SRH EC/ACP/UNFPA BULLETIN

A quarterly news bulletin on the partnership between the European Commission and UNFPA for the promotion of sexual and reproductive health in Africa and the Caribbean

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CONTRIBUTIONS TO INNOVATE HIV/AIDS PREVENTION PRACTICES

The spread of HIV/AIDS and other Sexually Transmitted Infections (STIs) is a major challenge in the 10 programme countries that show varying prevalence rates, ranging from 6,6% in 2003 compare to 6,5% in 2005 in Tanzania; 3,8 % in 2003 compared to 3,1% in 2005 in Rwanda; a status quo of 1,5% in 2003 and 2005 in Jamaica; and 1,1% in Niger according to the UNAIDS 2006 report.

Any valuable intervention in the area of Sexual and Reproductive Health (SRH) needs to take into account the magnitude of the epidemic. This was reaffirmed in the New York Call to Commitment on Linking HIV/AIDS and Sexual and Reproductive Health signed by UNFPA and UNAIDS in 2004. Given that the majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding in respect to the region and affected part of the population, SRH and HIV/AIDS must be mutually reinforcing. In fact, stronger linkages between sexual and reproductive health and HIV/AIDS will result in more relevant and cost-effective programmes, with greater impact. Integration could reduce overlap in services and reduce the stigma associated with stand-alone HIV services. This is why HIV/AIDS prevention has been an integrated part of the EC/ACP/UNFPA Programme from the beginning.

In the EC/ACP/UNFPA SRH Programme, many different strategies are being used to respond to the HIV/AIDS pandemic, such as:

- Access to Voluntary Counselling and Testing (VCT) and the Prevention of Mother-to-Child Transmission (PMTCT) of AIDS through SRH services Information, Education and Communication/Behaviour Change Communication (IEC/BCC) programmes, and life skills education for young people to reduce HIV incidence and STI infection
- The recognition of and response to the Sexual and Reproductive Health needs and human rights of people living with AIDS (PLWA) through contributing to changes in the policy environment
- Family planning and STI services that promote dual protection for women and men
- Sexual and reproductive health services responding adequately to the needs of specific groups such as men who have sex with men (MSM) and sex workers; and STI prevention, screening and treatment.

In the following pages, examples from 5 project countries are presented: Suriname, Niger, Equatorial Guinea, Ghana and Rwanda.

From the Publisher

This issue of our news bulletin focuses on the processes, activities and experiences of five EC/ACP/UNFPA RH project countries, which contribute to HIV/AIDS prevention. In Suriname, the Popular Opinion Leader Programme (POL) was adapted to the needs of sex workers in the Paramaribo area. Within the framework of the Programme, a pilot study was conducted for the introduction of the female condom among sex workers in Niger, in a setting highly determined by religious factors. Furthermore, the issue presents an account of the political process, which led up to the ground-breaking adoption of the law on the protection of people living with HIV/AIDS in Equatorial Guinea. The project in Ghana shares its experience of working for HIV/AIDS prevention with service providers of the informal sector. In Rwanda, involving scouts and the Catholic Church in a network of Adolescent Sexual and Reproductive Health (ASRH) centres allowed for synergies in HIV/AIDS prevention. We would like to express our gratitude to those colleagues in the EC country projects who contributed to this issue. We hope that the experiences of the EC Country projects will provide readers with some 'food for thought' on ways to foster a more conducive environment for HIV/AIDS prevention in each country.

Highlights on how the EC/ACP/UNFPA Programme is integrating HIV/AIDS and SRH

The EC/ACP/UNFPA RH programme has introduced innovative practices in the integration of sexual and reproductive health (SRH) and HIV/AIDS services in its country projects. Examples from Suriname, Niger, Equatorial Guinea, Ghana and Rwanda are presented below.

SURINAME

Popular Opinion Leader Programme with Commercial Sex Workers

• HIV prevalence rate: 1,9 % adults 15-49 yrs. (UNAIDS, 2006)

Maxi Linder team at work in Suriname

Suriname has a relatively low prevalence rate with localised epidemics within subgroups that could easily spread to the wider population. For example, sex workers from urban areas tend to visit the interior of the country to service the miners of the gold mining industry, thus creating increased risks for the spread of HIV and STIs. The Popular Opinion Leader (POL) project is implemented by Stiching Maxi Linder. It focuses on increasing awareness on SRH issues and on strengthening the skills of male and female sex workers to negotiate for safe sex. POL began as a training programme developed by the University of Wisconsin (USA), and enjoyed the help of key opinion leaders to change risky sexual norms and behaviours in the gay community. It basically trains a group of trusted people in the community to conduct a specialised type of outreach. Outreach activities include endorsement of safer sexual behaviours in casual, one-on-one conversations with peers within their specific social environment and networks at a range of venues and settings.

