

Linking Sexual and Reproductive Health and HIV/AIDS

Gateways to integration

a case study from Serbia

Investing in Youth:

Reaching those most vulnerable to HIV



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Acknowledgements	2
Acronyms and abbreviations	2

Linking Sexual and Reproductive Health and HIV/AIDS

Global commitments to strengthen linkages	3
Identifying and meeting the challenges	4
Tools to make it happen	4
Turning theory into practice	5

A case study from Serbia

Vital statistics at a glance	6
Evolution of service provision: First steps toward integration	7
STI/HIV Centre: A six step model of care	8
At the clients' convenience: HIV counselling and testing at night	10
From theory to practice	11
Young people as service providers	11
Addressing judgemental attitudes	11
Satellite clinic for high school students: Reaching vulnerable young people	11
Raising awareness: Taking the message to where the students are	12
Outreach with sex workers: The 'power of prevention'	13
Reaching young people with disabilities	14
"Prejudiced? Me? But I'm a professional!"	15
Expanding the model	16
Challenges: Organizational, structural and policy constraints	17
Investing in the future: Conclusions and lessons learned	18
Contact details for more information	20
Endnotes	20

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Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
IPPF	International Planned Parenthood Federation
ISH	Institute for Students' Health
SOAAIDS	STI AIDS Netherlands (an expertise centre for HIV/AIDS and other STIs)
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Linking Sexual and Reproductive Health and HIV/AIDS

The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding, all of which are fundamental elements of sexual and reproductive health care. In addition, sexual and reproductive health problems share many of the same root causes as HIV/AIDS, such as poverty, gender inequality, stigma and discrimination, and marginalization of vulnerable groups. Despite this, services for sexual and reproductive health and for HIV/AIDS still largely exist as separate, vertical programmes.

Global commitments to strengthen linkages

Building blocks

To raise awareness of the pressing need for more widespread linkages between sexual and reproductive health and HIV/AIDS, UNFPA and UNAIDS, in collaboration with Family Care International, held a high-level consultative meeting in June 2004 with government ministers and parliamentarians from around the world, ambassadors, leaders of United Nations and other multilateral agencies, non-governmental and donor organizations, as well as young people and people living with HIV. The meeting resulted in *The New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health*,ⁱ which challenges the sexual and reproductive health and HIV/AIDS communities to examine how they might improve collaboration.

An earlier meeting, held in Glion, Switzerland (May, 2004), and initiated by WHO and UNFPA, took a close look at the role of family planning in reducing HIV infection among women and children. This conference resulted in *The Glion Call to Action on Family Planning and HIV/AIDS in Women and Children*.ⁱⁱ

In December 2005, a global partners' meeting was convened to discuss progress in implementing a comprehensive approach to prevention of mother-to-child transmission. This consultation also stressed the importance of linking

sexual and reproductive health and HIV/AIDS services, and led to a *Call to Action: Towards an HIV-free and AIDS-free Generation*,ⁱⁱⁱ as did the most recent PMTCT consultation in Johannesburg November 2007, resulting in a Consensus Statement: *Achieving Universal Access to Comprehensive Prevention of Mother-to-Child Transmission Services*.^{iv}

Linking HIV/AIDS and sexual and reproductive health was included as one of the Essential Policy Actions for HIV Prevention in the UNAIDS policy position paper on *Intensifying HIV Prevention*, which was issued in 2005.^v

Framework for universal access

The above commitments culminated in the Political Declaration on HIV/AIDS arising from the 2006 Review of the United Nations Special Session on HIV/AIDS (UNGASS), which also stressed how vital it is to link HIV/AIDS with sexual and reproductive health.^{vi} Following the commitment by G8 members¹ and, subsequently, heads of states and governments at the 2005 United Nations World Summit, the UNAIDS Secretariat and its partners have been defining a concept and a framework for Universal Access to HIV/AIDS Prevention, Treatment and Care by 2010.^{vii} Efforts towards universal access underline the importance of strengthened linkages between sexual and reproductive health and HIV/AIDS.

¹ G8 summits: Since 1975, the heads of state or government of the major industrial democracies have been meeting annually to deal with the major economic and political issues facing their domestic societies and the international community as a whole. G8 countries are France, United States, United Kingdom, Germany, Japan, Italy, Canada and the Russian Federation.

The potential benefits of linking sexual and reproductive health and HIV/AIDS include:

- improved access to sexual and reproductive health and HIV services
- increased uptake of services
- better sexual and reproductive health services, tailored to meet the needs of women and men living with HIV
- reduced HIV/AIDS-related stigma and discrimination
- improved coverage of under-served and marginalized populations, including sex workers, people who use drugs and men who have sex with men
- greater support for dual protection against unintended pregnancies and sexually transmitted infections, including HIV
- improved quality of care
- enhanced programme effectiveness and efficiency^{viii}

Another aim of linking sexual and reproductive health and HIV/AIDS is to accelerate progress towards achieving the goals agreed at the International Conference on Population and Development^{ix} and the Millennium Development Goals,^x especially those that aim to reduce poverty, promote gender equality and empower women, improve maternal health, combat HIV/AIDS, and attain universal access to sexual and reproductive health.

