

HIV/AIDS NEWSLETTER

Issue 5 February 2006

Time to deliver

As we all start to implement our activities for the year ahead, it is worth pausing to consider wider objectives and issues

by Kevin Osborne

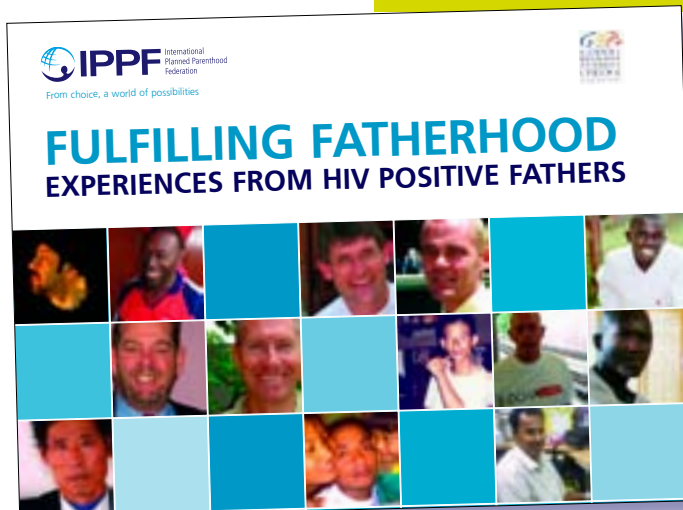
Not just individual or team objectives, or even those of IPPF, but of the wider HIV/AIDS and sexual and reproductive health (SRH) communities. 2006 is to be the year of action. For many, the International Conference in Toronto in August will be a culmination of much of their activity. This year it has the theme of 'Time to Deliver' as it seeks to establish a collective effort for us all to meet the targets that have been set. Actually meeting the realistic targets for treatment, care and prevention remains a challenge. Under the auspices of the upcoming UNGASS meeting in July, these targets are not just for governments and international agencies, but for NGOs and grassroots civil society groups as well.

A consideration of these broader goals is useful for assessing our own work at IPPF. We now have a blueprint for how we should be approaching the AIDS epidemic: Member Associations, Regional Offices, and Central Office together. Our Strategic Framework places HIV/AIDS securely at the very heart of all IPPF activity and we now need to ensure that this policy is followed by swift, and effective, programmatic action to ensure that we deliver. Last year saw our efforts in HIV/AIDS and SRH mainstreaming bolstered by the publication of the joint IPPF, UNFPA, WHO, UNAIDS 'Linkages Framework', featured in the last newsletter, this explicitly identifies the links between SRH and HIV/AIDS. However, real delivery rests in acting on these linkages. And in ways, large and small, this is happening in Member Associations around the world.

Programmatic integration, particularly involving men and boys, is highlighted in this newsletter. The innovative work featured by PROFAMILIA in Colombia is a good

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example of integrating HIV in order to reach those key populations especially vulnerable to infection, in this case Men who have Sex with Men (MSM). Similarly, recent reports (too early to act upon at this moment) on male circumcision as an HIV preventative measure could have implications for male SRH. The role of men is also highlighted in the joint IPPF/GNP+ (Global Network of People living with HIV/AIDS) publication, 'Fulfilling Fatherhood', which gives the personal stories of 13 HIV positive fathers. This also demonstrates the need for lasting partnerships that bring together the SRH and HIV/AIDS communities as we collectively aim to reach a common goal. Wishing you a year of AIDS action! Love Kevin (Senior HIV/AIDS Advisor)

ICASA 2005: a reflection

Africa's regional conference, Nigeria

by Andy Guise

The International Conference on AIDS and STIs in Africa (ICASA) was held in Abuja, Nigeria, in early December 2005. It was the 14th conference in this series and was intended to draw scientists, NGOs, decision makers and activists together.

IPPF sent a strong delegation consisting of central and regional office staff, young people and people living with HIV to the conference.

