



HIV Trends and Women's Sexual Health

December 2008

Summaries of articles with a women-centred focus on HIV, sexually transmitted infections, prevention and treatment issues.

All Types of Sexual Activity Carry Some STD Risk

An expert panel of the American College of Obstetricians and Gynecologists (ACOG) is advising doctors to have frank discussions with patients about all of their sexual activities and counsel them on STD risks.

Many people engage in "noncoital" sexual activities such as oral sex, anal sex, and mutual masturbation to limit their risk of STDs and prevent pregnancy, the experts noted. But all of these activities carry some degree of STD risk. "Noncoital sexual activity is not necessarily 'safe sex,'" said Dr. Richard Guido and colleagues in the report. While oral sex is generally safer than vaginal or anal sex, the panel said, the viruses that cause genital herpes, genital warts, and hepatitis can all be transmitted through oral sex. The same is true of bacterial STDs like syphilis, chlamydia, and gonorrhea.

Receptive anal sex carries the highest risk of HIV transmission, followed by receptive vaginal sex, according to ACOG. However, there have been HIV cases linked to oral sex.

While talking about sexual activities and their corresponding risks "is a sensitive issue to address for both patients and physicians, it's important to discuss sexuality frankly and without judgment so that we can help our basis as heterosexual women. "Most lesbians have been sexually active with men at some point," said Guido. "Even without this sexual history, there are some STDs that can be transmitted between two women during sexual activity."

The report, "Addressing Health Risks of

Noncoital Sexual Activity," was published in the Journal of Obstetrics & Gynecology (2008;112(417):735-737).

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 09/08/2008
Original Source: Reuters (09.02.08)

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Complexity of Canadian Law Hindering Shipments of Generic Antiretrovirals to Developing Countries, Company Says

Since the 1950s, the Pap smear has been the best tool for detecting cervical cancer and lowering death rates from the disease in the developed world. But many third-world countries lack the laboratories, equipment, expertise, and financial resources for Pap tests to be a viable way to lower rates of cervical cancer, the second-most common cancer in women.

McMaster University cancer researcher John Sellors and colleagues are evaluating a new vaginal swab that detects human papillomavirus - the cause of most cervical cancers - on the cervix. The self-collected sample is then tested. Results are available in hours - without the need for a lab, electricity, or running water. The approach could be especially important in countries where cultural norms restrict women from having vaginal exams.

The researchers studied the swab method on 2,500 women and found it to be around 90 percent accurate. Sellors' team will now conduct operational research. "[We are] giving the new test to governments, to government areas. public health services in India, one in Uganda and one in Nicaragua and actually trying to test out in real-life

situations, actual public health clinics in low-resource settings," said Sellors.

The results will help the researchers assess what needs to be done to improve the swab test. The study, "A New HPV-DNA Test for Cervical-Cancer Screening in Developing Regions: A Cross-Sectional Study of Clinical Accuracy in Rural China," was published in *The Lancet Oncology* (2008;9:929-936).

Source: Kaiser Daily HIV/AIDS Report: Wednesday, September 24, 2008



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Researchers Test New Rapid Screening Test for Human Papillomavirus

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-Source: CDC HIV/Hepatitis/STD/TB Prevention News Update: 10/21/2008

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Oil Boom, Transient Work Force Blamed for Syphilis Outbreak

In Edmonton on Monday, Alberta's health minister told the Standing Committee on Health that a syphilis outbreak in the province is the result of fast lifestyles among oilfield workers flush with cash.

"We have developed in this province over the past few years a very, I'd say, careless attitude in some ways and I think that plays into it, probably more than any other factor," said Ron Liepert. "Probably in any other given situation, in any other province, the same results might appear."

New Democratic Party Leader Brian Mason, however, did not accept that explanation and said the province should have responded with a widespread awareness campaign. The provincial government rejected this idea on the grounds that it would not reach the sex workers at greatest risk.

"To suggest that what we're seeing in terms of the syphilis outbreak and the deaths of these newborns is just an unavoidable outcome of the boom is unacceptable to me and a real rationalization of the situation," Mason said at the meeting. Since 2005, the province has seen 14 cases of congenital syphilis. Five babies died, and nine require long-term care. Five of the mothers were sex workers.

"This is a disease that traditionally hits marginalized people, and I think that we can't devalue those people, and we certainly can't devalue the lives of their babies," said Mason. He also wondered whether the

province's slow response may have been a factor in the departure of four public health doctors who left this year after their contracts were not renewed.

