

Linking HIV with sexual and reproductive health and rights



This info sheet is part of a series that aims to facilitate the implementation of Belgian international policies on sexual and reproductive health and rights (SRHR) and HIV. It is a tool to assist Belgian development stakeholders from different development sectors to promote and strengthen links between HIV and sexual and reproductive health and rights (SRHR) at various levels, including the policy, legal, system and service delivery level.

1. Linking HIV and SRHR, a multi-sectoral approach

The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Sexually transmitted infections can increase the risk of HIV transmission. In addition, sexual and reproductive ill-health and HIV share root causes, such as poverty, gender inequality, poor education and social marginalisation of the most vulnerable populations. Responses to both development themes should be closely linked and mutually reinforcing.

The following figures illustrate why it is important to sexual and reproductive health and rights (SRHR) and HIV:¹

- A study in South Africa found that young women who experienced partner violence were 50% more likely to have acquired HIV.
- A study in Ethiopia showed that although nearly all adolescents know that unprotected sex can result in HIV infection, less than half realised it could also result in pregnancy.
- In 2014, 1.4 million pregnant women were living with HIV. In 2015, 150,000 children younger than 15 acquired HIV.
- More than 1 million people acquire a sexually transmitted infection (STI) every day. Some STIs can increase the risk of HIV acquisition three-fold or more.
- In dozens of countries, women living with HIV experience forced sterilisation and forced abortion.

By linkages we understand the bi-directional synergies in policy, programmes and services between SRHR and HIV. By service integration, an important component of linking SRHR and HIV, we understand different kinds of SRHR and HIV services or operational programmes that can be connected or integrated to ensure collective outcomes.

Effective linkages between SRHR and HIV should be embedded in the broader right to health framework and should therefore pay attention to the rights and needs of the most vulnerable, stigmatised and discriminated populations, such as men who have sex with men, sex workers and migrants.

Belgian development stakeholders and partners should recognise and think in broad terms about how SRH and HIV interact in people's lives and all the different experiences and rights violations that have implications for both SRH and HIV.

Child and forced marriages, for example, could be looked at from a legal angle but also from a public health perspective as this harmful traditional practice can lead to a number of SRH risks such as an increased risk for HIV and STI, obstetric fistula and maternal mortality. Sexual and gender-based violence, the criminalisation of HIV and stigma and discrimination of sexual minorities are other examples of human rights violations that have implications that go beyond integrated service delivery.

¹ Motherhood in childhood: facing the challenges of adolescent pregnancy. UNFPA state of the world population 2013. UNFPA, 2013; <http://www.who.int/mediacentre/factsheets/fs110/en/>; The Gap Report, UNAIDS, 2014.

2. Importance and benefits of linking HIV and SRHR

Strengthening linkages is not just a way to achieve more effectiveness and efficiency; it is imperative to meet individuals' rights and needs. Forging linkages between SRHR and HIV leads to important public health, socio-economic and individual benefits, such as:

- Better understanding, protection and guarantees of individuals' rights and health needs.
- Improved quality of care and better access to and uptake of HIV and SRHR services.
- Greater support for protection against unintended pregnancy, HIV and other STIs.
- Improved coverage of underserved and marginalised populations and improved access of people living with HIV and AIDS to SRHR services.
- Better utilisation of scarce human resources for health, improved programme effectiveness and efficiency and decreased duplication of efforts and competition for resources.
- Mutually reinforcing complementarities in legal and policy frameworks.

3. Addressing gaps, forging linkages

Belgian stakeholders and their partners (the ministries in question, local governments, health service providers, UN agencies, international and local NGOs, civil society, etc.) could work together to forge linkages between HIV and SRHR. To identify the gaps and needs and to assess the level of effectiveness, we have listed a number of illustrative, not exhaustive, questions that could be raised during the policy dialogue or during the different phases of the programme cycle.