In many respects the conference was a success. It allowed IPPF to highlight recent work and to advocate for specific issues relating to

SRH. IPPF was noteworthy in hosting innovative and well attended sessions challenging the existing mainstream approaches. A skills building session, 'Listening to our sexual voices: SRH needs of PLWAs' was highly over-subscribed. This topic, although necessary, did come up against conservative opposition.

A panel lead satellite session: 'Youth vulnerability

and HIV/AIDS' highlighted the challenges IPPF faces in responding to the needs of young people. The session sought to recognise the realities of youth vulnerability and sexuality. This provoked vocal opposition from some who oppose condom access for youth. However,

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the panel responded well with strong arguments and evidence, rather than relying on passion alone.



IPPF's conference banner ICASA

The conference was successful in providing an opportunity for people to come together. Although poor organisation and a failure to adequately include PLHIV in the conference programme and organization disrupted the conference for many.

It is a shame that the effort and resources put in by so many from the Africa region were not reciprocated by the organizers. It can only be hoped that these problems are responded to, thus ensuring that ICASA can be a more useful event for the HIV/AIDS community.

Circumcision as prevention?

There have been suggestions for several years that male circumcision could help prevent female to male HIV transmission. Such claims have been supported by a 2005 South African study.

From a sample of men some were offered circumcision at the start, and others at the end of the trial, to compare the levels of HIV infection. The study was stopped early on ethical grounds as the evidence to show circumcision as reducing female to male transmission was so strong. These findings have since been supported by other studies. Such findings, although hugely promising, should be approached with caution, as circumcision itself raises other issues.

Several reasons have been offered for these findings. Some have suggested that the supposed reduction in transmission is due to behavioural differences caused by the underlying culture that promotes circumcision. For example, that cultures that routinely practice circumcision are perhaps more likely to abstain from sex or have only one partner, thus reducing risk of HIV transmission, without circumcision being a factor. However, a study in India on a group of men from a similar age group, with similar sexual behaviour and levels of condom use, found that uncircumcised men had an eight times higher risk of HIV infection.

Other, physiological, reasons have been suggested. Firstly, that the inner surface of the foreskin is not as thick as other surfaces of the penis and so can be more easily penetrated by the HIV virus, hence making uncircumcised men more vulnerable. Secondly, circumcision has been linked to

protecting against ulcerative STIs which can act as a method of entry for HIV. Thirdly, that the foreskin provides an environment that allows HIV to survive for longer.

Further significance of circumcision as a possible preventative measure is that it provides another means for men to become involved in HIV prevention. The South African study reported a willingness among men to get circumcised. Equally, hospitals in Swaziland have reported a huge and sudden increase in the popularity of circumcision, with hospitals that once rarely performed the procedure now having two month waiting lists.

These **tentative** findings are hugely significant, but using male circumcision as a preventative measure needs to be approached **with caution**, for several reasons:

1. Male circumcision will not offer total protection against HIV. Following this, there is a risk that men could become circumcised and continue practicing unsafe sex.
2. Circumcision may not always be culturally appropriate.
3. If practiced in unsanitary conditions, there could be other damaging effects that could affect an individual's future sexual and reproductive health.

In summary, this recent news on male circumcision is a positive development and offers hope for new prevention strategies. The evidence should be approached with caution as there are risks, and it should not distract us from promoting other prevention measures that we know already work.

See

www.aidsmap.com, www.kaisernet.org and www.hawaii.edu/hivandaids for more information.

SRH Rights of MSM

Promoting sexual rights and HIV/AIDS prevention in Colombia

In much of South America, sex between men and drug use are the most important routes of HIV transmission. While the adult rate of HIV infection in Colombia today remains at a relatively low level (0.4 per cent), the Men who have Sex with Men (MSM) population continues to be the most affected by the pandemic, with an 18 per cent HIV incidence rate.

