



# **Linkages between Sexual and Reproductive Health and HIV**

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# The HIV pandemic



1981

25 years



2006



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# Rationale for Linkages

- A growing number of people are aware of their sero-status
- Women account for half of all HIV infections.
- Impact of HIV/AIDS on sexual and reproductive health



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# Imbalance between SRH and HIV services

Has contributed to :

- Higher unsafe sexual and risk taking behaviours
- Higher sexually transmitted infections, including HIV
- Higher maternal and newborn mortality and morbidity
- Reversed the development trends in some countries



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# The 2006 HIV/AIDS reality

At the end of 2006:



- People living with HIV 39.5 million  
(34.1-47.1 million)
- People newly infected in 2006 4.3 million  
(3.6-6.6 million)
- AIDS deaths in 2006 2.9 million  
(2.5-3.5 million)



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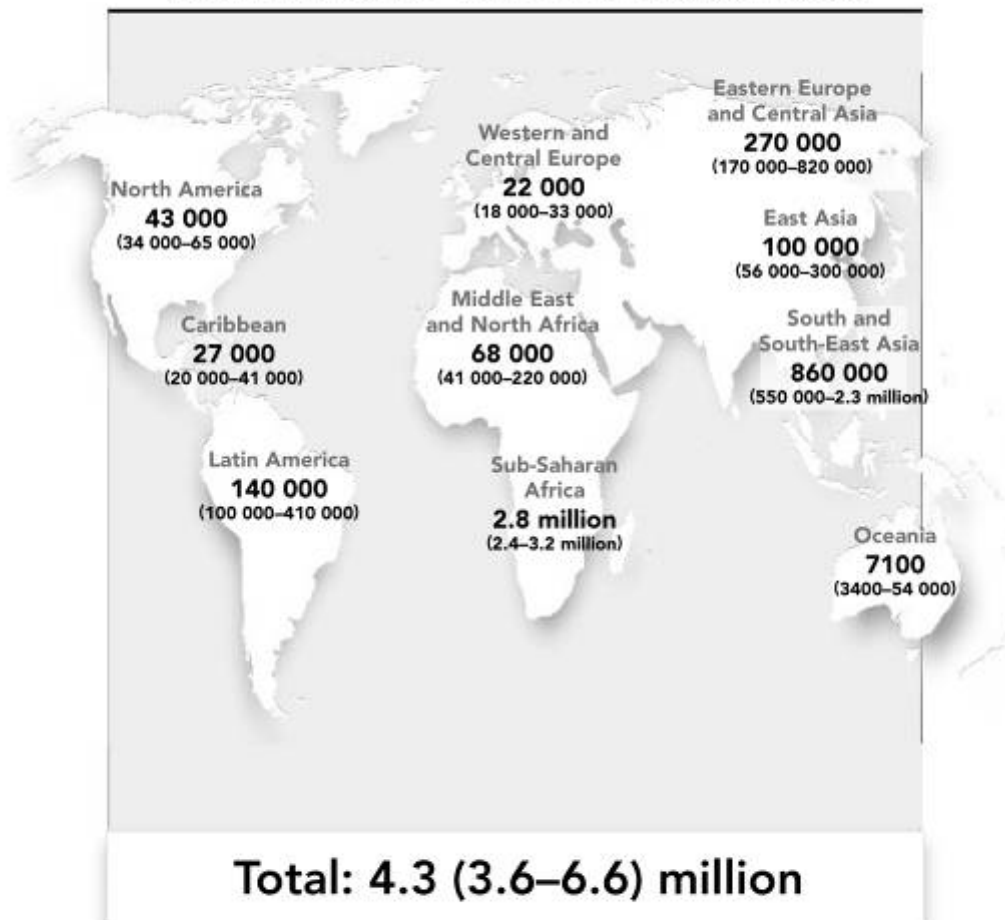
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## ESTIMATED NUMBER OF ADULTS AND CHILDREN NEWLY INFECTED WITH HIV DURING 2006



