

CHOICES

DECEMBER 2004 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN EUROPE

FACING EUROPE'S HIV/AIDS EPIDEMIC: INTEGRATION WITH SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

**HIV/AIDS in the European Region:
Trends and Challenges**

**Integrating HIV/AIDS and Sexual
and Reproductive Health and
Rights: A Happy Marriage?**

**Microbicides: Expanding
the Options in HIV and STI
Prevention**

**Involving Young People in
HIV/AIDS Prevention:
Ways that Work**

Table of Contents

Editorial: AIDS in Europe: From the Political to the Personal	3
HIV/AIDS in the European Region: Trends and Challenges	4
Waking the Giant: Making the Case for Mainstreaming	7
Integrating HIV/AIDS and Sexual and Reproductive Health and Rights: A Happy Marriage? ..	9
The EU Confronts HIV/AIDS	12
Europe's Response to the AIDS Epidemic	13
Sex Workers and the Integration of Sexual and Reproductive Health and HIV/AIDS	16
Can Safe Sex be Good Sex? Mixing Pleasure and Prevention	18
Silent Voices: HIV-Positive Women and Drug Use	20
Challenges in Bringing HIV Prevention to Bulgaria's Roma Ethnic Community	21
Microbicides – Expanding the Options in HIV and STI Prevention	23
Involving Young People in HIV/AIDS Prevention: Ways that Work	25
Hope for 'Positive' Pregnancy in Russia	27
Russian Health Providers' Perspectives on HIV/AIDS	29
AIDS NGOs in Central and Eastern Europe Face Multiple Obstacles to Fighting the Epidemic ..	31
HIV/AIDS Resources	34



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IPPF European Network

As the largest voluntary organization in the field of sexual and reproductive health and rights, the International Planned Parenthood Federation (IPPF) helps improve the lives and wellbeing of hundreds of millions of individuals around the world.

The IPPF European Network is one of IPPF's six regions. With 39 member associations in as many countries, IPPF European Network increases support for and access to sexual and reproductive health services and rights throughout Europe and Central Asia.

Mission statement

To advance the basic human right of all people to make free and informed choices in their sexual and reproductive lives; and to fight for the accessibility to high quality information, education and health services regarding sexuality and sexual identities, conception, contraception, safe abortion, sexually transmitted infection and HIV/AIDS.

Editorial



Vicky Claeys

AIDS in Europe: From the Political to the Personal

We are beginning to face AIDS as a growing threat in Europe. Russia and parts of Eastern Europe are now facing the fastest growing infection rate of HIV in the world. WHO and UNAIDS estimate that in 2003, there were as many as 1.88 million people living with HIV/AIDS in Europe. In addition, there are rising rates of STIs all over the region, which can make people more physically vulnerable to contracting HIV.

Despite these alarming statistics, AIDS is not yet felt as a real issue for many in Europe. The European Commission has started to actively acknowledge the need for all public sectors across the European Union to take a coordinated and integrated approach to address the issue of HIV/AIDS. However, to really assimilate HIV/AIDS into the general public's concern and understanding, it is also necessary to take a grass roots approach.

By demonstrating that HIV/AIDS is a sexual disease that can affect anyone and is not just something that affects marginalized populations such as injecting drug users and sex workers, HIV/AIDS can begin to rise to the forefront of people's concerns. Comprehensive sexual and reproductive health and rights (SRHR) services are essential for promoting this message. However, the question of when, where and how to integrate HIV/AIDS into SRHR programmes has been plaguing policy makers, donors and service providers for a considerable time. Answering these questions with meaningful action is long overdue.

Many organizations are now starting to lean towards a more integrated approach, and are mainstreaming HIV/AIDS into their work and policies. Mainstreaming is vital because HIV and AIDS are affecting not only individuals' lives, but entire national economies and global development as a whole. HIV and AIDS now exist side-by-side with all other aspects of societies, including poverty, gender inequality, abuse and war.

SRHR organizations (and women's organizations) have traditionally stayed away from HIV/AIDS due to the lack of capacity and resources, as well as not seeing the urgency of the epidemic. Yet given that in Europe we see a shift from HIV infection due to injecting drug use to sexual transmission, linking HIV and reproductive health services is crucial.

Sexual and reproductive health services can play a crucially important role in helping to prevent HIV transmission by providing information, education to reduce risky sexual behaviour, detecting and managing sexually transmitted infections (STIs) and promoting the correct and consistent use of condoms. Linking HIV prevention and the prevention and treatment of STIs with family planning and maternal health interventions can improve outreach, reduce stigma and save money by using existing resources and infrastructure.