Since 2005, Alberta has seen 14 cases of congenital syphilis

Dr. Gerry Predy, Alberta's acting chief medical officer for health, said the government takes the outbreak seriously and has instituted a number of steps that have driven Edmonton's syphilis case count down to 40 so far this year, compared to 90 last year. (Edmonton Journal: (11.04.08):: Jodie Sinnema).

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update: 11/05/2008



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BC Considering New HIV/AIDS Treatment Strategy To Target Highly Vulnerable Groups

The Canadian province of British Columbia is considering new strategies to encourage the "most hard-to-reach" HIV-positive people to enter treatment, Toronto's Globe and Mail reports. The methods would target groups like drug users, the homeless and mentally ill and include payments and other incentives, such as drug recovery programs, addiction treatment, food and shelter.

Julio Montaner, head of the British Columbia Centre for Excellence in HIV/AIDS in Vancouver and president of the International AIDS Society, said that by combining HIV/AIDS treatments with recovery programs, people who would not normally see a physician might be persuaded to access treatment. "People have an instinct for self-preservation," Montaner said, adding that some groups are more likely to seek solutions for immediate problems ~ such as a lack of food and shelter or where to access drugs ~ rather than focus on longer-term issues such as HIV/AIDS. "If we listen to them and we ask them, 'What will it take for you to do this (take HIV treatment),' they will tell you," he said, adding, "If we can get these people hooked on us instead of hooked on their dealers, we can work with them and try to make (HIV treatment) a priority." Montaner said the new treatment strategy would be more cost effective over a long

period of time, adding that the cost to provide treatment to one HIV-positive person over a lifetime is between 250,000 and 500,000 Canadian dollars ~ or between \$200,000 and \$400,000. According to Montaner, studies have shown that if most people living with HIV are on treatment, new infections can be reduced by half.

According to the Globe and Mail, British Columbian Premier Gordon Campbell and Health Minister George Abbott have pledged to support the new program, although Abbott would not comment on the logistics of the plan. Abbott said that the issues surrounding highly vulnerable groups living with HIV/AIDS "are not going to go away" and are "simply going to be compounded and find themselves more and more into the mainstream populations." It is "very important to address the needs of the vulnerable," Abbott said (Armstrong, Globe and Mail, 10/30).

Source: Kaiser Daily HIV/AIDS Report: Friday, October 31, 2008



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Obama Likely To Reverse Some Bush Administration HIV/AIDS Prevention, Family Planning Policies, Adviser Says

President-elect Barack Obama likely will undo U.S. family planning and HIV/AIDS prevention efforts that long linked funding to antiabortion and abstinence-only policies, Susan Wood ~ co-chair of Obama's advisory committee for women's health and a professor at George Washington University's School of Public Health and Health Services - said recently, Bloomberg reports. Wood said that although President Bush's global health programs ~ such as the President's Emergency Plan for AIDS Relief ~ have brought more HIV/AIDS treatment to developing countries than under any other president, spending requirements for abstinence-only education have hampered family planning and the prevention of sexually transmitted infections worldwide.

"We have been going in the wrong direction, and we need to turn it around and be promoting prevention and family planning services and strengthening public health," Wood said. She added that Obama "is committed to looking at all this and changing the policies so that family planning services ~ both in the U.S. and the developing world ~ reflect what works, what helps prevent unintended pregnancy, reduce maternal and infant mortality, prevent the spread of disease."

According to Bloomberg, one of Bush's policies that has been cited for hindering STI and HIV/AIDS prevention efforts is restrictions on condom education. Gill Greer, director-general of the International Planned Pregnancy Federation, said CDC has pulled some condom information from its

Web site. Greer said, "The U.S. administration has certainly succeeded in demonizing condoms rather than showing that they can be part of prevention of both unplanned pregnancy and sexually transmitted infections."

Valerie Huber, executive director of the National Abstinence Education Association, said the Bush administration's emphasis on abstinence and fidelity "been shown to have demonstrable success in Africa," adding, "It would be more than unfortunate if that policy was changed." According to Huber, both Republicans and Democrats have cited support for PEPFAR's focus on abstinence and education, which has reduced the spread of HIV in countries such as Uganda. "If the president-elect wants to be science-based in foreign sex education policies, it would be wisest to continue this way because it's shown to be effective," Huber added.

