STANDING UP FOR **HIV PREVENTION**

TOWARDS A GLOBAL MOVEMENT
ON ADVOCACY FOR HIV PREVENTION
STOCKHOLM MAY 2006

CONFERENCE IN STOCKHOLM:

STANDING UP FOR HIV PREVENTION

INSIDE

REGERINGSKANSLIET

Ministry for Foreign Affairs
Sweden

UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
UNHCR UNICEF WFP UNDP UNFPA UNODC ILO UNESCO WHO WORLD BANK

Sida
SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

rfsu
THE SWEDISH ASSOCIATION FOR SEXUALITY EDUCATION

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In the beginning of May 2006 an international conference, "Standing Up for HIV Prevention – Building a Constituency," was held in Stockholm, Sweden. It was hosted by the Government of Sweden, through the Ministry for Foreign Affairs and the Swedish International Development Cooperation Agency (Sida) in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Swedish Association for Sexuality Education (RFSU). The participants included representatives from national governments, international organizations, civil society – especially people living with HIV – media and trade unions.

AIDS is an unprecedented threat to human development – a global emergency that requires sustained action and commitment over the long term. With the rate of new HIV infections growing every day and an estimated nearly 40 million people living with HIV globally, it is clear that the AIDS epidemic is one of the major development challenges of our time.

The Declaration of Commitment on HIV/AIDS, endorsed by all member states of the United Nations in 2001, clearly states that HIV prevention is the mainstay of overcoming AIDS. Since then we have heard many voices emphasize the importance of HIV prevention, but for varying reasons it has been difficult to advocate the essence of a comprehensive prevention response to HIV. In June 2005, the Programme Coordinating Board of UNAIDS approved the policy position paper "Intensifying HIV Prevention" which spelt out the main components of such a comprehensive response. What is needed now is to build a vocal constituency speaking up for comprehensive HIV prevention that is universally available.

HIV prevention is a complex issue which cannot be easily captured in acronyms and slogans. Neither can it be isolated from issues such as poverty, development, human rights and gender relations. Advocacy for a comprehensive HIV prevention response must, therefore, take into account these issues and address them. In addition, the interdependencies and synergies between HIV prevention and treatment, as well as the common agenda of sexual and reproductive health and rights and prevention of HIV are important factors to consider.

The conference in Stockholm was envisioned to support a vocal constituency around HIV prevention. The goal was to outline the key mechanisms, messages and strategies for effective communication and advocacy on HIV prevention. Some of the results are presented in this report.

PHOTO: HELDUR NETOCNY / PHOENIX

GLOBAL SUMMARY OF THE HIV AND AIDS EPIDEMIC, 2005

NUMBER OF PEOPLE LIVING WITH HIV IN 2005

Total	**38.6 million (33.4 – 46.0 million)**
Adults	36.3 million (31.4 – 43.4 million)
Women	17.3 million (14.8 – 20.6 million)
Children under 15 years	2.3 million (1.7 – 3.5 million)

PEOPLE NEWLY INFECTED WITH HIV IN 2005

Total	**4.1 million (3.4 – 6.2 million)**
Adults	3.6 million (3.0 – 5.4 million)
Children under 15 years	540 000 (420 000 – 670 000)

AIDS DEATHS IN 2005

Total	**2.8 million (2.4 – 3.3 million)**
Adults	2.4 million (2.0 – 2.8 million)
Children under 15 years	380 000 (290 000 – 500 000)

SOURCE: "2006 Report on the global AIDS epidemic", Joint UN Programme for HIV/AIDS (UNAIDS).

The opinions expressed in this folder do not necessarily reflect the position of the Swedish Government, Joint United Nations Programme on HIV/AIDS (UNAIDS), the Swedish International Development Cooperation Agency (Sida) or Swedish Association for Sexuality Education (RFSU). The purpose of this folder has been to document the conference "Standing Up for HIV Prevention – Building a Constituency" in order to further stimulate the debate for increased prevention.

CARIN JÄMTIN, SWEDISH MINISTER
FOR INTERNATIONAL DEVELOPMENT COOPERATION

WE MUST LEARN FROM OTHER MOVEMENTS

"We need a broad-based popular movement to push and lead the challenging work on HIV prevention. In this we have a lot to learn from other movements and campaigns. Especially perhaps from campaigns on the right to treatment."

In her opening speech at the Stockholm Conference "Standing Up for HIV Prevention," the Swedish Minister for Development Cooperation said that the focus will be on universal access, emphasizing HIV prevention and treatment, as Sweden chairs the Programme Coordination Board of UNAIDS from June 2006–June 2007.

To illustrate the need to build a popular movement and a vocal constituency on HIV prevention she presented some figures:

"Over four million people are infected every year. That is nearly 12,000 every day. Nearly three million people die from AIDS every year. That is 8,000 every day. Furthermore, more than six million people are in desperate need of antiretroviral therapy. Less than one and a half million receive it. These figures show us that more has to be done! More, but also better and faster. This is a call to action for all of us."

