

# Sexual and Reproductive Health & HIV/AIDS

## A Framework for Priority Linkages

The commitment of the international community to intensify linkages between sexual and reproductive health (SRH) and HIV/AIDS at the policy and programme level is expressed in the June 2005 UNAIDS policy position paper 'Intensifying HIV prevention'. It builds upon the New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health<sup>1</sup> and the Glion Call to Action on Family Planning and HIV/AIDS in Women and Children<sup>2</sup>. These policy statements call upon both the SRH and HIV/AIDS communities to strengthen programmatic linkages between SRH and HIV/AIDS.

### Background

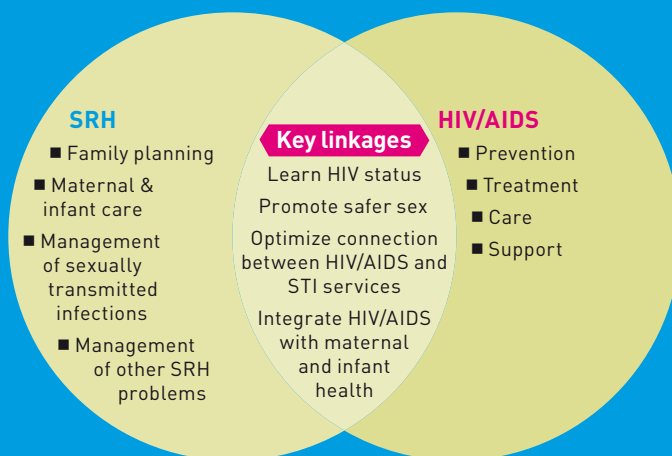
The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. The interactions between sexual and reproductive health and HIV/AIDS are now widely recognized. In addition, sexual and reproductive ill-health and HIV/AIDS share root causes, including poverty, gender inequality and social marginalization of the most vulnerable populations. The international community agrees that the Millennium Development Goals will not be achieved without ensuring access to SRH services and an effective global response to HIV/AIDS.

### Purpose

This framework proposes a set of key policy and programme actions to strengthen linkages between SRH and HIV/AIDS programmes. These linkages work in both directions, by integrating HIV/AIDS issues into ongoing SRH programmes, and conversely, SRH issues into HIV/AIDS programmes. This should enhance SRH, contribute to reversal of the AIDS epidemic and mitigate its impact. Based on experience and programming realities, four priority areas have been identified (see figure) where linkages are likely to lead to important public health benefits. Selecting which action to support will depend on the national context and the local situation, including HIV prevalence, as well as the organization and use of health services. For example, in settings with high prevalence of HIV infection and high utilization of family planning services, offering all family planning clients the opportunity to learn their HIV status would likely enhance the quality of family planning services and make an important contribution to HIV prevention efforts. This approach may not be as useful, however, in settings with low HIV prevalence and poor utilization of family planning services.

1. [www.unfpa.org/icpd/10/docs/hiv\\_aids\\_rh\\_call\\_commitment.doc](http://www.unfpa.org/icpd/10/docs/hiv_aids_rh_call_commitment.doc)

2. [www.who.int/reproductive-health/rtis/docs/glion\\_cal\\_to\\_action.pdf](http://www.who.int/reproductive-health/rtis/docs/glion_cal_to_action.pdf)



### Benefits

Stronger linkages between SRH and HIV/AIDS programmes should lead to a number of important public health benefits. Much remains unknown, however, about which linkages will have the greatest impact, and how best to strengthen selected linkages in different programme settings. With careful priority setting and judicious programme implementation, the following benefits could be expected:

- Improved access to, and uptake of key HIV/AIDS and SRH services
- Better access of people living with HIV/AIDS (PLWHA) to SRH services tailored to their needs
- Reduced HIV/AIDS-related stigma and discrimination
- Improved coverage of underserved and marginalized populations, such as injecting drug users, sex workers or men who have sex with men, with SRH services
- Greater support for dual protection against unintended pregnancy and sexually transmitted infections (STIs), including HIV, for those in need, especially young people
- Improved quality of care
- Enhanced programme effectiveness and efficiency

## Key actions with high potential for public health benefits

	Learn HIV Status and Access Services	Promote Safer and Healthier Sex
Advocacy & Policy Dialogue	Support legal and policy reform to remove barriers for young people's access to all forms of HIV testing and counselling	Develop policies that support dual protection and advocate for more adequate resource allocation
		Support policy development on comprehensive safer sex services for young women and men, PLWHA and other key populations
Services	Reorientate voluntary counselling and testing (VCT) services to better meet the needs of young people, as well as of key populations	Broaden SRH services to reach key populations, including through outreach
	Provide basic SRH services (information on dual protection, counselling and access to condoms) in VCT programmes	Promote condom use for dual protection within all family planning and HIV prevention programmes
	Routinely offer HIV testing and counselling in STI services and establish access to comprehensive HIV services	Provide a full range of SRH services, including prevention for and with PLWHA
	Routinely offer HIV testing and counselling in family planning and antenatal care services in high HIV prevalence settings	Empower women and girls to negotiate safer sex and to access SRH and HIV/AIDS services
	Provide effective referrals for anti-retroviral (ARV) treatment within VCT programmes in SRH settings	Include services that address gender-based violence and offer counselling, emergency contraception and HIV post exposure prophylaxis to survivors of sexual assault

## Principles

Key policy and programme actions must build upon the following principles:

- **Address structural determinants.** Root causes of HIV/AIDS and sexual and reproductive ill-health need to be addressed. This includes action to reduce poverty, ensure equity of access to key health services and improve access to information and education opportunities.

