
World Social Work Day 2015 at UNAIDS

**Ending AIDS,
Promoting Dignity and Respect for All**

**UNAIDS, Kofi Annan Conference Room, Geneva, Switzerland
17th March 2015**

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Introduction

World Social Work Day is celebrated annually by the International Association of Schools of Social Work (IASSW) (www.iassw-aiets.org) and the International Federation of Social Workers (IFSW) (www.ifsw.org) on the third Tuesday of March. This year the event was hosted by UNAIDS in Geneva Switzerland. The International Council on Social Welfare (ICSW) also participated in the event. World Social Work Day 2015 at the UNAIDS was about the role of social work in working with people to prevent and mitigate the impact of HIV and how the social work profession can contribute to ending AIDS by 2030. Special attention was given to:

- The role of social work principles and values in promoting human dignity and rights, social justice and social development and effective delivery of health and social services including HIV services,
- The importance of social security as indispensable for everyone's dignity including those living with and most affected by HIV,
- The importance of social protection systems guaranteeing basic income and access to education and health care (ILO Rec. 202 on Social Protection Floors) including HIV services as foundations for inclusive, equitable and sustainable development.

Global Definition of Social Work "Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing." Adopted in 2014 by IASSW and IFSW

With the Global Agenda for Social Work and Social Development (2012) the three organisations (IASSW, IFSW and ICSW) recommitted themselves to action to promote social and economic equality, dignity and worth of peoples, to work toward environmental sustainability and strengthen the recognition of the importance of human relationships.

This year the celebration was held with the Joint United Nations Programme on HIV/AIDS (UNAIDS). UNAIDS leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners to maximize results for the AIDS response.

The World Bank, ILO, UNDP and WFP participated and shared their work on HIV, social protection and working with social workers. People living with and most affected by HIV, government actors and, civil society representatives also participated in the meeting. The participants affirmed the importance of social work organisations and professionals to join UNAIDS in joint actions for ending the AIDS epidemic by restoring and promoting dignity,

guaranteeing access to social protection, scaling up access to HIV prevention, treatment, care and support for all and accelerating actions for developing an HIV vaccine and a cure.

Summary of Events:

The full text of speeches, presentations and brief biographies of speakers are included in a separate folder.

Opening statements

Mariângela Simão, Director, Rights, Gender Diversity, Prevention and Community Mobilization Department at UNAIDS in Geneva, Switzerland opened the meeting on behalf of the UNAIDS Executive Director Michel Sidibe. Mariangela thanked the social work schools, professionals and organizations for joining UNAIDS and partners in the vision of ending AIDS through the mission of Zero new HIV infections, Zero AIDS related deaths and Zero AIDS related stigma and discrimination. She urged social work schools and professionals to join UNAIDS in:

- In scaling up proven social and structural interventions to prevent the alarmingly new number of HIV infections among young women and focus our interventions on locations and populations that are left behind.
- Increasing the quantity and quality of social workers and deploy them to areas of greatest needs – populations and locations.
- Intensifying focus on social justice, inclusion of populations that are most marginalized and restoring dignity to people that are left behind.

Mariangela indicated that HIV has taught us, and Ebola is emphasizing that poverty, inequality and marginalisation are at the centre of vulnerability. She asked, how can we accept living in a society where social-status and geographic location decides who lives and who dies, gets HIV infected or not, accesses HIV treatment or not?. We must bring down the social-economic and physical barriers that impede access to services for people. Mariangela affirmed that UNAIDS is convinced that, with HIV prevention, treatment care and support tools at hand, the partnerships and collaborations with different actors including the social work schools and professionals, the world has the ability to get to Zero and leave Zero people behind in our life time.

Rommy Mathys, of Postivrat, Positive Council, Switzerland spoke next. She reflected on her experience as a person living with HIV. Rommy spoke about how she found out about her HIV positive status, what her reactions were and how she has been coping with the knowledge of her HIV status. She highlighted the importance of disclosure as a liberating process that must be carefully thought about before the person living with HIV discloses his or her HIV status.

She said, “After my HIV diagnosis, I experienced for many years what I describe as the “disclosure – dilemma”: I wanted people to accept me with HIV – yet I never gave them any chance to do so because I was too afraid to tell them about my HIV-infection. But how could they ever accept me with HIV if I never gave them chance to do so? Having struggled with this dilemma, I understand disclosure to be a two-sided process: On one side, it takes me as a person living with HIV to talk about my HIV-infection - on the other side, it takes my community to accept me with HIV.”

To achieve Zero discrimination, Rommy said, explained that we need to support more proactively the complex process of disclosure on both sides, to accompany those living in fear and evaluate what kind of support they need to overcome their fears. And we need to empower

and enable those who are disclosing to do solidarity work within their communities, with media, with schools, with community leaders and with their peers: those millions who still hide their HIV-status in fear.

She highlighted a critical need to bring down barriers for accessing health services, social services, social protection, and access to HIV prevention services. She advocated for the need to pay those living with HIV for the volunteer work they do and not to expect people living with HIV to continue engaging in the AIDS response for the next 20 years without pay.

