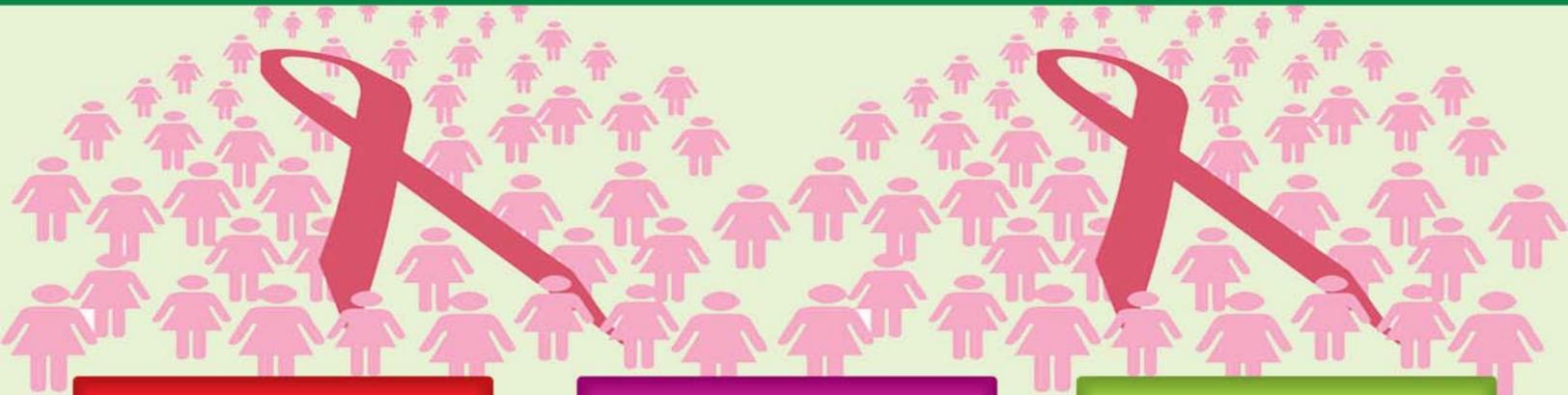




KOSHISH

NEWSLETTER • VOLUME - II • ISSUE - VI
April - June, 2013

Working towards better sexual and reproductive health and rights of PLHIV in Andhra Pradesh



Events up date

Candle Light Day

Cervical Cancer Screening for Key Population

Sexually Transmitted Infections (STIs) are a Public Health issue

STIs are infections that are spread primarily through person-to-person sexual contact. HIV and syphilis can also be transmitted from mother to child during pregnancy and childbirth, and through blood products and tissue transfer. STIs are caused by bacteria, viruses and parasites.

Sexually transmitted infections have a major negative impact on sexual and reproductive health worldwide. Of the more than 30 identified pathogens known to be transmitted sexually, eight have been linked to the greatest incidence of illness. Four of these are currently curable (the bacterial infections syphilis, gonorrhoea, and chlamydia, and protozoal infection trichomoniasis). Four viral infections are incurable, though modifiable with treatment: human immunodeficiency virus (HIV), human papillomavirus (HPV), herpes simplex virus (HSV), and hepatitis B virus (HBV). Hepatitis B and some types of HPV are vaccine-preventable infections.

According to 2008 WHO estimates, 499 million new cases of curable STIs (syphilis, gonorrhoea, chlamydia and trichomoniasis) occur annually throughout the world in adults aged 15-49 years. These figures do not include the additional health burden caused by HIV and other

viral STIs such as HSV. In developing countries, STIs and their complications rank in the top five disease categories for which adults seek health care. In addition, antimicrobial resistance, in particular for gonorrhoea, is becoming increasingly significant.

STIs and the adverse affects on the health of women

Untreated STIs can have implications for reproductive, maternal and newborn health. STIs are an important preventable cause of **infertility for men and women**.

For example, 10-15% of women with untreated chlamydial infection may develop symptomatic **Pelvic Inflammatory Disease (PID)**, and about 10-15% of clinical PID cases lead to infertility due to tubal block. Given that approximately 95.5 million women are infected with gonorrhoea or chlamydia each year, the numbers of women with adverse reproductive outcomes could be sizeable.

Infection with certain types of the human papilloma virus can lead to the development of **genital cancers**, particularly **cervical cancer in women**. Worldwide, HPV infection results in 530 000 cases of cervical cancer and 275 000 cervical cancer deaths each year; 88% of these

deaths occur in low- and middle-income countries where there is little or no access to cervical cancer screening and treatment.

STIs - Adverse Outcomes on Pregnancy and Newborns:

Women who have had pelvic inflammatory disease may be 6-10 times more likely to develop an **ectopic (tubal) pregnancy** than those who have not, and 40-50% of ectopic pregnancies can be attributed to previous pelvic inflammatory disease. The ectopic pregnancies are an emergency and also they need immediate medical attention.

