

Position paper

HIV/AIDS

This paper seeks to contextualise Marie Stopes International's (MSI's) global programmes within the HIV/AIDS epidemic highlighting HIV/AIDS as a reproductive health issue and showing how MSI is engaging with its Partners to develop and expand its response.

MSI develops highly innovative information and service delivery programmes, responding to a range of reproductive health challenges; its work in the field of HIV/AIDS is no different.

The global picture

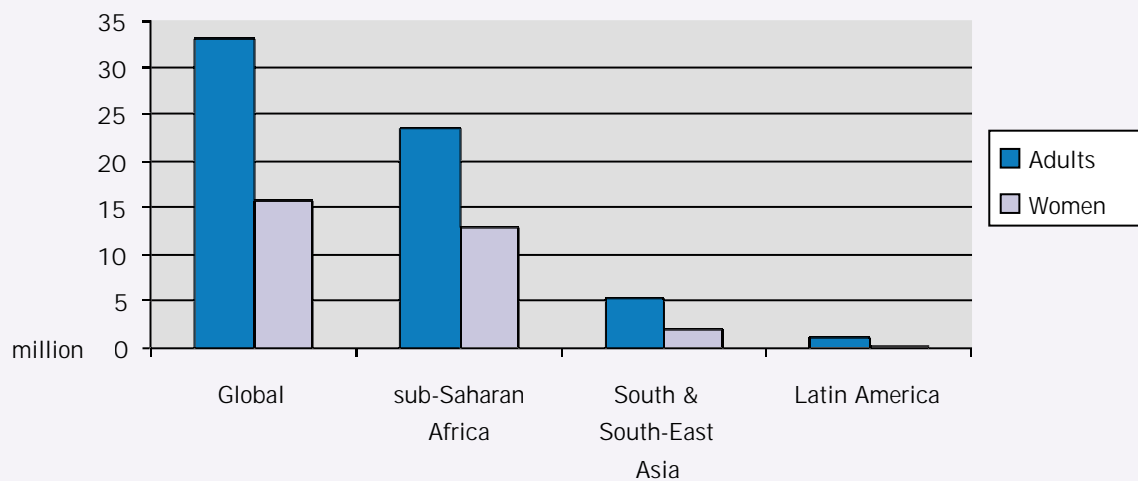
By the end of 2000, 36.1 million people worldwide were living with HIV/AIDS, 90% of whom were in developing countries. During 2000 alone, a total of 5.3 million adults and children, were found to be newly infected with HIV, and in the same year, three million people died from HIV/AIDS - 80% of whom were Africans¹.

HIV/AIDS threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden on countries. Urgent national, regional and international action is required.

75% of people living with HIV/AIDS are in sub-Saharan Africa. However, in other regions, HIV/AIDS prevalence is increasing; in the Asia-Pacific region 7.5 million people are already living with HIV/AIDS, the Latin America region has 1.5 million people living with HIV/AIDS, and infection rates are rising very rapidly in the Central and Eastern European region. The potential exists for a rapid escalation of the epidemic and its impact throughout the world if no specific measures are taken.

AIDS has killed almost 22 million people and orphaned over 13 million children in two decades of the epidemic. In 2000, 5.3 million people were newly infected with HIV².

Women are disproportionately infected with HIV/AIDS for biological, social and economic reasons³. Globally, 47% of HIV positive adults are women, in sub-Saharan Africa this figure rises to 55%.



Source: UNAIDS. Report on the global HIV/AIDS epidemic. June 2000.

The Beijing Platform and the Programme of Action from the International Conference on Population and Development recognise that discrimination in the economic, social, civil and political spheres against women and their unequal power relations to men are key determinants in their vulnerability to HIV/AIDS.

Contributory factors to the spread of HIV/AIDS include poverty, underdevelopment and illiteracy. In addition, armed conflicts and natural disasters also exacerbate the spread of the pandemic.

The need for more effective education and prevention programmes, better health facilities, larger numbers of trained health care workers and imaginative development projects to put AIDS devastated societies back on their feet is clear. Achieving success requires commitment at all levels from reducing stigma within the community to ensuring global availability of commodities such as condoms, reagents and drugs.

In developing countries, sexually transmitted infections (STIs) and their complications rank in the top five disease categories for which adults seek health care. In women of childbearing age, disease and death/healthy life lost to STIs - even excluding HIV - are second only to causes related to pregnancy and childbirth. The prevention and treatment of STIs needs to be improved significantly.

Half of all new HIV infections in the world are in young people aged between 15 and 24, highlighting the need for sex education and services specifically aimed at adolescents⁴.

Populations destabilised by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons and in particular, women and children, are at increased risk of exposure to HIV infection.

