

Inequalities fuelling HIV pandemic

Focus on Red Cross societies' response in Latin America and the Caribbean

Advocacy report



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INTRODUCTION

The HIV pandemic in Latin America and the Caribbean is fuelled by a range of social and economic inequalities exacerbated by high levels of stigma, discrimination of highly vulnerable groups, and persistent gender inequality and homophobia. Despite efforts to reduce the impact on HIV in the region, many of these factors have not been adequately addressed.

Over the past ten years, Red Cross and Red Crescent societies have scaled up their activities to prevent HIV and ameliorate its impact. Starting from the African continent – which remains the most affected by HIV and AIDS – Red Cross and Red Crescent societies have progressively joined the International Federation of Red Cross and Red Crescent Societies' Global Alliance on HIV – launched in 2006 to expand community-based action on HIV prevention, care, support and reduction of stigma and discrimination. The pioneering

work done in countries such as Zimbabwe has now been extended to other parts of the world, while adapting and responding to various regional differences.

Red Cross societies in the region are among organizations that are working even in remote areas of the continent to increase access to HIV prevention education, address inequality and mitigate the impact of HIV on individuals and communities.

While prevalence rates in Latin America and the Caribbean remain lower than in sub-Saharan Africa, the Caribbean has the highest prevalence of HIV in the world outside Africa. In Latin America, prevalence rates are high among the key vulnerable populations mentioned in this report. The pandemic affecting Latin America and the Caribbean is hard to address since those most at risk of HIV infection are additionally affected by stigma, discrimination and violence. Improved access to treatment and comprehensive prevention strategies including behaviour change information, education, communication and support can substantially reduce infection rates. Addressing vulnerability by advocating on behalf of the most vulnerable communities confronted with the threat of HIV, improving access to services and reducing stigma and discrimination are equally important.

This report highlights the growing contribution of Red Cross societies involved in the Global Alliance in Latin America and the Caribbean to preventing further infections, while also reducing stigma and discrimination of people living with HIV and other vulnerable populations particularly affected by HIV.

Poster in Spanish promoting the regional Red Cross Alliance on HIV.



MAIN ACHIEVEMENTS AND FINDINGS

→ **REGIONAL FIGURES** for HIV programmes by ten Red Cross societies engaged in the Global Alliance on HIV in Latin America and the Caribbean in 2008:

- 796,242: number of people reached by HIV programmes through prevention messages
- 3,002: number of people living with HIV directly supported
- 5,195: number of supported children orphaned by AIDS
- 804,439: total number of people reached and supported.
- 448,776: volunteer hours mobilized in a year for programme implementation
- 1,864,302 Swiss francs were mobilized for HIV programmes in the region.

→ **GLOBAL FIGURES** for HIV programmes by Red Cross and Red Crescent societies throughout the world:

- 22,461,108: number of people reached through prevention messages
- 132,566: number of people living with HIV supported
- 128,233: number of children orphaned by AIDS supported
- 22,721,907 people: total number of people reached and supported
- 27,464,544 hours: annual total of volunteer hours on HIV programmes
- 46,407,217 Swiss francs were raised for HIV programmes. This represents only 0.3 per cent of the globally available funds for HIV in 2008. However the volume of work done with the raised money is remarkable.

→ **FOCUS OF ACTION**

- There is a need to target the **people most at risk of HIV** (such as especially vulnerable young people, sex workers and their clients, men who have sex with men, transgender people, prisoners and mobile populations) to reach a lasting reduction in HIV infection rates in Latin America and the Caribbean, as these groups are less likely than others to be reached by mass prevention campaigns
- Understanding the **local specificities** of the HIV pandemic is key to success in reducing the scale of HIV transmission. It is vital to work directly with most-at-

risk populations to try to prevent further infections, employing a range of approaches such as peer education and behaviour change communication

- **Social and economic inequalities** further exacerbated by **stigma and discrimination** are fuelling the HIV pandemic in the region
- There is growing evidence that there is a **difference between knowledge and attitude** towards self-protection. Studies show that people who are aware of the risk of HIV transmission through unprotected sex still do not protect themselves
- **Communications strategies** need to be developed with **specific vulnerable communities** to raise awareness, promote tolerance and disseminate health information around HIV in the region should be further scaled up
- Working closely with **people living with HIV** is essential
- Promotion of voluntary testing and increased access to anti-retroviral treatment should be further developed throughout the region
- Whenever possible, HIV programmes should be integrated with other health and social service programmes, such as community-based health and first aid and voluntary non-remunerated blood donation
- Several **key populations** have been identified in the region as requiring special attention for HIV prevention. They include:
 - Men who have sex with men, gay men, and transgender people
 - Sex workers and their clients
 - Women and girls
 - Prisoners and detainees
 - Injecting and other drug users
 - Mobile populations and migrant workers
 - Members of minority groups such as indigenous people
 - Urban youth, including gang members living in poorer areas and on the street
 - Displaced people and people affected by armed conflicts
 - People living in remote areas.

Even though there are many regional differences, trends in Latin America and the Caribbean are consistent with what has been reported in other areas of high prevalence.

Inequalities fuelling HIV epidemics

Most countries in Latin America and the Caribbean are affected by social and economic inequality, which creates a growing gap in health conditions between those who can afford medical services and have access to higher education and those who live in precarious conditions with little or no medical services and limited access to education and prevention information.

A recent IFRC study¹ shows that poverty remains a major problem throughout the region fuelled by socio-economic disadvantage, as well as political instability in some countries, and by the growing inequality between a minority of rich people on the one side and the rest of the population living close to or under

the poverty level on the other. The family structure has slowly disintegrated with a major rise in the number of single parent families. In 2020, 60 per cent of the total population in Latin America and the Caribbean will be under the age of 30. This can be an economic asset but it is also a challenge in terms of access to education, employment and social integration. More unwanted pregnancies can be expected and, if prevention strategies fail to reach those most at risk of HIV and to reduce stigma and discrimination, HIV infection rates will also increase.

Socio-economic inequities do have an impact on HIV progression. A person with poor nutrition and poor health often has a weaker immune system so he or she may be less able to fight infection.

As the international community gets ready in 2010 to assess progress made in reaching the Millennium Development Goals, inequities of all kinds faced by many in the region continue to have a severe impact on the HIV pandemic.

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¹. "The future of the Red Cross in Latin America and the Caribbean: The challenges of risk management and social cohesion", page 21, IFRC, 2009



"Together We Can" peer educator provides advice around preventing HIV transmission using a brochure featuring famous young female actor and male singer role-models.

REGIONAL FACTS ON HIV

Latin America: New HIV infections in 2007 totaled an estimated 140 000, bringing to 1.7 million the number of people living with HIV in this region. An estimated 63,000 people died of AIDS last year. HIV transmission in this region is occurring primarily among men who have sex with men, sex workers, and (to a lesser extent) injecting drug users.

The Caribbean: An estimated 230,000 people were living with HIV in 2007 (about three quarters of them in the Dominican Republic and Haiti), while an estimated 20,000 people were newly infected with HIV in this region, and some 14 000 people died of AIDS. The main mode of HIV transmission in the Caribbean is unprotected heterosexual intercourse, paid or otherwise. However, sex between men, although generally denied by society, is also a significant factor in several national epidemics.

Source: UNAIDS

<http://www.unaids.org/en/CountryResponses/Regions/LatinAmerica.asp>
<http://www.unaids.org/en/CountryResponses/Regions/Caribbean.asp>

Epidemiological trends²

Many countries in Latin America can be considered as having “low level” epidemics among the general population. However, recorded infections are largely confined to individuals from at-risk populations. Prevalence rates in defined sub-sets of the population such as men who have sex with men, prisoners, sex workers and injecting drug users are typically very high, going over 5 per cent. One example is the situation in Buenos Aires, the capital of Argentina, where HIV prevalence in men who have sex with men is between 7 and 15 per cent while the national prevalence in the adult population is 0.6 per cent. It means the epidemic is a concentrated one.

One of the problems is that a high number of people are unaware of their HIV status. The latest available statistics show that in a country like Colombia, at least 170,000 people were living with HIV in 2007, including 47,000 women. However, it is estimated that this number is higher, reaching 230,000 people according to the highest estimate, including 66,000 women.³

Another interesting case is Ecuador which is categorized with a “concentrated-phase growing epidemic” due to prevalence rates higher than 5 per cent in key populations such as men who have sex with men. According to figures mentioned in the **Ecuadorian Red Cross'**

latest progress report, there seems to be a trend showing that the number of new infections is rising among women (29 per cent of cases in 2005, 40.12 per cent in June 2008) while the population under 30 years accounted for 42.84 per cent of infections in 2004 and increased to 65.56 per cent by June 2008. So clearly there is a need to target prevention and care interventions for women and people under 30 years of age.

