Standing up for HIV Prevention

WORKSHOP ON HIV AND AIDS STOCKHOLM 4–5 JUNE, 2007

"We need strong leadership at all levels"

Stigmatisation and discrimination are the two largest obstacles to developing the work with HIV and AIDS, while good leadership at all levels is the most important helping factor.

Swedish Minister for International Development Cooperation Gunilla Carlsson standing up for HIV prevention.

THIS WAS the overall conclusion at the international workshop Standing up for HIV Prevention held in Stockholm on 4–5 June. The purpose of the workshop was to find ways for practical cooperation, using the experiences from the 100 or so government and civil society participants from 23 countries in Europe and Asia. The workshop, focusing on prevention and young people, was organised by the Swedish Government, the Swedish International Development Cooperation Agency (Sida) and the National Board of Health and Welfare within the framework of the ASEM cooperation. Co-sponsors and active supporters were the Netherlands, Vietnam and the Philippines.

The 1st ASEM workshop on HIV and AIDS in Vietnam 2005 showed that Asia and Europe can learn from each other and thus move forward together in the fight against the pandemic. There is strong political support from ASEM leaders for this fight:

"The task in front of us is to translate this support into practical action," said Gunilla Carlsson, Swedish Minister for International Development Cooperation. "Sustainable long-term solutions will depend on political will, close cooperation and financial commitments. We must also dare to speak of sexuality, women's rights and drug abuse."

The Rapporteur's summary outlined some of the factors helping HIV prevention, such as strong leadership at all levels provided the leaders say the right things, frank acknowledgement of behaviour driving the epidemic and comprehensive and sustained prevention. Factors mentioned as obstacles to HIV prevention included lack of leadership, lack of a long-term perspective and unwillingness to talk about sexuality and drugs.

It is now important to keep up the momentum created by the 2nd workshop and think of the next steps forward. The conclusions and recommendations from the workshop provide a good foundation for continued work, e.g. when we look towards the upcoming ASEM 7 Summit in Beijing in 2008.

The Stockholm workshop used an interactive approach that enabled government and civil society representatives to exchange experiences through the computer system.

"Coming from Asia, I must admit that I didn't know that Europe had so many problems with HIV, for me Europe is mainly a donor," Anjali Sakhuja, Deputy Director of the Indian NGO MAMTA, explained. "At this workshop I have learnt that even if we have cultural and economical differences, we struggle with the same problems of stigma. I hope that we can act as one group."

> The global goal is to reach everyone with health care and prevention. The summit of the G8-countries set this target to be reached in 2010. But we are not there yet. There is a lack of approximately eight billion dollars for this year alone, according to UN.

Maria Larsson, Swedish Minister for Elderly Care and Public Health

Sida

REGERINGSKANSLIET

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STANDING UP FOR HIV PREVENTION
ASEM WORKSHOP ON HIV AND AIDS STOCKHOLM 4–5 JUNE, 2007

Candid approach to sexuality education changes values

"We should be proud of our open sexuality education," said Swedish Minister for International Development Cooperation Gunilla Carlsson. "Sweden can show the way to other countries, but they can also teach us a great deal. This is why an exchange between Asia and Europe is crucial."

SWEDISH MINISTER for International Development Cooperation Gunilla Carlsson took part in a study visit to Mälarhöjden School in Stockholm and attended a lesson in sexuality for 7th grade pupils.

In the classroom, the pupils worked in groups and looked at various types of contraceptives such as condoms and diaphragms. On their desks were dildos, anatomical models of the body and literature about puberty, venereal diseases and abortion. One of the pupils revealed that the school nurse had free contraceptives for those who needed them.

Swedish Minister for International Development Cooperation Gunilla Carlsson and Pakistan's Federal Minister of Health, Begum Shahnaz Sheikh, were impressed by what they saw at Mälarhöjden school.

