

# HIV/AIDS NEWSLETTER

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From choice, a world of possibilities

## People and Participation

Much of our work on HIV at IPPF focuses on fostering greater collaboration and partnership between the HIV/AIDS and sexual and reproductive health (SRH) communities.

by **Kevin Osborne**

For too long these communities, linked by their shared desire to make a tangible difference in the lives of those affected by HIV, have been on parallel tracks. But things are changing rapidly. Central to this is the development of meaningful partnerships. Our key strategy has been the establishment of new partnerships with key role players but equally important is our ability to nurture meaningful partnerships within an ever changing and dynamic field.

The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) was launched in 2002 and is one of the largest international mechanisms for disbursing funds for HIV, TB and Malaria programmes. Recent research commissioned by IPPF has looked at the level of involvement of SRH organisations in the GFATM (p3). The findings are extremely illuminating and have led to a series of exciting recommendations on how collaboration can be improved.

From an advocacy perspective and in the face of increasing opposition, the consolidated voice of civil society needs to be heard in a number of priority areas. The development of the NGO Code of Good Practice is an excellent example of collaboration among various NGOs, and an update on the Code (p2) shows how NGOs are working together to enforce collective standards in the response to the HIV epidemic. Several Member Associations and Regional Offices are signatories to the Code and IPPF - together with the International Federation of the Red Cross and Red Crescent Societies, ICASO, the AIDS Alliance, Care International and GNP+ - is on the steering committee.

Meaningful participation by affected populations is crucial to our work. The inclusion of all those who need care, such as young women, girls, refugees and men who have sex with men, is imperative. One of the glaring omissions to date is the ability to involve injecting drug users (IDUs): in this issue we begin to explore their specific SRH and HIV prevention, treatment and care needs, and how these can be met (p2). We pride ourselves on the commitment and passion of our staff and volunteers. Around the world, our staff are strengthening

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their involvement in HIV work. A new feature of this newsletter will be an interview with some of the people who bring meaning to our work. Focusing on what we do internally and ensuring we do it well is important, but we also need to engage with others, so we become and remain a solid and credible partner, to ensure our HIV policy and programmes are part of a coherent, effective response. Love Kevin. (*Senior HIV/AIDS Adviser*)

## IDUs: Recognizing Vulnerability

### The SRH of Injecting drug users

Injecting drug use is a key factor driving the HIV epidemic in many parts of the world. Injecting drug users (IDUs) are significant populations within epidemics across Western and Eastern Europe (most notably Russia), North and Latin America, as well as Central and Eastern Asia. Iran and Northern India are two areas in particular in Asia where injecting drug use is key to the HIV epidemic. In the worst affected countries, more than 80 per cent of drug users are HIV positive<sup>1</sup>.

Sharing needles for injecting drugs and having unprotected sex

increase the risk of HIV infection for IDUs and their partners. IDUs are more vulnerable to HIV due to their marginalization within society, where drug use is often seen as 'wrong'. Consequently, IDUs can struggle to gain acceptance within society which can lead to stigma and discrimination. This stigma and discrimination can make IDUs unable to access HIV prevention, treatment and care services and this lack of access increases vulnerability to HIV. The transmission of HIV occurs rapidly among IDUs, and can quickly link to the general population through their sexual partners. In some areas there are also crossovers with sex work.

The fact that IDUs and their sexual partners are vulnerable to HIV, and that this can stem from their unmet sexual and reproductive health

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needs, has implications for IPPF and has been recognized in the work of our MAs.

Through the Japan Trust Fund for HIV/AIDS, IPPF has recently started funding the MA in India to undertake a project in Nagaland in Northern India, close to the border with Nepal. They will focus on HIV prevention for IDUs and their sexual partners, providing comprehensive SRH services, including clean needles and syringes. Programmes such as these ensure services reach those that need them the most.

In order to improve programmes and protect the human rights of IDUs, the Canadian HIV/AIDS legal network is producing a publication that will argue for the greater involvement of people who use illegal drugs in the fight against HIV/AIDS saying that involving them in the fight against HIV/AIDS is essential for an effective response. Like the GIPA principle (the greater involvement of people living with HIV/AIDS), it argues that the participation of affected populations improves

programme outcomes by ensuring services are appropriate as well as empowering for the populations participating.

