

HIV/AIDS Update

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Building the evidence base

The arguments for linking sexual and reproductive health and HIV are widely recognized and understood, and as a Federation we have a responsibility to show others how this can be done

by Kevin Osborne

Indeed, a frequent message has been that the 'why' of integration has been established but what we must now focus on is the 'how'. The challenge remains to strengthen and scale up our effective work, and in doing so build an evidence base – including parameters such as efficacy and cost - for these linkages. To begin to answer

these questions, a systematic review of the evidence for integration is underway (p2). Although the review is not yet completed, one key finding so far is that there is relatively little research in this area.

It is difficult to decide which programmatic entry point will provide the optimal use of limited resources for linking sexual and reproductive health and HIV in different kinds of epidemics. It

is clear, however, that voluntary counselling and testing, STI management, PMTCT+ and antiretroviral programmes provide a menu of opportunities where these linkages should be prioritized. Monitoring, research and innovation is important as findings could determine the type and models of services we provide. How HIV links to specific areas of sexual and reproductive health, including human

papillomavirus (HPV), herpes simplex virus type II (HSV-2) and hormonal contraception is currently generating much research and is featured in this newsletter (p3).

As conclusive findings emerge from these kinds of reviews we must be ready to act on them. For IPPF this means continuing to concentrate on building our internal capacity and strengthening our collective competency to respond meaningfully to the epidemic. Building capacity is crucial to allow us to take the evidence for what works and to act on it. The annual IPPF HIV Competencies Workshop (p2) recently held in Kenya is a good example of this principle in action, fostering sharing of evidence and experience, and encouraging debate on emerging trends and issues. The development of an HIV consensus document served as a catalyst for discussing a number of topical issues ranging from criminalization to the involvement of people living with HIV in our programmes.

As we continually strive to develop effective integrated services it is vital that we are aware of, respond to, and add to the evidence base for what works.

Love Kevin,
Kevin Osborne,
Senior HIV/AIDS Adviser



IPPF annual HIV workshop:

Strengthening our collective HIV competency

The 4th HIV competencies workshop took place in July in Nairobi, Kenya, and its theme of 'building the evidence to support sexual and reproductive health and HIV linkages' reflects a crucial area for our work. Identifying this evidence will allow us to advocate for more resources, to intensify interventions that link policies and programmes, and to make sound funding, programmatic and policy decisions.

HIV Focus Countries¹, Member Associations, regional offices and Central Office staff attended the workshop. The overriding aim was to allow staff to report back on internal programmes and progress, share knowledge, and provide a platform to reflect on new developments to aid planning for the future. We have seen significant progress in relation to HIV within the Federation in both small and large ways. This ranges from integrating antiretroviral service delivery within a sexual and reproductive health setting in Kenya, to addressing the needs of key vulnerable populations (such as men who have sex with men) in Colombia, and from working with young people living with HIV in Sudan to providing microcredit as a way to empower women and girls in Thailand.

Implementing the IPPF HIV strategy

As in previous years, each of the four days focused on a core area of the IPPF HIV strategy: prevention; treatment and care; stigma and discrimination; and linking sexual and reproductive health and HIV. Experts from organizations across Kenya supported this by speaking on a range of issues, such as STIs, economic empowerment, HIV treatment adherence, and healthcare provider training needs, as well as reporting on local research programmes. These insights not only gave rise to new ideas but also highlighted how our HIV strategy links to other areas of work.

The individual experiences of people living with HIV (PLHIV) were central to the workshop. Representatives from Family Health Options Kenya (FHOK), the Kenyan Member Association, discussed their PLHIV outreach and support work as well as their experience of accessing FHOK services. The group also visited a FHOK clinic that has integrated HIV treatment,² a VCT outreach project, and an organization that is mobilizing men in Kenya to play a role in fighting the HIV epidemic.

