

HIV Update

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The Politics of AIDS

AIDS is multi-faceted and above all deeply political. Since the epidemic was identified in the early eighties, activism and advocacy has been driven by a complex mix of politics, power, and personalities. Nearly four decades on, the current political commitment to HIV is under question.

On the eve of the XIX International AIDS Conference in Washington, D.C., it is perhaps a good time to reflect on the nature of political commitment to this epidemic: what does it mean? Do we have it? What does it look like? Potentially rewarded for ending its entry restrictions on people living with HIV this is the first time in twenty-two years that the conference has been held in the USA (the 6th International AIDS Conference was held in San Francisco in 1990). While this is in many ways a victory for sound policy and for the rights of

people living with HIV to travel freely, government restrictions on the entry of sex workers and people who use drugs will make it difficult or impossible for those who identify as belonging to these groups to attend this conference.

“Turning the Tide Together” – the unifying theme of the AIDS Conference – highlights the fact that linked policy, activism and sound human-rights based practise should form the backbone of a sustained response. Held at both a time of global austerity and in the backyard of one of the most

powerful and influential HIV players in the global response, this conference needs to be an urgent clarion call for renewed political commitment to HIV.

Ahead of this conference that will bring together a unique balance of scientists, activists, programmers and policy makers, it is important for us to reflect on IPPF’s commitment towards addressing some of the current gaps in AIDS response. This issue of HIV Update highlights the four key messages – linked to our strategic plan – that IPPF delegates from across our 6 regions will promote during the

International AIDS Conference (page 2) and also has some reflections by the new Director-General of IPPF, Tewodros Melesse (page 4).

IPPF remains committed to ensuring that our specific niche response - linking our work on HIV to broader sexual and reproductive health and rights issues - will remain relevant, realistic and robust. We owe that to ourselves, our stakeholders, and to every client.

Love
Kevin



www.hivandthelaw.com

Justice begins at home

Thirty-four states and territories in the United States have laws criminalizing HIV exposure or nondisclosure of an individual’s HIV status to sexual partners. Imposed sentences can range from ten to thirty years in some states, even in the absence of intent or actual HIV transmission. With the International AIDS Conference in Washington, D.C., this is an opportunity to raise awareness about the impact of these laws. It is time to end HIV criminalization in the United States: the country with the highest number of criminal prosecutions of people living with HIV.



Key messages for AIDS 2012

01 Develop a renewed vision of political commitment to HIV

Over the past 20 years political commitment to HIV has been a necessary ingredient of ensuring that the AIDS rhetoric is met with concrete and tangible action. The importance of wide ranging political commitment cannot be underestimated, and the indicators of this commitment have over time spurned much needed AIDS action. New and innovative ways of demonstrating, measuring and showcasing political commitment need to be developed in order to ensure that the hard won HIV gains made over the years do not evaporate. It is critical that a new cadre of political and institutional leadership on HIV is nurtured. A unique combination of bold action to address the structural drivers of the epidemic; sustained and predictable investment and the re-engagement of essential sectors that have as yet – despite well versed words – not addressed HIV are some of the parameters that need to be galvanized.

Guarantee predictable and defined financing

Recognizing the long-term benefits accrued from investing in HIV programmes, governments, international donors and the private sector need to re-commit to international funding targets and goals. Financing for HIV should be predictable, defined and ensure the long-term sustainability of the response, including through innovative financing mechanisms. It is essential that funding for HIV is an increasingly balanced mixture of national and other resources, while successful results-driven mechanisms should continue to be a feature of the AIDS landscape. International donors should ensure full funding, for example of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

IPPF supports the work of the GFATM by ensuring that eligible Member Associations are actively engaged in national GFATM processes for stronger linkages between HIV and sexual and reproductive health.

Access = Life

Access to life-saving medicines is a human right. Global trade and drug licensing processes must enable access to medicines for all. An estimated 10 million people who need treatment do not have access to antiretroviral treatment (ART). In 20 African countries, more than 80 per cent of treatment depends on donor funding. Eight countries already face treatment shortages; while a further 22 countries expect problems in the future. This accounts for more than 60 per cent of people on treatment worldwide.

67% of IPPF Member Associations provide a comprehensive range of HIV services integrated into SRH services, including provision of or referrals to ART. IPPF MAs also promote access to stigma-free health care services for people living with HIV, hard to reach communities, and key populations.

Re-engagement of all key sectors on HIV

Increasing a global, regional and national response to HIV requires a multi-sectoral strategy with a number of vital sectors (beyond health) providing sustainability and longevity to the demands of the epidemic. For a number of reasons, interest has begun to wane and the HIV response from a number of these sectors is being called into question.

IPPF continues to pioneer, strengthen and expand our response to HIV through an integrated model of service delivery and advocacy on HIV and SRH issues.

