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# Hot topics at the International AIDS Conference

Hilary Gorman, Pacific Islands AIDS Foundation



Vienna, Austria. XVIII International AIDS Conference (AIDS 2010). Opening Ceremony ©IAS/Marcus Rose/Workers' Photos

## *Universal access*

During the International AIDS Conference delegates noted that there has been some success in achieving universal access to treatment. For example, over the past five years the number of PLHIV in middle and low income countries has increased to 5 million people (up from 200,000 people in 2003). Furthermore, approximately 40 per cent of those in need of treatment are receiving it. At the same time, the World Health Organization recently revised its recommendations regarding who should be put on ART: from those patients with a CD4 count below 200 (its 2006 recommendation) to patients with a CD4 count below 350 (2009).

The new recommendations were raised in discussions on treatment and universal access, when delegates pointed out that if countries choose to follow the new recommendations the demand for ART access will increase. Yet the lack of funding to support universal access has led to a reappearance of terminology used in the 1990s when 'universal access' was seen as simply too expensive to achieve. In addition, activists and health-care providers from Eastern Europe and Africa described how large numbers of people are waiting to be put on ART and many others are forced to go off ART due to a lack of funding and/or supply.

For more information go to: <http://globalhealth.kff.org/AIDS2010/July-20/The-Future-of-Universal-Access--Part-1.aspx>

The International AIDS Conference took place in Vienna, Austria, from 18–30 July 2010. Under the theme 'Rights Here, Right Now', the conference promoted the idea that we must all focus on 'recognising that all actions taken to prevent new infections and treat and care for those living with HIV must be rooted in a firm commitment to human rights'.

Among the nearly 20,000 delegates who attended this conference, only a few represented the Pacific region. Nevertheless, much of the information shared is relevant to the Pacific response to HIV. The brief summaries below indicate some of the hot topics and key breakthroughs that were shared at the conference.

## *'Test-and-treat' theory*

According to the 'test-and-treat' theory, where people are tested and found to be HIV-positive, if they are given

antiretroviral therapy (ART) straight away their viral load becomes so low that the chances of them infecting another person are very limited. According to a study among sero-discordant (one HIV-positive and one HIV-negative) couples in South Africa, this highly active antiretroviral therapy (HAART) is 90 per cent effective in preventing HIV transmission. Treatment then becomes a means to save lives and prevent new infections.

However, the effect that early treatment has on people living with HIV (PLHIV) has not been fully examined. Several studies in South Africa are planned to further examine if this theory can be applied to prevent the spread of HIV in wider practice.

For more information go to: <http://globalhealth.kff.org/Daily-Reports/2010/February/22/GH-022210-Test-And-Treat>

## **The Global Fund**

Protestors at the International AIDS Conference made it clear that world leaders are not living up to their commitments to provide adequate funding to the Global Fund for AIDS, Tuberculosis and Malaria and that their inaction poses a threat to the progress that has been made in addressing HIV to date.

In essence, the problem is that the Global Fund needs between \$17 and \$20 billion to replenish the funds that are to be used to continue to address HIV from 2011–2013. It was stated that countries do not lack the means to commit to replenishing the Global Fund; instead they are lacking the political will. Michel Kazatchkine, Executive Director of the Global Fund, stated that after the Vienna conference there is still time for advocacy to persuade donor countries to increase their contributions.

For more information go to: <http://www.aidsmap.com/page/1493647/>

## **Strengthening human rights**

How to strengthen human rights was an important topic of discussion at the International AIDS Conference.

One of the key issues covered was that laws that criminalise injection drug use, sex work, and men having sex with men undermine public health and violate human rights. Criminalisation serves to support stigma and discrimination and reduces access to treatment and prevention services.

Also discussed was the notion of a rights-based approach. In a powerful speech Meena Sheshu of SANGRAM India described how her organisation has worked to make the rights-based approach an everyday reality and not mere rhetoric.

Along with the key theme of strengthening human rights, the conference addressed an overarching question: how can human rights be strengthened through increased access to treatment and prevention when the funding to support these activities is diminishing?