Planning for the future

Three of the key outcomes included:

- 1. Addressing HIV related stigma as a core component of our work:** The workshop provided a platform for sharing and planning across The Federation. The PLHIV Stigma Index will be a key feature of future collaboration and will feature in showcasing our work at the International AIDS Conference in Mexico in August 2008. Funding is now secured to establish systems to support country-level roll out. Member Associations and Regional Offices will have the opportunity to be part of this. In addition the Member Associations also committed to ensuring that HIV/AIDS workplace policies are developed and implemented by the 2008 workshop.
- 2. Understanding and communicating our key HIV messages across the Federation:** The draft HIV consensus document was discussed and this provoked lively and constructive debate. It covers a number of topics including HIV testing, stigma and discrimination, positive prevention and paying for treatment.
- 3. Strengthening key services for linking HIV and SRH:** Following on from the sharing and collective planning, Member Associations committed to expanding a number of key HIV services. This included areas as diverse as expanding antiretroviral treatment programmes in Sudan to scaling up work with men who have sex with men and injecting drug users in India.

The next Competencies Workshop will be held in Mexico City in July 2008 prior to the International AIDS Conference.

- 1 Rwanda, Cameroon, Kenya, Malawi, Sudan, Morocco, Estonia, Cambodia, China, Indonesia, Thailand, India, Nepal, Russia, Dominican Republic, Ethiopia, Djibouti, Columbia, Swaziland and Mexico.
- 2 More detail on this project is available in the IPPF/GTZ Models of Care report, available from www.ippf.org

Linking SRH and HIV: Reviewing the evidence

A lot of attention is now being given to the linkages between sexual and reproductive health and HIV and AIDS services. While most experts agree that such linkages will improve public health outcomes, it isn't currently clear whether there is evidence to support this belief. This leaves us with questions such as whether linkages are cost effective, and which areas of programmatic integration will give the best outcomes.

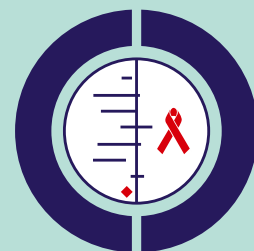
IPPF, the United Nations Population Fund (UNFPA) and the Cochrane HIV/AIDS Review Group (CRG) are collaborating on a project with the support of WHO to systematically review the evidence for linkages between sexual and reproductive health and HIV and AIDS services.

During the review process, an initial search of medical databases and journals identified over 30,000 potentially useful citations. After screening these, 147 published articles were found to provide rigorous evaluation data on the programme or policy linkages between sexual and reproductive health and HIV/AIDS. In addition there were over 50 additional reports of promising practices.

Most of the identified programmes linked HIV prevention activities with family planning or sexually transmitted infection (STI) prevention and management. Several programmes conducted voluntary counselling and testing (VCT) in family planning, antenatal care, or STI settings. Few programmes were identified, however, that linked sexual and reproductive health services with clinical or psychosocial services for people living with HIV, and few linked HIV and AIDS services with gender-based violence or other sexual and reproductive

health services. Also, because most of the evaluation designs compared linked services to control groups that received no services, they did not address the more useful policy question of whether linked services are more effective than non-linked services.

Although this systematic review is still in progress, the large number of relevant articles identified is an encouraging sign. The review has also highlighted areas that need more research attention. Understanding the evidence for sexual and reproductive health and HIV linkages is crucial for making sound programme and policy decisions, and will help to identify knowledge gaps where future research should be directed.



STIs, HIV and SRH:

Acting on the research findings

A key message on the linkages between HIV and sexual and reproductive health is that we need to act on both in order to reduce vulnerability to HIV. Sexually transmitted infections in particular increase the risk of HIV acquisition. This basic fact is widely understood. Understanding how different infections and conditions interact is important when we are considering which services we should prioritise as we integrate sexual and reproductive health and HIV.

This article provides an update on how HIV interacts with two different aspects of sexual and reproductive health: viral infections (herpes and genital warts); and hormonal contraception.

Herpes and HIV

Herpes simplex virus type II¹ (HSV-2 – the virus that causes genital herpes) is a lifelong condition that can alternate between active and latent phases. During the active phase herpes can lead to ulcers, and these signs and other symptoms can be reduced by treatment. A possible link between HSV-2 and HIV has been suggested for a long time,² and recent studies have confirmed this link. HSV-2 infection has shown to increase vulnerability to HIV by up to eight times.³

The link between HIV and HSV-2 has many possible mechanisms. Most likely is that HSV-2-induced genital ulcers can be points of entry or exit for HIV, as well as areas where CD4 cells (cells in the immune system where HIV replicates) concentrate.