Ruth Stark, President of the International Federation of Social Workers (IFSW) indicated that social workers work with people through the emotional and psychological journeys and trauma of HIV and AIDS whether as the person who is affected or a partner/friend/child of that person. She said this is a very personal and horrific experience and impacts on the outcomes and later life experience of survivors. To ignore investment in this part of the complex matrix of HIV and AIDS will result in the 'sticking plaster' approach rather than long term sustained recovery. She asked participants to ponder on the following questions:

- What is the impact of HIV on each person living with and most affected by HIV? How open are they willing to talk about how they contracted HIV? What do their families, friends and neighbours attribute as the cause of their health problem? Are people fearful or open about their condition? What needs to be in place to help them?
- What is the impact of HIV on other family members – partners, parents and children? How do they understand what is happening to their loved ones? How are they dealing with sickness in the family? Has this led to poverty or exclusion from their communities? Who will care for the children if left parentless?
- Are we losing generations and how will this affect the functioning of societies? Think of the impact of lost generations in our history, how could we co-construct that work plan to build social capital in these areas?
- What is happening in the communities or in government and with what impacts? What supports are around to help people locally influence situations or are people isolated?

Ruth concluded that once a pandemic has taken hold the rebuilding of that society requires long term investment because of, for example a lost generation. In previous pandemics, for example when smallpox devastated First Nation communities in North America, their societal infrastructure was weakened and made them vulnerable to exploitation.

Framing the meeting:

After the opening session two presentations were given to frame the day's deliberations – the first David Chipanta, Senior Advisor Social Protection with UNAIDS, Geneva on the overview of the HIV epidemic and the second presentation by Walter Lorenz Professor of Social Work at the Free University of Bozen, Bolzano, Italy on *Promoting dignity as social solidarity – social work's contribution to helath promotion*.

David Chipanta indicated that as part of the push for ending the AIDS epidemic by 2030 a Fast-Track strategy has been developed. This strategy focuses on the next five years as critical to achieving the end of AIDS. He continued that there are three sets of targets for ending AIDS by 2030 with milestones to be achieved by 2030. These targets are in HIV prevention, HIV treatment and reduction in AIDS related discrimination as indicated below:

by 2020	by 2030
90-90-90 Treatment	95-95-95 Treatment
500 000 New infections among adults	200 000 New infections among adults
ZERO Discrimination	ZERO Discrimination

The 90-90-90 targets refers to ensuring that 90% of people living with HIV know their HIV status, 90% of people living with HIV who know their status can access HIV treatment and 90% of those on HIV treatment can achieve undetectable levels of HIV in their bodies know as viral suppression. This means that their immune system remains strong and they are no longer infectious.

He continued that in the Fast Track Strategy efforts are concentrated in 30 countries that make up 89% of new HIV infections with a central focus on addressing HIV in key locations, cities and key populations.¹ David gave selected examples of where the social work profession and programs impact on HIV outcomes. He cited the examples where cash transfers have reduced new HIV risk behaviours and in one study reduced HIV infections by 64% in East and Southern Africa; India where modifying existing social protection program has enabled that country to reach 600,000 people living with and most affected with HIV with US\$15 million worth of social protection services which are non HIV resource and Uruguay where an existing social protection program has been reaching transgender people who were excluded marginalised, most affected by HIV and unreached by social economic services.

He concluded by indicating that the role of social work and social protection is essential in working on the Decision Points from the UNAIDS 35th Program Co-ordinating Board (PCB) OF December 2015 that urged UNAIDS to accelerate actions on addressing poverty, inequality and HIV through social protection.

Walter Lorenz, gave a key note presentation entitled *Promoting dignity as social solidarity – social work’s contribution to health promotion*. He stated that The HIV/AIDS epidemic cannot be understood – and cannot be combatted – without reference to the social context in which it is embedded, for while the medical and pharmacological treatment of the illness is making progress, its nature as an epidemic with its secondary effects of poverty, family disruption and political instability is far from being contained worldwide. What is more, the illness is a social phenomenon with a complex intersection of causation, in which material conditions, economic pressures and cultural habits equally play their role as the virus. Its

¹ UNAIDS defines key populations or key populations at higher risk, as groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.

unequal appearance highlights and deepens many of the most profound cleavages in society, divisions which feed on pervasive prejudices, fears and power interests. HIV infection manifests itself differently across different ethnic groups, across different income groups and across the gender divide.

He continued that the HIV epidemic is characterised by local specificity of settings such as:

- Economic (under-)development and poverty, not just geographical areas of entrenched poverty but can be fanned by surges in modernisation and development, for instance by large-scale building projects like hydro-electric dams with a dislocation of population, requirements for a mobile labour force, intense transport routes.
- Changing economic income patterns imply also new markets for sex workers and the multiplication and dissemination of casual sexual relationships.
- Deepening gender inequalities

He concluded that dignity is not a romantic, idealistic and abstract ethical principle but a concrete form of practice which takes people to the point of their unconditional acceptance as human beings. Social workers experience daily that change and improvement in people does not come about as a result of imposing conditions that force them to change, but giving them the space to be as they are, without blame, categorisation, threat or false benevolence, and is the starting point of sustained and sustaining change processes. As a result, people will not become ideal specimens, will not solve all their problems, will not meet all expectations, but they assert themselves as and find recognition as human beings and as such as members of human communities. Dignity and social solidarity reinforce each other.