Through the well-established network of sexual and reproductive health organizations and services, IPPF is a prime channel for bringing HIV/AIDS prevention, treatment and care to the people who need these services most. And for people who would face discrimination or social pressure by visiting a dedicated HIV/AIDS facility, sexual and reproductive health clinics offer a more neutral resource for testing, prevention and information about HIV/AIDS. In addition, IPPF's current campaign focuses on Mainstreaming AIDS, and to find out more visit www.ippf.org

The articles in this issue of *Choices* are a collection of different perspectives on the HIV/AIDS epidemic in the European Region. It is unfortunately impossible to cover every important subject on this issue in one magazine. However, I hope they leave you in no doubt of the magnitude of HIV/AIDS in Europe. AIDS is a sexually transmitted disease as much as it is a social disease. If the world continues to avoid this fact, and if HIV/AIDS prevention efforts continue to be removed from an SRHR context, we will make no headway in the fight to stop its growth.

Vicky Claeys
IPPF EN Regional Director

Europe's Response to the AIDS Epidemic



An Interview with Dr. Lieve Fransen,
Head of the Human and Social Development Unit
at the Directorate-General for Development
of the European Commission

By Wendy Knerr

What role has the European Union (EU) played in confronting HIV and AIDS in the world? From its Member States to the European Institutions, Europe hosts the largest number of donors to development aid in the world. This means that its policies and funding decisions have a major impact on the work being done in developing countries, including efforts to prevent HIV and provide treatment and care. Moreover, now that HIV/AIDS is increasing at rapid rates within the Europe region itself, what might the EU's role be in stemming the epidemic?

To find some answers, we spoke with Dr. Lieve Fransen, who has been involved in the fight against HIV and AIDS for more than 20 years, first as a physician and researcher in Africa, and now as Head of the Human and Social Development Unit at the Directorate-General for Development of the European Commission. As both a physician and a policymaker, Dr. Fransen plays a pivotal role in guiding EU policy on funding and support for HIV/AIDS programmes. She was the founder and Executive Director of the AIDS Task Force of the European Commission's HIV/AIDS programme for developing countries and is currently a Board Member for the Global Fund to fight AIDS, Tuberculosis and Malaria.

What do you feel have been some of the successes that the EU member states and the EU institutions have helped bring about with regard to HIV/AIDS?

Lieve Fransen: First, I'd like to mention that at the end of October we released a progress report that outlines the [European] Commission's perspective on where we have

been successful and where there are still gaps with regard to our actions on the three communicable diseases (Tuberculosis, Malaria and HIV/AIDS). So this is a good place to start in answering your question.

Overall, since 2000, the Commission and the member states together have been quite successful in giving HIV, TB and Malaria higher profiles throughout the world, as well as other related issues like sexual and reproductive health and rights and the need for choice. This has certainly been a goal of the Commission, and it has been supported by most member states.

The Commission and member states have also had collective success in increasing resources for the three communicable diseases, with the Commission alone increasing resources by four or five times what they were previously. Plus, there has been more political visibility and leadership and more internal cooperation between the different Commission departments, including trade, health, research, etc.

I think another area where we have been really successful is in developing partnerships with WHO/UNFPA, UNAIDS and with other organizations, including NGOs, for the very first time. Policy dialogue is much more open now, including NGOs, people living with HIV and AIDS, industry, and other groups. Since about the year 2000 we started holding policy & information consultations with these groups, and they have increasingly been seen as real partners. Our policy area has been at the forefront of these efforts.

There's one more area where I feel the Commission has been really successful, and this is in pushing down the price of drugs. We have been leaders in putting the drug price issue on the agenda, and since we organised a ground breaking round table in September 2000 prices of key products have gone from very high to much lower today.

What do you think are some of the areas where EU member states and the EU institutions could improve with regard to their response to the epidemic?

LF: My main concern is that we have not succeeded in accelerating sufficiently the delivery of access and resources at country level. Health and HIV and sexual and reproductive health are not really in the foreground of the Country Strategy Papers¹. Also, we have not succeeded sufficiently in developing human and institutional capacities faster in the South to confront these issues. We generally leave it to the countries, but often they do not already have the capacities in place. With regard to sexual and reproductive health and rights, we also have a human resources gap in the South and a brain drain in many countries. We need to invest more in the capabilities of people in the South so that we can keep human resources in social sectors where they are most urgently needed.

We also have not succeeded in having enough civil society voice.