Ms. Odette Salden (UNFPA Suriname) interviewed Juanita Aaltenberg, coordinator of Stiching Maxi Linder on the adaptation of the Popular Opinion Leader Programme to the context of sex workers in Suriname.

Excerpts:

How was the POL Programme adapted to the Surinamese context?

The POL programme fitted quite well into the Surinamese context. However, the language was translated into the national language as well as into the language that is commonly used among young people and sex workers (such as slang).

Further, we discovered that the sessions have to be shorter and take place more frequently. This would be more effective, since many sex workers have difficulties focusing for long periods.

How many sex workers have been trained so far?

One group of 10 sex workers has been trained so far. We are planning to train the next group soon.

How did you select the sex workers who needed training?

We selected the POL, which means that the sex workers selected the most popular sex workers from among themselves. If this person has a lot of trust and respect within the group, then he or she is a real leader.

Have the trained sex workers already begun their outreach work? What are their experiences?

Yes, they have begun their outreach work. Yet, the motivation is sometimes not sufficient. We wish we could give the trained sex workers some incentives for their work.

The experience we have from the trained sex workers is that they like the work, but the work can be very difficult from the onset. Although they are selected by the group, they often face problems of lack of respect and/ or acceptance from their peers in the beginning - this really needs time.

The POL Programme at Stichting Maxi Linder is for both male and female sex workers. Is there a different approach for those two groups?

Yes, the programme is for both males and females. We don't use a different approach, although we do realize that the programme is received differently by men and women. Men often seem to be more committed.

Could you give me some examples of challenges and/or unanticipated results?

The most challenging task in the POL programme is that the POL leader is, as the name suggests, the most popular person within the group of sex workers. However, the most popular person may not be the best in terms of reliability. For example, sometimes the POLs are engaged in other illegal activities. As an organization, we cannot and do not get involved in this. As a result, we cannot support them if something happens to them. This is a dilemma.

Another challenge for the POLs (and for other sex workers) is that the clients can be violent and when they want to protect themselves, through violence, they will always be the underdog when caught by the police. Your POL might then end up in prison.

NIGER

Culturally sensitive female condom programming for sex workers

• HIV/AIDS prevalence rate: 1,1 % adults aged 15-49 yrs. (UNAIDS,2006) , 25,6% for sex workers (CARE, 2002), 35,8% (CERMES, EC Project, 2006)

With the support of the EC/ACP/UNFPA RH Programme, the promotion of the female condom was piloted in three sites of high concentration of sex workers in Niger: two in the capital Niamey and one in Maimoujia in Zinder Region at the border with Nigeria. The three sites, especially Zinder, are settings where the socio-cultural context is highly determined by religious factors, poverty and food insecurity.

The national prevalence rate for modern contraceptives is less than 4%. The use of condoms is considered a taboo. The national HIV prevalence rate is around 1,1% (UNAIDS, 2006) compared to 25, 6% for sex workers (Care, 2002). The pilot test conducted by the NGO Society of Women Against AIDS (SWAA) consisted of convincing sex workers to accept and regularly use female condoms as a means of preventing STIs and HIV/AIDS transmission. The experiment proves that it is feasible to promote the use of female condoms in such an environment through the involvement of all stakeholders and a strong social mobilization for SRH and gender issues.

Several group-specific processes and factors were conducive for the involvement of the stakeholders in this initiative. The administrative authorities, seeing HIV/AIDS as a major threat to the region's socio-economic and cultural development, acted as a catalyst to bring on board the traditional and religious leaders. Twenty traditional and religious leaders and representatives of the Islamic Association Network were then trained in HIV/AIDS prevention. The skills thus acquired prompted them to advocate towards their peers and followers. It also facilitated the acceptance of the idea of female condom promotion amongst sex workers and the wider community. Sex workers, as the primary target group, were sensitized through a specific approach. Two leaders were identified per site and trained in HIV/AIDS prevention and female condom use. All sex workers sensitization activities were peer-driven and consisted of movie projections, talks on HIV/AIDS and condoms as a means of prevention.

An education session with sex workers in Niger

At the end of the 6 month trial period, 1187 sex workers had been provided with female condoms, 52% of whom had become regular users. The pilot project had a spill over effect: 48 sex workers started using the female condom on a regular basis in 4 additional sites.

