

aggravated by their lack of rights. In PNG, research shows that positive women are on average more likely to experience gender-based violence than other women (Lewis et al. 2008). In addition, positive women struggle to access treatment as a result of the competing priority to provide basic needs, such as food, for their families. As a result, often they cannot afford the transport costs associated with treatment.

Gender inequality and violations of women's rights make women and girls particularly susceptible to HIV, leaving them with less control than men over their bodies and their lives, and severely impact on the experiences of positive women. Yet the response to HIV still does not give gender the attention it deserves and needs.

In order to respond to this need, the United Nations Development Fund for Women (UNIFEM), part of UN Women, is implementing the 'Gender Equality in the context of

HIV & AIDS' pilot project in PNG. As one of five pilot projects around the world being jointly funded by the European Commission and UNIFEM, this project aims to ensure that gender equality and human rights are integrated into key policies, programmes and actions to address HIV and AIDS at national and provincial levels in PNG.

The project will focus on building the capacity of positive women and their organisations, women affected by HIV and women advocates working on gender equality and HIV. In doing so, it aims to enable them to be meaningfully involved in all decision-making that affects their lives by influencing the national and provincial response to HIV.

At the same time the project will target policy-makers and programme staff in government, as well as the donor community to develop an understanding of gender equality priorities and commitments to the inclusion of positive women. To this

end UNIFEM will work with the National AIDS Council Secretariat and Provincial AIDS Committees to mainstream gender through their structures and activities.

For more information about UNIFEM's Gender Equality and HIV & AIDS pilot project in Papua New Guinea, please contact Tessa Walsh, Gender and HIV & AIDS Adviser, email: tessa.walsh@unifem.org

References

Commission on AIDS in the Pacific. 2009. Turning the Tide: An OPEN strategy for a response to AIDS in the Pacific, Report of the Commission on AIDS in the Pacific. Suva, Fiji: Joint United Nations Programme on HIV/AIDS.

Lewis, I., Maruia, B., Mills, D. and Walker, S. 2008. Final Report on Links between Violence against Women and the Transmission of HIV in 4 Provinces of PNG. Australia and Papua New Guinea: University of Canberra and National HIV Support Program.

Integrating HIV with sexual and reproductive health services in the Pacific

Family Planning International

Imagine that you are 16 years old and recently had unprotected sex with your boyfriend who is older than you. You're worried you might be pregnant. You live a long walk away from the local health clinic, but you finally find an excuse to slip away from your mother and make it to the clinic.

Luckily the nurse listens to you and doesn't chase you away because you're too young. The nurse gives you good information about different contraceptive choices and you leave having had a contraceptive injection.

Unfortunately, however, the nurse was not trained to provide

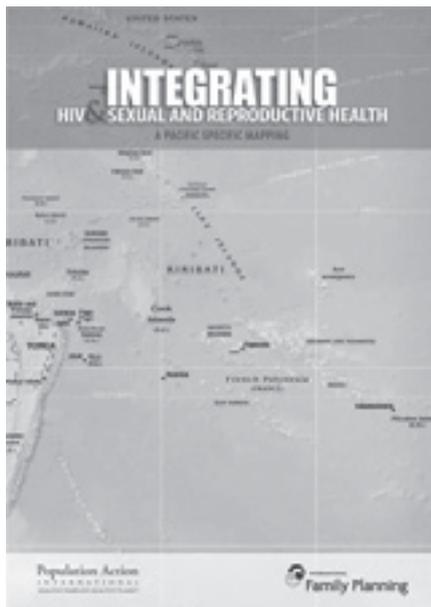
services for HIV and other sexually transmitted infections. So you leave without knowing whether you could have been exposed, and without having any tests done to make sure you are OK. HIV services are available, but you will have to go somewhere else to access them and spend more time and money on

transport doing so, which may deter you from seeking them.

This situation is not unique. It happens time and time again across the world.

Over the past decade and for a range of reasons, HIV services in the Pacific have not always been well connected with other primary sexual and reproductive health-care services. Yet researchers in Africa have found that linking and/or integrating these services can have a range of positive outcomes, such as improved access to both sexual and reproductive health and HIV services and improved coverage of under-served and vulnerable populations.