Over four million children have died since the AIDS epidemic began. Mother-to-child transmission is now a serious source of infection in children under-15 years. However, many more non-infected children, over 13 million of them, have had their lives devastated by their parents' deaths from AIDS. By 2010 there are expected to be 40 million AIDS orphans, 95% of them in Africa⁵.

The international position

The 1994 International Conference on Population and Development (ICPD) called for the integration of HIV/AIDS prevention and family planning. By the time the original Programme of Action was reviewed at ICPD+5, the wider impact of the AIDS pandemic was becoming clear. Governments called for:

- more access to male condoms
- wide provision of female condoms
- legislation to prevent discrimination against those with HIV/AIDS
- antiretroviral drugs for women during and after pregnancy and
- information for women on HIV and breastfeeding.

United Nations General Assembly Special Session on HIV/AIDS 2001

In June 2001, the United Nations convened the first ever General Assembly Special Session on HIV/AIDS. The goal of the meeting was to address all aspects of HIV/AIDS and to secure global commitment to enhanced co-ordination and comprehensive response at national, regional and international levels. The Declaration of Commitment on HIV/AIDS "Global Crisis - Global Action" which has been hailed as a "blueprint from which the whole of humanity can work, in building a global response to this global challenge" focused on prevention as the "mainstay" of responses.

The 16 page declaration addresses a wide range of issues and contains specific timetables for action including a 25% reduction in HIV infections among 15 to 24 year-olds in the most afflicted countries by 2005 and in all nations by 2010. It also calls for 90% of young people to have access to information and care by 2005 and a 20% cut in the number of infants infected with HIV by that date⁶.

The Global AIDS and Health Fund

The Global AIDS and Health Fund was launched by UN Secretary-General Kofi Annan in 2001. It is planned that the Fund will be up and running by the end of 2001, functioning as a private-public partnership. However, the exact functioning of the Fund remains to be finalised. Whilst the Fund will focus on AIDS, it will also serve to combat tuberculosis and malaria. There have been calls for a gradual increase in spending, starting with \$3.2 billion in 2002 and steadily increasing to \$9.2 billion in 2005. It is planned that once the Fund is at its full capacity, \$4.8 billion would go toward prevention efforts and \$4.4 billion would be allocated for treatment. The current commitments are falling far short of the resources required.

Future initiatives

Research is underway to develop an AIDS vaccine, but this is still a long-term prospect. An earlier option is likely to be microbicides, which are currently undergoing clinical trials. These would be used vaginally in the same way as spermicides, giving women a chance to protect themselves against HIV. Initially, the drugs would be delivered through vaginal creams or gels, but, in the longer term, could be combined with new contraceptive methods such as a hormone-releasing vaginal ring. It is anticipated, however, despite increased resources for research, that it will be five years before microbicides are widely available.

The role of reproductive health

Reproductive health providers have a major role to play in terms of prevention and, where appropriate, treatment of HIV. Services increasingly include:

- information, education, and communication to raise awareness about the spread of HIV and the need for 'safer sex' (involving the use of male or female condoms to prevent the exchange of body fluids)
- social marketing of condoms to make them more widely available throughout communities through both traditional outlets such as health centres and other health facilities, and non-traditional ones such as shops or offices
- diagnosis and treatment of other sexually transmitted infections, which can act as a 'gateway' for HIV transmission and
- the provision of voluntary confidential counselling and testing (VCCT) for those who think they may be infected with HIV.

Marie Stopes International's approach to HIV/AIDS

Marie Stopes International (MSI) and its Partners have been providing comprehensive reproductive health care information and services through a global network of centres in 37 countries for over 25 years.

Drawing on its extensive experience in a variety of settings, MSI focuses on prevention as the cornerstone of its response to HIV/AIDS. MSI Partners already undertake a range of activities contributing to the prevention of HIV/AIDS at the grassroots. These include:

- information
- education
- communication, particularly with vulnerable groups
- condom distribution
- contraceptive social marketing and
- STI prevention and treatment.

The MSI Global Partnership is ideally placed to contribute to a co-ordinated, national and international response to improve access to HIV prevention.

In each country, MSI positions itself to complement and/or supplement existing public and other provider services. MSI's approach is highly context-dependent and related to: national health policy and implementation framework, the demand for services, government capacity to meet this demand, the presence of other providers and the quality and affordability of existing services, particularly for low-income groups.

Whilst the response from each programme within the Partnership will differ according to local need, MSI is investigating the feasibility of new interventions particularly in sub-Saharan Africa where Partners are facing complex challenges in the delivery of prevention and care to local communities. In line with UNAIDS recommendations that “counselling should be integrated into other services, including STD, antenatal and family planning clinics”, VCCT is one of the options MSI is piloting within the Partnership. VCCT services ensure that more tailored care can be provided during the antenatal, delivery and postnatal period including prevention of mother-to-child transmission. With VCCT services in place, seropositive pregnant women can make decisions about pregnancy and have the option to terminate a pregnancy, where services are available and safe⁸.