For HIV, we have done better – not thanks to our own instruments, but thanks to our instruments created in the Country Coordinating Mechanisms² (CCMs) [for the Global Fund]. The CCMs are not perfect, but they always include non-state actors, including people living with HIV and AIDS, gender activists, women's groups and also businesses. This has enabled us to make a quantum leap in including the voices of civil society in policies.

The worst story is, of course, that we haven't managed to control the epidemic. And we haven't done enough to ensure that people have choices with regard to sexual and reproductive health. UNFPA's recent report³ showed that there has been progress politically on sexual and

reproductive health, but not in access. Examples are that commodities are not accessible and we have not improved maternal health. There's still a lot to be done.

What steps should the Member States and the Commission take in the coming years to make an impact on the epidemic?

LF: On the most basic level, I would like to see us do more of what we – meaning Europe – have done well already, and for us to fill in the gaps that I mentioned before.

Aside from that, one of my wishes is to make a major step forward in ensuring that we have a common strategy for dealing with the epidemic. All of the Member States and the Commission share a common vision, but we also must have a common strategy. Now, there are 26 partners – the 25 member states and the Commission – often doing virtually the same things. We all know that we need to make commodities available, improve gender equality, make life skills education more appropriate and available to young people, but if we keep working separately as we are now, we are wasting time.

Based on your experience with the epidemic in Africa, are there lessons that could apply to the epidemics in Russia, Central Asia and other former Soviet countries, where the disease is spreading?

LF: Before I worked on HIV, I worked in Africa, and HIV came as part of my work in several countries there. What I learned from this was that each country has to go through the same phases of facing the epidemic – denial, complacency, anger, urgency. These are the same things people go through in reaction to illness. Because of this reality, transferring lessons-learned from one country to another is difficult.

I can say, though, that it helps a great deal if the political leadership can get past the denial phase quickly. This is best done by having a political leader speak out and be courageous, bold and honest about the connection between HIV sex including homosexuality and drug use in some regions. It also helps if a political leader pays attention to the poorest and most vulnerable groups, which are the most vulnerable to HIV, because they are also the most powerful force in fighting HIV and we have to invite them into the dialogue.

In Europe, we have a mixed epidemic. I was involved with caring for the first people infected with HIV in Belgium at the hospital in Antwerp, and I'll always remember the odd mixture of patients I was dealing with. There were artists,

1 Country Strategy Papers, which are produced by all countries that receive funding from the EU, are used as the basis for national programmes for development in each country.

2 Country Coordinating Mechanisms (CCMs) are country-level partnerships that develop grant proposals and submit them to the Global Fund, monitor their implementation and coordinate with other donors and domestic programs.

3 UNFPA, 'The State of the World Population Report 2004'. (<http://www.unfpa.org/swp/swpmain.htm>)

ballet dancers, gay people, and then a group of Africans, mostly wealthy Africans who could afford to come to Europe for treatment.

So the epidemic in Europe is quite varied, but the reaction has been similar to other regions. For example, ten to 15 years ago, I said there was going to be a major epidemic with TB and other communicable diseases in Russia, and then six or seven years ago, I worked with the issue of HIV in prisons in Russia. Finally, after 10 years, people have woken up to these problems.

Unfortunately, some of my colleagues are saying that the epidemic in the countries neighbouring the EU – like Russia and Ukraine – is different because, until recent years, it concentrated mostly among drug users. I don't see why it's different. An epidemic of HIV clearly has a phase of introduction in a country. For example, in America, this was in the gay community but it didn't stay there. As public policy makers, we shouldn't be blind to the fact that it will enter the general population eventually and the epidemic moves in phases in each country.

No matter where or how the epidemic starts in a population, we still have to be honest about sex and protect ourselves from risk with condoms (safe sexual practices) improve gender equality and supply clean needles. The epidemic goes to the first group, then to others, then to the general population, and it's frustrating because people don't see further than what is happening now. It would be wrong only to focus on drug use because, in a few years, it will be more than just drug users' problem.

What impact do you think the meetings in Dublin could have on the epidemic globally and in Europe and Central Asia? ⁴

LF: The positive impact of the first meeting in Dublin is that Europe moved forward. We are now putting some of the conference conclusions into our policy framework for HIV/AIDS, Malaria and Tuberculosis and external action...and this includes the Cairo agenda issues. This will go to the Council of Ministers and then it becomes policy. We are now making this into concrete policy that will affect all external action outside the EU, which means all action in Ukraine, Russia, the Mediterranean, developing countries – everywhere outside of the 25 member states.

As a physician, could you comment on the efforts to integrate or mainstream sexual and reproductive health and HIV/AIDS services – pros, cons, etc.?

