RAPID ASSESSMENT TOOL
FOR SEXUAL & REPRODUCTIVE HEALTH AND HIV LINKAGES
A GENERIC GUIDE

IPPF International Planned Parenthood Federation

UNFPA

World Health Organization

UNAIDS
UNHCR UNICEF WFP UNDP UNFPA UNODC ILO UNESCO WHO WORLD BANK
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

GNP+ GLOBAL NETWORK OF PEOPLE LIVING WITH HIV/AIDS

International Community of Women living with HIV/AIDS (ICW)

Young Positives

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Suggested citation for unofficial translations or adaptations of this tool:
Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages: A Generic Guide, prepared and published by IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives, 2009.

Published in London, United Kingdom, September 2009.

Acknowledgements

This guide was produced thanks to the experience, ideas and input of many different people and organizations.

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Acronyms

AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
BCC	Behaviour change communication
CSO	Civil society organizations
FBO	Faith-based organizations
FP	Family planning
GNP+	The Global Network of People Living with HIV
HBC	Home-based care
HIV	Human immunodeficiency virus
IDU	Injecting drug users
IEC	Information, education and communication
ICW	International Community of Women Living with HIV/AIDS
IPPF	International Planned Parenthood Federation
M&E	Monitoring and evaluation
MNH	Maternal and newborn health
MOH	Ministry of Health
MSM	Men who have sex with men
MTCT	Mother-to-child transmission (of HIV)
NGO	Non-governmental organizations
OI	Opportunistic infection
OVC	Orphans and vulnerable children
PEP	Post-exposure prophylaxis
PHC	Primary health care
PITC	Provider-initiated testing and counselling
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission (of HIV)
RTI	Reproductive tract infection
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SW	Sex workers
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
VCT	Voluntary counselling and testing
WHO	World Health Organization

Working Definitions of Selected Terms

The following working definitions are proposed in order to facilitate consistent understanding and interpretation of the terms used in this Guide.

1 Bi-directionality: Both linking sexual and reproductive health (SRH) with HIV-related policies and programmes and linking HIV with SRH-related policies and programmes.

2 Dual protection: A strategy that prevents both unintended pregnancy and sexually transmitted infections (STIs), including HIV, through the use of condoms alone, or combined with other methods (dual method use).[1]

3 Health sector: The sector concerned with the provision, distribution and consumption of health-care services and related products. Wide-ranging and encompassing public and private health services (including those for health promotion, disease prevention, diagnosis, treatment and care); health ministries; non-governmental organizations; community groups; professional organizations; as well as institutions that directly input into the health-care system (e.g. the pharmaceutical industry and teaching institutions).[2]

4 HIV and AIDS programmes and policies: For the purposes of this tool, these include the complete spectrum of prevention, treatment, care and support activities, as well as the broad guidance which establishes appropriate and timely implementation and development of HIV policy. Core programmes and policies relate to and include HIV counselling and testing, prophylaxis and treatment for people living with HIV (opportunistic infections (OIs) and antiretroviral therapy (ART)), home-based care and psycho-social support, prevention for and by people living with HIV, HIV prevention for the general population, male and female condom provision, prevention of mother-to-child transmission (PMTCT), and specific services for key populations.

5 HIV counselling and testing: Forms 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.[3] Provider-initiated testing and counselling (PITC) involves the routine offer of HIV testing to all patients in health-care settings where HIV is prevalent and antiretroviral treatment is available. People 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.[4]

6 Integration: Different kinds of SRH and HIV services or operational programmes that can be joined together to ensure and perhaps maximize collective outcomes. This would include referrals from one service to another, for example. It is based on the need to offer comprehensive and integrated services.[5]

7 Key populations: Populations for which HIV 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. 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 (MSM), sex workers (SWs) and their clients, and injecting drug users (IDUs).[6]

8 Linkages: The bi-directional synergies in policy, programmes, services and advocacy between SRH and HIV.[7] It refers to a broader human rights based approach, of which service integration is a subset.

9 Prevention for and by people living with HIV: For the purposes of this tool, this is a set of actions that help people living with HIV (PLHIV) to live longer and healthier lives. It encompasses a set of strategies that help PLHIV to:

- protect their own sexual and reproductive health and avoid other STIs;
- delay HIV disease progression; and
- promote shared responsibility to reduce the risk of HIV transmission.