These findings are given huge significance due to the number of people that have HSV-2. Family Planning Services in Zambia have reported as many as 60-70 per cent of women are infected with the virus.⁴ In addition, 80 per cent of people living with HIV are co-infected with HSV-2.⁵ Therefore a response to HSV-2 is not only linked to HIV prevention, but is also necessary for ensuring the sexual health of people living with HIV. This is an important component of 'positive prevention'.⁶ Other recent findings are that treatment of HSV-2 (with valaciclovir) amongst people living with HIV can reduce genital shedding of HIV,⁷ and that the presence of ulcers caused by HSV-2 is linked to higher HIV viral loads in the blood and cervicovaginal fluids of women living with HIV.⁸ As such, treating HSV-2 could be another way to support HIV treatment for people living with HIV and also reduce the likelihood of onward HIV transmission.

These findings, although requiring more research, highlight that prevention and treatment of HSV-2 could form a key part of our HIV prevention and treatment strategies.⁹

Hormonal contraception and HIV

It has been suggested that women using hormonal contraception have a higher risk of contracting HIV and quicker HIV progression. With hormonal contraception (oral pill and injection) being used by more than 100 million women worldwide,¹⁰ an understanding of any link with HIV is crucial.

There are many potential ways in which use of hormonal contraceptives could influence HIV transmission. Suggested mechanisms include hormonal contraception leading to vaginal thinning, cervical ectopy or an increase in infections (e.g. chlamydia) which could all possibly increase vulnerability to HIV.¹¹

There have been numerous trials, with conflicting results. As such, no definitive conclusion is currently possible on a link between hormonal contraception and increased vulnerability to HIV. WHO's advice is still that the benefits of hormonal contraception outweigh the potentially increased risk of HIV infection.¹²

For women living with HIV, hormonal contraceptive use has been linked to higher rates of infections such as chlamydia.¹³ In addition, hormonal contraceptives could interact with antiretroviral treatment, as the latter may alter hormone levels in the blood.¹⁴ This highlights the need to ensure that sexual and reproductive services are available to meet the specific needs of people living with HIV.

HIV and HPV

Human papillomavirus (HPV) can cause genital warts and cervical cancers.¹⁵ Vaccines (Gardasil and Cervarix) are now available which are effective against certain types of HPV, although cost limits availability.

Studies are now showing that rates of cervical and anal cancer are higher in people living with HIV than in the general population, and this is being linked to HPV.

Recent research has shown that the vaccine doesn't have a therapeutic effect against a specific type of HPV if people are already infected by that strain before they're vaccinated.¹⁶ However, studies are now suggesting that vaccination could still be an important treatment strategy (although more evidence is needed) for both HIV positive and negative people as the number of types of

HPV strains mean that vaccination could still prevent some cases of anal cancer.¹⁷

Acting on the evidence

The above findings still require further research, and any implications will be specific to certain regions and populations. However, the information could potentially influence the nature of our integrated services, and because of this we must be ready to act on the evidence when it becomes available.

- 1 See IPPF Medical Bulletin, March 2007, Vol 41, No 1
- 2 IPPF Medical Bulletin, March 2006, Vol 40, No 1
- 3 'HSV-2 increases the risk of HIV among Ugandan and Zimbabwean women up to eightfold' <http://www.aidsmap.com/en/news/7DABD73E-0380-4EE9-936E-6EC09CBF6778.asp>
- 4 See footnote 2.
- 5 'HSV-2 infection: a causal link with genital and plasma HIV-1 replication', Nagot, N and Mayaud, P, SRH and HIV Bulletin, No 2 May 2007,
- 6 'Positive Prevention' in Contact 2006
- 7 Ibid.
- 8 'Genital herpes associated with higher genital and plasma HIV viral load in women' <http://www.aidsmap.com/en/news/C9EBA228-8CD7-4457-B0CA-8B8BFFFE5BE6E.asp>
- 9 See footnote 2.
- 10 'The influence of hormonal contraceptive use on HIV-1 transmission and disease progression' Baeten, J, Lavreys, L and Overbaugh, J in Clinical Infectious Diseases, 2007: 45 360-9.
- 11 Ibid.
- 12 Ibid, and see also IMAP statement on hormonal methods of contraception, May 2002.
- 13 'Hormonal contraceptives increase cervical infections in HIV-positive women: implications for disease progression and HIV transmission' <http://www.aidsmap.com/en/news/97E0EC70-71D4-4BBF-AF7F-F7719A5031D6.asp>
- 14 Meeting the Sexual and Reproductive Health needs of People living with HIV, Guttmacher Institute, In Brief, 2006
- 15 See IPPF Medical Bulletin, March 2007, Vol 41, No 1. See also forthcoming IMAP statement.
- 16 'HPV vaccination doesn't help to clear the virus in women already infected' <http://www.aidsmap.com/en/news/82307783-9F82-4226-B061-3AF7C2AD0D43.asp>
- 17 'HPV diversity suggests value of HIV-positive gay men receiving Gardasil' <http://www.aidsmap.com/en/news/0006882E-1953-4341-B3D3-2232CCCCA96D.asp>

