

Get Screened Oakland: The Highlights

Team Get Screened Oakland attends AIDS 2008, the XVII International AIDS Conference in Mexico City

(August 3-8, 2008) AIDS 2008, the XVII International AIDS Conference (IAC), took place in Mexico City under the theme: Universal Action Now! It brought together 24,000 individuals from nongovernmental organizations (NGOs), PhRMA, private foundations, community networks, and health providers, as well as researchers, public officials, and heads of state, to discuss issues, share ideas, exchange knowledge, and develop strategies to accomplish the worldwide goal of universal access to HIV care, treatment, supportive services, and prevention education programs. The sponsors of the conference were the International AIDS Society (IAS), the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Council of AIDS Service Organizations (ICASO), the Global Network of People Living with AIDS, (GNP+), and the International Committee of Women Living with HIV (ICW).

The City of Oakland was well represented at the conference. Adriann McCall, Damon Powell, and Marsha Martin attended to represent Get Screened Oakland. Greg Edwards and Mark Winter of Flowers Heritage Foundation, Naina Khanna of WORLD, Angel Fabian and other staff members from La Clinica de la Raza also attended. Congresswoman Barbara Lee, who chaired several official sessions on U.S. policy and programs, was the highest-ranking U.S. official to participate in the conference.

Information about the conference is available on the AIDS 2008 Web site. In addition, the majority of the conference's sessions will be available on-line by October 2008, thanks to the IAS and Kaiser Family Foundation's web-casting and recording of the conference.

The AIDS 2008 experience also included meetings outside the official conference. Known as "satellite sessions," these meetings provided additional venues for the global community of organizations, networks, and international associations to meet before, during, and after the conference, to discuss issues and concerns, and to strategize. Staff from Get Screened Oakland facilitated one of these satellite sessions, Health Sector Responses to HIV and AIDS, and coordinated another session with Flowers Heritage Foundation on the municipal responses to HIV. Also among the scheduled events were three pre-conference sessions that GSO staff attended. On the following pages are highlights from some of the sessions that included Get Screened Oakland representation.

Living 2008: The Positive Leadership Summit, Reclaiming the Advocacy Agenda, Reaffirming Positive Leadership

(July 31 – August 1, 2008) This summit brought together hundreds of HIV-positive leaders from around the globe to strengthen the persons living with HIV (PLHIV) movement. More specifically, it sought to galvanize PLHIV leadership around common issues and a common HIV advocacy agenda. The summit, which was convened by the Global Network of People living with HIV, was a product of a consortium of organizations committed to empowering and expanding the capacity of PLHIV networks and leadership.

Kevin Moody, Executive Director of GNP+, opened the meeting, stating, “People living with HIV are key to reversing the epidemic... and the experiences of people living with HIV that formed part of the preparation process for the summit are proof that people living with HIV can contribute to a significant and important body of knowledge to inform policy and programming at the national, regional, and global levels.” After Mr. Moody spoke, a few others gave introductory remarks.

First up was Dr. Peter Piot, exiting Director of UNAIDS. He observed that people living with HIV “have played a central role in almost every major achievement that has been made in the fight against HIV. And while great strides have been made, scaling up for universal access poses enormous challenges—challenges that can only be overcome in partnership with communities of people living with HIV throughout the world.”

Following Dr. Piot, Deborah Williams of GNP+ and Anuar Luna of the Mexican Network of People Living with HIV, gave inspirational remarks about the challenges of living with HIV as well as playing a leadership role in the movement. Giving examples of creativity and compassion from a ground-level perspective, both speakers shared their vision of the future, the obstacles and challenges that lie ahead, and—most importantly—how to overcome them.

After the introductory remarks were delivered, the advocacy themes were presented: access to treatment, care, and services; positive prevention; criminalization; and sexual and reproductive health and rights. Small groups were then formed to discuss one of the four themes. Below are some of the questions that these small groups considered:

- What do we know (evidence)?
- What do we know that we don't know (lack of evidence)?
- Where is there consensus, where is there disagreement (and what must be done to arrive at consensus)?
- What are five key messages on the theme we're discussing?

