

HIV/AIDS NEWSLETTER

Issue 8 December 2006

From choice, a world of possibilities

access=life



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Prevention Progress

The Toronto AIDS Conference provided a unique platform for discussion, learning and the exchange of ideas, but is it time for a critical review?

by Kevin Osborne

For many in the HIV and sexual and reproductive health communities, the first few months of 2006 were dominated by intensive preparations for the Sixteenth International AIDS Conference held in Toronto, Canada in August. Much has been written about the many aspects of this huge event (with over 20,000 delegates), and this newsletter will report on IPPF's role there, the impact of our input, and what the outcomes of the conference mean for our work.

The conference was a careful orchestration of thousands of sessions and events over six days, with debates and

presentations of research findings covering all areas of the epidemic. One of the prominent themes at the conference was the latest developments in HIV prevention, including microbicides and vaccines. From the human rights issues involved in provider-initiated testing, to the importance of community involvement and discussions around male circumcision, the conference provided a unique platform for discussion, learning and the exchange of ideas. Attention was also focused on reviewing the ABC approach, and how treatment, care and prevention are intimately linked. It reaffirmed our

belief that our strategy which addresses prevention, care and support and stigma reduction in a cohesive manner is the correct approach, as these ingredients are mutually reinforcing.

Colleagues managed to attend from all our Regional Offices and from a number of our Member Associations. Immediately prior to the Conference, IPPF held two complementary events: the annual HIV Competencies Workshop and the Western Hemisphere Regional Council in Toronto. To coincide with these events, IPPF produced its biennial report, 'In a Life', which documents how our work reaches communities with

innovative HIV services and programmes throughout the world.

The International AIDS Conferences occur every two years and alternate with regional conferences. While they do provide an unparalleled opportunity for learning and capacity development, there are increasing numbers of voices raising concerns about the size, focus and cost of these events. Increasingly they have been over-run with celebrities, funders and politicians (largely from developed countries), and perhaps it is time for a critical review.

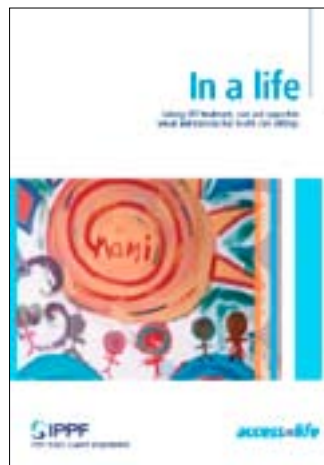
Love, Kevin Osborne,
Senior HIV/AIDS Adviser

World AIDS Day

Why HIV is exceptional in a sexual and reproductive health context

Every year World AIDS Day is held on 1 December. For the last two years IPPF has used this day to raise awareness of issues such as the sexual and reproductive health *Dreams and Desires* of women living with HIV, and last year we published the collected personal stories of thirteen very different HIV positive fathers in *Fulfilling Fatherhood*. For 2006, IPPF is focusing on the exceptionality of HIV, and what this means for sexual and reproductive health. HIV is more than just a health problem. Its impacts can be felt socially, culturally, economically and politically. The sheer scale of the challenges means that only an exceptional response will be enough, as carrying on with 'business as usual' will not allow goals of universal access to be met.

Given that the main transmission route of HIV infection is sexual, the links to broader sexual and reproductive health and rights issues, and the necessity of mainstreaming HIV, are more essential to this exceptional response than ever before. To illustrate this, IPPF has produced a poster made up of ideas and comments from Member Associations across the Federation. The poster will be available online at www.ippf.org from 1 December, or contact aguise@ippf.org for a printed copy.



'In a life' the IPPF report

The HIV Competencies Workshop

Staff from the HIV Focus countries (Rwanda, Cameroon, Kenya, Malawi, Sudan, Morocco, Estonia, Cambodia, China, Indonesia, Thailand, India, Nepal, Russia, Dominican Republic and Mexico), the Regional Offices and Central Office met for the four days immediately prior to the Conference, reporting back on internal programmes and progress and reflecting on new developments to aid planning for the future. The workshops reflected the IPPF HIV strategy, with a day focused on each of the core components: prevention, treatment and care, stigma and discrimination and linking SRH and HIV.

The four days were not just spent hearing about each others' work. Speakers from organizations in Toronto also took part, including staff from the International Council of AIDS Service Organisations, Canadian HIV/AIDS Legal Network, and the NGO Code of Good Practice. The IPPF group also went on site visits to local organizations providing HIV related services, including a community care centre, a harm reduction centre for injecting drug users, and a local centre providing HIV treatment.

Toronto 2006

Every two years the International AIDS Conference is held. In August, almost 25,000 people went to the conference in Toronto to share ideas, showcase new work, meet with colleagues and hear the latest news and developments.

