Webinar

SRHR and HIV Integration: From a global to local level

Agenda

Introduction

Presentations

- **Manjulaa Narasimhan**, Department of Reproductive Health and Research, World Health Organization (WHO), Switzerland
- **Audrey Nosenga**, Peer Mentor, Zimbabwe Young Positives (ZY+), Zimbabwe
- **Futhie Dlamani**, READY+ Health Provider, Piggs Peak Hospital, eSwatini
- **Georgina Caswell**, Programme Lead, Frontline AIDS, South Africa

Q&A

- Please add your questions to the chat box at any point during the presentations
Integration of HIV and sexual and reproductive health and rights (SRHR) services for adolescents and young people

Webinar on SRHR and HIV Integration: From a global to local level

Manjulaa Narasimhan
WHO Department of Reproductive Health and Research *


Twitter @HRPresearch

World Health Organization

human reproduction programme
research for impact
Rationale for SRHR & HIV Linkages/Integration

- Majority of HIV infections
  - sexually transmitted, or
  - associated with pregnancy, childbirth & breastfeeding

- Common root causes
  - Poverty, gender inequality, gender-based violence, human rights violations, stigma and discrimination

- Benefits include:
  - better HIV testing outcomes;
  - more consistent condom use;
  - improved quality of care;
  - better use of scarce human resources for health;
  - reduced HIV-related stigma and discrimination;
  - improved coverage, access to, and uptake of both SRHR and HIV services for at risk/vulnerable and key populations, including people living with HIV.
What Do We Mean by “Linkages” & “Integration”*?

- **Linkages** refer to bi-directional synergies in policy, systems and services between SRHR and HIV. It refers to a broader human rights-based approach, of which service integration is a subset.

- **Integration** refers to the service delivery level and can be understood as joining operational programmes to ensure effective outcomes through many modalities (multi-tasked providers, referral, one-stop shop services under one roof, etc.)

Levels of SRH and HIV Linkages

More enabling environment for a linked SRH and HIV response

Stronger health systems which support SRH and HIV integration

More integrated delivery of HIV and SRH services

Reduced HIV related stigma and discrimination*

Increased access to and utilisation of quality integrated HIV and SRH services

Reduced gender based violence*

Improved programme efficiency and value for money

Improved health, human rights and quality of life

* It is recognised that reducing stigma and discrimination and gender-based violence are also impact level measures and the outcome measures influence each other.
The IAWG on SRHR/HIV Linkages

SRH and HIV linkages in practice

Gateways to integration: A case study from Haiti

As a pioneer of integrated SRHR and HIV services, the Kathmandu University, Nepal, created a model of care that meets the needs of the clients. The program is a mix of comprehensive and user-focused, providing services to all clients in the area, including those at risk of HIV infection, and creating a network of support.

HIV and SRHR Linkages

Infographic Snapshots

The IAWG and SRHRHIV Linkages

The IAWG and SRHRHIV Linkages: Infographics Snapshots provide an overview of national data for the full scope of SRHR and HIV linkages in three levels: environment, policy, and program. They have been developed for 25 countries to facilitate data collection, provide evidence-based policymaking, and support program development.

HIV and SRHR Linkages

Key achievements

- 2005: The IAWG on SRHRHIV Linkages launched its first report, including an introduction to the linkages between SRHR and HIV.
- 2007: Linkages: Evidence, Research and Recommendations summarized the findings of a systematic review of the linkages between SRHR and HIV. The report was published in 2009 and 2011.
- 2009: Evidence: Linkages to Integration: Case Studies from East Africa and South Africa provided evidence for the effectiveness of linkages between SRHR and HIV in different contexts.
- 2017: The IAWG on SRHRHIV Linkages: Evidence and Solutions for HIV and SRHR Linkages was published, highlighting the importance of linkages at policy and programmatic levels.

For more information see www.srhhivlinkages.org

Human rights are the cornerstone

"Upholding human rights is intrinsic to the [SRHR and HIV] linkages agenda, in particular the human rights of people living with HIV, key populations, and women and girls."

