



# HIV/AIDS NEWS RELEASE

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## CENTRE STAGE

2004 was a year of groundbreaking HIV/AIDS policy and programme decision making. With the introduction of the 5A's strategic plan, HIV/AIDS has now become part of the Federation's core business.



by Kevin Osborne

The Bangkok International Conference on HIV/AIDS in July and the 10th anniversary of the International Conference on Population and Development (ICPD) in August/September both emphasised the importance of doing business differently. An essential part of this is ensuring that the links between Sexual & Reproductive Health and HIV/AIDS are not only recognized but acted upon. This is the challenge to which we must all rise. 2005 will be the year in which our consolidated efforts are translated into tangible actions.

The HIV/AIDS Unit is committed to mainstreaming as called for by the Glion Call for Action and the EU Dublin Declaration in ensuring access to adequate supplies of life saving HIV commodities including ARVs, condoms and microbicides. At regional and national levels, these ethos should be evident in our policies, programmes and policies. Two decades into the epidemic, we know a great deal of what works and as a Federation, we are perfectly positioned to make a meaningful contribution.

This first issue of the Quarterly HIV/AIDS News Release explores some of the above is-

ssues in depth and also provides an update of events and developments. A key part of doing business differently occurs through the development of innovative and creative partnerships. As a key signatory to the NGO Code of Good Practice, IPPF is part of a collective voice to ensure greater collaboration within the NGO sector. Additionally partnerships, with UNFPA, UNAIDS, ICW and the Global Campaign for Microbicides have set the programmatic road ahead. Be it working on integrated prevention issues through the UNAIDS Global Coalition on Women & AIDS (GCWA) to developing an essential list of prevention services with WHO, IPPF is committed towards ensuring that our contribution is both relevant and meaningful.

We welcome your ideas on what programme, policy and research issues you would like subsequent issues to explore. We hope that it will be a useful tool for sharing information.

Take care,  
Love Kevin

(Senior HIV/AIDS Advisor)

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## Mainstreaming HIV/AIDS

The recent UNAIDS report on "The role of Reproductive Health Providers in Preventing HIV" is calling for the integration of sexual and reproductive health (SRH) and HIV/AIDS services in order to reach the "millions of women who are now at the centre of the global pandemic but fall through gaps in preventive efforts". This report is congratulated by many who are working in SRH and HIV/AIDS, who have known for some time that a partnership between these often separate fields is essential if real progress is to be made in the war on the pandemic.

Such a formal recognition of the importance of integrating SRH and HIV/AIDS has been a long time in coming and unfortunately does not reflect the practice in many organizations today. This presents a challenge to those of us in the development community who see this as an integral component of our strategy for combating the spread of HIV/AIDS.

Progress, however has been made in this field of mainstreaming HIV/AIDS into family planning services albeit slowly. Since the 1994 ICPD when SRH was brought to the fore, international commitments to improving SRH and HIV/AIDS services and integration have

been made at Beijing 1995, UNGASS 2001, as part of the MDGs, at the EU Dublin Declaration, through the Glion Call to Action and The New York Call to Commitment, the last three occurring this year. These actions, especially those of 2004 show a strengthening feeling that SRH and HIV/AIDS can no longer be treated separately.

### What is Mainstreaming?

- Bringing the issues surrounding the HIV/AIDS pandemic into all strategic planning and into day-to-day operations inside an organisation and its programmes; and in its relationship with others.
- Mainstreaming HIV/AIDS can be defined as the process of analysing how HIV and AIDS impacts on all sectors now and in the future, both internally and externally, to determine how each sector should respond based on its comparative advantage.
- An approach that puts HIV/AIDS as an integral component of an institution/multi-institutions to use its mandate, clout and authority, and devise policy and program to curb the epidemic and its impact on human beings, the institution itself and socio-economic development.

### How can we mainstream?

Mainstreaming can be done in many ways – through programmatic entry points such as VCT, PMTCT, STI treatments, working with traditional groups, working on integrated prevention, and also by setting the example in your own service workplace by having your own HIV/AIDS policy.

IPPF, in conjunction with UNFPA, have published guidelines on integrating HIV voluntary counselling and testing (VCT) into RH settings. Results from two pilot projects in India and Kenya in two distinct regions indicate that integrating VCT into SRH services has exponential benefits; it reduces stigma, strengthens awareness of healthy sexual behaviour and increases access to and utilisation of services. One such project, in Lucknow, India, has overcome initial resistance from clinic staff to develop an

effective VCT programme. In an example of how mainstreaming means taking integration one step further, not only do the MA in India offer VCT services but they have also engaged in outreach work in order to disseminate information about VCT, HIV/AIDS and to reduce the stigma surrounding it.