LF: I find mainstreaming of sexual and reproductive health and HIV a non-issue if we only approach it from our own

perspective. As a woman, I don't have an isolated problem with a disease and then a separate one with contraception. What we are trying to do is to create more choice. People need to have the right to choice, including which partner they choose to be with, how they choose to protect themselves, etc. It's all part of life. So I find it strange that people need to go to one place to get a condom, another to get their disease treated and another to have a baby. Also, I think it's been a failure of women's organizations that they haven't dealt sufficiently with this issue and haven't had an integrated approach to choice.

However, I'm not necessarily translating that people-focus into donor funding. Last year we had a single budget line for sexual and reproductive health and HIV/AIDS. I agreed we split them because I could see a movement against sexual and reproductive health and there was momentum for HIV funding. We have to be opportunistic. The Commission has seen a 150% increase in funding for HIV and only a 20% increase for SRH.

What do you see as the priority areas for research on microbicides and a vaccine, especially since the second Dublin Conference on New Technologies that took place in June?

LF: In terms of vaccines, if the vaccine protects and is safe, people in the developing and the developed worlds will be interested in it. However, I don't see a safe and available vaccine for the next ten years ... but anything can happen, anything can change.

For microbicides, my expectations are more positive for the moment. I think science has progressed enough so that we will have a microbicide that works in the next few years. We should make more investments in microbicide research and production, and we should prepare women for microbicides. We did a study with women in 11 countries that showed a lot of interest in microbicides. This tells me that the forward momentum needs to continue, especially with women's advocates. Microbicides will not work without a strong lobby from women's groups because it is not a product that stands to be highly profitable for pharmaceutical companies.

Overall, we need to demand more investment in microbicides because we need a protective measure that women can control. And, as I said before, it's women's organizations that have to take action. I come from a generation of women's groups where there was much more energy for issues affecting women. Where HIV is on the agenda, it is because of people living with HIV and gay groups. Sixty per cent of people living with HIV are women, but they are not vocal. I hope that young women will begin to speak out.

⁴ See page 12 for more information about the Dublin conferences.

Microbicides – Expanding the Options in HIV and STI Prevention

By **Rebekah Webb**, European Coordinator, Global Campaign for Microbicides

Microbicides are simultaneously one of the most promising areas of biomedical research into HIV and STIs and yet one of the most chronically under-funded. Thanks to growing attention at the 2004 International AIDS Conference and elsewhere, most health professionals have now heard of microbicides - sometimes known as “HIV gels”. Despite growing awareness, however, microbicides are still not well understood, both in terms of what they are and how they might be integrated into existing HIV prevention efforts. The growing media attention and scientific progress has also not changed the fact that microbicide research and development remains desperately under-resourced.

What are microbicides?

‘Microbicides’ are compounds developed to substantially reduce transmission of sexually transmitted infections (STIs), including HIV, when applied either in the vagina or rectum. A microbicide could be produced in many forms, including gels, creams, suppositories, films, lubricants, or in the form of a sponge or a vaginal ring.

How do microbicides work?

There are a number of ways in which a microbicide could work to prevent infection from bacteria and viruses:

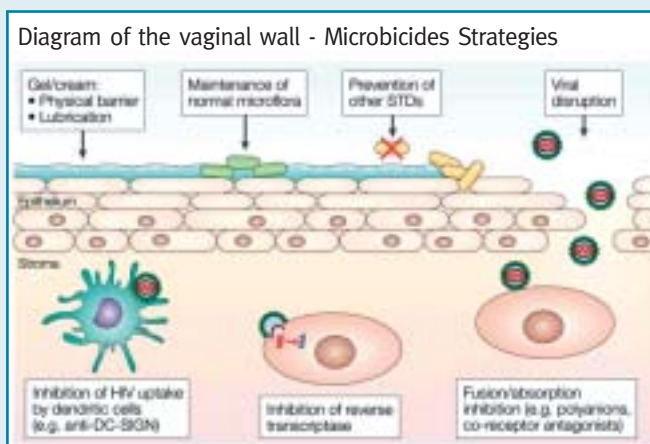
- 1) blocking infection by creating a barrier between the pathogen and the cells lining the vagina or rectum
- 2) boosting natural vaginal defences
- 3) killing or otherwise immobilizing pathogens
- 4) preventing the infection from taking hold after it has entered the body

Ideally, a microbicide would combine two or more of these mechanisms for extra effectiveness. The diagram shows the vaginal wall with HIV entering through a small opening and the range of mechanisms microbicides might use to prevent infection.