The situation is even more worrying in the Caribbean where a number of countries have generalised epidemics with concentrated epidemics in some populations. According to UNAIDS statistics from 2006, HIV prevalence reached or surpassed 1 per cent in the Bahamas, Barbados, Belize, Guyana, Haiti, Jamaica, Suriname, and Trinidad and Tobago. UNAIDS also highlights an “inadequate surveillance system” in several countries, making it difficult to gather comprehensive statistics.

In Guyana, according to the latest report from **the Guyana Red Cross Society**, the national HIV adult prevalence is estimated at 2.5 per cent with AIDS ranking among the country's leading causes of death among 25 to 34 year olds. The predominant route of HIV transmission is unprotected heterosexual sex. Much of this transmission is associated with commercial sex, but the virus is now spreading in the general population.

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2. This advocacy report does not have the ambition to give a comprehensive presentation of the AIDS epidemics in Latin America and the Caribbean. Also, the latest regional statistics available from UNAIDS by the time this report is being drafted are those from 2008 and 2007 (AIDS epidemic update, regional summary for Latin America and the Caribbean, UNAIDS, 2007 and 2008 Report on the Global AIDS Epidemic, UNAIDS 2008). A more recent update may be expected by the time this report is launched. However, a few trends can be identified.

3. Epidemiological fact sheet on HIV and AIDS, Colombia, 2008 update, WHO/UNAIDS/UNICEF, December 2008

The primary mode of HIV transmission in the Caribbean is through sexual intercourse, unprotected sex between sex workers and clients being a key factor in the spread of HIV. Prisoners also have high levels of HIV infection. A study in the Belize central prison in 2005 showed HIV prevalence of 5 per cent among prisoners.

A key factor is fuelling the pandemic in many Caribbean countries: stigma and discrimination against men who have sex with men is still very high, forcing many people to conceal their sexual identities. They are often subjected to social and institutional harassment. Because of this, they cannot easily be reached by specific prevention campaigns. Both in Latin America and the Caribbean, women are increasingly facing rising infection rates as HIV rates increase in the general population.

However, it would be wrong to conclude that only vulnerable people are at risk. Several studies conducted in the Caribbean showed that people who are aware of the risk of HIV transmission through unprotected sex still do not always protect themselves⁴. A strong reluctance to use condoms persists. So while there is a need to pay special attention to the most vulnerable groups, there is also a need for strengthening information, education and communication actions for the general population.

Reaching at-risk young people

There is a need to target the people most at risk of HIV to reach a lasting reduction in HIV infection rates in the region, as these groups are less likely than others to be reached by mass prevention campaigns. Understanding the local specificities of the HIV epidemic is a major asset for reducing the scale of HIV infection. Because Red Cross societies in the region work mainly through community-based volunteers; they are ideally placed to identify the specificities of the epidemic at the local level and work directly with most-at-risk populations to try to curb HIV infection.

Given the demographic pattern in Latin America and the Caribbean, an important prevention target group is youth, especially those living in disadvantaged urban areas, but also those living in remote communities who may

not necessarily have easy access to information on HIV and prevention commodities.

According to the UNAIDS 2007 report, Haiti “still bears the largest HIV burden in the Caribbean”. HIV prevalence is at 2.2 per cent. Many efforts have been made over the last few years to improve the situation. Since 2004, the **Haitian National Red Cross Society**, supported by the **American Red Cross**, has been implementing a major prevention programme called “Together We Can”. It has already reached more than 435,000 youth via curriculum-based sessions, peer to peer outreach and entertainment, while over half a million youth have been targeted through mass media programmes. Currently, “Together We Can” is reaching more than 9,500 young people per month with interpersonal communication-based outreach.

Surveys conducted before and after workshops and activities demonstrate over 100 per cent gains in comprehensive correct knowledge and accepting attitudes towards people living with HIV, as well as positive gains in negotiating abstinence and condom use.

In addition to reaching large urban areas, “Together We Can” also operates in hard-to-reach areas in rural zones and in highly unstable areas such as Cité Soleil. Here, the project has reached gang members among the numbers of at-risk youth it serves and the same gang members allow the **Haitian National Red Cross Society** peer educators and volunteers to conduct educational activities with local youth.

The project uses an approach called the “multiplier effect”. Peer educators ask youth participants to share the key prevention messages they have learned with their personal network of friends, siblings, schoolmates and neighbours. One youth reached thus becomes 11 youth reached; one youth taught becomes one youth mobilized to promote safer behaviour among multiple youth in their communities.

The “Together We Can” programme is set to further expand geographically into Nippes and the north-west of the country. A condom distribution component should be added, providing condoms during interventions as well as making condoms available at **Haitian National Red Cross Society** branches.

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4. AIDS epidemic update, regional summary for the Caribbean, page 5, UNAIDS 2007

The "Together We Can" methodology is also being implemented in Guyana. The **Guyana Red Cross Society** has reached 5,000 young people directly and 10,000 indirectly. About 500 people have also been referred for voluntary counselling and testing, while activities promoting the reduction of stigma and discrimination have also been scaled up.

Migrant population and displaced people

Mobile populations and migrant workers are also highly vulnerable groups. There are many examples throughout the region: Haitians crossing into the Dominican Republic, Central Americans heading north, Colombians, Venezuelans and people from Caribbean islands going to Panama.

Similarly, people internally displaced by conflicts are facing specific risks. In Colombia, it is estimated that between two million and three million people had to move from their homes because of internal conflicts.⁵ Most had to leave all their belongings behind and are now living

in precarious conditions, mostly in shanty towns around Colombia's main cities such as the capital, Bogotá.

The **Colombian Red Cross Society** has been running a range of programmes for displaced people from providing first aid to psychosocial support. They also added HIV prevention activities, as these communities are particularly vulnerable to the epidemic. The level of violence is usually high in poorest districts often run by gangs and drug dealers. The high consumption of drugs (from sniffing glue to injecting drug use) increases the risk of HIV infection.

Most people come from rural areas and have very little knowledge of sexual and reproductive health. It is quite common to hear women say they had never seen a condom in their life before attending a Red Cross programme.⁶

Being displaced has also changed the social hierarchy. Men who used to cultivate the land can no longer do so when they reach the big cities. This can exacerbate their use of drugs

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5. *State of the world's refugees 2006*, chapter 7, UNHCR, 2006

6. Case study "I had never seen a condom before the Red Cross showed it to me", in the annex of this report



and alcohol, and may increase the risk of physical and sexual violence towards their partners and families. If they are unable to find a job where they relocated, some men are also forced to leave their families to find work in other parts of the country. Many of them are likely to pay for the services of sex workers while they are away and, if they become infected with HIV, risk passing the virus on to their wives when they come back. The scale of the problem is such that in this case Red Cross volunteers do try to convince both husbands and wives to use condoms if it is likely that they cannot be mutually faithful.

This is one of the topics discussed during HIV prevention sessions organized by **Colombian Red Cross Society** regional branches. They involve specially trained volunteers and peer educators who visit displaced communities on a regular basis. Activities include providing basic information on HIV, distributing information leaflets, showing in a practical way how to use a condom and, as importantly, answer questions and listen to concerns expressed by participants.

Women

As we already mentioned, one major characteristic of the HIV pandemic in Latin America and the Caribbean is the high levels of HIV prevalence among men who have sex with men, exacerbated by the stigma and discrimination they face.

However, in the case of women and girls, gender inequality fuels HIV transmission because they either do not have the full control of their sexual lives (in case of married couples or regular partners, especially when one partner is unfaithful) in a society dominated by men or, in the case of female sex workers, face constant pressure from clients to have unprotected sex. This is also true for male and transgender sex workers.

Because very few women take the risk of denouncing the abuses against them, their plight remains mostly invisible.⁷

This is why many Red Cross societies in the region seize every opportunity to raise awareness among women. For example, on the occasion of International Women's Day, the **Argentine Red Cross** carried out a national prevention campaign involving more than 150

volunteers from 29 branches throughout the country. Under the slogan "Today and every-day, let's take the initiative", the campaign promoted empowering women to exercise their sexuality without pressure or violence, which in turn brought attention to the growing prevalence of HIV among women due to various gender-related inequalities. The campaign was held first in the city of Cordoba and was later repeated in other cities, directly reaching 27,000 people. More than 18,000 condoms were also distributed as well as 15,500 referential postcards and information brochures.