Once the small groups had finished this exercise, the summit participants formed a different set of groups organized by region and, where possible, dominant language: Anglophone Africa; Francophone Africa and the Caribbean; Latin American and the Spanish-speaking Caribbean, the Anglophone Caribbean, and Eastern Europe/Central Asia. In these breakout groups, participants discussed the implications for advocacy, per the context of their respective regions. The first day of the summit ended with the regional groups presenting summaries of their discussions.

The Summit's second day included a session where several PLHIV leaders, who would later present at the main conference, delivered remarks. For some of those attending Living 2008, the opportunity to hear from positive leaders who had been invited to play a key role in the conference was affirming. Chaired by Kate Thompson of UNAIDS and Beri Hull of ICW, the session also brought together several of the conference plenary speakers to hear and listen to the issues, views, and priorities of the Living 2008 attendees.

After this session, the attendees went back to work on developing key messages, recommendations, and action steps on the advocacy themes. The summit concluded with a report-out from small group sessions on the following themes and key messages:

- People living with HIV see access to care, treatment, and support (ACTS) as a fundamental human right and essential to survival.
- People living with HIV see criminalization of HIV as a violation of fundamental human, sexual, and reproductive rights.

- Positive prevention means acting to improve our lives as people living with HIV so we can take care of ourselves and others.
- People living with HIV have freedom of choice regarding consensual and pleasurable sexual expression, freedom of choice regarding reproduction, marriage and family planning, and the fundamental right to access sexual health information and comprehensive sexual health services.
- For “most at risk groups,” the following themes were identified: the need to strengthen access to care, treatment and support for HIV-positive women; sexual and reproductive health and rights for HIV-positive women; addressing violence against HIV-positive women and meaningful involvement of HIV positive women.

Living 2008 concluded with a reception at Museo de la Ciudad de Mexico for all Summit attendees and their friends.

Faith in Action NOW!—Ecumenical Pre-Conference on AIDS

(July 31- Aug. 2, 2008) This pre-conference session brought together members of the faith community to examine through a Christian lens the challenges and opportunities in HIV/AIDS around the world. Hosted by the Mexican Christian Host Committee for the XVII International AIDS Conference and the Ecumenical Advocacy Alliance (EAA) and its global partners, Faith in Action NOW! sought to create a space where faith-based delegates could share their experiences, learn from one another, and contribute in significant ways to AIDS 2008.

As the pre-conference organizers explained in writing, “AIDS has revealed intense discord within and among churches, as well as at all levels of society. When AIDS was first identified, some churches immediately became involved in care and accompaniment of those affected by HIV while others became loud, clanging cymbals pronouncing that HIV was God’s judgment on sinners. Many now realize that this early rhetoric of condemnation is not only wrong, but woefully inconsistent with the Christian gospel of grace and love. Consequently, many more church bodies are now active in the eradication of stigma and discrimination as well as pastoral and practical care of those living with and affected by HIV and AIDS. Christians are also at the forefront of campaigns addressing economic injustice and gender inequality and lack of access to treatment that makes some people more vulnerable. Through dialogue, issues that ‘arouse passionate emotions and create awkward ecumenical relations also can become church-reconciling means of common witness.’”

Each day of the pre-conference opened with an Ecumenical worship service. It continued with a morning plenary session, two workshop series, and an afternoon plenary session before closing with another Ecumenical worship service. The workshops, fifty in all, centered around one or more of the following themes/topics: accessing resources; advocacy and collaboration with key players; care and support; gender-based violence; Greater Involvement of People living with HIV/AIDS (GIPA); HIV prevention; Theology in Action; and Youth.

Day One

The day began with words of welcome by Mr. Luis Armenta, a co-chair of the Ecumenical Pre-Conference Christian Host Committee, Ms. Karen Plater, Chair of the Ecumenical Pre-Conference Advisory Committee, and Mr. Craig McClure of the IAS. The morning plenary panel discussed the myriad faith-based HIV/AIDS initiatives and efforts that are underway around the globe. The afternoon plenary panel focused on the needs of children affected and infected with HIV. Examples of faith-based programs designed to mitigate the effects of HIV on young children were discussed. Attendees were invited to a *Cena tipica Mexicana*, a typical Mexican dinner, hosted by the Seminario Mayor, the Conciliar de Mexico, and the Christian Host Committee in a beautiful hacienda. During the dinner, folkloric dancers, singers, and musicians entertained the hosts and guests.

