1st December - C1D, State Coordinator for HIV and AIDS - CESIDA, State Federation of lesbian, gay, bisexual and transgender - FLGTB, and National AIDS Plan from the Ministry of Health"



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