Indigenous people

People living in remote areas are always hard to reach when it comes to passing prevention messages of any kind. This is particularly true when it comes to HIV which is often seen as a problem that is not relevant for their community. However, with the development of transport and technology, minorities come to mix with others. This is why several Red Cross societies in Latin America such as **Guatemala, Ecuador** and **Colombia** developed HIV programmes specifically designed with indigenous people, who represent about 10 percent of the total population in Latin America.⁸

This is an area where it is essential to take into account cultural differences and adapt messages to the local particularities. No one is better placed to do that than community-based Red Cross volunteers who are part of the community and can better understand their issues. Working with indigenous people involves first building trust with community leaders, especially the elders and traditional chiefs, having them understand the necessity to have their population informed on the risk of HIV. This is not an easy task since community leaders are usually careful when confronted with new problems coming from the outside and because in many cases, they have been the victims of stigma and discrimination. Once they have persuaded community leaders, volunteers can be allowed to organize information and prevention sessions during which they can increase awareness with community members, especially teenagers, and more effectively disseminate what can be done to protect oneself while living within their community and following local traditions.

This means in some cases communicating prevention messages into the local language. They

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⁷ Interview of Colombian activist Mayerline Vera in the story "The Red Cross helps us share the knowledge on HIV" available on www.ifrc.org/wad

⁸ <http://www.imf.org/external/pubs/ft/fandd/2005/12/hall.htm>, 1st paragraph

Fotografía: Chaco González



8 de **M**arzo Día Internacional de la **M**ujer

Hoy y todos los días
tomemos la iniciativa.



En Argentina, de cada 3 personas
que tienen VIH 1 es mujer.

USÁ PRESERVATIVO. ES TU DERECHO.



CRUZ ROJA
ARGENTINA

Poster from
Argentine Red
Cross highlighting
the situation of
women and HIV.

can be printed when the language can be written or even just told during prevention session, in joint partnership with local health centres or even more widely by using the power of community local radio stations.

One example is the programme that **Colombian Red Cross Society** has started to implement with the Guambiano indigenous people in the small town of Silvia in southern Colombia. Volunteers are welcome inside the community school to conduct HIV prevention activities and they are also regularly invited to relay prevention messages on the air of the community radio station broadcasting on the language spoken by the Guambianos.

In Central America, the **Guatemala Red Cross** is running a similar programme with four different populations groups: the Mayas (23 ethnicities), the Xincas, the Garifunas and the Ladinos. Thanks to the support of **Spanish Red Cross**, the **Guatemala Red Cross** has been able to open a delegation in Nuevo Palmar, a town with more than 27,000 inhabitants. More than 80 per cent are Mayas from the Quiché ethnic group. Community members, especially youths and women, are provid-

ed with information and education sessions on HIV. It is all the more important since the community is often faced with poverty, social economic problems, discrimination, lack of basic health services and information on sexuality, all factors that fuel the HIV pandemic.

The understanding of a growing number of indigenous community leaders of the threat of HIV is certainly one very positive achievement that has been reached over the past few years. Efforts will be further developed in close partnership with local and traditional authorities.

Men who have sex with men

Men who have sex with men are most at risk of HIV infection in the region. Along with gay men and transgender people, men who have sex with men, they are also the population, facing the most stigma and discrimination in the forms of insults, discrimination in employment and housing, as well as physical abuse, violence and rape.

Because of this, many men who have sex with men are not doing so openly, which means that

they are also less likely to get tested and receive treatment when necessary. This is why fighting stigma and discrimination against all minorities, including the gay community, is an integral part of the IFRC's HIV policy.

Despite efforts being made, a lot needs to be done to counter balance this trend. If homosexuality has become slightly more acceptable in many Latin American countries, homophobia is still very high, especially in Caribbean countries, with men who have sex with men being subjected to both social and institutional harassment.⁹ Besides, in many countries where homosexuality is illegal and a sanctionable crime, they are subjected to discriminatory and punitive legislation.

In a recently published article¹⁰, the following incidents were cited in Jamaica: "The Jamaica Forum for Lesbians, All-Sexuals and Gays (J-FLAG), a pressure group, reports 33 cases of serious injuries from mob attacks on gays in 18 months. Two female couples were attacked and raped by men in recent weeks. Many attacks go unreported, partly because police do not always investigate them."

Another important trend is affecting Latin America and the Caribbean, as other parts of the world: the term "men who have sex with men" describes behaviour rather than a particular group of people as it can include self-identified gay or bisexual men. Men who have sex with men are sometimes married and their female partners are often unaware of their partner's other sexual relationships. The female partners of men who have sex with men may themselves be vulnerable to HIV. So it is important to note that the needs of men who identify themselves as gay and those who may not identify themselves as gay are different and require differing responses.¹¹

Male and female sex workers

Sex workers are obviously another group particularly vulnerable to HIV infection and who is also very often stigmatised. Approaching sex workers can be difficult. This is why a number of Red Cross societies in Latin America and the Caribbean have developed specific programmes to make sure sex workers are aware of the risks they take if they agree to unprotected sex and develop strategies to deal with clients.

The risk is not slight, when sex workers admit that almost every night, several potential clients will offer to pay them double or even triple the price for unprotected sex. If many sex workers have been convinced to reject those requests, there is always the possibility that some will be desperate or naive enough to agree and increase the risk of infection.

When working on prevention activities with sex workers, it is also important to adapt prevention messages to their sexual identity. For instance, giving an information leaflet showing heterosexual sex to men having sex with men or transgender people will not be relevant to their situation.

This is also why, in order to approach sex workers more easily, Red Cross societies in the Americas promote peer education. Either volunteers are themselves former sex workers or they work closely with activists inside the community to pass on prevention messages and distribute free condoms. By doing so, they are in no way promoting sex work. However, the Red Cross Red Crescent cannot reduce HIV transmission if it does not reach highly vulnerable groups such as sex workers. Nor will it significantly reduce the likelihood of men passing HIV on to their female partners if infected with HIV through unprotected intercourse with sex workers, or the potential vertical transmission of HIV from these mothers to their children.

Drug users

Drug users who share non-sterile injecting drug equipment to inject drugs into the bloodstream are highly vulnerable to HIV infection. This mode of transmission is a major entry point for HIV epidemics including in some countries in Latin America and the Caribbean. Prevention coverage is sometimes low, especially when needle sharing is frequent.¹²

However, besides injecting drug users, usage of "milder" form of drugs like marijuana, sometimes mixed with high alcohol consumption, may affect people's ability to negotiate condom use or protect themselves.

People in prisons

The rates of HIV transmission among people in prisons are usually higher than for the gen-

9. *AIDS Epidemic update, regional summary for the Caribbean, page 2, UNAIDS 2007*

10. *The Economist, 17 September 2009*

11. *HIV prevention: Principles and guidelines for programming, page 13, IFRC, 2009*

12. *HIV prevention: Principles and guidelines for programming, page 13, IFRC, 2009*

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13. HIV prevention:
Principles and
guidelines for
programming, page
14, IFRC, 2009

eral population and this is also the case in many parts of the region. Unsafe injecting drug use, tattooing, unprotected consensual sex and rape all contribute to the vulnerability of people in prisons.

Also, a high proportion of people in prisons are there for drug-related crimes and find ways to continue their habits while in prison.

So there is a need to provide HIV prevention services in prisons to increase knowledge and prevent sexual transmission.¹³

One good example of programmes for people living in prisons is the one implemented by the **Ecuadorian Red Cross** to improve the quality of life for people in prison settings and raising awareness among the prison warders and administrative personnel that work there. The

Red Cross teamed up with several key private and public organizations to have a strong presence in the sexual and reproductive health services. Besides HIV prevention, the idea is also to ensure that people living in prison get better access to primary health care services, especially in rehabilitation centres.

More targeted prevention campaigns

Communications tools are essential to reach the most vulnerable groups. But, as in the case of sex workers, there is a need to adapt the tools to the circumstances of each group. Otherwise, the risk is high that the message goes unnoticed.

Even though prevention campaigns have been organized for years, there is always a need to

A young member of the Guambiano community is learning how to properly use a condom in front of her classmates in Silvia, southern Colombia.