Zero AIDS related stigma and discrimination: Promoting dignity and worth of people

The midmorning session was a panel session titled: *Zero AIDS related stigma and discrimination: Promoting dignity and worth of people* was moderated by Mariângela Simão and focused on exploring how social security is indispensable for ending the AIDS epidemic and for restoring everyone’s dignity including those living with and most affected by HIV. Table 1 summarizes the main points covered by the panellists.

Table 1: summary of panel discussions

Panellists	Main points covered
Walter Lorenz	<ul style="list-style-type: none"> • There is a widespread attitude that if people do not succeed they are labelled as undeserving. • Social rights are being undermined by a lack of economic opportunities. • It is not enough for people to know about their rights. People have to make those rights a lived experience in their microstructures. • Dealing with the epidemic must not be an isolated field of specialisation but the experiences need to feed into ‘mainstream’ social and medical services in order to demonstrate the value of an integrated approach to medico-social problems

<p>Patrick Eba (Senior Advisor Human Rights and Law Division, UNAIDS)</p>	<ul style="list-style-type: none"> • Social work is human rights work. To address issues – we require a realisation of differences in local realities – not just about making pills available but also making access to other social services. • We need to be talking about social worker to patient ratios, not only doctor or nurse to patient ratios. Effective intervention requires skilled training – how can we work hand in hand with social workers to struggle for zero discrimination? • Ebola taught us the importance of the social context for effective disease prevention and treatment and the need to mobilise, strengthen, and work with affected communities.
<p>Noel Muridzo</p>	<ul style="list-style-type: none"> • A child is born with HIV in Africa every 15 minutes • In Zimbabwe the prevalence rate fell from 21.1% in 2005 to 14.3% in 2009. However HIV continues - 1270 people get infected every year with more than 1million children orphaned - in a country that has reduced social expenditure). • HIV treatment in Zimbabwe is available and free, but the infrastructure is not available – roads are not passable and access to effective ART is difficult for the majority of Zimbabweans living with HIV. • Distribution of ARVs becomes discriminatory. Communities are affected and discriminated at different levels. • The ratio of social workers to children in 2010 was 1:150,000 – services are spread very thinly. How do we strengthen social work services in this context?
<p>Romy Mathys</p>	<ul style="list-style-type: none"> • Was diagnosed with HIV in 1986 and experienced fear of discrimination and stigma and ended up isolated and depressed. • Decided to live openly with HIV in 1996 and started to go to schools and to give HIV a face in Swiss media. • <i>Participation</i> - The slogan 'Nothing about us without us' points to the fact that participation is part of the solution. 'We are not the problem – we are part of the solution.' • <i>Value</i> – 'Activists put down the rails to enable the HIV train to run.' We are tired – tired of being used, tired of volunteering and tired of asking for money for the work we do. • Social equality, social justice and promoting dignity mean that activists' time is worth as much as social work or academics' time. • Set up structures to pay solidarity work, or you will lose our experience and capacity.

Interventions from the audience – Questions and answers

Vimla Nadkarni, President of the International Association of Schools of Social Work (IASSW) shared her experience from India on the collective mobilisation of social workers and people living with HIV towards supportive disclosure of HIV status. She continued that a multi-pronged approach is required given that access to HIV treatment is uneven. She stated that social workers and activists really need to work with politicians on increasing access to ARVs.

Klaus Kühne a retired lecturer at School of Social Work / University of Applied Sciences, BFH Bern, Switzerland and International Federation of Social Workers IFSW Main Representative of IFSW at UN Geneva explained that Social Work developed after World War 2 with support from the UN. He asked if UNAIDS was supporting the training and education of social workers.

LeeNah Hsu from the International Labour Organisation (ILO) works with governments, employers and workers. Social workers should be viewed as other workers are. In responding to Romy Mathy's point on valuing and paying volunteers who include people living with HIV, LeeNah indicated that she included all workers and work should be valued and paid. She urged the social workers to collectively bargain and have their work appropriately valued and paid where it is not paid.

Fatiha Terki of the World Food Programme when asked to describe what the UNAIDS family is doing to support social work and empower communities, responded with the following points:

- WFP works through many NGOs at country level for the provision of food and nutrition support to PLHIV, in addition to supporting capacity building efforts for and with civil society.
- The broader barriers to accessing and adherence to treatment, such as food insecurity, require more attention. WFP has made this a priority in its response to HIV.
- In the current funding landscape, donors are prioritizing treatment. While treatment is critical, social protection interventions that dismantle structural barriers to treatment access and adherence are equally, if not more, important and key to achieving the impact of treatment.
- To increase investment in social protection, greater advocacy will be required

Cecilia Huele from PowerUs said the relationships in professional social work practice are framed by the roles and categories that are created in our organizational environments. The roles are often characterized by binary opposites or dichotomies, such as social worker and client. In this relationship the professional is often seen as having the expertise and the client having the problems. However, this framing often dehumanizes the relationships, which tends to leave the client disempowered. People have to meet outside the characters or roles we have created, without prejudices that are based on institutional categories. We can create platforms for these meetings, one example being the courses where social work students and students from service user organizations study together.

