

HIVUpdate

access=life
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Learning lessons

Keeping abreast of all the latest developments and ensuring that our organizational response to HIV remains proactive requires that we must carefully and consistently apply the lessons that have been learned. But how do we apply these important lessons across the Federation?

While the HIV epidemic continues to be one of the most challenging health and development issues confronting the world today, it has acted as a catalyst for wider social transformation. From spotlighting the importance of gender equality and the necessity of the human rights aspects of health, to galvanizing the united power of activism – it has been transformative. And the latest data from UNAIDS shows some reason for cautious optimism, with evidence that new HIV infections have fallen to the lowest levels since the peak of the epidemic in 1997.

With new scientific advances, greater recognition of key populations at higher risk, and

a tangible commitment to the SRH and HIV linkages agenda, we need to constantly renew our learning and adapt our response. This should be based on honest and critical reflection; systematic strengthening of our organizational capacity to respond to new trends and ensuring that strategic lessons are applied and shared.

As information is updated and new trends slowly emerge, we need to review and utilize this information to better inform our response. And we have a clear role to play in this, as demonstrated by the recent global IPPF survey to determine the involvement of Member Associations (MAs) in national processes of the Global Fund



to Fight AIDS, Tuberculosis and Malaria, which was conducted in an effort to increase the number of proposals linking sexual and reproductive health and HIV (see page 3). With the news that the Global Fund has both cancelled Round 11 and has adopted a new strategy, this survey could help shape our ongoing engagement.

The end of a calendar year provides an opportunity for reflection on our own response. Recent IPPF data suggests a ten-fold increase globally in the HIV-related services provided by IPPF Member Associations between 2005 and 2010. Even with this impressive increase in service provision, it is important to assess these achievements critically. While the responsibility for this success is not equally shared across all MAs and

regions; the framework for increased global action on linking SRH and HIV has been established. One of the key lessons for the Federation is, that by strengthening our collective HIV competency capacity, we have a reservoir of untapped potential to significantly increase our range of HIV-related services along the prevention-to-care continuum, and ones which go beyond just health services (see page 2).

IPPF's strategy of concentrated HIV capacity building for a select number of Member Associations (see page 3), has demonstrated success that must now be shared. Working together on this can only lead to increased cumulative action and answers.

Love
Kevin



New online tool on HIV laws and policies

On World AIDS Day 2011, the *Criminalize Hate, Not HIV* campaign is launching an online tool to help people living with HIV, campaigners and activists around the world to find out more about laws and policies that may affect them directly. This tool will also help policy makers learn more about the impact of such legislation.

Visit the new website, www.hivandthelaw.com



Organizational effectiveness: Is it more than just HIV?

by Hanna Lindley-Jones and Mahua Sen, IPPF CO

IPPF's thirty global indicators are used by the Federation to monitor progress in implementing its Strategic Framework 2005–2015 and to identify areas where investment needs to be focused. These indicators also help to accurately measure the improvements that have made since the baseline year of 2005 and identify where further progress is still required. These indicators are divided between the five strategic priority areas of IPPF, the Five 'A's, including HIV and AIDS.

Since 2005, there has been consistent progress in the number of HIV-related services being provided, with a near ten-fold increase of 1.3 million in 2005 to 12.1 million in 2010 of which 3.3 million were provided to young people. The Africa region, in particular, has seen a vast increase in the number of HIV-related services provided, from 254,814 in 2005 to over 3.7 million in 2010. IPPF has been increasingly successful in pioneering the integration of a number of HIV-related services into existing sexual and reproductive health service programmes. Facilitated by more targeted outreach efforts, this integration has enabled increased access to health services by key vulnerable groups as well as cost savings and other benefits.

By linking HIV and sexual and reproductive health services we are able to ensure that clients receive comprehensive and stigma-free services. One way that this progress is evaluated is through measuring the number of Member Associations that provide at least six of the nine services along the prevention-to-care continuum.¹ This has increased from 32 per cent in 2005 to 50 per cent in 2010. The number of condoms distributed has also increased dramatically from 98 million in 2005 to 190 million in 2010.²