### Models of Care Project:

Three MAs in the Dominican Republic, Kenya and Rwanda are currently rolling out ARV services to different target population groups as part of a project entitled "Models of Care". They are piloting the provision of a comprehensive package of ARVs, counselling and education in order to prevent the spread of HIV/AIDS. The aim of this project is to contribute to the success of global alliances and partnerships to fight HIV/AIDS by strengthening sexual and reproductive health NGO involvement in HIV/AIDS prevention, treatment and care programmes to ensure that effective horizontal strategies to tackling the pandemic are adopted.

The work undertaken in Colombia, as part of this project, aims to reach some of the non traditional clients of Sexual & Reproductive Health Services. The focus of this project is to provide services for Men Who Have Sex with Men (MSM), but who do not necessarily identify as gay or bisexual. It is an attempt to explore ways of reaching out to and addressing the specific needs of MSM who do not access information and/or services that are geared towards gay or bisexual men. This is being done by working with gay and bisexual groups, which include men who might be partners of these MSM, and who might provide insight in how to best access these MSM; and with female clients who may be the partners of MSM.

### Women and HIV/AIDS:

As the HIV/AIDS pandemic evolves it is becoming increasingly obvious that women are exposed to a heightened risk of contracting HIV than men,

### Mainstreaming of HIV/AIDS into policies programmes and practices will, by responding to regional/country variations and epidemic subtleties and nuances, afford IPPF the opportunity to:

- address the SRHR of groups who are not the 'traditional client base' of many associations
- expand and strengthen access to prevention and care services for young people along the care continuum – with an emphasis on reaching young women and girls;
- demonstrate the value added of integrated services as a modality of reducing HIV/AIDS related stigma; and
- advocate for the intrinsic value of SRHR response as a key component in the attainment of many of the current global and national HIV/AIDS initiatives including the '3 by 5', the GFATM; the CCMs; etc

with studies showing they can be 2.5 times more likely to be HIV-infected as their male counterparts. Their vulnerability is primarily due to inadequate knowledge about AIDS, insufficient access to HIV prevention services, inability to negotiate safer sex, and a lack of female-controlled HIV prevention methods, such as microbicides.

Due to their often second rate citizen status they are becoming infected in greater numbers and often suffer more severe consequences than their male counterparts such as heightened stigma. "Women do not enjoy the same rights and access to employment, property and education as men. Women and girls are also more likely to face sexual violence, which can accelerate the spread of HIV" (UNAIDS 2004).

Women and girls now represent around 50% of those living with HIV and AIDS and their numbers are rising. In response, the IPPF and the International Community of Women living with HIV/AIDS (ICW) – the only international network of HIV positive women – decided to explore the specific sexual and reproductive health issues facing HIV positive women in 2004 and beyond. For it is only in understanding these issues that we can develop meaningful strategies, responses and services for women living with HIV, based on a full recognition of their rights, and tailored to the realities of their lives. The product of this investigation was the Dreams and Desires booklet which takes thirteen stories by women from around the world to highlight what it

means to be a sexually active HIV positive woman. These are women such as Gcebile and Rolake dream of having children but feel held back or are discouraged from doing so because of their HIV status and perceived discrimination. They believe that FP clinics should be prepared to discuss FP with positive women in an open and non-judgmental way.

When seen in the context of the long history of family planning and population programmes, the question of how to mainstream HIV/AIDS prevention, care and treatment services into sexual and reproductive health (SRH) policies, programmes and practices is relatively new. However, the idea has been in the 'mainstream' for several years and, given the urgency of the situation, needs to be addressed with a greater sense of urgency. There are still serious challenges that need to be faced before HIV/AIDS will truly be mainstreamed in SRH services. Until there is an acceptance of how these areas are interrelated then real progress towards mainstreaming will be hard.

HIV is a predominantly sexually transmitted infection common in both hetero- and homosexuals. The treatment of other STIs, the provision of condoms, education on safer sexual behaviour and the provision of ARVs – all activities carried out by SRH providers – are proven methods of prevention and treatment of AIDS and yet these two issues are still treated separately.

# Microbicides

## Beyond Condoms: New Tools for Disease Prevention



### Women and HIV/AIDS Prevention:

Twenty two years into the AIDS crisis and at a time when the incidence of sexually transmitted diseases (STDs) is reaching epidemic proportions, the only public health messages to women about the prevention of HIV and other STDs are “be monogamous” or “use condoms.” But for many women, these messages are inadequate or unrealistic at best. At worst, they are life-threatening.