Compendium of case studies: HIV and SRHR programming

Case studies from Ethiopia, Ghana, Lebanon, Malawi, Nigeria, South Africa, Uganda, Zambia, and Zimbabwe provide evidence of the importance of linkages between SRHR and HIV policies, programs, and services.

All publications are available at www.srhhivlinkages.org
Call to Action to attain universal health coverage through linked sexual and reproductive health and rights and HIV interventions

There has been a marked shift in the global development agenda to develop, fund and implement multi-sectoral interventions that jointly advance both sexual and reproductive health and rights (SRHR), and HIV prevention, treatment and care. These joint interventions are increasingly being implemented by countries, especially in primary health care settings.

The Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) agendas provide important opportunities to reimagine and enhance equitable health coverage, access to care and rights of all, and in particular of key and vulnerable populations. This entails working with current health care systems and developing new platforms based on the existing progress made both in strengthening the evidence base and implementing bi-directional SRHR and HIV linkages, to ensure seamless policy and service delivery, better aligned health systems and integrated service delivery.

We call on the global community to undertake the following key actions which are urgently needed to advance the SRHR and HIV life course needs of all people:

1. **Ensure meaningful community engagement in all aspects of funding, implementation and monitoring of linked SRHR and HIV policies, financing mechanisms, and service delivery.** UHC cannot be achieved without the involvement of those whose lives will be most affected, including key populations, community groups and networks. All efforts to strengthen SRHR and HIV linkages must build upon and invest in social accountability mechanisms, community knowledge and lived experience.

2. **Generate broad-based political will, with accountable leadership and governance, to eliminate silos between SRHR and HIV.** This political will and leadership can be achieved by sharing evidence of the benefits of integrated SRHR and HIV services and raising up national champions for implementing a full SRHR and HIV linkages approach.

3. **Key action:** Civil society with support from technical partners, share evidence of the benefits of SRHR and HIV linkages with national governments, and seek high level champions within government at all levels, to lead actions that eliminate silos between SRHR and HIV.

4. **Amend harmful laws and policies to create an enabling environment that supports the SRHR and HIV needs of all people in line with international human rights norms, women and youth and key populations. Mobilize and support civil society organizations and partners to conduct joint advocacy for legal reforms and policy change.**

5. **Key action:** National governments and parliaments, work with the criminal justice system and civil society partners to amend national laws and policies that are proven to prevent people from accessing the SRHR and HIV services they need.

6. **Fund the provision of SRHR and HIV services through sufficient domestic resources.** This requires reallocation existing, vertical health funding to cover comprehensive and integrated service delivery. Where necessary, domestic health funding may need to be increased to achieve this. Mobilize funding via public financing and health insurance schemes.

7. **Key action:** Ministries of Finance and Health implement joint financing approaches for allocating sufficient public financing for qualified, integrated SRHR and HIV services that are readily available to everyone, and free or affordable at the point of delivery.

8. **Improve alignment and coordination within and between stakeholders across the health system to ensure coherent and efficient systems that support delivery of a continuum of integrated SRHR and HIV prevention, treatment and care services, especially at the primary health care level.** Whilst coordination carries inherent transaction costs, it will lead to more harmonized strategies, policies and planning, as well as improved operational efficiency through integrated guidelines, standards, procedures and budgets.

9. **Key action:** Ministries of Finance and Health implement joint financing approaches for allocating sufficient public financing for qualified, integrated SRHR and HIV services that are readily available to everyone, and free or affordable at the point of delivery.

10. **Support a life course approach to providing rights-based, accessible, quality and integrated SRHR and HIV services.** As each stage in a person’s life exerts influence on the next, a life course approach to SRHR and HIV linkages, that is coordinated across all stages and providers, can improve delivery efficiency, uptake of services and long-term health and developmental outcomes.

11. **Key action:** Ministries of Health, with support from technical partners, carry out and scale up quality health services for newborn, child, adolescent, adult and older age groups, that take into account connections between a person’s current health status, their socio-cultural, biological, and psychological characteristics, and their future health needs.

12. **Generate inter-disciplinary operational and implementation research of individual and community health, economic and social benefits, that can be achieved through linking SRHR and HIV interventions.** This includes strengthening research capacity in countries to conduct SRHR and HIV research, and ensuring that existing research is utilized to inform policy development and programme design and implementation.

