IPPF INTERNATIONAL PLANNED PARENTHOOD FEDERATION

THE INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF) IS A GLOBAL NETWORK OF 149 MEMBER ASSOCIATIONS, WORKING IN 182 COUNTRIES, AND THE WORLD'S FOREMOST VOLUNTARY, NON-GOVERNMENTAL PROVIDER AND ADVOCATE OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

HIV/AIDS NEWS RELEASE

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HUMAN DIVERSITY

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Viewed from afar, HIV/AIDS is a global disease following an established and predictable course needing set responses; on the ground, from country to country, it is many different epidemics all requiring unique responses and interventions to prevent the spread of the virus and providing care for those who have it.

For the sexual and reproductive health community's response to be truly effective, we must take into account the regional character of the HIV/AIDS epidemic when planning and implementing our response: failure to focus on regional diversity in our strategies on prevention, testing, counselling and treatment will have serious consequences for 'getting ahead' of the epidemic.

Increasingly the work undertaken by our Member Associations is addressing these regional realities, tailoring our response to the epidemic in ways that reflects community needs and priorities: Profamilia in Colombia is doing groundbreaking work focusing on the sexual health needs of men who have sex with men; in Kenya the Family Planning Association is providing anti-retroviral treatment; in Cambodia innovative voluntary counselling and testing and outreach programmes are reaching out to sex workers and young people; while in India there is a focus on the provision of palliative care.

A key component in developing regionally responsive programmes are the regional conferences held every two years, and which complement large international conferences such as the one in Bangkok in 2004 and the Toronto conference taking place in 2006. The recent ICAAP conference in Kobe, at which IPPF had a significant presence, was one of several regional conferences being held this year that will feed into the Toronto conference. Several others, such as FORO (Latin American and Caribbean Forum of HIV/AIDS) in El Salvador and ICASA (International Conference on AIDS and STIs in Africa) to be held in Nigeria, are scheduled later this year.

It is here that stakeholders will come together to discuss and explore specific regional issues, and where those working regionally can shape the world's understanding of how the epidemic is developing and how best we should respond to it. The ICAAP conference raised difficult issues around the future direction of programmes; whether to continue with the current model, or invest more both financially and politically in scaling-up HIV/AIDS prevention measures and especially in integrating HIV/AIDS programmes with sexual and reproductive health programmes.

The need for a more concentrated response arises from the threat of the epidemic moving into the broader population from groups particularly vulnerable to infection like sex workers and injecting drug users. It is clear that our collective energies in Asia need to be aimed at addressing the sexual and reproductive health needs of these 'gatekeepers' of the epidemic. The conference in Nigeria in December will reflect on issues surrounding HIV/AIDS and the family and the challenges posed by the epidemic for family cohesion – in particular the vulnerability of young women and girls and the generation of orphans created by the epidemic.

As co-convenor (along with UNFPA and Young Positives) of the Global Coalition on Women and Girls, IPPF is well placed to lead the discussion on ways to address this particular vulnerability.

This newsletter will draw attention to some of these regional issues by highlighting specific programmes being delivered by our Member Associations. Whilst continuing our commitment to mainstreaming HIV/AIDS into our broader response, it is imperative that we continue to find ways of addressing the sexual and reproductive health needs of those at the very forefront of the epidemic.

Love Kevin

Strengthening our HIV/AIDS competencies: making it work

Phnom Penh, Cambodia

Building on our first competencies meeting held in London in 2004 a second was hosted in the ESEAOR region by RHAC, the Cambodian MA from 20th June to 23rd June . The event brought together members from the 17 HIV/AIDS focus countries (Cameroon, Kenya, Malawi, Rwanda, South Africa, India, Nepal, Cambodia, China, Indonesia, Thailand, Morocco, Sudan, Mexico and Estonia) and representatives from the Regional Offices. The meeting allowed the MAs to look at our collective strengths and to see how lessons could be shared to overcome any weaknesses. This theme of 'strengthening HIV/AIDS competencies' aims to ensure that HIV/AIDS is meaningfully integrated into the policies, programmes and practices of our Member Associations.

The importance of the event was underlined by the address of His Excellency, Dr. Mam Bun Heng, the Secretary of State in Cambodia. He acknowledged the successes

of Cambodia in its efforts against HIV/AIDS, and also the need to increase competency and capacity globally by learning from one another. Adding that the MAs should no longer be seen as 'just' family planning associations or sexual and reproductive health but increasingly as sexual and reproductive health providers who are ready to make a meaningful contribution to the HIV/AIDS epidemic.