Heide Jimenez, of Groupe Sida, Geneva, affirmed that a personal approach is important in facilitating disclosure of HIV status. She said in the west we are fortunate to have Human rights respected. In some African contexts, disclosure is not possible because of social repudiation or repressive laws against homosexuality, for example. Should a child disclose her HIV status to people and at what age? She asked. We need to be aware of the need for

long-term impact mitigation work. It is disconcerting that Investment Framework, care and support of orphans and vulnerable children has not been included and has dropped off the AIDS agenda.

Doris Sands advocated for intensifying the fight against racism and political stigmatization. She asked if current curricula of schools of applied sciences teach human rights approaches to social work students. She said working with a Human rights approach has consequences on the institutional status quo. One has to challenge the system she is part of.

Salome Namicheishvili's contribution focused on the situation of Georgia, Eastern Europe and other post Soviet Union countries where AIDS related stigma is rife among health and social workers. She said in Georgia there is only one social worker who works with people with HIV as medical professionals discriminate against people with HIV. Increasing the capacity and pool of social workers and deploying them to areas of the most need is necessary.

Mariângela Simão concluded the session. She said doctors and different professions face the dual challenge of being technically substantive, but also working at a political level to influence and achieve the desired change. She continued that policies, politics and programs are inseparable. People are never impartial – they are always taking sides. By saying you are not political, you are taking sides. She said that we need to take a political stand because the moral standpoints mean we need to make our voices heard as we approach 2015 and the end of the Millennium Development Agenda.

Round table discussion: Social protection: Promoting dignity, ending poverty, inequality and AIDS

The afternoon session begun with a round table discussion entitled: *Social protection: promoting dignity, ending poverty, inequality and AIDS* and was moderated by Michael Cichon. The session focused on exploring how social protection systems that guarantee basic income and access to essential education and health care including access to HIV services are the foundation for equitable, inclusive and sustainable human development. Table 2 summarizes the main points covered by the panellists.

Table 2: Summary of round table discussions

Panellists	Main points covered
David Wilson, World Bank	<p>Social protection programmes have been successful in attaining positive health, education and other social welfare outcomes in many countries. Now there is also strong evidence that such programs can reduce HIV infections:</p> <ul style="list-style-type: none"> ▪ In Kenya Cash transfers of US\$25 per month reduced sexual debut among 15-25 year olds (boys and girls) by 31% over 4 years. In Malawi Cash transfers of about US\$12 month to households in addition to payment of school fees reduced teenage pregnancies, early marriage and HIV prevalence by 29%, 48% and 64% odds ratios respectively among 13 – 22 year olds. In Tanzania: Low and high cash grants of US\$10 and US\$20 were given to two treatment groups conditional on staying STI

	<p>and HIV negative every 4 months. After 4-month, 58% of participants report changing their behaviour: 8% said that they had abstained, 44% had fewer sexual partners, 12% having less risky sexual partners, and 30.6% said they had increased their condom use. In Lesotho: After 2 years of intervention, HIV incidence was 25% lower among study participants who participated in a lottery with effects more pronounced among women at 33%.</p> <p>We need holistic social protection systems that protect people across the lifespan. There is also a strong gender dimension – older women live longer and have weaker protection.</p> <p>People living with HIV are growing older reflecting our achievements on HIV treatment and requiring need to increase access to broader social protection for such people.</p> <p>Social protection is not a panacea for everything but good social protection systems for the most vulnerable are a good base from which to start.</p>
Fred M Ssewamala, Columbia University	<p>AIDS is a leading cause of death for adolescents in Africa and the second leading cause of death among adolescents globally. In South Africa in 2013, more than 860 girls became infected with HIV every week, compared to 170 boys. One way of addressing the high HIV burden among young people is through addressing the social economic drivers of HIV including poverty among young people:</p> <ul style="list-style-type: none"> • Children and young people growing up in poverty will in most cases remain in poverty • Poverty constitutes an important risk factor for young people's sexual risk taking • Poverty is related to physical and mental health functioning • Poverty undermines families capacity to care and support children • Poverty among young people affects us all and undermines the dignity of those most affected <p>Taken collectively, family economic empowerment and public health intervention could:</p> <ul style="list-style-type: none"> • Enable poor children/youth and their caregivers to save for the future. • Reduce children/youth's economic barriers to attend school. • Reduce children/youth's sexual risk-taking intentions and reduce depression levels.
Isabel Ortiz, ILO	<p>Social protection floors provide for 4 basic guarantees to access essential health care, basic income security for children, those in active age who cannot earn a sufficient income and old people for education, shelter etc:</p> <p>There is virtually no country when there is no fiscal space for a social protection floor – we only found ten out of 200. 190 countries</p>

