

HIV/AIDS NEWSLETTER

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From choice, a world of possibilities

Life Links

One of the most important reasons for linking HIV and sexual and reproductive health (SRH) services is the premise that it increases access for a larger number of people.

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access=life



by Kevin Osborne

A 'one stop approach' is the most effective use of time and resources and is also responsive to individual needs. Meeting people where they are allows us to link services to the realities of people's lives.

The Japan Trust Fund supported initiative in Siem Reap, Cambodia, has been doing just this. The Reproductive Health Association of Cambodia (RHAC) has adapted the services it offers and the way its clinic is organized in order to meet the demands of the local HIV epidemic. Fundamentally, the Siem Reap clinic is making stronger connections within its clinics, and with key populations in the area, including sex workers and their clients. This project can be seen as an excellent example of what we should be doing and advocating for in international policy circles.

The Review of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), held in New York in June 2006, was a key event for political leaders, civil society organizations and activists involved in the response to HIV. It provided an opportunity for IPPF to continue its advocacy on linking SRH as part of a comprehensive HIV response. Although in many respects the resulting declaration was disappointing, as it did not provide clear timeframes for action or make specific mention of the populations most vulnerable to HIV infection (such as sex

workers, injecting drug users and men who have sex with men), it did provide a solid platform for future action on integration.

The question in relation to programmatic integration is no longer 'why' but 'how'. Our collective challenge remains to ensure that together with our political leaders we act on this declaration by matching it with 'on the ground' action in our respective countries. The recent 16th International AIDS conference in Toronto (13-18 August) provided a unique opportunity to both share and learn from the blossoming integration examples that are happening in countries all over the world. The theme of the conference, 'Time to deliver', provided an excellent opportunity for our Member Associations to showcase their work in a number of oral abstracts, satellite sessions and posters. More details of the conference will be highlighted in the next newsletter in November.

Programmatically, the links between tuberculosis and HIV are real. The prevalence of TB/HIV co-infection is a challenge we face in overcoming the epidemic, and is one that the SRH community must increasingly recognize and respond to. It is only by acting on these sorts of 'life links' that a tangible difference will be felt and that policy will be meaningful for all of us.

Love, Kevin Osborne, Senior HIV/AIDS Adviser

UNGASS 2006

In 2001, the United Nations General Assembly organized a Special Session (UNGASS) to highlight the global issue of the HIV epidemic.

This was a historical opportunity for heads of governments from across the world to decide on future progress and to commit themselves to future action. That meeting ended in a Declaration of Commitment on HIV/AIDS. This outlined the extent of the epidemic and the actions that governments committed to undertake to respond to the HIV epidemic.

Five years on, heads of government gathered again in New York to review progress made since the 2001 declaration and to plan future action. This meeting, which ran from 31 May – 2 June, was seen as an opportunity by governments, NGOs and activists alike to renew commitment to a

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HIV response and to set targets for the future.

The 2006 summit was also noteworthy for the inclusion of civil society representatives. A working lunch with the Secretary General, Kofi Annan, on Living with HIV and Vulnerability, was an important opportunity for civil society. Kevin Osborne, Senior HIV/AIDS Adviser at IPPF, and Caroline Flint, UK Minister of State for Health, both attended this meeting. These opportunities for civil society participation were a key part of ensuring that people living with HIV were integral to the proceedings.

IPPF played a key role in advocacy before the event, and in lobbying governments during the summit. IPPF Regional Offices, Member Associations and Central Office pushed for the inclusion of Sexual and Reproductive Health and Rights (SRHR) in the declaration. As a member of both the NGO contingent and of some official country based delegation

teams, IPPF was perfectly placed to ensure that the links between SRH and HIV were highlighted.

Agreement from heads of government from across the world is a powerful advocacy tool for future programmes and policy. Promoting the integration of SRH before and during the summit was an opportunity for governments to recognize the importance of this work.