The workshop had a focus on learning practical lessons, with time allocated for sharing the lessons and experiences of projects. The projects highlighted the key themes of vulnerability, mainstreaming, integrated prevention and advocacy. The GTZ Models of Care programme being run in Columbia, the Dominican Republic, Rwanda and Kenya demonstrate practical implementation of these themes. The project run by the Kenyan MA, for example, involves four clinics providing voluntary counselling and testing (VCT), Anti-retrovirals (ARVs) and curative services for sexually transmitted Infections (STIs) and Tuberculosis, as well as prevention of mother-to-child transmission (PMTCT). This presentation gave valuable lessons on the need for capacity building and issues relating to costs and volunteers for other MAs to include in their future plans.

We also made several trips to see projects in the surrounding area. One visit was to a clinic run by RHAC, one of the largest providers of voluntary counselling and testing (VCT) in Cambodia. Besides providing anonymous individual testing, the clinic also provides 'couple counselling' for those who test positive. The success of this clinic has spread, with RHAC now having 15 clinics, and giving an excellent example of the integration of SRH and HIV/AIDS.

HIV/AIDS policy has recently seen large changes with the focus on the integration of SRH and HIV/AIDS, requiring new competencies and capacities amongst member associations. This series of conferences have been instrumental in these areas and it is hoped to build on their success by bringing the MAs together for another three day meeting before the International AIDS conference in Toronto in August 2006. This will allow the focus countries to come together to discuss issues that have arisen over the year, as well as accessing the latest programmatic ideas on show at the international conference.

7th ICAAP CONFERENCE: Kobe, Japan: July 1–5 2005

The 7th Annual ICAAP (International Congress on AIDS in Asia and the Pacific) provided an opportunity for IPPF delegates to attend a conference focusing on regional issues. The conference theme of *Bridging Science and Community* addressed the very real implications of policies that overlooked communities and vulnerable populations on the spread of the HIV/AIDS epidemic and our response to it.

IPPF was strongly represented by East and South East Asia and Oceania Region and South Asia Region; while The Japan Trust Fund supported IPPF delegates from India, Pakistan, Bangladesh, Nepal, Cambodia, Thailand, China, Indonesia, Vanuata and Malaysia to highlight projects they had funded. The profile of IPPF was further enhanced by a booth focusing on IPPF work in the region; through poster presentations, including integrating voluntary counselling and testing and mainstreaming HIV/AIDS into sexual and reproductive health programmes; satellite sessions, including one on the Non-Governmental Organisations code of good practice and Corporate Social Responsibility; as well as the conversation panel discussing mainstreaming HIV/AIDS into frontline sexual and reproductive health services.

The conference allowed the promotion and sharing of work, as well as the building of regional partnerships, bringing together representatives from multilateral organisations like UNAIDS as well as representatives of governments, communities and non-governmental organisations in the region. The interaction between academics and activists, researchers and programmers created a dynamic learning and sharing environment. Of the twenty-two IPPF delegates who attended only four had previously attended a regional conference, providing a unique opportunity to strengthen our HIV/AIDS capacity.

The conference was notable for highlighting issues of HIV/AIDS in relation to vulnerable groups, such as Injecting Drug Users (IDUs), men who have sex with men (MSM) and sex workers. Emphasis was placed on understanding that services and programmes must not see these groups as 'watertight', and that in many cases they are interconnected – for example, male IDUs who also buy sex or sex workers who inject drugs.

These are areas that have yet to be studied in depth, but a report that Vietnam's once falling HIV prevalence has started to rise again as the number of women injecting heroine increases, underlines the need for greater awareness of how all these factors interact. The 'knock-on' effect of this lack of research has led to a programmatic failure to focus on these particular concerns for vulnerable groups. As Vietnam proves, there is an urgent need to address the cross-over between groups if we are to prevent the progress already made from being reversed. Programmes focusing on harm reduction for male IDUs also need to offer sexual prevention services; it is here that IPPF could play a pivital role.

