

Abstracts

HIV/AIDS and vulnerable groups - No one left behind

Sally Smith, UNAIDS

Fast Tracking the AIDS response for key populations

The UNAIDS Fast Track approach promotes accelerated scale up of HIV services to achieve ambitious HIV treatment, prevention and zero discrimination targets for 2020. This presentation will provide a brief overview of the Fast Track approach and challenge. Fast Track calls for increased focus on interventions with the greatest impact, delivered to populations and geographic locations most affected, with increased attention to service quality and positive health outcomes for people living with HIV. The next five years, through 2020, are crucial to success – more rapid, strategic and equitable delivery of services must be achieved in this period to put the world on track to end the AIDS epidemic by 2030. Civil society advocacy and community-based services are essential to achieving Fast Track targets. Activists and implementers are already working at national level to advance stronger domestic AIDS responses; some are active globally, working through networks and advocating with donor organizations.

Additional information:

As this meeting in Bern takes place another group of activists are meeting in Bangkok to discuss similar issues and explore preparations for the UN General Assembly in September 2015 and the UN High Level Meeting on AIDS in 2016 to ensure the prominent role of the AIDS response in the Sustainable Development.

These two consultations have the potential:

- To define 'game changer' advocacy priorities for accelerated, more strategic and equitable delivery towards ambitious 2020 and 2030 targets
- To define an action plan to support civil society advocacy
- To identify tools and other resources needed to advance domestic and global advocacy

Anthony Waldhausen, Gay & Lesbian Network, South Africa

HIV&AIDS Care, Prevention, Treatment for LGBTIs – Addressing stigma & secondary victimisation of LGBTI persons

Despite having a progressive Constitution in South Africa the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community still faces a myriad of challenges. Discrimination, stigma, victimization and homophobia result in unfair treatment and sometimes the brutal murder of members in the LGBTI community. They face major problems accessing primary health services which makes them feel withdrawn and depressed often leading to mental and emotional difficulties or other issues. The Gay and Lesbian Network has developed a modular learning programme focused on gender and sexuality and diversity with the objective of sensitising general society by creating awareness and educating society about sexual orientation, which would result in a change of perception and attitude, helping us to promote equality, and acceptance of LGBTI people. There is a greater need for the South African government to include all its citizens in all its policy formulation and service delivery and to ensure that all staff complies with their own regulations and that of the Constitution of South Africa. The Gay and Lesbian Network will make sure that the government is accountable and continue to work with all stakeholders to ensure that rights enshrined in our Constitution is observed and implemented. We will continue with our education and human rights workshops to educate LGBTI people to know their rights and to ensure that they are Not Left Behind.

Laurant Gétaz, Hôpitaux universitaires de Genève (HUG)

Syphilis, HIV and other STIs in a female prison in Bolivia

Objective: To determine the prevalence of and factors related to syphilis, HIV, hepatitis B (HBV) and herpes type 2 (HSV2) among women incarcerated in a prison of the city of Cochabamba, Bolivia.

Material and Methods: We conducted a cross sectional study between September and October 2012. Data including sociodemographic characteristics and sexual practices were collected using a structured questionnaire. Serologic tests were performed to detect syphilis, HIV, HSV2 and HBV. Factors associated with infections were evaluated by uni- and multivariate analysis.

Results: 220 women were recruited and 219 agreed to participate in the study (participation rate 99.5% (219/220)). For syphilis, 12.8 % of women were positive for both non-treponemic and treponemic tests (28/219, 95% CI 8.8-17.7). Seroprevalence of HSV2 and HIV was respectively 62.6 % (137/219, 95% CI 56.0-68.8) and 1.4 % (3/219, 95% CI 0.3-3.7). AntiHbc, indicating past or current HBV infection was positive in 11.9% of women (26/219, 95% CI 8.1-16.7) and HBsAg, indicating carrier status, in 0.5%. A low level of education was associated with higher syphilis ($p=0.003$), HBV ($p=0.038$) and HSV2 infections ($p=0.023$). Being over 36 years old and having more than 3 children were associated only with HBV (respectively, $p=0.003$; $p=0.007$). The number of sexual partners, length of detention, history of sex work, rape and sexual intercourse in prison were not associated with any of these infections.