However, for many involved in the HIV response the declaration that resulted from the three day summit was a disappointment. There was a lack of reference to specific vulnerable populations (men who have sex with men, sex workers and injecting drug users), no real reference to targets for universal access, internal contradictions in the targets that suggested support for both US-promoted abstinence campaigns as well as evidence-based and human rights approaches, weak language on the empowerment of girls, and a complete lack of

reference to the bold targets agreed at the African Union summit in 2006.

As Hillary Benn, UK Minister for International Development, said in his closing speech to the General Assembly, "Condoms protect people from HIV... clean needles stop injecting drug users from passing on HIV... abstinence is fine for those who are able to abstain, but human beings like to have sex and they should not die because they do have sex. Now I recognize that some of these truths are difficult and uncomfortable, but I would simply say that we cannot let discomfort get in the way of saving lives, just as we cannot let prejudice get in the ways of the facts."

Despite the reluctance to recognize this evidence, there were some positive developments: a recognition of the need for \$20–23 billion dollars annually to fund a response; commitments to universal access; continued reference to condoms despite conservative opposition;

and recognition of the wider needs of orphans and vulnerable children.

Beyond the disappointment felt by the HIV community, there were some positive points made regarding SRH that will ultimately provide a solid platform from which future action can be taken. Targets agreed at the International Conference on Population and Development (ICPD) were discussed in relation to strengthening action on SRH and its integration with HIV policies and programmes.

Although the 2006 UNGASS summit was a disappointment for many, the challenge now is to ensure what positive developments were made are built upon and used by the SRH and wider HIV community to ensure an adequate response that caters for the needs of all.

The full political declaration is available from http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf

HIV & TB co-infection

A key part of IPPF's work is ensuring that a comprehensive package of HIV prevention, treatment and care is available and integrated into SRH.

The overlaps between HIV and SRH in cause and consequence are mirrored in overlaps between HIV and other health issues, such as tuberculosis (TB).

TB is the most common opportunistic infection in people living with HIV¹. Owing to the degenerative effect of HIV on the immune system, people living with HIV (PLHIV) are vulnerable to TB to the extent that it is the most frequent cause of death amongst PLHIV – accounting for 13 per cent of AIDS deaths worldwide². Not only are PLHIV more susceptible to infection on exposure to TB, HIV also promotes the progression of TB and increases the chance of reactivation of latent TB. The co-infection rate of TB-HIV is high, and in some areas of Africa 77 per cent of TB clients also have HIV. Worldwide, more than 21 million people are thought to be co-infected with HIV and TB³. This is not always active TB, but it is likely to become active if treatment is not available.

The recent UNGASS declaration (see page 2) also emphasizes the need for expanded action on TB - including investment in new drugs, diagnostics and vaccines appropriate for people living with TB-HIV co-infection. A central part of any action must also involve the integration

of TB and HIV programmes, indeed WHO guidelines⁴ place TB firmly within a wide ranging HIV and AIDS care and prevention continuum. This has implications for the bi-directional linkages between HIV and SRH. The benefits of the SRH and HIV linkages can be extended so that action in SRH can benefit TB efforts through reducing HIV incidence and ensuring a comprehensive package of care for people living with HIV-TB co-infection.

This poses implications for IPPF Member Associations in the form of added considerations in HIV prevention, treatment and care programmes. A key strategy for the SRH community could be in establishing stronger referral networks between SRH and TB programmes. In addition, as the most frequently occurring opportunistic infection among PLHIV, it is important that we are aware of, and act upon, treatment and care options, such as the 'DOTS' approach (Directly Observed Treatment, Short Course). This involves a six-month regime of daily treatment⁵ and is highly successful and inexpensive.

Recognizing and acting on HIV-TB co-infection will necessitate building new partnerships, strengthening our referral systems, including TB related information in our HIV counselling and information sharing sessions, and managing and treating TB as a component of our comprehensive HIV package.