14. Cayermiles et al, 2006, mentioned in the AIDS epidemic update, regional summary for the Caribbean, page 5, UNAIDS 2007

15. CAREC, 2007, mentioned in the AIDS epidemic update, regional summary for the Caribbean, page 5, UNAIDS 2007.

Colombian Red Cross volunteer from the Popayan branch, Alejandra Marcela Camacho is discussing HIV prevention with a member of the Guambianos.

repeat and reinforce the messages. There is growing evidence that knowledge alone is not enough for attitude and behaviour changes for protecting oneself from HIV. Several studies show that people who are aware of the risk of HIV transmission through unprotected sex still do not protect themselves.

For example, a survey was done in Haiti showing high levels of HIV knowledge, with three out of four people capable of citing three main methods for avoiding HIV infection. However, only 26 per cent of women and 42 per cent of men who reported having sex with a non-regular partner in the previous year said they used a condom during those encounters.¹⁴ Even more worrisome: one third of sex workers admitted to having unprotected sex for more money. In other surveys in eastern Caribbean, more than eight out of ten respondents knew that consistent condom use protected against HIV infection. However, less than half of sexually active men and only one in five women said they always used condoms with non regular partners.¹⁵ From these two examples, it clearly shows that there is still a strong reluctance to

use condoms even among the most well-informed people.

So there is certainly a need to be creative to run a successful prevention campaign. In the Caribbean, the **Jamaica Red Cross** used different tools adapted to different groups. Besides advertisement in the print and electronic media, they also used drama (producing the "Safe Radio Drama"), but also billboards, walks and even dance. Thanks to this variety of tools they managed to reach diverse groups such as young people, adults, employees of the tourism sector, members of the clergy, men who have sex with men, sex workers and others.

In Haiti, the **Haitian National Red Cross Society** recently completed the development of a brochure featuring two Haitian role-models: male musician Belo and actress Jessica Geneus. This brochure addresses personal risk perception linked to the most common sexual relationships Haitian youth encounter including transactional sex and trans-generational sex, all expressed in local contexts and terms.



In Central America, the **Red Cross Society of Panama** teamed up with the IFRC and the McCann-Erickson advertising agency to launch a campaign called "Nobody has the truth written on their face. Protect yourself. Use a condom". The campaign which was initiated in 2005 targeted young sexually active people. The idea was based on the reality of sexual networks – that young people often ignore sexual health advice and do not realize that the former sexual partner of their current sexual partners can affect their lives and health.

Another innovative campaign that can be mentioned is the one initiated jointly by the **Red Cross societies of Guatemala, Honduras and El Salvador**. This time, the idea was to improve awareness and respect for people living with HIV, provide correct information, dispel myths and promote HIV prevention.

Taxi drivers were chosen as project participants as in many parts of the region they are organized in cooperatives, making them easier to target and train. They come into close contact with sex tourists, sex workers and interact with a diversity of clients. Taxi drivers are often good communicators and may act as informal advisers and confidants.

Each Red Cross Society approached the project from a slightly different angle. The **Guatemalan and Honduran Red Cross** had taxi drivers as the target group, compared with **Salvadoran Red Cross Society**, who targeted passengers first and the drivers later.

The project encouraged taxi drivers and their passengers, during the short taxi rides, to reflect on HIV-related stigma and how it relates to discrimination. Taxi drivers were also able to distribute a range of anti-HIV stigma and discrimination materials to their passengers including stickers, leaflets and bookmarks.

Taxi drivers took a pre-training test and a post-training test to monitor changes in their attitudes and behaviour. A number of drivers reported an increased awareness of how their seemingly innocent jokes and comments could fuel stigma and discrimination.

The project also had an influence on the drivers' families who also know more about HIV. It strengthened alliances with local networks of

people living with HIV, ministries of Health and local NGOs. Some of the taxi drivers later became Red Cross volunteers.¹⁶

Reducing violence was the objective of another project implemented by the **Guatemala Red Cross** with the technical and financial support from the IFRC. The idea was to prevent violence inside families and communities after Hurricane Stan badly hit the country in 2006 and people found themselves in difficult economic circumstances. This campaign included an HIV prevention component. It involved a presentation by a theatre group of a popular play in the middle of communities affected by the hurricane. Thanks to the use of theatre, more than 9,000 families affected by the hurricane were sensitised to the prevention of violence inside the family, including sexual violence as well as HIV.

Radio remains a very important media in the region, in rural areas but also in big cities where a lot of people spend hours listening to their favourite station when they get stuck in traffic jams. We have already seen how community radio could be used in the case of indigenous people in Colombia. However, other Red Cross societies such as **Belize Red Cross Society** uses radio programmes to disseminate health promotion messages, including HIV prevention.

Finally, it seems clear that the development of social media, websites and blogs can also be a good way to promote HIV prevention and anti stigma against people living with HIV. It can also motivate people to involve themselves as volunteers. A good example is the joint IFRC-ICRC website of the campaign: "Our world. Your move" (www.ourworld-yourmove.org).

Building partnerships

No single organization, even one as strong as the Red Cross Red Crescent, has the capacity to respond alone to such a major health threat as HIV and AIDS. This is one of the reasons why ten National Societies in the Americas joined the IFRC Global Alliance on HIV, which is the current approach for promoting, strengthening and harmonizing the involvement of different partners. One of its objectives is to promote the exchange of best practices within the International Red Cross and Red Crescent Movement but also when necessary with external partners.

16. A video on the El Salvador project is available on: <http://www.youtube.com/>

The first partners are obviously people living with HIV themselves who should not be seen as “beneficiaries” but rather people who can be empowered and play a role within their own community. This is why the IFRC has been actively promoting to have more people living with HIV (PLHIV) among its ranks. One person living openly with HIV has been appointed to its HIV governance group.

Some Red Cross societies have PLHIV on their boards while others have involved the national network of PLHIV in planning and evaluating HIV and health programmes, and in staff selection. Many Red Cross societies in Latin America have also recruited PLHIV work as HIV and health programme staff and managers, peer educators, and volunteers.

The **Ecuadorian Red Cross** has done a lot to include people living with HIV, and this is all the more remarkable given that discrimination against PLHIV is still very high in that country. Nearly 60 per cent of PLHIV have been removed from their employment through harassment or “mobbing”.¹⁷

Also, there is a need to make sure that PLHIV who have joined the Red Cross Red Crescent as volunteers are not discriminated against. A “Red Cross Red Crescent +” (RCRC+) network has been created to make sure their rights are respected and to advocate for more people living with HIV involving themselves as volunteers and peer educators.

The IFRC also encourages National Red Cross and Red Crescent Societies to sign the “**Code of good practice**”, indicating their support for the code, which sets out key principles and practices for HIV programming in health, development and humanitarian work, taking a human rights approach and providing evidence for this.¹⁸

Besides, the IFRC also partners with the Global Network of People living with HIV and AIDS (GNP+), and the International Community of Women living with HIV and AIDS (ICW). Local branches of Red Cross societies in the Americas are also in regular contact with many local networks and activists promoting HIV prevention and aiming at reducing stigma and discrimination against PLHIV.

One good example is the series of partnerships initiated by the **Colombian Red Cross Socie-**

ty in different areas. The branch of Cali has started a partnership with an orphanage run by the Fundamor Foundation where 55 children orphaned by AIDS are living permanently. In the Colombian capital, Bogotá, the Red Cross supports a local NGO called “Huellas de Arte”, doing HIV prevention activities for women and advocating for the rights of women living with HIV. Thanks to Red Cross support, the NGO was able to develop its programmes in three smaller cities. Since the NGO did not have the technical capacities to develop its activities outside of Bogotá, they used the support of regional Red Cross branches to be able to operate in these three cities. It was a major achievement as stigma and discrimination is usually worse in smaller cities than in major urban areas like Bogotá.¹⁹

Another achievement that should be highlighted is the growing role played by Red Cross societies in the region in advocacy. For example, the **Argentine Red Cross** was recently the coordinator of the Forum of People living with HIV in the National Institute Against Discrimination, Xenophobia and Racism of the Argentinean ministry of Justice and human rights. Several workshops involving PLHIV and civil society were organized.

