

# HIV Update

*access=life*

## Contents

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>1 HIV Competency</li> <li>2 A conference of many firsts</li> <li>3 Increasing HIV Competency:<br/>The annual IPPF HIV workshop</li> </ul> | <ul style="list-style-type: none"> <li>3 Becoming a learning organization</li> <li>4 News in brief</li> <li>4 The People at IPPF: Esperanza Delgado</li> <li>4 Internet resources</li> <li>4 Events and Key Dates</li> </ul> |
|--|--|



# HIV Competency

As a Federation working in almost every country around the world, it is vital that there is both the confidence and capacity in all IPPF Member Associations (MAs) to act on the complexity of HIV issues they face.

**As a key part of the IPPF HIV strategy and through all of our programmes we seek to strengthen and expand the HIV competency of our staff, volunteers and partners.**

The HIV epidemic is a human phenomenon with far-reaching implications for individuals, households, communities and countries. As HIV is one of the leading issues that IPPF advocates for it is especially important that we remain a proactive organisation on linking sexual and reproductive health (SRH) and HIV – spotting the trends of the epidemic in advance and designing meaningful and effective people-centred programmes.

As well as ensuring that we remain abreast of the latest developments and ‘on message’ on a number of topical concerns it is essential that we also find innovative and creative ways of sharing lessons across the

Federation. Building the capacity and competency of all six regional offices and the 20 ‘global HIV focus’ countries through the annual HIV Competencies Workshop is a fundamental part of our approach. In 2004 representatives from 17 MAs and six Regional Offices attended the first Competencies Workshop in London. Many MAs were doing minimal or no work on HIV; working on HIV treatment, care and support was not considered part of their mandate, while the involvement and participation of key populations (including people living with HIV) was notably absent. Five competencies workshops later, the number of ‘global HIV focus’ countries has increased to 20 and their HIV competency has grown immeasurably (see page 3).

The 2007 Global Indicators paint a picture of how effective the HIV strategy has been. Global HIV focus countries make up



just 13% of the total number of MAs but in 2007 they provided 32% of all HIV related services and were responsible for 20% of all condoms distributed. This information – encouraging as it is – shows that we need to ensure that the gap between the global focus MAs and other MAs does not increase. Each Regional Office is developing a bespoke HIV strategy where they will provide specialist HIV support to a number of so-called ‘intensive HIV focus’ countries in their region, that will build on and complement the work pioneered by many of the global HIV focus countries. In this way, HIV capacity building across the

organisation will become both deeper and wider.

This edition of the *HIV Update* highlights some of the developments in the HIV field presented at the recent International AIDS Conference in Mexico and what this means for the future direction of IPPF’s work (see page 2). Being a learning organisation means maximising the potential of the huge knowledge base and expertise that exists within the Federation (see page 3). As our HIV work gathers momentum, it is critical that we both learn from and celebrate our achievements.

Love, Kevin  
Senior HIV Advisor

# A conference of many firsts

## Themes and key messages from the 17th International AIDS Conference



**Though AIDS 2008 was the 17th International AIDS Conference, it was a conference of many firsts.** It was the first time that the conference was held in Latin America; that a sex worker presented at the plenary; that the failure to respond to the epidemic in men who have sex with men (MSM) was globally recognised; and that there was a strong focus on criminalization and on the sexual and reproductive health and rights (SRHR) of PLHIV.

Between 3-8 August, more than 25,000 people gathered from across the world to attend AIDS 2008, the International AIDS Conference held in Mexico City. The theme of this year's conference was 'Universal Action, Now!', signalling that more action is needed if the world is to achieve the goal of Universal Access to comprehensive HIV prevention, treatment and care services by 2010.

Many issues were discussed at the conference but five stood out as the key themes and 'take home' messages for IPPF.

**1 Linking SRH and HIV:** There was a strong recognition for the need to link SRH and HIV. More people than ever are buying into this agenda. However, the conference mostly focussed on SRH programmes integrating HIV interventions, suggesting that opportunities for bi-directional linkages are being missed. Furthermore, it became clear that even though the 'will' may be there, evidence on the 'way' to carry out integration is often missing. There is emerging evidence on how best to link SRH and HIV in generalised epidemics (and IPPF's case studies on "Gateways to Integration" have contributed to this), but much less is known about linkages in concentrated epidemics and the benefits for marginalised populations. IPPF has much to offer and contribute to this area of work. We can do this by further broadening, deepening and scaling up our work on linkages and by better documenting our experiences.