02 Create an enabling HIV policy and legal environment

The law is a critical element of our response to HIV and public health. It can narrow the divide between vulnerability and resilience; between access and uptake; between rhetoric and action. But in many countries, punitive laws and policies continue to hinder access to comprehensive SRH and HIV information and services, in particular for those most vulnerable to and affected by HIV. Over sixty countries have laws that specifically criminalize HIV transmission or exposure; over seventy that criminalize same-sex sexual activity; over one-hundred deem sex work to be illegal; and over one-hundred still have laws that do not recognize equal inheritance rights for women. Whether it is understanding the damaging effects of the criminal law, or ensuring that the benefits of SRH-HIV integration are realised, there is a need to overcome this gap between what works and the policy and legal environment.

Repeal punitive discriminatory laws and policies

Stigma and discrimination continue to limit access to essential services for people living with HIV and individuals particularly vulnerable to infection – young women and girls; men who have sex with men, transgender people, people who use drugs and sex workers. Punitive laws that criminalize key populations and HIV-specific criminal laws weaken HIV prevention efforts, undermine human rights, and foster stigma and discrimination.

IPPF's campaign 'Criminalize Hate Not HIV' raises international awareness on how the criminalization of HIV transmission hinders the HIV response.

Advocate for supportive policies that actively link HIV with sexual and reproductive health and rights

Research shows that the integration of SRH and HIV services provides an effective way to more efficiently use scarce economic and human resources. Yet, this hinges on a 'tipping point' at which more investment will be needed to ensure that efficiency gains are made and services not over strained.

IPPF advocates for national level policies and financing that support the integration of services. Since 2008, IPPF and partners have supported the rollout of the Rapid Assessment Tool for SRH and HIV Linkages in 43 countries.

Act on policies that work

Significant efforts and resources are placed on the development of 'new' policies and procedures – while many sound policies are insufficiently acted upon. Male and female condoms are the only dual protection method available for the prevention of HIV, STIs and unintended pregnancies. Yet, the gap between the number of condoms needed and the number of condoms available is enormous. Similarly, addressing the family planning needs of HIV positive women from a rights-based perspective is a critical component of the elimination of mother-to-child transmission strategy that needs to be scaled up.

IPPF provided over half a billion condoms (511,320,000) between 2009 and 2011.



03 Strengthen the integration between SRH and HIV services

The importance of linking SRH and HIV is widely recognized. The majority of HIV infections are sexually transmitted or are associated with pregnancy, childbirth and breastfeeding. The risk of HIV transmission and acquisition can be further increased due to the presence of certain STIs. In addition, sexual and reproductive ill-health and HIV share root causes, including poverty, limited access to appropriate information, gender inequality, cultural norms and social marginalization of the most vulnerable populations. The international community agrees that the Millennium Development Goals will not be achieved without ensuring universal access to SRH and HIV prevention, treatment, care and support. Linkages between core HIV services and core SRH services in national programmes are thought to generate important public health benefits. Yet, integration of SRH services into HIV services and vice versa is still often provided on an adhoc basis. In addition, perspectives on linkages need to consider the structural and social determinants affecting both HIV and SRH.

Ensure SRH and HIV services are integrated for all clients regardless of HIV status, age, gender, sexual orientation or social-economic status

Integrated SRH and HIV services increase access to and uptake of key services, especially among poor, marginalized, socially-excluded and vulnerable populations, such as women and girls, people living with HIV and key populations, including men who have sex with men, sex workers, transgender people and people who use drugs.

91% of IPPF Member Associations currently have strategies to reach people particularly vulnerable to HIV such as women and girls, key populations and people living with HIV.

Position efforts to eliminate mother to child transmission of HIV within a broader framework of maternal, child and neonatal health

A bold new commitment has emerged through a 'Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive' which aims to reduce the number of new HIV infections among children by 90% and reduce the number of AIDS-related maternal deaths by 50%.

77% of IPPF Member Associations that provide services are currently providing services to prevent mother-to-child transmission of HIV.

Strengthen data collection systems to measure integrated service delivery

There is no "blueprint" to integration. An appropriate level and type of integration depends on a variety of factors including the nature of the HIV epidemic and the size and scope of existing services. Clear operations research and systems for routine data collection are needed in order to plan for and support the scaling up of optimal integrated SRH and HIV services.

IPPF supports the development of indicators on SRH and HIV linkages and promotes the findings of the Integra Initiative research on delivering integrated services in high and medium HIV prevalence settings.

04 Defend social justice as a key part of the sexual rights agenda

During the last half-century, many international declarations have proclaimed health care to be a fundamental human right. Yet, a human rights approach to health and HIV is still a long way off. The very principles of human rights, including bodily integrity, informed consent and freedom from coercion, should guide policy development and practice. Addressing risk and vulnerability to ill-health also requires spotlighting the inequalities – social, economic, and political – that drive the epidemic. For AIDS to be truly over, efforts need to be refocused on both actively promoting and vigorously defending human rights, equality and social justice.

Stand up to HIV-related stigma

Stigma attaches itself not only to individuals but also to specific social contexts, and can be linked to HIV status, sexual orientation, gender, race and/or religion. HIV-related stigma continues to hinder the uptake of essential prevention, treatment and care services. Stigma often reinforces power inequalities between providers and clients, contributes towards social marginalization, and is one of the most pervasive structural drivers of vulnerability to HIV.

IPPF established IPPF+ in 2008 as part of our HIV Workplace Policy to connect staff and volunteers living with HIV across the Federation, and ensure supportive and stigma-free work environments.

