Keeping HIV on the agenda

For World AIDS Day 2013, we make the case for keeping HIV on the agenda in this final edition of the IPPF HIV Update quarterly newsletter.

Whilst funding levels for HIV are declining overall, there is a major opportunity coming up with the Global Fund replenishment conference in Washington DC on 3rd December. We fully support UNAIDS’ vision of a world free from AIDS and moving towards zero deaths, zero new infections and zero stigma. However, there is some complacency creeping in. We say that the beginning of the end of AIDS is in sight, but this will not happen if governments’ attention moves to other issues, such as climate change. There are currently 35 million people living with HIV who will need treatment for the rest of their lives. With the introduction of the new WHO treatment guidelines, only 34 per cent of the 26 million people currently eligible are on treatment.

Even though the pace of the epidemic is slowing, there were still 2.3 million new infections in 2012 and 1.6 million deaths, and stigma remains a major obstacle. As Alvaro Bermejo of the International HIV/AIDS Alliance points out (see page 2), the largest numbers of people living with HIV in the future will be in middle income countries. There is a still a major need to focus on key populations both in concentrated epidemics and increasingly in the more generalized epidemics in sub-Saharan Africa. There is also a need to focus on the parallel epidemic of sexual and gender-based violence, and to address the worrying trend in the rising levels of homophobia in Eastern Europe, Central Asia, and many parts of Africa.

In the various processes leading up to 2015, including the MDG process, the sustainable development goals, and the ICPD+20 review, we support the focus on universal health coverage, but within this wish to see a focus on equity, structural determinants of health, and specific indicators on SRHR and HIV, as well as on gender – what gets measured gets funded.

The lessons from the HIV movement have strong resonance across the development sector, in particular the focus on rights, the GIPA principle, the involvement of key populations, and the role of community based activism has played in driving the response.

On World AIDS Day 2013, let us renew our commitment to an AIDS free world, with no one left behind!

Alan

Ending overly broad criminalization

The overly broad application of criminal law to HIV non-disclosure, exposure and transmission raises serious human rights and public health concerns. Because of these concerns, UNAIDS urges States to concentrate their efforts on expanding the use of proven and successful evidence-informed and rights-based public health approaches to HIV prevention, treatment and care; and limit any application of criminal law to truly blameworthy cases where it is needed to achieve justice. To guide further consideration of these issues, UNAIDS has developed a guidance note.

Download from the UNAIDS website: http://tinyurl.com/k7mlwzs
As we draw closer to the Millennium Development Goal (MDG) deadline of 2015 and talk turns to what’s next, it’s worth reflecting that these development priorities – which included a specific goal to combat HIV/AIDS, malaria and other diseases – helped galvanize the world into action. The introduction of MDG 6 has certainly mobilized global HIV commitments and a significant amount of money to combat HIV by international donors and national governments alike.

Without this funding it’s safe to say that the considerable progress we have made, including ensuring over eight million people have access to HIV treatment, would never have happened. But the work is not over and millions still lack access to life-saving HIV services. Keeping HIV high on the global agenda is of paramount importance.

Much HIV funding continues to be misdirected to generalized HIV programming and HIV prevention activities for low risk populations. Where countries are increasing domestic expenditure, funds are largely covering the costs of HIV treatment. Yet many people in need are still not getting life-saving treatment. Most at risk populations, including men who have sex with men, people who inject drugs, sex workers and the transgender community, remain stigmatized, discriminated against and criminalized. At the International HIV/AIDS Alliance, we remain gravely concerned by the increase in government actions in countries like Nigeria, Botswana and Uganda to enforce existing or draft new punitive laws such as those criminalizing sexual minorities.

The withdrawal of donor aid from middle income countries is also cause for concern. Since 2000, many countries with large HIV epidemics have graduated from low income to middle income status. Two thirds of people living with HIV are now in middle income countries and infection rates are rising in Eastern Europe, Central Asia and the Middle East. There is a particularly severe threat to the HIV response for most at risk groups where national governments are unwilling to pick up the shortfall left by retreating international donor funds. It is essential that we all work together to secure the necessary investment to combat the HIV epidemic and support institutions like the Global Fund To Fight AIDS, Tuberculosis and Malaria which are focused on value for money, partnership, and high impact. Thanks to the latest scientific and programme developments, we really do have the opportunity to control these three diseases.

And what of the next generation? Young people today have never known a world without HIV and AIDS, and prioritizing their sexual and reproductive health and rights (SRHR) has never been more important. Joining up SRH and HIV services not only saves lives but also uses scarce financial and human resources more efficiently, improves overall health, particularly for those from vulnerable and marginalized groups, and reduces the burden on health systems in the long run.

As we prepare for a post-MDG world, it is more important than ever that civil society owns the development process and its goals. There will be a need for even greater collaboration with national governments in order to deliver health services for all but, at the same time, we will need to ensure that we join with other civil society organizations to hold governments to account for their actions and, where needed, provide a critical voice. The Alliance will continue to fight for a seat at the table for the people most affected by HIV to ensure they have access to the resources and support they need, so that they can secure their health and human rights. The Alliance looks forward to working closely with IPPF to pursue our shared agenda.