Identifying and meeting the challenges

Linking sexual and reproductive health and HIV/AIDS policies and services presents many challenges for those on the front line of health care planning and delivery. These include:^{xi}

- making sure that integration does not overburden existing services in a way that compromises service quality, by ensuring that integration actually improves health care provision
- managing the increased workload for staff who take on new responsibilities
- allowing for increased costs initially when setting up integrated services and training staff
- combating stigma and discrimination from and towards health care providers, which has

the potential to undermine the effectiveness of integrated services no matter how efficient they are in other respects

- adapting services to attract men and young people, who tend to see sexual and reproductive health, and especially family planning, as 'women's business'
- reaching those who are most vulnerable but least likely to access services, such as young people
- providing the special training and ongoing support required by staff to meet the complex sexual and reproductive health needs of HIV-positive people effectively
- motivating donors to move from parallel to integrated services, and sustaining support for integrated policies and services

Tools to make it happen

Several tools prepared by IPPF, UNFPA, UNAIDS and WHO offer guidance on how to link sexual and reproductive health with HIV/AIDS. These include:

- *Sexual and Reproductive Health and HIV/AIDS – a framework for priority linkages*^{xii}
- *Linking Sexual and Reproductive Health and HIV/AIDS – an annotated inventory*^{xiii}
- *Sexual and Reproductive Health of Women Living with HIV/AIDS – guidelines on care, treatment, and support for women living with HIV/AIDS and their children in resource-constrained settings*^{xiv}
- *Integrating HIV Voluntary Counselling and Testing Services*

into Reproductive Health Settings – stepwise guidelines for programme planners, managers and service providers^{xv}

- *Meeting the Sexual and Reproductive Health Needs of People Living with HIV*^{xvi}
- *Gateways to Integration – a series of case studies of country-level experiences on how to link and integrate services*^{xvii}
- *Reproductive Choices and Family Planning for People Living with HIV – Counselling Tool*^{xviii}
- *Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages: A Generic Guide*^{xix}

Turning theory into practice

The process of linking sexual and reproductive health and HIV/AIDS needs to work in both directions: this means that traditional sexual and reproductive health services need to integrate HIV/AIDS interventions, and also that programmes set up to address the AIDS epidemic need to integrate more general services for sexual and reproductive health. While there is broad consensus that strengthening linkages should be beneficial for clients, only limited evidence is published regarding real benefits, feasibility, costs and implications for health systems.

This publication presents one of a series of country experiences, set against a different public health, socio-economic and cultural background, embedded in radically different legal and health care environments and using different entry points as they strive to strengthen linkages between sexual and reproductive health and HIV/AIDS.

The case studies featured in this series have been chosen to demonstrate this two-way flow and to reflect the diversity of integration models. While these case studies focus primarily on service delivery components, structures/systems and policy issues are also important ingredients of the linkages agenda. The case studies are not intended to be a detailed critique of the programmes or to represent 'best practice' but to provide a brief overview that shows why the decision to integrate was taken, by whom, and what actions were needed to make it happen. The intention is to share some of the experience and lessons learned that may be useful to others who wish to consider actions to strengthen the integration of these two health care services. They are real experiences from the field, with important achievements but also with real limitations and shortcomings. One of these shortcomings lies in the nomenclature currently being used. There is currently no globally accepted definition of the terms 'linkages', 'mainstreaming' and 'integration' in the context of sexual and reproductive health and HIV. At times in these case studies the terms are used by different organizations in a variety of settings in different ways. While we propose the following definitions, it should be noted that the different implementing partners have not used these consistently:

Mainstreaming:

Mainstreaming HIV/AIDS means all sectors and organizations determining: how the spread of HIV is caused or contributed to by their sector, or their operations; how the epidemic is likely to affect their goals, objectives and programmes; where their sector/organization has a comparative advantage to respond – to limit the spread of HIV and to mitigate the impact of the epidemic and then taking action.

Linkages:

The policy, programmatic, services and advocacy synergies between sexual and reproductive health and HIV/AIDS.

Integration:

Refers to different kinds of sexual and reproductive health and HIV/AIDS services or operational programmes that can be joined together to ensure collective outcomes. This would include referrals from one service to another. It is based on the need to offer comprehensive services.

A case study from Serbia

Vital statistics at a glance

Estimated population (2008)	7,365,507
Adult population aged 15 to 49 (2007)	4,841,000
Life expectancy at birth:	
Men	70
Women	75
Crude birth rate (2007)	12.8/1,000 population
Total fertility (2006)	1.8
HIV prevalence rate in adults aged 15 to 49 (2007)	<0.2%
Estimated number of people living with HIV (2007)	6,400
Estimated number of adults aged 15 and over living with HIV (2007)	6,400
Estimated number of women aged 15 and over living with HIV (2007)	<1,500
Deaths due to AIDS (2007)	<100
Contraceptive prevalence rate (2005)	41.2%
Births attended by skilled health personnel (2006)	99%

Sources: Census of Population, Households and Dwellings. Statistical Office of the Republic of Serbia, 2008. Available at <http://webzrzs.stat.gov.rs/axd/en/index.php>; Serbia: Epidemiological Fact Sheets on HIV/AIDS. UNAIDS, UNICEF, WHO, 2008 Update. Available at

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