She underlined that prevention, treatment, care, impact mitigation and research are all needed. "To me, this is crucial – the whole chain of action is necessary."

She referred to the 2001 UNGASS Declaration of Commitment that states that HIV prevention should be the mainstay of all interventions, but pointed out that recognizing the importance of prevention is only the first step. Translating this recognition into reality on the ground is something else – the prevention agenda is very complex and for some even sensitive and difficult:

"To move forward on prevention we need open eyes and open minds. We must recognise that AIDS is an issue of human rights. That it is an issue of sexuality, of gender equality, poverty, a lack of jobs, drug use, trafficking in human beings, the right to information, knowledge and services, of the right to condoms and other affordable preventive commodities.

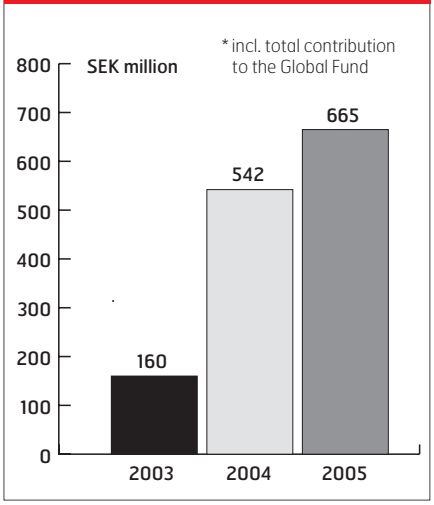
"In order to achieve change it is necessary for many men to change both their beliefs and their behaviour. HIV is very much a question of power and relationships in society.

"Based on these realities, it was very natural for Sweden to make sexual and reproductive health and rights a top priority, in the same way as HIV and AIDS."

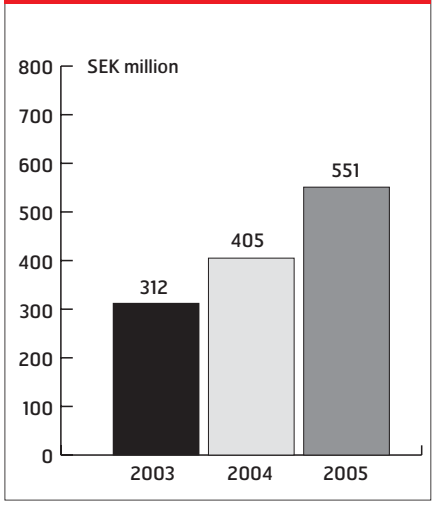
Carin Jämtin welcomed the broad international consensus on most of the issues concerning AIDS as expressed in several adopted documents. But she pointed out that this is not enough:

"We must start doing what we have agreed to do."

Swedish HIV/AIDS disbursements to multilateral and global institutions, 2003–2005*



Swedish HIV/AIDS disbursements through Sida, 2003–2005



PETER PIOT, EXECUTIVE DIRECTOR,
UNAIDS

WHAT MATTERS NOW IS TO GET THE WORK DONE

"It is 25 years since the first cases of AIDS were reported. Since then 65 million people have been infected with HIV. This is a massive failure of HIV prevention efforts. Now, we must act and together build a constituency that can stand up for HIV prevention!"

UNAIDS Executive Director Peter Piot not only pointed out the failures, but also the progress made on the Declaration of Commitment adopted at the United Nations General Assembly Special Session on HIV/AIDS in 2001, particularly the greater resources, stronger national policy frameworks, wider access to treatment and prevention services, and broad consensus on the principles of effective country-level action.

"Marginalized groups such as sex workers, injecting drug users and men who have sex with men are finally having increased access to prevention services – even though a lot more could be done. And people today are more open when they discuss sexuality than they were a quarter century ago. But unfortunately this is not enough – or we would not have had over four million new infections in 2005 alone," he continued.

Addressing gender inequality is one of the main issues in the work of UNAIDS. It is also important to reach young people.

"In order for HIV prevention programmes to be successful we must have a dialogue with people at the grassroots level. Hopefully the time is over when a campaign is designed in Geneva to be used in an African country."

Activists demanding equal access to care and antiretroviral drugs have been very successful in lobbying governments, agencies and pharmaceutical companies. What is needed now is to build a similar strong constituency for HIV prevention.

"If we don't act on our belief that HIV prevention works, how can we then convince others?"

At the next meeting of the UNAIDS Programme Coordinating Board in June 2006, Sweden will assume the Chair of this governing board. Peter Piot hopes this will lead to more focus on HIV prevention.

"We now have an HIV prevention policy paper and a roadmap that is agreed by the UNAIDS board. What matters now is getting the work done and in this Sweden can contribute a lot with its commitment."