Untreated STIs are associated with **congenital and perinatal infections in neonates**, particularly in regions where rates of infection remain high. All of the curable STIs have been linked with **preterm labor**, with associated risks to the neonate of **pre-term birth, low birth weight, and death**.

In 2008, it was estimated that over 1.3 million cases of syphilis occurred globally among pregnant women, and that a large proportion of these were untreated or inadequately treated. Unless testing and treatment of syphilis in pregnancy are universally available, over half of pregnancies in women with syphilis will result in an adverse outcome. An estimated 520 000 cases resulted in adverse outcomes, including 305 000 **stillbirths and neonatal deaths**, that could have been averted with universal access to testing and treatment.

In the absence of prophylaxis, 30-50% of infants born to mothers with untreated gonorrhoea and up to 30% of infants born to mothers with untreated chlamydial infection will develop a **serious eye infection (ophthalmia neonatorum)**, which can lead to blindness if not treated early. Worldwide it is estimated that 1000-4000 newborn babies become **blind** every year because of this condition. **Lung infection (Pneumonia)** can occur in up to 10-20% of infants born to a mother with untreated chlamydial infection.

Perinatal transmission of HSV1 and 2 infection is associated with a high risk of long-term **neurological problems and death**, though global data are lacking on burden of disease. Hepatitis B infection can also be

transmitted from mother to child at birth, which can lead to **chronic infection of liver and cancer**.

STIs and HIV

The presence of untreated STIs (both with or without ulcers) increase the risk of both acquisition and transmission of HIV, by a factor of up to two- to three-fold. Prompt treatment for STIs is thus important to reduce the risk of HIV infection. Controlling STIs is important for preventing HIV infection, particularly in people with high-risk sexual behaviour. *Reference: <http://www.who.int/mediacentre/factsheets/fs110/en/index.html>*

Recommendation:

As per the revised information received from State/UT wise cases and deaths due to Syphilis in India 2010, in Andhra Pradesh there are 24,965 Syphilis cases up to December, 2011, among them 13,607 are male and 11,358 are female. (*State/UT wise cases and deaths due to syphilis in India , National Health Profile 2011, ICD - 10 Code A50 - A53, page number-85*). **Hence, Screening of STIs at the time of ART initiation increases Sexual and Reproductive Health of People Living with HIV and Key Populations.**

STIs - FACTS

- 499 million new infections of curable sexually transmitted (syphilis, gonorrhoea, chlamydia and trichomoniasis) infections occur yearly.
- Some sexually transmitted infections exist without symptoms.
- In pregnant women with untreated early syphilis, 21% of pregnancies result in stillbirth and 9% neonatal death.
- Sexually transmitted infections are an important cause of infertility in men and women.
- Drug resistance, especially for gonorrhoea, is a major threat to STI control globally.
- STIs can increase the risk of HIV acquisition three-fold or more.

8th State Level Training:



VMM organized 8th State Level Training to CBO board members and staff on "Advocacy for Sexual Reproductive Health and Rights of PLHIV and Key Population" on 25th and 26th June, 2013 at YMCA, Visakhapatnam. Mrs. Indirarani facilitated the workshop co-facilitated by Mr.K.Venkateswara Rao, TSP from East Godavari District. One board member from 5 KPOs and 5 DLNs; 10 District Advocacy Officers and staff of Koshish project from VMM and TNP+ attended.

8th Coalition Meeting:



On 27th June, 2013, 8th coalition meeting was conducted at YMCA, Visakhapatnam with the State Coalition team of Koshish project. The state level advocacy issue of "Inadequate counseling, screening and referrals for VDRL (STI/STD) and treatment for PLHIVs through ART Centers in Andhra Pradesh" was once again briefed and action plan for next three months (July to September 2013) the finalized activities are: Press meet to be organized to bring visibility to the advocacy issue; Collection of information from the district health service providers; Interactive meeting with State health Officials; and Five public hearing meetings to be organized at district level.

Community Consultation Meetings:

Ten community consultation meetings in 5 implementing districts were organised. The State Advocacy Officers from VMM and TNP+ facilitated the meetings, there are 196 participated in the meeting, (91 PLHIV, 90 FSW and 15 MSM) community members attended the meetings. During meetings, the facilitators explained the importance of regular STI testing for the people living with HIV and key populations. Focused group discussions revealed present situation of referrals from ART to STI and collected the data from the community members for second state level advocacy issue of "Inadequate counseling, screening and referrals for VDRL (STI/STD) and treatment for PLHIV through ART Centers in Andhra Pradesh."

Partners Review Meeting:

On 30th April and 1st May, 2013, conducted partners review meeting at Vijayawada. The representatives from India HIV/AIDS Alliance, Ms.Kumkum, Programme Officer, Mr. Amit, Technical Officer, Alliance Regional Technical Support Hub, Mr.A.Viswanathan, Technical Officer: Monitoring and Evaluation and Ms.Deepa Tyagi, Officer: Grant Management attended the meeting. The Koshish staff from VMM and TNP+ participated in the review meeting. The purpose of two days review meeting was: To learn on the progress made, key successes, challenges, lessons learnt from the previous year's implementation and to identify anticipated challenges for next implementation plan; To develop and review state wise annual implementation plan April 2013 - Mar 2014 and To share the phase out plan.