13. **Key action:** Funders and researchers invest in priority national and global SRHR and HIV services – as the standard service delivery model.

14. **Establish stronger multi-sectoral partnerships further to contribute to reaching UHC and other health-related SDG targets.** Improve alignment and coordination within and between all sectors including Ministries of Education, Gender, Youth and Finance, Non-government organizations, development partners and donors. Build on existing international and national structures to enable a holistic approach to meeting the SRHR and HIV needs of all people.

15. **Key action:** In order to achieve national SRHR and HIV policy and funding goals, funders, UN agencies, civil society and research organizations should map existing national contexts, priorities, stakeholders and partnerships, to identify where to improve alignment and establish common ground with organizations both within and outside health domains, notably across nutrition, education and employment sectors.

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*In the context of SRHR and HIV linkages, special attention should be given to people living with HIV, sex workers, transgender people, sex workers, young people who are drug users, and people in prison and closed settings, with additional attention for adolescents and young key populations.*
Rapid Assessment Tool for Linkages at health systems, policy and service deliver levels

- Assess HIV and SRH bi-directional linkages at the policy, systems, and service-delivery levels.
- Identify current critical gaps in policies and programmes.
- Contribute to the development of country-specific action plans to forge and strengthen these linkages.
- Focus primarily on the health sector.
- 50 countries completed

HIV and SRHR Linkages Infographic Snapshots

- Graphically provide an overview of national level data for more than 150 indicators covering the full scope of HIV and SRHR linkages including:
  - Enabling environment
  - Health systems
  - Integrated service delivery
  - Adolescents and youth
  - Key populations
- 30 countries
Strengthening linkages between sexual & reproductive health (SRH) and HIV interventions for adolescents

This visual highlights current guidance and resources from WHO on best supporting and strengthening SRH and HIV linkages for adolescents in the context of human rights and gender equality. It complements and builds upon work by partners in the Interagency Working Group on SRH & HIV Linkages and others.

WHO guidance includes both SRHR and HIV services for adolescents living with HIV:
- What’s new in adolescent treatment and care
- Consolidated guidelines on sexual and reproductive health and rights of women living with HIV
- Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection

Global strategies include a focus on adolescents:
- Global Strategy for Women, Children and Adolescents Health 2016-2020
- Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets

STI and HIV strategies support integrated service delivery for adolescents:
- Global health sector strategy on sexually transmitted infections, 2016-2021
- Global health sector strategy on HIV, 2016-2021
- Start free, stay free, AIDS free framework

Adolescents are at increased risk of HIV, pregnancy and poor reproductive outcomes:
- Reducing early and unintended pregnancies among adolescents
- Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries

Biomedical prevention technologies are critical to reduce STIs and HIV among adolescents:
- VACS implementation tools for pre-exposure prophylaxis of HIV infection
- Condoms and HIV prevention
- Guidelines on HIV self-testing and partner notification

Adolescents have particularly high rates of sexually transmitted infections - including HIV:
- HIV and adolescents: Guidance for HIV testing and counselling and care for adolescents living with HIV
- Global standards for quality health care services for adolescents

Key Connections

Infographics

- STIs & HIV
- VAW & HIV
- MNH & HIV
- FP & HIV
The importance of sexual and reproductive health and rights to prevent HIV in adolescent girls and young women in eastern and southern Africa

Evidence brief
The Compendium: an overview

- Released in November 2014
- Aim: A useful resource for countries and/or programmes
- Developed through a steering group of governments, donors, UN agencies and CSOs
- 21 indicators + 2 tools included in the Compendium
- Based around a theory of change for SRH and HIV Linkages
SRHR and HIV Linkages Index

- Uses 30 indicators to measure the extent to which SRHR and HIV responses are linked in 60 countries.

- 3 Domains

- Can be used to:
  - track progress of how well a country is doing at linking SRHR and HIV;
  - increase understanding of SRHR and HIV linkages;
  - support advocacy for improved linkages;
  - deepen knowledge on the drivers and effects of SRHR and HIV linkages;
  - highlight data gaps which need to be filled.
SRHR and HIV Linkages Toolkit

A simple to use toolkit that guides users to the most recent, relevant and important SRHR and HIV linkages resources

For SRHR and HIV linkages, I would like to...