This need to link areas and concepts previously treated separately is also central to another focus of the conference: the need to integrate sexual and reproductive health services with HIV/AIDS programmes. Family planning and sexual and reproductive health services have been thrust into the frontline of prevention, treatment and care; IPPF's presence at the conference was important in increasing the visibility of sexual and reproductive health organisations and advancing the agenda for mainstreaming HIV/AIDS with our services.

Mainstreaming was also the topic of the IPPF conversation panel, run in collaboration with UNFPA and the Japanese Trust Fund, and chaired by Mona Mishra, the HIV/AIDS co-ordinator at IPPF's South Asia Regional Office. The debate was well attended, lively and lead to key issues being placed in the spotlight, including voluntary counselling and testing, treatment, young people and integrated prevention, as well as providing a donor and policy perspective on mainstreaming.

Overall, the conference proved valuable in drawing attention to regional issues and some of the excellent work being done by our Member Associations. It also made it abundantly clear that if our response to the epidemic in Asia is to be successful, we must renew our efforts in ever more innovative and connected ways. Perhaps the key lesson of Kobe was that the participation of communities is vital to achieve this, and that the political commitment of governments throughout the region must be strengthened to make this participation effective.

BRIDGE OF HOPE

Lao PDR and Thailand

Since March 2004, PPAT and the Lao Women's Union have been implementing the Bridge of Hope project. It is the first Japan Trust Fund (JTF) project implemented across borders with synchronised activity on both sides of the border.

Realizing the importance of transportation to activate regional economic and social development among the South East Asian countries, the Japanese Government provided financial support, through the Japan Bank for International Cooperation (JBIC), for the construction of a second international bridge across the Makong River between the border of Thailand, at Mukdahan Province, and Lao PDR at Savannakhet Province. The bridge will facilitate the improvement of land transportation and communication among the populations of Thailand, Lao PDR and Vietnam. It is expected that social and economic development among the three countries will occur after the construction finishes at the end of 2006. The Japanese Government has recognized the potential impact of HIV/AIDS which may affect the community when transportation has been developed and is providing support through the Japan Trust Fund for HIV/AIDS and IPPF to support the Bridge of Hope project to face this problem.

Existing HIV/STI epidemics in the two countries and in the construction areas have been increasing, and the MOPH of Thailand estimated that there were approximately 800,000 HIV infected people throughout the country in 2003. The highest rates of HIV infection were found to be among adolescents, women and children with the figures increasing rapidly. The accumulated number of reported AIDS patients in Mukdahan province from 1984 until July 2003 is 666, of which 164 died.

This project is working towards contributing to reducing the global incidence of HIV/AIDS and protection of rights of people infected and affected by HIV/AIDS. This is

being done by establishing close partnerships with key stakeholders; and distributing project promotion tools and pamphlets - including stickers, pins and T-shirts, which have been produced in the local language; and creating and putting up posters with the catch phrase *"Helmets for Every Site, Condoms for Every Night"*.

A number of key activities have helped the success of the project. These have included the implementation of advocacy activities for local leaders, construction company senior staff, restaurant owners etc; training for behaviour change communication (BCC) volunteers from local partner agencies such as hospitals, Lao Women's Union, local media etc; and awareness raising for project field staff and construction workers. Advocacy efforts have been aimed specifically at targeting sex workers, construction workers and their families.

Because the construction trade has a high staff turnover, this has created some difficulties for the programmes in place. Employment fluctuates according to construction stage, work plans, seasonality and so forth. Brothels are not common around the construction site and instead, small restaurants and bars, whose numbers have increased since construction work began, have become sites where informal sex work is organised. Thus barmaids, waitresses or waiters are engaged in informal sex work with customers, creating a need for specific work to engage this sector of the population.

On the Lao PDR side of the river, the main activities started in September 2004. Before September, the project workers on this side were invited to Thailand for a number of activities such as training and advocacy meetings. They are now implementing their own activities through their prevailing political system.

The JTF *Bridge of Hope* project provides the sole comprehensive HIV prevention activities for the Makong River bridge construction area and this project has been well recognised as an important and valuable activity by all key stakeholders, including the construction companies and the provincial health offices on both sides of the borders, in JBIC and MOFA. Good working relationships between different partners are flourishing and there is evidence that the project has had a positive impact in the area already. The construction workers will remain in the area until the JBIC international bridge is completed (expected end date is December 2006) and this project will continue to work in this area through advocacy and training efforts to continue efforts against the HIV/AIDS epidemic.