Neutralize gender inequalities

Gender dynamics can both cause and counteract the structural drivers for HIV and the power inequalities in which HIV transmission thrives. Globally, women and girls make up more than half of all people living with HIV. Increasing recognition is now given to the different rights-based family planning and sexual health needs of men and boys (including men who have sex with men), as well as recognizing the crucial role they play as partners. Transgender people are often disproportionately affected by HIV and other sexually transmitted infections (STIs) and should be part of the global conversation on issues related to the gender dimensions of the epidemic.

IPPF implements projects that support empowerment for women and girls and safeguards family planning choices for all men and women, regardless of HIV status, age or sexual orientation. We provide services to men and boys in their own right, to protect their sexual health and rights, and also engage men as partners.

Catalyze supportive livelihoods for all

Poverty is a root cause of ill-health leading to a lack of access to the means to sustain life and services needed to maintain good health. Ensuring people - especially young women and girls - are economically empowered and have livelihoods that allow choice, dignity and the means to live a fulfilling life are key priorities for action.

IPPF purposefully facilitates and links income generating opportunities for young women and girls and their families in economically marginalized communities and invests in capacity development and peer-counselling opportunities for people living with HIV as part of our SRH response.



People at IPPF



Tewodros Melesse

Director-General – IPPF

those who were affected were cursed. Of course this disease is now what we know as AIDS. My passion for this issue still comes from seeing how people reacted to the disease all those years ago – and witnessing the fear associated with the virus. But we must not forget that this is very much a disease that affects an individual, and everyone has their own story.

After all these years, HIV is still a challenging public health issue. Why is this different to the challenges of other health issues like cancer? In essence it's because HIV, like other STIs, is related to sexuality. With HIV, your sexuality often becomes public. The stigma and

discrimination towards people living with HIV goes beyond being infected with a virus. Society makes judgements such as a person infected with HIV must be promiscuous or assumed to be homosexual.

As HIV is mostly transmitted sexually, IPPF should strive for a comprehensive approach connected to sexuality. This includes providing age-appropriate comprehensive sexuality education, as knowledge and awareness are still key to prevention. Clinics, too, need to provide information and give advice as well as services.

We need to recognize that HIV is here. HIV needs to be normalized, as it is a part of our

society. This can be done through education, cross-cutting services and mainstream activities.

We also need to keep up the momentum, although no longer seen as an immediate 'death threat' because of the greater access to life saving treatment (ARVs), society and politicians still need to respond. HIV is still a tragedy. From history, we have witnessed diseases that have almost disappeared, yet have come back, with greater strength. Is this because people become too complacent? ARVs have been a great advancement, but we must continue our collective prevention efforts in a comprehensive, integrated way, if we are to create a world with 'zero new HIV infections, zero discrimination, and zero AIDS-related deaths'.

A mysterious 'slimming' disease appeared while I was doing community-based reproductive health work in Africa. Nobody knew what it was or where it came from. Some people even wondered if it was the food. People thought that

News in brief

Nominations open 2013 David Kato Vision & Voice Award



The David Kato Vision & Voice Award was launched to recognize those who are working to eliminate violence, stigma and discrimination against lesbian, gay, bisexual, transgender and intersex (LGBTI) people. The award celebrates the life and work of human rights activist David Kato, who was murdered in his home in Kampala, Uganda on 26 January 2011. We're looking for an inspirational individual who demonstrates courage and outstanding leadership in advocating for the rights of LGBTI people around the world. Nominations for the award close on 31 August 2012 and can be completed online in English, French and Spanish: <http://www.visionandvoiceaward.com>

Upcoming conferences

Integration for Impact: Reproductive health & HIV services in sub-Saharan Africa

12–14 September 2012

Location: Nairobi, Kenya
www.integration2012.org

FIGO World Congress of Gynecology & Obstetrics

7–12 October 2012

Location: Rome, Italy
www.figo.org/congress/congress_2012

11th International Congress on Drug Therapy in HIV Infection

11–15 November 2012

Location: Glasgow, UK
www.hivdrugtherapy.com

New publications

In a life:

Linking HIV and sexual and reproductive health in people's lives



Real-life testimonies highlight how our work – shaped and pioneered by the efforts of thousands of committed staff, volunteers and partners –

makes the vital links between HIV, sexual and reproductive health and rights. As a global sexual and reproductive health service provider and leading advocate of sexual rights for all, our work has a real impact on the lives of people – every minute of every day, somewhere around the world.

The publication is available at: www.ippf.org/resources

IPPF at AIDS 2012



22-27 July 2012

International Planned Parenthood Federation **Exhibition Booth**

Exhibition Hall

Level Two
Booth #163

Criminalize Hate, Not HIV

Global Village Booth

Global Village

Lower Level
Booth #648

HIV in the Workplace

RCRC+, IPPF+, UN+

Exhibition Booth

Hall C

Lower Level
Booth #11

Sunday, 22 July 2012

IPPF Satellite Session

The Politics of Condoms:
Cock-ups, Controversies and Cucumbers

Mini Room 3

Street Level
15:45-17:45

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