Integrating programmes

The IFRC believes that addressing the challenges of HIV cannot be done in isolation. It should be addressed together with health and other developmental issues. It has already been noted that inequality and poverty all across Latin America and the Caribbean is fuelling the HIV pandemic. This is why as much as possible, Red Cross societies in the region are integrating HIV into wider socio-economic and awareness raising programmes. For instance, HIV prevention can easily be incorporated into the information activities such as promoting the reduction of violence. It can also involve psychosocial support especially with vulnerable communities who often suffer psychological wounds because they are stigmatised. It can also be included in training on community-based health and first aid.

Promoting messages on safer sexual practices can also be integrated into other youth programmes and initiatives. This is typically the case of the **Club 25**, which encourages teenagers

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¹⁷. UNFPA, *Nutrition and HIV-AIDS Study, 2007* quoted in the *Ecuadorian Red Cross Progress report on HIV programme*.

¹⁸. *The Code of Good Practice* is available at: www.hivcode.org/resources-and-tools/ in English, French, Spanish, Mandarin, Russian and Arabic.

¹⁹. More information on Colombian Red Cross Society partnerships can be found in the story: « *The Red Cross helps us share the knowledge on HIV*” available on www.ifrc.org/wad.



Colombian Red Cross Society volunteer Sofia Bedoya during an HIV prevention session in the "20 Enero" (20 January) district in Popayan, Colombia, where displaced people are living in precarious conditions.

and young adults to give blood and to promote voluntary blood donation among their family and friends. But through those clubs, it is also possible to promote a healthier lifestyle in general and HIV prevention messages in particular. Those clubs are very popular in many Latin American and Caribbean countries with more than half the Red Cross national societies implementing the Club 25 strategy.

Finally, breaking the news to someone who has just been tested HIV positive is not easy since it has immediate consequences on the person who may suddenly think that his or her life is "all over". To help people living with HIV when they hear about their status for the first time, the **Honduran Red Cross** became a partner in a project to reach out vulnerable groups, particularly homeless youth. Three voluntary testing centres have been established and are staffed by Red Cross volunteers and counsellors from the National University of Honduras who provide emotional support and pre- and post-test counselling. An important component of the project is referral and support, for example, linking people with HIV with existing support groups and networks.

Access to treatment

The IFRC action on HIV takes a complementary approach to national health and care programmes. Every time they feel it is necessary, Red Cross volunteers will refer people to the health system.

The IFRC also strongly advocates together with PLHIV for a wider access to anti-retroviral treatments. Even though access to treatment has improved in many countries, the difference of available treatment between people who can afford private treatment and those relying on public hospitals is still too great. Many of the findings identified in a recent IFRC advocacy report²⁰ for other epidemics do apply to HIV as well, especially in Latin America and the Caribbean.

In the same way, access to condoms still needs to be made easier and cheaper, to avoid people being infected just because they could not afford to buy condoms. Similarly, access to female condoms should also be wider. In most countries in Latin America and the Caribbean, female condoms are little known and not readily available. This also needs to change.

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20. "The Epidemic divide", IFRC health and social services department, July 2009, available online: <http://www.ifrc.org/docs/pubs/health/170800-Epidemic-Report-EN-LR.pdf>

What about a vaccine?

Meanwhile, scientists keep trying to find a vaccine to significantly decrease the threat of HIV. Though some encouraging results are being registered, this is a very long term process and, even when such a vaccine exists, it will take a very long time before it can be made available to the very vulnerable people the IFRC's HIV action focuses on. It is very important that available prevention measures are implemented effectively.

Looking ahead

In many cases, Red Cross societies in Latin America and the Caribbean started to address HIV a few years later than in Africa. However, the work and expertise developed especially by Red Cross societies in southern Africa such as Zimbabwe can be used and adapted to the cultural reality of the Americas. The IFRC training package, which consists of eight modules on comprehensive HIV programmes, has been adapted and translated into Spanish.

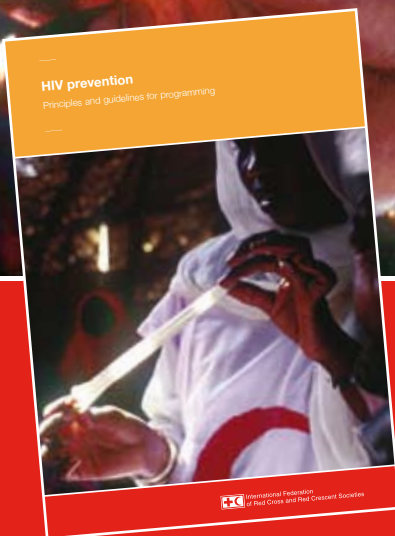
Moreover new publications – such as the Standards for HIV peer education and Guidelines on HIV prevention (see page 17) – will enable Red Cross societies in the region to further develop their HIV programmes. Even though the focus so far has been mostly prevention, the IFRC supports the idea of more Red Cross societies becoming involved in **community and home-based care programmes** with trained volunteers and peer educators visiting people at home to ensure that they have access to healthy food, refer them to the hospital if their health deteriorates, provide psychosocial support for the person living with HIV and to their family members, promote adherence to antiretroviral therapy and tuberculosis (TB) treatment. Home-based care programmes have shown their effectiveness in southern Africa where they were piloted and have developed since then.

Such a programme already exists in Jamaica where volunteers provide practical care, child care, nutritional support, drug collection and adherence support for People living with HIV. Some also benefited from mini income generation grants that have helped them to reduce their reliance on the state and charity. Volunteers also take care of children orphaned by AIDS and other vulnerable children in two institutions. The **Jamaica Red Cross** provides a safe space in

three of its branches for People living with HIV to hold support group meetings. It is no surprise to see Jamaica showing the way as it is also in Jamaica that the first HIV programmes started in the region, back in 1993. Over the years, the **Jamaica Red Cross** has built a considerable expertise. The “Together We can” youth peer education programme was shared with other Red Cross societies in the Caribbean and was often presented during international meetings as a model for other HIV programmes.

Today, the members of the Global alliance on HIV in the region are growing with more countries planning to join. So are other alliances in Africa, Asia-Pacific and Europe, sharing their best practices for the benefit of everyone. To make this happen and to further scale up programmes, **it is essential that the international community does not lower but increase its level of funding.** As was already mentioned in this report, the risk is high that too much good news on HIV – whether around prevalence rates in some regions or about a possible vaccine – could be counterproductive as it would reduce the level of vigilance and this would be a major risk. Let's work together to reduce vulnerability on HIV, which is also a good way to contribute to building communities that are safer and more resilient.

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New IFRC HIV prevention guidelines

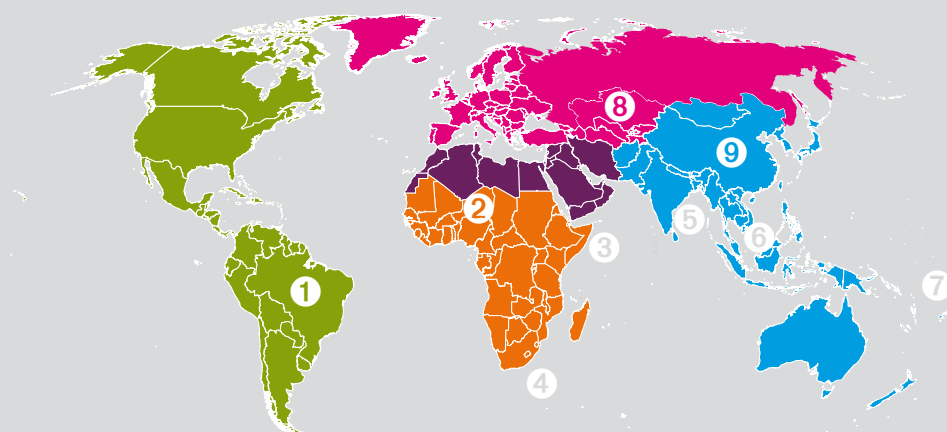
On the occasion of World AIDS Day 2009, the IFRC is launching new HIV prevention principles and guidelines for programming. This easy-to-read document complements the different existing tools providing guidance to Red Cross and Red Crescent societies throughout the world on HIV programming.

The guidelines present a comprehensive panorama of HIV prevention activities. It insists on the necessity to involve people living with HIV and focuses on major themes such as the reduction of stigma and discrimination, gender inequality, harm reduction, advocacy and social mobilisation, partnerships, voluntary counselling and testing, among others. The new publication also presents the main components driving the epidemic, defines the vulnerable and most-at-risk populations, and how to plan an effective response.