1. understand and advocate for linkages
2. know how to integrate services
3. monitor and evaluate
4. conduct research
5. provide integrated SRHR and HIV services for various populations
6. protect and promote human rights
7. apply learnings to other areas of integration
8. mobilise resources and work in partnerships
9. know more about the thematic connections and key entry points
Thank you!
For more information:

toolkit.srhhivlinkages.org

Navigating the Work in Progress
Thank you!
For more information:

Visit our website  who.int/reproductivehealth/self-care-interventions

Follow us on Twitter  @HRPresearch

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Audrey Nosenga
Peer Mentor, Zimbabwe Young Positives (ZY+)
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When I visit a health facility,

I EXPECT:

• A welcoming environment where I can be myself
• A competent counsellor, nurse or doctor
• Access to ART
• Access to a range of contraceptive options
• Not to be rushed by the counsellor, nurse or doctor
• My questions to be answered on any health issue
Good experiences young people have when accessing services

- Does not cost too much
- Short waiting times
- No discrimination from health providers
- Feeling like health providers can be trusted without fear of judgement
- Access to information and condoms
- Health providers communicate in youthful language & relate to youth in a respectful manner
- Privacy & confidentiality is honoured
- Counselling is available
When there have been difficult experiences for young people accessing services

It has been because of:

• High hospital user fees
• Doctors & nurses striking
• Limited availability of ART and expired ART
• Health providers not trained in youth-friendly services
• Judgement around SRHR & no information shared
• Health providers are too frustrated to provide responsive services
My top 5 tips around integrated SRHR-HIV services

1. Include young people as partners in service provision
2. Invest in peer support models where young people can relate to their peers more freely and openly without fear of stigma & discrimination
3. Build relationships based on trust, with a partnership between health providers and young people
4. Invest in safe, confidential spaces for counselling & information sharing
5. Train health providers to have knowledge and skills around lots of health issues and to be great counsellor
Thanks

- All the young people I work with everyday who inspire me to speak up
- ZY+ colleagues
- UNICEF
PERSPECTIVES FROM THE FRONTLINE

Sister Futhie Dlamani
READY+ Health Provider,
Piggs Peak Hospital, eSwatini
Key HIV and SRHR intersections: Swaziland data

The intrinsic connections between HIV and SRHR are well-established, especially as HIV is predominantly sexually transmitted or associated with pregnancy, childbirth and breastfeeding.

Population size: 1.27 million
Life expectancy at birth: 48.9
Fertility rate: 3.3

HIV is a leading cause of death in women of reproductive age (globally)

New adult HIV infections:
- Women: 4,800
- Men: 3,900

HIV prevalence (ages 15-49):
- 27.7%

People living with HIV:
- Women: 120,000
- Men: 80,000
- Children: 19,000

People living with HIV receiving ART:
- 15 years+: 66%
- 0-14 years: 52%
- 0-14 years: 43%

AIDS-related deaths among adults (ages 15+):
- Women: 1,300
- Men: 1,600

HIV testing in the general population:
- 38.7%
HIV-associated maternal death contributes to maternal mortality\textsuperscript{12}

Maternal mortality ratio\textsuperscript{13}
- 389 per 100,000 live births

Maternal deaths attributed to HIV\textsuperscript{14}
- 18.6%

Gender-based violence is a cause and consequence of HIV\textsuperscript{15}
\(\text{\textsuperscript{\(\Delta\) also p.5 & 7}}\)
- Prevalence of recent intimate partner violence\textsuperscript{16}
- STOP
- 7.7%

HIV transmission to infants can occur during pregnancy, childbirth, and breastfeeding. This is more likely where there is acute maternal HIV infection.\textsuperscript{17}

Mother-to-child HIV transmission rate (after breastfeeding)\textsuperscript{18}
- 8.3%

