

# HIV Update

*access=life*

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# Review, Reflect and Refocus

In order to review progress and stimulate discussion on the implementation of the Strategic Framework and how it could be modified to maximize results by 2015, IPPF has conducted a Federation-wide mid-term review. As part of this review, the various HIV teams across the central and regional offices – together with the Member Associations – have given a critical assessment of our HIV response, and we are proposing a number of recommendations to the Federation.

## The review found that the HIV Strategy has had a measurable impact

on the capacity of regional offices and Member Associations – especially the Global Focus Member Associations – to respond to HIV in their own regional and country contexts. A number of common themes have been identified across the Federation:

- *Increasing programmatic scope and coverage:* The four pillars of the HIV strategic framework have enabled IPPF to develop a broader, more comprehensive response to HIV that clearly identifies us as an organization that is based on human rights principles. Key to this has been the linking of an HIV response to our broader sexual and reproductive health mandate.
- *Maintaining sustainable partnerships:* The HIV strategy has been successful in building a variety of national, regional and international partnerships. While there is room for improvement, these practical partnerships have assisted in developing a key niche for our work.
- *Building credibility:* Over the last five years the international community has increasingly recognized the importance of linking HIV and sexual and reproductive health and rights. It is no longer a question of 'why' to link – but 'how'. The HIV strategy has broadened both our collective HIV competency and the technical merit of our mandate.

- *Pioneering selected technical areas of expertise:* Since 2005 IPPF has been involved in taking the lead on a number of key technical areas: from identifying the evidence gap for linking sexual and reproductive health and HIV, to the development of the People Living with HIV Stigma Index; from focussing attention on the neglected prevention needs of young women and girls to highlighting the importance of addressing the sexual and reproductive health needs of people living with HIV.

While the findings of the review process are still to be discussed, vigorously debated and agreed, the initial draft recommendations on HIV are highlighted (see box, right).

This Update focuses on the experiences of selected Member Associations in implementing the various components of the HIV strategy and provides a flavour of the six regional offices' renewed vision as they take forward their HIV work over the next five years.

Whilst there is a long way to go and many lessons that can be applied, the first four years of the HIV strategy have laid firm foundations on which to build our evolving and proactive response to HIV.

Love  
Kevin Osborne  
Senior HIV Advisor

## Mid-term Review: HIV recommendations

On the basis of the mid-term review of the HIV strategy, our recommendations to the Federation included the following:

1. The Federation's institutional commitment to HIV should be increased through:
  - Continuing to raise the visibility of HIV at selected national, regional and international fora.
2. Central Office's, regional office's and Member Association's commitment to HIV – as a workplace issue and as an area of technical expertise – should be made more explicit, for example:
  - Ensuring that an HIV workplace policy and programme is implemented and monitored and that all job applications explicitly encourage applications from PLHIV.
  - The involvement of PLHIV within the Federation continues to be supported through the Director General's flagship initiative, IPPF+.
3. The internal HIV capacity and competence of the Federation should be strengthened and sustained, by:
  - Continuing commitment to the three tiered strategic approach (i.e. global, intensive and emergent HIV focus countries).
4. Central and regional offices' and Member Associations' commitment to become a learning organisation should be supported by:
  - Ensuring a percentage of annual budget is dedicated to rigorous monitoring and evaluation activities.
  - Putting the HIV Consensus Document into practice.
5. The Five 'A's (IPPF's five priority areas) should be reassessed as a reporting mechanism within the Federation:
  - While the Five 'A's have provided an excellent framework for internal communications and marketing, it is difficult to report on each due to a mixture of technical areas and target groups.

# Looking back, looking forward

The mid-term review on the HIV strategy was a joint reflection by 25 Member Associations, six regional offices and the IPPF Central Office. Page 2 summarises the Member Association responses for each of the four components of the HIV strategic plan. Page 3 then outlines the regional office response to the mid-term review process and recommendations, and outlines their focus areas for the next five years.

## Prevention

**Objective:** Increasing access to interventions for the prevention of sexually transmitted infections (STI) and HIV through integrated, gender sensitive, sexual and reproductive health programmes.

Several Member Associations indicated HIV prevention had increased in coverage and in the number of services provided. However there was a common reflection that while Member Associations realized the importance of 'knowing your epidemic', they had difficulty in identifying and reaching non-traditional clients such as sex workers or people who use drugs. Capacity also needed to be increased in understanding and providing integrated services.

Many Associations said they had improved their prevention programmes through the introduction of restricted funded projects. There was concern, however, of disconnection between standard 'core' services and those provided as part of restricted programmes. The sustainability of new prevention initiatives and ways to integrate these into core activities was therefore highlighted as an area needing attention: with funding sustainability a key obstacle.