Research is already underway to develop microbicide formulations and delivery systems with characteristics that make them easy-to-use and attractive to people. For example, many of the candidates take the form of a clear odourless gel, much like a sexual lubricant, which could be

applied a few hours before sex. A second range of candidates are being investigated which could be inserted even farther in advance. Some time-released delivery systems (such as the vaginal ring) may be capable of suffusing the vagina with an effective dose of microbicide for a period of 3-4 weeks.

Some of the microbicides being developed will also be contraceptive. Many women would like to have a product that can protect them from disease and pregnancy at the same time. But scientists are also working on products that may be microbicidal without being contraceptive. Non-contraceptive microbicides are needed by women and couples who want to conceive a child while still protecting themselves from possible infection - something that is impossible with condoms. Non-contraceptive microbicides will also offer an acceptable protection alternative for women who choose not to use contraceptives for religious or cultural reasons.



Five candidate microbicides are now entering Phase III clinical trials to determine whether any of them can effectively prevent HIV and possibly other STIs. If there are no major delays, the trial results should be available in 3-4 years. If one of these leads proves successful, and if sufficient investment is available to complete the trials, **a successful microbicide could be on the market by the end of the decade.**

However, please note the ‘if’. These large trials still lack funding needed to assure their completion. To date, only a handful of European governments - Norway, the Netherlands, the UK, Ireland and Denmark - have invested in microbicides development. According to pharmaco-economic analysis, at least \$500 million (US) more is needed to ensure that the research moves efficiently toward producing at least one safe, effective microbicide. Most European Union member states have yet to commit resources to this global effort – without them a microbicide may remain a distant dream.

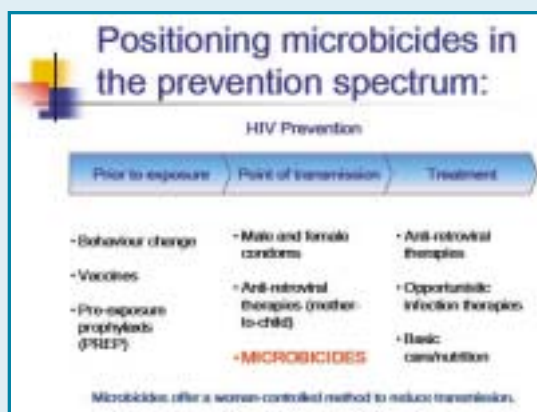
What has the EU done to date?

Over the past 2 years, the European Union has begun to actively support microbicides under its existing HIV/AIDS and research frameworks. Over the past year in particular, under the Irish and Dutch presidencies, the European Commission has given priority to highlighting the role that new prevention technologies including microbicides could play in fighting HIV in the developing world. Within the European Commission's Program for Action (PfA), which began in 2001, the Commission has increased the level of resources for microbicide research, begun to create a supportive regulatory environment for their introduction and established the Developing Countries Clinical Trial Partnership, designed to improve trial infrastructure and capacity on the ground¹. However this is just the beginning of what is needed to ensure that a microbicide becomes a reality. The contribution that microbicides could make to improving the sexual and reproductive health of Europeans has not even been raised.

What role could microbicides play in Europe?

According to the European Commission, the prevalence rate of HIV in some new member states is approaching the highest in the world, with the Baltic states particularly affected. The number of newly reported HIV infections has doubled in western Europe since 1995 and STI rates are rising alarmingly across the EU, as recently reported in the British Journal *Sexually Transmitted Infections*².

Microbicides are designed primarily to stop HIV but many candidate products appear to be “broad-spectrum” – with preventive activity against a range of ‘microbes’ including bacteria and other viruses. Each of the five lead candidates, for example, is expected to be active against either gonorrhoea, chlamydia or both. This “broad spectrum” capability may make the new microbicides particularly useful in Europe.



Lessons from family planning

In the family planning field, we observe that the rate of unintended pregnancies decreases each time a new, acceptable contraceptive option becomes available. More choices are clearly better than fewer choices when it comes to self-protection. As a user-controlled tool that does not interrupt intimacy, microbicides could offer an important new protection option for women and couples who do not or cannot use condoms. As such, they could play a significant role in

improving the reproductive and sexual health of both Europeans those in developing countries. Researchers at the London School of Hygiene and Tropical Medicine have shown that if even a small proportion of women in lower-income countries used a 60% efficacious microbicide in half the sexual encounters where condoms are not used, **2.5 million HIV infections could be averted over three years.** In Europe, microbicides could have a very similar public health impact, if not greater.

No one strategy or technology will “solve” the AIDS pandemic. A pandemic of this magnitude warrants full use of all existing prevention strategies and expansion of our prevention repertoire with new tools.