	<p>should be able to produce social protection floors for instance by:</p> <ul style="list-style-type: none"> • Increasing tax revenues • Re-allocating public expenditures • Lobbying for increase aid and transfers • Fighting illicit financial flows • Restructuring debt • Taping into fiscal and foreign exchange reserves <p>National social protection floors should guarantee that health care should be available without financial hardship. To be equitable, quality health care should be universal and based on national legislation.</p>
<p>Alka Narang, UNDP India</p>	<p>The Government of India has legislated that social protection is a right for all Indian citizens and is provided through national, provincial and local policies and organizations. However, research supported by the government of India and ILO found that people living with and at risk of HIV were too often unaware of their rights, and/or were or excluded by policies or service providers. To remedy this, the national AIDS response has pursued a three-pronged strategy to make its complex social protection system HIV sensitive.</p> <ul style="list-style-type: none"> • It has modified certain mainstream social protection schemes, such as lowering the age of eligibility for pensions for widows; • it has explicitly cited people living with HIV in the list of beneficiaries for schemes where they were not excluded but were sometimes ignored; • And it has instituted some HIV-specific services, such as travel reimbursement for ART services and free HIV testing and treatment nation-wide. <p>As a result over 35 central social protection schemes have been amended, extending US\$15 million services to 600,000 people living with HIV (over half of people living with HIV in India).</p> <p>Conclusion</p> <ul style="list-style-type: none"> • Social protection is affordable and can be sustainably financed even in resource poor settings • Spending on Social Protection is an investment, as it can result in positive immediate and long-term economic and social return • Affordability and financing are not only technical questions but also political choices
<p>Rory Truell, IFSW</p>	<p>Rethinking Social Protection as a Platform for Dignity, Rights</p>

	<p>and Empowerment</p> <ul style="list-style-type: none"> • Social workers work at the heart of social protection systems. A social protection system is not just a government cash transfer scheme, a small benefit for those out of work, access to an over-stretched medical service or a school. • For social workers the starting point is family and community structures: the ‘first floor’ in any social protection system. Family and community caring structures have enabled peoples to survive against incalculable challenges throughout history and need to be recognised as the primary base for which all other aspects of social protection should be built upon. • All too often “advanced” social protection systems and governmental policies over-look the ‘first floor’ and inadvertently replace the organic systems of care with top-down programmes that over time strip families and communities of intergenerational knowledge and wisdom that has so long supported their wellbeing. • A new conceptualisation of social protection is needed based on strengthening the collective dimension. Preserving society and social relationships, promoting social integration and making relationships among people as harmonious as possible. • We look forward to working with the World Bank in developing strong social protection systems. We look forward to making dignity the core of social protection
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Interventions from the audience – questions and answers

A number of participants contributed questions, comments and suggestions for strengthening social workers and social policies impact on ending AIDS and restoring dignity to all.

Abel Mwebembezi, the Executive Director of Reach The Youth (RTY)-Uganda complemented the presentation by Fred Ssewemala. He said social protection programmes nationally are difficult to implement. The programs can be huge and difficult to manage. NGOs usually implement small scale and focused programmes in Uganda. Programmes that are universal are easier as they go to everyone and are less liable to corruption for example, providing sanitary pads and school feeding programmes targeting all school going girls and children in a given locale. He said means tested programmes are more prone to corruption and can easily be abused. Stronger management of social protection and cash transfer programs are necessary in order to reach the poorest and most marginalised.

Janet Nelson 4th World, ATD UN Geneva said the challenge is how to implement social protection floors at the national level as post 2015 programmes due to high levels of corruption issues in some countries.

Vimla Nadkarni stated that the right to information is essential in relation to the implementation of the National Employment Guarantee Schemes to protect the people against the high rates of corruption. She continued that evidence was built up on how social services were failing to meet their objectives due to among other things difficulties in access to information on programs and performance and taken to the state. Health workers, social workers and activists lobbied for health care monitoring. NGOs were appointed to do surveys with public hearings where people interact with doctors and nursing staff – created pressure to improve services in many districts. With the pressure from civil society organisations and social workers, the Right to Information Act was passed.

Ruth Stark stated that human rights and social justice demand that social workers challenge governments and social policy – the system, including the UN. She continued that for early child development interventions multi-partner efforts are required with at least three decades' follow-up to ascertain the impact of short-term interventions. She also asked a number of questions including the following: people who live in shadows of society with no access to social protection floors – asylum seekers, people who are not registered – how does UNAIDS facilitate access to social services for such groups of people? How can we get social protection floors? How is the World Bank addressing dependence among project beneficiaries following short-term schemes? Has the World Bank made studies of long term effects and risks given the uncertainty of durability of cash transfer interventions?

Morel Casey stated that morally, respecting the dignity of individuals is vital and that programs should not focus only on the 'deserving needy'. In the new focus for advocating the social protection floor, she asked how does that align with protecting and restoring the dignity of people?

Mariângela Simão in answering some of the questions said the UN has been pushing to move from epidemiological issues to 'people left behind' by the AIDS response. The people left behind by the AIDS response means many different things in different places and you cannot end the AIDS epidemic if you leave people behind. Gay men are left behind in many contexts she continued. The new UNAIDS strategy should seek to frame the issues accordingly. She concluded that UNAIDS is there to work with partners including the social work schools and profession for joint action on exerting influence with member governments to influence the UN.