To enhance their prevention efforts, Member Associations called for:

- Tailored technical assistance to reach vulnerable groups.
- Support to diversify funding sources to mitigate the impact of restricted funded projects coming to an end.
- Help to strengthen their position on the national HIV prevention agenda through partnerships with relevant groups or networks.

*"We now provide prevention, sexual and reproductive health and HIV services to a broader client base including marginalised populations such as sex workers."*

Mathias Chatuluka, Malawi

## Stigma

**Objective:** Reducing the social, religious, cultural, legal and political barriers that make people vulnerable to HIV and AIDS.

Across the Federation we have seen success in our work to address stigma – both in terms of what we do and how we do it. This includes increasing the provision of comprehensive non-discriminatory HIV policies in the workplace, partnering effectively with networks of people living with HIV and non-discriminatory services to meet the multi-faceted needs of diverse clients and marginalized groups.

Member Associations would like to use evidence to better inform and target their services, to reach more under-served communities, address some of the structural determinants of stigma, and engage the media to address the wider social issues that reinforce stigma and discrimination.

The Associations have identified three key focus areas for the future:

- Being champions for non-stigmatizing, inclusive and quality work relating to HIV. This includes effectively implementing HIV workplace policies and proactively recruiting people living with HIV to be involved at all levels.
- Ensuring HIV-related stigma and discrimination are strategically addressed across the work of the Federation. This includes areas relating to vulnerability (e.g. drug use, migration, same-sex relationships, gender, poverty) and should be addressed in all IPPF's five priority areas – the Five 'A's'.
- Promoting human rights-based approaches that respond to the needs of individuals and also address the wider social determinants that fuel stigma, marginalization and vulnerability to HIV. This includes providing tailored and appropriate services to meet the needs of individual clients while also engaging in advocacy and communication initiatives.

*"Our staff have worked hard to provide stigma free sexual and reproductive health and HIV services, especially for the lesbian, gay, bisexual and transgender (LGBT) population in Colombia."*

Elizabeth Castillo, Colombia

## Treatment, Care and Support

**Objective:** Increasing access to care, support and treatment for people infected – and support for those affected – by HIV and AIDS.

Many Member Associations reported that they have started to provide more or different types of treatment, care and support services as a result of IPPF's HIV strategy, including: home-based care; psychosocial support; antiretroviral therapy (ART); treatment adherence information; and management of opportunistic infections. Key to these successes were partnerships with other organizations and staff capacity building through regional office and central office training. Furthermore, restricted-funded projects often enabled Associations to start providing new treatment, care and support services.

Despite these successes, there is still an urgent need to expand this area of work further. Many Member Associations reported that more progress is needed to reach (larger numbers of) people living with HIV (PLHIV) and to provide a more comprehensive set of services – including income-generation support and ART.

To this end, Associations identified the need for:

- Continued partnerships – in particular with PLHIV networks.
- Capacity building on opportunities to provide treatment, care and support. (beyond ART) for PLHIV.
- Advocacy for increased (national) leadership on – and resources for – treatment, care and support.

*"In 2005 we were only focusing on HIV awareness raising and ABC prevention. We have since expanded our services and are the only Non Governmental Organization in Sudan that provides HIV treatment, care and support."*

Nagat Elhadi, Sudan

## Linkages

**Objective:** Strengthening the programmatic and policy links between sexual and reproductive health (SRH) and HIV.

The majority of Associations reported achievements in the area of linkages. At the programmatic level, a large number reported that SRH and HIV services were fully integrated in their facilities and most other Associations reported at least partial integration. However, many reported a lack of progress in increasing access to services by PLHIV and other key populations, such as men who have sex with men, sex workers and drug users (depending on the region) as well as expanding current programmes to include prevention of mother-to-child transmission (PMTCT).

To improve linkages efforts, Member Associations highlighted:

- The necessity of collecting evidence and documenting best practice for linking SRH and HIV and use this to advocate for better contacts at the policy, programme and service delivery levels.
- The value of strengthening partnerships with other SRH and HIV organizations.
- The need to expand strategies that: reach out to key populations and people living with HIV; address gender based violence; expand coverage and support of PMTCT programmes; and build capacity of staff and service providers to respond to SRH and HIV integration issues.

*"At present FPA India is known as the only Non Governmental Organization that provides sexual and reproductive health services and HIV to all people irrespective of their sero-status and sexual orientation or behaviour. We have now been accepted as an HIV and sexual and reproductive health service provider."*

Nisha Jagdish, India

## Africa Regional Office (ARO)

by Lawrence Oteba

The mid-term review has shown IPPF ARO how far we have come in our response to HIV, but also how far we still have to go. The ability of the Member Associations (especially the six Global Focus ones) to link SRH and HIV has greatly improved through strategic partnerships and capacity building. This progress has laid the groundwork for our programmatic focus over the next five years – improving the range and quality of services provided and continuing to implement rights-based and linked HIV and SRH programmes.