People living with HIV and those who are HIV negative both play an equal role in preventing new HIV infections. Key approaches for prevention for and by people living with HIV include individual health promotion, access to HIV and sexual and reproductive health services, community participation, advocacy and policy change.

10 Risk and vulnerability: Risk is defined as the probability or likelihood that a person may become infected with HIV. Certain behaviours create, increase, and perpetuate risk. Examples include unprotected sex with a partner whose HIV status is unknown, multiple sexual partnerships involving unprotected sex, and injecting drug use with contaminated needles and syringes. Vulnerability results from a range of factors outside the control of the individual that reduce the ability of individuals and communities to avoid HIV risk. These factors may include: (1) lack of knowledge and skills required to protect oneself and others; (2) factors pertaining to the quality and coverage of services (e.g. inaccessibility of services due to distance, cost or other factors); and (3) societal factors such as human rights violations, or social and cultural norms. These norms can include practices, beliefs and laws that stigmatize and disempower certain populations, limiting their ability to access or use HIV prevention, treatment, care, and support services and commodities. These factors, alone or in combination, may create or exacerbate individual and collective vulnerability to HIV.[8]

11 Sexual and reproductive health programmes and policies: For the purposes of this tool, these include core programmes and policies that relate to and include family planning (FP), maternal and newborn health (MNH),[9] STIs, reproductive tract infections (RTIs), promotion of sexual health, prevention and management of gender-based violence, prevention of unsafe abortion and management of post-abortion care.

12 Strategies for preventing HIV infections in women and infants:

- Prevent primary HIV infection among girls and women.
- Prevent unintended pregnancies among women living with HIV.
- Reduce mother-to-child transmission of HIV through antiretroviral drug treatment or prophylaxis, safer deliveries and infant feeding counselling.
- Provide care, treatment and support to women living with HIV and their families.[10]

1. WHO, UNFPA, UNAIDS and IPPF (October 2005). Sexual and Reproductive Health & HIV/AIDS: A Framework for Priority Linkages.
2. WHO Global Health Sector Strategy for HIV/AIDS, 2003-2007. Providing a Framework for Partnership and Action. ISBN 92 4 159076 9.
3. Op. cit. 1.
4. WHO and UNAIDS (2007). Guidance on Provider-Initiated HIV testing and Counseling in Health Facilities. http://libdoc.who.int/publications/2007/9789241595568_eng.pdf
5. WHO, UNAIDS, UNFPA, WHO (July 2008). Gateways to integration: a case study series
6. Op. cit. 1.
7. Op. cit. 5.
8. UNAIDS (2008). Report on the global AIDS epidemic, Geneva.
9. It is acknowledged that HIV services extend through the infant and child period and some SRH programmes are linked to maternal and child health.
10. Op. cit. 1.

Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages: A Generic Guide

Introduction

The importance of linking SRH and HIV and AIDS is now widely recognised. The majority of HIV infections are sexually transmitted or are associated with pregnancy, childbirth and breast-feeding. The risk of HIV transmission and acquisition can be further increased due to the presence of certain STIs.

In addition, sexual and reproductive ill-health and HIV share root causes, including poverty, limited access to appropriate information, gender inequality, cultural norms and social marginalisation 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 the HIV epidemic.[11]

need to be broad-based addressing not only the health sector and the direct impact on health, but also the structural and social determinants affecting both HIV and SRH.

There is international consensus around the need for effective linkages between responses to HIV and SRH including recommendations for specific actions at the levels of policy, systems, and services. These include:

- Glion Call to Action on Family Planning and HIV/AIDS in Women and Children (May 2004)
- New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health (June 2004)
- UNAIDS policy position paper 'Intensifying HIV prevention' (June 2005)
- World Summit Outcome (September 2005)

Benefits [12]

Much remains unknown about which linkages will have the greatest impact, and how best to strengthen selected linkages in different programme settings. However, stronger bi-directional linkages between SRH and HIV-related programmes could lead to a number of important public health, socioeconomic and individual benefits, such as:

- improved access to and uptake of key HIV and SRH services
- better access of PLHIV to SRH services tailored to their needs
- reduction in HIV-related stigma and discrimination
- improved coverage of underserved/ vulnerable/key populations
- greater support for dual protection