**2 SRHR of People Living with HIV:** Another prominent issue at the conference was the SRHR of PLHIV. Many sessions featured evidence on the gross violations of the sexual and reproductive rights of PLHIV, in particular women, and

the need to respond to this challenge. 'Positive prevention' was presented as an important approach that can help to secure the SRHR of PLHIV. But it also became clear that there is a real need to unpack what 'positive prevention' means. Enabling PLHIV to avoid other STIs is and should be a key element of 'positive prevention'. IPPF was a co-sponsor of the Living 2008 Leadership Summit for PLHIV, which focussed on four priority issues, one of which was the SRHR of PLHIV. In 2009 and beyond IPPF will continue to play a leading role on this issue.

**3 Treatment as Prevention:** The importance of 'positive prevention' became even more evident with the presentation of exciting new evidence on treatment as prevention. Evidence from research, known as the 'Swiss Study'<sup>1</sup>, showed that PLHIV on highly active antiretroviral therapy, who had no other sexually transmitted infections and an undetectable viral load, had a chance of 1/100,000 to transmit the HIV virus to their sexual partner (even without the use of a condom). It is imperative that we continue to advocate for and act on the linkages between SRH and HIV.

**4 Criminalization of HIV transmission:** The Swiss Study's groundbreaking evidence has many important implications; for prevention messages, for the urgency of rolling out treatment and treatment adherence programmes, for the importance for PLHIV to avoid other STIs, and for linking SRHR and HIV. The study also has clear implications for the debate on criminalization – another hot topic at the conference. The researchers argue that PLHIV who meet the criteria are 'uninfectious' and can thus not expose their sexual partners to the risk of HIV infection, an act that is criminalized in countries the world over. IPPF will continue to argue against criminalization of HIV transmission, notably in its 2008 World AIDS Day campaign.

**5 Reaching Key Populations:** The conference focussed strongly on stigma, discrimination and the rights of marginalised populations. Sex workers, MSM, transgender, and people who use drugs were all very visible and vocal at the conference. But it became clear that, despite the rhetoric of governments, UN agencies and donors, political commitment to really address their needs and rights is still lacking. An example of this is the UNAIDS/UNFPA 'guidance' on HIV and sex work, which takes a moralistic and non rights-based approach to sex work. Though the guidance has not been adopted by the Programme Coordinating Board of UNAIDS, and can thus not be implemented, it has left the world without global guidance on evidence- and rights-based programming for this key population. Effective programming for marginalised populations needs to be based on their needs and realities. The PLHIV Stigma Index provides IPPF and other organisations with a channel for their voices and experiences and allows us to devise better programmes to address the stigma, discrimination and denial of services that these groups experience.

It is worth noting that AIDS 2008 was not only a conference of many firsts, but also the first conference for many. Sixty per cent of participants had not been at an International AIDS Conference before. As such, perhaps the most important contribution of AIDS 2008 was building the capacity of a new generation of leaders in the HIV response. Over 85 IPPF staff and volunteers from around the world attended the conference and IPPF was involved in over 30 different activities. The range of issues that IPPF were involved in addressed a host of topics from the criminalization of HIV transmission and the SRHR of PLHIV to positive prevention and male circumcision.

The next international AIDS conference will be in Vienna, Austria in 2010, where we will reinforce IPPF's leadership role as a pioneer of the linkages agenda.

<sup>1</sup> Vernazza P et al. (2008), Positive People on Effective HIV Meds Aren't Sexually Infectious (Swiss Report) Bulletin des Médecins Suisses 89 (5)

# Increasing HIV Competency: The annual IPPF HIV workshop

The 5<sup>th</sup> HIV Competencies Workshop, in Mexico City from 29 July– 1 August, brought together our focus MAs with regional and Central Office staff to build collective HIV competency through sharing experiences and best practise.

**The theme of the workshop 'Evidence for linking HIV and SRH: Action and Answers',** focused on how to use the evidence base to inform future HIV programmes and projects, ensuring that IPPF remains at the forefront of effective SRH and HIV integration.

As in previous years, the four day workshop devoted one day to each area of the IPPF HIV strategy 'Community Links'. This allowed us to discuss our work, and plan for the future on how we can best strengthen our four focus areas: prevention; treatment, care and support, stigma reduction; and linking HIV and SRH.