It is available on line: www.ifrc.org/wad

THE RED CROSS RED CRESCENT GLOBAL IMPACT ON HIV

56 RED CROSS AND RED CRESCENT SOCIETIES HAVE DEVELOPED
GLOBAL ALLIANCE HIV PROGRAMME DOCUMENTS



1

Argentina
Belize
Colombia
Ecuador
El Salvador
Guatemala
Guyana
Haiti
Honduras
Jamaica

2

Burkina Faso
Central African Republic
Democratic Republic of Congo
Guinea
Nigeria

3

Ethiopia
Djibouti
Kenya
Madagascar
Rwanda
Somalia
Sudan
Tanzania
Uganda

4

Angola
Botswana
Lesotho
Malawi
Mozambique
Namibia
South Africa
Swaziland
Zambia
Zimbabwe

5

Bangladesh
India
Nepal
Sri Lanka

6

Cambodia
Indonesia
Myanmar
Philippines
Laos

7

Cook Islands
Kiribati
Micronesia
Samoa

8

Armenia
Belarus
Kazakhstan
Russia
Ukraine
Uzbekistan
Kyrgyzstan

9

China
Mongolia

HIV PROGRAMME PERFORMANCE BY RED CROSS AND RED CRESCENT SOCIETIES GLOBALLY IN 2008

Service rendered	Africa	Asia	Americas	Europe	Pacific	Total	Remarks
Number of people reached with prevention messages	13,831,031	5,892,901	796,242	1,916,326	24,608	22,461,108	
Number of PLHIV supported	112,840	15,144	3,002	1,574	6	132,566	
Number of orphans supported	118,803	3,355	5,195	880	---	128,233	
Total population reached and served	14,062,674	5,911,400	804,439	1,918,780	24,614	22,721,907	
Volunteer hours mobilized in a month	2,114,198/m 25,370,376/y	85,375/m 1,245,500/y	37,398/m 448,776/y	50,797/m 609,564/y	944/m 11,328/y	2,288,712/m 27,464,544/y	
Resource mobilized for HIV programme in CHF	37,158,217	5,351,426	1,864,302	1,812,172	221,100	46,407,217	0.3 % of the globally available funds for HIV

ONLINE RESOURCES

Here is a selection of web links where you can find out more information on HIV activities from Red Cross and Red Crescent societies in the Americas and around the world, as well as other useful links on HIV and AIDS in general.

- The HIV pandemic is still one of the major public health crises in the world. Its devastating social, economic, health and demographic impacts are being unfolded around the globe. Currently, over 33 million people are living with HIV; 6,000 people are being infected every day and the death toll remains alarmingly high. In hard-hit countries, life expectancy has been reduced by 20 years, the number of orphans less than 18 years of age is reaching over 12 million only in sub-Saharan Africa. According to a UNDP assessment, HIV has inflicted the single greatest reversal in human development in modern history.
- To contribute to the reduction of HIV, the Red Cross Red Crescent Global Alliance on HIV was launched on World AIDS Day 2006 to scale up HIV programming in support of national HIV and AIDS programmes. The purpose of the Global Alliance on HIV is "to do more and to do better" to reduce vulnerability to HIV and its impact. The aim by 2010 is to double Red Cross Red Crescent programming in targeted communities.
- In 2008, Red Cross and Red Crescent societies from Latin America, the Caribbean, Asia, Pacific and Europe signed up for the Global Alliance. The ten Red Cross societies in southern Africa - where the Global Alliance started - are well advanced in the implementation and comprehensive HIV programmes and useful lessons have been learned from their performances, which are being shared with others.
- The table on page 18 captures data on HIV programme performances globally by 72 Red Cross and Red Crescent societies. Fifty-two are from the 56 which have signed up for the Global Alliance on HIV. The 72 societies represent the great majority of those involved in implementing HIV programmes. Thus the data obtained provide a good insight as to the volume of work done by members of the IFRC worldwide.

- **On the IFRC global HIV programme**
<http://www.ifrc.org/what/health/hivaids/index.asp>
- **IFRC World AIDS Day 2009 special page**
www.ifrc.org/wad
- **On activities from Red Cross societies in Latin America**
<http://www.cruzroja.org/>
- **On activities from Red Cross societies in the Caribbean**
<http://www.caribbeanredcross.org/>
- **The American Red Cross website**
www.redcross.org
- **The Canadian Red Cross website**
www.redcross.ca
- **The Joint United Nations Programme on HIV/AIDS (UNAIDS) website**
www.unaids.org
- **2008 UNAIDS annual report**
http://data.unaids.org/pub/Report/2009/jc1736_2008_annual_report_en.pdf
- **UNAIDS website Caribbean section**
<http://www.unaids.org/en/CountryResponses/Regions/Caribbean.asp>
- **UNAIDS website Latin American section**
<http://www.unaids.org/en/CountryResponses/Regions/LatinAmerica.asp>
- **HIV/AIDS section of the World Health Organization website**
http://www.who.int/topics/hiv_aids/en/
- **Worlds AIDS campaign website**
<http://www.worldaidscampaign.org/>
- **Code of good practice for NGOs responding to HIV/AIDS**
<http://www.hivcode.org/>
- **Global network of people living with HIV (GNP+)**
<http://www.gnpplus.net/>
- **Joint IFRC/ICRC global campaign "Our World.Your move"**
www.ourworld-yourmove.org
- **Social media**
<http://www.facebook.com/RedCrossRedCrescent>
<http://twitter.com/Federation>
<http://www.youtube.com/ifrc>

THE MASAMBO FUND

HELPING THE RED CROSS RED CRESCENT VOLUNTEERS AND STAFF



"Thanks to the Masambo Fund, I can walk again."

Red Cross Society of Panama volunteer Miguel-Angel Ariza, Panama Red Cross volunteer and beneficiary of the Masambo Fund. He also designed the graphics of the Spanish version of the HIV volunteers guidelines.

The Masambo Fund was created by the IFRC to provide access to life-saving drugs – including anti retroviral treatment – to Red Cross and Red Crescent staff and volunteers who are living with HIV. Because the Red Cross Red Crescent operates in every part of the world, the level of health coverage varies from one country to another so there is a need to support those staff and volunteers living with HIV who cannot afford access to treatment and care. The fund is financed through a voluntary contribution from all Red Cross and Red Crescent societies. It was named after the late Masambo Mundega, a long-serving Zimbabwe Red Cross staff member working with people living with HIV.

Miguel-Angel Ariza is one of the volunteers supported by the Masambo Fund. Now aged 51, he has been a volunteer for the Red Cross Society of Panama since 1998. Miguel Angel is openly living with HIV. Despite the stigma and discrimination he still encounters, he decided to go public on his status "to avoid gossip and rumour". Getting involved with the HIV programme of the Red Cross was a good way for him to challenge stigma and also share his experience with the youth, passing on prevention messages.

However, this year, Miguel-Angel's health deteriorated. "I became very sick. I could no longer walk and had to stay at the hospital", he recalls. One of the reasons his health deteriorated was that he only had access to basic treatment.

By chance, he had applied for the support of the Masambo Fund a few months before. Thanks to the grant he received, he was able to afford more sophisticated private therapy. Since then, Miguel Angel has made good progress and is on the road to recovery.

When asked what the Masambo Fund brought him, he simply answers "Thanks to the Masambo Fund, I can walk again". Now he wants to get back to normal life and get involved again with the Red Cross Society of Panama HIV programme.

"I never thought I would benefit from a fund I myself advocated for when it was created," he adds with a smile.

Meanwhile, he is still providing an active support to the Red Cross Red Crescent. A graphic designer by profession, he was asked to create all the art work for the Spanish version of the IFRC HIV volunteer toolkit. Now he wants to go on working with youth, sharing his experience and passing on prevention messages so that they do not become infected.

On the occasion of World AIDS Day 2009, a new brochure presenting the Masambo Fund has been published. It is available on line on:

www.ifrc.org/wad

ANNEX SELECTED CASE STUDIES FROM COLOMBIA

The Colombian Red Cross Society is one of the ten members of the Global Alliance on HIV in the Americas and the Caribbean. Many of the programmes included in this annex are also successfully implemented in other countries in the region so they are presented here as examples. Most of these programmes benefited from the experience and lessons learned by many Red Cross societies who pioneered in HIV prevention programmes, such as the Jamaica Red Cross.

“We want to preserve our culture but we need the Red Cross to help us protect ourselves against HIV”



Young female students of the Guambiano community wearing the traditional dress attending an HIV prevention session by Colombian Red Cross Society volunteers in the small town of Silvia, southern Colombia.