The MSI service delivery model, which includes community-based information and services, provides an effective means through which to provide expanded HIV/AIDS prevention services. Not only are logistical and clinical protocols in place but MSI team members also have extensive experience of working with marginalised and vulnerable groups including young people and refugees on a range of sensitive health issues. Centre-based services, work-based services, peer education, obstetric services, community based activities, advocacy and mass communications ensure that MSI Partners reach men, women and young people in all sectors of society.

In addition to service delivery, MSI Partners make significant input to national policy on sexual and reproductive health issues. From offices in London, Brussels, Melbourne, Tokyo and Washington DC, MSI has developed an integrated global communications strategy aimed at parliamentarians and government officials, the general public, and non-government and civil society organisations, to heighten awareness and mobilise increased resource commitment for reproductive health including HIV/AIDS. Through the Global Partnership, MSI is in a unique position to ensure that policy developments in the North are informed by priorities in the South.

Case studies from the Marie Stopes International Global Partnership

Ugandan women protect themselves

Uganda has an estimated 770,000 HIV/AIDS cases out of a total population of 24 million. There are almost one million AIDS orphans. The Ugandan Government, however, has had international praise for its responsible handling of the AIDS crisis and the population is increasingly following the safer sex advice.

In 2000, Marie Stopes International-Uganda (MSI-Uganda) introduced a polyurethane female condom and undertook trials with village women who responded very positively. After a major media campaign, which included journalists trying the female condom for themselves, demand soared as women sought to protect themselves against HIV. The female condom is offered through traditional outlets such as centres and pharmacies, but is also taken into the workplace and shown to women. A pack of three costs less than a daily newspaper.

MSI-Uganda has pioneered innovative social marketing schemes for selling contraceptives in which the profits are ploughed back into the business and it is through such schemes that it sells the female condom and its own brand ‘Life Guard’ male condoms. Each year, the organisation sells approximately 12 million ‘Life Guard’ condoms and demand exceeds supply at the 12,000 retail outlets across Uganda, which include grocery stalls and bars.

Sex workers in Bangladesh

Bangladesh has an estimated 13,000 adults and children living with HIV/AIDS out of a total population of 140 million.

Marie Stopes Clinic Society (MSCS) is one of the leading reproductive health organisations in Bangladesh whose expertise in the management of sexually transmitted infections (STIs) is ranked very highly. MSCS is one of only a few organisations targeting high risk and marginalised groups with STI/HIV information and services. MSCS works in collaboration with four local non-government organisations providing services and information to injecting drug users, and men who have sex with men, as well as sex workers. Currently, the project runs weekly clinics from drop-in centres, brothels and mobile units, taking information as well as diagnosis and treatment to the target communities.

Young people in Ethiopia receive information and condoms

Ethiopia has an estimated three million adults and children living with HIV/AIDS out of a total population of 64.4 million.

Marie Stopes International Ethiopia (MSIE) runs HIV/AIDS prevention projects throughout Ethiopia. The projects are targeted at in- and out-of-school youth, local communities and officials and community leaders. At a national level, links have been established with government and non-government HIV/AIDS organisations.

Youth AIDS communicators and peer group leaders are an important part of the effective delivery of safer sex and prevention messages. The projects utilise a range of media - leaflets, posters, booklets, stage and video dramas to get messages across. Condom distribution is undertaken through community distribution agents and work-based and in-school peer group leaders. All the community distribution agents, peer group leaders and youth AIDS communicators receive ongoing training from MSIE and other organisations linked to the project. Sensitisation sessions are also held for officials and community leaders and these are often accompanied by video dramas recorded in the community-based projects.

Future challenges

In line with international commitments on HIV/AIDS, MSI endorses the following recommendations:

- health care providers should be given specialised training in the prevention of STIs, including HIV/AIDS
- information, education and counselling for responsible sexual behaviour and effective prevention of STIs, including HIV/AIDS, should become integral components of all sexual and reproductive health services
- all young people should have access to information and education, including peer and youth-specific HIV education, and the services necessary to develop the life skills required to reduce their vulnerability to HIV infection
- gender equality and the empowerment of women should be recognised as fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS. The active involvement of men and boys in women's empowerment must be encouraged
- the links between HIV/AIDS prevention and the aims of a variety of actors, including community-based sexual and reproductive health programmes, should be encouraged to ensure access to a range of sustainable, high quality, appropriate services, including information
- promotion of the human right of all women, including HIV positive women, to exercise control over their sexuality and fertility as well as the right to a full range of safe, accessible reproductive health care, including family planning, safe motherhood services and, where legal, safe abortion services.

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