The core aims of the workshop revolved around capacity building and organizational learning in the following ways:

**Aim 1: Promote Federation-wide learning through the sharing of collective strengths and explore options to address areas of weakness in our HIV response.**

During the workshop, each MA took part in a Round Table and shared these successes and challenges. These Round Tables and other group discussions elicited the following comments:

- "As the group gets older and more knowledgeable about HIV, there are more opportunities to share experiences among the participants, and, you can get ideas for programmes or models which may work well in your own country." (Esperanza Delgado, MEXFAM, Mexico)
- "This was a great opportunity to know the experiences of other MAs and share strategies so that we can be more effective in our local work." (Elizabeth Castillo, Profamilia, Colombia)

**Aim 2: Strengthen competencies around a selected number of technical HIV issues.**

During the workshop there were guest speakers and sessions to strengthen competencies on a variety of technical issues such as positive prevention, criminalization of onward transmission, PMTCT, and Hepatitis and HIV co-infection. Participants found this particularly helpful in the following ways:

- "In a fast-paced development arena, where concepts, approaches, and terminology are increasingly nuanced, the workshop provided a platform for

sharing and debate."  
(Kabir Singh, SARO)

- "We updated and fine tuned knowledge we had on various topics like criminalization, positive prevention, existing strategic partnerships with other networks, organizations."  
(Hugues Lago, ARO)

**Aim 3: Reflect on the Federation's work on HIV during the last 12 months, and develop work plans and ideas to take our work forward.**

As well as reflecting on the past, the final afternoon of the workshop was dedicated to meeting in regional teams and developing work plans and strategic plans for the coming year. In looking forward to the year ahead a number of the participants said:

- "This year I will focus more on vulnerable groups such as sex workers, PLHIV and MSM. I have benefited from the experiences of other MAs, learning from constraints and difficulties they faced and how they solved them."  
(Nagat Elhadi, SFGPA, Sudan)
- "As HIV Advisor in AWR I will be working to disseminate updated information to all MAs in order to initiate new activities and interventions to reduce the spread of HIV in our Region."  
(Sana Nemer, AWR)
- "It is a very innovative programme."  
(Lena Luyckfasseel, EN)

The next Competencies Workshop will be held in India in July 2009.

## Becoming a learning organization

IPPF's organizational learning strategy 'Be brave, angry and smart', was developed in 2006. The strategy outlines the opportunity for IPPF to become a leading learning organization by maximising the potential of the Federation's huge knowledge base and expertise.

by **Rutti Goldberger,**  
Organizational Learning Officer, IPPF

**The strategy is being implemented at many levels by promoting a culture of sharing,** reflecting and learning from our own experiences. This ultimately allows us to become collectively more knowledgeable and contributes to improved organizational and programmatic effectiveness. Constant reflection and sharing allows us to adapt to an ever-changing environment and continually improve what we do. As a key signatory to the NGO Code of Good Practice IPPF ensures that its response to HIV is grounded in the principles of human rights and evidence-informed programming.

As part of this more systematic approach to learning within IPPF, a major strategy of the HIV team is to focus on capacity building. This includes training, workshops and technical assistance which not only provide technical input but also encourage dialogue and mutual learning. The annual HIV competencies workshop allows Member Associations, Regional Offices and the HIV team from Central Office the space and opportunity for shared problem solving, mutual learning and the development of ideas.

The HIV teams from around the world encourage many other forms of information sharing and discussion across the Federation. For example, in July participants of a successful project to support sex workers

in Malawi visited the Reproductive Health Association Uganda to share experiences and ideas. Central to this visit was the importance of developing a common understanding that not all sex work is synonymous with trafficking and that sex workers – male and female – need to be supported in their real lives. Other examples include the criminalization debate on the AIDS Portal, the regional training of trainers workshops for the People Living with HIV Stigma Index, and contributions to the HIV Update. The IPPF HIV Workplace Policy and Programme ensures that staff are supported within an enabling environment free of HIV related stigma and discrimination.

These serve as processes for identifying and utilizing knowledge and expertise that reside in all areas of the Federation. The HIV team will continue to facilitate this individual and collective learning through a strong focus on capacity building. The strength of the Federation is the knowledge and experience that individuals and organizations bring to it. The HIV team's focus on capacity building aims to unlock this knowledge, and build on it.

The People at IPPF



# Esperanza Delgado

Director of Research and Evaluation (MEXFAM)

I have been working for MEXFAM for a little more than four years and am responsible for the implementation and follow up of two of the five 'A's: AIDS and Advocacy.