Not embarrassed

"A lot has changed since I went to school," said the Minister. "All the pupils seem so open and not a bit embarrassed about discussing these issues. But despite good sexuality education, we cannot afford to be self-righteous. Sweden still has problems such as unwanted teenage pregnancies and venereal diseases like Chlamydia."

Pakistan's Federal Minister of Health, Begum Shahnaz Sheikh, was very impressed by what she saw at Mälarhöjden school: "Our schools mostly teach Biology and Childbirth. We've begun a few pilot projects in life skills. The model I've seen here I will gladly take back to my country. It is important for young people to talk more openly about sexuality and relationships related to health and HIV," she said.

Changed attitudes in ten years

Teacher Christina Jernbeck explained that pupils also visit a youth clinic where they can turn for help and advice in contraception and venereal diseases. Many values, such as the attitude towards homosexuality, have changed dramatically in just ten years:

"Ten years ago, pupils felt it was strange and rather repulsive to talk about homosexuality, today it is natural."

Women's rights

After the study visit, Gunilla Carlsson maintained that she would continue to promote Sweden's high profile in the world with regard to reproductive health and sexual rights:

"When I became minister eight months ago I expected to find more strategies, key ratios and clarity. If we are serious in our intentions, we must pursue the issue of women's rights and live up to our programme. This gave me cause to increase the grant to UNFPA."

Several participants who were impressed by Sweden's openness with regard to sexuality education were, on the other hand, surprised by Sweden's strict policy to harm reduction and syringe exchange.

"Sweden has come a long way in its efforts to create a narcotics-free society. In the global fight against HIV and in countries with an epidemic spreading, particularly among intravenous drug users, syringe exchange may be necessary. Comprehensive harm reduction and syringe exchange is an infectious disease issue that collides with our narcotics policy," says Gunilla Carlsson.

Fighting discrimination

Following the visit to Mälarhöjden school, the participants made a number of study visits to Swedish NGOs and authorities involved in sexuality education and HIV prevention. Discussions were devoted to topics such as MSM work, harm reduction and the work against stigmatisation and discrimination.

THE VISITS provided opportunities for casual and informal discussions on HIV prevention. Jan-Olof Morfeldt at Noah's Ark, has many years' experience of treating stigma:

"Today there is less stigma related to HIV than fifteen years ago in Sweden. In 1990 many people had short life expectancy, which meant they wanted to tell others about HIV and AIDS. Today, people think about having a long life, a new career, and are more reluctant to tell other people. They are not that afraid of the stigma attached, but of being labelled as "that HIV-infected person". They want to be labelled as the person they are, just like everybody else."

The participants played an active part in the seminars by contributing through the computers.

Strategy

Andreas Berglöf at HIV Sweden proposed a baseline for a communication strategy:

"The virus does not discriminate anyone, that is the most important message."

According to Professor Rusli Ismail, there are many different kinds of stigma and discrimination. Perhaps one of the worse cases can be found in Malaysia:

"People in the risk groups are not very religious, only for weddings and funerals, for which the Islamic communities have compulsory HIV testing. There are instances when people are not even allowed to send the body to church, it has to go straight to the cemetery"

Mainstreaming

Harm reduction was one of the subjects raised during the panel debates that followed the study visits.

Asma Bokhari, National HIV and AIDS Programme Manager at the Ministry of Health in Pakistan, explained that harm reduction is mainstreamed in national AIDS policies and drug use is decriminalised. Of Pakistan's 100,000 drug abusers, 20 per cent have access to healthcare, syringe exchange, VCT and social services.

The importance of involving and training journalists in the struggle against HIV and AIDS also came up during the debate.

In Pakistan, street theatre and sports events are used to spread awareness of HIV.

Involving parents

Parent involvement is also important in order to ensure that parents allow their children to attend sexuality education. Viveca Urwitz, Director at the Unit for National Coordination of HIV/STI Prevention, underlined that there is at present no scientific evidence for any other effective strategies for HIV prevention than good sexuality education in schools.