How can sexual and reproductive health clinics and service providers help?

Service providers and clinics in the European Union are uniquely positioned to raise public awareness about what microbicides are (making clear that these products are not yet available), inform policymakers of the urgent need for them and raise important scientific and ethical questions about how development these new products is proceeding. More importantly, health professionals can add their authoritative voices to the global demand for microbicides and put pressure on their national governments and the European Union to commit further resources at a time when they are critically needed.

The Global Campaign for Microbicides advocates greater investment in research and a community-based demand for new, user-controlled HIV prevention options. The Campaign has made a particular effort to engage European civil society in this effort, and active microbicides advocacy campaigns are now underway in Spain, the Netherlands, the UK, Denmark and Ireland. The Global Campaign invites anyone – individual, service provider, NGO or network – to join the Campaign and get involved. We have a bi-weekly newsletter, GC News, which you can sign up to on our website: www.global-campaign.org.

For more information on how you can join the Global Campaign for Microbicides, contact:

Rebekah Webb, European Coordinator

Global Campaign for Microbicides

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¹ Second Progress Report on the EC Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction, Commission Staff Working Document, 26 November, 2004.
² K. A. Fenton, C. M. Lowndes, the ESSTI Network: Recent trends in the epidemiology of STIs in the European Union, in: *Sexually Transmitted Infections*, 2004, Vol. 80, pp 255-263.
 Vaginal wall diagram appears thanks to Dr. Robin Shattock, St. George's Hospital Medical School, UK.

IPPF's tools and guidelines on HIV/AIDS

IPPF was present at the **2004 International AIDS Conference**, 'Access for All', giving talks, holding workshops and providing publications and information about its work in HIV and AIDS. All resources provided by IPPF at this conference are available at <http://new.ippf.org/ContentController.aspx?ID=1521>

The **IPPF HIV/AIDS mainstreaming checklist and tools**



has been developed to better enable the IPPF Member Associations to mainstream HIV/AIDS into all aspects of their work at the grassroots level. Using simple tools and a checklist such as these can enhance HIV/AIDS mainstreaming efforts – ensuring that processes are systematic and practical. The toolkit is available in PDF at

<http://new.ippf.org/ContentController.aspx?ID=2622>

Integrating Voluntary Counselling and Testing: Guidelines for programme planners, managers and service providers aims to provide sexual and reproductive health programme planners, managers,

and providers with the information necessary to integrate voluntary counselling and testing (VCT) for HIV/AIDS within their services. Available in PDF at <http://content.ippf.org/output/ORG/files/2438.pdf>

HIV/AIDS: Learning from the Field

A publication containing examples of the recent work that IPPF's Member Associations have been doing to promote the prevention of sexually transmitted infections and HIV/AIDS and to respond to the extreme need for care associated with AIDS. Available at:



www.ippf.org/resource/HIV_learning_field.htm

Dreams and Desires is a collection of courageous women's voices that highlight what it means to be a sexually active HIV positive woman. The experiences and observations from these women's stories provide a basis for the design and development of appropriate, integrated sexual and reproductive health services for women living with HIV. Available in PDF at <http://content.ippf.org/output/ORG/files/5306.pdf>

European HIV/AIDS networks and organizations

To get an overview of the **HIV/AIDS organizations in different European countries**, you can search the aidsmap annual online directory of AIDS service organizations available at www.aidsmap.com/en/orgs

AIDS Action Europe: the Pan European NGO Partnership on HIV and AIDS is a new partnership between European non-governmental AIDS-related organizations which was launched at the Open Forum on AIDS Action in Europe on 22-23 March 2004. For information on AIDS Action Europe and/or how to become a member, partner or sponsor, please visit www.aidsfonds.nl/AIDSActionEurope

European Network of HIV positive people (ENP+) is the European partner organization of the Global Network of People living with HIV/AIDS (GNP+) that aims to improve

the quality of life of people living with HIV/AIDS. For more information, visit www.gnpplus.net/regions/europe

The European AIDS Treatment Group is a growing group of treatment activists from 28 European countries. Its mission is to achieve the fastest possible access to state of the art medical products and devices, and diagnostic tests that prevent or treat HIV infection or improve the quality of life for people living with HIV, or at risk of HIV infection. Find out more at: www.eatg.org

The Global Coalition on Women and AIDS is a movement which aims to raise the visibility of issues related to women, girls and AIDS and lead to concrete, measurable improvements in the lives of women and girls. Find out more at <http://womenandaids.unaids.org/>

