

HIV/AIDS NEWS RELEASE

Issue 4 November 2005

JTF TRAINING

September 2005 saw the annual Japan Trust Fund for HIV/AIDS (JTF) training taking place for selected MAs in Africa and Asia.



by Kevin Osborne

The JTF training assisted MAs in HIV/AIDS project planning and proposal development, and focused on ways of meeting the prevention needs of vulnerable populations and HIV positive people. The training culminated in MAs developing Action Plan project proposals (and applying the skills developed through the training) that will be funded by the Government of Japan.

Innovation is key to the JTF funded Malawi project featured in this newsletter. The Family Planning Association of Malawi (FPAM) have implemented this project, taking VCT and STI services to vendors in the local market place and allowing access to services where previously this wasn't possible. The project has recently been independently evaluated and is seen as a genuinely groundbreaking piece of work.

This initiative in Malawi and others like it are strong examples of the integration of SRH and HIV/AIDS services, as it combines the delivery of SRH and VCT services, optimizing the links between HIV/AIDS and sexual and reproductive health. These linkages, and the benefits to treatment and fighting the HIV epidemic, are now formalized in a framework document (also featured in this issue) developed by IPPF in collaboration with UNAIDS, UNFPA and WHO.

This time of year is always busy, with World AIDS Day on the 1st December. This

is a chance for people to focus attention on AIDS throughout society. It raises awareness, so crucial to fighting stigma, and most importantly it acts as a reminder that action still needs to be taken. The theme this year is 'Stop AIDS. Keep the promise'. Instrumental in our response is the ability of governments, policy makers and NGOs to live up to the targets and promises that we have all collectively committed ourselves to. And for IPPF it is to effectively mainstream HIV/AIDS into all our work – at the policy, programme and personal level.

IPPF is producing a booklet, 'Fulfilling Fatherhood: Experiences from HIV Positive Fathers' that will be launched for World AIDS Day. This will relay for the first time the stories and SRH experiences of HIV positive fathers from around the world. Highlighting these real life stories raises the important role of men in promoting SRH and preventing the spread of HIV/AIDS, increases awareness of positive prevention issues and acts as an advocacy tool.

IPPF will take advantage of the opportunity of World AIDS Day to help voice the hopes of those most vulnerable to infection. Join me in keeping our promise to ensure that the linkages between HIV/AIDS and SRH responses are optimised at all levels.

Take Care,
Love Kevin
(Senior HIV/AIDS Adviser)

Contents

JTF Training	1
Synergising	1-2
Prevention in a tablet	2
Mitundu Market	3
A Framework for Priority Linkages	3-4
Events	4
Internet Resources	4

Synergising HIV/AIDS and Sexual and Reproductive Health and Rights

A Manual for NGOs

A new manual for NGOs has been launched by AIDSNET, a network of AIDS and development NGOs in Denmark, which includes Sex & Samfund, the Danish MA of IPPF. The manual draws on the wealth of experience in the field of sexual and reproductive health and rights (SRHR) and other public health related issues. It provides practical guidance to NGOs working in low-income countries by addressing issues such as 'Mainstreaming HIV/AIDS, SRHR and gender', 'The rights-based approach', 'Sexual Minorities and same-sex sexual activities', 'Abortion and post-abortion care', and 'District Health Planning'.

A 'south panel', a group representing various NGOs from countries across Africa, has ensured that the manual meets the needs of organisations working in HIV/AIDS. Peer reviewers based

continued on pg 02

in various UN organisations, Danida, and Nordic universities have also been involved, so it represents both Nordic and Southern viewpoints, anchored in a solid base of evidence.

All of the 28 short chapters emphasise important 'entry points' for NGOs and include annotated resources. As a whole, the manual is structured to be user-friendly, relying on explanatory boxes, concrete

examples and cases of good practice or common approaches as well as links to more information and tools. This is a practical, easy-to-use reference piece to be consulted when you need answers to specific questions or inspiration on how to deal with them in practice.

The manual is an excellent resource for IPPF Member Associations and we hope as many as possible will be able to access it. The manual is



meant to be shared as widely as possible and is available to download, free, from www.manual.aidsnet.dk.

