

FOCUS ON HIV/AIDS I/2007

Dear colleagues,

This is FOCUS ON HIV/AIDS, the former "SDC's HIV/AIDS newsletter". The electronic medium lives through interaction. You are invited to send us your suggestions, requests and information flashes. Please mail to: claudia.kessler@unibas.ch or helen.prytherch@unibas.ch, who have developed this issue in collaboration with Sandra Bernasconi, from SDC SoDev /health desk sandra.bernasconi@deza.admin.ch. The editors are grateful for any contribution received!

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SDC internal

- **Mainstreaming HIV/AIDS in S-Asia – an update from the SOUTH-ASIA Division**

With the support of the Thematic Resources Department, S-ASIA Division held on February 22nd, 2007 a block day on HIV/AIDS at Headquarters. The introduction highlighted that though the prevalence rate across the region is low (<1% in all countries) and, despite the fact that little is known on how fast the disease could spread within Asia, there are risks of an explosion of the infection. The number of positive people in Asia could more than double to 20 million during the next five years unless funding levels increase and governments respond more effectively to the epidemic, according to officials from the Commission on AIDS in Asia. India already has more than 5 million people living with HIV/AIDS. SDC's activities related to HIV/AIDS in South Asian countries were also presented and discussed, while the bulk of the half-day was about concrete steps/ initiatives needed by Head Office for tackling HIV/AIDS through its programme. Some operational suggestions have been made regarding how to address HIV/AIDS at work place, ensure regional implementation and networking on this topic, and mainstream HIV/AIDS within Country Programmes. The participants to the block day acknowledged the good degree reached by the HIV/AIDS mainstreaming within S-ASIA but also recognized the challenges, which still persist.

- **HAITI – SDC Humanitarian Programme mainstreams HIV against the odds**

The World Bank includes Haiti on the list of fragile states, where political, social and institutional reforms are the preconditions for a sustainable economic upswing leading to stability and order. In 2004 at a time of political upheaval and a change in government hurricane Jeanne added to the islands troubles causing horrendous flooding. SDC has supported humanitarian efforts ever since. The programme focuses upon food security, rehabilitation of social infrastructure and HIV/AIDS. An HIV mainstreaming workshop for 22 participants from 13 different organisations collaborating with relief activities was successfully held in Port au Prince at the end of last year. Despite the challenging context participation was high and there was a lively and constructive exchange. The SDC mainstreaming tool kit was also presented and discussed. The various organisations elaborated minimum standards and action plans for 2007 tailored to their possibilities and difficult working environment. The progress will be followed with interest!

- **SDC supports World Food Programme in Knowledge-Capitalisation on Food Security in the HIV and AIDS Response**

Since many years SDC Humanitarian Aid, Africa Division is supporting the World Food Programme's (WFP) food assistance, as well as the implementation of WFP's HIV/AIDS strategy in southern Africa. In order to learn more about approaches of food security and nutritional support in response to the epidemic in food-insecure countries, in November 2006 SDC supported WFP in its mid-term evaluation of the Southern Africa Protracted Relief and Recovery Operation (PRRO) fully funded an HIV and AIDS specialist to ensure that all aspects of food security and nutrition relating to HIV and AIDS were addressed in the evaluation and recommendations. Fieldwork for the evaluation was conducted in Malawi, Mozambique, Lesotho and Zimbabwe which are among the countries with the highest incidence of HIV and AIDS in the world.

Outcomes of the evaluation confirmed the crucial role of food in the regional and national responses to the HIV epidemic in southern Africa. In southern Africa the generalised epidemic is driven by and in turn exacerbates a complex of dynamics that perpetuate food insecurity and social inequalities that threaten the future recovery of nations most heavily affected. As the highest prevalence of the virus is among the most productive members of society, food production has become inadequate and the resulting food insecurity increases

negative short-term coping strategies that include the sale of production assets (cattle, seed, land, etc) and high-risk transactional sex to meet basic food needs.

The death of adults has led to large population of orphaned children who are unable to attend school as they have to work or devise other means to cope with the loss of their parents and providers. This rapidly makes children food insecure and highly vulnerable to exploitation and at direct risk of becoming infected with the virus through sexual coercion and abuse. The lack of adult guidance in learning food production techniques and other livelihood skills does not enable children orphaned by AIDS to become food secure in the future as adults. This further exacerbates the “Triple Threat” of weak governance, food insecurity and HIV and AIDS.