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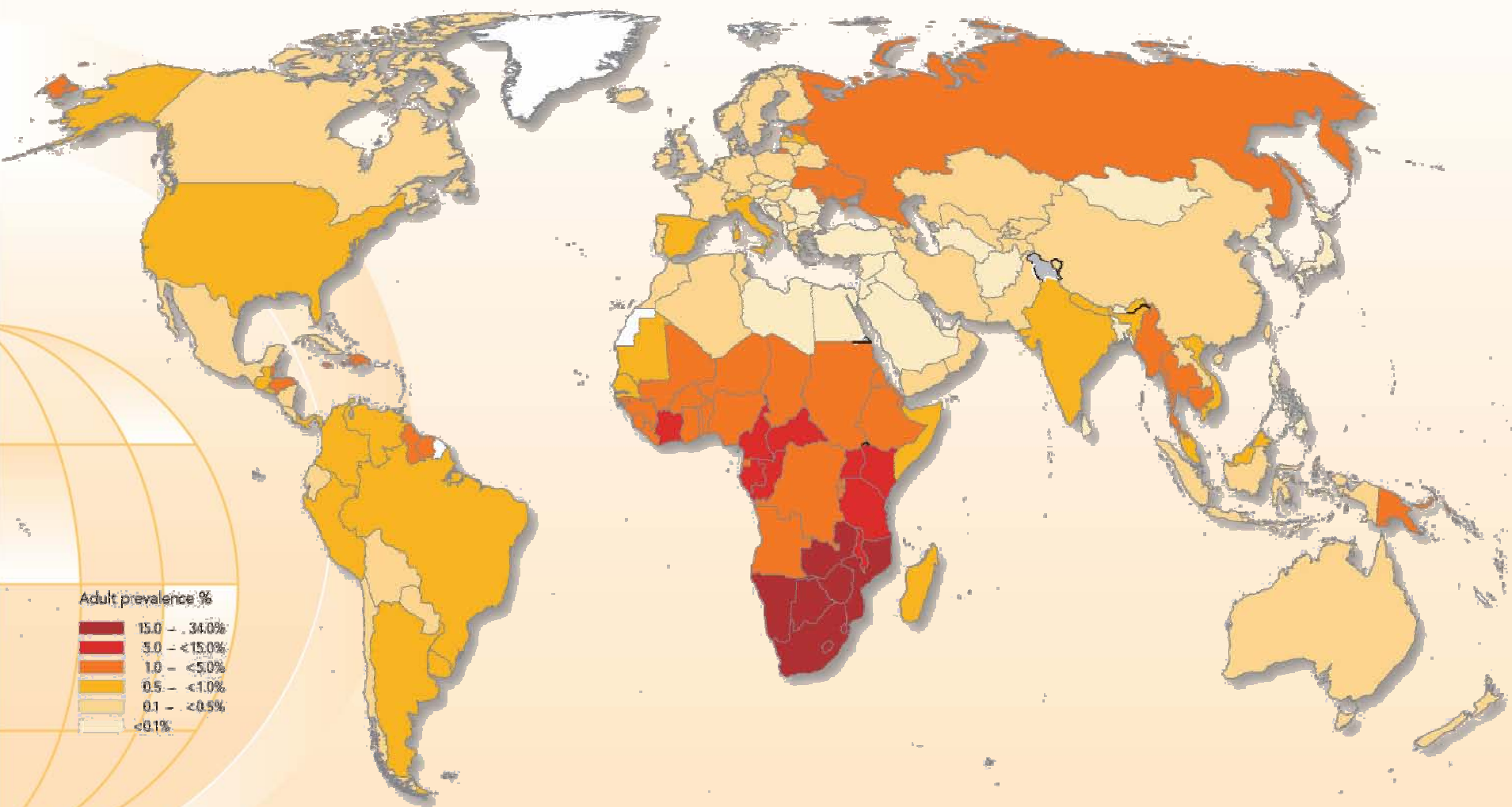


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# Estimated adult (15-49) HIV prevalence for countries in 2005



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# Factors influencing the HIV/AIDS pandemic

- Biological (e.g. higher acquisition risk for women, particularly young women, than for men)
- Cultural (e.g. vaginal practices; male circumcision)
- Route of transmission (blood and blood products; contaminated needles; sexual transmission)
- Access to services (prevention, treatment, care)
- Availability of new medicines and preventive technologies



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# Fundamental drivers of the HIV/AIDS pandemic

- Inequality
- Poverty (wealth)
- Discrimination (stigma)
  - lack of leadership commitment (–)
  - inadequate financing (–)
  - activism (+) (1986: founding of International Steering Committee of People Living with HIV/AIDS – now GNP+)




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A stylized graphic of a globe with orange and white curved lines, positioned on the left side of the slide.

"The world was slow to recognize the gravity of this new health crisis, and in the years in which AIDS remained off the political agenda, the infection took a foothold that it has not yet relinquished."

*(from Joint United Nations Programme  
on HIV/AIDS (UNAIDS), 2006 Report on  
the global AIDS pandemic, 2006)*



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# The sexual and reproductive health community acknowledging its role in stemming the HIV pandemic



- "Governments should ensure that prevention of and services for sexually transmitted diseases and HIV/AIDS are an integral component of reproductive and sexual health programmes at the primary health-care level."*[Para 68]*
- Specific targets for 15-24 years age group to be achieved by 2010:
  - 95% have access to information, education and services to develop life skills to reduce their vulnerability to HIV infection
  - global prevalence in this age group reduced by 25%



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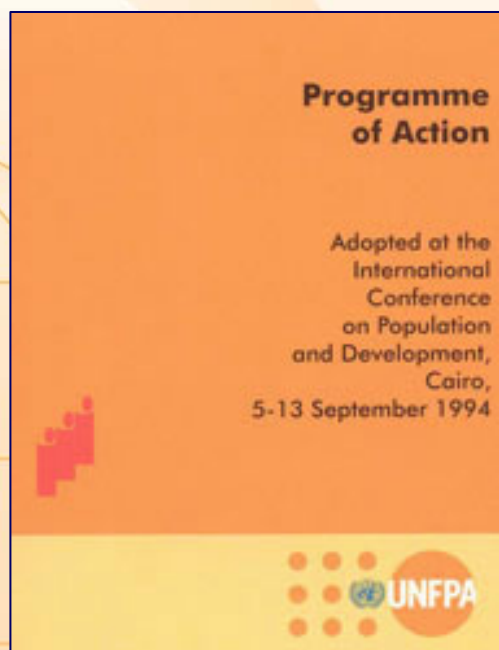


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# The sexual and reproductive health community was slow to acknowledge its role in stemming the HIV pandemic



- Devotes 4 ¼ pages (out of 145 pages) to sexually transmitted diseases, HIV and AIDS
- Calls on governments "to ensure that sexual and reproductive health programmes address HIV infection and AIDS" [Para 8.29(b)]



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# Improved health policy

## Reaching International Goals and Targets:

- Universal access to prevention treatment care and support
- Millennium Development Goals to reduce child mortality, improve women's health, combat HIV/AIDS, malaria and other diseases and promote gender equality and empower women.

Can only be achieved through jointly dealing with sexual and reproductive health and HIV.



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# Calls for linking sexual and reproductive health and HIV multiply ...

WHO HIV 2006.02

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## Global Consultation on Strengthening the Linkages between Reproductive Health and HIV/AIDS: Family Planning and HIV/AIDS in Women and Children

### BACKGROUND

The International Conference on Population and Development (ICPD, September 1994) established the development prevention and treatment of sexually transmitted infections, including HIV, as an integral component of reproductive health services.