The People at IPPF



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As HIV Advisor I am responsible for moving HIV programmes in the Arab world forward.

With human rights as a basis I encourage the Member Associations to work on IPPF's four strategic areas for HIV: prevention; treatment and care; stigma and discrimination; and linking sexual and reproductive health and HIV. We work to ensure our policies and programmes are tailored to each special context, in collaboration with local partners.

Using the Arab World Region HIV/AIDS Strategic Plan with the collaboration of my colleagues at the Arab World Regional Office, I will be working to implement the Strategic Interventions at the Regional level. We will be providing all Member Associations with the adequate technical assistance in order to allow them to work on HIV/AIDS and to make linkages with sexual and reproductive health.

HIV is a challenging issue in the Arab World. We are still facing a

lot of social and religious obstacles that could affect the work of the Member Associations in this field, but I do believe that we are playing a crucial role to reduce the spread of HIV in the region.

There is a lot to be done, but we are on track, and in collaboration with other partners we will be able to make a difference. Working with IPPF's Arab World Regional Office is a great learning experience; it gives me the opportunity to think, to plan, to feel and to act.

News in brief

IPPF Sign-ons: EN and Estonia support HIV prevention campaign

The IPPF European Network office and the Member Association in Estonia, the Estonian Sexual Health Association, are supporting a campaign to prevent the government there decreasing the budget for HIV prevention and treatment in 2008.

Individuals and organizations from across Europe are supporting the campaign, with an appeal being sent to the Estonian government.

Central Office supports activists in Abbott lawsuit

Abbott Laboratories, manufacturers of the antiretroviral drugs Norvir and Kaletra, have filed a lawsuit against Act Up-Paris. Abbott says a stunt by Act Up-Paris in April shut down its website server for a few hours prior to its annual shareholders' meeting.

Act Up-Paris took their action in response to recent actions by Abbott. Abbott has been the target of activists' campaigns owing to their response to the Thai government. The price of their HIV drugs led the Thai government to announce it would buy cheaper generic version of Abbott's drugs due to the high costs. In response, Abbott refused access of its new heat-stable version of Kaletra to the 220,000 people living with HIV in Thailand.

The World Health Organization, doctors and community organizations globally have called upon Abbott to re-examine its position. IPPF is supporting an international call for Abbott to immediately withdraw its lawsuit, to meet with Act Up-Paris and agree to change its current hostile policies and practices.

Events

29–31 October 2007

Asia Pacific Conference on Reproductive and Sexual Health (APCRSH), Hyderabad, India

1 December 2007

World AIDS Day

5–7 December 2007

Global consultation on the sexual and reproductive health of people living with HIV, Amsterdam, Netherlands

Internet resources

The Cochrane Collaboration

www.cochrane.org

The Cochrane Collaboration is an international not-for-profit and independent organization, dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide. It produces and disseminates systematic reviews of healthcare interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions.

VCT: a gateway to linking SRH and HIV

www.ippf.org

In July IPPF launched a manual to support IPPF Member Associations in developing voluntary counselling and testing (VCT) services in their clinics. The booklet details the background of VCT, gives specific advice on integration, and includes case studies of how services can be implemented. The booklet is available from the IPPF website. For hard copies please contact IPPF Central Office.

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