Day Two

The morning plenary focused on gender-based violence and trafficking. Here, speakers from various international organizations, such as the YWCA and UNAIDS, described their programs and talked about steps that the international community is taking to reduce human trafficking. A representative from Saddleback Church spoke about services for families and children. The topic for the afternoon’s plenary panel was addressing stigma and discrimination. Attendees heard from the African Network of Religious Leaders Affected and Infected with HIV/AIDS (ANERELA+). ANERELA+ began out of a need to provide a safe space for HIV-positive religious leaders to come together to overcome the isolation and stigma of living with HIV. Staff from World Vision and the Commission on Human Rights also participated in the panel.

Day Three

On this, the final day of the pre-conference, experts discussed prevention with a special focus on youth and women. Representatives from UNAIDS, the United Nations' Population Fund, and the World AIDS Campaign discussed the need for science-based prevention programs. The closing plenary session included a foot washing ceremony.

In addition to this pre-conference, faith-based participation at AIDS 2008 included daily faith-based caucus meetings, an inter-faith prayer and meditation room, daily Roman Catholic masses, and Protestant devotions in English and Spanish. For those practicing the Islamic tradition, there were daily prayer times at 1:44 p.m. and 4:53 p.m. Pentecostals met everyday at 8:30 a.m. Also, AIDS 2008 hosted an interfaith prayer service for all the delegates of faith on Monday, August 4, at the Iglesia Metodista "La Santisima Trinidad." Lastly, there was a changing Interfaith exhibit, which contained resources from a wide range of faith-based organizations from around the globe.

MSM pre-conference: The Invisible Men: Gay Men and Other MSM in the Global HIV/AIDS Epidemic

(August 1 - 2, 2008) At this pre-conference, a diverse community of persons concerned about the needs of gay men and other men who have sex with men participated in the program, which included three plenary sessions. The first presented worldwide data on HIV-positive men who have sex with men (MSM). The second focused on the funding implications and strategic programming at UNAIDS and Global Fund for addressing the epidemic among MSM; and the closing theme addressed the theme *Hope and Ways Forward*.

The pre-conference program also offered 24 workshops from which to choose. Some of the workshop topics/themes were Research, Data, Surveillance and Their Application; Programs and Good Practice; Funding, Resource Mobilization, and Advocacy.

The conference program guide included an open letter from the conference host committee Executive Director, Dr. George Ayala. The August 1, 2008, letter is reprinted below.

Dear Colleagues and Friends,

On behalf of the Global Forum on MSM and HIV (MSNGF), welcome to *The Invisible Men: Gay Men and Other Men who Have Sex with Men (MSM) in the Global HIV/AIDS Epidemic*—an official affiliated event of the 2008 International AIDS Conference. This is the third consecutive affiliated international conference event presented by the MSMGF and produced by AIDS Project Los Angeles (APLA) – home to the MSMGF's Secretariat. The first, held in Bangkok, Thailand, was presented with the support of the Australian Federation of AIDS Organizations (AFAO) and attracted 100 participants. The second was held in Toronto, Canada, with the support of AIDS Committee Toronto (ACT) and attracted 300 participants. As of the writing of this note, nearly 500 people have pre-registered to attend. Moreover, nearly 50% of pre-registered attendees are from Africa, Asia, Eastern Europe, the Caribbean, and Latin America.

The significance of this pre-conference affiliated event cannot be understated. This is an opportunity for gay men, other MSM, and our allies to network, share information, and re-energize ourselves for the work we will be returning to at the end of the week. As you will notice by its title, the affiliated event itself is intended as a powerful statement about the importance of our collective voice.

Sadly, our issues remain under-represented at large international gatherings and conferences on HIV/AIDS. Even when epidemiologic and behavioral research indisputably supports prioritizing sexual minorities, there is often a shameful neglect of our needs in discussions about policy, programs, and resources, which is often expressed through silence, denial or explicit exclusion. Inadequate representation of sexual minorities in planning processes at all levels fuels the widening disparity in resources devoted to programs and services we continue to experience at the local and regional levels. This is unacceptable and must change.