Sexually transmitted diseases, including HIV/AIDS, represent a women’s health emergency. Not only are women at greater risk of acquiring STDs than men but, in most cases, the consequences of contracting STDs – including infertility, ectopic pregnancy, and cervical cancer – are more serious and permanent for women.

Women need products designed to protect them against HIV/AIDS and other STDs. Research is now underway to develop such products, known as “microbicides,” that could substantially reduce the transmission of HIV and other STDs when used in the vagina or rectum. Microbicides could come in many forms, including gels, creams, suppositories, films, or in the form of a sponge or vaginal ring. They would provide an alternative method of disease protection for women and couples who, for a variety of reasons, cannot use condoms to prevent HIV/STD transmission.

Some of the main advantages of microbicides are that they:

- Will be more acceptable to both partners
- Will not require active male cooperation
- Allow skin-to-skin intimacy
- Allow conception & prevent serious STIs
- Expand the range of options available to women

Microbicides should be used along with condoms for extra protection, however they can be used as a form of primary protection for individuals and/or couples unable or unwilling to use condoms consistently. They are a potentially low-cost way of reducing mother-to-child transmission via vaginal washing prior to delivery, and will be the only method of protection available to women.

Although microbicides would probably never be as effective as condoms in preventing infection, the first microbicides will be 40-60% protective, and by the second generation it is hoped that the products will be 60-80% protective. They work by boosting natural defenses to HIV, coating membranes in gel, killing the HIV virus and preventing HIV from attaching. Moreover, women actually want microbicides: acceptability studies conducted in Zimbabwe, Uganda, and South Africa, found that both women and men expressed willingness to use microbicides.

With sufficient human and scientific resources, a microbicide product could be available to women within five years. However, large pharmaceutical companies are simply not interested in investing in microbicide development. Researchers estimate that it costs up to \$50 million to complete research on an existing compound (and twice that to start from scratch with a new compound) – far more than many of these small companies and nonprofit entities have the capacity to invest.

A dramatic increase in the number of potential microbicides under investigation has occurred in just the last three years. However, lack of funding is preventing several of these candidate products from moving through the research pipeline. According to the Global Campaign for Microbicides, this funding gap is likely to continue unless there is a concerted, international, public demand that US and European governments increase their spending on microbicide research.

Without governmental leadership and funding, a microbicide is not likely to be available anytime soon. A number of promising microbicides are already in development. We have everything we need to bring a microbicide to market within five years – except the money. Microbicides will give women all over the world one more way of protecting themselves against the ravage of HIV/AIDS and other STDs. The time for them is now.

For more information, readers are welcome to contact the Global Campaign for Microbicides at <http://www.global-campaign.org/index.htm>

# Dreams and Desires

The reality of being an HIV positive woman unfolds in 13 personal stories



London: 1 December 2004

### IPPF Launch of Dreams & Desires

For the first time in the 20-year history of the AIDS epidemic, women account for more than 50% of those infected with HIV globally. But the possibility for HIV positive women to live long, productive, fulfilling lives has increased with the expansion of access to anti-retroviral treatment and care.

IPPF and the International Community of Women living with HIV/AIDS decided to explore the specific sexual and reproductive health issues facing HIV positive women in a book *Dreams & Desires*. *Dreams & Desires* is a collection of courageous women’s voices that highlight what it means to be a sexually active HIV positive woman.

“For fifty years the International Planned Parenthood Federation has served millions of women in developing countries now at the centre of the HIV epidemic. Now we are working hand in hand with the women we serve to develop strategies that are tailored to the realities of their lives,” says Dr Steven W. Sinding.

The experiences and observations from these women’s stories provide a basis for the design and development of appropriate, integrated sexual and reproductive health services for women living with HIV.

“Family planning clinics and sexual health providers have an important role to play in making services and information available for HIV positive women. These should be easy to ask for, easy to find and easy to understand. It should also be accurate and non-judgmental. To make these services more effective, positive women themselves should be consulted” says, Oom from Thailand.

This joint IPPF and ICW initiative is a small step towards realizing the dreams of many HIV positive women and part of our wider commitment to find new ways of expressing compassion and care in the midst of an unforgiving epidemic and realizing the reproductive rights of every woman – regardless of HIV status.

*Dreams & Desires* is available from [www.ippf.org](http://www.ippf.org) or on order from [info@ippf.org](mailto:info@ippf.org)

# Partnerships at IPPF

## GCW: Global Coalition of Women and HIV/AIDS



The Global Coalition on Women and HIV/AIDS is a new initiative, a movement of people, networks and organizations supported by activists, leaders, government representatives, community workers and celebrities, to raise the visibility of issues related to women, girls and AIDS and lead to concrete, measurable improvements in the lives of women and girls.