IPPF’s role and response

IPPF is now a recognized partner in the global response to HIV. Since 2005, HIV-related services has increased multi-fold from 1.3 million to 19.2 million in 2012 and we are currently on target to increase this further to 29.7 million HIV-related services in 2015. Despite this progress and increase in service coverage, the job is not yet done. For these hard won gains to be continued, particularly within the likely unified health goal of the post-2015 framework, IPPF has an important continuing role to play in the HIV response. This role includes:

1 Strengthening SRH and HIV linkages: IPPF has been at the forefront of the SRH and HIV Linkages movement, advocating for policy change, conducting research to show what works and showing the theory works in practice in Member Association facilities around the world. Whilst the rationale for linking SRH and HIV is clear, IPPF needs to continue demonstrating the models of integration that can be used in different settings as well as how best to meet the diverse sexual and reproductive health and HIV needs of people living with HIV and other key populations.

2 Eliminating gender inequalities and gender-based violence: Gender inequalities and harmful gender norms continue to contribute to HIV-related vulnerability. For example, UNAIDS reports that women who have experienced intimate partner violence are 50% more likely to be living with HIV, and yet progress to support women’s organizations, engaging men and boys or integrating HIV and SRH services is lagging behind. Continued promotion of the Sexual Rights Framework and scaling up programmes in these areas are just a couple of the ways in which IPPF can continue addressing this underserved area.

3 Eliminating HIV-related stigma and discrimination: HIV-related stigma continues to be a major obstacle to an effective HIV response across the world and the criminalization of people living with HIV and other key populations makes this situation worse. IPPF has an important role to play in both ensuring that all services provided are stigma-free and also advocating at the national, regional and international level for the removal for these punitive laws and practices.
Between now and 2024, our generation will welcome one billion babies to the world. We now have the knowledge and medicines to ensure that all these billion babies are born free of HIV. However, according to UNAIDS, it was reported that 260,000 babies were born with HIV in 2012, and 40,000-60,000 pregnant women died because of HIV. The global plan announced by UNAIDS to ‘eliminate mother to child transmission of HIV and keep mothers alive’ aims to change this and stop HIV being a major cause of maternal and newborn deaths.

Through the Japan Trust Fund (JTF) for HIV and reproductive health, seven IPPF Member Associations are implementing pilot projects focused on reducing maternal and infant mortality. These projects target the most vulnerable women in rural and urban settings by integrating HIV prevention with family planning and reproductive health services to ensure women have the knowledge to prevent HIV infections, women living with HIV can avoid unintended pregnancies, and pregnant women living with HIV have access to prophylaxis and ARVs.

In Swaziland, for example, 41 per cent of women of reproductive age live with HIV and just over a third of the 17,000 babies born to women living with HIV could become infected. Furthermore, 63 per cent of the high maternal mortality burden in Swaziland is attributed to HIV.

“We want to address both high maternal mortality and infants been born with HIV through promoting a primary HIV prevention model with active outreach work to ensure women of reproductive have universal access to condoms and voluntary HIV testing and counselling,” says Mcebo Mwelase, one of the community volunteers at the Family Life Association of Swaziland (FLAS). The two year JTF project at FLAS has put into practice recent research findings from Integra which highlights the need to integrate HIV prevention and pre/postnatal care services with family planning and reproductive health (SRH) services. During the project’s first year of implementation, approximately 26,000 integrated SRH services have been provided which included provision of family planning, cervical cancer screening, antenatal care (ANC), post natal care (PNC) and PMTCT.

Similarly, in India where 39 per cent of all people living with HIV are women, only 10 per cent of them are receiving the prevention of mother-to-child transmission treatment they need. The Family Planning Association of India (FPAI) is attempting to address this by promoting a rights-based approach to comprehensive sexual reproductive health and HIV services.

“We support and supplement the national AIDS programme on eliminating mother to child transmission of HIV by ensuring that all women living with HIV can exercise their SRHR needs,” adds Sridevi, coordinator of the JTF project at FPAI Bangalore Branch. “Particularly, as women living with HIV are stigmatized and discriminated more than men living with HIV, and women are also discriminated against when accessing health care, particularly ART.”

“Like other women, I also desire motherhood. I know that my husband and I - both of us are HIV positive. We would like to have a child. Now I am not afraid. Health care providers have given me accurate information and supported me to make my decision…”

(Beneficiary of the JTF project, Srirampura, Bangalore; October 2013)
All of us in the HIV team would like to thank Humberto for his amazing 36 years working with the IPPF family in WHR. We particularly appreciate his work sensitizing individuals to issues such as sexual diversity and HIV for example by co-developing a regional workplace policy and as the current chair of IPPF+. We wish him all the best in his retirement.

I have been working for IPPF WHR for 36 years, during which time I have had a variety of roles including Programme Advisor and providing technical assistance to Member Associations on management and governance. I am currently responsible for governance at the MA and regional level; the coordination of the accreditation process in WHR; and the Program Advisor for the two largest MAs in the region.

Growing up as a gay man in a country with widespread inequality, I became interested in issues related to human rights. After joining IPPF, my knowledge and awareness of issues such as sexual rights and gender have stimulated my intellect and fuelled my passion. It has grown over the years after becoming exposed to stigma, and have increasingly appreciated the need to speak out and act on these issues, including sexual diversity and HIV.

As someone openly living with HIV, I have played an active role in the formation of IPPF+, a network of staff and volunteers living with HIV. IPPF+ is an important forum to provide advice, opportunities for learning, and finding answers to issues related to HIV in the workplace. I believe IPPF+ is vital to move forward issues of importance to people living with HIV within the Federation, and through to society at large.

After many years at IPPF, I will retire at the end of February 2014. Over these years, I feel I have made an important contribution to the welfare and development of many individuals, and have assisted in producing change towards a world where human rights are a reality for those individuals most in need and underserved.

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Humberto Arango
Senior Governance Advisor, IPPF Western Hemisphere Region, New York, USA

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