INTENSIFYING HIV PREVENTION

In 2005, the UNAIDS policy position paper "Intensifying HIV Prevention" was approved. It spells out the main components of a comprehensive HIV prevention response. UNAIDS has produced a small folder that presents Guiding Principles for national authorities and their partners for coordination of national responses to HIV/AIDS: The Principles of Effective HIV Prevention, Essential Policy Actions for HIV Prevention, and Essential Programmatic Actions for HIV Prevention.

The full text of this paper can be found at: http://data.unaids.org/publications/irc-pub06/jc1165-intensif_hiv-newstyle_en.pdf

WALK THE TALK FOR HIV PREVENTIO

PURNIMA MANE, DIRECTOR, POLICY, EVIDENCE AND PARTNERSHIPS, UNAIDS

More people are living with HIV than ever before – an estimated 40 million are infected globally. Ambitious national targets need to be set in 2006. Barriers that obstruct preventive work need to be torn down. Women and young people need to have a seat at the table and to have a real say.

These were some of the conclusions at the conference "Standing Up for HIV Prevention".

"In 2001, a collective voice at the United Nations General Assembly said that HIV prevention must be the mainstay of the AIDS response. We are here today to echo this message. We know what works and we need to take a bold step forward and apply this knowledge," said Purnima Mane while introducing the UNAIDS policy position paper on Intensifying HIV prevention. This roadmap for HIV prevention was endorsed unanimously by the member countries and members of the UNAIDS Programme Coordinating Board.

"Agreeing to the roadmap is not the end – it is the beginning of a process. The full and speedy implementation of the policy and programmatic actions outlined in the paper in every country is key to stop the large number of new HIV infections from occurring. We need to walk the talk," emphasised Purnima Mane.

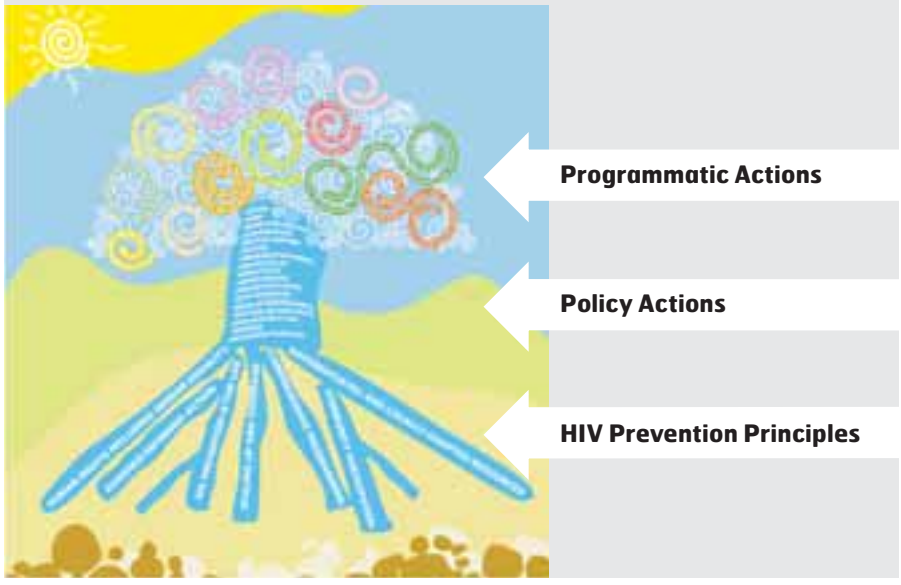
UNAIDS has visualized the HIV prevention strategic framework as a tree. The roots of the tree are the HIV Prevention Principles. The trunk consists of the Policy actions, and the leaves represent the diversity of Programmatic actions.

"No part of the tree can be ignored or given more attention. Any one action on its own will not suffice. We have to approach HIV prevention in a comprehensive way and not in a piecemeal and selective fashion."

Only one in ten of the persons most at risk have access to HIV prevention. It is very clear that women are disproportionately affected by HIV, and that there is a feminisation of the pandemic, and many participants at the conference called for urgent action for women. Another affected group is young people, only one in two young have comprehensive knowledge about HIV prevention.

Most of the countries that have submitted country progress reports have provisions for providing HIV-related information, access to HIV prevention services and strategies to promote sexual and reproductive health for their people. But the implementation of these plans are not as comprehensive as they should be, commented Purnima Mane.

HIV PREVENTION – WORKING FOR SUCCESS



Jon Ungpakhorn from Thailand called for improved sex education in schools.

The way forward is, according to UNAIDS, that ambitious national targets are set in 2006, that all credible national AIDS plans are fully funded, that large-scale measures to strengthen human resources for HIV programmes and health are adopted, and that education and social systems mount an effective AIDS response.

Major barriers, such as high costs for medicine and HIV prevention commodities must be removed. Stigmas and discrimination at all levels must be fought, research must be undertaken for improved diagnostics and prevention methods and accountability at all levels need to be strengthened.

"The intent to stand up for HIV prevention exists globally – but action is missing. The key word is *act*. Again, we have to walk the talk for HIV prevention," concluded Purnima Mane.