The crucial role of emergency food aid and longer-term food security as basic foundations for a successful response to the epidemic were confirmed in the course of the PRRO evaluation. However, it was also apparent that misconceptions surrounding the drivers of the epidemic and the persistence of traditional attitudes to epidemics prevail. Many aid and development actors consider the epidemic response to be confined to a public health and medical focus based on prevention and treatment. The lack of understanding of the complex dynamics of poverty, food inequalities and weak governance driving the epidemic is particularly damaging to responses to the epidemic as many donors share this lack of awareness. Consequently innovative food security approaches to the epidemic tend to be stifled by inadequate donor interest.

On the basis of the findings on the role of food assistance in the global response to HIV and AIDS, SDC made the decision to support WFP in its broader and in-depth Thematic Evaluation of HIV and AIDS responses to further inform on the impact of different approaches to nutritional support in WFP working contexts beyond the Southern Africa PRRO.

Food aid and action toward longer-term food security are essential components of an integrated response to prevention of and recovery from the HIV and AIDS epidemic. Approaches are poorly understood and shared between concerned actors and agencies, and as a result there are few lessons learned to inform on best practices in different contexts. SDC’s support to the WFP Thematic Evaluation will enable a team of specialists to extract best practices and lessons learned and devise appropriate means for information sharing and knowledge. This is intended to provide a platform on which to inform and engage policy-makers, donors and implementing partners on the crucial role of food in both immediate and longer term responses to the epidemic world-wide.

International

- **EU Conference "Responsibility and Partnership – Together Against HIV/AIDS" held in Bremen, Germany 12-13th March, 2007**

Health and Development Ministers from all over Europe and neighbouring countries, including a full delegation from the Swiss Federal Office for Public Health and the Swiss Agency for Development and Cooperation met in Bremen as part of the 2007 European Union Presidency. The two-day ministerial conference on fighting HIV/AIDS took place upon the invitation of the German Federal Minister of Health, Mrs. Ulla Schmidt in collaboration with the Federal Minister for Economic Co-operation and Development, Heidemarie Wieczorek-Zeul, and the German Education and Research Minister Annette Schavan.

The meeting was closed with a joint declaration of commitment. "We have succeeded in agreeing on the fact that the fight against HIV/AIDS can only be won with strong political leadership. This is a topic which must be tackled at the highest possible political level. I am very pleased that the Federal Chancellor Dr. Angela Merkel has declared HIV/AIDS a guiding theme of the German presidency and that she has announced to make HIV/AIDS an issue at the European Council. It is therefore of special importance to me that HIV/AIDS be made one of the central themes of the German Presidency and, beyond that, a political priority of all European governments, the Commission and Europe as a whole. Indeed, (...) we are forced – owing to the pandemic dimensions and threat posed by HIV/AIDS – to look beyond our own borders, beyond national borders, and even beyond those of the European Union and of Europe itself", said Ulla Schmidt.

The declaration obliges the participants to include partner organisations such as NGOs, WHO, UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the European Centre for Disease Prevention and Control (ECDC) and other civil society actors in efforts to stop the spread and mitigate the impact of HIV/AIDS. Moreover, it calls for improved cooperation to ensure access to affordable medication and for more research into vaccines. The private sector, in particular the media, employers and the pharmaceutical industry were all requested to engage more actively in public private partnerships to contribute to the global response. Commitments were made to provide access throughout Europe, to prevention and affordable treatment and to ensure that all those infected here, can live their lives without being subjected to stigma and discrimination. The discussion focused upon key aspects of the epidemic in Europe such as human rights, migration, gender and issues concerning sex work, injecting drug use and men who have sex with men.