Family Planning International's latest resource, 'Integrating HIV & Sexual and Reproductive Health: a Pacific specific mapping', delves into the issue of linkage and integration in the



Pacific. It examines the contexts of four Pacific Island countries – Papua New Guinea, Solomon Islands, Fiji Islands and Kiribati – to identify key points of entry and barriers to advancing HIV and sexual and reproductive health linkages and integration. Within each country, it

examines elements such as legislation, policies, systems, socio-cultural perspectives, services, funding, infrastructure and capacity.

A major objective of this resource is to facilitate more discussion among policy-makers, programmers and regional stakeholders about how HIV and sexual and reproductive health can be linked and integrated in ways that are specific to the Pacific region.

In addition, the information it provides can be used to plan for and advance country-appropriate planning, financing and implementation of such activities.

To download a copy of 'Integrating HIV & Sexual and Reproductive Health: a Pacific specific mapping', go to the Family Planning International website at www.fpi.org.nz

Not just for women: Encouraging expectant fathers to participate in efforts to reduce HIV and STI transmission

Connie Henson, Pacific Counselling and Social Services

A pilot programme in Fiji Islands targeted partners of pregnant women with the aim of making men more aware of the role they can play in reducing risks of transmitting HIV and other sexually transmitted infections (STIs) to their partner and subsequently preventing parent to child transmission.

A secondary purpose was to provide a 'safe, confidential counselling

relationship' in which expectant fathers could gain knowledge about pregnancy including changes experienced by their partners. With such knowledge, they could put to rest some of their concerns about impending fatherhood and see how they could contribute to the good health of their pregnant wife and baby.

The 12-month pilot programme has included awareness and education

components as well as prevention and clinical service (HIV/STI pre- and post-test counselling, general counselling, social work referrals and condom provision).

Programme components

The two major components of the programme were:

- ▶ 'men's packs' for expectant fathers, which contained information, education and

communication (IEC) material related to HIV/STI; an invitation for free confidential counselling with a male counsellor, and a supply of condoms and lubricants; and

- ▶ **counselling**, including pre- and post-test counselling, general counselling and referrals for other health-care professionals

Outcomes

In the 12 months of the pilot, a total of 3533 men's packs were distributed to women attending HIV counselling and testing antenatal clinics. Out of this total, 2493 women indicated they gave the pack to their partner. Thus approximately 65 per cent of the packs reached the intended recipients.

A total of 344 men participated in pre-test counselling. In addition to discussions related to HIV and STIs, 13 per cent of the men who participated in the post-test counselling session reported at least a moderate level of stress. All men were offered referrals to other services and 3 per cent requested a referral to see a general counsellor.

How did men and women respond to the service?

Among the 1200 women who commented on their attempt to give their pack to their partner, approximately 2 per cent made remarks that could be considered negative, such as 'He does not agree with condom distribution'. However, the most typical reactions they reported were that their partner was surprised and/or pleased. Many women reported that their partner read the material and agreed to use condoms, or indicated he would go for an HIV test. Many also expressed gratitude to Pacific Counselling and Social Services for offering the service.

There were no negative responses among the surveyed men. Moreover, most men were able to describe at least one behavioural change resulting from their participation, including increased condom use and reduction of sexual partners.



A small sample of men who participated in counselling and testing were surveyed for their reactions to the service. There were no negative responses among the surveyed men. Moreover, most men were able to describe at least one behavioural change resulting from their participation, including increased condom use and reduction of sexual partners. The main reasons they gave for their decision to participate were that they wanted information (42 per cent), wanted to support their wife (27 per cent), specifically wanted to be tested (13 per cent) or were concerned for their baby/family (8 per cent).

Conclusions

In summary the programme is promoting a human rights approach to HIV/STI testing, is encouraging more testing in young, sexually active men and is providing access to a culturally sensitive and confidential counselling relationship for a group of people who are not otherwise targeted.

Through this programme, HIV services based at antenatal clinics have reached sexually active,

expectant fathers who are not likely to have otherwise received IEC materials specifically designed for expectant fathers, free condoms or invitations to participate in counselling and testing services. Men who participated in pre-test counselling sessions gained access to confidential risk assessment and HIV testing that were culture- and gender-sensitive.