Lars Kallings, the UN Secretary General's Special Envoy for HIV/AIDS in Eastern Europe, stressed the importance of working with Eastern Europe, one of the two regions in the world where the number of new HIV infections is on the increase.

"We must build up a constituency in Eastern Europe, so please don't forget to include the people from there. Eastern Europe needs the examples from the rest of the world," he said.

Richard Burzynski, International Council of AIDS Service Organizations (ICASO) called for a coalition of the willing:

"We need to move with the ones willing to move. The others will join when they see that we are successful."

"In Africa today, it is a married woman who runs the greatest risk of getting infected by HIV. Abstinence is not an option for her, and she is already faithful. The question is – will her husband be faithful?"

Adrienne Germaine, International Women's Health Coalition (IWHC)

LINDA MAFU TAC, SOUTH AFRICA

The Treatment Action Campaign, TAC, was founded on December 10, 1998 in Cape Town, South Africa. TAC campaigns for the treatment for people living with HIV and for the prevention of new HIV infections. The TAC also runs a treatment literacy campaign and a training programme on the science of HIV treatment and prevention.

"There is a strong link between violence against women and the spreading of HIV/AIDS. Here in South Africa, a third of all young girls have been sexually abused before 18 years of age, but only five percent of all cases are brought to the courts.

"In TAC we have focused on the right to treatment but without prevention it will not work. Now, with the support of others we will push our own government to do much more on prevention.

"I'm hopeful for the future, but it is going to be a long walk. We must increase the focus on prevention; take away the stigmatization of condoms. You can't talk to young girls about abstinence only; there must be condoms available for young people. Schools must do more in educating them, for example in helping them understand how their own bodies function. It sounds simple, but if we don't teach our children today, they will die in the future."

SCALING UP HIV PREVENTION – HOW DO WE REACH OUT?

How can experiences from different countries and campaigns be used in order to scale up HIV prevention? What should we do in order to reach out more successfully?

Morocco was the first Muslim country to actively promote the use of condoms.

"One key to success is a strong partnership with social stakeholders and an active civil society. Peer education, condom distribution, strengthening voluntary counselling and testing have been some important parts of this work," said Dr. Aziza Bennani.

Urbain Olanguena Awona, Minister of Health in Cameroon, noted that today young girls are particularly affected by the spread of HIV:

"When we started an intensive media campaign, we wanted to shock people by sending strong messages. This really helped us to get across. Combating the stigma is another area where we are working very actively, especially in the workplace. Our key to success is the establishment of a public-private partnership that the government has signed with more than fifty private companies."

Jon Ungpakhorn, a former senator with a background in civil society in Thailand, would not see his own country as completely successful in combating AIDS.

"What has been a success in the reduction of the number of infected, from about 200,000 a year at its highest, to about 20,000 today. This reduction was made possible by an effort to promote condom use, especially in the sex industry," he said.

Today Thailand has a national health insurance programme for the entire population and there is a programme providing universal access to antiretroviral treatment.

"This has been achieved thanks to good political leadership in the past. But the present government is doing very little and treatment has taken priority over HIV prevention," Jon Ungpakhorn added.

S. Jalaja from The Rural Health Mission in India pointed out that one out of every eight infected persons in the world is from India. One major problem is the lack of access to adequate health services. This is now changing with a national programme for rural health.

"India has the first human rights commission in the world that has come out strongly on the relationship between AIDS and health. In all countries national human rights commissions should play an active role in drawing the attention of governments to necessary interventions," she said.

Cristina Pimenta, a consultant to the Brazilian National AIDS Programme, pointed out that one reason for Brazil's relative success has been strong commitment from activists and a political

ANJALI GOPALAN
THE NAZ FOUNDATION TRUST, INDIA

The Naz Foundation is a HIV service organisation working with treatment, prevention and counselling with a focus on young people. The foundation also supports a large care programme.

"We are putting a lot of effort into advocacy campaigning, directed at our government in order to improve sex education in our country. So far the focus has been on certain risk groups such as commercial sex workers, but people in general don't see that they also are at risk. The awareness is not as deep as it should be. One reason could be that we have almost no famous people who have gone public with their HIV infection.

"Now, we see some changes. The government is on the right track. It has taken the initiative for a National AIDS Programme that will reach a wider public. The spread of HIV has opened the doors to speak more freely about sex. Still we don't have a national policy for sex education in schools. What has been done is on a very ad-hoc basis.

"We should not separate prevention from care, as one cannot work without the other. At the same time it is of very little use to talk about prevention if we don't back it up with access to condoms. Without condoms, prevention can never work.

"I believe that Sweden can be a very positive force in this work. I hope that Sweden as Chair of the UNAIDS Board will be able to push harder for our cause. Prevention and care cannot be divided. If we do that, the battle will be lost."

PHOTO: DAVID ISAKSSON / GLOBAL REPORTING

Preventionwork in Nicaragua.