Wendy Turnbull, a senior policy analyst with Population Action International, said that because of the "Mexico City" policy ~ which restricts U.S. international foreign aid to family planning programs abroad using their own funds to provide abortion services or lobby their governments regarding abortion rights ~ many family planning associations that rejected the terms of the rule "lost funding ... lost technical assistance and ... lost contraceptives." Under the basis of the policy, Bush also halted support for the United Nations Population Fund in 2002, saying it supported "coercive" abortion programs in China, an allegation the agency has denied, Bloomberg reports (Gale/Lauerman, Bloomberg, 11/10). The Los Angeles Times "Top of the Ticket" blog reports that the Mexico City policy is likely to be "quickly rescinded" after Obama takes office (Hoffecker, "Top



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of the Ticket," Los Angeles Times, 11/10).

According to Wood, the U.S. government in recent years has influenced and "tightly vetted" international organizations to reflect its own policies. She added that Obama will bring "back a sense of balance and perspective and the use of good science and good medicine in these positions, and not just this narrow, political ideology"(Bloomberg, 11/10).

USA Today Examines Future of HIV/AIDS Efforts in Africa Under Obama

USA Today on Monday examined the future of efforts to address HIV/AIDS and other issues in Africa under Obama's administration. According to USA Today, Obama's commitment to fighting HIV/AIDS and addressing other issues might be hindered by the global economic crisis and large U.S. military commitment overseas.

Although expectations "have been high" in Africa since Obama traveled to the continent as a senator in 2006, some African leaders "have tried to tamp down their own peoples' hopes" because they are "[a]ware of the limitations now that Obama is president-elect," according to USA Today. Senegalese President Abdoulaye Wade said, "Africans must not ask extraordinary things from [Obama], must not expect ... that through the miracle of his election, America will drain money on Africa to change our continent." John Norris, executive director of the Enough Project, said that issues such as HIV/AIDS in Africa are "clearly issues that [Obama] is passionate about and serious about," adding, "There's a lot of goodwill and a sense of optimism. But that new approach is being tempered by a lot of realism about the magnitude of the prob-

lems that he has to deal with."

According to USA Today, HIV/AIDS is an "issue where the money crunch could be particularly acute." Laurie Garrett, a senior fellow at the Council on Foreign Relations, said that even though Congress passed legislation that increases PEPFAR's funding to \$48 billion over five years, the economic crisis could force cuts in funding for other critical foreign aid programs. Garrett said, "If they cut the rest of foreign assistance by 50% or more, we're going to be funding a U.S. foreign assistance that is just basically three things: Iraq, Afghanistan and AIDS."

Obama's commitment to fighting HIV/AIDS and addressing other issues might be hindered by the global economic crisis and large U.S. military commitment overseas

Peter Piot, executive director of UNAIDS, last month said that even if U.S. foreign aid remains at current levels, AIDS-related deaths worldwide could reach three million annually by 2011, an increase from two million in 2007. In addition, providing treatment to HIV-positive people under PEPFAR is becoming more expensive as many people develop resistance to first-line drugs and require more expensive second-line therapies. "The dollar has declined so much in value," Garrett said, adding, "There is the food crisis, the economic crisis and energy crisis, and when you put it together, the cost of doing anything is far greater today than it was a year ago" (Alsop, USA Today, 11/10).

Source: Kaiser Daily HIV/AIDS Report: Nov 11, 2008



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Study Examines Why Merck Vaccine Candidate Might Have Increased Likelihood of Contracting HIV

Trials of Merck's experimental HIV vaccine were halted in September 2007 because the drug might have increased the likelihood of contracting the virus rather than preventing it, according to a study published Monday in the *Journal of Experimental Medicine*, AFP/Google.com reports.

The vaccine was based on the idea that a modified form of a common cold virus - Adenovirus 5 - would carry elements of HIV into the body, which would then trigger the immune system to start fighting a subsequent HIV infection. An initial concern was that widespread immunity to the vaccine might cause it to be rejected by the body before the body could develop an effective response against HIV. However, three years after the trial began, researchers at the Montpellier Institute of Molecular Genetics in France said that more of the recipients who had prior immunity to the Ad5 virus had contracted HIV than those who had not received the vaccine. The study found that the presence of long-lasting antibodies specific to the Ad5 virus, which were generated during natural infections with the common cold, could have altered the response to the vaccine. Furthermore, HIV spread through cell cultures three times faster in the presence of antibodies from individuals immune to the Ad5 virus because HIV came in contact with an increased amount of CD4+ T cells to infect. In addition, the study found that the problem was not documented during Phase II trials because nonhuman primates, which were used in Phase I trials, do not naturally come into contact with the human common cold (AFP/Google.com, 11/3). The study is available online.