Michael Cichon as moderator concluded the session. In his remarks he highlighted the importance of independent monitoring and the need to build such capacity in civil society organisations for effective delivery of social protection programs. He said we need to bridge the monitoring role of social workers by actively engaging in monitoring of interventions. He continued that the social protection floor is explicitly constructed for as many as possible people and is quite different from the 'social safety net'. Under Article 25 of the Universal declarations states that:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary so-

cial services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Everyone (all residents – not only legal citizens) have the right to social protection. It is up to civil society to inform the monitoring body where this is not working. We cannot protect individual categories of people – we need to protect all.

Social protection is not a sufficient condition for the dignity of people, but a necessary precondition for dignity. If you do not have a minimum level of financial security, how do you lead a dignified life? The UN can only take things so far – Implementation is often at the national level.

Presentation of common statement

Vimla Nadkarni, President, IASSW presented the joint action between UNAIDS and social work organization. In the joint statement Vimla called for Intensifying efforts on the development of an HIV cure and vaccine to protect and restore dignity for all including those people who are poor, excluded and marginalized, developing a prominent goal in the post 2015 agenda for ending the AIDS epidemic, TB and malaria and other diseases of poverty and inequality by 2030 with requisite institutional and financial backing. The statement further calls for increasing the prominence of social protection programs and policy in the new UNAIDS strategy to maximise synergies and enhance the effectiveness of HIV prevention and treatment programs and increasing training, motivation and deployment of social workers to areas with the greatest needs including peri-urban areas and rural areas and requesting recognition, remuneration and incentive plans for those cadres of the social service workforce who are not recognised by a country's formal health care systems.

Closing remarks

In her concluding remarks, Mariângela Simão said that the participants heard through-out the day that we cannot end the AIDS epidemic without the active engagement of the social work profession and organisations; that the social work profession and organisations contribute significantly to HIV prevention, treatment, care and support and that UNAIDS and the social work organisations have to actively join together in strategic location and for specific populations so we can end the AIDS epidemic for everyone.

She continued that governments are responsible for providing social protection services to all. However governments need to be supported with the active engagement of populations most affected by HIV, poverty, inequality and exclusions. She asked the social work organisations to assist in generating evidence of where the social work force can provide the most HIV prevention, treatment and care outcomes and deploy the social workers to those interventions, locations and population areas

Appendix:

Common statement on *Joint Action between UNAIDS and Social Work Organizations*. Ending Aids, Promoting Dignity and Respect for All.

1. Introduction

World Social Work Day falls each year on the third Tuesday of March. This is a significant occasion each year for the global social work organisations, International Association of Schools of Social Work (IASSW) and the International Federation of Social Workers (IFSW) to make the activities, and contributions of social work visible and the voice of social work heard. This year the celebration is being held on 17 March 2015 together with the Joint United Nations Programme on HIV/AIDS (UNAIDS) in Geneva to join their efforts to accelerate ending the AIDS epidemic and restore dignity and respect for all.

2. We recognise that:

We the social work organisations note the impressive results the AIDS response has attained through the leadership of UNAIDS and partners in the past 3 decades. We recognise that:

- There are gaps and there are people who are more at risk, more vulnerable and more affected by HIV than others due to exclusion and discrimination. These include people living with HIV, adolescent girls and young women, children and pregnant women living with HIV, prisoners, migrants and displaced people, people who inject drugs, sex workers, men who have sex with men (MSM), transgender people, people with disabilities and people aged 50 and older. (Gap Report, 2014)
- AIDS does not exist in isolation, nor does it only relate to health. Treating AIDS as an isolated issue is not adequate. People are connected to their families and communities, societies and legal environments all of which are affected by, and affect HIV. Integrated approaches that address the whole person in the context of their total environment are necessary to address issues of physical health, nutrition, psychological support, education, human rights and freedom, social security as well as economic and development opportunities. (Gap Report, 2014).

- Social workers contribute significantly to such an integrated approach as they work daily with marginalised, poor, disadvantaged and discriminated populations to promote the realisation of human, economic, social and cultural rights and to further social justice.
- They work in all sorts of social and health services in hospitals, schools, prisons, community centres etc. and co-operate with other social professions, civil servants and volunteers in governmental or non-governmental settings on communal, regional, national, and international level.
- Social workers work with the whole person in its family, community, and environment and address the physical, social, emotional, mental and psychological needs that often accompany the trauma of HIV infection or affection.
- Social workers facilitate access to social and health services and herewith to HIV prevention, treatment, care, and support.
- Social workers advocate with those in power, and through their practice and research, contribute to reconstruct people's and communities lives, including those living with and most affected by HIV, and provide a voice for the voiceless for medium and long-term inclusive social development.