There are clear interactions between reproductive health and HIV/AIDS. Most HIV infections, being sexually transmitted or associated with pregnancy, childbirth and breastfeeding. In addition, reproductive poverty, gonorrhoea, and social marginalization of the most HIV/AIDS share risk factors, including poverty, gender inequality and social marginalization of the most vulnerable populations. There is evidence of important synergies between reproductive health and HIV prevention, care and treatment interventions. Forging closer links between these programme areas should result in significant public health benefits and is necessary to attain international development goals and targets. These include the achievement of universal access to reproductive health by 2015 as set out at the ICPD, and reversing the AIDS epidemic and mitigating its impact, as agreed at the Millennium Summit (September 2000), the United Nations General Assembly Special Session on HIV/AIDS (UNGASS, June 2001) and the World Summit (September 2005).

### PREVENTING HIV INFECTION IN WOMEN AND INFANTS

In 2005, just over 14% of all new HIV infections occurred in children aged under 15 years. The vast majority of these infections are acquired through mother-to-child transmission during pregnancy, labour and delivery through breastfeeding. In some countries the AIDS epidemic is substantially increasing the mortality of children under 5 years of age and reversing social progress in improving child survival.

The UNGASS Declaration of Commitment on HIV set the ambitious goal of reducing the proportion of infants infected with HIV by 20% and 50% by 2010 and 2015, respectively. In response, WHO and UNAIDS partners have developed a comprehensive strategy encompassing four elements (see below).

### UNITED NATIONS STRATEGIC APPROACH TO PREVENTION OF HIV INFECTION IN WOMEN AND INFANTS

1. Primary prevention of HIV infection
2. Prevention of unintended pregnancy in women living with HIV
3. Prevention of transmission from women living with HIV to their infants
4. Provision of care, treatment and support for women living with HIV and their families

## The Global Call to Action on Family Planning and HIV/AIDS in Women and Children 3-5 May 2004

### Preamble

In order to achieve internationally agreed development goals, it is vital that the linkages between reproductive health and HIV/AIDS prevention and care be strengthened. The benefits of the linkages have not been fully realized. United Nations initiated consultations with a wide range of stakeholders to identify and strengthen potential synergies between reproductive health and HIV/AIDS. This Global Call to Action reflects the consensus of one such consultation on the linkage between family planning (a key component of reproductive health) and HIV/AIDS prevention (PMTCT) (a key component of HIV/AIDS programmes).

The focus of the Global Call to Action on preventing HIV among women is fully consistent with the parallel need for increased commitment being of women themselves. Therefore, the Global Call to Action achieved at the International Conference on Population and Development in Cairo and acknowledges the rights of women to decide freely on their sexuality, including sexual and reproductive health, free of coercion, violence, and the need to improve access to services so that they can decide freely the number, spacing and timing of their children. These rights are respected, policies, programmes and interventions are developed, and give priority to the poor and underserved populations.

- Although the prevention of MTCT is often restricted to the pregnant women who are infected with HIV, safe delivery practices and support, a broader approach has been defined by the United Nations four elements:
  1. Preventing primary HIV infection in women;
  2. Preventing unintended pregnancies in women with HIV;
  3. Preventing transmission of HIV from infected pregnant women to their infants;
  4. Providing care, treatment and support for HIV-infected women and their families.
- All four elements are essential if the UN goal for reducing new HIV infections by 25% by 2010 is to be achieved.

## The New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health

The AIDS epidemic is a global catastrophe. Responsible for over 20 million deaths worldwide, it has orphaned millions of children, and 40 million people living with HIV. Similarly, the modern contraceptive revolution has averted millions of deaths each year. The face of these unprecedented crises, UNFPA and UNAIDS, in collaboration with Family Planning International, convened a high-level global consultation at the Rockefeller Foundation in New York on 7 June 2004. Participants, including ministers, parliamentarians, ambassadors, heads of state, and other multilateral agencies, donor organization officials, community and non-governmental organization leaders, young people, and people living with HIV made the following call to commitment:

1. Reaffirming the development goals as contained in the Millennium Declaration adopted by the United Nations General Assembly at its fifty-fifth session in September 2000, and in the road map towards the implementation of the Millennium Development Goals and the goals set by the other United Nations international conferences of the 1990s;
2. Recognizing that these development goals will not be achieved without ensuring universal access to sexual and reproductive health services and programmes and without an effective global response to HIV/AIDS;
3. Emphasizing that the overwhelming majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding; that both sexual and reproductive health initiatives and HIV/AIDS initiatives must be mutually reinforcing; that both HIV/AIDS and sexual and reproductive health are driven by many common root causes, including gender inequality, poverty and social marginalization of the most vulnerable populations; and that stronger linkages between sexual and reproductive health and HIV/AIDS will result in more relevant and cost-effective programmes with greater impact;
4. Expressing profound concern that far too many policies, programmes and initiatives addressing either sexual and reproductive health or HIV/AIDS have failed to take account of these linkages; and that as a result, the global community has thus far been less effective than it could have been in responding to these shared challenges and opportunities;
5. Agreeing that the strengthening of the policy and programme linkages between sexual and reproductive health is essential for either effort to have the maximum possible impact.

# International Committments

UNGASS Political Declaration (June 2006)  
emphasizes

"the need to strengthen policy and  
programme linkages and coordination  
between HIV/AIDS and sexual and  
reproductive health".



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# Key linkages between sexual and reproductive health and HIV/AIDS

**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, 'Toward a new HIV perspective: It builds upon the New York Call to Commitment—Linking HIV/AIDS and Sexual and Reproductive Health' and the Glor Call to Action on Family Planning and HIV/AIDS in Women and Children<sup>1</sup>. These policy statements call upon both the SRH and HIV/AIDS communities to strengthen programme linkages between SRH and HIV/AIDS.