Resources

Basic information and statistics on HIV/AIDS

All IPPF European Network Member Associations run HIV/AIDS information, education and communication (IEC) programmes. To find out about their programmes and/or to obtain **IEC material developed by MAs of the IPPF European Network**, contact them by email or consult their website at: www.ippfen.org/site.html?page=9&lang=en

AVERT, an international HIV and AIDS charity based in the UK, aims at AVERTing HIV and AIDS worldwide. It emphasises HIV/AIDS prevention, and gives support for HIV-positive people. For more information, visit www.avert.org

The Joint United Nations Programme on HIV/AIDS, **UNAIDS**, is the main advocate for global action on the epidemic. UNAIDS' **AIDS epidemic update** and **Report on the Global AIDS Epidemic** can be found on the website: www.unaids.org.

EuroHIV co-ordinates the surveillance of HIV/AIDS in the WHO European Region. Making **European HIV/AIDS**

surveillance data freely and widely available is their key purpose. HIV/AIDS Surveillance in Europe is the title of its free half-yearly report. The surveillance reports can be consulted in PDF at www.eurohiv.org

The following articles provide a summary of the main trends of the HIV/AIDS epidemic in Europe based on the latest data collected by EuroHIV:

Hamers FF, Downs AM. **The changing face of the HIV epidemic in western Europe: What are the implications for public health policies?**
http://pdf.thelancet.com/pdfdownload?uid=llan.364.9428.review_and_opinion.30152.1&x=x.pdf

Hamers FF, Downs AM. **HIV in central and eastern Europe.**
<http://image.thelancet.com/extras/02art6024web.pdf>

Non-IPPF publications

HIV/AIDS, Sexual and Reproductive Health: intimately related (*Reproductive Health Matters, Vol. 11, N° 22, November 2003*)

The aim of this issue of RHM is to raise awareness of the intersections between HIV/AIDS and sexual and reproductive health and rights and how these should be reflected in national policies and programmes.

Similar to others, yet different in many ways. HIV/AIDS prevention from a cultural diversity approach (*NIGZ, 2003*)
Compiled by a network of European experts, this book, published by the European Information Centre AIDS & Youth, offers some new perspectives on HIV/AIDS prevention and sexual health promotion with young people.

HIV/AIDS in Eastern Europe and the Commonwealth of Independent States. Reversing the epidemic: facts and policy options (*UNDP Bratislava, 2004*)

This report includes the first comprehensive survey of the HIV/AIDS epidemic in 28 countries in East and

South-Eastern Europe, the Baltic and the Commonwealth of Independent States (CIS). Available at:
<http://www.undp.sk/hiv/files/HIV%20AIDS%20intro%201.pdf>

What is it like to have HIV in Europe? (*EMHF, 2005*)
The European Men's Health Forum (EMHF) is conducting a Europe-wide HIV-related quality of life survey of both men and women. Any HIV-positive adult (over 18 years old) residing in one of the European countries can take part in this survey.

The survey is available in English, German, Spanish French and Italian and can be completed online until March 2005 at www.emhf.org/index.cfm/item_id/162

HIV, Health and your community: a guide for action (*UNAIDS, 2001*)

This practical manual is aimed at health workers, social workers, and educators confronting the epidemic in their communities. The full text of the guide can be downloaded from www.eldis.org/static/DOC12582.htm

IPPF EUROPEAN NETWORK

UK Registered Charity No: 250816

Registered in Belgium as an international NGO, No: 4008/2000

IPPF EN has consultative status with the Council of Europe and Special Consultative Status with the Economic and Social Council of the United Nations



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email: afpa@albaniaonline.net

ARMENIA

'For Family and Health' Family Planning Association of Armenia

web: www.armfha.com

email: armfha@netsys.am

AUSTRIA

Österreichische Gesellschaft für Familienplanung (ÖGF)

Ignaz Semmelweis Frauenklinik

web: www.oegf.at

email: office@oegf.at

BELGIUM

Fédération Laïque de Centres de Planning Familial (FLCPF)

web: www.planningfamilial.net

email: flcpf@planningfamilial.net

Sensoa

web: www.sensoa.be

email: info@sensoa.be

BOSNIA AND HERZEGOVINA

APP-XY - Family Planning Association of Bosnia and Herzegovina

email: bhfpa.xy@bih.net.ba

BULGARIA

Bulgarian Family Planning and Sexual Health Association (BFPA)

web: www.bfpa-bg.org

email: bfpa@online.bg

CYPRUS

Family Planning Association of Cyprus (FPAC)

email: famplan@spidernet.com.cy

CZECH REPUBLIC

Společnost pro plánování rodiny a sexuální výchovu (SPRSV)