"Women and girls are the most vulnerable to new HIV-infection. You, as world leaders, have to address the cultural and social factors that make girls so vulnerable. Otherwise you will not control this pandemic."

Nafis Sadik, UN Secretary General's Special Envoy for HIV/AIDS in Asia

will to combat the disease, work that started as long ago as 1987.

"Engaging the educational sector was a major task. Teachers were eager to work with prevention, but did not know how to act. The first ten years the health sector had to bear the cost, now the education sector is paying for it all."

Another key factor, she says, is working with media, especially community-based media and networks. Reaching out through entities with a large number of people, such as the army and the police, is also very important.

EDFORD GANDU MUTUMA
YOUTH VISION ZAMBIA

Youth Vision Zambia is a youth-led and oriented NGO, working for the improvement of young people's lives in Zambia. The main objective is to advocate, defend and promote sexual and reproductive health and rights for young people.

"Africa has lived with AIDS for 20 years now. We know what works – and what doesn't.

"What works is giving young people different options about how to act. The ABC-concept – Abstain, Be faithful, use Condoms – does not work for youth if you impose it on them. We have to include a "D" for them to Decide for themselves. Prevention can only work if we empower young people to make informed decisions. If they know the options and consequences they will stick to their decisions.

"Young men are a key resource in fighting gender-based violence and HIV, and in promoting sexual and reproductive health and rights. In Africa young men control most relationships and are seen as decisionmakers in relationships. They decide whether or not to use condoms. We need to educate young men to promote gender equality, to treat young women as equal partners, and to be agents of change.

"What does not work is to separate sexual and reproductive health and rights from HIV and AIDS. There is much funding that has to do with AIDS, but not enough for information to young people about their sexual and reproductive rights."

"Condom promotion has been a major task, as it was not part of our culture in the early 80's. The major challenge today is to maintain the progress achieved so far. In this, the work of NGO's is very important."

Kent Hill from USAID stated that:

"Prevention must be given a higher priority. We need to find more programmes that address male behaviour. We must change those cultural norms that allow men to exploit vulnerable women and girls".

PHOTO: ERIC MILLER

THE WAY FORWARD – MAJOR BARRIERS MUST BE REMOVED

Can one talk about successful campaigns when the number of infected people continues to rise? Many of the participants thought so.

"Imagine what the world would look like if you were not here! Without the work that is being done things would be even worse," said Remi Parmentier, Director of Varda Group, with experience from the environmental and disarmament movements.

He pointed out that NGOs are good at setting the agenda and are important watchdogs. "NGOs can empower governments, the UN, and international organisations to do the right thing." Marcel van Soest from the World AIDS Campaign pointed to the problem that civil society does not always represent all voices and that funding is an obstacle, "It is difficult to be critical if you are dependant on funding."

Linda Mafu from the Treatment Action Campaign, TAC, called for a coordinated response to HIV, including both HIV prevention and an agenda against gender-based violence. She explained that in South Africa condoms are usually distributed through clinics, but as men often go to clinics only when they are very ill, other distribution channels must be found.

"The ABC-method stigmatizes condoms as the message is that either you abstain or you are faithful. So people don't want to use condoms as that means that they have other partners. That message has to change," she said.

The workplace is one of the best forums to fight HIV, said Peter Mathuki of Kenya's International Confederation of Free Trade Unions. "A large number of people at risk meet everyday at work and this provides a good opportunity for outreach."

But how can the passion for HIV prevention be channelled into vocal advocacy? How can we act together? Many ideas were tossed around to inspire new thinking. Ideas – but also questions:

"Why does it take one dead chicken to make the whole world stand up to fight bird flu when at the same time 6,000 young people die every day of AIDS related illnesses and nobody cares? Is it because we are dealing with sex and drugs?" asked Georgia Arnold from MTV.

Kevin Osborne, International Planned Parenthood Federation, agreed with her, and added:

"When I listen to people here I wonder where the excitement is? Everything is just about numbers we all know. We need to learn from TAC and the energy they create, they have succeeded in personalizing the issues."

Naina Dhingra, Advocates for Youth, reminded everyone that the members of TAC were prepared to be arrested for their beliefs. "Are we willing to take the same risk for prevention? We must understand that young people do not view things from a single angle.They see HIV as part of a larger context, which includes everything from social justice to trade and the environment."

Jon Ungpakhorn, former senator from Thailand, suggested that young people should be responsible for sex education. "Sex education is essential. We should train young people and then let them do the job – adults should not be allowed in!"

Father Johannes Heath from ANERELA+ pointed out that HIV treatment should be closely linked to HIV prevention. He added that people living with HIV have not been adequately involved in prevention efforts and put forward the ANERELA+ model for a comprehensive HIV response called SAVE: Safer practices, Available medications, Voluntary counselling and testing (VCT), and Empowerment.

Father Robert Vitillo from Caritas Internationalis commented that a deeper understanding of social and structural vulnerability is required to ensure HIV prevention programmes are embedded within larger development efforts.