Advocacy work at ARO will continue around three major issues. Firstly, continuing to advocate against the criminalization of HIV transmission at the national and regional level. Secondly, empowering women to realise their sexual rights including reducing gender-based violence. Thirdly, advocacy for the greater involvement of people living with HIV and ensuring they receive a stigma-free workplace and healthcare environment.

The most significant recommendations for ARO concern retaining and enhancing HIV capacity. To retain existing HIV capacity in a competitive market, salaries for HIV-related posts need to be graded to prevent staff leaving for higher paid jobs elsewhere, after training with IPPF. To build capacity, we need to establish more learning opportunities between the Associations, especially the Global Focus Associations who now have a high capability in HIV, and the emergent HIV focus countries.

## European Network (EN)

by Lena Luyckfasseel

In the coming five years the IPPF EN Regional Office will continue to build capacity in the field of HIV through technical assistance and technical support. The focus will be on the development and implementation of effective and strategic programmes addressing the HIV epidemic; meaningful partnerships with HIV organizations and other relevant stakeholders; the integration of HIV into other programme areas; and the implementation of the GIPA principle at all levels. This will be ensured by allocating sufficient funding for HIV at each level, and through the implementation of the UNAIDS Technical Support Facility in our region.

The EN advocacy work will focus on: the implementation of the People Living with HIV Stigma Index; highlighting the damaging effects of criminalizing HIV transmission; the importance of linking SRH and HIV; and promoting the sexual and reproductive health and rights of people living with HIV. This advocacy work will be carried out at both the national and EU governmental level in partnership with PLHIV networks.

The most significant recommendations for IPPF European Network are those addressing GIPA, partnerships, increased and more creative learning opportunities, and better use of the *HIV Consensus Document* for advocacy purposes combined with a better global HIV advocacy component.

## Arab World Region (AWR)

by Sana Nemer

In AWR, we have tailored our HIV response to the specific context of the Arab World. The mid-term review results show that much has been achieved yet more needs to be done on issues related to treatment and care, stigma and discrimination, and reaching key populations.

Whilst progress has been made on the linkages between HIV and SRH, the HIV response in AWR in the next five years will focus more on identifying entry points for integration. The Arab World Regional Office (AWRO) will begin by ensuring Member Associations effectively mainstream HIV into other SRH programmes and build partnerships to improve the breadth of services that can be offered. The Associations will also be encouraged to promote the uptake of HIV-related services including PMTCT and voluntary counselling and testing.

Despite Associations being unable to provide ART due to government regulations restricting antiretroviral provision to government hospitals, PLHIV will receive psychosocial support and help with adhering to ART. Reducing HIV-related discrimination will continue and Associations will be supported to operationalize their workplace policies to guarantee a work environment free of stigma.

## South Asia Regional Office (SARO)

by Kabir Singh

The mid-term review provided IPPF SARO with a good opportunity to reflect on the progress made on HIV since 2005 and highlighted focus areas for the years ahead such as strengthening Member Associations capacity to provide non-judgmental, client-centred, high quality, HIV services along the continuum of care. This would involve conducting regional infrastructure assessments, building the capacity of staff to address the SRH needs of key populations, and strengthening STI diagnostic and treatment capabilities. Therefore, over the next two years, a sustained regional campaign will be implemented to ensure there is an understanding and adoption of gender- and rights-based approaches by Member Association staff and volunteers.

In order to reduce HIV-related stigma in the workplace, SARO has committed itself, through the SARO strategic plan 2010-2015, to improve the capacity of regional office and Member Association staff to implement HIV workplace policy and programmes. SARO also has plans to organize regional HIV competency workshops that promote greater south-south learning and facilitate expanded participation from within the Associations.

## East and South East Asia and Oceania Region (ESEAOR)

by Anisa Ismail

Over the next five years IPPF ESEAOR seeks to build up its regional HIV response by getting to the root of HIV transmission and stigma and engaging communities, especially key populations, in effective behaviour change communication. This is important in order to sustain the impact of many short term restricted funded HIV programmes. It is also important to build and sustain the commitment of the communities and populations involved, as well as the programme implementers and healthcare workers – especially in a region that often finds HIV and the behaviours related to its transmission controversial subjects.

Going forward, ESEAOR recognizes the significance of inter-regional sharing and learning opportunities, as identified in the review, in order to learn from and adopt successful strategies for the most at risk communities, such as male and female sex workers, men who have sex with men and drug users. In addition, ESEAOR recognizes the importance of training and engaging its entire staff and volunteers on HIV-related issues so the regional office and its Member Associations can manage and integrate HIV programming in a more coordinated and stigma-free way.