Pregnant women who know their HIV status\textsuperscript{19}
- 97%

Demand for family planning satisfied with a modern method of contraception (15–49)\textsuperscript{20}
- 76.5%

Certain sexually transmitted infections (STIs) significantly increase the risk of acquiring and transmitting HIV\textsuperscript{22}
\(\text{\textsuperscript{\(\Delta\) also p.7}}\)

Number of adults reported with syphilis\textsuperscript{23}
- 699

Male and female condoms provide triple protection from unintended pregnancies, HIV, and other STIs

Condom use at last sex\textsuperscript{24}
- 71.5%

Demand for family planning satisfied with a modern method of contraception for women living with HIV (15–49)\textsuperscript{21}

\(\text{\textsuperscript{\(\Delta\) data not available}}\)
Adolescent-friendly service provision

• Integrated HIV-SRHR services must be responsive to adolescents’ special needs and circumstances
• Even in countries with good public health systems, health care for young people is usually a neglected area that lacks clear guidelines and political will

What does it look like in the clinic?

Providers and staff:
• Knowledge
• Counselling & training
• Communication & interpersonal skills
• Respecting privacy and confidentiality
What does it look like in the clinic?

**Health facility programming:**
- Youth involvement in design
- Youth feedback
- Wide range of services available
- Flexible hours
- Number calling system (not names)
- Youth-friendly corners
Adolescent-friendly service provision

When services are not adolescent-friendly:

• Adolescents may experience stigma and discrimination
• Adolescents may not return to the clinic & therefore adhere to treatment
• Adolescents may not feel comfortable talking to health providers about sexual and reproductive health and rights (SRHR)
“Young people need to get friendly SRHR services.”

- Annah Sango, PATA 2018 Youth Summit
PROVIDING INTEGRATED SERVICES ENABLES CLIENTS TO RECEIVE AS MANY QUALITY SERVICES AS POSSIBLE AT THE SAME TIME AND IN THE SAME PLACE, ESPECIALLY AT THE SERVICE DELIVERY LEVEL
HIV & SRHR integration on the frontline

As health care workers this is our role/duty:

• Providing service helplines which is available 24/7 to the youth
• Safer sex education to prevent sexually transmitted infections, HIV and unwanted pregnancies.
• Family planning and HIV services, including fertility protection for those living with HIV.
• Prevention, diagnosis and treatment of sexual and reproductive health-related cancers.
• Strengthening community voices, ensuring they are heard in law and policymaking to protect them from harassment and abuse.
HIV & SRHR integration in service delivery

How are these services integrated at the frontline:

• Teen clubs/youth-friendly corners for young people living with HIV, focusing on SRHR
• Family planning services offered to young people living with HIV
• IEC materials and condoms in health facilities
• Through psychosocial support by CATS, social workers, health providers

But there are challenges to delivering integrated services and solutions ...
HIV & SRHR Integration: Frontline experiences
Evidence and experience show that strong SRHR services in a fair society can prevent new HIV infections from happening, while helping those living with HIV to enjoy healthy lives. Good sexual and reproductive health and rights is good HIV prevention, treatment and care.
• Piggs Peak Hospital colleagues
• UNICEF
• PATA
PERSPECTIVES FROM PROGRAMMING

Georgina Caswell
Frontline AIDS / GNP+
What needs to change for good sexual and reproductive health and rights?

We need to consider and act on the drivers of sexual and reproductive ill health and HIV at different levels:

• Individual, peers, relationships and households
• Community norms, social attitudes, values and beliefs
• Services
• Policies and structures
Individual, peer and household level

• Address health seeking behaviours so people are more aware of SRHR and HIV services and access these services
• In order to be healthy, people need full and accurate and comprehensive knowledge and skills
• Gaining confidence, self-esteem and agency increases our ability to use and act on our knowledge
Individual, peer and household level

*Interventions include:*

- Counselling for sex and relationships and contraception
- Health information and education
- Improving risk perception
- Peer education / support
- Community outreach
- Working with groups: information sessions, group counselling, support groups, safe spaces
- Distributing condoms, lubricants and oral contraceptives
- Supporting people access services (accompaniment)
Community level