This time around, the affiliated event will examine how insufficient global research on HIV and MSM contributes to a dearth of HIV prevention, treatment, and care resources targeting our unique needs. This is reflected in the depth and breadth of the event's program. Researchers, community-based experts and human rights advocates from around the world

Your active participation at this gathering is needed, welcome and celebrated. We encourage you to use this opportunity to help support the work you do back at home. And we hope you leave the next couple of days having made new friends, forged strategic alliances, gathered useful information, and reinvigorated your enthusiasm for the importance of prioritizing the needs of gay men and other MSM in the fight against HIV/AIDS worldwide.

Have a great conference!

With warm regards,

George Ayala, PsyD
Executive Officer, MSMGF

Consultation on Health Sector Responses to HIV/AIDS

(August 3, 2008) On the occasion of the IAC's opening, the HIV/AIDS program of the World Health Organization (WHO) convened *Health Sector Response to HIV and AIDS*, an informal, international consultation with civil society organizations (CSOs). The meeting brought together more than 65 participants from CSOs and WHO's Geneva and regional offices. The aim of the consultation was to provide a forum for members of the health and civil society sectors to gather and discuss important issues in the response to the global pandemic and deliver key recommendations on developing a new framework for ongoing collaboration, communication, and consultation. The overall objectives of the consultation were to discuss 1) a framework for collaborative communication and strategic engagement on issues related to health sector response(s) to HIV/AIDS and 2) the roles and responsibilities in the development, design, and implementation of the strategic partnership framework. Dr. Marsha Martin facilitated the meeting.

The format for the consultation was designed to provide participants with an overview of the roles and responsibilities of both WHO and CSOs. The agenda included remarks from members of the informal ad hoc committee, WHO HIV/AIDS Division staff, and representatives from CSOs and the WHO-Geneva office. The meeting was held from 12:30 p.m. to 3:00 p.m. It also included welcoming remarks from the following people: Teguest Guerma of the WHO/HIV/AIDS Division, Richard Burzynski of ICASO, and Rafael Mazin of WHO/Pan-American HIV/AIDS Organization (PAHO).

After thanking participants for agreeing to attend the consultation, Dr. Guerma acknowledged that WHO has not always been successful in its efforts to work collaboratively with civil society organizations. She therefore encouraged meeting attendees to use their time together to gain an understanding of the mistakes made and lessons learned, and to move on from there toward a new consultative process.

Mr. Burzynski added to the remarks of Dr. Guerma with examples of WHO's missed opportunities to communicate with members of civil society. He also stressed the need to create a legitimate process for what sustains engagement and collaboration. Such a process, he added, should also mitigate the effects of damaging press and government policies that have arisen in response to WHO-issued materials, policies, and press releases.

Dr. Mazin welcomed meeting attendees on behalf of PAHO and encouraged them to examine issues from both a global and a regional/local level.

Additionally, there were formal presentations by Kevin De Cock, the Director of WHO's HIV/AIDS Program; David Barr, Director of the HIV Collaborative Fund and International Treatment Preparedness Coalition; Gottfried Hirschall of WHO/PAHO; and Amaranta Gomez, Founder of the Oaxaca Network of Civil Society Organizations Working on HIV/AIDS, Mexico, and Co-Chair of the First Indigenous Peoples Conference on HIV/AIDS. Beri Hull, of ICW reported on the Living 2008 Pre-Conference.

Dr. De Cock gave an overview of the work of the HIV/AIDS Program within WHO by reviewing the five strategic directions used to frame the health sector response: Enabling people to know their HIV status; maximizing the health sector's contribution to HIV prevention; to know their HIV status; maximizing the health sector's contribution to HIV prevention; accelerating the

scale-up of HIV/AIDS treatment and care; strengthening and expanding health systems; and investing in strategic information to guide a more effective response. He then clarified that WHO's HIV/AIDS program staff collaborates with other UN agencies, as well as ministries of health, development agencies, nongovernmental organizations, health service providers, health care institutions, people living with HIV, and other partners in civil society to halt and reverse the spread of HIV/AIDS around the globe. Through six regional offices in more than 190 countries, WHO seeks to provide technical support and to develop evidence-based norms and standards. The goals in establishing such norms and standards are to assist in making the goal of universal access to HIV prevention, treatment, and care a reality and to strengthen the health sector in preparation for universal access.