Part of Sheshu's speech is available at: <http://blog.aids2010.org/post/2010/07/22/Seshu-The-Reality-of-a-e2809cRights-based-Approache2809d-SANGRAM.aspx>

## **Sexual and reproductive rights of PLHIV**

The call to support the sexual and reproductive rights of people living with HIV was made loud and clear at the International AIDS Conference. During sessions on the sexual and reproductive health of PLHIV, speakers noted that in both developed countries such as Germany, United States and Canada and a number of developing countries, the sexual and reproductive rights of PLHIV are not being met. Yet at the same time there are a number of options available to assist PLHIV in having children. For example, some options are: self-insemination at ovulation if only the woman is positive; reducing the viral load, sperm washing, and inseminating if only the man is positive; and reducing the viral load and using timed intercourse if both the woman and man are positive.

In both developed and developing countries it is common for PLHIV not to be made aware of their options and for health-care providers to refrain from discussing contraception and the desire of many PLHIV to have children. Weak health systems, legal restrictions, and especially social and cultural issues were noted as key challenges in meeting the sexual and reproductive health rights of PLHIV.

For more information on this topic go to:

- ▶ [http://www.unaids.org/en/KnowledgeCentre/Resources/PressCentre/PressReleases/2009/20090809\\_OR\\_PLHIV.asp](http://www.unaids.org/en/KnowledgeCentre/Resources/PressCentre/PressReleases/2009/20090809_OR_PLHIV.asp)
- ▶ <http://www.gutmacher.org/pubs/gpr/09/4/gpr090417.html>

## **CAPRISA study of tenofovir gel**

Tenofovir gel is a microbicide gel that women can use up to 12 hours after sex to prevent HIV infection. Containing an antiretroviral (ARV) drug, this topical gel is vaginally inserted.

From its study trials the Centre for the AIDS Programme of Research in South Africa (CAPRISA) found that 4 of every 10 HIV infections were prevented when women used the gel. In other words, use of tenofovir gel can reduce the risk of HIV transmission by 39 per cent. This gel is seen as a promising tool for future efforts to put HIV prevention in the hands of women who are vulnerable or may be exposed to HIV.

For more information go to: <http://www.aidsmap.com/page/1448414/>

## **Vienna Declaration**

The Vienna Declaration is a statement that seeks to address the HIV epidemic among people who inject drugs through the promotion of harm reduction techniques. The declaration calls for illicit drug policy based on science and not ideology.

To read and sign the declaration, go to: <http://www.viennadeclaration.com>

## Future conferences

The 10th International Congress on AIDS in Asia and the Pacific will take place from 22–26 August 2011 in Busan, Korea. Its theme will be ‘Different Voices, United Action’.

The International AIDS Conference 2012 will be held from 22–27 July in Washington, DC, United States of America. The decision to hold AIDS 2012 in Washington is related to the

end to travel restrictions on PLHIV entering the USA.

## To learn more about the International AIDS Conference, go to:

- ▶ International AIDS Conference 2010 website: <http://www.aids2010.org/>
- ▶ Kaiser Foundation Family website IAC Coverage:

<http://globalhealth.kff.org/AIDS2010>

- ▶ NAM AIDS Map website IAC Info: <http://www.aidsmap.com/page/1442063/>

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## Opening of 2010 International AIDS Conference

Nicole Gooch, Secretariat of the Pacific Community



Global Village opening ceremony ©IAS/Marcus Rose/Workers' Photos

‘The theme of “Rights Here, Right Now” was strongly reflected in the programme, with a high proportion of sessions on human rights and HIV and the perceived tensions between public health and human rights,’ said Reis.

However, one day into the conference, it was already obvious that the theme was being interpreted in different ways.

‘Some are arguing that promoting the rights of people in terms of informed consent to testing gets in the way of treatment. The “test and treat” approach is seen by many as the solution,’ said Reis.

‘This seems to be based on the belief that we have to treat our way out of this predicament. So there are those advocating that people coming for testing should be given a card that describes their “rights” but should

**P**rotection of human rights, widespread use of evidence-based interventions and sustained financing were highlighted as the three Pillars of Success at the opening of the XVIII International AIDS Conference in Vienna.