**Background**

The impact of HIV epidemics are severely intensified in countries with pregnancy, childbirth and breast feeding. The programme linkages between sexual and reproductive health and HIV/AIDS are most widely recognized. In addition, sexual and reproductive health and HIV/AIDS share vital concerns, including gender inequality and social structures that affect the health of women and populations. The international community agrees that the linkages between SRH and HIV/AIDS are critical to achieving success for SRH services and an effective global response to HIV/AIDS.

**Purpose**

This Framework proposes a set of key policy and programme linkages to strengthen linkages between SRH and HIV/AIDS programmes. These linkages serve as a guide for policy, programme and operational linkages between SRH programmes and HIV/AIDS. SRH issues are HIV/AIDS programme issues. This should include a 'SRH' component to response of the HIV/AIDS response and not just an 'add-on' to the HIV/AIDS response. The programme linkages between SRH and HIV/AIDS are critical to achieving success for SRH services and an effective global response to HIV/AIDS.

**Benefits**

Strengthened linkages between SRH and HIV/AIDS programmes should lead to a number of important public health benefits. Much research indicates, however, that while linkages will have the greatest impact, and that it is a high priority to strengthen linkages in efforts to prevent HIV/AIDS, HIV/AIDS programme linkages and policies as a programme. The strengthening of the following benefits could be expected:

- Improved access to, and quality of, SRH and HIV/AIDS services
- Earlier access of people living with HIV/AIDS to SRH services related to their needs
- Reduced HIV/AIDS related stigma and discrimination
- Improved coverage of universal and post-exposure prophylaxis, such as treatment of sexually transmitted infections, as well as treatment of HIV/AIDS, for people who have sex with men, with SRH services
- Greater support for dual prevention against unwanted pregnancy and sexually transmitted infections (STIs), including HIV, for people to avoid, especially young people
- Improved quality of care
- Reduced HIV-related infections and deaths

**SRH**

- Family planning
- Maternal & infant care
- Management of sexually transmitted infections
- Management of other SRH problems

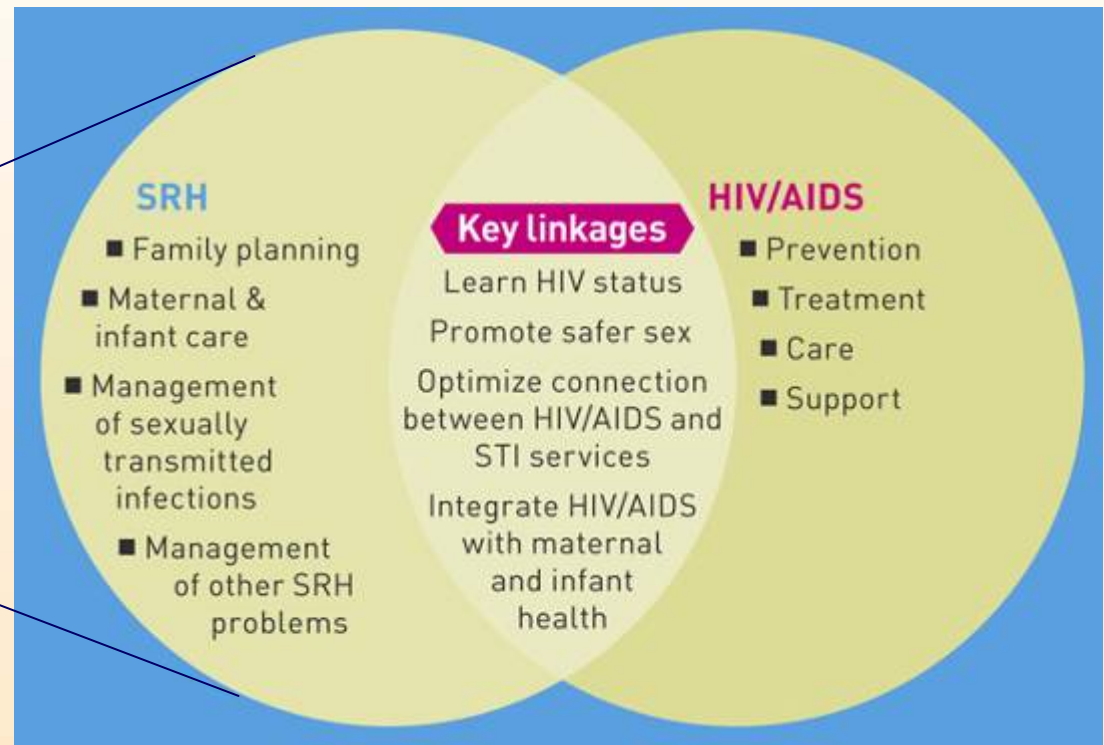
**Key linkages**

- Learn HIV status
- Promote safer sex
- Optimize connection between HIV/AIDS and STI services
- Integrate HIV/AIDS with maternal and infant health

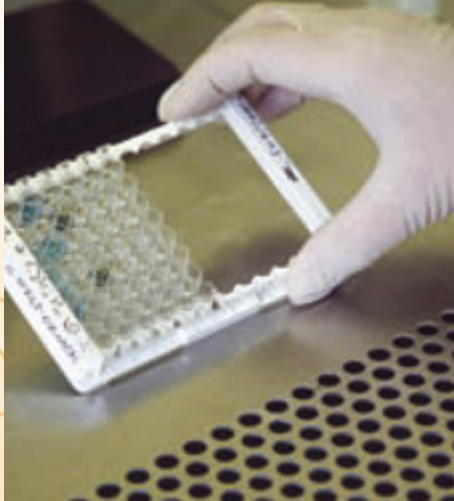
**HIV/AIDS**

- Prevention
- Treatment
- Care
- Support

World Health Organization, UNAIDS, IPPF



# 1. Learn HIV status



- Support legal and policy reform to remove barriers to HIV testing and counselling, particularly for young people
- Reorientate VCT services to better meet needs of young people and key populations
- Provide basic SRH services (information on dual protection, counselling, access to condoms) in VCT programmes
- Routinely offer HIV testing and counselling in STI services
- Routinely offer HIV testing and counselling in family planning and antenatal care services (high prevalence settings)
- Provide effective referral to treatment programmes