For more information see:

http://www.unaids.org/en/MediaCentre/PressMaterials/FeatureStory/20070314_Bremen_conference_2007.asp

Or download the declaration here: http://www.eu2007.de/en/News/download_docs/Maerz/0312-BSGV/070Bremen.pdf

- **It just doesn't add up! AIDS and the Millennium Development Goals.**

A stock taking of the mixed progress that has been made towards achieving the Millennium Development Goals has been carried out by Policy Forum. It shows how regions such as East Asia have made critical gains, but that in other parts of the world – most notably sub-Saharan Africa even the 2015 Goals remain out far from reach. They review the literature and put evidence on the table that failure to halt and reverse the AIDS epidemic is jeopardising the progress towards achieving many of the Millennium Development Goals – and shall continue to do so. Not only will the direct objective – halting HIV infection and AIDS related illness – not be achieved, but progress in poverty reduction, efforts to ensure all children complete primary education, lowering child mortality, improving maternal health and fighting the global malaria and tuberculosis epidemics will be undermined. For the full report see www.plosmedicine.org, volume 3, Issue 11, November 2006, p.1992-97.

- **WHO and UNAIDS approve use of male circumcision in HIV Prevention**

International experts have backed the use of male circumcision in the prevention of HIV and released the results of a technical consultation, "Male Circumcision and HIV Prevention: Policy and Programme Implications" on 28th March, 2007. This follows the publishing in the Lancet of the results of two randomised trials, conducted in Uganda and Kenya, which show that male circumcision halves the risk of adult males contracting HIV through heterosexual intercourse.

The news continues to raise many questions as well as presenting an opportunity for HIV prevention and for expanding sexual health programmes to men. One such question is the effect of male circumcision on women. Experts agree that initially wide-scale implementation of male-circumcision will lower HIV infection in men. But studies suggest over time that women too could benefit through a kind of "herd immunity". The direct effect of male circumcision on male-to-female transmission of HIV is being tested in trials in Uganda with results expected in 2008.

The practice is not to be decontextualised but should be informed by the socio-cultural context – the major determinant globally being religion: almost all Muslim and Jewish men are circumcised. Questions also surround the gender implications and a need to monitor the potentially harmful outcome on unsafe sex, sexual violence and the conflation of male circumcision with female genital cutting. Experts warn that it is an additional intervention that does not replace programmes providing HIV testing, treatment for sexually transmitted infections or other tried and tested methods of prevention such as condom use."male circumcision does not provide complete protection against HIV. Men and women who consider it as a HIV prevention method must continue to use other forms of protection such as male and female condoms, delaying sexual debut and reducing the number of sexual partners", Catherine Hankins, UNAIDS.

- **International Health Security – the challenge of balance**

Chinese bird flu expert, Margaret Chan took over as head of the World Health Organisation (WHO) and has chosen International Health Security as the topic of this year's World Health Day on 7th April.

Threats to health security can take the form of sudden, environmental catastrophes or emergencies that develop over time and serve to magnify our global interdependence. The AIDS pandemic in particular is seen to be undermining the stability of highly affected countries whilst its high costs sap the public resources needed for security. Countering such threats can only be achieved if all nations work together. On the other side of the coin, however, the effect of unleashing a public security agenda, including counterterrorism can serve to reinforce stigma and discrimination of those living with HIV. The Belsan School tragedy was explained away by a demonising of the hostage takers as drug users. The extreme criminalisation of drugs users in Russia continues to impede effective HIV/AIDS programmes because most HIV transmission is linked to drug infection. Furthermore, harsh criminalization of drug use impedes programmes in Thailand, where a violent war on drugs was justified in the name of public security. Thailand's successful lowering of HIV incidence and prevalence in sex workers, who are not criminalized, contrasts starkly with the continued high HIV prevalence in drug users.

Source: Canadian HIV/AIDS Legal Network
<http://www.aidslaw.ca/publications/publicationsEN.php>

Africa

- **RWANDA employs innovative approaches to treat HIV & assist orphans**

Phones for health - a system developed by VOXIVA, that allows health workers to send reports using a cell phone from the field to a central database is now in place to track people living with HIV and AIDS. Launched in 2005 the service now connects 75% of the countries 340 clinics. Weekly reports are created on clinics stocks of antiretroviral drugs, and monthly reports cover the number of HIV positive people with access to antiretrovirals. In addition clinics receive messages with information about laboratory tests and drugs recall alerts - to overcome the growing problem of counterfeit pharmaceuticals - from the Ministry of Health. VOXIVA is part of a public private partnership which is intended for a further 10 African countries. For more information see:

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=43361

Rwanda has the dubious fame of having the highest number of child-headed households on the continent – a result of the devastation caused by the genocide and AIDS. Stories of orphans being moved from pillar to post, separated and mistreated are sadly all too common. A new participatory approach of empowering Rwanda's orphans to take on parental responsibilities and keep related children together is being implemented Nkund'abana and CARE. The children are asked to identify someone in the community they trust to act as their parent and, with assistance from counselors, prepared "terms of reference" for the relationship with their chosen guardian. Once a choice is made the guardians are contacted, receive training in childcare, basic trauma counselling and generally equipped for their role. The children stay in their own homes where the guardian visits and helps them. The children receive support to enroll in school. The child-centred nature of the approach is the key to its success. For more information see <http://www.plusnews.org/report.aspx?reportid=62597>

- **Malaria speeds up spread of HIV/AIDS**

Research by scientists in Kenya suggests that the way HIV and malaria interact can cause the two diseases to spread faster. People weakened by HIV are more likely to catch malaria and when people with HIV or AIDS contract malaria it causes a surge of HIV virus in their blood which makes them more likely to infect a partner. The explanation for this later observation is seen to lie in the fact that malaria multiplies a persons "viral load" or HIV. Scientists estimate that tens of thousands of HIV infections, perhaps 5% of the total, and millions of malaria cases, perhaps 10% of them, could be blamed on this co-infection. The findings point to a need for HIV and malaria work to be more closely coordinated.

Full text: <http://www.timesonline.co.uk/article/0,,3-2492811,00.html>

Asia

- **INDIA: What kind of a man are you?**

Finally India has woken up to the truth that men who have sex with men don't only exist in Europe and North America! The stigma and discrimination suffered by gay men in India knows no bounds. At last the Family Planning Association has succeeded in setting up a self help group for gay men. The first on the sub-continent – the country with the highest number of people living with HIV in the world! Men who have sex with men constitute one of the highest risk groups for HIV and AIDS and usually there are hardly any prevention services available for them. The 275 men who have joined the association were encouraged to go for voluntary counselling and testing and the majority of them subsequently disclosed to the group that they are HIV positive. Most of these men are in the 12-25 age-group. The potential spill-over effect from this group into the main society is of particular concern. In a desperate effort to conform some of the men are already married whilst many others intend to marry. Society in India encourages us to put our head in the sand and ignore the issue – but this just makes things worse. The group provides health promotion and HIV prevention services and helps the men establish income generating activities.

Source: Tribune News Service 22/Mar/07

- **PAKISTAN – Salman Ahmad, lead singer of Junoon in the Top Ten.**



Salman Ahmad is the lead singer of one of south Asia's biggest rock bands, 'Junoon'. The music video Al-Vida, which was co-financed by the Swiss Agency for Development and Cooperation, has shot to the top of the charts. In a statement Salman explained, "having trained as a doctor before I came into music, I know that a small infection in any part of the human body if not treated with care and urgency can easily threaten the whole body. In an interconnected world we no longer have the luxury to ignore HIV and AIDS. The world that we live in is like the human body, if one region is affected by HIV & AIDS it poses a danger to all of humanity, regardless of gender, religion, national or ethnic identity.

Everybody has a role to play and as an artist and UNAIDS Special Representative I promise that I will make sure that through my music and words I will try to shine a light on the heroic lives of People living with HIV. Music and video can help humanize the face of HIV. Al-Vida is as much about HIV & AIDS as it is about women's empowerment in South Asia. We have to remind ourselves to see with the heart and to think beyond borders because it is only compassion and knowledge which can fight the stigma and discrimination associated with HIV & AIDS".

To download the video, use Internet Explorer and click on "Song Al-Vida"
<http://www.unaids.un.org.pk/index.php?page=activity&aid=53>

Eastern Europe and Central Asia

- **Reproductive Health Supplies in Central and Eastern Europe: call for greater political will**

This Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights (ASTRA) paper examines barriers to accessing reproductive health services and supplies in the Region. It reports that reproductive health is not prioritised in government policies: commitment to recognise reproductive health supplies to be low and adequate legislation and policy to be lacking. Non-state providers are found to be struggling to fill the gaps left by governments especially in the area of health education and counselling services. Private sector organisations subsidise contraceptives, and UN bodies distribute free condoms in some countries. The authors suggest that people need to be made more aware of their rights, and better dialogue is required with politicians, policymakers and government officials. For more information see: www.astra.org.pl/CEE_RH%20Supplies.pdf