Father Michael Kelly, Professor at the University of Zambia, agreed and referred to paragraph 59 of the Report of the Secretary-General on the Declaration of Commitment in which the Secretary-General emphasises the importance of addressing the factors that increase vulnerability to HIV such as poverty, illiteracy, economic and gender inequality and all forms of discrimination and social exclusion. Father Kelly indicated that addressing these issues is critical in order to build a strategy for the long-term future and avoid facing another half century with AIDS.

Ann Svensén of RFSU, the Swedish Association for Sexuality Education, pointed out that no one has to sit around and wait for new prevention models. "They are already here. I hope that this is a starting point and that we together can implement a global action plan."

The need to involve women and young people was a recurring theme. "We need a gender and age perspective. We have to let women and young people have a seat at the table and to have a real say. We have to talk about sexuality. It is possible. In every society there is a way to do it – we just have to find it," said Katarina Lindahl, Secretary General, RFSU.

"A way to make a stronger impact is to join forces," said Paul Bekkers, HIV/AIDS Ambassador from the Netherlands, and he underlined the need to pressure governments that do not take responsibility for their people. He had a suggestion for a new way to inspire politicians to step up their efforts: "Create a trophy for the politician who makes the strongest impact on HIV prevention every year."

Some speakers surprised even themselves – Torbjörn Urfjell, Ministry for Foreign Affairs in Norway exclaimed: "I will do something I thought I would never be doing in my life: I will call for more heterosexual men to enter the arena! We need them to talk to other men in order to make prevention successful."

3 THREE SLOGANS FOR AN HIV-FREE WORLD

Steve Kraus of UNFPA suggested three slogans for HIV prevention in the world:

- **"Progress for women is progress for all." A lack of progress for women is a danger for all of us.**
- **"Prevention is for life." We must never stop prevention efforts.**
- **"Make HIV prevention work in your community." We need and must trust the community, especially young people. The initiative cannot be directed from Stockholm or New York.**

ADRIENNE GERMAIN IWHC

With Women Worldwide – A Compact to End HIV/AIDS was formed after the International Women's Health Coalition, IWHC, pulled together 28 women from all regions of the world in Bangkok in October 2005. The purpose was to debate about what could be done to end HIV/AIDS.

"We came up with an action plan that emphasises prevention, and also includes equitable access for girls and women to treatment and care programmes. After six months the Compact network now has 250 supporting organisations from 50 different countries.

"Together we are showing how to stop the epidemic. The central action items are that sexual and reproductive health services become accessible to all women; that there is universal access to subsidized female condoms as well as male condoms, and other women-initiated prevention technologies; and that there is comprehensive sexuality education for all young people.

"The first place where we will use the Compact's programme is at the UN's review of progress on the 2001 Declaration of Commitment, but we will continue working to implement this agenda for as long as it takes. We also need to include women and young people in the policy debates about how to end AIDS – the groups at risk need to be involved."

Read more at: www.withwomenworldwide.org

WANDA NOWICKA POLISH FEDERATION FOR WOMEN AND FAMILY PLANNING

The Federation defends the right to legal and safe abortion, to full accessibility of all medically accepted family planning methods, and to modern gender-sensitive sex education. The Federation advocates better reproductive health and rights as well as quality standards and practices for women within the healthcare system.

"As a federation we focus on reproductive health and women's rights, as we see a very close connection between this and AIDS. We provide education and counselling services for women and youth, with respect to family planning, sexually transmitted infections, including HIV, and other related issues.

"We have seen a rise in religious fundamentalism, and today the anti-abortion legislation in Poland is one of the strictest in Europe. Leading politicians are openly against sex education in schools and against the use of condoms.

"One very important thing for HIV prevention is to make the need for prevention understood broadly. For us to succeed in our work against HIV, it is very important that we have a strong document from the upcoming UN High Level Meeting on AIDS. In order to succeed in our work, we need good services, counselling and sex education. Without this we will be losing the battle."

Tatjana in Russia. Picture from the film Transit, produced in cooperation between Sida and MTV.

MARIA NORRFALK,
DIRECTOR GENERAL, SIDA

"AIDS IS ONE OF THE MAIN OBSTACLES FOR DEVELOPMENT AND POVERTY REDUCTION"

Maria Norrfalk, Director General of the Swedish International Development Cooperation Agency, Sida, explains that HIV/AIDS is a strategic priority and a point of departure for every new intervention, regardless of the sector.

"It means that we consider AIDS as a main challenge that should be taken into consideration in all our work, especially in high prevalence countries. We have scaled up our contributions to targeted HIV and AIDS interventions by 36% from 2004 to 2005. If we, for example, are supporting a programme on bridge building in a certain country, the HIV situation will be analysed and addressed."

To stop new infections from occurring is the basis of Sida's support, and prevention is the mainstay.

"Sida intends to do its share in the global movement on advocacy for HIV prevention. Sida collaborates with partners that share the vision that the prevention of HIV must go hand in hand with the fulfilment of sexual and reproductive health and rights."