Edward Reis, Deputy Director of the Australasian Society for HIV Medicine (ASHM), was one of 20,000 participants from more than 185 countries who came together for AIDS 2010.

only receive counselling when they get their test results. This assumes that they get their results and that the results are utterly reliable.'

'Others disagree and maintain that the rights of affected people are both paramount and actively supportive of effective public health initiatives,' said Reis.

In countries where stigma against people living with HIV is still very high, some people prefer to die of an AIDS related illness than die of shame. For others, just knowing their status puts them at risk, for instance where violence against women is tolerated.

Examining the course of the epidemic and the human rights concerns that have emerged, Dr Yves Souteyrand

of the World Health Organization (WHO) stated that addressing human rights violations among vulnerable populations is essential for the success of the global response.

Key steps include ending laws that criminalise HIV transmission and that marginalise people living with HIV, sexual minorities and sex workers. Such laws entrench stigma and prevent access to much-needed HIV interventions.

The HIV epidemic has stabilised globally, with annual numbers of deaths declining from 2.2 million in 2004 to 2 million in 2008, mostly due to the impressive scale-up of HIV treatment.

However, HIV is still not under control and around 2.7 million new infections are reported each year.

All over the world, new infections are particularly high in key populations, such as migrants and men who have sex with men.

Reis said new data released during the conference 'apparently shows convincingly that HIV programmes that address the needs of men who have sex with men produce dramatic decreases in national HIV figures across a range of settings and cultures.'

At a UNAIDS session on the first afternoon of the conference, the South African Deputy President, Kgalema Motlanthe, received an enthusiastic response as he committed his government to equal access to treatment, care and support for all named men who have sex with men, sex workers and drug users as paramount in that effort.

## Human rights essential to HIV prevention and care

Nicole Gooch, Secretariat of the Pacific Community

**H**uman rights are a fundamental part of efforts to prevent new infections and provide treatment for people living with HIV, agreed delegates at the XVIII International AIDS Conference as they prepared for the HIV and Human Rights March through the streets of Vienna.

Dr Dennie Iniakwala, head of the HIV & STI Section of the Secretariat of the Pacific Community (SPC), followed the debates and presentations through conference webcasts. Indeed, theme 4 of the Pacific Regional Strategy on HIV and other STIs is focused on developing

an environment that protects populations at higher risk of HIV and supports people living with HIV.

'SPC, in partnership with UN agencies, the Pacific Council of Churches and the Pacific Islands AIDS Foundation has been working with Pacific leaders and community groups to establish rights-based legislation in countries and territories and help develop national policies and legal frameworks. The emphasis is on ensuring access to condoms for all and facilitating access to ARVs for the treatment of HIV related infections and STIs.'

'So far, the Pacific region, excluding Papua New Guinea, still has a relatively low prevalence of HIV. But our studies suggest this could change rapidly if we do not address factors such as discrimination and gender-based violence, so now is the time to make human rights part of our efforts to prevent a worsening scenario,' said Dr Iniakwala.

Guest speaker from Zimbabwe at AIDS 2010, Everjoyce Win of ActionAid International, said that both violence against women and HIV infection are rooted in gender inequality, describing them as causes



International AIDS Conference, ©IAS/Marcus Rose/Workers' Photos

and consequences. She said women were at greater risk of being infected through violent or coercive sexual intercourse. HIV-positive women then became the target of domestic violence from partners or family members who blamed or stigmatised them.

The international community recognises violence against women

as a violation of human rights and human rights treaties declare that states are responsible for preventing violations, punishing perpetrators and ending impunity. Win stressed that states should not use culture, religion, or tradition as excuses for not addressing violations of women's human rights.

In outlining strategies for action against AIDS, Win called for recognition and prioritisation of violence against women. She urged donors to address the intersection between HIV and violence and called for investment in research on the relationship between these factors. She also urged strong, well-enforced anti-violence laws that take HIV into account.