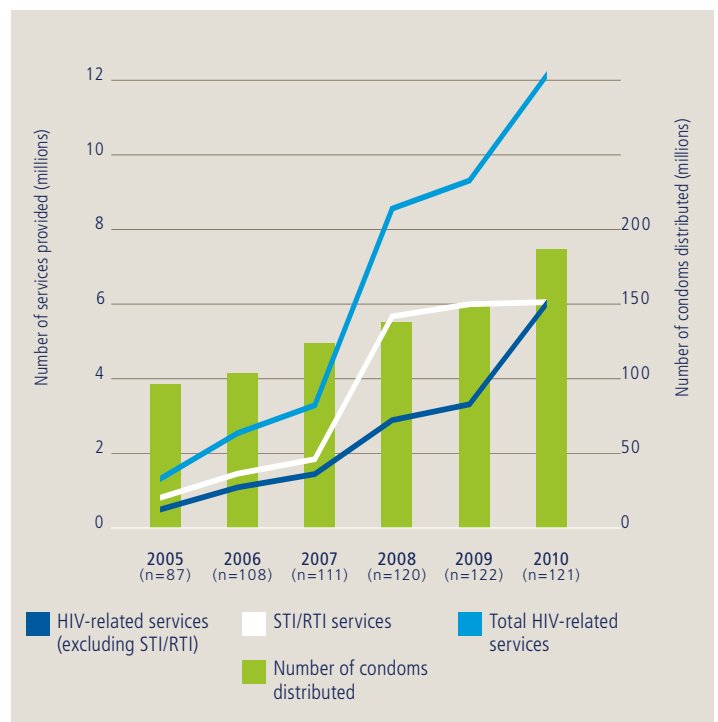
Since it is vital that the Federation uphold and promote a work environment that aligns with our mission and values, IPPF wishes to provide a caring and supportive environment for staff living with HIV and to eliminate stigma and discrimination in the workplace on the basis of real or perceived HIV status. Not only does IPPF measure how many services are being delivered, but by including other elements in the global indicators survey, it is possible to measure how many Member Associations have written workplace policies in place. In recent years IPPF's encouragement of such policies has gone from strength-to-strength with the majority of Member Associations having an HIV workplace policy in place in 2010 (79 per cent) compared with 31 per cent in 2005. The membership of IPPF+, a group of people living with HIV across the Federation, is also increasing with greater representation from MAs across the six regions.³

Whilst data from global indicators, including services statistics, give a good indication of progress, qualitative information is also collected to provide an insight on how projects and activities have made a real change in people's lives – and more often than not, it is more than just about health! Linking HIV to a wider SRH response necessitates a 'whole person' approach that goes beyond the delivery of comprehensive HIV prevention, treatment, care and support services, and takes into account the needs of the individual beyond just one discreet service or individual need. One method that has aided organizational learning is the rapid PEER (participatory ethnographic evaluation and research)⁴ approach. Capturing rich qualitative information gives insight into these needs, especially when targeting

"The conference was a very important opportunity to review how far we have come in the region. It provided a platform for an interesting exchange of ideas and I hope to utilize this information gained in our regional response to HIV."

Anupam Khungar Pathni, Programme Officer – HIV/AIDS, IPPF South Asia Regional Office (attended ICAAP, Busan, South Korea – August 2011)

Number of HIV-related and STI services and number of condoms distributed, 2005-2010



services to marginalized and vulnerable populations, who often lack access to appropriate sexual and reproductive health services.

The collection and use of both quantitative and qualitative information has enabled IPPF to continuously learn from experience, highlighting where great strides have been made whilst also identifying issues of concern. As a learning organization, IPPF has a culture and infrastructure that gains knowledge through controlled experimentation, observation, analysis, sharing and a willingness to examine both successes and failures. And it is this spirit that has pioneered our role on the value and importance of linking SRH and HIV responses.

"Each day was a lesson learned. This opportunity allowed me to meet different people with different life stories and experiences, not only those who work in this field, but also those who are living with HIV."

Ljuba Tihomirova, Youth volunteer, Latvia (attended the EN HIV Competencies Workshop, Tallinn, Estonia – May 2011)

1. These nine services are: behaviour change communication; condom distribution; management and treatment of sexually transmitted infections; voluntary counselling and testing; psychosocial support; prevention of mother-to-child transmission; treatment of opportunistic infection; antiretroviral treatment and palliative care.
2. More about this can be found in IPPF's Annual Performance Report 2010-2011, <http://www.ippf.org/en/Resources/Reports-reviews/Annual+Performance+Report+2010-2011.htm>
3. For more information about IPPF+, see page 45 of the Annual Performance Report 2010-2011.
4. For more information about this approach, see www.options.co.uk/peer

HIV Global Focus Countries – a strategy for strengthening HIV capacity: Did it work?