Lennart Hjelmåker, Sweden's Aids Ambassador, underlined that several countries strived to get the term sexuality education into the latest UNGASS document:

"They finally agreed on HIV prevention. Sexuality education was too controversial, and this is 2006!"

Leaders must be engaged

If leadership is not firmly engaged it is not possible to succeed, whereas if there is engagement a huge difference can be made. Nancy Fee, Country Coordinator for UNAIDS in Indonesia, presented some of the key factors challenging HIV prevention efforts in Europe and Asia.

THE MOST STRIKING increases in HIV prevalence have occurred in East Asia and in Eastern Europe and Central Asia, where the number of people living with HIV in 2006 was over one fifth higher than in 2004.

She explained however, that in both regions success is possible provided there is political commitment. Challenges remain in large part because the interventions remain too small to address the behaviours effectively.

In Asia the largest proportion of HIV infections by far is between the 20–29 year old age group, Wing Sie Cheng, regional advisor HIV and AIDS at UNICEF/EAPRO in Thailand, explained.

Nancy Fee, UNAIDS Indonesia, presented some of the key factors challenging HIV prevention efforts in Europe and Asia.

Target men

She also highlighted that in Asia it is men who demonstrate most high risk behaviour since women are mostly monogamous. Therefore it is crucial to target men when working on HIV prevention.

Yet, as has been shown in Cambodia and Thailand, prevention efforts promoting condom use among sex workers have been successful in reducing HIV prevalence. In Cambodia condom use in commercial sex increased from 53 per cent in 1997 to 96 per cent in 2003. Several challenges need to be confronted though. The stigma and discrimination is very serious, for example children infected not going to school.

Tobias Alfven, Programme Officer at UNAIDS in Vietnam, explained that HIV is closely linked with certain high-risk behaviours in Europe such as injecting drug use, unprotected paid sex and unprotected sex between men.

Two thirds of reported HIV cases are related to injecting drug use and about a third of PLWHA are between the age of 15–24. The link between HIV and TB, especially in prisons, is a key challenge that needs to be addressed.

Yet, as in Asia, cases in Europe have also shown that when well funded and sustained, HIV prevention works. In Spain, efforts to promote HIV prevention among injecting drug users succeeded in lowering HIV prevalence from 44 per cent to 22 per cent over the 1995-2002 period.

"But if efforts are not sustained in HIV prevention we can lose what we have previously gained," warned Tobias Alfven.

Effective leadership

Nancy Fee outlined some of the key factors that facilitate HIV prevention efforts, noting that effective leadership at all levels is crucial.

"In Cambodia even prime minister Hun Sen has promoted condom use among sex workers."

Secondly, there is the need to ensure that the prevention interventions are on scale, early enough and sustained.

She also presented some of the factors hindering HIV prevention. The lack of a long term planning for sustainability is a considerable challenge especially since the message grows old and innovative approaches are needed. Finally the continuing unwillingness to speak openly about sexuality and drug taking (sex, drugs & rock and roll) is an issue that needs to be addressed.

Confusion

Wing-Sie Cheng established that there is still a lot of confusion about HIV and AIDS in Asia.

"Sustained public education is very important", she underlined.

Professor Lars Kallings, Special Envoy of the Secretary-General on HIV and AIDS in Eastern Europe and Central Asia, pointed out that The Russian Federation and Ukraine are most highly affected by the epidemic with 90 per cent of all PLWHA in this region being in these two countries. He also wanted to highlight the issue of migration. In Russia there are millions of migrant workers from countries like Belarus and Georgia. In cities where they work, for instance in Irkutsk, the prevalence is high.

Engage youth!

Hilde Kroes from the CHOICE youth organisation in the Netherlands began Tuesday's panel debate with an urgent request. "The essence of the work against HIV and AIDS is youth. But at this conference there are only three people under 25. That is a disappointment."

"YOUNGSTERS HAVING SEX is a taboo subject. But they do, and it is not bad and it is not misbehaviour. In order for young people to make wise choices, they need sexuality education. We should also acknowledge that youth have visions. It is crucial to include youth in decision making. Youth of today are the leaders of tomorrow."