In a culture where the STI rate is high and condom use is low (only 41 per cent reported ever having used a condom and only 8 per cent did so during pregnancy), the generally positive reactions to the pilot service are particularly important. Notably men's decisions to use condoms and to be tested for HIV after reading the materials can contribute significantly to improving the sexual and reproductive health of young, sexually active people.

A full text of this evaluation is available at: <http://www.pcass.com.fj>

For more information, please contact: Connie Henson or Joe Cohen, Pacific Counselling and Social Services
Email: connie.henson@pcass.com.fj

Bringing about sustainable change within the sex worker community – The Sekoula Programme

Joe Cohen, Pacific Counselling and Social Services

The Fiji National HIV/AIDS strategic plan consistently identifies sex workers as a group vulnerable to HIV infection. In response, Pacific Counselling and Social Services established the Sekoula Project to meet the specific needs of this group, including by:

- ▶ developing user-friendly information, education and communication materials on HIV and other sexually transmitted infections (STIs);
- ▶ developing research in order to document the specific needs of sex workers and to provide a platform for effective interventions and advocacy;
- ▶ increasing the availability, accessibility and use of condoms; and
- ▶ improving the overall health and welfare of sex workers.

Work towards these outcomes involved weekly workshop 'Flower Days', night outreaches with information and condom distribution, and connecting clients to appropriate social support services. The Sekoula Project has helped to facilitate the building of a strong community social system based on open, consistent and non-discriminatory interaction, communication and support.

Since 2006 the Sekoula Project has evolved gradually with the aim of remaining relevant, accessible and effective. One point of change, for example, came with the Fiji Crimes Decree 2010, which criminalised sex work and changed the context of law

enforcement, and represented an opportunity to re-evaluate Sekoula activities.

A programme evaluation indicated that Sekoula clients would like more sustainable and holistic support, particularly in the area of income generation and capacity development. Due to the consistent distribution of quality information, they felt that they were very knowledgeable on HIV and STIs and preventative measures, felt confident and clear about condom use and would not compromise their health and wellbeing for unsafe sexual practices. The recommendations to emerge from the evaluation, therefore, was to provide sex workers with support to move out of sex work.

In considering these recommendations, Pacific Counselling and Social Services has worked with the Secretariat of the Pacific Community to look at innovative approaches that will help individuals decrease their reliance on sex work as their main source of income.

There are numerous reasons why people work within the sex industry. The most common reason is a lack of options due to lack of education and work opportunities, and family estrangement. Thus, with support from donors, income generation, educational opportunities and capacity building have become the focus of the programme for the next three years.

This innovative approach to HIV and STI prevention is producing many positive results. Clients have engaged in training courses aligned with their interests and skills, or started their own small businesses, and some community leaders have stepped up to formally establish a sex worker advocacy network, Pacific Rainbow\$, and peer education and outreach service. Training courses include hairdressing, caregiving, bartending, food and beverage service, housekeeping, administration and front desk management and professional catering. Participants are supported through their course, including through practical sessions on work presentation and interview skills and assistance in developing CVs and work applications. Through this support, a number of sex workers are now in full-time employment and no longer work in the sex industry.

The group has become more than a collection of people, but has grown into a complex network of supportive colleagues/friends who are willing to make personal sacrifices for the benefit of other group members. This accomplishment is apparent to the members themselves and is a source of pride and likely helps to underpin the changes in personal confidence and enhanced self-esteem. These increases in confidence and self-esteem will contribute to sustaining healthy behaviour, thus reducing vulnerability and improving the well being of these individuals.

Dr Connie Henson PhD, Sekoula Programme Evaluation

Pacific Rainbow\$, the peer support network established by Sekoula participants, is a constituted and registered organisation. With technical support from Sekoula staff, its members developed a successful proposal for a Community Action Grant, which will fund HIV and STI peer education training and outreach allowances. The intention of this capacity building is to empower sex workers to provide such vital services to their community themselves. In addition, representatives from both Pacific Rainbow\$ and Sekoula have been selected to attend the Asia and the Pacific Regional Consultation on HIV and Sex Work in Thailand in October.