The International AIDS Conference

The conference was notable for IPPF in many ways. Firstly, the strength of our presence was greater this year, not just in numbers, but also in our overall contribution to the programme. At the last International Conference in Bangkok, IPPF was involved in seven sessions, and in Toronto this increased to eighteen. IPPF's booth was a focal point, with banners and publications highlighting the work being done across the Federation. Staff were also active beyond the exhibition hall, speaking in symposium and abstract sessions, and participating in a march on the opening day of the conference to draw attention to the role and plight of women in the epidemic.

One example was an IPPF organized satellite session. Titled; 'Two Steps Forward, One Step Back' it examined the ABC prevention model and whether it met the demands of today's epidemic. It was well attended, despite the 7am start time, not just due to the provocative topic but also because of the open agenda. Speakers from UNFPA, Young Positives, Colectivo Sol and CHANGE contributed to a far-reaching discussion, and highlighted the challenges we face. Despite the

intensity with which ABC is promoted, the shortcomings are all too clear; chief among them is the lack of recognition of the prevention needs of young women and girls and vulnerable populations such as sex workers, injecting drug users and men who have sex with men. A central message to emerge from the discussions was that a complex epidemic like HIV cannot be tackled solely with simple messages such as the ABC. It demonstrates the importance of IPPF's continued provision of condoms (male and female) as an essential part of our package.

Conference hot topics

Beyond our immediate activities, the wider discussions and ideas at the conference will prove very significant for our work. Here are some of the major issues of relevance for IPPF which were prominent at the conference:

1 Voluntary Counselling and Testing: Some parts of the HIV community are now starting to doubt the validity of VCT as a testing model, arguing that in order to scale up treatment, testing also needs to be scaled up. Various new strategies are being suggested: provider-initiated testing, routine offer of testing

and opt-in or opt-out models. However, all these models risk undermining people's human rights, by denying individuals control over their own lives, and promoting testing when people may not be prepared for its outcome. Although efforts to provide testing across the Federation have increased, these discussions remind us that quality services remain essential, and that the core principles of testing (namely that it should always be voluntary and confidential) must continue to be respected.

2 Criminalization of HIV transmission: A recent global trend, but perhaps most widely reported in Europe, is the criminalization of HIV transmission. High profile cases have seen people imprisoned for allegedly passing HIV on to others. Many of these cases have however ignored the complexity of the HIV epidemic, and these clumsy legal responses have not necessarily kept up with the arguments against criminalization, which include the deepening of stigma and discrimination, reduction of incentives for people to know their status, and forcing people living with HIV 'underground'. In an era of HIV it is the responsibility of both partners in a sexual relationship to take concern for

HIV prevention, not one. The challenges to rights, especially for PLHIV, are real, and it is these that our policies and programmes must respect and protect. As a promoter of the sexual and reproductive health and rights of PLHIV, it is imperative that we remain vigilant to ensure that restrictive policies do not take away these rights.

3 ABC: The last few years have seen fierce and polarized debate on the merits of the ABC approach to HIV prevention, especially due to its widescale promotion by the US Government. Several sessions debated this, including the IPPF session. The arguments against it are clear and understood by many, but for others, the ABC is an 'article of faith' and is being defended as such. Above all, across the Federation, we must ensure that our prevention efforts are informed by evidence and the needs of the most marginalized are met – neither of these requirements will be satisfied with a single focus on ABC.

4 New prevention tools and technologies: New prevention tools and technologies were widely discussed in Toronto. Male circumcision and microbicides featured highly, as well as the



IPPF staff at the Competencies Workshop

vulnerability of young women and girls to HIV, and measures that could be taken to protect against HIV. New prevention methods like these bring opportunities – offering a future where individuals have prevention options that suit their individual circumstances. Yet we mustn't let the promise of these new technologies obscure the fact that currently, they don't exist in a viable form. To protect people, both positive and negative, we must now focus on what we already have as part of our package: condoms and comprehensive sexuality education.

Looking forward

The enormous success and consequent size of the conference sometimes made it difficult to take maximum benefit from all the events, sessions and organizations present. Yet it was still an excellent opportunity for

many of the people who attended, and combining our internal workshops with the conference contributed to this.

For IPPF the conference brought rewards, both for the individual staff who were able to learn much, and for the wider integration agenda. The increase in the number of sessions at the conference that addressed sexual and reproductive health was testimony to this.

For 2007, the focus shifts to the regions, with conferences in Latin America (Foro, April, Argentina), Asia (ICAAP, August, Sri Lanka) and Africa (ICASA, December, Gabon). The next International AIDS Conference is in Mexico in 2008, and we hope IPPF will have as much success there as we had in Toronto when we highlight the work we are doing and further the arguments for integration.

