



2008 International AIDS Conference

The 17th International AIDS Conference was held in Mexico City this year from August 3 - 8. Three staff members from AIDS Calgary attended the conference: Jessica Leech, Capri Rasmussen and Roseline Carter. This special edition of AIDS Calgary's newsletter, *ellipse*, includes information and insights gained from the International Conference.

The 2008 International AIDS Conference has a wealth of information available online for the general public. Checking out the following links will give you access to the information shared at the conference.

You can view select webcasts of the conference sessions here:
<http://www.kaisernet.org/aids2008/>

A synopsis of the conference abstracts are also available here:
<http://www.aids2008.org/mainpage.aspx?pagelid=174>

There is also a youth specific conference site:
<http://youthaids2008.org/en/>

Global Village

By Roseline Carter

As one of the rapporteur sessions put it "The Global Village was organized chaos".

The Global Village was a place you could go to break from sessions to meet with individuals, organizations, sex workers, women, positive youth, and social justice artists from around the globe.

The Global Village was about putting ownership of the agenda and conference themes back into the hands of

the people and populations we constantly speak on behalf of.

It gave sex workers, people living with HIV, people who inject drugs and others a forum to share their desires and goals. It also provided organizations and individuals an opportunity to sell items from their regions (such as jewelry, knits, and paintings) to increase programming or generate funds.

At any given time in the village you could be in the midst of a human rights rally, a positive youth dance-off, a skit about sex worker rights, or visual art showcasing the progression of positive people in Africa who had

received HIV medication.

For me, the Global Village was the most beneficial part of the conference for me. Although small in comparison to the conference as a whole, the amount of inspiration and energy that this room held is unexplainable.

There is nothing like walking around a little village with thousands of people who share the same goal as you do to send you back to work with a little more motivation. It reminds us why we do this important work and gives us a few more goals to add to the to-do lists!

New call for Greater Investment in People Living with HIV/AIDS

By Jessica Leech

The world has long acknowledged that without strong leadership and involvement of people living with HIV (PLWHA) we may never see an end to this devastating pandemic.

When the GIPA Principle was introduced in 1994 at the Paris AIDS Summit, world leaders agreed to strive towards realizing Greater Involvement of People Living with HIV (GIPA) in the global HIV response. Fourteen years later we are still struggling to live up to this goal.

When Yolanda Simon, CEO of the Caribbean Regional Network of People Living with HIV/AIDS, took the stage at the International Conference, she summed up the fading of positive leadership in a way that resonated with what we are seeing in our own community. As she described, many of the first generation of positive leaders are no longer with us, and those who are still alive are feeling the fatigue of carrying an entire movement as they struggle to fend off the inevitable “burn out”.

People are starting to notice the void where fresh young positive leaders should be, and realizing that little has been done to plan succession or sustainability of the movement. Meanwhile, many people living with HIV are accessing treatment and reclaiming their lives, leaving “the cause” to be championed by

others.

This paints a bleak picture given the integral role PLWHA have played in each success of the HIV movement. As Deloris Dockery, former Chair of the Global Network of People Living with HIV/AIDS stated, “The leadership of HIV-positive people since the beginning of the pandemic has changed attitudes, changed laws, and advocated advancements in treatment that are now saving millions of lives”.

Positive leaders have shown the way, and as those voices fade, it seems imperative that we listen to what they are telling us. The message at the International Conference was loud and clear. We can no longer talk about the Greater Involvement of People Living with HIV without acknowledging that in order to achieve this we require a Greater Investment in People Living with HIV.

Without investing in the lives of PLWHA and their capacity to engage in the work, there can be little meaningful involvement. If we are to ensure the future of positive leadership in the HIV movement, we must now turn our attention towards investing adequately in professional skill building for PLWHA and supporting networks of people living with HIV to thrive and grow with adequate resources.

In turn, funders and donors must share these priorities and increase resources available to support such initiatives without shifting funds from other desperately needed areas.

As Ron MacInnis from the International AIDS Society stresses, when “our understanding of GIPA has shifted from a limited ‘greater involvement’ to an expansive vision aimed at investing in people living with HIV, investing in the capacity building/advocacy role of PLHIV groups/networks, investing in PLHIV leadership, and investing in measurable accountability mechanisms”, then we will know that GIPA has evolved to the next level.¹ As AIDS Calgary moves into our Strategic Planning process for 2009-2012, this new understanding will inform the process and drive our ongoing efforts build GIPA in our own community.