NGO Code of Good Practice

Since the mid to late 1990s there has been a considerable increase in the number and range of Non-Governmental Organizations (NGOs) involved in responding to the multiple challenges presented by HIV/AIDS. This includes NGOs undertaking HIV/AIDS work; NGOs integrating HIV/AIDS-specific interventions within other health programming, such as sexual and reproductive health and child and maternal health programmes; and NGOs mainstreaming HIV/AIDS within development, human rights and humanitarian programming. There have also been significant changes in the global funding environment, particularly in ensuring that the lessons learned over the past 20 years are used to guide the allocation of resources in scaling up responses to HIV/AIDS.

These changes both support and complicate the process of expanding the scale and impact of NGO programmes, which is so urgently needed. The proliferation of NGOs and programmes has, at times, occurred at the expense of accountability and quality programming, and has led to fragmentation of the NGO 'voice' in the HIV/AIDS response.

By signing on to the Code, NGOs publicly signal their endorsement of its principles and their commitment to implement the programming principles in the Code relevant to their own work. Its purpose is to:

- Outline and build wide commitment to principles and practices that underscore successful NGO responses to HIV and AIDS
- Assist NGOs to improve the quality and cohesiveness of their work and their accountability to partners and beneficiary communities
- Foster greater collaboration among the variety of NGOs now actively engaged in responding to the HIV and AIDS pandemic
- Renew the 'voice' of NGOs responding to HIV and AIDS by committing to a shared vision of good practice in our programming and advocacy.

The Code of Good Practice provides guidance to Supporting NGOs in their work with their NGO partners. The NGO Code of Good Practice sets out a number of guiding principles, which apply a human rights approach to the range of HIV/AIDS related health, development and humanitarian work done by NGOs. These include: advocating for the meaningful involvement of people living with HIV/AIDS (PLHA) and affected communities in all aspects of HIV/AIDS responses, protecting and promoting human rights, and applying public health principles in NGO work. The code also outlines the need to address causes of vulnerability to HIV infection and the impacts of HIV/AIDS. It emphasises that all programmes must be informed by evidence in order to respond to the needs of those most vulnerable to HIV/AIDS.

The principles set out in the Code can be used to guide:

- Organizational planning
- The development, implementation and evaluation of programmes, including advocacy programmes
- Advocacy efforts to ensure effective scaling-up of our responses to HIV/AIDS allocation of resources based on the principles it outlines, and
- Advocacy efforts to ensure that the essential range of programmes is available where they are needed.

Due to its active engagement with the code we have been invited to form part of the steering committee for this project, along with other organizations like the International Red Cross, Care and the AIDS Alliance.

Over 160 NGOs from around the world have signed on to the Code. Amongst these were IPPF Central Office and a number of our Regional Offices and Member Associations. All of the organisations who have signed onto the Code can be seen at the front of the publication.

For more information on the NGO Code of Good Practice visit http://www.ifrc.org/what/health/hivaids/code/

Preventing HIV Infection in Girls and Young Women

The Global Coalition on Women and AIDS

Women, girls and HIV

Some 7,000 girls and women become infected with HIV every day. Globally, just under half of all adults living with HIV are now female. In most regions, women and girls make up an increasing proportion of the population living with HIV, and rates of female infection continue to rise – particularly in Eastern Europe, Asia, and Latin America.

So far, AIDS has affected women most severely in sub-Saharan Africa and the Caribbean. In sub-Saharan Africa, women and girls account for almost 57% of adults living with HIV. Recent surveys reveal that in South Africa, Zambia and Zimbabwe, young women (aged 15-24) are five to six times more likely to be infected than young men of the same age.

Some traditional HIV prevention strategies have tended to focus predominantly on "ABC": Abstain, Be faithful, use a Condom. While the ABC approach has undoubtedly prevented many people from becoming infected, many of the world's women are not in a position to abstain from sex, rely on the fidelity of their partner, or negotiate condom use. ABC can only be a viable and effective prevention option for women and girls if it is implemented as part of a multi-faceted package of interventions that seek to redress deep-rooted gender imbalances. The Global Coalition on Women and AIDS is therefore advocating for a more holistic approach to tackling HIV and AIDS.