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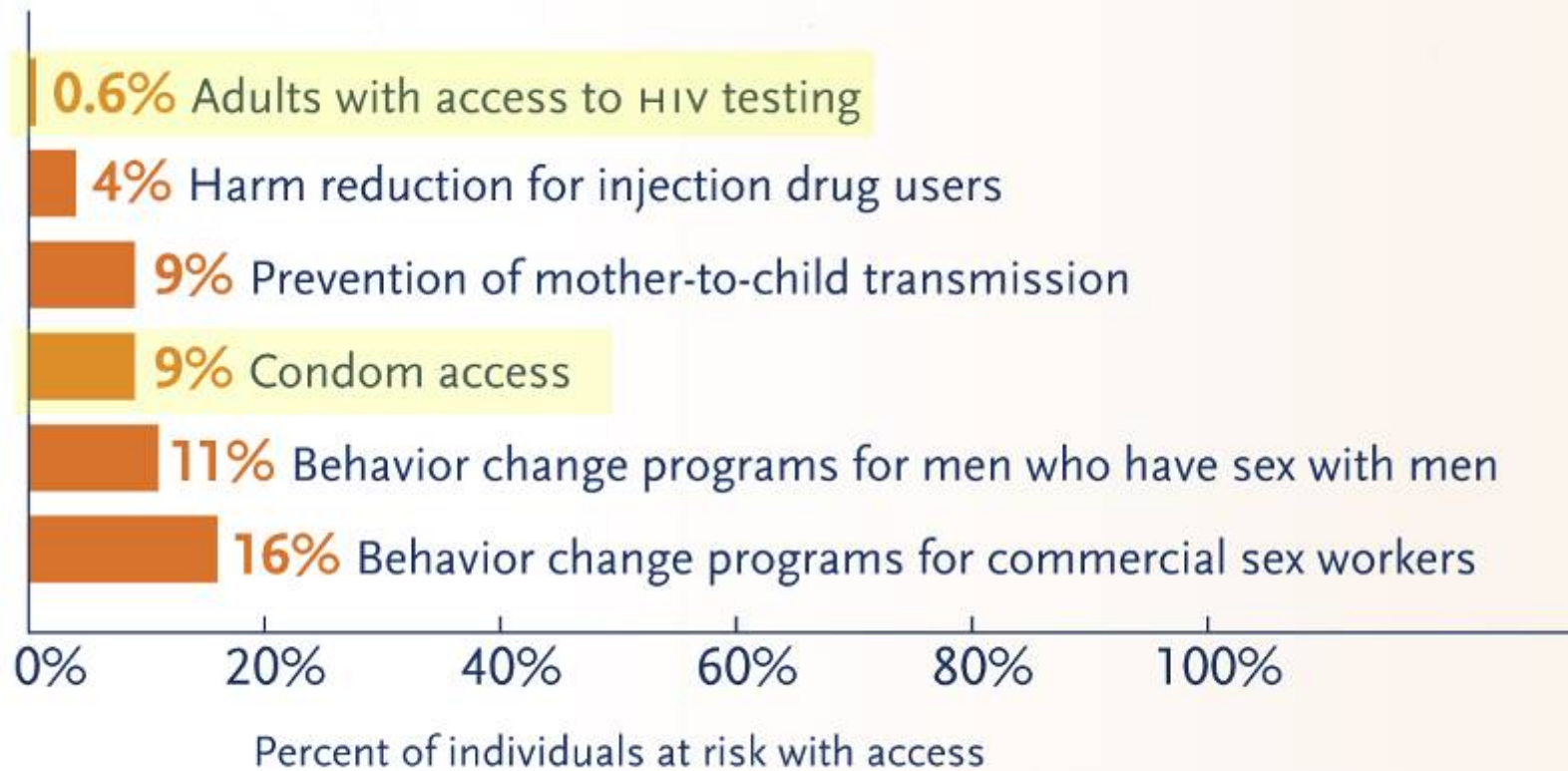
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# Access to existing HIV prevention methods



(Source: Global HIV Prevention Working Group, 2006)



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## 2. Promote safer sex



- Develop policies that support dual protection
- Support policy development on comprehensive safer sex services for young people, PLWHA and other key populations
- Broaden SRH services to key populations
- Promote condom use for dual protection within all family planning and HIV prevention programmes
- Provide full range of SRH services (including prevention) for PLWHA
- Empower women and girls to negotiate safer sex and access SRH and HIV/AIDS services
- Include services that address gender-based violence (counselling, emergency contraception, HIV post-exposure prophylaxis)