If you are a person living with HIV who would like to get involved, please contact Jessica Leech at 403-508-2500 or jleech@aidscalgary.org

¹ Ron MacInnis, GIPA: The evolution of leadership by people living with and affected by HIV/AIDS, International AIDS Society

Sex Work

By Roseline Carter

My main goal of the conference was to attend as many sessions on sex work as physically possible, and I think I made all but one! The common theme around sex work was human rights and the inclusion of sex workers into program planning, policy, and advocacy work. These themes are a revival of the “Nothing About Us Without Us” philosophy we saw many years ago with people who use injection drugs.

Some presentations touched on the troubling issue of linking sex workers with trafficking victims through policies, laws and programs. Many sex workers do not identify as being trafficked and feel that putting the two together makes it hard for people to recognize the individual rights of people who choose sex work as a legitimate form of employment. Many sex workers and allies asked people to please separate the two populations as their needs are very diverse.

Some key presentation recommendations included:

- Decisions about sex workers should not be made without the meaningful contribution of sex workers themselves.
- Conversations about men and trans-gendered workers are often ignored. Through accidental policies and funding guidelines trans-gendered workers are often clumped in with men who have sex with men (MSM). Many trans-gendered sex workers do not identify with the MSM population, therefore do not access ANY programs.
- There needs to be a recognition that sex work is real work, and that people in this work deserve to have access to every human right that everyone else is entitled to (i.e. the right to work safely, the right to mobility, and the right to quality, non-judgmental health care)
- Environments need to be created that are free of oppression and discrimination, where people who want to leave sex work can find the help to do so, and those who do not want to exit won't feel judged.

Male Circumcision

By Capri Rasmussen

Male circumcision (MC) was a hot topic at this year's International AIDS Conference. I attended an informative panel discussion on MC titled "To Cut or Not to Cut". MC is practiced for religious, cultural and hygiene reasons and dates back to 2000 BC¹ or earlier.

Three randomized trials on MC and HIV transmission have been conducted in Kenya, Uganda and South Africa. UNAIDS and WHO have stated that MC is effective as a way to reduce (not eliminate) HIV transmission from female partners to male partners. "The three randomized controlled trials showed that male circumcision performed by well-trained medical professionals was safe and reduced the risk of acquiring HIV infection by approximately 60%."²

Other benefits may include more dialogue on men's sexual health and more men seeking services in health centers.

There are concerns about potentially confusing the safer sex message by leading people to believe that MC works like a vaccine. We must also consider cultural/religious acceptability, although in many countries and religions MC is the norm.

1 Source: <http://www.cirp.org/library/legal/QLRC/02.html>

2 Source (page 3) http://data.unaids.org/pub/Report/2007/mc_recommendations_en.pdf

We must also consider how to reconcile the role of traditional circumcisers versus medical circumcisers. In addition, circumcision requires a waiting period for healing before resumption of sexual activity. If this waiting period is not adhered to, there are higher rates of HIV transmission than before circumcision. Some have pointed out potential ethical considerations regarding infant MC, as the infant can not make informed consent to the procedure.

We must also consider the impact on women. For example, male circumcision could potentially reduce a women's ability to negotiate condom use, increase blame of female partners if either one becomes HIV+ or potentially increase violence faced by women.

*"It is not known whether male circumcision reduces the sexual transmission of HIV from men to women. Although a reduction in HIV incidence among men will eventually result in lower prevalence in men and therefore less likelihood that women will be exposed to HIV, currently there are insufficient data to know whether male circumcision results in a direct reduction of transmission from HIV-positive men to women."*³

There are also concerns about the capac-

3 Source (page 3) http://data.unaids.org/pub/Report/2007/mc_recommendations_en.pdf

ity to respond to the demand for MC in a safe and comprehensive manner, which includes counselling about the risks and benefits. There are also questions about whether or not the benefit of MC will be negated by an increase in risk behaviours (ie not using condoms). There is also no research on the impact of circumcision on HIV transmission rates in areas with lower overall prevalence, nor among men who have sex with men (MSM).

The panelists did agree that as MC is utilized as an HIV prevention tool it MUST be within a comprehensive HIV prevention program and that MC must not take away resources from the other HIV prevention modalities. There is also a need for trained health care workers, facilities and infrastructure to ensure that MC is done in a safe and informed manner.

Additional back ground document:
Male Circumcision and Risk for HIV Transmission and Other Health Conditions: Implications for the United States Updated February 2008
<http://www.cdc.gov/hiv/resources/factsheets/circumcision.htm>

Glossary of Terms

MSM – Men Who Have Sex With Men

HCV – Hepatitis C

MC – Male Circumcision

PLWHA – People Living with HIV/AIDS

GIPA – Greater Involvement of People Living With HIV/AIDS

HCV as a Sexually Transmitted Infection

By Capri Rasmussen

At the conference I was able to attend an abstract session where the issue of HCV (Hepatitis C) as a sexually transmitted infection was explored.

