



HIV/AIDS NEWS RELEASE

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PERCEPTION SHIFT

The global face of HIV is changing, and the reasons for this change are not surprising. Perhaps they are an indictment of opportunities missed, chances not taken and lessons not applied.

This shift in the international image of HIV does provide the catalyst to address in a far more comprehensive, urgent and practical manner many of the underlying systemic factors of the epidemic. Over the past five years, the shift in the epidemic has simultaneously placed the twin burdens of disease and of care onto the shoulders of women and girls.

Globally, young women and girls are more susceptible to HIV than men and boys, with studies showing they can be 2.5 times more likely to be HIV-infected than their male counterparts. Their vulnerability is primarily due to inadequate knowledge about HIV/AIDS, insufficient access to HIV prevention services, inability to negotiate safer sex, and a lack of female-controlled HIV prevention methods, such as microbicides. While much in the HIV/AIDS world has changed and great strides have been made in the areas of treatment, care and prevention, it is clear that the empowerment of women and young girls is an area that requires greater attention. We are better positioned than ever before in the history of this epidemic to address the nuances with a greater sense of clarity and purpose. And it is clear from the results of the integrated HIV/AIDS approach adopted by many of our Member Associations that IPPF, as co-convenor of the UNAIDS Global Coalition on Women and AIDS, is making a much needed contribution.

Part of the solution lies in ensuring that our work on HIV/AIDS addresses many of the complexities across the prevention to care continuum. As a signatory to AIDS Care Watch, we recognize the value of comprehensive care as a modality of expanded prevention. The importance of reinvigorating synergistic prevention approaches is currently under the global spotlight. UNAIDS are in the process of developing a strategy to place prevention more centrally on the agenda. Crucial areas of the strategy include building stronger links between prevention and treatment, strengthening evidence-informed HIV prevention programming and promoting the engagement and involvement of people living with HIV/AIDS.

The importance of 'positive prevention' as a necessary component of a comprehensive strategy towards prevention provides the opportunity for us to develop new and innovative partnerships, while simultaneously determining the exact ingredients of this approach. This quarterly HIV/AIDS News Release explores some of the above issues in depth and also provides an update of key events and developments. By keeping our finger on the AIDS pulse, IPPF is committed to ensuring that our mainstreamed HIV/AIDS response is proactive.

Take care,
Love Kevin

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The concept of working with those who are HIV positive in prevention, treatment and care issues has been dubbed "positive prevention". A great weakness in prevention strategies in many countries so far has been the failure to target intensive prevention efforts towards people who have already been diagnosed with HIV. According to the Global HIV Prevention Working Group, a comprehensive prevention strategy must include programmes to assist people with HIV to take measures to avoid the possibility of exposing others to infection.

Many comprehensive HIV/AIDS prevention strategies include "positive prevention" programmes. These programmes help people living with HIV/AIDS to protect their sexual health, to avoid new sexually transmitted infections, to delay HIV/AIDS disease progression, and to avoid passing their infection on to others.

Positive Prevention

More than 40 million people worldwide are now living with HIV. However, improved technology and resources means that more of those infected with HIV/AIDS are able to live longer and healthier lives, chiefly

as a result of effective antiretroviral treatment (ART). The increase in the number of people living with HIV/AIDS, with over 14,000 HIV infections occurring daily (UNAIDS 2004) indicates that not only do efforts need to be

concentrated on treatment but prevention efforts must not be forgotten or sidelined. Current efforts to develop more effective HIV prevention strategies for those living with HIV/AIDS are timely and appropriate.

As treatment access increasingly becomes a reality and increases in HIV infection mean that in many countries the epidemic is no longer concentrated but generalized, it is vital to address the gaps in the prevention needs of the HIV

positive community, while also exploring innovative ways in which the people living with HIV/AIDS (PLWHA) should engage in mainstream prevention initiatives. People with HIV have always had an essential role to play in preventing new infections. HIV/STI prevention strategies have, however, often failed to address the distinct prevention needs of people with HIV and to acknowledge their significant efforts to avoid infecting others. There is an urgent need to sharpen the focus on prevention among people living with HIV.

Linked to this is the need to revitalize and re-energize HIV prevention education for young people and address the 'AIDS fatigue' that is plaguing many of the current prevention initiatives. The importance of putting sex positive attitudes and sexuality education for young people back into life skills and development education is critical. Programmes must go beyond mainstreamed youth to poor and rural young women and men, emerging gay youth, sex workers and so on. Young people must be engagingly informed of the importance of dual

protection, and services must be available, accessible and affordable for all.

In the past few years, advances in the treatment and care of HIV positive persons have helped many people enjoy increased health and longer life. For many, this allows for a renewed interest in sexual activity. Treatment advances bring hope to all people infected with or affected by HIV/AIDS yet at the same time some research suggests that this "may have" contributed to a sense of complacency about transmission risk. Therefore working with HIV

positive and negative people to mainstream HIV/AIDS awareness into society is essential if there is to be a stop in this upward spiral of numbers infected.