Noel Quinto from the Philippine Pinoy Plus Association, revealed that 90 per cent of the stigma of HIV infection can be traced to hospitals and the health sector. He gave a practical example:

"A colleague of mine was asked to accompany an immigrant girl to the hospital. The doctor began asking this young girl why she wanted to be tested, if she was HIV positive, who she had slept with in Japan. Then the doctor asked my colleague why he was escorting her and whether he was also HIV-positive. After four hours of arguing, she was tested and found positive. But after the test she disappeared, because she was frightened. We never found her again."

Young infected

Julia Vinckler at Convictus in Estonia, clarified that the country has the biggest relative number of drug users in Europe: "I work with 15–20-year-old drug users. Ninety per cent are HIV-infected".

The issue why Sweden is so restrictive on needle exchange to drug users was raised. Viveca Urwitz, Director at The Unit for National Co-ordination of HIV/STIPrevention, explained.

"We used to have a legal obstacle, but it was removed last year. The National Board of Health and Welfare is convinced that needle exchange should be included in harm reduction. All countries have their taboos, I think, and the Swedish ones are connected to alcohol and drugs."

She also commented that there is no evidence that sexuality education leads to more promiscuity. It is actually the opposite.

Anders Milton from the European Red Cross–Red Crescent network on HIV and TB agreed and made a simple reflection on youth sexual behaviour with regard to sexuality education: "Young people don't start having sex with each other because you tell them to use a condom. They start anyway."

The panellists: Hilde Kroes, CHOICE , Noel Quinto, Pinoy Plus Association, Julia Vinckler, Convictus and Anders Milton, the European Red Cross–Red Crescent network on HIV and TB.

"We have to work to empower women. It is a question of human rights," said Anders Milton from the European Red Cross–Red Crescent network on HIV and TB.

Empowering women

Anders Milton highlighted the importance of empowering women: "We have to work to empower women. It is a question of human rights: the right to ownership, right to run your own life, right to decide when you want to have sex. We should challenge our leaders to live up to what they have signed."

He also urged the participants to challenge religious leaders: "How many people in our countries comply with the demands of their religious leaders? We should ask these leaders if they think they have the right to hinder people from protecting themselves against HIV."

In conclusion, Anders Milton referred to the need for free access to treatment: "Why get the diagnosis that you are going to die in eight years if there is no treatment?" he said.

Production: Global Reporting. Text: Agneta Larsson and Lars Tallert with contribution from Sarita Sehgal. Photo: Cathrin Emdén and Sara Nykäsenoja.

VOICES FROM THE WORKSHOP

Prof. Dr Rusli Ismail, Institute for Research in Molecular Medicine and Trustee at the Malaysian AIDS Foundations, Malaysia:

"I am very glad for the high level participation at this conference. We had two ministers from Sweden and one from Pakistan. So hopefully, the ideas on this conference will evolve into actions.

In Malaysia, we will continue our public awareness campaign at grassroots level with the purpose of influencing the leadership. We have to sensitise our politicians, they must be made to understand the HIV and AIDS issue in order to make a long-term sustainable plan and budget."

Mika Salminen, Department of Infectious Disease Epidemiology and Control, National Public Health Institute, Finland:

"I think it is important to express clearly what we mean by comprehensive prevention. We need to spell out that this means harm reduction and needle exchange. So for me, it was important that this was included in the final documentation.

One important discussion during the workshop was about the relationship between the spreading of HIV and AIDS and travelling. We know that when people travel, they often have casual sex. This is equally true for business trips, tourist trips, ex-patriot work and migrant workers. So in Finland we are planning to make an integrated effort with this in focus."

Anna Marzec-Boguslawska, the National AIDS Centre, Poland:

"For me, the most important conclusion was the need for strong leadership, especially at national level. Without the political commitment from our leaders, it is not possible to move forward.

