



# GIPA/MEPA Strategies for Success: Opportunities, Operationalizing & Action

Prepared by: Murray Jose-Boerbridge, OODP Consultant

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While Ontario AIDS Service Organizations and programs have demonstrated significant successes and commitment to GIPA/MEPA, the **practical day to day, operational implementation** (operationalization) is an area that provides opportunities for continued growth.

This list of successful strategies is intended to assist agencies in their efforts to more deeply explore and identify the **organizational development needs** for the agency to effectively support their GIPA/MEPA commitment and action. Agencies should review and reflect upon the list recognizing that these are suggestions and ideas which can also be important components of an agency assessment. In many cases, resources can be adapted from existing resources and supports.

## Agency Commitment and Action

1. Identify a champion in a position of authority within the organization who is passionate about the issue and able to allocate resources and make decisions.
2. Ensure Board endorsement of the Ontario Accord and has developed concrete ways to regularly assess success and commitment.
3. Create an agency policy, position paper, and/or vision document for GIPA/MEPA.
4. Complete an assessment of the agency's current success in operationalizing GIPA/MEPA using tools such as the:
  - a) International HIV/AIDS Alliance & GNP+ Good Practice Guide; Chapter 3 & Appendix 3;
  - b) NGO Code of Good Practice: Self-Assessment Checklist & Action Plan;
  - c) OODP Organizational Self-Assessment Tool (OSAT), Module 5.
5. Align agency activities to address anti-Black racism and Reconciliation in Action to inform GIPA/MEPA, particularly noting areas of historical inequities for meaningful engagement.
6. Adjust engagement opportunities related to treatment and conceptual advances for PHAs (e.g. U=U, PrEP, testing technologies, status neutral) which have impacted GIPA/MEPA by challenging stigma and shifting personal priorities of what is meaningful.
7. Undertake a service mapping exercise with PHAs to identify points of access, organizational practices, supports and measures related to PHA engagement in the agency.
8. Develop a structure within the agency where GIPA/MEPA activities can be grounded such as:
  - a) Agency committee/working group;
  - b) Board committee;
  - c) Identified staff role.

9. Develop and communicate GIPA/MEPA goals, including the identification of indicators of success.
10. Allocate appropriate resources (recognizing that agency resources are usually very limited AND that this work is a priority).
11. Ensure agency policies cover the complex confidentiality and boundary issues required for agency accountability while supporting PHA involvement.
12. Analyze data from OCASE, OCHART and other relevant sources to ensure the agency is responsive to the needs of PHAs and community.
13. Require GIPA/MEPA training for agency volunteers (including Board) and staff.
14. Create an annual agency commitment ceremony to GIPA/MEPA such as:
  - a) Incorporating into the AGM agenda as a separate reporting item;
  - b) Official signing of the Ontario Accord.

## **Service Delivery (developing, implementing and evaluating)**

1. Provide meaningful opportunities for PHAs to contribute to agency planning activities.
2. Develop a PHA Advisory committee for agency programs and services.
3. Provide regular opportunities for PHAs to give feedback on programs and services such as:
  - a) Creating an annual client survey;
  - b) Utilizing surveys, particularly for annual or occasional events;
  - c) Building feedback opportunities into volunteer team meetings;
  - d) Ensuring a formal complaints procedure exists, is understood and that submitting a complaint does not impact access to services in any way.
4. Create PHA Peer roles that are defined and supported (i.e. Speakers Bureau, Peer outreach) recognizing the impact and value of Peer support where the lived experience of a PHA is core to the role.
5. Actively support PHAs from culturally diverse groups to meaningfully engage in service delivery areas that respond to health disparities.
6. Specifically build time into staff meeting agendas for feedback discussions.
7. Actively seek and provide opportunities for PHA co-facilitation of workshops and groups.
8. Build into staff job duties, the role of supporting volunteers with particular attention to self-care and support for PHA volunteers.
9. Create volunteer placement procedures that effectively match volunteer roles with activities that are meaningful as defined by the PHA.

## Leadership Roles & Opportunities

1. Create a mechanism to document successful GIPA/MEPA activities and powerful PHA stories within the agency's history such as:
  - a) Partnering with an arts therapy instructor or other local modality;
  - b) Creating a Zine and publishing on the agency website.
2. Develop a mechanism or process for PHAs with a wide range of lived experiences and identities to inform agency policies, planning and language.
3. Create an agency agreement on how organizational language will be responsive to complex identities and disclosure concerns, particularly related to Board and staff roles.
4. Involve PHAs in local deputations and media opportunities such as:
  - a) Linking with capacity building opportunities around public speaking;
  - b) Developing key messages relevant to the agency and the issue;
  - c) Collectively framing the communication so that the PHA's lived experience is the grounding and connection for broader context and issues.

## Leadership Roles & Opportunities – Engaging Board of Directors

1. Set a concrete goal for PHA representation on the Board.
2. Develop an appropriate policy to ensure PHA representation on the Board.
3. Include lived experience, particularly living with HIV, as a criteria in the Board matrix and recruitment process.
4. Outline a procedure to support participation on the Board for PHAs that does not necessarily require full public disclosure.
5. Create Board development opportunities for PHAs such as mentoring, training, formal meeting preparation and debrief opportunities.
6. Ensure a policy exists to clarify access to services and support for PHA Board members.
7. Utilize Board committees as opportunities for PHAs to explore and learn about governance within the agency.