Maria Norrfalk underlines that critical barriers to effective and evidence-informed prevention efforts are found in underlying causes such as gender inequalities and poverty.

"For that reason Sida's focus in the area of HIV prevention is on underlying factors. It is difficult, but necessary, to tackle these issues. We support efforts to promote equality between men and women, which means efforts to encourage women's participation, to make women's rights, roles and needs visible. But it also means to question masculinity norms that fuel the epidemic."

To invest in future generations, in young people, is a priority for Sida:

"In order to stay AIDS-free, young people have the right to information, sexuality education, adequate knowledge and services. We must all ensure realization of these rights. It is crucial and controversial but important. We believe that condoms, as an effective means to prevent transmission, should be accessible and free for all who need them," emphasizes Maria Norrfalk.

5 FIVE EXAMPLES OF HIV PREVENTION SUPPORTED THROUGH SIDA

MEDIA MTV

The feature film *Transit* was produced in connection with MTV's HIV/AIDS campaign "Staying Alive", in collaboration with Sida. The film addresses HIV/AIDS related questions that concern young people's reality and everyday life and touches upon issues such as sexuality, prejudices and addiction. The film premiered on December 1, 2005 – World AIDS Day – and has been aired in 154 countries. A user manual has also been produced in order to encourage debate and openness around HIV/AIDS.

Download the film at: www.staying-alive.org

MEDIA FEMINA

The magazine *Femina* in Tanzania takes up questions of relations, sexuality and HIV/AIDS – along with lifestyle reporting. This youth magazine is distributed for free in all secondary schools in the country. Contact with readers is important, young people are invited to participate and are included in the editorial staff.

More information at: www.chezasalama.com

MEDIA STRAIGHT TALK

In Uganda the magazine *Straight Talk* is published and widely distributed to young people around the country. Straight Talk started off as a magazine in 1993 and is now also a half hour weekly radio programme, broadcast via local radio stations throughout Uganda. Each month two million young people in Uganda come into contact with Straight Talk. Straight Talk is about love, relationships and safe sex. It addresses not only young people but occasionally has special issues for parents and for professional groups such as teachers and health workers.

Read more at: www.straight-talk.or.ug/sthm/index.html

PHOTO: LOUISE GUBB

GENDER MEN AS PARTNERS

The programme Men as Partners in South Africa is based on challenging attitudes and behaviour that put the health and safety of women and children at risk. Since it began in 1996 the focus has been on making men better fathers and partners. Activities range from cooking contests to street theatre.

More information at: www.engenderhealth.org

GENDER YOUNG MEN AS EQUAL PARTNERS

Sida cooperates with RFSU/IPPF in the work to change negative norms concerning masculinity.

Young Men as Equal Partners aims to get men to adopt safer sexual practices and make better use of sexual and reproductive health services in the communities. Young men in Zambia, Tanzania, Kenya and Uganda are being encouraged to abandon ingrained sex roles and to change their attitudes towards sex. The project Young Men as Equal Partners also involves male teachers, health workers and young women.

What is unique about this project is that it focuses on young men of 10–24 years in their role as "gatekeepers" in societies dominated by men. It is often men who decide if and when contraceptives should be used, while services in the field of sexual and reproductive health are mostly directed towards women. The men are seldom, if ever, involved in questions relating to women's sexuality and health. The project is now working to change traditional sex roles and to create greater equality between women and men, for example by eliminating misconceptions about women's sexuality.

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STANDING UP FOR HIV PREVENTION;
BUILDING A CONSTITUENCY
SUMMARY CONCLUSIONS FROM THE STOCKHOLM CONFERENCE 8–9 MAY 2006

On 8–9 May 2006, politicians, policy makers, decision makers, representatives from civil society and media met in Stockholm, Sweden, to discuss how to strengthen the prevention agenda in the fight against AIDS. Based on discussions at the conference, the following Summary Conclusions from the conference were prepared by the two co-hosts, the Swedish Minister for International Development Cooperation, Ms Carin Jämtin, and the Executive Director of UNAIDS, Dr Peter Piot.

1

A renewed emphasis on HIV prevention is critically needed. The continued increase in new HIV infections is an emergency. Every new infection means an increased burden of illness on individuals, families, households, communities, the health service and societies and countries at large. Scaling up prevention is therefore necessary in its own right to prevent suffering of individuals, to alleviate the impact of AIDS and to address the spiralling costs for HIV treatment.

2

World leaders have promised to take steps towards universal access. A dramatic scaling up of HIV prevention must be an essential part of a comprehensive strategy for prevention, treatment and care in the move towards universal access. Treatment is often a key to success in many prevention efforts and prevention makes treatment more affordable. In this regard prevention for people living with HIV must also be enhanced.