The Coalition work in partnership with many other organisations and are presently working on key issues relating to HIV/AIDS. One of the action areas presently underway is *Preventing HIV in young women and girls*. The rate of HIV infection among young people worldwide is rapidly increasing. Of particular concern are the dramatic increases in HIV infection among young women, who now make up 60% of the 15- to 24-year olds living with HIV/AIDS. Globally, young women are 1.6 times more likely to be living with HIV/AIDS than young men.

IPPF is one of the co-conveners for this area of work along with UNFPA and Young Positives. <http://womenandaids.unaids.org>

## UNFPA: United Nations Family Planning Association



UNFPA, the United Nations Population Fund, is the world's largest international source of funding for population and reproductive health programmes. Since they began operations in 1969, the Fund has provided nearly \$6 billion in assistance to developing countries. UNFPA support programmes that help women, men and young people plan their families and avoid unwanted pregnancies, undergo pregnancy and childbirth safely, avoid sexually transmitted infections (STIs) – including HIV/AIDS and combat violence against women. UNFPA's work is guided by the Programme of Action adopted by 179 governments at the International Conference on Population and Development in 1994.

IPPF is working with the HIV/AIDS Unit with UNFPA to act on the recommendations of the New York Call to Commitment. Part of this is the determination of indicators to act as the linkages between HIV/AIDS and SRHR.

<http://www.unfpa.org>

## UNAIDS: The Joint United Nations Programme on HIV/AIDS



The Joint United Nations Programme on HIV/AIDS, – UNAIDS – is the main advocate for global action on the HIV/AIDS epidemic. It

leads, strengthens and supports an expanded response aimed at preventing transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

IPPF signed a Memorandum of Understanding (MoU) with UNAIDS in November 2004. The MoU aims to strengthen the response to HIV/AIDS in areas such as the mainstreaming of prevention among women and young people, capacity building, policy and human rights advocacy and optimizing resources. For more information on this document or a copy of the MoU, please contact the HIV/AIDS department at IPPF Central Office. <http://www.unaids.org>

## GNP+ Global Network of Positive People Living with HIV/AIDS



The Global Network of People living with HIV/AIDS (GNP+) is a global network for and by people with HIV/AIDS. The mission of GNP+ is to work to improve the quality of life of people living with HIV/AIDS.

GNP+ works with six affiliated regional networks of people living with HIV/AIDS. GNP+ achieves its mission through advocacy, capacity building, and communications programs that draw from strategies based on lobbying for inclusion, visibility, access and rights; linking by networking, mentorship, dialogue and education and the sharing of capacities, knowledge, strength and resources. <http://www.gnpplus.net>

## ICW: International Coalition of Women Living with HIV/AIDS



The International Community of Women Living with HIV/AIDS (ICW) is the only international network run for and by HIV positive women. ICW was founded in response to the desperate lack of support, information and services available to women living with HIV worldwide and the need for these women to have influence and input on policy development.

ICW's vision is a world where all HIV positive women have a meaningful involvement at all political levels where decisions that affect their lives are being made; have full access to care and treatment; and enjoy full rights, irrespective of culture, age, religion, sexuality, social or economic status/class and race. <http://www.icw.org>

## Events

### Regional Conferences

IPPF hopes to have a strong presence at each of these conferences. However it might be more appropriate that some of them are more regionally represented than others. We hope that the conferences taking place in your region can be supported through your input and attendance.

**1-5 July 05** ICAAP Conference, Japan

**24-27 July 05** IAS Conference, Brazil

**15-20 October 05**

Living Partnerships meeting, Peru

**22-26 October 05**

Cochrane Conference, Australia

**4-9 December 05**

ICASA Conference, Nigeria

### Important dates for your diary!

#### IPPF HIV/AIDS Meetings

**18-20 April 05** Quality of Care and HIV/AIDS, Venue TBA – the aim of the 9th QOC meeting is to review progress made in programme implementation and to discuss and plan future activities

**20-23 June 05** Policies and Practices Meeting, London – the second annual meeting for the 17 HIV/AIDS focus countries to look at topical HIV/AIDS issues. (Follow up to September 2004 Competencies Conference)

**24-26 June 05** Developing Mainstreaming Entry Points Meeting, London – for all regional HIV/AIDS representatives

**25-30 September 05** JTF workshops in ESEAOR/SARO & ARO, India and Kenya respectively

**26-28 October 05** Youth Evaluation Course, London – follow up meeting to the HIV/AIDS and Youth conference that took place in Johannesburg in November 2004.

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