Latin America

- **HONDURAS: Home to an increasingly urban and feminised epidemic**

Escalating urban violence now places Honduras as one of the most insecure countries in the wider Latin American region. Accounting for just 17% of Central America's population it has reported 60% of the subregion's HIV/AIDS cases. The generalised epidemic is becoming rapidly feminised as 51% of new cases reported are women. The causes are seen to lie in social inequity, low economic and social status and domestic and sexual abuse. The highest level of HIV prevalence is among men who have sex with men (13%), followed by female sex workers (9.7%), people in prisons (6.8%). It is estimated that 17,500 children are orphans having lost one or both parents – many of them are also living with HIV.

Treatment coverage has increased in the past three years with more than 3,500 people receiving antiretrovirals, but the problems of resistance to multiple drugs, the high rate of abandonment (11%) and limited international support stand in the way of the "All by 2010" Goal. After the approval of the Global Fund grant, donors reduced their financial support and many bilaterals left the country. Implementation of the grant remains a major challenge causing civil society organisation projects to be running out due to lack of resources.

- **PERU: New Strategic Multisectoral Plan for STI/HIV/AIDS**

The recently approved Strategic Multisectoral Plan for STI/HIV/AIDS 2007-2011 as the one agreed AIDS action framework is a major achievement. It guided the development of the Global Fund proposal to Round 6 – Peru's third grant and plans are underway to turn the Country Coordinating Mechanism for the Global Fund into the one national AIDS coordinating authority – the ministries of health, interior, defence, education, justice, work, and women and social development are all represented together with organisations of people living with HIV and affected by TB, faith based groups and academia. The UN and other development partners are planning to establish a united technical assistance plan. Current priorities of the national response include scaling up the access to prevention, treatment and care. A key area is the consolidation of the coverage of vertical transmission – it has risen in recent years from 30% to 60%. Efforts to reduce stigma and discrimination against people living with HIV and those most likely to be exposed (men who have sex with men, sex workers, transgendered men). It remains the case that there are no specific health policies for men having sex with men, but there are some for sex workers. HIV prevention efforts with young people (both in and out of schools) remain modest as young people do not have autonomous access to health services due to legal constraints. More information can be found at http://www.unaids.org/en/Regions_Countries/Countries/peru.asp

Useful resources

- **UNAIDS at country level: Supporting countries as they move towards universal access.**

A publication of the Joint United Nations Programme on HIV/AIDS, January 2007, this report examines the country-level work of UNAIDS in 2005 and 2006 in the context of regional and global efforts to move towards universal access.

http://data.unaids.org/pub/Report/2007/JC1301-CountryLevel2007_en.pdf

- **Deadly links between mobility and HIV: Crossings, March, Vol 7. No.1**

Published by the Southern African Migration Project articles cover child migration, family relationships, experiences of women, street traders, truckers, miners and domestic workers

http://www.queensu.ca/samp/sampresources/samppublications/crossings/CR7_1.pdf

- **HIV Prevention for Girls and Young Women – a series of report cards released by UNFPA**

The cards summarise the current situation of HIV prevention services for these groups in various countries. Designed as advocacy tools for improving the programmatic, policy and funding actions taken on HIV prevention for girls and young women. Aimed at national, regional and international policy and decision-makers and service providers. See the Mozambique Report Card at: <http://www.unfpa.org/hiv/docs/report-cards/mozambique.pdf>

- **Prevention and Awareness in Schools of HIV/AIDS: A CD ROM of “lessons learned” from this project of the Ministry of Education in Tanzania**

A CD-ROM of key documents and “lessons learned” from Phase I (2003-2006) of this project of the Ministry of Education in Tanzania is now available. The Swiss Centre for International Health supports the implementation for the German Technical Cooperation (GTZ). The CD-ROM can be obtained from the library of the Swiss Tropical Institute or by post by emailing your address to: Helen.Prytherch@unibas.ch

- **Asian Harm Reduction Network**

AHRN is a regional information and support network created to link and support the courageous people operating programmes providing assistance to injecting drug users in Asia to prevent HIV transmission. Many organisations contribute to the network and AHRN has been recognised as a best practice model by UNAIDS. For more information see www.ahrn.net