## Western Hemisphere Region (WHR)

by Victoria Ward

Both the mid-term review and the process of creating the IPPF WHR 2010-2015 Strategic Plan has been invaluable in reprioritizing objectives and determining the corresponding lines of action to address HIV in the region.

The main focus in ensuring universal access to SRH is strengthening the quality, integration and comprehensiveness of HIV services, and improving access to HIV services for underserved populations. WHR will support the Member Associations in the development, testing and implementation of models for integrated care and models for reaching PLHIV within SRH services. Over the next five years we will also continue to incorporate gender and rights into all HIV work through partnerships and specialist technical support. Specific work will take place on increasing capacity to work with men and engage them as partners in promoting gender equality, opposing gender based violence and thus reducing the spread and impact of HIV.

WHR will support Member Associations in advocating for stronger governmental commitment to integrate SRH and HIV services. Advocacy will also be undertaken to increase political and financial support for women's empowerment and rights in HIV policies and commitments, including resource allocation at the national and international levels.

## The people at IPPF



# Nagat Mohammed Mahmoud Elhadi

Programme Director and HIV Focal Point  
Sudan Family Planning Association (SFPA)

**I have been working as programme director for SFPA since 1999**, supervising all our programmes. However, I am particularly interested in those that focus on HIV, adolescents and gender. My passion to help people living with HIV (PLHIV) came from my time working with internally displaced people at the International African Relief Agency (IARA). The majority of these people had unmet health needs, especially those people living with HIV.

At that time there was little funding available for HIV in Sudan because the Ministry of Health was not willing to admit that it was a problem. Therefore, after joining SFPA, I decided to work specifically with PLHIV associations to help them expand reproductive health services and HIV prevention, treatment and care services for PLHIV.

Sudan is an interesting place to work on HIV because in some areas the epidemic is concentrated and in others it

is generalized. Therefore our response to HIV has to be very different in different parts of the country. SFPA is currently the only organization in Sudan that addresses the sexual and reproductive health needs of PLHIV.

Each day when I wake up, I want to go to work because I know that I will be able to help people to protect their own sexual health and will help to improve the health situation of those living with HIV.

## IPPF sign-ons

### Statement on antiretroviral therapy (ART) as prevention

IPPF has endorsed a statement that supports using ART as an effective means of HIV prevention and calls for accelerated progress toward universal access to HIV prevention, treatment, care and support services. It highlights the importance of addressing underlying human rights violations as well as clinical and health-system challenges to make the most of this intervention, ensuring voluntary HIV testing and treatment scaled up and ART is begun when required.

The full statement is available at [http://www.icaso.org/resources/2009/ART\\_statementEN.pdf](http://www.icaso.org/resources/2009/ART_statementEN.pdf)

## New Publications



### Give Stigma the Index Finger

This report highlights the initial findings from implementation of the People Living with HIV Stigma Index in the UK in 2009. The results reveal some of the current realities faced by people living with HIV in the UK and have implications for current policy and priorities for future actions.

The report is available at: <http://www.ippf.org/NR/rdonlyres/96FA67B8-37E8-465E-9C6A-F666C7B83136/0/InitialFindingsStigmaIndex.pdf>



### Your Sexual Health – Women’s Edition

**After getting their HIV test result**, many women find that their feelings about sex change. This booklet from the Terrence Higgins Trust, gives clear factual information on topics such as: talking about HIV to a sexual partner; safer sex; getting pregnant; and having a baby.

This booklet is available to download from: <http://www.tht.org.uk/informationresources/publications/?pubid=32594>

## Internet resources

### Treatment as prevention

[www.who.int/hiv/topics/artforprevention/](http://www.who.int/hiv/topics/artforprevention/)

**From 2nd-4th November**, WHO hosted a consultation on ART as Prevention, to take a closer look at the science behind the treatment as prevention idea, as well as discussing how this approach could be put into practice, and the relative costs and benefits of doing so. This website contains the presentations from a very interesting meeting, and one which could completely change the way we approach HIV prevention in future.

## Events and key dates

### 4th Africa Conference on Sexual Health and Rights

8-12 February 2010  
Addis Ababa, Ethiopia

### Harm Reduction 2010: IHRA’s 21st International Conference

25-29 April 2010  
Liverpool, England  
[www.ihraconferences.com](http://www.ihraconferences.com)

### International Microbicides Conference

22-25 May 2010  
Pittsburgh, Pennsylvania, USA  
<http://microbicides2010.org/>

### HIV Competencies Workshop

13-16 July 2010  
Vienna, Austria

### International AIDS Conference

18-23 July 2010  
Vienna, Austria  
[www.aids2010.org](http://www.aids2010.org)

## HIV team & contact details

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