<sup>1</sup>UK Govt, December 2005, 'Harm reduction, tackling drug use and HIV in the developing world'.

The Canadian HIV/AIDS Legal Network ([www.aidslaw.ca](http://www.aidslaw.ca)) promotes the human rights of people living with and vulnerable to HIV/AIDS, in Canada and internationally, through research, legal and policy analysis, education, and community mobilization. For more information on this project with IDUs visit [http://www.aidslaw.ca/Maincontent/issues/druglaws/greater\\_involvement.htm](http://www.aidslaw.ca/Maincontent/issues/druglaws/greater_involvement.htm) - the materials are aimed mainly at a Canadian audience, but will also be useful for people in other countries.

UNAIDS position paper on injecting drug use [http://www.unaids.org/en/Policies/Injecting\\_drug\\_use/default.asp](http://www.unaids.org/en/Policies/Injecting_drug_use/default.asp).



## Taking the Code forward

Just over a year ago the Code of Good Practice for NGOs Responding to HIV/AIDS (the Code) was launched with the endorsement of over 160 NGOs. (see issue 3 of this newsletter), including many IPPF Member Associations and Regional Offices. The aim of the Code is to strengthen the collective voice of NGOs calling for evidence-based, quality programmes that respond to the needs of the community. The Code Steering Committee (of which IPPF is now a member) has recently appointed a Project Manager whose main task is to secure the necessary funds to set up a Secretariat. The Secretariat will then provide guidance to support NGOs in their efforts to realize the Code's principles.

Progress over the last year has included:

1. A consultation exercise that revealed the type of support needed by NGOs wanting to implement the Code. NGOs' views are informing the strategy and funding proposal for the implementation phase of the project.

2. The formation of a six-member Steering Committee. Together with IPPF, the other five members are: CARE International, Global Network of People Living with HIV/AIDS, International Council of AIDS Service Organizations, International HIV/AIDS Alliance and International Federation of Red Cross and Red Crescent Societies. An Advisory Committee of 12 members will be set up later once funding has been secured, and signatory NGOs will be invited to nominate themselves on to it.
3. Building IPPF staff knowledge of the Code in competency workshops with Member Associations. Our members now need to report on how they are using the Code in their work.
4. The International Council of AIDS Service Organizations including a commitment to the Code as part of their criteria for selecting project partners.
5. Care International leading an initiative to review civil society involvement with governments for UNGASS, and is using the Code as a framework in developing accountability tools.

The Code will be presented at the plenary of the 1st International Conference on Reproductive and Health Management, 3-5 May in the Philippines.

For more information on the Code visit [www.ifrc.org/what/health/hivaids/code/index.asp](http://www.ifrc.org/what/health/hivaids/code/index.asp)

## The People at IPPF

Nino Susanto, Indonesia



Nino is a 24-year-old youth volunteer with the Jogjakarta chapter of the Indonesian Planned Parenthood Association. His work focuses on advocating for the sexual rights of young people living

with HIV and young people with diverse sexual orientations. Nino, obviously motivated and enjoying his work, said "I wanna do something useful to my community...to share my knowledge about Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) issues and how good it is to be free as who you are."

As the Asia Pacific regional focal point for the Global Youth Coalition on HIV/AIDS (GYCA), he devotes a lot of his time to raising awareness of these issues, largely through the medium of film and arts. He is the festival director of the annual Q! film festival (an international film festival showcasing LGBTQ and HIV/AIDS related films). As he explained, this role allows him to build on his own experiences: "I want to share my happiness of accepting yourself for who you are. And it all started with my personal experience that through films and arts I gained more knowledge, and it really touched my heart and empowered me to choose whatever I want to be."

The recent festival was a huge success, involving volunteers (mainly young people) from both the PLHIV and LGBTQ communities. Events like these are essential for raising the profile of HIV and SRH issues in Indonesia, and wouldn't happen without volunteers like Nino.