email: planrod@centrobox.cz

DENMARK

Foreningen Sex & Samfund

Skindergade 28 1. sal

web: www.sexogsamfund.dk

email: danish-fpa@sexogsamfund.dk

ESTONIA

Eesti Pereplaneerimise Liit (EPPL)

web: www.amor.ee

email: eppl@amor.ee

FINLAND

Väestöliitto

Iso Roobertinkatu 20-22A

web: www.vaestoliitto.fi

email: central.office@vaestoliitto.fi

FRANCE

Mouvement Français pour le Planning Familial (MFPF)

web: www.planning-familial.org

email: mfpf@planning-familial.org

GEORGIA

HERA XXI (FPAGEO)

email: ntsul@caucasus.net

GERMANY

PRO FAMILIA Bundesverband

web: www.profamilia.de

email: international@profamilia.de

GREECE

Family Planning Association of Greece (FPAG)

email: HellenicFPA@hotmail.gr

HUNGARY

Magyar Család- és Nővédelmi Tudományos Társaság

Keleti Karoly u. 5)-7

web: www.szexinfo.hu/

email: arpad.meszáros@office.ksh.hu

ICELAND

Fræðslusamtök um kynlíf og barneignir (FKB)

web: www.mmedia.is/fkb

email: fkb@mmedia.is

IRELAND

Irish Family Planning Association (IFPA)

web: www.ifpa.ie

email: post@ifpa.ie

ISRAEL

Israel Family Planning Association (IFPA)

web: www.opendoor.org.il

email: ippf@post.com

ITALY

Unione Italiana dei Centri di Educazione Matrimoniale e Prematrimoniale (UICEMP)

web: www.uicemp.org

email: uicemp@tin.it

KAZAKHSTAN

Kazakhstan Association on Sexual and Reproductive Health (KMPA)

email: center.kmpa@alnet.kz

KYRGYZSTAN

Reproductive Health Alliance of Kyrgyzstan (RHAK)

email: rhak@infotel.kg

LATVIA

Latvijas Gimenes Planosanas un Seksualas Veselības Asociācija "Papardes Zieds" (LAFPSH)

web: www.papardeszieds.lv

email: lfpa@mailbox.riga.lv

LITHUANIA

Seimos Planavimo ir Seksualines Sveikatos Asociacija (FPSHA)

web: www.spa.lt

email: lithfpa@takas.lt

LUXEMBOURG

Mouvement Luxembourgeois pour le Planning Familial et l'Education Sexuelle (MLPFES)

email: plannlux@pt.lu

MOLDOVA

Societatea de Planificare a Familiei din Moldova

web: www.iubire.md

email: fpa@moldova.md

THE NETHERLANDS

Rutgers Nisso Groep

web: www.rutgersnissogroep.nl

email: a.dubbeldam@rng.nl

NORWAY

Norsk forening for seksualitet, samliv og reproduktiv helse (NSSR)

web: www.nsr.org

email: post@nsrr.org

POLAND

Towarzystwo Rozwoju Rodziny (TRR)

web: www.trr.org.pl

email: trr@trr.org.pl

PORTUGAL

Associação Para o Planeamento da Família (APF)

web: www.apf.pt

email: apportugal@mail.telepac.pt

ROMANIA

Societatea de Educatie Contraceptiva si Sexuala (SECS)

web: www.sexdex.ro/sd/index.jsp

email: sediu@secs.ro

RUSSIA

Russian Family Planning Association (RFPA)

web: www.family-planning.ru

email: rfpa@dol.ru

SLOVAK REPUBLIC

Slovenská spoločnosť pre plánované rodicovstvo a výchovu k rodicovstvu (SSPRVR)

web: www.rodicovstvo.sk

email: ssprv@nexta.sk

SPAIN

Federación de Planificación Familiar de España (FPFE)

web: www.fpfe.org

email: info@fpfe.org

SWEDEN

Riksförbundet för Sexuell Upplysning (RFSU)

web: www.rfsu.se

email: info@rfsu.se

SWITZERLAND

PLANes - Fondation Suisse pour la Santé Sexuelle et Reproductive

web: www.plan-s.ch

email: info@plan-s.ch

TURKEY

Türkiye Aile Planlamasi Dernegi (TAPD)

web: www.tapd.org.tr

email: tapd@tapd.org.tr

UNITED KINGDOM

fpa

web: www.fpa.org.uk

email: Library&Information@fpa.org.uk

UZBEKISTAN

Uzbek Association on Reproductive Health (UARH)

email: uarh@mail.eanetways.com