Discussion: The prevalence of syphilis and HSV2 are particularly high in this vulnerable female population. Preventive, educational, and therapeutic measures are necessary to mitigate these infections in this key population.

Luciano Ruggia Federal Office of Public Health

Sexual Health among Sub-Saharan Migrants in Switzerland: The ANSWER Study: data on sexual behavior among African migrants living in Switzerland

With the ANSWER (African Net Survey – We Respond) survey, we have for the first time a set of data on sexual behavior among African migrants living in Switzerland. What are the main results of this survey? How should we adapt the prevention work among this population? What other challenges in relation to HIV, migration and sexual behavior are we facing?

Claude Isofa, Nkanga Bokembya, Fondation PROFA – Centre de compétences prévention VIH-IST

Hindrances, Sexual health services and Migrants in Switzerland - Sharing the Ubuntu spirit's perspective of our work...

Most vulnerable migrant populations in Switzerland struggle with many problems accessing sexual and reproductive health's services and information. No doubt about it. WHY? The reasons vary from general considerations such as status, self-stigmatization, cultural sex-taboo, not knowing and or in most cases just an "out-of-order" concern, etc. to specific matters including no transcultural competency, less time allowed, lack of trust, discrimination, limited resources ... Building bridges between service providers and community members is part of my work. HOW? As a peer (with a double status as professional and migrant), both transdisciplinary (within my institution Profa) / interdisciplinary (others professionals) and proximity (targeted populations) approaches have been experienced so far. At this point, we need to improve the missing part: moving forward stakeholders from contemplation to effective participation. So no one should be left behind...

Muriel Mac-Seing Handicap International Federation

Access to HIV prevention and care: Persons with disabilities still left behind

Persons with disabilities constitute 15% of the world's population (WHO and WB, 2011); the rate is said to be 19% among the female population. Persons with disabilities are at equal or higher risk of HIV infection than the rest of the community for several reasons: poor access to information and services related to sexual and reproductive health and HIV and AIDS; poor access to health care; poverty and marginalization; and high rates of sexual abuse and exploitation. Despite these increased risk factors, persons with disabilities are hardly being included in mainstream HIV and AIDS policies and programmes, and are still left behind. Good practices, policy and programmatic opportunities will be discussed.

Group work

What can WE do to increase awareness for vulnerable groups within the international cooperation?

Moderation by Martin Leschhorn, Medicus Mundi Schweiz

The purpose of this group work is to elaborate on what we can do to increase the awareness of vulnerable groups within the international cooperation. What kind of strategies and instruments are needed to bring results of today's conference into the policy process driven by the Network Medicus Mundi Switzerland. The discussion is held in the light of the upcoming SDC message 2017 to 2020 and the upcoming Sustainable Development Goals (SDGs).

Panel discussion with Sally Smith, UNAIDS; Susanne Amsler, SDC; Anthony Waldhausen, Gay & Lesbian Network and Muriel Mac-Seing, Handicap International

What needs to be done on a national, regional or international level to achieve the ambitious goal of ending the AIDS epidemic by 2030?

At the centre of our discussions, we have set vulnerable groups such as sex workers, disabled people, gay and lesbians; migrants and prisoners. The purpose of the panel discussion is to address what is needed to reach this population from a UN perspective, from the Swiss Government perspective and from a international NGOs perspective working abroad and in Switzerland. The speakers will talk about how they can contribute to the ambitious goal of ending the AIDS epidemic by 2030 that AIDS is no longer a public health threat, the spread of HIV has been controlled and contained and that the impact on the society and on people's lives has been marginalised and lessened.