Candle Light day:



The International Candle light Memorial Day was observed on 19th May, 2013 by DLN/KPO members and staff in all the 5 districts. The aim of the Memorial was to emphasize the need of people living with and affected by HIV to show solidarity together for health and rights. The PLHIV community members actively participated in the event and also involved the local government officials and NGO/CBO representatives.

Case study

Cervical Cancer Screening for Key Population

There are 198,504 (0.73%) women living with HIV and 136,482 female sex workers in Andhra Pradesh, a HIV high prevalence state in India. The women that are exposed to risky sexual life are not being screened for cervical cancer. National AIDS Control Organization circulated an order on 18th January, 2012 that Pap smear test to be taken up at ART centers. The civil society organizations are not aware of the sexual reproductive health rights of women living with HIV and female sex workers.

As part of National advocacy, Koshish project in Andhra Pradesh conducted **community consultations** with people living with HIV, Men having sex with men (MSM) and female sex workers; and motivated the community to increase the demand for screening of cervical cancer with PAP smear test at ART centers.

To disseminate the knowledge on screening of cervical cancer with the PAP smear testing, Koshish project with the support of communities and Alliance India developed a **poster with a message on Pap smear need for screening of cervical cancer** for display. They were arranged at ART centers for information to reach WLHIV visiting ART centers for early detection of cervical cancer.

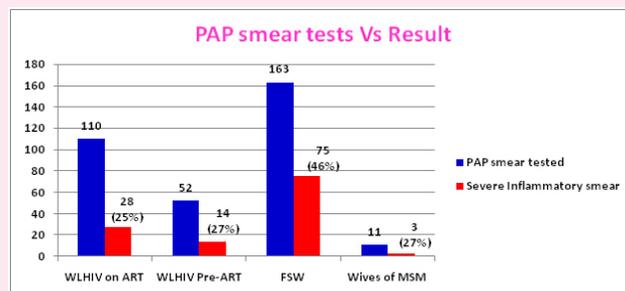
Further meets were organised with medical doctors at ART centers and gynecologists at government hospitals, to facilitate PAP smear tests for women living with HIV, female sex workers and wives of MSM.

The result: Improved the knowledge on cervical cancer among the civil society and key population groups. At five ART centres in Andhra Pradesh, a pilot study by sensitizing doctors for PAP smear testing was under taken in May, 2013. We mobilized 336 women and PAP smear tests were done.

Results of PAP smear test:

Total tests: Total pilot Pap smear tests done were 336 and severe inflammatory smear was found in 120 women. So 36% of the tests showed inflammation and none showed premalignant or malignant cells.

Pap test among WLHIV: Tests conducted for **WLHIV on ART** were 110 and out of them severe inflammatory smear was found among 28 (25%). **WLHIV on Pre-ART** tested



were 52, out of them severe inflammatory smear was found among 14 (27%). There was no much difference between ART and Pre ART group.

Pap test among Female Sex Workers: 163 FSWs were tested and out of them severe inflammatory was found in 75 (46%). The inflammation was more among sex workers and so need to improve their genital hygiene.

Pap test among the wives of MSM: 11 women were tested and severe inflammatory was found in 3 (27%).

Lessons learnt: Counseling and consistent follow up is needed for the women above 30 years age to undergo PAP smear test every year. The capacity building of community based organizations in mobilizing women for testing, Sensitization of Gynecologists and Medical officers is necessary for testing.

The precautions to be included in the next phase is to instruct the women to avoid sex, douching, and vaginal creams for 48 hours before the test.

Challenges:

- Lack of kits and slides and other material for conducting the tests in the government hospitals.
- Difficulty in coordination between ART centers, Gynecology and Pathology departments for the tests to be done continuously.

Recommendations:

- Need to organise mass events on cervical cancer in general community continuously.
- The State and Nation health departments to focus on cervical cancer screening.

EDITORIAL BOARD

Chief Editor

G. Rashmi

Technical Advisors

Dr. B. Keerthi

Dr. P. Deeksha

Content Developers

G. Ramanujaiiah

T. Dhanunjaya Rao

D. Janardhan Rao

Ch. Prabhakar

G. Jagdish Kumar

D. Prasad Balaji



VASAVYA MAHILA MANDALI (VMM)

D.No. 40-9/1-16, Vasavya Nagar, Benzcircle, VIJAYAWADA - 10. Krishna District, ANDHRA PRADESH

Ph : +91 866-2470966/2473056 Mobile:+91 98490 81733

E-mail: vasavyamm@sify.com, vmmshr@gmail.com, www.vasavya.org