3.1 Policy

At policy level, Belgian development stakeholders and their partners could examine the existence and effectiveness of linkages between SRHR and HIV-related policies, national laws, operational plans and guidelines. The following, not exhaustive, questions could be a guide:

- Is a national HIV strategy in place? Does the national HIV strategy include SRHR issues? Which entry points could be used to maximise linkages (e.g. family planning within programmes to eliminate new HIV infections from mother to child, fertility and reproductive choices within services for people living with HIV, programming for protection against HIV, STI and unwanted pregnancies, etc.)?
- Is a national SRHR strategy in place? Does the national SRHR strategy include HIV prevention, treatment and care? Which entry points could be used to maximise linkages (e.g. voluntary counselling and testing within family planning services, programmes that eliminate new HIV infections from mother to child within maternal health services, HIV combination prevention within SRHR services, etc.)?
- How do the HIV and SRHR strategies address structural vulnerability factors such as gender inequalities, the engagement of men and boys in the responses, HIV-related stigma and discrimination and social, legislative, policy and community attitudes towards marginalised and underserved populations such as young people, men who have sex with men and transgenders, sex workers and their clients?
- To what extent does the legislative framework support or hamper the implementation of SRHR and HIV linkages (e.g. existence of laws against sexual and gender-based violence, laws affecting marginalised and underserved populations, anti-discrimination laws protecting people living with HIV, laws criminalising the transmission of HIV, restrictive laws on family planning, etc.)?

3.2 System

A health system consists of all organisations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities both within the health sector and beyond (e.g. health promotion in education).²

Belgian development stakeholders and their partners could examine to what extent the system supports effective linkages of SRHR and HIV. The following questions refer to a number of components of the system such as partnerships, laboratory support, planning and management, as well as human resources.

²http://www.who.int/healthsystems/strategy/everybodys_business.pdf

- Who are the major development partners which support SRH and HIV linkages?
- Is there any collaboration between SRHR and HIV for programme management/ implementation?
- Is there a joint planning of HIV and SRHR programmes (e.g. programmes aimed at eliminating new HIV infections from mother to child)?
- What is the role of civil society in responses to HIV and in SRHR programming?
- Do laboratory facilities serve the needs of both SRHR and HIV services?
- Are there any training materials and curricula on SRHR which include HIV prevention, treatment and care at programme and service-delivery levels (and vice versa: are there any training materials and curricula on HIV which include SRHR aspects, etc.)?
- Are there any clinical guidelines that integrate SRHR and HIV (e.g. guidelines on family planning services addressing HIV, etc.)?
- What monitoring and evaluation indicators are being used to capture integration between SRHR and HIV?

3.3 Integrated service delivery

The World Health Organisation defines integrated service delivery as ‘The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system’.³ Belgian development stakeholders and their partners could examine to what extent HIV services are integrated into SRHR-services and vice versa.

- What is education on SRHR and HIV like? Is it part of comprehensive sexuality education (CSE) or Life Skills education?
- Is there a comprehensive (SRHR and HIV) package of services aimed at eliminating new HIV infections from mother to child? Are there any synergies between both programmes?
- Are STI/ HIV services included in 1) family planning services 2) the prevention and management of sexual and gender-based violence 3) the prevention of unsafe abortions and management of post-abortion care services and 4) maternal and newborn care services?
- What SRHR services (family planning, prevention and management of STIs, maternal and newborn care, prevention and management of gender-based violence, prevention of unsafe abortion and management of post-abortion care, etc.) are integrated with HIV services at the facility?
- Do the SRH services accommodate clients living with HIV or who are vulnerable to HIV? Are the HIV and SRHR needs of marginalised populations being addressed?

4. Further reading?

- **Connecting Sexual and Reproductive Health and HIV: Navigating the Work in Progress (2014)**
https://www.unfpa.org/sites/default/files/resource-pdf/IAWG_SRHHIVlinkages_summary1.pdf
- **SRH and HIV Linkages Resource Pack (2014)**
<http://srhhivlinkages.org/>
- **Rapid Assessment Tool for SRH and HIV Linkages: A Generic Guide, IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW, Young Positives (2009)**
http://srhhivlinkages.org/wp-content/uploads/2013/04/rapidassessmenttoolsrhlinkages_2009_en.pdf

³ http://www.who.int/healthsystems/service_delivery_techbrief1.pdf

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