These results support the notion that sex workers benefit from a long-term, relationship based project that provides not only practical assistance, but also facilitates an environment that enhances social and psychological development. While the opportunity to access condoms and other tangible resources are essential for success of the project, and are especially attractive in the beginning, the less tangible benefits that come from relating to peers and others in a supportive environment that facilitates personal growth will perhaps have an even stronger long-term impact on the lives of sex workers and their families.

*Dr Connie Henson PhD,
Sekoula Programme Evaluation*



*For more information, please contact:
Joe Cohen, Pacific Counselling and Social Services
Email: joe.cohen@pcss.com.fj*

Civil society networks bring passion and commitment to the Commonwealth table

Pan Commonwealth Civil Society Network on HIV and AIDS media statement

Information sharing, governance, and partnerships in the response to HIV in the Commonwealth came to the fore during the first week of September as regional focal points for the Pan-Commonwealth Civil Society Network on HIV and AIDS (PCCSN) met to position themselves for sustainability.

Network Clusters – namely Africa, Asia, the Caribbean and the Pacific – had representation from civil society organisations (CSOs) in Nigeria, Ghana, Namibia, South Africa, Kenya, Uganda Malaysia, Sri Lanka, India, Jamaica, St Lucia, French Polynesia and New Zealand.

The workshop in London on 1 and 2 September was organised

by the PCCSN and hosted by the Commonwealth Foundation.

Objectives focused on strengthening governance and sustainability frameworks for the network and examining relationships with the Commonwealth Foundation.

The unique strength of the PCCSN lies in its potential to mobilise civil society's response to HIV and AIDS. One of the key outcomes of the meeting was a consensus on the need for greater transparency, open and inclusive communication and ownership by all stakeholders in the Commonwealth response to HIV and AIDS.

'The meeting allowed honest and open discussion on the issues and

challenges facing the network since our initiation by the foundation in 2007,' says PCCSN focal point James Onyango. 'It's been reaffirming to see strong agreement on both sides that Commonwealth civil society networks should be able to confidently access support and technical resources provided by the foundation within its mandated role to strengthen civil society across the commonwealth.

'Our network brings a unique and passionate focus to the high-level policies which guide the work of the London-based secretariat and foundation, and we are now at a time where it's important to take stock, think of the people in our communities whose voices and

realities we bring to the table, and move forward,' says Mr Onyango.

PCCSN members covering the Commonwealth regions worked in groups and plenary sessions on the need to bridge the gaps between realities and policies in the HIV/AIDS response.

'More than a health issue, the national, regional and global development impacts of HIV and AIDS find their roots in areas that demand massive resources to ensure actions for change actually take place,' says Mr Onyango.

'Right through from the personal to the national, we are all affected when one person's life is affected by prejudice and stigma. Issues pertaining to cultural values and community norms are of critical importance, and CSOs have a vital role to play not only in risk mitigation, but also in care, treatment and policy reform advocacy. Civil society must have improved capability to mobilise resources, design what works for their communities, and share what they are doing with skills, knowledge and practices in the fight against AIDS.'

'Right through from the personal to the national, we are all affected when one person's life is affected by prejudice and stigma. Issues pertaining to cultural values and community norms are of critical importance, and CSOs have a vital role to play not only in risk mitigation, but also in care, treatment and policy reform advocacy.'



PAN Commonwealth Civil Society Network, London - Photo: Lisa Lahari

Key issues that caught the attention of the network included the need to incorporate the human rights agenda for development into the HIV/AIDS response at all levels, ensuring quality of life and the quality of care beyond treatment for those with HIV, and strategic advocacy and communications campaigns.

'I've come out upbeat and reinvigorated,' says Mr Onyango. 'The meeting exceeded expectations and we've managed to keep to the tough agenda we set ourselves. We leave here with much to do, and a

renewed energy to do it, mindful of the partnership, resource and funding support that will provide our reality check on what's possible.'

Speaking in a round of closing remarks from the network members with the Commonwealth Foundation Director Dr Mark Collins and Deputy-Director Mr Vijay Krishnarayan, Mr Onyango welcomed the renewed communications and relationship with the Commonwealth Foundation.

'There's little doubt of the passion and commitment we've brought to the table. Civil society has always been placed, by its very nature, to connect real lives of real people to policy, legislation, and high-level decision-making. Our challenge is staying focused on making the difference, and ensuring we as a network remain credible and authentic in our voice. It's the only way we can be a strong partner in the HIV/AIDS response not merely in the Commonwealth but across the globe.'