1. Stop TB partnership factsheet (available from www.stoptb.org)
2. www.unaids.org
3. www.theglobalfund.org
4. WHO guidelines
5. www.avert.org/tuberc.htm

Ale Trossero

HIV/AIDS Officer, Central Office



Picture: Acknowledgments: Mario Testino

I've been at IPPF a little over 2 years now, and in that time I've been involved in some very interesting and innovative work about linking SRH and HIV. This is quite different from the work I used to do at the International HIV/AIDS Alliance, where I worked for over 5 years. I am now able to dedicate more time to issues of very special interest to me such as how to address the sexual and reproductive health needs of people living with HIV. For too long we have ignored the fact that HIV positive people are sexual beings!

I was involved in the implementation of the GTZ Models of Care programme which was a very rewarding learning curve – both for myself and for the Federation.

It has allowed me to be involved in some cutting edge work and work closely with the Regional Offices to support the implementation of a project in Colombia with men who have sex with men, the delivery of ART in Dominican Republic and Kenya, and community care in Rwanda. The Japan Trust Fund for HIV is also a big and rewarding part of my daily work at the Federation. I feel very lucky to be able to be part of so many diverse projects and get to know what our Member Associations are doing. But the most important part of my work life is to feel part of a great team and be both supported by and supportive of the work done by the HIV team. The workplace would not be the same without the support I get from Nono, Andy, Naana, Fleur, Tim and Kevin!

Partnering with key populations and stakeholders

A JTF funded project in Cambodia

With financial support from the Japan Trust Fund, the Reproductive Health Association of Cambodia (RHAC) has expanded its HIV programme for key populations to Siem Reap.

The project is a clear example of the values that IPPF aims for in linking SRH and HIV: evidence-based programming, a recognition of vulnerability and the full protection of rights.

Siem Reap is a province in Cambodia that is a focus for the tourist industry. Last year one million tourists visited Cambodia, with most of them heading to Siem Reap, the UNESCO world heritage site of Angkor Wat. The tourism industry and the chance of a better life also attracts many Cambodians from rural provinces for work. The area is known to have a high HIV prevalence, yet vulnerability to HIV is not uniform. It is concentrated in certain key populations, such as young entertainers, construction workers and men who have sex with men (MSM).

Young entertainers work primarily as masseurs, beer promoters and as karaoke singers, with many also involved in sex work. HIV prevalence amongst these workers is estimated at 22 per cent¹. Although the provincial health department does have a programme to provide condoms to brothel-based sex workers, this programme has difficulties in reaching the young entertainers as they are more independent and dispersed.

The construction workers are mostly young men who have migrated from rural areas. Their vulnerability to HIV stems from the impact of being away from home, having disposable income and limited access to information.

An initial survey highlighted evidence for this vulnerability; of the young entertainers 60 per cent are involved in paid sex work, and despite relatively high condom use (91 per cent) there is a high incidence of STIs (26 per cent). Of the construction workers, 78 per cent reported

never using condoms with their girlfriends, and 67 per cent thought they were not at risk for HIV infection. Amongst MSM, 46 per cent reported being involved in sex work.

Initial project activity focused on the RHAC clinic itself, training staff and changing the clinic to accommodate more clients. These changes focused on creating a more private clinic space, more convenient opening hours and free services. Extra staff were assigned to the project and counsellors were recruited to specifically work with the key populations. A female counsellor worked with the young entertainers, a counsellor from the



JAPAN
Official Development Assistance



MSM community worked with the MSM, and a male counsellor worked with the construction workers. This was supported by the training of peer educators.

A Cambodian NGO, Men's Health Cambodia (MHC), was already working with MSM in Siem Reap city providing HIV education and advocating for MSM rights and services. Although the MHC refers people to the government voluntary counselling and testing services, only a few clients visit the service site, and even fewer of them collect their test results.

A third strategy of the project, after altering clinic hours and focusing on specialist counsellors, was building partnerships with other organizations in the area. These partnerships allowed RHAC to work effectively by building on the work that was already taking place, and served to support the other organizations, thereby complimenting existing services and filling a gap in the response.