The Manual is published by AIDSNET and WHO/Europe, November 2005

Prevention in a tablet

Tenofovir is a pre-exposure prophylaxis, or 'PREP', and no drug has yet been licensed for this purpose. With five million new HIV infections every year, and 14,000 new infections per day, the prospect of a drug to prevent HIV infection is both exciting and necessary. Although HIV/AIDS infection rates can be reduced through behavioural prevention interventions (like sex education in schools and community prevention campaigns) and access to current prevention tools (like condoms and clean needles) these are not enough to stop the epidemic from spreading. It is also not that easy for many people world wide (young married women being one example) to negotiate condom use.

As vaccines and microbicides may still be years away, tens of millions of people will probably be infected with HIV before these new technologies are available. If it is effective, tenofovir and other PREP drugs could conceivably prevent millions from becoming infected. Research on tenofovir as a prophylactic has already stirred international controversy. Even if it does reduce the risk of transmission, tenofovir PREP might be only partially effective, conferring protection well below 100% of the time.

Tenofovir was chosen as a promising agent for PREP for several reasons: it is taken once daily, can be taken without food, and also has a strong safety record, limited side effects, and a favourable resistance profile. New research has demonstrated the ability of tenofovir to reduce the risk of transmission of simian immunodeficiency virus (SIV) to monkeys. SIV is a virus commonly used in monkey research to model HIV infection in humans. Of course, humans may not respond in the same way. Tenofovir is not perfect, and no one knows how safe it would be for HIV-negative people to use day after day for years. Among HIV positive people taking tenofovir in combination with other drugs, side effects have been relatively rare. In those who do report side effects, nausea, diarrhoea, vomiting and intestinal gas are the most common complaints. There is some evidence that tenofovir may affect the liver or kidneys in people with HIV, or result in a small decrease in bone density in some patients.

Perhaps the closest precedent for PREP is provision of nevirapine, AZT, and/or other drugs to prevent mother-to-child-transmission (MTCT) of HIV during pregnancy or childbirth. Post-exposure prophylaxis (PEP), in which antiretroviral

drugs are initiated soon after possible exposure to HIV, is used in many health care settings. However medication that can prevent HIV/AIDS infection even occurring has obvious potential. People at elevated risk of infection all over the world could take a pill daily and significantly reduce their risk. This might give individuals some level of protection even if they failed to use other protective measures (such as using a condom) or if a condom broke. Using tenofovir as a PREP would be particularly advantageous for people in sero-discordant relationships, or people who may feel unable to insist on condom use, including sex workers or people who feel less powerful than their partners in sexual situations. PREP (like vaccines and microbicides) would be a 'female-initiated intervention', it could protect women (and men) who are victims of sexual violence or coercion, or are afraid to insist that their partners use condoms. PREP could also help streamline HIV prevention and treatment efforts by encouraging more people to come forward for testing (knowing that both prevention and treatment drugs were available) and helping health care personnel integrate prevention services into their medical practice.

Tenofovir is currently being tested in seven countries (United States, Peru, Ghana, Cameroon, Botswana, Thailand and Malawi) for

possible use as a product that HIV-negative people could take regularly to reduce their risk of HIV infection.

In mid-March, Family Health International decided to cancel its trial in Nigerian sex workers after local researchers failed to reach "the necessary scientific standards". In February, Cameroon authorities stopped a tenofovir trial in sex workers. There have been accusations of researchers acting unethically by not supplying treatment after the study, and by choosing to do their trial in women at high risk in a part of the world where a study is cheap. These ethical concerns have slowed the process down. The Thai trial in injecting drug users was approved in early March, but an AIDS lobby group castigated the researchers for not providing treatment after the study and for not supplying free clean syringes and needles.

There are many issues and obstacles that need to be overcome regarding the trials but the end result I think we all can agree on. Finding a solution to prevent the infection of HIV/AIDS will be both welcomed and applauded on a global scale.