If you would like to contact Nino to hear more about his work, you can email [nino@youthaidscoalition.org](mailto:nino@youthaidscoalition.org)

# The Global Fund & SRH organizations

## IPPF Research on MAs' experiences

The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) was created in 2002 to provide a 'war chest' of funds to fight the three diseases. The GFATM collects donations from public and private sources: governments; foundations and the business sector. It aims to channel these funds directly to the countries and communities most in need. The GFATM is a unique funding mechanism because of the strength of its commitment to the participation of civil society.

The fund works at a national level through Country Coordinating Mechanisms (CCMs). These are bodies with representatives from government, civil society, the private sector and people affected by the three diseases. The CCM develops a strategy and submits proposals for funding to the GFATM secretariat. The proposals are reviewed and approved by the Board, if suitable. Funds are channelled to the country through a Principal Recipient (PR) that is appointed by the CCM, and responsible for disbursing funds and ensuring that the proposed programme activities are implemented.

Since 2002 the GFATM has committed \$4.7 billion to 154 programmes in 93 countries. However, making this system effective has proved challenging. In particular, the experiences of organizations working on sexual and reproductive health (SRH) have been varied and relatively unexplored.



In an effort to evaluate the status of SRH involvement, IPPF commissioned research on the involvement of Member Associations (MAs) in the GFATM to date, looking at the challenges, opportunities and successes that this involvement has had and/or could present. The research involved interviews with key officials as well as questionnaires

sent to MAs in all six IPPF regions. This research was part of the Models of Care programme, a partnership between IPPF and the German Technical Cooperation (GTZ).

The research found that MA experience of CCMs has been varied. Some MAs have faced difficulties in accessing funds from the GFATM. For example, in Sri Lanka, HIV is not frequently discussed and the government holds sway over the GFATM process to the exclusion of civil society. In other countries however, the process has been beneficial. For example, for the MA in Vanuatu, involvement in the CCM has increased their knowledge of other partners' responses and improved coordination with other sectors.

The report highlights the challenges posed by the role of PR. Some of these include significant time and staff commitments, with cost implications as well as logistical challenges. MAs considering such a role need to consider these constraints.



However, many MAs were unsure of the role of the PR and some expressed doubts as to how transparent the selection of the PR was.

The report indicates that a significant number of MAs involved in the research had submitted proposals, with just over half of them being successful. Lack of capacity with respect to developing robust proposals was identified as a key limitation among MAs who did not succeed in obtaining funds. MAs that were successful have been able to expand their work on HIV related projects.

Despite potential obstacles to MA involvement in the GFATM, there are benefits, and IPPF can play a positive role, especially in increasing the profile of SRH within the GFATM's work. The integration of SRH into HIV responses is clearly beneficial for organizations and recipients alike, as well as consistent with the core work of IPPF.

The report suggests a series of recommendations which include:

1. MAs should get involved in their CCM: through becoming a member, partnering an existing member, or joining a network that advocates to their CCM.
2. Limit government control of the CCM: MAs should advocate to their CCM for adequate civil society representation and involvement of people living with the three diseases, especially people living with HIV. This should include targeting CCM members and the CCM chair, using the GIPA principle as a key reference.
3. Advocate for inclusion of SRH issues in GFATM proposals: MAs should highlight the important linkages between HIV/AIDS and SRH and advocate for the inclusion of SRH organizations in the GFATM, particularly organizations working with vulnerable populations.

4. Build cross-country partnerships to strengthen proposals: MAs in countries ineligible for funding should support other MAs in capacity building (e.g. proposal writing) and advocating to their own governments for increased funding.

Based on this research, the Global AIDS Alliance has developed guidelines to fill the information gaps identified by IPPF. The guidelines are designed to encourage more funding proposals from SRH organizations and to build the capacity of organizations to join their CCMs.

The Global Fund offers a vital opportunity to realize and expand IPPF's services. It is an opportunity that should not be missed.