These partnerships included Cambodian Women for Peace and Development (CWPD), the Provincial AIDS Office (PAO), Men's Health Cambodia (MHC), the Cambodian Construction Workers Trade Union Federation (CCTUF), the Apsara Authority and the Agir Pour les Femmes En Situation Precaire (AFESIP). This allowed RHAC to work closely with the key populations most vulnerable to HIV, and to recruit and train the peer educators. The peer educators have a critical role to play in disseminating HIV and STI information and providing the necessary referrals for testing and treatment services.

The strategy of adapting services and clinics to meet the needs of key populations vulnerable to HIV, and meeting them where they are, is critical to an effective HIV response as it ensures that necessary services are available to protect the SRHR of all.

1. HSS survey 2002

Internet resources

Global Network of People living with HIV/AIDS

www.gnpplus.net

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. The central secretariat of GNP+ is based in Amsterdam, The Netherlands. Their website has links to global networks, and a wide range of tools and resources.

UNESCO language guidelines

<http://unesdoc.unesco.org/images/0014/001447/144725e.pdf>

An important factor in the HIV epidemic is the stigma attached to HIV. The use of language has huge power to overcome, or further, the stigma attached to HIV. This guide, published by the UN, is a useful reference for the correct terminology to use when writing, or speaking, about HIV.

Events

October – December 2006: WHR office in New York is hosting an exhibition of cartoons on issues around HIV organized by the Brazilian Ministry of Health

9–10 October 2006: 'Linking reproductive health and family planning with HIV/AIDS programmes in Africa': a conference organized by Johns Hopkins and Addis Ababa Universities, supported by the Bill and Melinda Gates Foundation. Addis Ababa, Ethiopia

1 December 2006: World AIDS Day

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News In Brief

EN supports Lithuanian PLHIV

The IPPF European Network Office showed its support for people living with HIV (PLHIV) in Lithuania by signing an open letter written by Lithuanian activists. Addressed to the Lithuanian Government, the letter openly called for PLHIV to be involved in the national response to the epidemic, with full participation as decision makers. Despite applications from PLHIV for involvement in decision making bodies these have been ignored by the government.

Mombasa Health Information Congress

The Association for Health Information and Libraries in Africa (AHILA) is organizing a conference on 'Millennium Development Goals and Health Information provision in Africa' in Mombasa from 23–27 October 2006. IPPF Member Associations are invited to attend. Please contact Veronica at Family Health Options Kenya, mgichohi@fhok.org.

UNGASS sign on

Following the recent UNGASS meeting (see page 2) IPPF Central Office signed on to a letter to His Excellency, Jan Eliasson, the President of the General Assembly at the United Nations (UN). The letter praised the UN for its steps to include civil society in the proceedings at the summit, noting the important example it sets. However, it also raised concerns over immigration restrictions into the United States for PLHIV, and raised the point that action on these issues was needed to ensure the continued promotion of the GIPA principle (the greater involvement of people living with HIV/AIDS). Finally, the letter promised the United Nations that the political declaration would be used to ensure that HIV policymakers are kept accountable, and that participants were looking forward to the next high level review.

Global Fund Partnership Forum

IPPF representatives recently attended the Global Fund to fight AIDS, Tuberculosis and Malaria Partnership Forum. This bi-annual event brings together all Global Fund stakeholders, governments, the private sector, civil society and people living with the three diseases. The forum is a chance to discuss how the Global Fund operates, to provide feedback and to suggest new ways of working. These suggestions are then put to the Global Fund board for possible future action.

SRH by, and for, YPLHIV

IPPF Africa Regional Office recently hosted a meeting in South Africa to discuss how young people living with HIV (YPLHIV) can be better included in the planning and provision of SRH services and governance structures across the Federation. A guide will soon be published to outline strategies to follow up on these points.

If you have any news that you would like to include in this section, please contact us.

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