- **Focus on human rights and gender.** Sexual and reproductive rights of all people including women and men living with HIV need to be emphasized, as well as the rights of marginalized populations such as injecting drug users, men who have sex with men and sex workers. Gender-sensitive policies to establish gender equality and eliminate gender-based violence are additional requirements.

Optimize the Connection between HIV/AIDS & STI Services	Integrate HIV/AIDS with Maternal and Infant Health	
Advocate for investment in STI management as a key strategy to reduce HIV transmission	Develop policies to provide appropriate HIV/AIDS care and treatment options for pregnant women, mothers, their infants and families	Advocacy & Policy Dialogue
	Ensure and monitor that all four prongs of a comprehensive strategy for preventing HIV infections in women and infants are in place and funded	
Implement in STI programmes a package of HIV/AIDS services including safer sex information and counselling, routine offer of HIV testing and counselling, and condoms	Provide a basic package of HIV/AIDS services (information on safer sex, counselling and access to condoms) in antenatal care settings	Services
Provide STI management to PLWHA in all HIV/AIDS care and treatment services	Integrate antenatal syphilis screening and treatment with PMTCT services	
	Strengthen maternal health services for women living with HIV/AIDS (including infant feeding counselling, family planning and access to HIV care, treatment and support)	
	Provide counselling on reproductive choices for PLWHA and their partners	

- **Promote a coordinated and coherent response.** Promote attention to sexual and reproductive health priorities within a coordinated and coherent response to HIV/AIDS that builds upon the principles of one national HIV/AIDS framework, one broad-based multi-sectoral HIV/AIDS coordinating body, and one agreed country-level monitoring and evaluation system (Three Ones Principle).
- **Meaningfully involve PLWHA.** Women and men living with HIV/AIDS need to be fully involved in designing, implementing and evaluating policies,

programmes and research that affect their lives.

- **Foster community participation.** Young people, key vulnerable populations and the community at large are essential partners for an adequate response to the described challenges and for meeting the needs of affected people and communities.
- **Reduce stigma and discrimination.** More vigorous legal and policy measures are urgently required to protect PLWHA and vulnerable populations from discrimination.

## Explanatory notes on some technical terms

- **Prevention for and with PLWHA** encompasses a set of actions that help PLWHA protect their sexual health, avoid other STIs, delay HIV/AIDS disease progression, and avoid passing HIV infection on to others. PLWHA play an essential role in preventing new HIV infections. Strategies for prevention for and with PLWHA include individual health promotion, scaling-up of HIV/AIDS and SRH services, community participation, and advocacy and policy change.
- **HIV Testing and Counselling** form the gateway to HIV prevention, care, treatment and support for persons in need. All HIV testing of individuals must be confidential, only be conducted with informed consent (meaning that it is both informed and voluntary) and be accompanied by counselling.

A routine offer of HIV testing should be made by health care providers to all patients in health care settings where HIV is prevalent and antiretroviral treatment is available, where a person shows signs or symptoms consistent with HIV related disease, to clients in STI services, and in the context of antenatal care services to facilitate prevention of mother-to-child transmission. Patients retain the right to refuse HIV testing.

At the same time, client-initiated HIV testing for all people who want to learn their HIV status through voluntary counselling and testing (VCT) remains critical to the effectiveness of HIV prevention. Promotion of knowledge of HIV status among any population that may have been exposed to HIV through any mode of transmission is essential.
- **Risk and Vulnerability.** HIV infection is associated with specific risks, including behaviours such as unprotected sexual intercourse or situations such as being forced

to have sex. Vulnerability to HIV is a measure of an individual's or community's inability to control their risk of infection. In many settings, women – and in particular young women – are especially vulnerable to HIV infection as they may be less able than men to avoid non-consensual or coercive sexual relations.

- **Key Populations.** Key populations are those where risk and vulnerability converge. HIV epidemics can be limited by concentrating prevention efforts among key populations. The concept of key populations also recognizes that they can play a key role in responding to HIV/AIDS. Key populations vary in different places depending on the context and nature of the local epidemic, but in most places, they include men who have sex with men, sex workers and their clients and injecting drug users.
- **Dual Protection.** Many sexually active people need dual protection: protection against unintended pregnancy and against STIs including HIV. Those contraceptives that offer the best pregnancy prevention do not protect against STIs. Thus, simultaneous condom use for disease prevention is recommended. Condoms used alone can also prevent both STIs and pregnancy if used correctly and consistently, but are associated with higher pregnancy rates than condoms used together with another contraceptive method.
- **Strategies for Preventing HIV Infections in Women and Infants include:**
  - Prevent primary HIV infection among girls and women
  - Prevent unintended pregnancies among women living with HIV/AIDS
  - Reduce mother-to-child transmission through antiretroviral drug treatment or prophylaxis, safer deliveries and infant feeding counselling
  - Provide care, treatment and support to women living with HIV/AIDS and their families.



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