I feel reaffirmed by this conference that we are on the right track. Poland is one of the countries that have an elaborated policy on HIV and AIDS, even though there is a lack of financial resources."

Ruotao Wang, Chinese Association of STD&AIDS Prevention and Control, China:

"The seminar was very good, during the study visit I learned a lot about sexuality education, a topic that I will bring back to my home country. This is strongly linked to HIV and SRHR. I will try to introduce your model to Chinese youth to see their response".

Hilde Kroes, Choice for Youth and Sexuality, the Netherlands:

"I was the only young person at the meeting which is a shame. It will hopefully be different at the next workshop. The study visit was very interesting, I was especially impressed by the youth clinic and their non-judgemental approach.
In my country it's not as easy to find clinics and the treatment is not free. When I come back I hope for a partnership with the MAMTA NGO in India, also working with youth."

Anjali Sakhuja, MAMTA (Health Institute for Mother and Child), India:

"When I come back to India I would like to work more with advocacy work together with government officials, focusing on sexuality and youth. There is a need to mainstream HIV in different government programmes, it's still too vertical. As an NGO we can play an important role at local level facilitating the process".

Standing up for HIV Prevention

WORKSHOP ON HIV AND AIDS STOCKHOLM 4–5 JUNE, 2007

Rapporteurs' report

Report presented by the Joint Chief Rapporteurs

UNAIDS and SIDA

STANDING UP FOR HIV PREVENTION: YOUTH AND PREVENTION IN FOCUS ASEM MEETING IN STOCKHOLM, 4–5 JUNE 2007

Report presented by the Joint Chief Rapporteurs, UNAIDS and SIDA

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APPENDICES

1. INTRODUCTION

At the 5th ASEM Summit meeting in Hanoi, October 2004, the Summit leaders expressed their concerns that the global HIV and AIDS epidemic, through its scale and impact constitutes a global emergency. The first step of the commitment was the first ASEM workshop on HIV and AIDS in Ho Chi Minh City, Vietnam, November 2005, organized by the Vietnamese Government in cooperation with the Government of the Netherlands , the Philippines and Sweden. The report from the workshop also noted that a second HIV/AIDS workshop would be held, this time in Europe.

At it's 6th Summit meeting, held in Helsinki, Finland, September 2006, leaders re-emphasized the need to promote global health security and reiterated their determination to combat global health threats such as HIV and AIDS.

Following the clear message from the Helsinki Summit and based on the outcome of the Ho Chi Minh City meeting in 2005, Sweden invited to the second ASEM workshop on HIV and AIDS in Stockholm, also this time in cooperation with the Netherlands, the Philippines and Vietnam, with the focus on prevention and young people. The workshop was based on an interactive, participative approach that facilitated feedback and stimulated dialogue.

2. RAPPORTEURS' REPORT: SUMMARY OF FINDINGS AND MOVING TO ACTION

a. Key Issues from Field Visits

The field visits appreciated by the participants, and contributed greatly to the meeting discussions. A panel from Pakistan, Sweden, the Netherlands and the Philippines led discussion on:

- the importance of voluntary and confidential HIV testing was emphasized, and also the need to encourage testing for people with risk behaviour.
- comprehensive sexuality education in schools, including involving parents. The need for cultural sensitivity was emphasized.
- focus on reducing stigma and discrimination against PLHIV, and using rights-based ap proaches, to ensure information to all, e.g. GLBT.
- reaching out to journalists and the mass media; training, and establishment of networks, award schemes; involvement of young people in inter-active media, e.g. street theatre in Pakistan.
- do not over-simplify messages, but to focus on in-depth, effective development education
- the crucial role of civil society in reaching out and involving vulnerable populations, PLHIV and other groups.
- the need for government and civil society to work in partnership, and appreciate each other's role and contribution. And to appreciate the broad nature of civil society, to involve the businessector, and others.