For more information please go to this link: <http://www.aidsmap.com/en/docs/50889255-9630-4C55-A136-18F3409AEF9E.asp>

Bridging the gap

Reaching out to young vendors at Mitundu market, Malawi, with VCT and STI services



Mitundu market, situated 38 kms from Malawi's capital city of Lilongwe, is one of the busiest markets in the district. Twice a week approximately 8,000 vendors arrive at the market to sell their goods. Carrying with them agricultural products, foodstuffs, second hand fabric, shoes and groceries, they come from as far afield as neighbouring country Mozambique.

Most of the vendors and the buyers visiting the market spend their nights in the rest houses surrounding the market. Apart from selling or buying their wares, some young female vendors are known to exchange sex for service favours such as lower prices, tax exemptions, free transport and accommodation. Likewise, some young male vendors, upon making a small profit are known to spend their evenings drinking and buying sex from young women in the market place. The market place thus creates an environment in which young male and female vendors are placed at particular risk of HIV infection.

A baseline assessment, conducted with 161 young vendors to assess their current level of knowledge about HIV/AIDS and STIs and related sexual risk behaviour, confirmed the existence of multiple sexual partnerships and inconsistent safe sex behaviour. For example:

- 20 per cent of the vendors had contracted an STI, and 50 per cent of them had had sex without a condom at least once in their life
- of the 30 per cent of vendors who indicated that they had had sex with a sex worker, only 13 per cent of these had used a condom
- the absence of appropriate HIV/AIDS and STI prevention, or treatment services that can accommodate the particular needs and lifestyle of this young and mobile group of vendors, did little to improve this situation

Negative attitudes of service providers and long waiting times were cited as the key factors that discouraged young people from utilizing the Sexual and Reproductive Health (SRH) services offered by Mitundu Hospital, which is located adjacent to the market.

The delivery of effective HIV prevention services to young Malawians is essential, given that the prevalence of HIV is estimated to be 15 per cent amongst those between 15–49 years.

Foundations of sustainability

Recognizing the gap in service delivery, the Family Planning Association of Malawi (FPAM) - under the auspices of the Japan Trust Fund for HIV/AIDS - established a service delivery point for HIV prevention in Mitundu market. They offered mobile VCT and STI services to young vendors in close proximity to their stalls.

Getting connected

The market project provided direct HIV/AIDS and STI clinical and counselling outreach services to approximately 1,000 vendors at Mitundu market every Wednesday and Saturday. These activities included:

- providing VCT to 956 clients
- providing 112 clients with STI treatment

In addition, 60 peer group discussions focusing on issues related to HIV/AIDS (including the need for community mobilization and support for those living with HIV/AIDS) were held, which reached an estimated 3,200 vendors. The project was also able to distribute 14,000 condoms to market vendors during the period it was running.

The 10 members of the Vendors Working Committee, having been trained as peer educators, became on-site HIV/AIDS resource persons for their peers and mobilized their friends and fellow colleagues to access the new VCT and STI treatment services. They also became community-based distributors for condoms.

A FPAM-supported theatre group, performing traditional songs and dances, was used to encourage young vendors and buyers to attend the mobile clinic services offered by FPAM, and to provide the audience with basic knowledge about HIV/AIDS and STIs. It is estimated that over the project period the FPAM outreach workers provided HIV/AIDS awareness raising opportunities to approximately 30,000 people.

Sexual and Reproductive Health & HIV/AIDS A Framework for Priority Linkages

IPPF, in collaboration with the United Nations Population Fund (UNFPA), the Joint UN programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO), have recently produced a document that provides a framework for policy and programme actions to strengthen the linkages between Sexual and Reproductive health

and HIV/AIDS. This follows the recognition within the international community of the importance of this link: namely the Glion Call to Action, and The New York Call to Commitment. This recognition stems from the fact that the majority of HIV infections are sexually transmitted, occur through childbirth, or are associated with pregnancy