"I have no experience of sexual health organizations or much knowledge of their activities. They are something new to us in Belarus. Unfortunately, the sexual and reproductive health services that do exist focus on the needs of HIV negative women, rather than on those of us living with HIV."
Tatiana, Belarus, 2004

Challenges of Positive Prevention

As part of a comprehensive HIV/AIDS prevention strategy, the concept of positive prevention has not yet been implemented or understood by many organizations. As a result many of the ingredients needed in a successful package are unknown. It is known however that effective positive prevention requires information, training and support for positive people, their partners and health care providers. Prevention efforts should not only focus on the individuals living with HIV but should also include those who influence or restrict the behaviour, options and choices of positive people.

Certain strategies that were used in the past may be effective for positive prevention programmes. These might include the revision of policies on sexual health; condom use and negotiation skills; and how a wide range of options in the post-test and on-going counselling are offered. For positive prevention to be successful the specific needs of PLWA must be considered along with the local social and cultural context, resource availability and the capacity to offer appropriate services.

Through Young Positives IPPF, in collaboration with UNFPA, is in the process of carrying out a global comparative site analysis to examine the extent to which HIV prevention services provided in SRH settings include positive prevention for young women and girls living with HIV/AIDS. In each site selected partners are carrying out prevention strategies for young women and girls living with HIV to identify gaps and challenges for service provision so that revision and recommendations for positive prevention programmes can be implemented. This is part of the work that IPPF is undertaking through The Global Coalition on Women and AIDS.

Positive Prevention and Women

While more and more women become infected, the possibility for HIV positive women to live long, productive, sexually fulfilling lives and to give birth to healthy babies has increased with the expansion of access to anti-retroviral treatment (ARV) and care. These developments go hand in hand with a growing demand for sexual and reproductive health services for women living with HIV. A longer and healthier life for HIV positive people must encourage reproductive health care providers to implement services and programmes to meet the needs of this large niche of people, who for many years have been ignored.

"Family planning clinics have an important role to play in making information available for HIV positive women. The information they provide should be easy to ask for, easy to find and easy to understand. It should also be accurate and non-judgmental! These services should be targeted towards HIV positive women, with their specific needs in mind. To make these services more effective, positive women themselves should be consulted during the planning stages" (Oom, Thailand 2004).

HIV/AIDS & Human Rights

In recent years the importance of the link between human rights and health has gained increased attention. This has implications not only for the type of work that is done but also the way in which service provider's work. One of the biggest challenges in implementing positive prevention highlighted by HIV/AIDS Alliance is to implement this within an ethical framework without putting people with HIV at increased risk of stigma and discrimination, and without eroding their human rights.

Addressing prevention as a component of care, and care as a component of prevention, is one the most important lessons that has been gathered. IPPF has applied these lessons to the challenges and opportunities of integration: to developing modalities of addressing stigma and discrimination; issues of community ownership and participation; reshaping prevention messages; strengthening associations as places of community mobilization; and providing holistic and comprehensive services and/or referrals.

From a human rights perspective, people with HIV have a right to know their HIV status; however they also have the right not to know (Temmerman et al. 1995). Whether aware of their status or not, a person living with HIV has the right to live well with HIV, which includes having a healthy sex life. This requires strategies that support people with HIV to protect their sexual health, to avoid new STIs and to delay HIV/AIDS disease progression.

The care continuum reinforces the rationale for supporting prevention interventions for people with HIV. For example, people living with HIV need access to medical care and psycho-social support services, and also support to build their skills for adopting and maintaining safe behaviour.



AIDSCAREWATCH.org

Voices that matter. Staying Alive with HIV/AIDS

AIDS CARE WATCH

IPPF is a signatory of **AIDS Care Watch (ACW)** and was contacted by ACW along with other organisations

IPPF has a reputation for ensuring that HIV/AIDS is high on our agenda as a sexual and reproductive health issue, and the work we do is worldwide will bring about change and save lives by advocating for essential, life-saving medicines to extend the lives of people living with HIV. This is essential as over three million people will lose their lives to AIDS during the course of 2005.

As with any advocacy effort, new challenges and constraints constantly present themselves in relation to HIV/AIDS care. Increasingly, energies are deflected by reacting to new circumstances, bad decisions and broken promises from the very people and institutions that should be making a difference. Unfortunately, many of the AIDS advocacy efforts are also isolated, not least because priorities and approaches rightly vary from one region to another and between specific country and community contexts. This fragmentation leaves little in reserve for proactive and coordinated AIDS care advocacy that reflects the common national and local needs that do exist.

For example, while there is agreement that universal access to antiretroviral (ARV) drugs is a priority, in many places we see friends, family and colleagues die because ARVs, **and other affordable, effective care and treatment options**, are still not available. Yet, while the wait for ARV expansion efforts continues, demands for the full HIV/AIDS care and treatment package are rarely united. The need for comprehensive care for people living with HIV is clearly not new, but a united, popular and vocal advocacy campaign to promote it is and delays in achieving universal ARV access make such efforts even more urgent.