b. Factors Helping HIV Prevention

- Leadership at all levels (& say right things).
- Frank acknowledgement of behaviour driving the epidemic.
- Comprehensive prevention, on scale and early enough.
- Sustained prevention – and persistence.
- Rights-based approaches, gender and culturally sensitive.
- Meaningful engagement of PLHIV (GIPA).
- Engagement of young people, including in policy making.
- Partnership of civil society, including businesses & religious leaders.
- Involvement of men, full engagement and responsibility.
- Active engagement of all sectors – moving beyond health.
- Reaching people in closed settings.
- Clear division of labour of multilateral organizations.
- Long term, sustainable financing.
- Free condoms and contraceptives, other commodities, treatment.
- Sexuality education, including training of teachers.
- Prevention networks, at all levels.
- Prevention well targeted, involvement of target groups.

Workshop participants directly identified similar key factors helping HIV prevention through the computerized immediate response system facilitated by Global Reporting. The top five factors identified were:

1. Good leadership at all levels.
2. Increased funding.
3. Involvement of young people and women.
4. Inclusion of PLWHA.
5. Promotion of human rights.

c. Factors Hindering HIV Prevention

- Lack of leadership at either national or local level.
- Lack of long term perspective & planning for sustainability: Prevention is for life .
- Unwillingness to talk about sexuality & drug taking (sex, drugs & rock & roll), especially with young people.
- Continuing stigma and discrimination, e.g. health providers.
- Vulnerability of mobile populations, lack of access to services.
- Taking action too late, once epidemic already moving.
- Interventions remaining at pilot, "boutique" level, rather than scaling up.
- Conservatism, judgmental attitudes: considering how people should be, rather than real behaviour.
- Social exclusion and marginalization: e.g., sex workers, MSM, IDUs, some ethnic groups, migrants: children infected/affected.
- Parallel systems, duplication.
- Denial.
- "ABC" policy linked to funding.
- Lack of cross boarder cooperation.
- Lack of focus on positive prevention.
- Poverty.

Workshop participants directly identified similar key factors hindering HIV prevention through the computerized immediate response system facilitated by Global Reporting. The top five factors identified were:

1. Stigma and discrimination.
2. Lack of willingness to talk about sex.
3. Poverty.
4. Lack of involvement of PLWHA.
5. Lack of trained health staff.

d. What needs to be done – Words into Deeds

At the national level:

- Understanding, acknowledging and addressing the specifics of the epidemic.
- Strategic approach based on this, and focusing on leadership engagement at all levels.
- Meaningful engagement of all sectors throughout the planning, implementation and evaluation processes – health, education, etc: civil society including business and labour; people most affected – young people, PLHIV.
- Remember children and women – the missing faces – and ensure greater involvement & responsibility of men.
- Really use rights based approaches.
- Ensure approaches are gender and culturally sensitive.
- Increase access to HIV treatment and testing.
- Comprehensive harm reduction to IDU, including substitution therapy, needle and syringe exchange, and prevention of sexual transmission.
- Legislation and policy to strengthen rights, and remove barriers.
- Stronger strategies to link HIV and sexual and reproductive health.
- Link HIV with broader development strategies (PRSPs, Socio Economic development times).

At the ASEM Regional level:

- Use regional institutions (e.g. EU, ASEAN) to encourage government investment in HIV prevention, treatment, care and support.
- Reaffirm commitment to UNGASS, Universal Access process – and countries to hold each other accountable to implement these commitments.
- Continue sharing experiences and exchange of practical knowledge and research cooperation. Learn from each other.
- Youth ASEM workshop; ways to encourage youth involvement (scholarships?).
- More effective sharing of research and evidence; "twinning" of universities, other research groups.
- Information networks, more effective sharing.
- Set goals for meetings, and evaluate outcome at next meeting (what action has happened?).
- Country to country visits.

e. The Next Steps: the way forward to the ASEM China Meeting, 2008

- Delegates report back on the conclusions & recommendations from this meeting.
- Participants to help promote action agreed at this workshop.
- Specific agenda item on HIV at the China meeting? each delegation could report on the action since this workshop.