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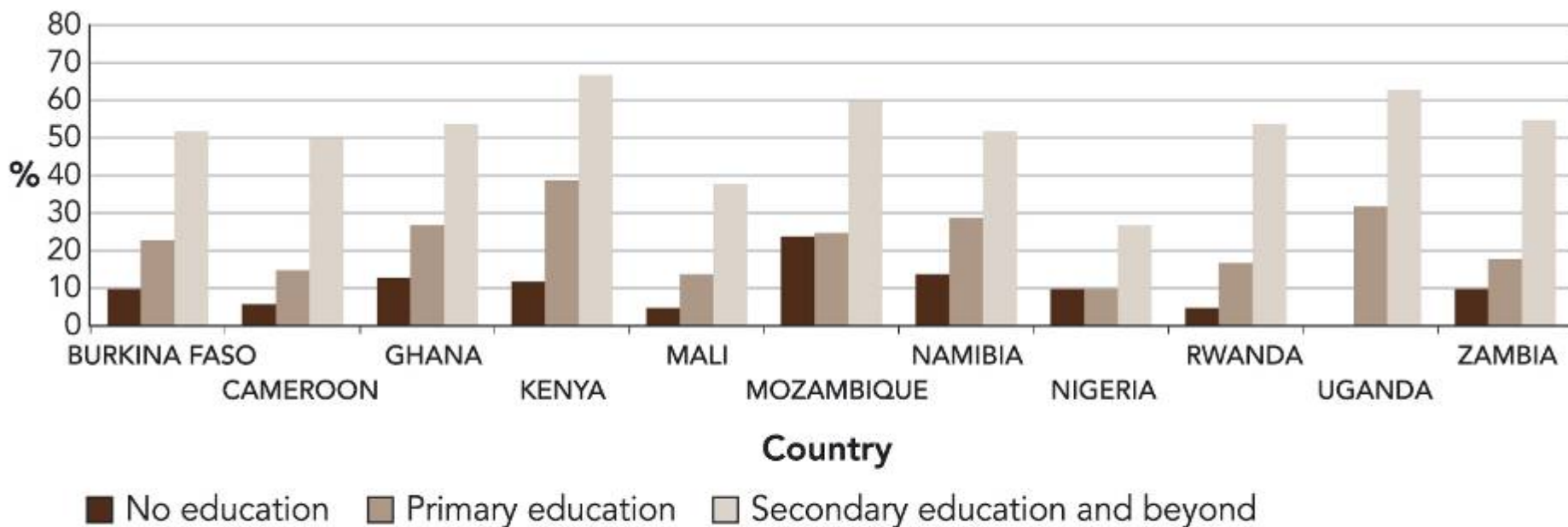


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## HIV and AIDS knowledge among young men aged 15-24, by level of education, in 11 sub-Saharan African countries, 2000-2004



(Source: UNAIDS, 2006)



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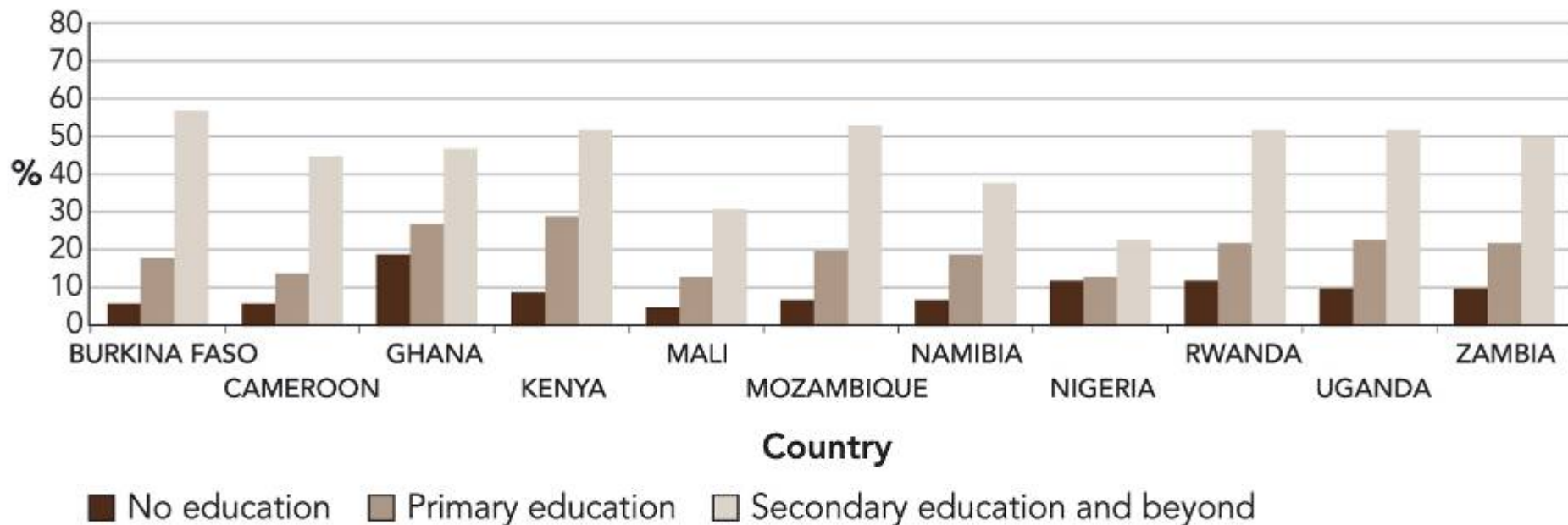


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(Source: UNAIDS, 2006)



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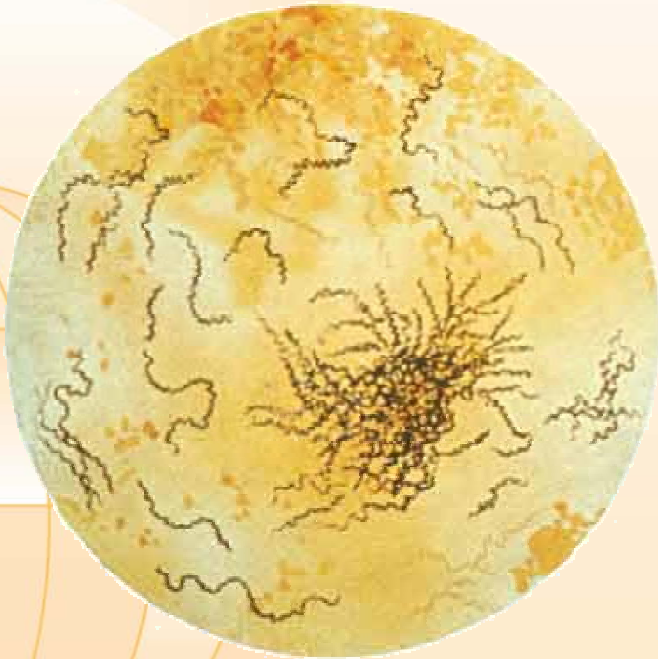