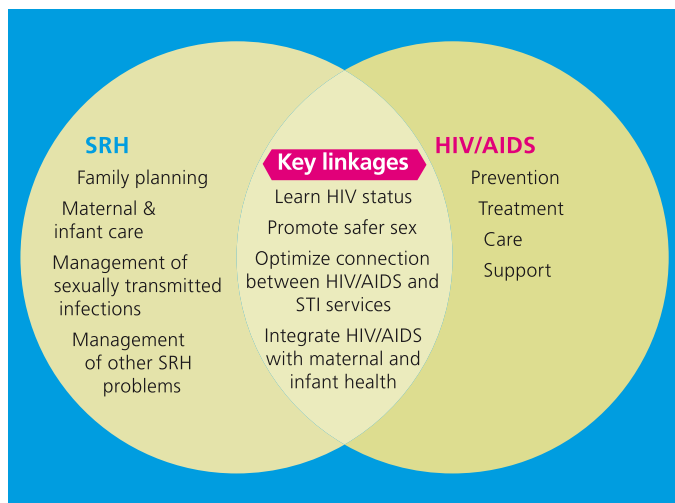
and breastfeeding. Consequently, action in SRH is fundamental to fighting the epidemic. A message central to IPPF's work in HIV/AIDS.

Recent work on HIV/AIDS, by IPPF and others, has focused on the need for the integration and mainstreaming of HIV/AIDS into other services. This linkages framework is part of this broader theme of combining elements of action to ensure greater effectiveness in outcomes.

when integrating SRH and HIV/AIDS.

These four linkages are considered against a backdrop of six core principles that underpin this action taken: addressing structural determinants, focusing on human rights and gender, promoting a coordinated and coherent response, meaningfully involving PLWHA, fostering community participation and reducing stigma and discrimination.

Bringing together this



Key Linkages

The framework incorporates the areas of action associated with sexual and reproductive health (SRH) and the areas of action associated with HIV/AIDS, and then looks at how these link (see diagram). These linkages between SRH and HIV/AIDS demonstrate how action in one area can have positive benefits in another. For example, SRH and HIV/AIDS link in the priority area of promoting safer sex, e.g. through condom use, and this not only assists in family planning efforts, but also acts towards preventing the spread of HIV. It demonstrates the clear links and benefits

group of organizations, that all play a prominent role in efforts against the epidemic, to produce this document, is a success for collaboration at the organisational level, and integration at a wider thematic level.

The framework will be available for distribution soon, and from the IPPF website, www.ippf.org

Internet resources

HIV Medicine 2005

A comprehensive resource for all HIV related medical issues is now available free to download from the internet. The manual, 'HIV Medicine 2005', has been written by doctors expressly to be given away free, in order to ensure that this crucial information reaches as wide an audience as possible.

The manual can be downloaded (in Adobe PDF file format) from:

<http://www.hivmedicine.com/hivmedicine2005.pdf>. Please be warned that the manual is large, at 762 pages long (and 4.83MB in size), and so may take a long time to download.

The manual is also available in Spanish, Russian, Portuguese, German, and Romanian at: <http://www.hivmedicine.com/textbook/lang.htm>

Family Planning and HIV/AIDS website

A new website is available to all IPPF staff and member association staff. The Family Planning and HIV/AIDS website, www.fpandhiv.org, is a comprehensive resource with information on the integration of family planning and HIV/AIDS.

IPPF staff, from MAs, ROs and CO are welcome to use this resource. When you access the website, a window will appear on your screen: in the username section type 'fpandhiv', and in the password section type 'infoinfoinfo', then you can search the information.

Events

IPPF hopes to have a strong presence at each of the regional 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

A very important date for your diary:

1 December 2005
World AIDS Day

4-9 December 2005
ICASA Conference, Abuja, Nigeria

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

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

HIV/AIDS Team & Contact Details

Kevin Osborne Senior HIV/AIDS Adviser

Ale Trossero HIV/AIDS Officer

Andy Guise HIV/AIDS Research & Administration Assistant

kosborne@ippf.org

atrossero@ippf.org

aguise@ippf.org

International Planned
Parenthood Federation
4 Newhams Row
London SE1 3UZ
United Kingdom

tel +44 (0) 20 7939 8200
fax +44 (0) 20 7939 8300
email info@ippf.org
web www.ippf.org