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To fill this gap, an unprecedented global civil society campaign – **AIDS-Care-Watch (ACW)** – has been conceived to provide an avenue for treatment advocates worldwide to unite and soundly advocate for a comprehensive care package for people living with HIV/AIDS. Each of us living with and/or working on HIV/AIDS recognizes that a full range of care and treatment literacy and services is required to improve

and extend our lives. Access to treatment/prevention for tuberculosis and other opportunistic infections, voluntary counselling and testing, assured food security, less stigma in health-care settings, home- and community-based care, among others, are all part of that essential AIDS care package. AIDS-Care-Watch is advocating for the full continuum of HIV/AIDS care under one standard.

The Campaign does not intend to become yet 'another' in the list of HIV/AIDS treatment advocacy initiatives. Nor does it set out to undermine or compete with the incredible work already happening. It aims to bring our efforts together by helping to urgently identify and support a set of shared comprehensive care concerns that we can articulate through a set of unified, focused and resonant advocacy messages.

Unfortunately, because a main focus of the campaign is monitoring national and international AIDS care and treatment commitments, this invitation cannot be extended to national governments (and their agencies) and intergovernmental bodies, including the specialised agencies of the United Nations.

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To find out more about **AIDS-Care-Watch**, including how to join over 130 local and international partners that have already taken their place in the campaign, there are four immediate steps you can take:

- 1 To find out more about AIDS-Care-Watch, go to: www.aidscrewatch.org
- 2 To join the campaign as a campaign partner, go to: http://www.aidscrewatch.org/cms/partners_form.asp
- 3 For a summary information pack, or if you have any questions or comments, write to: info@aidscarewatch.org
- 4 To request a formal Partner invitation letter for approval by your organization, please write to: abigail@aidscarewatch.org

Regional Meeting on Women, Girls and HIV/AIDS In Middle East and North Africa

Under the patronage of Her Royal Highness, Princess Basma Bent Talal, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Regional Office for the Middle East and North Africa held a meeting entitled *Women, Girls and HIV/AIDS* in Amman, Jordan from 21 to 23 February 2005.

This regional meeting was co-supported by IPPF Arab World Regional Office as a follow up to the launching of the Global Coalition on Women and AIDS in 2004, and brought together participants and experts from 21 Arab countries involved in HIV/AIDS to discuss and identify effective prevention strategies for women and girls. This rich constituency came together to collectively work and agree on measures and interventions for HIV prevention among women and girls in order to enhance and ensure their overall health and wellbeing.

The main purpose of the meeting was to raise awareness and understanding of the situation of women and girls relative to HIV/AIDS, and the factors determining risk and vulnerability in the region; to mobilize partners and organizations for advocacy and action on women, girls and HIV/AIDS in the region; and to identify and adapt effective HIV/AIDS prevention strategies for women and girls.

The participants were further sensitized to the needs of young people and women living with HIV/AIDS through a live youth sketch and a daring audio-recording of women from countries of the region affected by the disease. In addition, the meeting included an exhibition displaying the latest publications and



posters by various UN agencies and NGOs on topics related to women, girls and HIV/AIDS. This demonstrated to the audience the existing knowledge and work done in the field, as well as the scope of the epidemic, and the need for further research and reliable information.

Fighting social stigma surrounding people living with HIV/AIDS in the Arab World Region is essential to encourage women living with the disease to speak out about their struggles and needs, participants said at the first UNAIDS regional meeting on "Women, Girls and HIV/AIDS" in February 2005 in Jordan. "It is not a question of resources and funds, it is a political and social problem ... officials are not revealing the extent of the problem, and the community does not talk openly about it," said Suman Mehta, UNAIDS

associate director in Asia and the Middle East.

In her opening address, HRH Princess Basma said now was the time to take "quick and strategic action" to protect our future generations against the threat of HIV/AIDS. The Princess expressed hope that the meeting would help confront the many challenges that are brought about by the spread of the epidemic. Such challenges include misconceptions, fear and lack of awareness. The Minister of Health, Saeed Darwazeh, said that it is the governments' responsibility to fight the epidemic. "Ministries of health and education should have comprehensive educational and awareness programmes for the young generation."

Forthcoming Events

Regional Conferences:

Below is a reminder of the conferences that are taking place this year. If any are in your region, please consider attending to support the conference and to help to promote IPPF at these events.

- 1-5 July 2005, ICAAP Conference, Japan
- 24-27 July 2005, IAS Conference, Brazil
- 15-20 October 2005, Living Partnerships meeting, Peru
- 22-26 October 2005, Cochrane Conference, Australia
- 4-9 December 2005, ICASA Conference, Nigeria

IMPORTANT DATES!

IPPF HIV/AIDS Meetings:

- **20-23 June 2005 Policies and Practices Meeting, Cambodia** the second annual meeting for the 17 HIV/AIDS focus countries to look at topical HIV/AIDS issues. (Follow up to September 2004 Competencies Conference.)
- **24-26 June 2005, Developing Mainstreaming Entry Points Meeting, Cambodia** for all regional HIV/AIDS representatives
- **25-30 September 2005 JTF Skills Building Workshop in ESEAOR/SARO, India** for MAs within the ESEAOR and SARO region
- **25-30 September 2005 JTF Skills Building Workshop ARO, Uganda** for MAs within the ARO region

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