## AIDS 2010 shifts the lines between treatment and prevention

Nicole Gooch, Secretariat of the Pacific Community

**T**he unwillingness of the global AIDS community to accept the status quo is fuelling a new era of scientific innovation. The results are driving novel ways of treating and preventing HIV, organisers of the XVIII International AIDS Conference said. Growing evidence of the power of antiretroviral (ART) drugs to prevent new infections offers

the possibility of a major step toward universal access to HIV prevention while increasing the availability of lifesaving care. The use of treatment science to develop new prevention modalities, such as the ART-based vaginal microbicide currently being trialled, is considered a further example of the drive to provide effective new prevention options.

However, expert evaluation and further research are required to assess this approach, examine its feasibility, and define the requirements for public health decision-making on how to best use ART for prevention. "There is something very significant happening at this conference – a profound and disturbing fundamental shift in the response to HIV that will

have huge implications,' said Edward Reis, Deputy Director General of the Australasian Society for HIV Medicine (ASHM), who attended the conference.

Conference organisers hope that the benefits of ART drugs can also be extended further into prevention for HIV-negative people through using ART in prophylactic (preventive) measures before and after possible exposure to infection. A number of clinical trials are being done to study the effectiveness of pre-exposure prophylaxis. The results will most likely be available before data from planned field trials on the use of universal test-and-treat strategies for HIV-positive people.



International AIDS Conference, ©IAS/Marcus Rose/Workers' Photos

## AIDS 2010: Poor access to evidence based HIV prevention and care violates human rights

Nicole Gooch, Secretariat of the Pacific Community

**L**ack of access to scientifically proven interventions for populations at risk, including sex workers, men who have sex with men and drug users, reflect persistent human rights violations, according to speakers at the XVIII International AIDS Conference.

Organisers also cited the lagging scale up of inexpensive treatments for preventing vertical transmission of HIV, saying that these violations threaten future progress on HIV.

'To deny a woman the tools and information she needs to protect and care for her own health and that of her child is to deny the value of their

lives,' said Dr Brigitte Schmied, local co-chairperson of the conference.

'Gender inequality puts women at greater risk for HIV and also means that not enough resources are being provided to implement even the simplest and most effective interventions,' she added.

Less than one-half of pregnant women in low and middle-income countries who require care to prevent vertical transmission of HIV have access to resources.

Laws that criminalise injecting drug users, men who have sex with men and sex workers remain widespread,

though evidence presented at the conference and elsewhere indicates that such approaches undermine public health goals.

Meena Saraswathi Seshu of India presented examples of human rights centred responses to the HIV epidemic, using real-life stories from programmes in western India involving sex workers, men who have sex with men (MSM), rural women living in poverty or young people.

Too often, programmes that claim to be committed to rights-centred responses do not reflect that commitment, she argued. Seshu said that the sex workers' involvement



International AIDS Conference, ©IAS/Marcus Rose/Workers' Photos

in shaping HIV education and health services helped them go from social pariahs to leaders of the HIV response who had gained community respect.

Through this evolution, the community found the strength to challenge generations of entrenched discrimination and abuse against MSM, overturn social norms that impeded young people's access to education on sexuality, and raise collective consciousness of the hidden problem of violence against women.

Seshu noted that while her stories came from an Indian perspective, the challenges that were overcome using rights-centred language, tools and strategies were similar to those faced in many parts of the world.

Dr Elaine Abrams (United States) called for a new era in the prevention of mother-to-child transmission

*'To deny a woman the tools and information she needs to protect and care for her own health and that of her child is to deny the value of their lives,'*



(PMTCT). Abrams said that failure to attain more substantial achievements in this area can be attributed to a constricted approach to PMTCT centred on HIV testing and simplified antiretroviral prophylaxis treatment.

Although an estimated 60,000 to 70,000 paediatric infections were prevented through PMTCT in 2007, 1,200 children per day are still infected with HIV.

Abrams said that a shift from a narrow focus on preventing

transmission to one that embraces the comprehensive, long-term health needs of women, children and families is necessary to reach a perinatal transmission rate of less than 5% by 2015.

Pacific delegates at the International AIDS Conference presented abstracts of several papers on issues relating to human rights, prevention of mother to child transmission of HIV and MSM in the region.