By Daniel McCartney, IPPF CO

In an effort to increase the competency of IPPF's Member Associations (MAs) to respond effectively to the HIV epidemic, a strategy of concentrated HIV capacity building for a select number of Member Associations (MAs) was started in 2004. Known as the HIV Global Focus Countries, these MAs participate in an annual HIV Competencies Workshop, attend international and regional conferences, obtain bespoke training on specific HIV themes, and received regular updates on relevant HIV issues. The number of Global Focus Countries has grown to 24 in 2011 from 17 in 2004.

With this intensified capacity building, these MAs have played a central role in the implementation of the IPPF HIV strategy, and act as a model of good practice for other MAs in the regions. Building on this success, it was important to ensure that the gap between the Global Focus Countries and the other MAs did not become too wide. As a result, MAs have been strategically grouped into three different categories:

- 1 HIV Global Focus Countries** will continue to receive bespoke support on HIV to fine-tune their knowledge and practices on expert HIV issues, such as criminalization of HIV transmission, or positive prevention;
- 2 HIV Intensive Focus Countries** will receive more intensive and specialist HIV support that builds on and complements the work pioneered by the Global Focus Countries in the region, including participation in regional HIV competencies workshops;
- 3 HIV Emergent Focus Countries** will receive ongoing support to work on HIV issues, with more specialist support as and when requested or required, including on HIV workplace policy development.

It was expected that this expanded HIV Focus Countries strategy would help to strengthen and sustain the HIV capacity across the organization. Following the review of IPPF's Global Indicators in 2010, it appears that

this strategy is indeed working to improve HIV outcomes. Furthermore, though the Global Focus Countries made up just 15 per cent of the total number of MAs, they were responsible for 29 per cent of all HIV-related services delivered and 22 per cent of all condoms distributed throughout the Federation.

"It was an opportunity for us to discuss our day to day work, which gave us a feeling that we were actively participating in the workshop. It also gave us a chance to collect ideas and share personal and confidential information in a secure environment."

Madu Dissanayake, HIV Focal Point, Sri Lanka (attended the SARO/ESEAOR HIV Competencies Workshop, Kuala Lumpur, Malaysia – November 2011)

The Global Fund & IPPF: What are the trends?

By Dara Walsh and Jon Hopkins, IPPF CO

Every three years, IPPF conducts a rapid survey among all Member Associations (MAs) eligible for funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). The survey aims to assess the current MA involvement with various Global Fund mechanisms and to determine the reasons for any bottlenecks in advancing a linked SRH and HIV response within country applications.

For IPPF there were 113 countries that were eligible to participate in the survey and 104 countries responded, giving a Federation-wide response rate of 92 per cent. Globally, 60 per cent of MAs were involved with the various country-lead Global Fund mechanisms – including 34 per cent as Country Coordinating Mechanism (CCM) partners, 31 per cent as sub-recipients, and 10 per cent as principal-recipients. It is evident that our collective engagement with the Global Fund has continued to increase over the past few years.

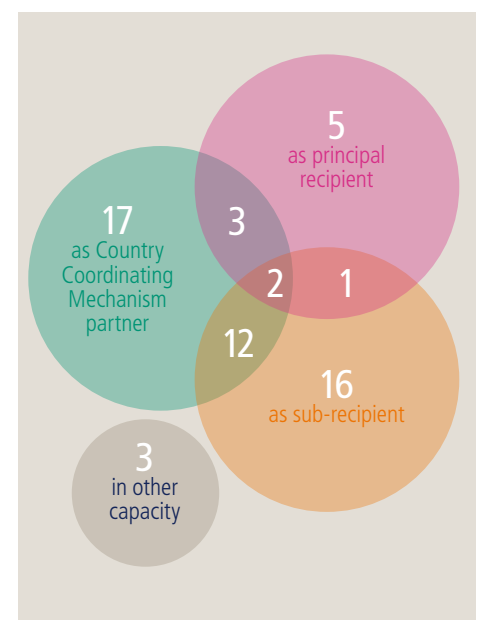
The MAs involved with the Global Fund country processes are using a variety of

strategies and advocacy opportunities to champion the SRH and HIV linkages agenda. The most common strategies to ensure the inclusion, increase discussion and promote knowledge and awareness of SRH and HIV linkages were:

- **Collaboration/partnerships** (e.g. Involvement of MA experts in proposal development, Bosnia)
- **Evidence-based approaches** (e.g. Presenting evidence that sex workers need both contraception and HIV and STI prevention, Thailand)
- **Education and training** (e.g. Involvement of CCM members and their organizations in training programmes and partnering when delivering services to key populations, Sri Lanka)
- **Advocacy and awareness** (e.g. Awareness-raising, Palestine, Increased knowledge and awareness on the linkages between SRH and HIV has resulted to the adoption of this strategy in the National HIV/AIDS Strategic Plan 2011-2015, Sierra Leone)
- **Discussions promoting SRH and HIV linkages** (e.g. Placing the topic in a permanent way during the technical meetings of the CCM, Mexico)

Many of the obstacles to including SRH and HIV linkages in country applications were focussed at the CCM level, where MAs reported insufficient time was given for discussion, poor engagement with civil society organizations, and overall low awareness about service integration and the linkages agenda. Our ongoing advocacy work on a number of levels will address some of these challenges.

Number of Member Associations involved with national Global Fund mechanisms



People at IPPF



Phindile Nkabule

Senior Nursing Officer and Acting Clinical Services Manager – Family Life Association Swaziland

I have been working with FLAS since 1995. FLAS is like a home to me. We are a really good team and my team mates are always there for me. I am responsible for running the static and mobile clinics which includes both providing the services and supervising and supporting the other service providers. As a nurse, I am trained to provide a full range of SRH and HIV services.

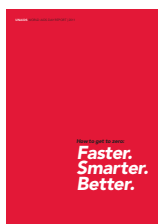
The issue of HIV is very close to me, as two of my siblings died of AIDS-related illnesses. Before my sister died, she had a baby and was surprised that it was losing weight even though she was feeding it well. At that time, the methods to prevent mother to child transmission of HIV were not well known, so she did not know that she should not be feeding with both breast milk and formula milk. Because of this

experience, every time I meet a women living with HIV who has a baby, I stress to her how to look after the baby safely.

This also highlights why it is so important to provide integrated services – it works and people like them. People don't want to be told to go from place to place to receive the services they need. They prefer to do everything in one place. This does cause delays in the clinics as each consultation takes more time, but when people receive a range of good quality services in one consultation many think it is worth the wait.

News in brief

2011 UNAIDS World AIDS Day report released



The latest UNAIDS report highlights some optimistic data including evidence that new HIV infections and AIDS-related deaths have fallen to the lowest levels since the peak of the epidemic in 1997, and that there are early signs that HIV treatment is having a significant impact on reducing the number of new HIV infections. The report estimates that nearly half of all people eligible for treatment in low- and middle-income countries were accessing lifesaving antiretroviral therapy in 2010, an increase of more than 1 million since 2009.

The UNAIDS 2011 World AIDS Day report is now available to download online in English, French, Spanish, and Russian: <http://bit.ly/vqkcMy>

New publications

HIV Prevention Report Cards for Key Populations



In collaboration with UNFPA and a relevant network, a series of report cards are being developed for key populations. Each report card provides an 'at a glance' summary of the current status of HIV

prevention strategies and services for a particular key population and provides recommendations for key national, regional and international stakeholders and services providers to enhance action. Available HIV prevention report cards include MSM and transgender people in Cambodia; MSM in Macedonia; and sex workers in Pakistan.

These report cards are available at: <http://www.ippf.org/en/Resources/Guides-toolkits/HIV+Prevention+Report+Cards.htm>

Sexual Diversity, from the Margins to the Mainstream



From the 'Learning from Innovation' series, this publication brings together lessons learned from three Innovation Fund projects that successfully addressed the marginalization of sexual minorities. Implemented by IPPF Member Associations in Cameroon, China, and Venezuela,

each project developed strategies to provide access to specialized sexual health information and services to people of diverse sexual orientations and gender identities, empowering those who are marginalized to better manage their health and emotional well-being.

The publication is available at: <http://www.ippf.org/en/Resources/Guides-toolkits/Sexual+diversity+from+the+margins+to+the+mainstream.htm>

Key dates

World AIDS Day

1 December 2011

International Human Rights Day

10 December 2011

International Day to End Violence against Sex Workers

17 December 2011

Upcoming conferences

16th International Conference on HIV and Sexually Transmitted Infections in Africa (ICASA)

4-8 December 2011

Location: Addis Ababa, Ethiopia
www.icasa2011addis.org

International Microbicides Conference (M2012)

15-18 April 2012

Location: Sydney, Australia
www.microbicides2012.org

XIX International AIDS Conference (AIDS 2012)

22-27 July 2012

Location: Washington DC, USA
www.aids2012.org

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