3

A comprehensive approach and well linked prevention, treatment, care and impact mitigation programmes also require that these programmes are planned and implemented with the full inclusion of governments, multilateral institutions, the private sector and civil society, but especially people living with HIV, women, young people, and the most affected groups.[1]

4

HIV prevention must build on internationally agreed policies and guidelines, the UNAIDS policy paper, Intensifying HIV Prevention, being a crucial cornerstone and the beginning of further action. HIV prevention programmes and initiatives must be evidence-informed, human rights based and fully recognize the complexity of the challenges ahead. HIV prevention cannot be easily captured by acronyms and slogans. Prevention programmes should build upon successful results and models developed in pilot projects. In addition, it must be clear that HIV prevention requires a long-term commitment with sustainable programmes that cannot be isolated from the broader development agenda and issues such as poverty, drug use and trafficking for sexual exploitation.

5

A human rights perspective means a greater focus on the right to information, knowledge and services; to freedom from sexual harassment, abuse and violence; to sexual and reproductive health and rights; to accessible and integrated health promotion and harm reduction services; and to availability of and access to affordable prevention commodities. A human rights perspective also means the right to be free from stigma and discrimination, and the right to control one's own body and sexuality.

6

Universal access to prevention must include the scale up, availability and accessibility of user friendly services and essential prevention commodities, including male and female condoms and essential harm reduction commodities such as substitution therapy and clean injection equipment, while taking into account gender and human rights issues in order to reach all.

7

A critical part of a comprehensive HIV prevention approach is testing, to ensure people can know their status and to serve as a port of entry into treatment and care. Voluntary counselling and testing services need to be expanded radically so that they are accessible to all. In addition, routine testing being

offered and facilitated by governments, and also strongly encouraged by leaders, has in many countries gained ground and results. The possibility to say no, to opt out, is an essential element in such testing, including support for those who decide not to be tested. All testing requires that people feel secure about confidentiality and that counselling is offered.

8

Greater efforts must be made to protect the young, especially young girls. There is a need to help and encourage women to understand their own bodies and talk about their needs and wants. While women and young girls must be empowered, masculinity norms that fuel the epidemic must be critically reviewed, and many men and boys must change their views on women, sexuality and gender equality. Gender based violence is a major hindrance for gender equality. Women's access to justice is therefore essential for combating gender based violence and for women to express their sexuality on their own terms.

9

Young people have the knowledge and insight of what prevention methods work for them. The participation of young people is therefore crucial for successful advocacy campaigns and programmes.

10

Comprehensive sexuality education must be available in all schools. The link between sexual and reproductive health and rights and HIV and AIDS should be recognized. HIV prevention programmes should be provided alongside, and, where appropriate through existing programmes, especially through sexual and reproductive health programmes, including maternal and child

health, providing user friendly services, accessible for all.

11

Reinforcing HIV prevention also means investing in the research and development of, and advocacy for, new prevention technologies such as HIV preventive vaccines and microbicides as these offer hope for sustained control of the HIV epidemic.

12

HIV infections can be prevented. We know what needs to be done and what works. But there are many obstacles to HIV prevention such as lack of political will and lack of resources, as well as legal, economic, social and cultural barriers. Stronger leadership and bolder decisions are needed, by Governments, business, and civil society, at all levels. A scaled up response to HIV also means that there is a need for better accountability and transparent systems and methods to ensure that promises are being fulfilled, that commitments lead to action.

13

A forceful response to AIDS and a stronger focus on HIV prevention forces all partners to stand up for prevention. A constituency, an alliance, a coalition must be built – a coalition that stands up for prevention at upcoming major events, such as the High Level Meeting on AIDS in New York in May-June, the UNAIDS Programme Coordinating Board meeting in June, and the Toronto IAS Conference in August. But even more important than these meetings, this alliance must stand up for prevention in daily life, worldwide, at national level – we must all "walk the talk".

14

A number of lessons can be learned from other movements and campaigns. Important steps have already been taken to move the prevention agenda forward; necessary action and steps have been identified, in, for example, a forceful declaration from a meeting arranged by the Treatment Action Group (TAC) in Cape Town in April 2006 and also in "With Women Worldwide – A Compact to End HIV/AIDS"[2], a document developed and endorsed in the spring of 2006 by more than 250 civil society organisations globally.

15

The message from the conference in Stockholm was loud and clear. Governments and civil society, together, hand in hand, will continue to build on these and other initiatives, will continue to move the prevention agenda forward and will be proud to be part of a prevention constituency, a prevention alliance, to reverse the trend and halt the spread of the HIV virus. This conference was only part of the process.

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1. The UNAIDS Policy Position Paper "Intensifying HIV Prevention", adopted by the UNAIDS Programme Coordinating Board (PCB) in June 2005, defines the key affected populations as the following: "women and girls, youth, men who have sex with men, injecting and other drug users, sex workers, people living in poverty, prisoners, migrant labourers, people in conflict and post conflict situations, refugees and internally displaced persons".

2. www.withwomenworldwide.org

PHOTO: RFSU

STANDING UP FOR HIV PREVENTION

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Ministry for Foreign Affairs
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