This involves advocating for the empowerment of women and the promotion of women and girls' rights. Addressing current unequal gender norms that reduce young women and girls' ability to make informed choices about their own sexuality is key to reversing the dramatic upward trend of HIV infection. At the same time, the Coalition is calling for concerted action in a set of specific areas which, if taken now, could dramatically increase women's chances of protecting themselves and ensuring that they do not pass on the infection to others.

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Condoms can and do protect

Research reveals that condoms (male and female) are among the most effective tools currently available to prevent HIV infection. Programmes designed to promote condoms have been successful in raising levels of use. At present, however, less than half of all people at risk of HIV infection are able to obtain them. Worldwide, only 4.9% of married women of reproductive age use condoms. That figure drops to 1.3% in Africa. There are many reasons why usage figures are so low, but one key obstacle is lack of access. Condoms may simply be unavailable (partly because of the global shortage of supplies), people may not know where to go to get them, or they may feel embarrassed about acquiring them. There is thus an urgent need to step up production, increase availability, reduce the price, and overcome the embarrassment factor via community-level awareness raising activities and life skills sessions in schools.

The female condom remains an under-exploited option. While efforts to improve on existing models are welcome, the female condom in its current form is still the only viable option that permits women to take the prevention initiative. As evidence from reproductive health workers in developing countries indicates, demand is high. If the female condom were to be more readily and cheaply available, many more women would be able to protect themselves from HIV and sexually transmitted infections (STI).

End child marriage and reduce HIV infection rates

In many countries, including several with high rates of HIV infection, girls are married in their teens – often as a poverty-reduction strategy. Over the next ten years, more than 100 million girls in developing countries will be married before their 18th birthday, mostly to older men and often against their will. Today, the majority of sexually active girls aged 15-19 in developing countries are married. At this relatively early stage in their physical development, girls are particularly susceptible to HIV infection. When they marry older men, who are likely to have had previous sexual partners and who are also less predisposed than younger males to use condoms, the risk of infection is multiplied.

To help foster a climate in which girls can marry or have their first sexual relations later on in life it will be important to raise popular awareness about the risks marriage poses to teenage girls, and encourage families to try to delay marriage for as long as possible. If families are unable to do this for economic reasons, efforts should be made to ensure that young brides have access to both reproductive and sexual health services, and stay in school.

Improve access to sexual and reproductive health services for all

Worldwide, just one fifth of the people who need prevention services actually have access to them. This may be because there are no facilities nearby, or because they cannot travel to places where they do exist. Even if people can get to facilities, they may not be able to pay the fees charged. Moreover, girls and women may be reluctant to seek advice, for fear of stigmatization. They may also be deterred by the unhelpful and discriminatory attitude of staff in some centres. It will therefore be critical to remove some of the obstacles that keep women and girls away from sexual and reproductive health services. Sensitization programmes could help reduce stigma, for example, and training activities for health service staff could make services more user-friendly.

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HIV prevention strategies must also meet the needs of women living with HIV. Positive women need to be able to access sexual and reproductive health services, without fear of stigma and discrimination. When people living with HIV can feel comfortable about being open about their status and where they can receive counselling and treatment to keep them healthy for longer and have a safe and satisfying sex life, they are far less likely to pass the virus on to others.

At the same time, it will be important to help members of vulnerable groups with specific needs to access services. These include child brides and other groups of young people: those living with HIV, working in the sex trade, men who have sex with men and injecting drug users.

What needs to be done:

- Increase access to sexual and reproductive health services for all women, including people living with HIV and members of vulnerable groups with specific needs such as young brides. Such services should:
  - promote the use of male and female condoms
  - provide positive people with prevention options
  - provide voluntary HIV testing and counselling in a sensitive environment
- Prevent child marriage
- Ensure that male and female condoms are more cheaply and readily available

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 places in your region can be supported through your input and attendance.

- **15-20 October 2005** Living Partnerships meeting, Peru
- **22-26 October 2005** Cochrane Conference, Australia
- **4-9 December 2005** ICASA Conference, Nigeria
- **13-18 August 2006** International AIDS Conference, Toronto, Canada

Important dates for your diary!

- **25-30 September 2005** JTF Workshops in ESEAOR/SARO & ARO, India and Kenya respectively
- **26-28 October 2005** Youth Evaluation Course, London: follow up meeting to the HIV/AIDS and Youth conference that took place in Johannesburg in November 2004.

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