With funding from the GTZ Back Up Initiative, PROFAMILIA Colombia, an IPPF Member Association, began working with MSM in an innovative HIV prevention project. Focusing on media efforts and clinic training, the project aimed to reach MSM and their female partners with high-quality and appropriate sexual and reproductive health services provision.

More than 200 staff from PROFAMILIA's 35 clinics were trained in HIV/AIDS integration, promotion of sexual rights and prevention of HIV/AIDS among MSM and their partners. This series of workshops focused on sensitizing staff to sexual diversity issues to ensure that services were tailored to the specific needs of MSM.

The materials were innovative in being able to reach the different target groups with one campaign

Information, education and communication

The training was complemented by a media campaign, to educate each target group on HIV/AIDS and to attract them to PROFAMILIA's services. PROFAMILIA collaborated with a local advertising agency and used focus groups to develop promotional materials. They were designed to reach a variety of audiences including: men who identify as gay; men who gather in homosocial spaces (such as prisons, armed forces); and female partners of MSM.

The materials were innovative in being able to reach the different target groups with one campaign. It used an 'umbrella phrase', **the most manly man** (in Spanish - **El hombre mas hombre**), which has two meanings. It alludes to the topic of masculinity, but also makes it possible to think of two men together. This phrase was used to make creative slogans for each population:



1. Gay men: The most manly man LIVES his sexuality! The word 'live' was used to mean 'enjoy', but also to say 'to live I must protect myself'.
2. Men in homosocial spaces: The most manly man takes care of his health and protects his life! The idea was to reach men who first think of themselves before thinking of their partners.
3. Women: The most manly man says YES to protection! The message aimed to encourage women to suggest the use of condoms to their partners.

Lessons learned

1. **Reaching men who have sex with men**
Work with MSM goes far beyond sex. It is important to incorporate gender, gender roles, sexual identity, socio-cultural context, peer pressure, power relationships and rights. The MSM population is also not located in a specific place. It is diverse and includes groups such as gay men, bisexual men and men in homosocial contexts. Recognizing this diversity makes it possible to establish different strategies to reach MSM.
2. **Sensitive communication**
The communication strategy should be based on rights, gender and the experience of sexuality in everyday language. For example, any woman could be the partner of a MSM, but few think that it could happen to them. For this reason, a message directed to women has to explore issues of gender, condom negotiation and promoting HIV testing, rather than suggesting that their partner could be involved with another man.
3. **Listening to people's experiences and needs**
It is vital to ground workshop discussion and the content of materials in local experiences and the

realities of Lesbian, Gay, Bisexual and Transsexual (LGBT) people and others living with HIV. Projects like this should determine key moments to measure the stigma and discrimination experienced by users when they come into contact with service providers. Their personal experiences can then inform improving future service delivery.

4. Responding to difference

The perception of sexual practices among men is not the same in all parts of the country. There is clear resistance in some areas, where models of masculinity are more rigid and heterosexist. Therefore, it is vital to consider regional trainings when thinking of addressing topics related to sexuality, sexual diversity and gender. PROFAMILIA also has to respond to the particular needs of different



target groups, for example, transgender people.

HIV/AIDS education for MSM and for women who are partners of MSM should be complemented by appropriate services and trained staff to address their counselling, education and service needs.

Models of Care

The Colombia MSM project demonstrates the value of using innovative strategies to address vulnerability, and of responding to the specific ideas of masculinity and femininity that exist within a particular society. Also, that a full consideration of sexual diversity is essential to protect the SRH rights of all.

This project is featured in detail in the IPPF publication '**Models of Care: linking HIV/AIDS treatment, care and support in SRH care settings**'. The booklet features four projects that were funded by GTZ (an international development agency funded by the German government) and was printed in January 2006. This publication is available on request from IPPF Central Office.