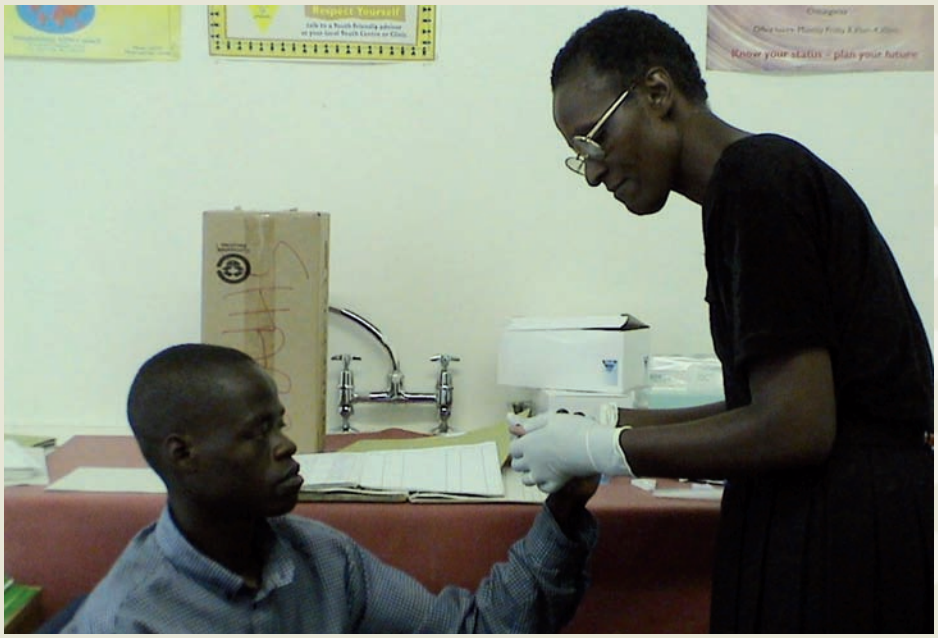
As a result of the success of this initiative under the auspices of the EC Programme, measures have been taken to extend the initiative to two other sites in the Zinder region and to scale up the community-based distribution of female condoms.

EQUATORIAL GUINEA

Adoption of the Law for the Protection of People Living With HIV/AIDS

• HIV/AIDS prevalence rate: 3. 2% adults aged 15-49 yrs. (UNAIDS, 2006)

Following the United Nations General Assembly (UNGASS) Declaration of Commitment (2001), establishing that States should '(…) enact, strengthen or enforce as appropriate legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and freedoms by people living with HIV/AIDS (…)', and the Abuja Declaration on HIV/AIDS, Tuberculosis and other related Infectious Diseases, states are encouraged to protect the human rights of People Living with HIV/AIDS (PLWA).



More and more people seek VCT services

The discrimination against PWLA and infringement of the human rights of PLWA is multi-faceted, and amongst others, leads to reduced access to employment, education, insurance, and of course, to treatment. An important aspect in improving the lives of PLWA is providing a society where their human rights are well protected and their needs are cared for. This non-medical aspect is often neglected. Therefore we wish to highlight the importance of the law that Equatorial Guinea adopted on the protection of PLWA. Equatorial Guinea is one of the few countries in Africa which have a specific HIV/AIDS law in place. The EC/ACP/UNFPA Project was a main contributor to the political process leading up to the adoption of the Law no.3/2005 of 9 May on the Prevention and the Fight Against STIs/HIV/AIDS and on the Protection of People Living with AIDS. The Project contributed to the drafting by assisting Equatorial Guinean Parliamentarians and helped getting the public acquainted with the law by means of a publication that was disseminated to a large public.

The law has an impact on the implementation of activities related to the fight against HIV/AIDS in the areas of education, medical care and treatment, research and epidemiology. It also marks a step forward in the protection of the human dignity and human rights of PLWA. Stigmatization or discrimination is prohibited by law through ensuring the fundamental right to confidentiality and the right to work and study without disclosure of sero-status. On no grounds can the sero-status of a person be the basis of refusal or dismissal. All PLWA have the right to medical treatment and the government has committed itself to undertake all dispositions to ensure the right to treatment with ARVs. PLWA have the right to medical information concerning their condition in their own maternal language and in full confidentiality. Medical care and treatment of PLWA will be referred to specific units created for this purpose - the 'Unidades de referencia de las enfermedades infeccionas' (UREI), currently in pilot phase in the regional hospitals of Malabo and Bata.

The law was adopted in the context of the multi-sectoral government programme dedicated to the fight against major communicable diseases. To ensure its implementation, a National Council was created. Its main task is to develop national strategies. The National Council has been given a mandate by law to develop strategies wherein due attention is given to the socio-cultural context of the HIV/AIDS epidemic in Equatorial Guinea, such as the impact of inequalities between women and men (e.g. the feminization of the epidemic). In addition, the Council shall undertake initiatives that stimulate open debate in society on the taboo issues concerning sexuality and HIV/AIDS.

Adolescent Reproductive Health in Ghana: Providing Innovative Services through Service Providers of the Informal Sector

• (HIV/AIDS prevalence rate among adults 15-49 yrs: 2,5 % (UNAIDS,2006)

Young people aged 10 to 24 years constitute 30% of Ghana's population. As future leaders, they comprise an invaluable resource for the country and therefore worth investing in. Investing in young people however requires an understanding of their needs, and the challenges that confront them in all areas of their lives including their sexuality and reproductive health. Implementing programmes that will enhance the access of young people to sexual and reproductive health services has not been without challenges. As asserted by Dr. Nafis Sadik, former executive director of UNFPA, "The biggest obstacle facing adolescents exercising their right to reproductive health may lie not in resources or delivery systems; nor infrastructures, but in the minds of other people".