Colombian Red Cross Society volunteer Hernando Rios is passing HIV prevention messages simultaneously translated into the local language spoken by the Guambiano community in the studios of “La emisora del Pueblo Guambiano” in Silvia, southern Colombia.



Working with minorities is a key component of the HIV policy implemented all over the world by the International Federation of Red Cross and Red Crescent Societies (IFRC). A good example is to be found in southern Colombia, where Colombian Red Cross Society is providing support to the Guambiano indigenous community, making the local population more aware of the threat of HIV.

Red Cross volunteers from the Cauca branch regularly travel to the picturesque town of Silvia, nestled in the beautiful Andes mountains. About 14,000 inhabitants are native people from the Guambiano community who managed to preserve their cultural heritage and language. They

are one of the few indigenous populations in Colombia still wearing the elegant and colourful traditional dress.

To inform and listen

On this Tuesday morning, Red Cross volunteers from the HIV prevention programme head to the local school in Silvia to meet with the oldest students, aged 13-18, while other volunteers organize games and activities with the younger boys and girls, most of them wearing the traditional Guambiano dress.

After a few jokes to make the audience feel more comfortable, volunteers remind stu-

dents about basic facts on HIV and the importance of protecting oneself and others from the virus. They are also provided with an information leaflet, free condoms and are also taught how to properly use a condom. The gathering is also an opportunity for teenagers from this relatively closed community where tradition still plays a major role to express themselves on topics that are not easy for them to address at home, such as sexuality.

Working with community leaders

Manuel Alejandro Riviera is the 26-year-old regional HIV programme coordinator. A Colombian Red Cross Society volunteer since 2000, he explains that approaching the Guambiano community has been a long-term process that involved first of all building confidence with the elders and the traditional community leaders who then authorized Red Cross volunteers to hold prevention sessions within the community.

"Building trust is essential to work with minority groups such as indigenous people who are very careful about any intervention from the outside world since they have often been stigmatised in the past," explains Alejandro. The regional HIV programme was created in 2004 and currently involves about 20 instructors supported by volunteers.

Radio as a prevention tool

After the prevention session at the school building, volunteers then head to the nearby local community radio station. They are met by Floro Alberto Tunabala, who pro-

duces a regular programme on health issues in Namtrik, the language used by the Guambianos. A few minutes later, Red Cross volunteer Hernando Rios goes live on the air of "La emisora del Pueblo Guambiano" to provide prevention advice on HIV that is immediately translated into Namtrik by Floro Alberto.

"Our community radio is a major link for our people and we include health prevention messages in many programmes. The support we receive from the Red Cross on HIV prevention is essential as they provide us the basic information that we need to better address health issues such as HIV within our community," says Floro Alberto, himself wearing the traditional Guambiano dress.

"After all, even if we want to preserve our cultural heritage, we don't live on our own, we do travel, go to big cities so it is important for our community members to be prepared and be aware of potential dangers such as HIV. We hope to further develop our partnership with the Colombian Red Cross Society on other health topics such as promoting vaccination not only for radio programmes but also for joint partnership with our local hospital," he adds.

“I had never seen a condom before the Red Cross showed it to me”



Sofia Bedoya during an HIV prevention session in the “20 Enero” (20 January) district in Popayan, Colombia.

Blanca Nubia Salamanca, a 38 year old mother of three children says that she had never seen a condom in her life before the Red Cross showed it to her.

Popayan is a lovely city in southern Colombia that has managed to preserve its Spanish colonial style monuments. It is known as the “white city” because all of the houses in the city centre are painted white. However, despite its dynamism and cultural heritage, Popayan is located in an area affected for many years by the ongoing internal conflict. Displaced people had no alternative but to move to Popayan or to other Colombian urban areas where they have been living in precarious conditions for a very long time.

Just a few minutes drive from the historical centre, we get to the “20 enero” district – a very different world.

Displaced by the internal conflict

Blanca was among the first inhabitants of the district made up of wooden houses

with very basic water and sanitation facilities. The 38-year-old mother of three had to leave her village in the Cauca region because of the conflict and she is still waiting to be able to go back or to move to a better place.

It is in this highly vulnerable environment that Colombian Red Cross Society volunteer Sofia Bedoya and her colleagues come to the shanty town to do another outdoor HIV prevention session. Even though the session is opened to everyone, it is meant to sensitize mainly women who are a group particularly at risk because of the difficult environment. The district is affected by gang violence, mostly related to drug trafficking. It is not unusual for the dealers to offer a “free trial” to make sure people get addicted.

Untold sexual violence

"This generates also a lot of sexual violence even if women try to hide it because they are afraid of telling the truth," explains Sofia. "We have also seen cases of young girls being raped by their stepfathers."

The difficulty for women to manage their own sexuality is further complicated by the fact many husbands leave for several weeks because they cannot find a job in Popayan. While they are away, men often go with sex workers and, on their return, their wives risk being infected with HIV. Most people come from rural areas and have very limited knowledge about sexuality and do not have access to birth control methods.

"To be honest, I should tell you that I had never seen a condom before the Red Cross showed it to me," explains Blanca. "Now, I know what a condom is but sometimes we don't have the money to buy them so the free distribution from the Red Cross in our neighbourhood also helps a lot."

But the prevention session is much more than just distributing condoms. It is also an opportunity to inform people, listen to them and answer their questions and concerns. How to convince the husband to wear a condom if it is clear he is seeing other women while he is away? Sofia also explains how to properly use a condom while participants are also given an information leaflet.

Learning from each other

When asked why she decided to get involved with the HIV programme of the Colombian Red Cross Society in her city, Sofia explains that she believes in prevention

activities and much needs to be done among vulnerable communities such as displaced people especially when they are sexually active.

"But there is also a more personal part in my involvement, which started 11 years ago. I also learn so much from these women and their ability to be so resilient despite their difficult living conditions. Working with them made me think about priorities in life and the importance of family unity," she adds.

A few minutes later, once the information session is over, the Red Cross car pulls out of the narrow streets of the "enero 20" district surrounded by children waving at volunteers. Sofia's home is less than five minutes by car from the shanty town and no doubt both herself and the inhabitants of the district are eagerly waiting for the next HIV sensitization session and other activities also provided by Red Cross volunteers to displaced people such as psychosocial support and first aid.

“I am so happy when I see people change their behaviour”



Marilyn Sandoval is a 17-year-old volunteer in the HIV programme implemented by the Red Cross in Cali, Colombia.

Weekends are not all about relaxing and going out with friends for Marilyn. The 17-year-old Calita (the way inhabitants from Colombia's third largest city Cali are commonly called) puts on her Colombian Red Cross Society uniform and becomes the regional HIV project coordinator, spending several hours working on HIV programmes with the most vulnerable in her city.

There is a lot of excitement when we meet with Marilyn as she is about to start another HIV awareness session surrounded by more than 20 lively and smiling young boys and girls from El Calvario, one of Cali's poor neighbourhood. “This part of town has many of the characteristics of urban

problems faced in Latin American cities,” explains Dr Yacid Estrada, coordinator of the Colombian Red Cross Society HIV programme. “The neighbourhood is filled with poor unemployed families, homeless people living in a mix of violence, alcohol and drugs.”

A safe heaven

In this difficult environment, the “Samaritanos del la calle” social centre is a safe haven where teenagers attend activities including HIV prevention sessions. “We provide them with basic information on HIV, show them how to use a condom and, as importantly, we are there to listen to them,

share their stories and fears and try to support them in the best possible way”, Marilyn explains, surrounded by some of the 30 Colombian Red Cross Society volunteers involved in the HIV project.

“Children and teenagers living in this area are highly vulnerable”, she adds. “Young girls are often offered money for sexual intercourse when they have very little idea of sexuality and the risk they could face by having unprotected sex. Since there are many drug users in this part of the city, they also risk HIV infection and other diseases through injected drugs and having unprotected sex with injecting drug users.”

From first aid to HIV

When asked why she decided to get involved as a Red Cross volunteer, Marilyn tells us that it all began when she was only 11 years old and saw a newspaper advert about Red Cross first aid courses. She asked her parents for more information and they allowed her to follow the courses. She started with first aid and then, as she grew older, she became interested in the HIV programme.

“I liked the idea of using prevention and work closely with local communities. But we are more than just volunteers involved in HIV prevention activities. We are also there to listen to their doubts and concerns, as well as advising them when necessary. Some children are abused and it is important for them to share the problems they face at home or in their neighbourhood.”