## Leadership Roles & Opportunities – Developing Staff Opportunities

1. Meaningfully involve PHAs in the recruitment process, including:
  - a) Providing orientation to the process, the position, the interview guide and scoring considerations;

- b) Ensuring clarity around their role and how it contributes to the final decision (i.e. information from a reference check may impact a final decision but the specific reason may not be able to be shared with the full hiring panel for confidentiality reasons);
  - c) Following up and communicating final decision and appreciation prior to making the offer.
- 2. Ensure job postings specifically encourage PHAs to apply and articulate that lived experience of HIV and relevant PHA leadership training are recognized qualifications.
- 3. Access training and resources to ensure the agency understands and is responsive to issues of PHA newcomers and qualifications/credentials that may not be immediately familiar.
- 4. Ensure the organization provides appropriate benefits for all staff, including PHAs.
- 5. Review staff positions (including within new grant applications) and consider whether the role is appropriate to be designated as a PHA staff role (with appropriate human resources rationale).
- 6. Actively recruit PHA volunteers for short term contract opportunities where back to work experience and exploration are being sought by PHAs.
- 7. Ensure a policy exists to clarify access to services and support for PHA staff.
  - a) Create formal external partnerships to support PHA staff to access support related to living with HIV outside of their place of work, if needed.
  - b) Create a policy outlining that a PHA staff is able to access any services that they would be eligible for and that such service would be provided to them in the same manner as to any other client.
- 8. Develop a health and well-being framework for staff that outlines specific actions and supports the agency provides to support staff.
- 9. For each recruitment process, recognizing that the answer will change based on the position, timing, deliverables, resources, priorities, funder expectations and other factors, ensure that the agency intentionally answers the following question:
  - a) 'What is our organizational capacity to build an incumbent's individual capacity to be able to effectively meet the required job expectations and accountability?'

## Capacity Building & Personal Development

- 1. Formally frame service provision in the context of holistic health and well-being along a continuum and relevant for clients, volunteers (including Board members) and staff.
  - a) Create easy transition opportunities for people to move back and forth along this continuum.
  - b) Foster a GIPA/MEPA culture that does not create a directional or hierarchical perspective of value.
- 2. Develop mentor relationships between established PHA leaders and new PHAs within the agency.

- a) Consider roles where a specific term would support mentoring and succession of PHA engagement within the agency (i.e. a 2-year term as a Peer Leader followed by a 2-year term as a mentor for new Peer Leaders).
- 3. Commit to regular, agency-wide training which:
  - a) Includes decolonizing practice and Indigenous cultural safety, anti-racism, anti-oppression and cultural competency-related training;
  - b) Discusses the impact of historic inequities and health disparities (in our society, the HIV sector and the agency) on meaningful engagement.
- 4. Provide timely training on treatment and conceptual advances for PHAs which might impact GIPA/MEPA by challenging stigma and shifting personal priorities of what is meaningful.
- 5. Actively support PHA access to external capacity building opportunities through measures such as:
  - a) Identifying process to communicate free community workshops;
  - b) Providing letters of support for conference scholarships;
  - c) Where possible, providing financial support for capacity building activities;
  - d) Creating formal external partnerships that provide opportunities for free or reduced cost participation opportunities.
- 6. Build capacity building and personal development activities into all of the agency programs and grant deliverables.
- 7. Provide or partner to provide coaching and goal setting support as a part of individual capacity building.