Copies of the report, *SRH organizations & the Global Fund: Research into the experiences of IPPF MAs in relation to the Global Fund to fight AIDS, TB and Malaria* are available in English, Spanish or French.

Please contact IPPF Central Office (see below for contact details), or visit the IPPF website, [www.ippf.org](http://www.ippf.org) for copies. More information on the Global Fund to fight AIDS, Tuberculosis and Malaria is available from their website – [www.theglobalfund.org](http://www.theglobalfund.org)

Copies of the Global AIDS Alliance guidelines are available from: [http://www.globalaidsalliance.org/docs/Global\\_Fund\\_Round\\_6\\_HIV\\_and\\_SRH\\_Guide\\_FINAL\\_5.17.06.pdf](http://www.globalaidsalliance.org/docs/Global_Fund_Round_6_HIV_and_SRH_Guide_FINAL_5.17.06.pdf)

## Events

**31 May – 2 June 2006: UNGASS**, New York, USA

**9-12 August 2006: IPPF HIV/AIDS Competency Workshop**, Toronto, Canada

**13-18 August 2006: International AIDS Conference**, Toronto, Canada

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

## Internet resources

### AIDS portal

[www.aidsportal.org](http://www.aidsportal.org)

The AIDS portal is an information and knowledge exchange tool. It gives access to resources and tools, and allows users to 'upload' their own documents on to the website for others to access. It also fosters networking and contacts with other professionals, with moderated online discussions. Membership is free, and can be gained by visiting the site, or emailing [rob@aidsonsortium.org.uk](mailto:rob@aidsonsortium.org.uk)

### ICW

[www.icw.org](http://www.icw.org)

The International Community of Women living with HIV/AIDS is an international network that aims to share the experiences, views and contributions of women worldwide who are HIV positive. The website has links to ICW publications as well as giving news and updates on the network's activities.

## HIV/AIDS Team & Contact Details

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## News In Brief

### European Y-SAFE Network

The Y-SAFE network (Youth Sexual Awareness For Europe) is for young people working with the European MAs to come together and share experiences and learn from each other. CO staff met the group and discussed general issues around HIV and the epidemic in Europe. The network is a good opportunity for the participants working in HIV to learn from each other and build their own knowledge to help their work back in their home countries.

### Mexico: IAC 2008

Mexico has been chosen as the first country in Latin America to host the biennial International AIDS Conference, the world's largest and most influential gathering on HIV/AIDS, in 2008. The Conference (AIDS 2008) will be held from 3 to 8 August in Mexico City. The Conference, being held this year in Toronto, is the single most widely covered health event in the world.

### Condoms 4 Life

IPPF Central Office has recently declared its support for the 'Condoms 4 Life' Campaign, an initiative led by Catholics for a Free Choice. It is a world-wide campaign, highlighting how the ban by Catholic Bishops on condoms can have devastating effects on health. For more information on the campaign visit [www.condoms4life.org](http://www.condoms4life.org)

### Central Office 'Sign-ons'

IPPF central office has recently signed on to a number of campaigns by other organizations to show its support. These include:

**1. Medics Sans Frontieres (MSF) Kaletra Campaign**

MSF are leading a campaign encouraging Abbott, a pharmaceutical manufacturer, to make its antiretroviral drug 'Kaletra' available in developing countries. This drug doesn't need refrigeration so is highly suited to many developing countries, yet it is currently only available in a few developed countries.

**2. Women, the girl child and HIV/AIDS**

IPPF has also signed on to a statement by the Commission on the Status of Women concerning HIV/AIDS.

### GCWA: progress report

The Global Coalition on Women and AIDS, of which IPPF is a key member, has recently published a report on its progress in 2005. The report provides an overview of GCWA achievements in the three strategic areas of country level action, high level advocacy, and evidence/policy development. It highlights specific publications and policy recommendations across its seven action areas. For a copy of the report please visit [http://data.unaids.org/Publications/IRC-pub06/JC1210-GCWA-ProgressReport-2005\\_en.pdf](http://data.unaids.org/Publications/IRC-pub06/JC1210-GCWA-ProgressReport-2005_en.pdf).

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