For more information, please contact:
Lisa Williams Lahari,
email: lisa.lahari@gmail.com

Strengthening regional partnerships and professional societies

Jason Mitchell, Oceania Society for Sexual Health and HIV Medicine

Professional societies in medicine are often charged with the responsibility of meeting the professional development needs of health-care workers. The Oceania Society for Sexual Health and HIV Medicine (OSSHHM) is a young professional society that represents health-care workers in 16 Pacific Island countries and territories.

The breadth of the membership brings with it a number of challenges for the secretariat and the board of directors. To deliver its services successfully, OSSHHM relies on a strong, committed secretariat and board. Opportunities to strengthen the capacity of board and secretariat, however, do not arise on a regular basis. OSSHHM was therefore excited to receive an invitation from its partner, the Australasian Society for HIV Medicine (ASHM), who had recognised this gap and succeeded in gaining funding for training from the AusAID Australian Leadership Awards Fellowship (ALAF).

What resulted was a Regional Professional Societies Secretariat Training programme. Conducted over three weeks in total in 2009 the programme began with a week in Brisbane, where participants attended both the Australasian Sexual Health and HIV/AIDS conferences. A two-week course in Sydney followed.



ALAF Programme Participants

The course brought together representatives from four professional societies in the Asia-Pacific region who work in the areas of HIV, sexually transmitted infections (STIs) and sexual health: the Papua New Guinea Sexual Health Society, Indonesian Medical Association, Timor Leste Medical Association and OSSHHM. The representatives of each society included a board member and a representative of the secretariat.

The Sydney arm of the programme involved a series of presentations from experts in various areas, group discussions, interactive sessions and site visits to various Australia partners who work in the Asia-Pacific region. The topics covered a

number of important issues relating to the running of a successful professional society such as:

- ▶ administrative matters;
- ▶ advocacy;
- ▶ communication within and outside of societies;
- ▶ governance;
- ▶ membership matters;
- ▶ policy and procedures; and
- ▶ networking and strengthening relationships within and outside of each society.

Discussions led to the development of work plans and activities that might be helpful for the professional societies to adopt. Participants planned to present these proposals to their respective boards for consideration.

The most significant aspect of the fellowship was the opportunity for participants to work closely with colleagues from other professional societies in the region and learn from the experience that each other organisation brought to the discussions. With each society at a different stage of development, participants had much to share on their own particular successes and

challenges – which often produced some interesting discussions.

The relationship among the societies that developed was seen as a real asset, to the extent that the group has begun discussions on how to develop a formal network involving all four societies along with ASHM, as the host organisation for this training. A follow-up

face-to-face meeting took place in October, coinciding with the 2010 Australasian HIV/AIDS Conference in Sydney, and served to further develop this advantageous network.

For more information, please contact Jason Mitchell, Executive Officer, OSSHHM

Email: JasonM@spc.int

Peer education for HIV prevention meets with widespread success in Tonga

Sialia Jagroop, Tonga National Youth Congress

The only organisation that caters for HIV peer education in Tonga is the Tonga National Youth Congress (TNYC). Moreover, before Polikalepo Kefu started working at the TNYC as the health coordinator, only Tongatapu facilitated peer education. Since taking up his position, however, Kefu has successfully launched the programme in two other island groups in Tonga – ‘Eua in 2008 and Ha‘apai in the first week of May last year.

These developments in peer education are significant because they mark a movement away from simple awareness programmes towards involving different groups in advocating for improvements to the situation of people living with HIV and in fighting to reduce the rate of infection in the kingdom.

This year the number of people living with HIV in Tonga has climbed to 18. Though the number may seem small compared with the millions



Eua Peer Educators, by Hola Mafi

of people with the virus in Africa, considering that Tonga’s population size is very small it has alarmed many.

The rise in the number of people living with HIV has sparked further innovation and energy to prevent HIV, which includes

extending intervention activities to peer education. This initiative not only provides youth with more responsibility but also enables information regarding HIV to be provided at an interpersonal level rather than through a teacher–student relationship as has been employed in the past.