Source: Kaiser Daily HIV/AIDS Report: Tuesday, November 04, 2008

HIV-Positive People Might Be at Increased Risk of Bone Fractures, Study Finds

As HIV-positive people live longer primarily because of antiretroviral treatment, they might face an increased risk of bone fractures, researchers from Massachusetts General Hospital reported last week, Xinhua/Individual.com reports. According to the study, the prevalence of bone fractures in people living with HIV is 60% greater compared with HIV-negative people. According to Steven Grinspoon of MGH, the study group included more than 8,500 people living with HIV and more than two million control patients. He added that researchers evaluated data from patients treated over an 11-year period. The size of the study group "has the power to detect significant differences in risk for both men and women at critical sites such as the hip and spine, risks that increased with age," Grinspoon said.

The researchers found that the prevalence of bone fractures was 1.8% in HIV-negative participants, compared with 2.9% of HIV-positive people who were diagnosed with fractures of the wrist, spine and hip. The study also found that fracture rates associated with HIV were seen in both women - 2.5% of HIV-positive women compared with 1.7% of HIV-negative women - and men - 3% of HIV-positive men compared with 1.8% of HIV-negative men. In addition, the researchers said that older patients have an even greater risk of bone fractures. Grinspoon said the results of the study indicate that as people living with HIV age, they should be screened for bone density, adding that researchers "need to learn more about the mechanisms of this bone loss - whether [antiretroviral] drugs, the virus itself or other metabolic factors are responsible" (Xinhua/Individual.com, 8/28).

Source: Kaiser Daily HIV/AIDS Report: Sep 02, 2008



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HIV/AIDS 'Cure' Promoted by Gambian President Has Increased Use of Antiretrovirals, Reduced Stigma Associated With Disease

An herbal treatment that Gambian President Yahya Jammeh in January 2007 claimed to be a cure for HIV/AIDS has had an "unanticipated" outcome on the fight against the disease in the country, according to some HIV/AIDS experts, IRIN News reports. The experts say that rather than drawing HIV-positive people toward the herbal cure, it has increased the use of antiretroviral drugs and reduced the stigma associated with HIV/AIDS.

IRIN News reports that not only have individuals who switched to the president's herbal treatment returned to antiretrovirals but also that Jammeh has recently started to modify the language he uses to describe the treatment. An anonymous HIV/AIDS expert in The Gambia said that Jammeh "no longer says people have been 'cured' through it, but instead that 'no virus has been found'" in the immune systems of participants once they finish the treatment. Nevertheless, IRIN News reports that although "there is increasing scrutiny of the president's treatment and its impact among HIV/AIDS experts and people with HIV/AIDS in The Gambia, the subject remains highly sensitive" (IRIN News, 11/3).

Jammeh's treatment, which has been largely condemned by the international community, is applied over several weeks and involves application of a green paste, as well as application of a gray-colored solution splashed on people's skin and drinking a yellowish tea-like liquid. In addition, Jammeh said people taking the treatment

should refrain from drinking alcohol, tea and coffee; eating kola nuts; and having sex. The biggest concern among public health workers was that Jammeh asked HIV-positive people to stop taking antiretrovirals, which weakens their immune systems and makes them more prone to infections (Kaiser Daily HIV/AIDS Report, 2/22/07).

Although Jammeh continues to provide his treatment, IRIN News reports that he also is now a supporter of the National AIDS Secretariat, which coordinates clinics, not-for-profit organizations and other groups to provide antiretroviral treatment throughout The Gambia. NAS Director Alieu Jammeh said he considers the president's treatment as "complementary" to antiretrovirals. However, although the treatment has worked to reduce HIV/AIDS-related stigma in the country, Alieu Jammeh said more needs to be done to stop discrimination, particularly among at-risk groups. According to Alieu Jammeh, a national strategy on HIV/AIDS prevention and treatment that would achieve basic steps ~ such as ensuring the safety of blood stocks once people are tested and monitoring prevalence rates ~ is needed. He added that NAS currently is working on a five-year proposal with the Global Fund To Fight AIDS, Tuberculosis and Malaria to fund this work. Alieu Jammeh said, "We cannot be complacent. We want to make sure we halt prevalence rates and reverse it" (IRIN News, 11/3).