## **RESOURCE DOCUMENTS**

1. [Denver Principles \(1983\)](https://www.seroproject.com/wp-content/uploads/2016/11/denver_principles-FINAL.pdf) — [https://www.seroproject.com/wp-content/uploads/2016/11/denver\\_principles-FINAL.pdf](https://www.seroproject.com/wp-content/uploads/2016/11/denver_principles-FINAL.pdf)
2. [UNAIDS GIPA Policy Brief \(2007\)](https://www.unaids.org/en/resources/documents/2007/20070410_jc1299-policybrief-gipa_en.pdf) — [https://www.unaids.org/en/resources/documents/2007/20070410\\_jc1299-policybrief-gipa\\_en.pdf](https://www.unaids.org/en/resources/documents/2007/20070410_jc1299-policybrief-gipa_en.pdf)
3. [International HIV/AIDS Alliance & GNP+ GIPA Good Practice Guide \(2010\)](https://issuu.com/aids_alliance/docs/gpg-gipa-english) — [https://issuu.com/aids\\_alliance/docs/gpg-gipa-english](https://issuu.com/aids_alliance/docs/gpg-gipa-english)
4. [Ontario Accord \(2012\)](https://oan.red/ontario-accord/) — <https://oan.red/ontario-accord/>
5. [OAN U=U Position Statement \(2018\)](https://oan.red/u-equals-u/) — <https://oan.red/u-equals-u/>
6. [When PHAs First Sat at the Table \(1989 ACT UP article\)](https://actupny.org/documents/montreal.html) — <https://actupny.org/documents/montreal.html>
7. [Paris Declaration \(1994\)](https://data.unaids.org/pub/externaldocument/2007/theparisdeclaration_en.pdf) — [https://data.unaids.org/pub/externaldocument/2007/theparisdeclaration\\_en.pdf](https://data.unaids.org/pub/externaldocument/2007/theparisdeclaration_en.pdf)
8. [From Principle to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS \(1999\)](https://data.unaids.org/publications/irc-pub01/jc252-gipa-i_en.pdf) — [https://data.unaids.org/publications/irc-pub01/jc252-gipa-i\\_en.pdf](https://data.unaids.org/publications/irc-pub01/jc252-gipa-i_en.pdf)
9. [ICW Bearing Fruit](http://oodp.ca/media/ICW-Bearing-Fruit.docx) — <http://oodp.ca/media/ICW-Bearing-Fruit.docx>
10. [Living and Serving II \(2007\)](http://www.ohntn.on.ca/Documents/Publications/living_serving_report_April07.pdf) — [http://www.ohntn.on.ca/Documents/Publications/living\\_serving\\_report\\_April07.pdf](http://www.ohntn.on.ca/Documents/Publications/living_serving_report_April07.pdf)
11. [Global Network of PLHIV \(GNP+\) GIPA Report Card](https://www.gnpplus.net/our-solutions/gipa-report-card/#:~:text=GIPA%20Report%20Card%20%2D%20GNP%2BGNP%2B&text=The%20GIPA%20Report%20Card%20is,and%20the%20Declaration%20of%20Commitment) — <https://www.gnpplus.net/our-solutions/gipa-report-card/#:~:text=GIPA%20Report%20Card%20%2D%20GNP%2BGNP%2B&text=The%20GIPA%20Report%20Card%20is,and%20the%20Declaration%20of%20Commitment>.
12. [An “HIV status neutral” paradigm shift \(2019\)](http://blog.catie.ca/2019/11/04/an-hiv-status-neutral-paradigm-shift/) — <http://blog.catie.ca/2019/11/04/an-hiv-status-neutral-paradigm-shift/>
13. [Practice Guide in Peer Health Navigation for People Living with HIV \(2018\)](https://www.catie.ca/en/peernavigation-guidelines#practice) - <https://www.catie.ca/en/peernavigation-guidelines#practice>

## **RESOURCES – PHA CAPACITY BUILDING**

1. [Ontario AIDS Network \(OAN\) Positive Leadership Development Institute \(PLDI\)](https://oan.red/pldi/) — <https://oan.red/pldi/>
2. [AIDS Bereavement and Resiliency Program of Ontario \(ABRPO\) Turning to One Another](https://abrpo.org) — <https://abrpo.org>
3. [Committee for Accessible AIDS Treatment \(CAAT\): Ethno-Racial Treatment Support Network](http://www.hivimmigration.ca/index.php/programs/pha-capacity-building/etsn-ethno-racial-treatment-support-network-learning-and-helping-out-peer-treatment-counselor-training/) — <http://www.hivimmigration.ca/index.php/programs/pha-capacity-building/etsn-ethno-racial-treatment-support-network-learning-and-helping-out-peer-treatment-counselor-training/>
4. [Committee for Accessible AIDS Treatment \(CAAT\): Legacy Project - PHA Capacity Building Mentorship Program](http://www.hivimmigration.ca/index.php/programs/pha-capacity-building/legacy-pha-capacity-building/) — <http://www.hivimmigration.ca/index.php/programs/pha-capacity-building/legacy-pha-capacity-building/>

5. [Canadian AIDS Society \(CAS\): One Foot Forward: A GIPA Training Toolkit](https://www.cdnaids.ca/?s=one+foot+forward) —  
<https://www.cdnaids.ca/?s=one+foot+forward>
6. [OAN Living and Serving 3: GIPA engagement guide and framework](https://oan.red/living-serving/) —  
<https://oan.red/living-serving/>
7. [HIV Code: NGO Code of Good Practice: Self-Assessment Checklist & Action Plan: Meaningful Involvement of PLHIV and Affected Communities \(MIPA\)](https://issuu.com/ippfresources/docs/meaningful_involvement_of_plhiv_self_assessment) —  
[https://issuu.com/ippfresources/docs/meaningful\\_involvement\\_of\\_plhiv\\_self\\_assessment](https://issuu.com/ippfresources/docs/meaningful_involvement_of_plhiv_self_assessment)

### **References:**

- 1) *HIV Code: **NGO Code of Good Practice: Self-Assessment Checklist & Action Plan: Meaningful Involvement of PLHIV and Affected Communities (MIPA).***
- 2) *International HIV/AIDS Alliance & GNP+. **GIPA Good Practice Guide**, 2010.*
- 3) *Living and Serving 3: **GIPA engagement guide and framework for Ontario ASOs**, 2011.*
- 4) *CATIE (Canadian AIDS Treatment Information Exchange). **Practice Guidelines in Peer Health Navigation for People Living with HIV**, 2018.*