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### 3. Optimize connection between HIV/AIDS and STI services



- Advocate for investment in STI management as a key strategy to reduce HIV transmission
- Implement in STI programmes a package of HIV/AIDS services (safer sex information and counselling, routine offer of HIV testing and counselling, condoms)
- Provide STI management to PLWHA in all HIV/AIDS care and treatment services



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## 4. Integrate HIV/AIDS with maternal and infant health



- Develop policies to provide appropriate HIV/AIDS management options for pregnant women, mothers, their infants and families
- Ensure that all four prongs of the strategy for PMTCT of HIV are in place
- Provide basic package of HIV/AIDS services in antenatal care settings
- Integrate antenatal syphilis screening and treatment with PMTCT
- Strengthen maternal health services for women living with HIV/AIDS (infant feeding counselling, family planning, access to HIV care, treatment and support)
- Provide counselling on reproductive choices for PLWHA and their partners



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# The comprehensive four-pronged approach to PMTCT of HIV

1. Prevent women from becoming infected
2. Prevent unwanted pregnancies (births) among HIV-infected women
3. Provide ARV, safe delivery practices and infant feeding options to reduce MTCT
4. Provide care and support for HIV-infected mothers, children and families



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# Family planning avoids HIV-positive infants ...

It has been estimated that current levels of contraceptive use in sub-Saharan Africa are already preventing 22% of HIV-positive births.

*(Reynolds et al., 2005)*



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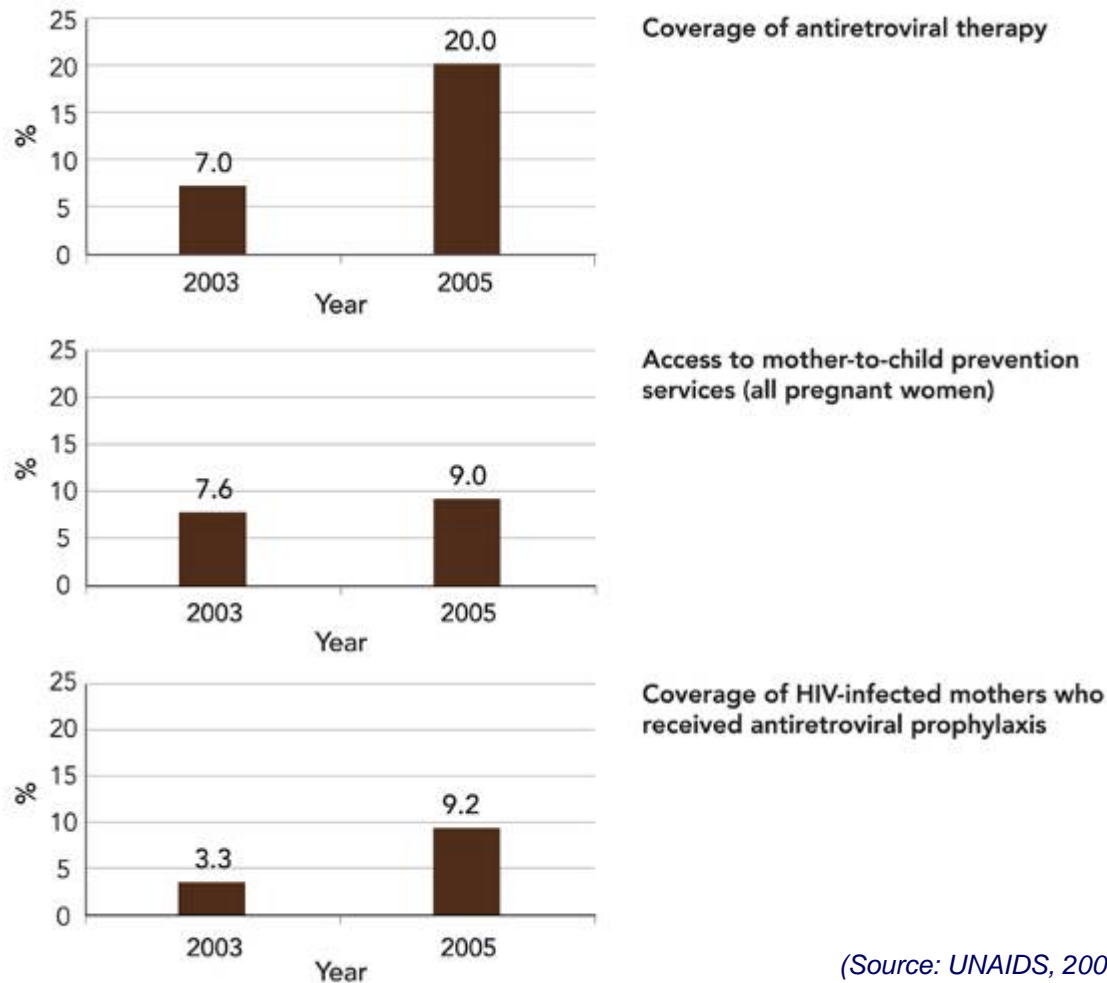


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# HIV-infected women continue to have inadequate access to antiretroviral prophylaxis both globally ...