Mr. Barr, speaking from his personal and professional experiences, observed that treatment for HIV is being scaled up at a rate that could not have been imagined a few years ago. And through efforts like the HIV Collaborative Fund and the International Treatment Preparedness Coalition, CSOs are participating in scale-up dialogues on national and local levels. (The HIV Collaborative Fund is a model for successful engagement of CSO representation.)

Continuing his remarks, Mr. Barr identified areas of great challenge that must be addressed and areas of success that must be built upon for true collaboration to be possible. He said that successful health sector responses to HIV are dependent on people living with HIV. If people living with HIV are not an integral part of the process, success will not be possible.

Mr. Hirschall, speaking from the perspective of a senior advisor for the Latin American region, discussed the need to ensure that communication between WHO-Geneva and the regional offices is clear and consistent. In speaking briefly about the communication and policy gaps that sometime exist between the regional offices and in-country CSOs, Mr. Hirschall, who is new to the Latin American region, asked attendees to examine ways for intra-agency communication problems to be addressed.

Ms. Gomez, representing the CSOs in the Latin American region, identified the need to be inclusive of all individuals and organizations civil society. She also discussed the need to dedicate funds to strengthen CSOs so that their participation goes beyond tokenism.

Ms. Hull provided an outline of the issues discussed at the *Living 2008* pre-conference. The issues she identified were access to treatment, care, and services; positive prevention; HIV criminalization; and sexual/reproductive health and rights. Given its focus on "reclaiming the HIV advocacy agenda," Ms. Hull provided an overview of the next steps that people living with HIV should take in addressing each issue.

Following the formal presentations, participants turned their attention to small-group discussions, where they considered issues that contribute to or limit the success of WHO-CSO collaborative consultations. The small groups were asked to discuss how to move forward so that ongoing and improved communication and strengthened collaboration are ensured. Each group then identified its top three issues and made recommendations for addressing them. These recommendations were collected and summarized for attendees by Alice Welbourn (ICW) and Tyler Crone (ATHENA).

Although the summary comprised a full 30 recommendations, a few emerged as being particularly important: WHO and CSOs should work together to improve the collaboration process; WHO should develop and fully vet with civil society a process for such collaboration; and WHO should identify resources and funding to support the ongoing capacity building of CSOs in order to ensure their ongoing participation and their development of new leaders.

Flowers Heritage Foundation sponsors special session on municipal responses to HIV/AIDS

(August 3, 2008) In advance of the IAC, Oakland-based Flowers Heritage Foundation sponsored the special satellite session, *New Directions and New Models in HIV Services: Municipal Responses and Universal Action Now*. The session provided an overview of programs designed to address local HIV epidemics on a municipal level for attendees, who included representatives from Health Canada, Ministry of Health in Thailand, YWCA-Guyana, YWCA-Nigeria, Nigeria Police Force, YWCA-Rwanda, National AIDS Coordinating Committee-Hong Kong, as well as representatives from several U.S. cities, including New York, Houston, Washington, DC, and San Francisco and Oakland, California.

UNAIDS estimates between 770,000 and 2.1 million men, women, and children are living with HIV in North America (Canada, U.S.A. and Mexico). UNAIDS also estimates between 34,000 and 65,000 new infections and 11,000 and 26,000 deaths occurred in North America in

2005.

And while many men, women, and children living with HIV are participating in some form of "regular" medical care, there are others who remain cut-off from life-saving therapies because they are unaware of their HIV status.

In response to the above-mentioned statistics and to demands on communities and governments worldwide, the Flowers Heritage Foundation, in partnership with the cities of Oakland, California, Bronx, New York, and Philadelphia, Pennsylvania, presented the results from a June 2008 Think Tank on HIV, *A Vision for Thoughtful Change*, and the lessons learned from three innovative municipal programs in HIV.

These comprehensive community-wide HIV screening programs build upon two sets of public health recommendations: one by the U.S. Centers for Disease Control and Prevention (CDC), the other by the World Health Organization (WHO). CDC's recommendations call for HIV screening to be routine for all persons in the U.S. between the ages of 13 and 64 years. WHO's recommendations for Provider Initiated HIV Screening encourage health care providers worldwide to offer HIV screening on an opt-out basis, regardless of HIV risk.