Fulfilling Fatherhood:

HIV positive Fathers from around the World

An important message of a new booklet, **Fulfilling Fatherhood: Experiences from HIV Positive Fathers**, is that HIV positive fathers are key agents of change in the HIV/AIDS epidemic. This joint publication with the Global Network of People living with HIV/AIDS (GNP+), launched for World AIDS Day last year, reveals with candid detail the lives of thirteen HIV positive fathers from around the world.

The experiences of the fathers offers insight into the complexities of family life when living with HIV, like those of Christo Greying in South Africa, who says: "Some people are amazed that my wife and I are parents, while others think we were irresponsible. They don't know all of the research and testing we did, and precautions we took to limit the risk to my wife, who is still negative. When I told my parents we were pregnant my mother was in tears and my father had to take a walk to absorb it all. It was more than we dreamt could happen. The impossible had come true." Meanwhile in Sri Lanka, Aruna continues to face much discrimination: "Being a positive father is not easy. I see my son for fifteen minutes once a week. I have only picked him up and hugged him maybe two or three



times in seven years because his mother is afraid that he will become infected. She is afraid that if he pinched me or scratched me accidentally he could touch my blood. Her family tells my son not to touch me because of HIV. For me, knowing my status changed how I am with my son. I can't touch him or hug him like any ordinary father can any more. I have to love him from a distance."

HIV positive fathers are pivotal in shaping the lives of their children and families, and in providing a role model to address stigma and discrimination. These honest and highly personal stories from fathers who have chosen to speak out and live openly with HIV not only serve to demonstrate the complexity of parenting in the context of HIV/AIDS, but also act as a catalyst to better understand how the world needs to respond to the epidemic.

Fulfilling Fatherhood highlights the need for more understanding of the needs of HIV positive people and for more emphasis on 'positive prevention', an essential ingredient in linking efforts aimed at HIV prevention and care. Positive prevention helps people living with HIV/AIDS to better protect their health, avoid other sexually transmitted infections and avoid passing HIV on to others.

News In Brief

Award for Dominican Republic MA

The WestWind Foundation supports an awards program to recognize and fund innovative programmes in Member Associations in the Western Hemisphere Region. Asociacion Dominicana Pro-Bienestar de la Familia (PROFAMILIA) received the award for 2005 and have subsequently received \$10,000 to allow them to continue work on their projects.

ESEAOR awarded UNAIDS TSF funding

The ESEAOR office has recently been awarded funding to run a UNAIDS backed Technical Support Facility (TSF). The TSF will strengthen local and regional competency to respond to the HIV/AIDS epidemic by offering services on request to national AIDS coordinating authorities, government ministries and departments, civil society, NGOs, the business sector and development agencies in the South East Asia and the Pacific Region. These services will include: providing technical assistance to country partners; assisting the development of national and regional consultants; and encouraging a harmonized and collaborative approach to the delivery of technical assistance

This is further evidence that IPPF is being recognized as being able to provide a quality HIV/AIDS service. Our congratulations to everyone involved in the bid.

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

Internet resources

Global Health Facts

www.globalhealthfacts.org

Sponsored by the Kaiser Foundation, this is a web resource that gives country by country data for HIV, TB and Malaria amongst others. The site is easy to navigate and provides the latest statistical data for the areas you request, it also gives links to the latest news stories on health issues relating to the specific country or region.

AIDSmap

www.aidsmap.com

This site gives daily news on developments in HIV/AIDS, with searchable databases of HIV treatment and care and worldwide HIV organization listings. The material on the site has a high bio-medical/technical content and so may not be suitable for all areas, but is a good resource for the latest scientific developments in HIV.

Events

23-26 April 2006: Microbicides 2006, Cape Town, South Africa

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: the IAS conference is a very important event, here are some of the upcoming deadlines to help with your preparations:

22 February 2006: Discounted registration ends

Abstract submissions closes

15 March 2006: Global village & cultural programme applications close

31 March 2006: Satellite meeting applications close

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