• Adherence to social norms, cultural practices and beliefs prevalent in the communities we live in can hinder or help us to enjoy good SRHR

• Gender equality, embracing differences in sexuality, respect for people living with HIV and willingness to reflect on and change social values, all improve health and reduce stigma and discrimination
Community level

Interventions include:

• Community education on HIV and SRHR
• Encouraging community leaders to take up active leadership roles
• Local and mass media such as drama and radio to raise awareness of SRHR, MNCH and HIV and to challenge existing social norms
• Training and sensitising influential people and opinion leaders
• Local advocacy with police and other officials to bring about implementation of supportive policies and laws
Service level

• Improve access to, and use of high-quality, welcoming and comprehensive SRHR and HIV services

• Services are most effective when tailored to specific needs and rights of individuals

• We can address barriers to access and use by strengthening partnerships between community and health facilities

• Peer engagement in service provision and referrals
**Interventions include:**

- Training healthcare workers about the rights of individuals living with HIV, understanding and challenging stigma and how to integrate SRHR and HIV services
- Training peer outreach workers to increase demand for services and to provide education and services in the community directly and by referral
- Influencing training curricula for healthcare and social workers
Policy and structural level

- Policies affect how funding for health and social support is spent, including on SRHR (e.g. Global Gag Rule)
- We need policies that support SRHR and protect people most affected by HIV from harassment and abuse
- We need coordinated responses between relevant ministries charged with care of adolescents and young people living with HIV (e.g. MoE, MoH, Social Services)
Interventions include:

- Advocacy for policies and laws that promote access to integrated SRHR and HIV health services and help people realise their rights
- Advocacy for appropriate health spending on integrated SRHR and HIV services
- Supporting the implementation of policies and laws through strategic plans, technical working groups and implementation protocols and guides
- Community consultation – led by and for most affected populations
- Meaningful involvement, representation and leadership of most affected populations at all levels of decision making
- Strengthening civil society and building movements
Key challenges

• Ensuring that integration does not overburden existing services in a way that compromises service quality

• Recognising that individuals can’t be specialists in EVERYTHING – but you can know a bit about many things and know where to get more info/support

• Adapting services to attract adolescent girls/boys and young women and men who tend to see SRH, such as family planning, as ‘women’s business’

• Making services work and attractive to those least likely to access services, such as adolescents and young people from key populations

• Motivating donors to move from parallel to integrated services, and sustaining support for integrated policies and services
There are also opportunities

- Partnerships: role of young people living with HIV and their networks, youth-serving organisations, government sectors, private sector
- Recent DtG and ECHO study experiences remind us of the close links between SRHR and HIV
- Guidelines and policies that promote an integrated response:
  - Guttmacher-Lancet Commission Report
  - WHO Guidelines on SRHR for women living with HIV
  - WHO Self-care guidelines
Thanks

- Y+, Frontline AIDS and GNP+ colleagues

Health providers at the frontlines of service delivery
READY Together! Integrating HIV & SRHR through Clinic Community Collaboration
16-18 October 2019
Johannesburg, South Africa

The PATA 2019 Summit is a collaborative meeting that will share lessons, and drive action, service delivery improvements and accountability in safeguarding the rights of adolescents and young people (AYP) to access quality adolescent-friendly health services (AFHS), responsive to their sexual and reproductive health and rights (SRHR) and wellbeing.

The programme will extend across three days, centred around the themes: #GetREADY4Integration, #READY2StandUp2Stigma and #ClinicCommunityCollaboration.

STAY TUNED FOR MORE INFORMATION ON DAILY WEBINARS FROM THE SUMMIT.
Thank you for joining a webinar hosted by the Children and AIDS Community of Practice.

The Children and AIDS Community of Practice connects professionals around the world on HIV and AIDS topics on children, adolescents and women. Led by UNICEF, the Community has over 4000 members.

To learn about upcoming webinars, events and learning activities as well as stay up to date on research and publications on these topics, join the Community: www.knowledge-gateway.org/childrenandaids/join

The webinar presentations and recording will soon be available on www.childrenandaids.org/webinar

Questions or feedback? Contact Rikke Le Kirkegaard (rlkirkegaard@unicef.org)