Greg Edwards, EDD, of the Flowers Heritage Foundation; Donna Futterman, MD, Director of the Adolescent AIDS Program at Montefiore Hospital in Bronx, NY; Michael Milsop of Health Planner in Philadelphia, PA; Shelley Hayes, JD, Chair of ABA AIDS Coordinating Committee, and Marsha Martin, Director of Get Screened Oakland, presented at the session.

Dr. Futterman, developer of the ACTS model for health sector based rapid HIV testing, discussed findings from research conducted in six Bronx-based health care settings. The findings showed an increase in testing when the ACTS protocol was implemented. ACTS is an acronym for an HIV testing protocol: Ask about testing, Consent for the test, Take the test, Support after the test. Michael Milsop described the utilization of a local, community-focused planning strategy employed in Philadelphia. The strategy was created to ensure greater involvement by people living or at risk for HIV. The Philadelphia approach includes the establishment of a separate non-profit, non-governmental organization to plan for, prioritize, and allocate funds. Dr. Martin gave highlights from the Oakland municipal program, which is designed to expand HIV screening. Ms. Hayes provided an overview of current testing laws and ongoing initiatives to remove barriers to expanded HIV testing.

In the News

CDC's revised estimates for new infections reveal an epidemic worse than previously known

(August 3, 2008) The Centers for Disease Control and Prevention (CDC) is now reporting that an estimated 56,300 HIV infections occurred in the United States in 2006. This estimate differs from the agency's previous estimate of 40,000 because it is now using a more precise method for estimating the number of individuals who become newly infected in a given year.

The revised estimate was released in a study that was part of a special HIV/AIDS issue of the *Journal of the American Medical Association*. A separate CDC historical trend analysis, which was published in the journal, suggests that the number of new infections was likely never as low as 40,000 and has been roughly stable overall since the late 1990s.

"It's important to note that the new estimate does not represent an actual increase in the number of new infections, but reflects our ability to more precisely measure HIV incidence and secure a better understanding of the epidemic," said Kevin Fenton, M.D., Director of CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. "This new picture reveals that the HIV epidemic is—and has been—worse than previously known and underscores the challenges in confronting this disease."

CDC's new surveillance method also provides more precise estimates of new infections in specific populations. Results confirm that the impact of HIV remains greatest among men who have sex with men (MSM) of all races and among African American men and women.

Community Calendar 2008
Upcoming Events and Dates to Keep in Mind

September

- M. 09/15 Congressional Briefing on MSM and the Global HIV & AIDS Epidemic, sponsored by the Office of Representative Barbara Lee, HC-6, U.S. Capitol, 12:00 - 1:30 p.m. For more information, contact the Office of Congresswoman Barbara Lee at 202-225-2661.
- M. 09/15 Key Outcomes from Mexico City: A CSIS - Kaiser Family Foundation discussion on AIDS 2008 International AIDS Conference; 3:00 p.m. – 5:00 p.m.; CSIS, B1 Conference Center, 1800 K Street, NW, Washington, DC. For more information, link to www.csis.org
- Th. 9/18 - 9/21 U.S. Conference on AIDS; Miami, FL. For more information, send e-mail to conference@nmac.org or call 202-483-6622.
- Th. 09/25 Race, Sex and Politics - Ending the Scourge of HIV/AIDS in Black America: a session of the Congressional Black Caucus Annual Legislative Conference; 1:00 p.m.- 2:50 p.m., Room 144A; Washington, DC Convention Center. For more information, link to www.cbcfinc.org

October

- Tu. 10/21 - Th. 10/23 The 2008 Black Church Institute on HIV/AIDS and Other Health Disparities; The Balm in Gilead; Founders Inn and Conference Center, Virginia Beach, VA. For more information, link to www.balmingilead.org
- Sa. 10/25 - Wed.10/29 American Public Health Association's 2008 136th Annual Meeting & Exposition: San Diego Convention Center, San Diego, CA. For more information, link to www.apha.org.

November

- M. 11/24 **Save the Date:** Town Hall Meeting on HIV in Alameda County; Oakland City Hall; 6:30 p.m. – 8:00 p.m.

December

- M. 12/01 **Save the Date:** World AIDS Day Commemoration; Oakland City Hall