Source: Kaiser Daily HIV/AIDS Report, Wednesday, November 05, 2008



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Researchers Examining Protein Communication To Prevent HIV

Researchers at Carnegie Mellon University Language Technologies Institute are using statistical computer methods to identify which proteins could prevent HIV infection by listening to signals from a drug instead of the virus, the Pittsburgh Tribune-Review reports. The research team recently received a grant from the Bill & Melinda Gates Foundation, and it could be awarded \$1 million for five years in July if it can prove that its concept works, the Tribune reports.

According to Judith Klein-Seetharaman - head researcher on the Carnegie Mellon team who also serves as head of the Center for Biomedical Sciences at the University of London - the goal of the research is to "find a way so HIV is not the dominant communicator among proteins." She added, "If the virus is telling the cell not to divide, the drugs would say, 'Cell, do divide. It doesn't matter what the virus is telling you.'"

Using computational linguistics to analyze and understand the language and interaction of proteins by viewing gene sequences "like texts in human languages," the scientists hope to determine which "words" are used by proteins that interact with each other, compared with those that do not, Klein-Seetharaman said. Although HIV usually attacks a "hub" protein because it then can control several pathways within a cell, cells have other pathways through which proteins communicate, according to Klein-Seetharaman. "One possible way to combat (HIV) might be to find an alternate pathway that accomplishes the same function and try to activate it somehow," Sivaraman Balakrishnan, a master's student on the research team, said, adding that by using computers to

examine data about protein interactions, the researchers might be able to identify other pathways. Once an alternative pathway is found, a drug potentially could signal to a cell to reject HIV's hold on a hub protein, Klein-Seetharaman said (Cronin, Pittsburgh Tribune-Review, 11/4).

Source: Kaiser Daily HIV/AIDS Report: Thursday, November 06, 2008

Mbeki Blamed for 330,000 Deaths

As a result of former President Thabo Mbeki's 1999 decision blocking AIDS drugs, 330,000 South African HIV/AIDS patients died and nearly 35,000 babies were born HIV-positive between 2000 and 2005, a new study estimates. Dr. Pride Chigwedere of the Harvard School of Public Health and colleagues said Mbeki failed to provide antiretroviral drugs to prevent mother-to-child HIV transmission; restricted the use of donated ARVs; and blocked for more than one year funds from the Global Fund to Fight AIDS, TB and Malaria. Mbeki's government acted "as a major obstacle in the provision of medication to patients with AIDS," the study concluded. The full study, "Estimating the Lost Benefits of Antiretroviral Drug Use in South Africa," was published in the Journal of Acquired Immune Deficiency Syndromes (2008;doi:10.1097/QAI.0b013e31818a6cd5). (2008;doi:10.1097/QAI.0b013e31818a6cd5).

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update: 11/10/2008



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Group Launches New Program To Reduce Stigma Against HIV-Positive Sex Workers in India

The Indian not-for-profit organization Swathi Mahila Sangha has launched a new project to address stigma aimed at commercial sex workers living with HIV/AIDS, the Daily News and Analysis reports. The project - called "Baduku," or Life - is conducted in partnership with Vijaya Mahila Sangha and Jyothi Mahila Sangha, organizations that focus on empowering commercial sex workers. It has received a grant worth about \$32,350 from the World Bank for 18 months of technical support. "Women sex workers who are affected by HIV positive face double stigma," Psushpalatha R., SMS project manager, said, adding, "They are even more discriminated and stigmatized, leading to poor access to HIV/AIDS-related medical and other services."

According to the Daily News and Analysis, the project includes a one-month campaign program involving three elements. The first is a Nov. 5 bike rally during which volunteers will visit police stations and hospitals to seek the support of officials in helping to reverse the stigma against people living with HIV/AIDS. This will be followed by a Nov. 14 event during which a human chain will be formed in a public area in an effort to dispel the myth that the virus can be transmitted through touching. The project also includes a signature campaign in which the public will sign pledges not to discriminate against people living with HIV/AIDS. In addition, SMS on Oct. 5 began an e-mail

campaign focusing on HIV/AIDS awareness.

"Thirty-five percent of people among those to whom we sent e-mails replied showing concern towards people with HIV," an SMS volunteer said, adding, "We require the support of the general public" (Rao, Daily News and Analysis, 11/4).

Source: Kaiser Daily HIV/AIDS Report: Wednesday, November 05, 2008

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