The People at IPPF



Sangita Khatri

**HIV Programme Manager,
Family Planning Association of Nepal**

I started working for FPAN in 2004. Although FPAN has HIV-related awareness programmes in 28 districts, the HIV programmes are more focused, with VCT clinics in 11 districts. Originally I worked in maternal health, but I

quickly realised that HIV was a very big development issue, not only in Nepal but the world over.

Over the last few months I have learned so much about the current societal conditions and been exposed to so many

sexual and reproductive health issues, learning much about the complexity of HIV along the way.

There isn't a day in my life that I don't learn something new – for me this learning every day is what drives me to work on Monday morning.

Post-exposure prophylaxis

When taken within 72 hours of exposure post-exposure prophylaxis can reduce the risk of HIV infection, and is an important development in prevention.

Post-exposure prophylaxis (or PEP for short) refers to a short course of antiretroviral drugs that can be given to a person immediately after they have been exposed to HIV. When taken within 72 hours of exposure to HIV, it can reduce the risk of infection and therefore is an important development in prevention.

It has been part of standard care for health workers since the 1980s. Now there are calls to scale up the availability of PEP so that is available to the general population, and not just health workers¹. This would be in situations such as sexual assault, needle-sharing, trauma involving human bites where there is exchange of blood, condom breakage or other exposures.

However, there are many factors to consider in the scale up of PEP, for example: should it be provided where the exposure is seen as part of a pattern of repeat high-risk behaviour? Currently it is recommended in situations of isolated exposure. However, in situations of high-risk behaviour it should not

be dismissed, but instead could be linked to increased education and prevention interventions.

Other factors that also increase the risk of HIV transmission include injury, genital ulcers and/or the presence of other STIs. These should also be assessed, as they provide further opportunities to link to wider prevention, treatment and care. There are also other issues, such as how to ensure care for the client and adherence to the drugs (which need to be taken over a four week period).

The scaling up of the availability of PEP poses challenges, yet its potential for providing another choice to prevent HIV transmission means that we, as a Federation, should pursue it.

(Adapted from an article by Nono Simelela, Director, Technical Knowledge and Support, IPPF. For the full article see <http://www.wcc-coe.org/wcc/news/con-182.pdf>)

1. In the UK there is currently a legal case against the UK Government Health Service from a man who became HIV positive. He is arguing that PEP should have been available to him.

News In Brief

Diversity award for PROFAMILIA Colombia

IPPF Member Association, PROFAMILIA Colombia, has received the national LGBT (Lesbian, Gay, Bisexual and Transgender) Working Group's award for the best private organization that respects diversity. The award recognizes and rewards PROFAMILIA's constant efforts in the fight against homophobia and for respect, protection and fulfilment of the rights of the LGBT community in Colombia. Maria Isabel Plata, the Executive Director of PROFAMILIA said, "This is an amazing step towards IPPF/WHR's vision of a world in which sexuality is recognized both as a natural and precious aspect of life and as a fundamental human right; a world in which choices are fully respected and where stigma and discrimination have no place."

IPPF Western Hemisphere Region's 'Access=life' campaign

In the run up to World AIDS Day, WHR is leading an 'Access=life' campaign. This is part of a wide-ranging effort to address the stigma and discrimination associated with HIV. The campaign encourages ending violence against women, promoting gender equity, and ensuring universal access to prevention, treatment and support for women and girls living with or threatened by HIV/AIDS. For more information see http://www.freechoicesaveslives.org/campaign/access_life.

IPPF support for evidence-based HIV prevention

IPPF recently signed on to a letter delivered to the US Government. Organized by CHANGE (the Centre for Health and Gender Equity www.genderhealth.org), the letter is calling for efforts to ensure that US global HIV prevention funding and programmes promote the basic health and human rights of all individuals through evidence-based, comprehensive approaches to HIV prevention. This is in response to US policies promoting abstinence-only programmes and restricting many forms of work with sex workers. For more information see www.pepfarwatch.org.

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

Internet resources

Health & Development Networks (HDN)

www.healthdev.org

Health & Development Networks provide a platform to improve international communication in the HIV and AIDS field. The main purpose of their website is to host e-forums, allowing thousands of people and civil society organizations at all levels to connect and to share lessons. The basis for this is the network's belief that local participation should be supported as part of a vigorous response to health and development-related issues.

Toronto AIDS Conference

www.aids2006.org

The main Toronto Conference website contains reports, presentations, audio/visual files from sessions, and news following the conference. Whether you were at the conference or not, there is a lot of information available on the latest research into the epidemic.

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

1 December 2006: World AIDS Day

17-20 April 2007: FORO Conference, Buenos Aires, Argentina

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