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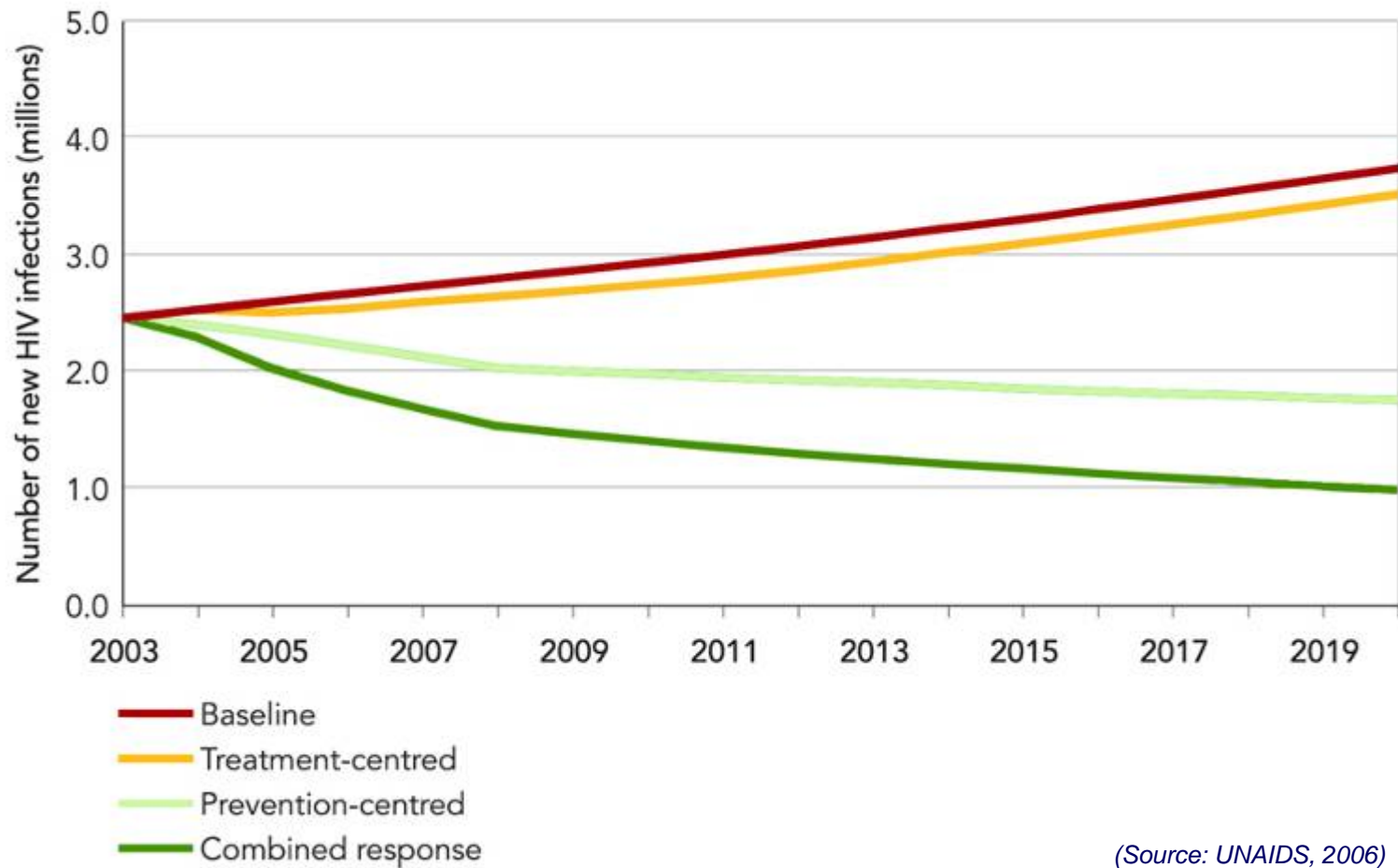


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# Little impact without prevention



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# Strengthening the health sector

- Ensuring involvement of people living with HIV
- Strengthening health care workers capacity, numbers and working conditions
- Improved health policy at national and international levels
- Increased financing to all services dealing with people living with HIV



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# Involvement of People Living with HIV

- Peer support and education
- Public education
- Advocacy
- Policy and programme planning and implementation



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# HCW: Implementers of policies and programmes

- Increase in numbers
- Increase in knowledge and skills
- Improving working conditions
- Providing to their sexual and reproductive health needs and HIV treatment, care and support



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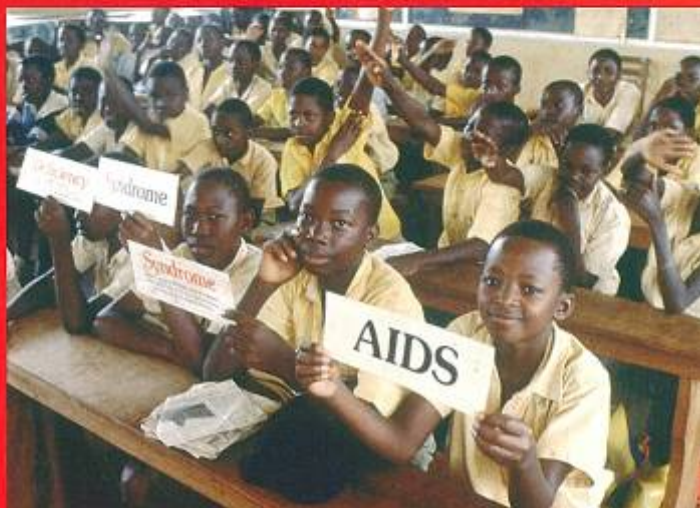


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task  
force

HIV/AIDS

## Combating AIDS in the developing world



"The fight against AIDS  
and the broader struggle  
for reproductive health  
should be mutually  
reinforcing."



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