Some adolescents choose to abstain from sex, whilst others are sexually active. Research indicates that worldwide, an increasing number of adolescents are becoming sexually active. Studies carried out in Ghana indicate that some are forced into early sexual activities. For instance Nabila (1997) found that 80% of young males and 25% of young females who had had sex reported that they had been forced into it at some point in time. Agyei (2000) also found that more than one out of every three young persons in the Eastern and Greater Accra regions had sex at least once before they became pregnant. Research on condom utilization by young people in the Volta Region of Ghana shows that, young people responded more to condom use rather for pregnancy prevention than for the prevention of sexually transmitted diseases or dual protection.

One of the biggest challenges that confront young people is how to access information on sexuality issues. Besides, the not so friendly attitudes of health care providers restrict access of young people to appropriate reproductive health services. Adolescent sexual and reproductive health is an issue that needs to be pursued urgently, particularly since more and more people are marrying later and start sexual activity earlier, often without the knowledge or services to prevent unwanted pregnancy or sexually transmitted diseases.

Capacity building for informal sector service providers

Improving the access of young people (10 to 24 years) to reproductive health services is one of the priority interventions of the EC/ACP/UNFPA RH Programme in the Central Region of Ghana. A strategy that has been found to be particularly useful is the training and use of young people working in the informal sector as adolescent sexual and reproductive health (ASRH) service providers. In the communities where the project is being implemented, the project identified informal sector workers such as seamstresses, carpenters, hairdressers, retailers and mechanics and trained them as Non Traditional Condom Distributors (NTDs). The criteria for selection were based on willingness to provide the service, acceptability by the community and age (between 19 and 23 years old). In each community, four people who could serve as NTDs were selected and interviewed and one person was chosen to work as an NTD. The selected people were provided with five day training in Adolescent Sexual and Reproductive Health (ASRH). After the training, each NTD was given five boxes of condoms (100 condoms per box). Each box was sold at 2,000 cedis (approximately 22 cents) to them to be retailed at 5,000 cedis a box, with 60% of the profit going to the NTDs. In addition to distributing condoms, they provide some information and counselling on sexuality and reproductive health and make referrals to health facilities.

The NTD strategy is innovative as it enables young people as well as adults to gain access to condoms and sexual and reproductive health information whilst receiving other services (e.g. buying a bottle of mineral water or receiving a haircut), from informal sector service providers. More young people in the project communities have gained access to condoms and have received ASRH information. Referrals for reproductive health services have also been made to health facilities.

By Susan Osam (UNFPA Ghana)

RWANDA

Creating Synergies in Adolescent Sexual and Reproductive Health through networking

• (HIV/AIDS prevalence rate: 3,1%, UNAIDS 2006)

Creation of synergies requires personal commitment by every youth

In post-crisis Rwanda, the child / adolescent population less than 17 years old represents no less than 53% of the total population. Adolescent sexual and reproductive health information and services are paramount in their contribution to efforts aimed at changing the demographic outlook. Therefore, the Programme supports networking between youth centres, scouting and the National Council of Youth in Rwanda. In this partnership, youth centres act as reference points and delivery outlets for the Scouts and FOJAs (Forum des jeunes anti Sida) in the surrounding districts. Moreover, Scouts leaders and members of FOJAs are being trained as peer educators in adolescent sexual and reproductive health.

With the support of UNFPA and other partners, 7 youth centres have been established since 1998 in the following towns: Kibuye, Cyangugu, Gisenyi, near Buyumba, near Gitarama and 2 youth centres in Kigali. In this initial set-up phase, activities focused on the development of the 7 youth centres. They engaged in educational talks and films and counselling services. Sports, culture and handicrafts activities were also undertaken. From 2006 a decision was taken to strengthen the functioning / coverage of the youth centres. This was done through a multi-strategy approach by introducing life-skills education, the training of peer educators and striving for more youth-friendly services through an agreement with the hospital on referral Voluntary Counselling and Testing (VCT).

Thus, Scouts Leaders and FOJAs sensitize young people on VCT and refer them to the 3 VCT delivery points in Karongi, Nyagatare and Rusizi. So far, the strategy has been very successful and has proven that there was a need to provide youth-friendly services. In 2005, through the 8 youth centres, a total of 46 141 youth and 1 822 adults were reached and 88 peer educators were trained. Each VCT delivery point receives 6 000 young people per year.

IN THE NEXT ISSUE

Focus on Maternal Mortality Reduction

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