HIV prevention activities take place in several social centres around the city, as well as in schools, and sometimes volunteers also go to universities when they are asked. Most of the teenagers that are reached through the programme are between the ages of 11 and 17.

Building close links

Marilyn and the other volunteers have built real links with the people living in El Calvario. Colombia Red Cross doctors are also coming to the social centre on a regular basis, providing a very useful assistance for a community who cannot afford any sophisticated medical treatment.

“Obviously, our mission is not easy but I am glad to help my community and I am so happy when I see people change their behaviour: Some of the teenagers we met in El Calvario are even thinking of doing just like me and also becoming volunteers. Isn't it great?” she concluded with a smile.

“They love us at night; they hate us the rest of the time”



wants to rent a flat to a transgender person.”

Even if she officially became “Pamela” only a few years ago, since the age of 6, the boy that she was at that time immediately felt that he was different from the other boys and wanted to be considered as a “she”.

From stylist to sex worker

Pamela became a stylist and a hairdresser. However, she had a serious accident that left her slightly disabled and she could no longer do her job.

“At the age of 35, I became a sex worker,” she explains, telling us also about the long legal battle she had to face with the authorities to allow her to change her name to Pamela.

“The civil servant who received my request just laughed at me and said he would never allow such a change,” she recalls. However, she took the matter to the Supreme Court who finally allowed her to change her name to Pamela. But on her identity card, she is still described as a male.

However, Pamela kept her fighting spirit by creating a network of support for all transgender people. From just a dozen at the beginning, her small NGO called “Transmujer” now gathers around 700 people.

Tripling the price for unprotected sex

“We need to help each other because we are faced with a high level of stigma and discrimination,” says Pamela.

“Men love us at night but they hate us during the day,” she sums up, explaining how besides being insulted on the streets, they also face numerous requests from

Her name is Pamela. She is one of the dozens of transgender people selling their bodies in what the locals call “Calle del Pecado” (The street of the sin) near the historical centre of Cali, Colombia’s third largest city.

We meet Pamela at a snack bar near the place she lives. “Housing is one of the first problems transgender people like myself keep facing,” Pamela explains. “Nobody

“Pamela” is a transgender and sex worker in the centre of Cali. Pamela is also an activist helping other transgenders. She distributes free condoms to other sex workers.

men ready to triple the price to have unprotected sex.

"I always say 'no' because I am fully aware of the danger of being infected with HIV and other sexually-transmissible diseases. However, some transgender people need money so badly that they say 'yes', putting themselves into a highly dangerous situation.

"Most of my customers are actually heterosexual men," she says, "so in a way we are sometimes even more protected than our customers' wives who have no control at all over their own sexuality. I have seen terrible things like a girl with HIV who was selling sex without condoms. I managed to convince her to finally use condoms but my other concern is especially to make sure that transgender people who are not infected don't catch the virus through unprotected sex," she adds.

Pamela fought very hard to get access to condoms she could distribute to the other transgender sex workers. However, she never managed to have her status as an activist fully recognized. A while ago, she held a sensitization meeting in Cali and it happened that a Colombian Red Cross Society volunteer attended. The connection between her NGO and the Red Cross was quickly established and they are currently developing projects to provide a better access to condoms, to promote safe sex and voluntary testing as well as developing new prevention tools.

When asked how she sees her future, Pamela remains quite vague. She would like to become a full time activist for her community, but her status is still not rec-

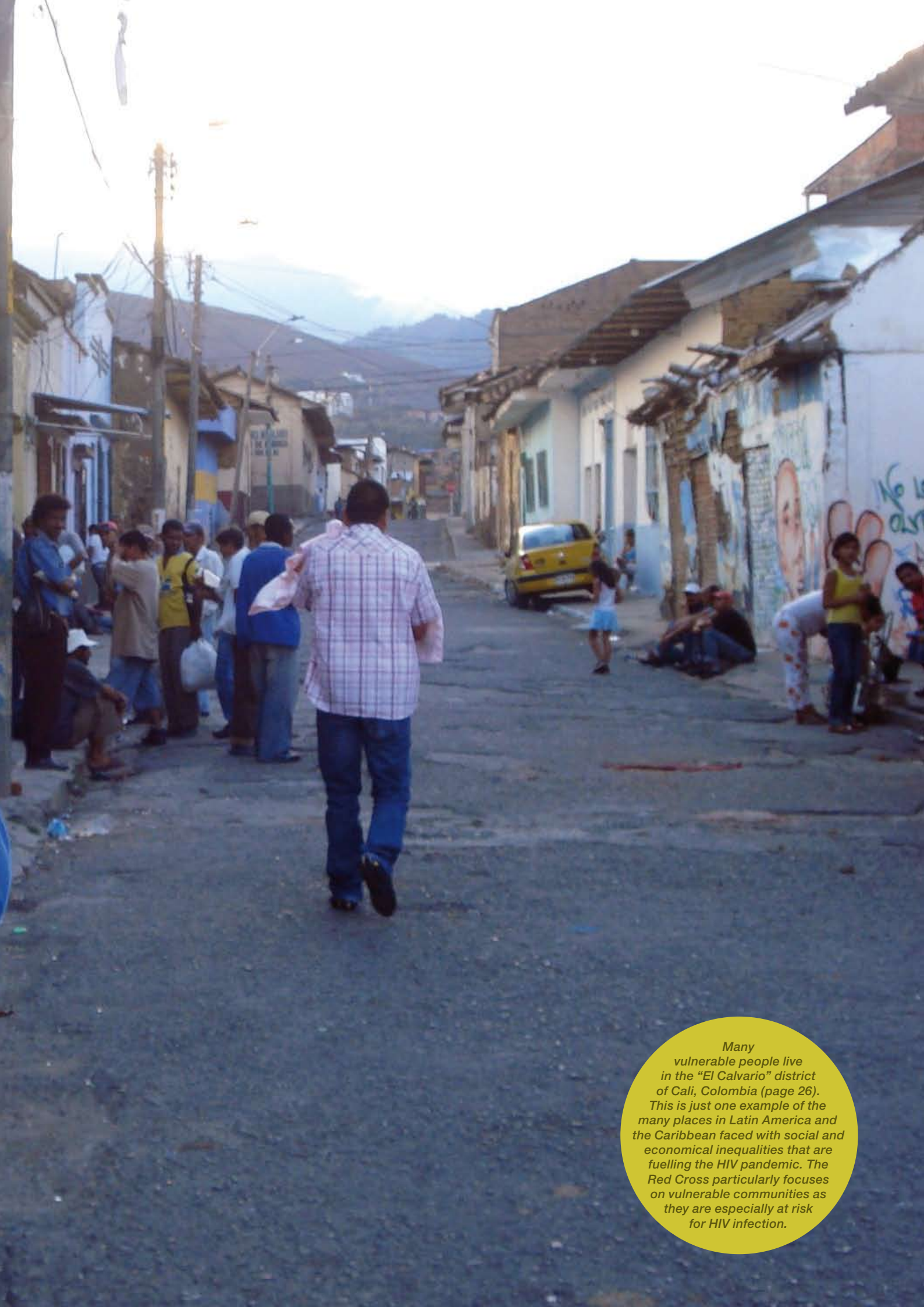
ognized by the authorities. She hopes the support she now receives from Colombian Red Cross Society can help her in her sensitization activities.

But for the time being, Pamela is back in the "Calle del Pecado" facing an uncertain future. But she has several packs of condoms to share with other sex workers, many of whom actively seek her out because they know she has better access to condoms thanks to the support already provided by the regional branch of the Colombian Red Cross Society.

Text and photos from Colombia

Jean-Luc Martinage, IFRC. A video showing some of these programmes is available on:

www.ifrc.org/wad



Many vulnerable people live in the "El Calvario" district of Cali, Colombia (page 26). This is just one example of the many places in Latin America and the Caribbean faced with social and economical inequalities that are fuelling the HIV pandemic. The Red Cross particularly focuses on vulnerable communities as they are especially at risk for HIV infection.

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

Inequalities fuelling HIV pandemic:

Focus on Red Cross societies' response in Latin America and the Caribbean

A publication from the International Federation of Red Cross and Red Crescent Societies (IFRC)

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The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.

Cover photo: Red Cross volunteers in the Americas and the Caribbean are providing HIV prevention messages to vulnerable communities such as displaced people in Colombia.



**Our world is in a mess.
It's time to make your move.
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