The abstract was titled "HCV is emerging as an STI among HIV-infected MSM: a threat to the MSM community?" and was based on a study conducted in a STI clinic in the Netherlands.

The abstract reported the following: "We found a HCV prevalence of 15% in the HIV-infected MSM attending the STI clinic, whereas before the 2000 this was 1-4%.

This increasing HCV prevalence and the possibly acute infections suggest a rapid spread of HCV. Independently of IDU (intravenous drug use), rough sexual techniques were associated with HCV" (Urbanus et al, 2008).

The abstract presentation specifically noted the sexual practice of fisting as a risk factor in HCV transmission among MSM (men who have sex with men).

The study *Behavioural Predictors of Subsequent Hepatitis C Diagnosis in a UK Clinic Sample of HIV-positive Men who Have Sex With Men*, further states "In this study of HIV positive MSM, fisting is strongly associated with HCV infection." (Turner et al,

2006)

These studies point out the need to have discussions of HCV transmission, prevention and testing among people engaging in rough sexual techniques, particularly fisting. When working specifically with gay men/MSM regarding HCV and safer sex, the messages and education should be tailored to their specific needs.

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Taking Action on Stigma and Discrimination

By Jessica Leech

After years of striving to challenge HIV related stigma and discrimination in our community, AIDS Calgary had the great privilege of sharing our innovative ideas and successes at the International AIDS Conference.

Stigma and discrimination have long been cited as the biggest barriers to rolling out effective prevention programming, encouraging people to be tested and ensuring adequate access to care, treatment and support services for PLWHA. AIDS Calgary has been a leader in taking action on this issue by developing comprehensive rights-based programming at the community level and we have recently broken new ground with our initiative to tackle stigma and discrimination in health care settings.

Our strategy has focused on building strong partnerships with self-regulating professional associations who are responsible for enforcing professional standards and providing ongoing competency training to health professionals in specific fields.

For example, in the past two years we have built collaborative partnerships with the Alberta Dental Association and College and the College of Alberta Dental Assistants. Our work has focused on working with these organizations to raise awareness and provide education to dental practitioners within Alberta.

By empowering dental practitioners with accurate information on HIV transmission

and ways to reduce the risk of transmission in occupational settings we have worked to address key concerns of the practitioners. By sharing stories of stigma and discrimination experienced by PLWHA, we have worked to raise awareness and understanding of the challenges faced in accessing basic dental care. And through outlining Alberta's Human Rights legislation we have worked to educate practitioners regarding their professional roles, responsibilities and best practices to serve patients living with HIV.

AIDS Calgary presented a poster at the International Conference which focused on the partnership process AIDS Calgary and the Alberta Dental Association and College have undergone, the work that has been produced and the lessons learned.

The poster also highlighted a groundbreaking new resource that has been developed and distributed to 2000 dentists throughout Alberta, *Breaking Barriers: HIV and the Dental Patient*. The poster and resource received considerable interest, including an opportunity to connect with one of Health Minister Tony Clement's advisors to discuss this innovative work and possible future directions.

The conference also provided a valuable opportunity to find out what other groups are doing to address the global challenge of stigma and discrimination in health care settings. Much of the work shared at the conference focused on measuring the attitudes of health care providers

towards patients living with HIV and on recommendations for interventions.

The abstract session HIV stigma reduction intervention in health care in China presented by Li Li highlighted the positive impact of such interventions in creating stronger beliefs in patient confidentiality, better knowledge of standard precautions and reduced levels of fear among health care providers.

As AIDS Calgary moves forward with this work, we hope to incorporate the valuable learnings from the conference into creating new evaluation tools to measure the impact of our work and to draw on new resources and possible partnerships to strengthen our programming in this area.



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At AIDS Calgary, via our HEAT program, we provide online outreach and outreach in venues and events to connect with gay men and MSM. Our outreach services include tailored information for gay men/MSM on HIV, STI's, HCV, and safer sex practices. We also provide free safer sex

supplies including condoms, lube, dental dams and gloves. Safer fisting strategies can include using gloves with water based lube and using new gloves with each partner.

References:
Turner JM et al. Behavioural predictors of subsequent hepatitis C diagnosis in a UK clinic sample of HIV-positive men who have sex with men. Sex

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