3. Call for:

- By engaging schools of social work, academia and professional social work organisations in the global effort "Getting to Zero" to end the AIDS epidemic by 2030 we join UNAIDS and partners in calling for:
- Intensifying efforts on the development of an HIV cure and vaccine to protect and restore dignity for all including those people who are poor, excluded and marginalised and for whom getting infected with HIV and dying from AIDS related deaths may be inevitable
- Developing a prominent goal in the post 2015 agenda for ending the AIDS epidemic, TB and malaria and other diseases of poverty and inequality by 2030 with requisite institutional and financial backing
- Increasing the prominence of social protection programs and policy in the new UNAIDS strategy to maximise synergies and enhance the effectiveness of HIV prevention and treatment programs
- Non-discrimination for all including people living with and most affected by HIV through shaping public and civil society policy for effective social protection, including attention on orphans and vulnerable children, adolescents, the decriminalisation of marginalised populations such as MSM, sex workers, and people who use drugs, and migrants;
- Increasing training, motivation and deployment of social workers and to areas with the greatest needs including peri-urban areas and rural areas and request recognition, remuneration and incentive plans for those cadres of the social service workforce who are not recognised by a country's formal health care systems.

4. Intensify and expand partnership

We commit to:

- Encouraging co-operation at regional and country levels through joint actions between UNAIDS local representatives and IASSW and IFSW with a worldwide net of social work organisations of professionals, educators and scientists,
- Educate, orient, sensitize and engage the worldwide network of social workers in the different streams of work on ending the AIDS epidemic and restoring dignity for all
- To apply the principles of Social Work in the AIDS response by protecting and promoting the rights and dignity of all people in accessing HIV prevention, treatment, care and support and other social services in the varied field of practice where social workers engage.

Program of the day

World Social Work Day 2015 at UNAIDS Ending AIDS, Promoting Dignity and Respect for All

8.30 – 9.00

Registration

9:00 – 9:40

Opening statements

- Mariângela Simão, Director, RGCM, UNAIDS
- Ruth Stark, President IFSW
- Romy Mathys, Positivrat

9.40 – 10.20

Ending AIDS, promoting dignity and respect

Status of the HIV epidemic, priorities and emerging issues:

David Chipanta, Senior Advisor social protection, UNAIDS Geneva

Promoting dignity as social solidarity – social work and health promotion. Walter Lorenz, Rector Free University Bolzano / Bozen, Italy

10.50 – 11.50

Panel – Zero Aids related stigma and discrimination: Promoting dignity and worth of people

Moderator: Mariângela Simão, Director, RGPCM, UNAIDS

- Walter Lorenz, Rector Free University Bolzano / Bozen, Italy
- Patrick Eba Senior Human Rights Advisor Human Rights and Law Division, UNAIDS
- Noel Muridzo, IFSW Board, Zimbabwe
- Romy Mathys, Positivrat, Switzerland

11:50 – 12:30

Interventions from the audience – Questions and answers

14:00 – 15:00

Round table discussion: Social protection: Promoting dignity, ending poverty, inequality and AIDS

Moderator: Michael Cichon, President ICSW

- David Wilson, Director, Global HIV/AIDS Program, World Bank
- Fred M Ssewamala, Associate Professor, Columbia University
- Isabel Ortiz, ILO Director Social Protection
- Alka Narang, UNDP India
- Rory Truell, Secretary General, IFSW

15:30 – 16:30 **Interventions from the audience – questions and answers**

16:30 – 16:50 **Presentation of common statement**
Joint Action between UNAIDS and Social Work Organizations
Vimla Nadkarni, President, IASSW

16:50 – 17:00 **Closing remarks**
Mariângela Simão, Director, RGPCM UNAIDS.

Overall moderation by David Chipanta, UNAIDS, and Klaus Kuehne, IFSW. Rapporteur was Susan Lawrence

Speakers' biographies

(In order of appearance on the program – speakers names appear in red in the text of the summary and full reports below)

Mariângela Simão joined UNAIDS in July 2010 from the Ministry of Health in Brazil where she worked since 2006 as the Director of the Department of Sexually Transmitted Diseases and AIDS. She has worked in the Brazilian public health system since 1982. She currently works at UNAIDS Secretariat in Geneva, as Director of the Rights, Gender, Prevention and Community Mobilization Department. Dr. Simão attended medical school in Brazil, with degrees in Paediatrics and Public Health, and a MSc in Mother and Child Health in the UK.

Ruth Stark is a Social Worker and President of the IFSW. She started working in social work in 1972. Her work has been mainly with children and families, with a particular interest in the impact of mental health and criminal justice systems of their lives. Actively involved in her national association, Ruth has been advocating with politicians and the media on issues affecting people who are disempowered. She practices in Scotland as a Safeguarder for children in the legal system and represents people facing deportation.

Romy Mathys is a co-founding member of Positive Council (Positivrat) Switzerland and a member of the European Aids Treatment Group (EATG.) Romy was diagnosed with HIV in 1986. She publicly disclosed her HIV status in 1996. Since then she has been active locally and internationally speaking to students, policy makers providing a human face of HIV and promoting the rights of people living with HIV including migrant women. Romy holds a Bachelor of Science in Social Work with Specialisation in Community Development from Lucerne University of Applied Sciences and Arts).

David Chipanta provides leadership within UNAIDS to develop and implement new and innovative high profile strategies, tools for mobilization of Social Protection actors. David is a founder member of the Network of People Living with HIV in Africa (NAP+) and the Network of Zambian People Living with HIV (NZP+). He holds a Masters' degree in Public Administration International Development (MPA/ID) from Harvard University John F Kennedy School of Government, Massachusetts and a Bachelor's Degree in Economics from San Diego State University in California.