My commitment to help those living with HIV came from attending the first HIV Competencies Workshop in London in 2004. This workshop helped me to understand the issues around HIV for the first time. This commitment was further increased when, travelling

to Cambodia and Kenya for subsequent Competencies Workshops, I observed the terrible conditions that PLHIV often face.

These experiences led me to be involved in the design and implementation of a number of HIV initiatives in Mexico. At MEXFAM we have focused our work on the often overlooked prevention needs of vulnerable populations such as prisoners, female sex workers and migrants. As well as comprehensive

prevention education, we have been successful in increasing access to voluntary counselling and testing (VCT). We have also had success in sensitizing these populations to HIV and so reducing their stigmatizing attitudes towards PLHIV.

Key to programme improvement and maintaining my motivation is the yearly HIV Competencies Workshop. I come away from each workshop feeling empowered, emboldened and able to design and manage innovative new HIV projects to reach those most vulnerable to HIV infection.

## News in brief

### Window into a World

'Window into a World' tells the stories of the everyday lives of people living with and confronting HIV; including of men who have sex with men in India, sex workers in Nepal and Kenya, young women and girls in Uganda and people living with HIV in Cameroon. It is available at <http://www.ippf.org/en/Resources/Guides-toolkits/Make-it-matter.htm> or email [HIVinfo@ippf.org](mailto:HIVinfo@ippf.org) for a print copy.



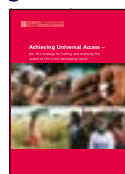
### In a life: linking HIV and sexual and reproductive health in peoples' lives

In a life presents 24 real-life stories highlighting how IPPF's work is having a real impact in the lives of people the world over. It will be available on the IPPF website shortly.



### Achieving universal access: the UK's strategy for halting and reversing the spread of HIV in the developing world

The updated AIDS strategy from the UK Department for International Development (DfID) sets out the UK's response to tackle HIV and AIDS in developing countries. The strategy sets comprehensive prevention as a priority for all and makes clear that the needs and rights of women, young people, children, and vulnerable groups need to be addressed. It is available at <http://www.dfid.gov.uk/pubs/files/achieving-universal-access.pdf>.



If you have any news that you would like to include in this section please contact us at [HIVinfo@ippf.org](mailto:HIVinfo@ippf.org).

## Internet resources

### AIDS 2008

[www.aids2008.org](http://www.aids2008.org)  
This website is a goldmine of information about the recent International AIDS Conference. There is access to videos of many of the sessions as well as rapporteurs' reports and powerpoint presentations.

### The People Living with HIV Stigma Index



[www.stigmaindex.org](http://www.stigmaindex.org)  
This brand new website, launched on August 1 2008, is the electronic face of the People Living with HIV Stigma Index. It contains a wealth of downloadable information, individual stories of people's experiences of stigma and living with HIV and the latest news of the role out of the Index. The site will continue to evolve so keep on going back for the latest news.

## Events and Key Dates

### 13 November 2008

Launch of IPPF criminalization publication

### 1 December 2008

World AIDS Day

### 3-7 December 2008

15th International Conference on AIDS and STIs in Africa

### Dakar, Senegal

[www.icasadakar2008.org/](http://www.icasadakar2008.org/)

## Global Fund for AIDS, TB and Malaria

### 1 October – Round 9 Launch

(Using the same proposal form and guidelines as Round 8)

### 15 November

Final notifications to all Round 8 applicants

### 21 January

2009 closing date for Round 9

## HIV/AIDS Team & Contact Details

**Kevin Osborne**, Senior HIV Advisor

**Ale Trossero**, Senior HIV Officer: Linking SRH and HIV

**Dieneke ter Huurne**, HIV Officer: Prevention, Treatment & Care

**Lucy Stackpool-Moore**, HIV Officer: Stigma

**Adam Garner**, HIV Officer: Youth

**Jon Hopkins**, HIV Research & Administrative Assistant

[kosborne@ippf.org](mailto:kosborne@ippf.org)

[atrossero@ippf.org](mailto:atrossero@ippf.org)

[dthuurne@ippf.org](mailto:dthuurne@ippf.org)

[lstackpoolmoore@ippf.org](mailto:lstackpoolmoore@ippf.org)

[agarner@ippf.org](mailto:agarner@ippf.org)

[jhopkins@ippf.org](mailto:jhopkins@ippf.org)

International Planned Parenthood Federation  
4 Newhams Row, London SE1 3UZ, UK

tel +44 (0)20 7939 8200

fax +44 (0)20 7939 8300

email [info@ippf.org](mailto:info@ippf.org)

web [www.ippf.org](http://www.ippf.org)