Klaus Kühne studied Psychology and Sociology. He has been professor of psychology at the University of Applied Sciences in Bern, Switzerland, where he was lecturer for psychology related to social work and social work in the context of international social policy. Since 2010 he is main IFSW-representative at the UN in Geneva. He was responsible for the international affairs and co-operation and has been organising World Social Work Day at the UN in Geneva since 2012.

Walter Lorenz is a native of Germany and obtained his first degree in theology and philosophy at the university of Tübingen, Germany; M.Sc. (Econ), Social Work at the London School of Economics, UK; PhD Technische University, Dresden, Germany; and Doctorate at University of Ghent, Belgium. Since 2001 Walter has been Professor of Social Work at the Free University of Bozen, Bolzano, Italy. He has received numerous awards and accolades from the global social work community.

Patrick Eba is a Senior Human Rights and Law Adviser at UNAIDS in Geneva. He advises UNAIDS country and regional offices as well as civil society and institutional partners on legal and human rights issues relating to the HIV response. Before joining UNAIDS in 2009, Patrick worked on HIV-related legal and human rights and legal issues in Côte d'Ivoire, Malawi, South Africa and Senegal. He holds an LLM in Human Rights and Democratisation from the University of Pretoria and a European Masters in International Humanitarian Action.

Noel Muridzo is a Social Worker and part-time Lecturer at the Zimbabwe School of Social Work. He is a leader in his national association of social workers and has written on the impact of the Zimbabwean economy on social work and social development highlighting the numbers of people living below the social protection platform. Noel is IFSW board member at large for Africa.

Michael Cichon is president of the International Council of Social Welfare (ICSW), an umbrella organization of social welfare NGOs in 80 countries. Michael worked in the German Ministry of Labour and Social Affairs before joining the ILO in 1986 where he worked in several portfolios including as Director of the ILO's Social Security Department until December 2012. He holds a Masters' degree in Pure and Applied Mathematics (Technical University, Aachen, Germany), a Masters' degree in Public Administration (Kennedy School of Government, Harvard University) and a Ph.D. in Economics (University of Göttingen, Germany).

Dr David Wilson is the World Bank's Global HIV/AIDS Program Director. He was previously the Bank's Lead Health and the Bank's first Senior Evaluation Specialist working on AIDS. Before joining the Bank, David worked as an academic, development practitioner and global health advisor in Zimbabwe. He has worked in approximately 50 countries on all continents for the past 25 years.

Fred Ssewamala is an Associate Professor of Social Work and International Affairs at Columbia University and Director of the International Center for Child Health and Asset Development at Columbia University. Fred's research focuses on advancing and broadening knowledge about innovative economic strengthening interventions aimed at the marginalized and vulnerable children and youth, including those affected by HIV/AIDS. Fred holds a Masters' and a PhD degree in Social Work, from Washington University in St. Louis.

Isabel Ortiz is Director of the Social Protection Department at the ILO in Geneva. Isabel has worked in more than 30 countries in all world regions in senior positions including as Director of Global Social Justice Program at Joseph Stiglitz's Initiative for Policy Dialogue, based at Columbia University, Associate Director of Policy and Strategy for UNICEF, Senior Advisor at the Department of Economic

and Social Affairs of the United Nations and Senior Economist at the Asian Development Bank (ADB). She has a Ph. D. in Economics from London School of Economics.

Alka Narang is the Assistant Country Director (Social Mobilization) at UNDP India where she ensures the strategic direction of UNDP's programmes on HIV, Health and Development. She has taught graduate students of social work and has written several publications on mental health, disability, education, training and development. She is Fulbright scholar with a Masters' degree in Social Work from Delhi University, HIV/AIDS Management at workplace from Stellenbosch University, South Africa and Development Management from Jones University, U.S.A.

Rory Truell is the Secretary-General and Chief Executive Officer of the International Federation of Social Workers (IFSW), the global body representing social work practice. IFSW has been granted Special Consultative Status by the Economic and Social Council and works with a number of UN agencies, the WHO INGOs and regional bodies. Roy has worked as CEO leading national social service workforce development organisations, national tertiary education organisations, and he has directed large community health services.

Vimla Nadkarni (Ph.D. in Social Work), Professor (Retired), School of Social Work, Tata Institute of Social Sciences (TISS), India, has worked extensively in the domain of social work education and practice for 42 years. She is President of the International Association of Schools of Social Work(IASSW) (2014-2016), the first Indian to be elected globally in this post. Vimla led work on "HIV Sensitive Social Protection: A Four State Utilization Study" sponsored by UNDP an important advocacy tool for improving the quality of the social protection programmes for People Living with and affected by HIV in India.

Rapporteur: **Susan Lawrence** is currently President of the European Association of Schools of Social Work (EASSW) and Regional Vice President of the International Association of Schools of Social Work (IASSW). She was Head of Social Work at London Metropolitan University until her retirement in May 2013. She qualified as a social worker in 1976 and has been a social work academic since 1991. Susan has been actively involved in European and international social work research, networks and exchanges throughout her career and has published widely on related topics.

